

# Sedentary Habits and Their Detrimental Impact on Global Health: A Viewpoint

Charu Singh<sup>1</sup>, Gulshan Bandre<sup>2\*</sup>, Ujwal Gajbe<sup>3</sup>, Saurabh Shrivastava<sup>4</sup>,  
Yugeshwari R Tiwade<sup>5</sup>, Nandkishor Bankar<sup>6</sup>, Khwaja Moizuddin<sup>7</sup>

<sup>1,3,4</sup>Datta Meghe Medical College, Datta Meghe Institute of Higher Education and Research, Wardha, India

<sup>2,5,6</sup>Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Wardha, India

<sup>7</sup>College of Medicine, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

DOI: 10.55489/njcm.150220243590

## ABSTRACT

With limited areas where people can work out, an increase in sedentary work with the growing popularity of desk jobs and television and video devices, inactive lifestyles are becoming more and more common around the world. The objective of the current review is to explore the role of sedentary habits in the causation of different diseases and their impact on global health standards. Consequently, the associated health problems are becoming more serious. Inactivity has a significant influence on the human body in numerous ways. It disrupts lipolysis, transporter proteins, muscle glucose, the metabolic process, and lipoprotein lipase functionality. Prolonged sedentary behavior directly impacts the gravity, body weight balance, and can lead to fluid retention, obesity, and an increase in oxidative stress. An inactive lifestyle has a range of adverse impacts on our bodies, including a surge in all-cause mortality, coronary heart disease mortality, and the probability of contracting diseases like diabetes mellitus, hypertension, and dyslipidemia, in addition to physical ailments like arthralgia and osteoporosis, mental health issues like depression, and mental retardation. Consequently, to advance public health, we need to reduce sedentary practices and increase physical activity.

**Keywords:** Exercise, metabolic disease, cancer, mortality, physical activity, sedentary behavior

## ARTICLE INFO

**Financial Support:** None declared

**Conflict of Interest:** None declared

**Received:** 07-12-2023, **Accepted:** 07-01-2024, **Published:** 01-02-2024

**\*Correspondence:** Gulshan R Bandre (Email: Gulshanbandre21@gmail.com)

**How to cite this article:** Singh C, Bandre G, Gajbe U, Shrivastava S, Tiwade YR, Bankar N, Moizuddin K. Sedentary Habits and Their Detrimental Impact on Global Health: A Viewpoint. Natl J Community Med 2024;15(2):154-160.

DOI: 10.55489/njcm.150220243590

**Copy Right:** The Authors retain the copyrights of this article, with first publication rights granted to Medsci Publications.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Share Alike (CC BY-SA) 4.0 License, which allows others to remix, adapt, and build upon the work commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

www.njcmindia.com | pISSN09763325 | eISSN22296816 | Published by Medsci Publications

## INTRODUCTION

The term "sedentary" stems from the Latin "sedentarius," which means "sitting." An inactive lifestyle has become an international health concern, with approximately one-third of the population now living a sedentary lifestyle.<sup>1</sup> Automobile travel and increasing digital use for school, jobs, and pleasure are leading to more sitting. Doing nothing during free time and being inactive for work and at home are all factors in the lower levels of physical activity. Today's youths are taking advantage of social media to stay in touch with their pals.<sup>2</sup> In the same way, relying more on vehicles for transportation lowers our physical activity levels. Anything from leisure activities to going to and from places to activities at work constitutes physical exercise.<sup>3</sup> Both rigorous and moderate workouts are advantageous for our well-being.<sup>4</sup> Exploring on foot, riding a bike, rolling in a wheelchair, playing sports, enjoying active recreation, and simply having fun are all means of physical activity that anyone can partake in, no matter their level of ability.<sup>5</sup> Even though a lack of exercise can be just as hazardous to one's health, resulting in a greater risk of many diseases, the majority of medical advice and instruction for physical activity centers around increasing physical activity, with less attention being given to reducing inactivity.<sup>6,7</sup> Astonishingly, recent data reveals that 25% of adults and an astounding 81% of teens do not take part in enough exercise. Moreover, as economies improve, the amount of inactivity rises to a shocking 70%. This can partially be attributed to alterations to transportation, the rise of technology for business and pleasure, cultural values, and an increase in sedentary activities.<sup>5</sup> COVID-19 has also created an impact on the sedentary behavior of the individual as they were several activities, including sports, exercise, and physical activity, were restricted.<sup>8</sup> The objective of the current review is to explore the role of sedentary habits in the causation of different diseases and their impact on global health standards.

## SEDENTARY LIFESTYLE

A sedentary lifestyle is when individuals are active for less than 60 minutes a day. Anything that burns 1.5 metabolic equivalent tasks or less is classified as sedentary behavior.<sup>9</sup> This includes activities such as watching TV, playing video games, sitting at work, on the computer, and even sitting when you're traveling.<sup>10</sup> In 2018, the World Health Organization released its Global Action Plan on Physical Activity 2018-2030, with all 194 Member States committing to a 15% decrease in physical inactivity by 2030.<sup>11</sup> The WHO also requested an update to the 2010 World Recommendations on Physical Activity for Health were published. In 2019, the World Health Organization (WHO) published its Guidelines for Physical Activity, Sedentary Behavior and Sleep for Children aged 5 and under.<sup>11</sup> In 2020, the World

Health Organization (WHO) disseminated comprehensive global guidelines about physical activity and inactivity across diverse demographics, encompassing children, adolescents, adults, and seniors, as well as specific groups like pregnant and postpartum women, and individuals contending with chronic illnesses or disabilities.<sup>7,12</sup> The COVID-19 pandemic necessitated stringent measures, including person-to-person transmission mitigation, isolation protocols, and rigorous quarantine procedures, to effectively curb its spread.<sup>13,14</sup> Consequently, various activities, notably those involving sports, exercise, and general physical activity, underwent restrictions, leading to a discernible decline in the frequency and volume of physical activities across different intensity levels (vigorous, moderate, walking, and overall).<sup>5</sup> Prolonged periods of home confinement further introduced sedentary behaviors, manifested through increased instances of prolonged sitting, heightened screen usage, and the adoption of unfavorable dietary practices.<sup>15,16</sup> The combination of fewer good habits and more bad ones may raise the probability of chronic health issues, reflecting an even greater risk for COVID-19 infection.<sup>14,17</sup>

## HEALTHY BEHAVIOR OR PHYSICAL ACTIVITY

Today, physical exercise is a crucial and fundamental part of our lives if we want to attain the best possible health and wellness.<sup>5</sup> Physical exercise is muscle movement that uses up energy.<sup>18</sup> Regular exercise lowers the chance of developing non-communicable illnesses such as depression, diabetes, breast and colon cancer, hypertension, and ischemic heart disease.<sup>19</sup> Additionally, it helps the aged demographic's equilibrium and coordination as well as their psychological well-being, musculoskeletal issues (osteoarthritis, osteoporosis), and overweight and obesity.<sup>20</sup> However, a large portion of the population is growing less active. The advantages of regular exercise are numerous in terms of health, society, and economy.<sup>6</sup> The 2030 Sustainable Development Goals and the aim of a 15% subsequent decrease in the impact of physical inactivity among adults and young people globally by that year are both directly impacted by actions to encourage physical activity.<sup>21</sup>

## UNHEALTHY BEHAVIOR OR PHYSICAL INACTIVITY

Many factors are assumed to affect people's failure to get enough physical activity.<sup>6,22</sup> A few environmental factors that could be causing this include a lack of parks or sidewalks, air contamination, and the absence of sports or leisure facilities.<sup>23</sup> It seems that living a couch-potato lifestyle is connected to spending time watching TV, videos, and being preoccupied with cell phones.<sup>24</sup> Taking into account the existing social and economic circumstances, it is highly likely

that indolent behavior will increase.<sup>25</sup> The overall health of people everywhere is profoundly affected by inactive ways of life. Nearly everywhere, physical inactivity is widespread, and associated non-communicable diseases are on the rise.<sup>7,26</sup> It is widely accepted that lack of exercise or motionlessness is detrimental to health.<sup>27</sup> Physical inactivity is the fourth most important risk factor, accounting for 6% of deaths around the world.<sup>28</sup> Although inactivity can be a significant health risk and can lead to many illnesses, the majority of medical advice concerning physical activity focuses on increasing activity levels, rather than decreasing inactivity.<sup>27</sup> All healthcare workers, especially doctors, should emphasize the importance of a sedentary lifestyle in their policies and inform patients of its potential health effects.<sup>29,30</sup>

## HEALTH RISK

Sedentary behavior is highly linked to cancer, diabetes, cardiovascular disease, and early death. It's been found that the more time spent sitting in front of the TV and not being active increases the chances of premature mortality.<sup>31</sup>

**Diabetes Mellitus:** Sedentary behavior leads to excessive eating, high-fat, and high-sugar diets, lack of exercise, obesity, and excessive visceral fat which affect the persons health by causing diabetes mellitus.<sup>27,32</sup> Furthermore, there exists compelling empirical evidence indicating a genetic predisposition among individuals of Indian descent toward diabetes, coupled with elevated levels of insulin resistance.<sup>33</sup> Regardless of anthropometric, nutritional, socioeconomic, and migratory characteristics, Indian communities exhibited a greater prevalence of Type 2 diabetes.<sup>34</sup> It is logical to assume that type 2 diabetes in kids and teenagers in India is a phenomenon ready to make a big splash there as well. The increased frequency of Type 2 diabetes in children is a reflection of the consequences of globalization and industrialization on all communities, as the young are less physically active and spend the majority of their time sitting down.<sup>35</sup> Extensive sitting has been demonstrated to modify the structure and activity of muscle glucose transporter proteins.<sup>36</sup>

**Hypertension:** Sedentary behavior causes obesity which leads to hypertension in youth as they are very concern about their looks.<sup>31,37</sup> It is exciting to note that according to conservative estimates, the number of people with high blood pressure is expected to reach 1.56 billion globally by 2025.<sup>38</sup> Different tactics can be utilized to alter blood pressure caused by an inactive lifestyle, such as adjusting cardiac output and total peripheral vascular resistance with enthusiasm.<sup>39</sup> In India, an astonishing 63% of all fatalities are related to non-transmissible diseases, and the majority of these are caused by cardiovascular disease, affecting 45% of people in the 40-69 age group.<sup>40</sup> High blood pressure is a leading contributor to this and sadly, it's poorly managed due to a lack of

knowledge about hypertension, inadequate primary care, and poor follow-up.<sup>41</sup>

**Dyslipidemia:** The metabolic impairment arising from a sedentary lifestyle is delineated by elevated blood triglyceride concentrations, diminished levels of high-density lipoprotein (HDL) cholesterol, and reduced insulin sensitivity.<sup>42</sup> In India, dyslipidemia affects around 25-30% of urban and 15-20% of rural people. Although it affects both sexes, men are more likely to experience it. Ages 30 to 40 have the propensity to have high prevalence, but over 60, it becomes noticeably high.<sup>43</sup>

**Obesity:** A person who is obese has abnormal or excessive fat mass which has a detrimental impact on their health.<sup>44</sup> An individual's obesity can be due to an inconsistency between the calories they consume and the calories they burn off.<sup>45</sup> Weight gain results from increasing calorie intake without correspondingly increasing physical activity.<sup>46</sup> Boosting physical activity can be a great way to battle obesity since those who are overweight tend to be less active.<sup>47</sup> A whopping 135 million Indians are dealing with the issue of obesity. Factors like age, sex, location, financial status, and inactive lifestyle can all influence its prevalence in India.<sup>48</sup>

**Cancer Risk:** Other variables, such as being overweight or obese, may reduce the association between prolonged periods of sitting and the chance of developing cancer.<sup>49</sup> Sedentary behavior is associated with an increased chance of getting overweight.<sup>50</sup> Lack of physical activity can lead to metabolic disturbances such as high blood sugar, high insulin levels, resistance to insulin, disruptions in insulin-like growth factor levels, and changes in the amounts of sex hormones present in the bloodstream.<sup>51</sup> These fluctuating hormone levels are linked to hormone-caused cancers including breast and uterine cancer.<sup>52,53</sup>

**Musculoskeletal Diseases:** A majority of the global need for rehabilitation is due to musculoskeletal disorders.<sup>54</sup> These ailments account for nearly two-thirds of individuals requiring therapy and are major reasons why young people require treatment plans.<sup>55</sup> Chronic knee discomfort was associated with spending a lot of time sitting still. The results of an investigation of the relationship between chronic knee pain and total daily inactivity suggested that people with prolonged inactivity had a greater frequency of chronic knee pain.<sup>56</sup> It was found that there was a powerful connection between those who spent more than 10 hours daily engaging in leisure activities and recurring knee pain.<sup>57</sup>

**Depression:** India has one of the highest rates of mental illness in the world, with no proper medical facilities to aid people who need it.<sup>58</sup> Research has discovered that there is a strong correlation between the likelihood of depression and activities that don't require much mental activity, such as watching TV, sitting, listening to music, and chatting while seated.<sup>31,59</sup> Excitingly, this may provide some insight into the causes of depression. Contrarily, intellectually

stimulating sedentary activities like reading newspapers or books, driving, going to meetings, or doing crafts like knitting or sewing did not significantly increase the risk of depression.<sup>60</sup>

## HEALTHY DIET

Eating a nutritious diet is absolutely essential for good health, as well as allowing for proper development and avoiding deficiencies.<sup>61</sup> Furthermore, it can help reduce the risk of chronic diseases such as diabetes, heart problems, some forms of cancer, and other issues associated with being overweight.<sup>62</sup> One of the top global dangers to health is a lack of exercise and a poor diet.<sup>27,61</sup> Fruits and vegetables, which are low in calories and high in nutrients, are the foundation of a healthy sedentary diet. Because fiber keeps you feeling full, the majority of fruits and vegetables are abundant in it.<sup>63,64</sup> Fighting hunger is crucial to maintaining a low-calorie diet since, if you aren't already sedentary, stress eating at the first indication of hunger can happen.<sup>65</sup>

## MOBILE DEVICES' IMPACT ON CONTEMPORARY SOCIETY

Over the past ten years, modern technologies like computers, cell phones, and tablets have been created and have spread more widely. These devices may both benefit youngsters and pose health dangers.<sup>66,67</sup> Older persons are more likely to develop chronic illnesses, have functional decline, and die young if they spend a lot of time sitting down, get a little exercise, and are not in good physical shape.<sup>27,68</sup> While using a phone, improper posture might increase your chance of developing developmental issues, musculoskeletal issues, obesity, inactivity, and poor sleep.<sup>31,69,70</sup> To help young people adopt a healthy lifestyle, it's imperative to monitor the amount, frequency, and type of material they access on technology.<sup>61,71,72</sup> Additionally, it's paramount to ensure that kids have ample chances to stay active, eat nutritiously, maintain regular sleep patterns, and be part of a supportive social atmosphere.<sup>73</sup> Research has demonstrated a connection between the use of digital technology among preschool and school-age kids and a variety of difficulties, including sleeping issues, aggression, physical idleness, and difficulty concentrating.<sup>74</sup> An analysis unveiled that out of children in the age range of 4 to 11 years, 37% had a shortage of physical activity, 65% had excessive exposure to screens (TVs, PCs, tablets, etc.), and 26% had a mix of both.<sup>27,75</sup> Parents must strive to ensure their kids benefit from the principles of healthy eating, adequate sleep, physical activity, and meaningful socialization to help them thrive and grow.<sup>76</sup> In order to do so, plans should be tailored to each child's age, health, temperament, and level of maturity. Nowadays, children are reared in a highly personalized tech-centered environment.<sup>77</sup> On the other hand, numerous health applications for mobile devices

might encourage an active lifestyle.<sup>78,79</sup> An alternative to being inactive might be provided by mHealth apps; these are applications that run on mobile devices such as smartphones and tablets.<sup>80,81</sup> Compared to other forms of eHealth (static computers, the internet, landlines, text messages, and mobile phone calls), mHealth apps have distinct advantages because they can support continuous monitoring, which forms the basis for individualized feedback and goal setting.<sup>82,83</sup> Currently, a variety of health settings encourage the use of health-related applications. This covers a range of medical disorders, such as the treatment of diabetes, chronic obstructive pulmonary disease, depression, and dementia.<sup>84</sup>

## PREVENTION

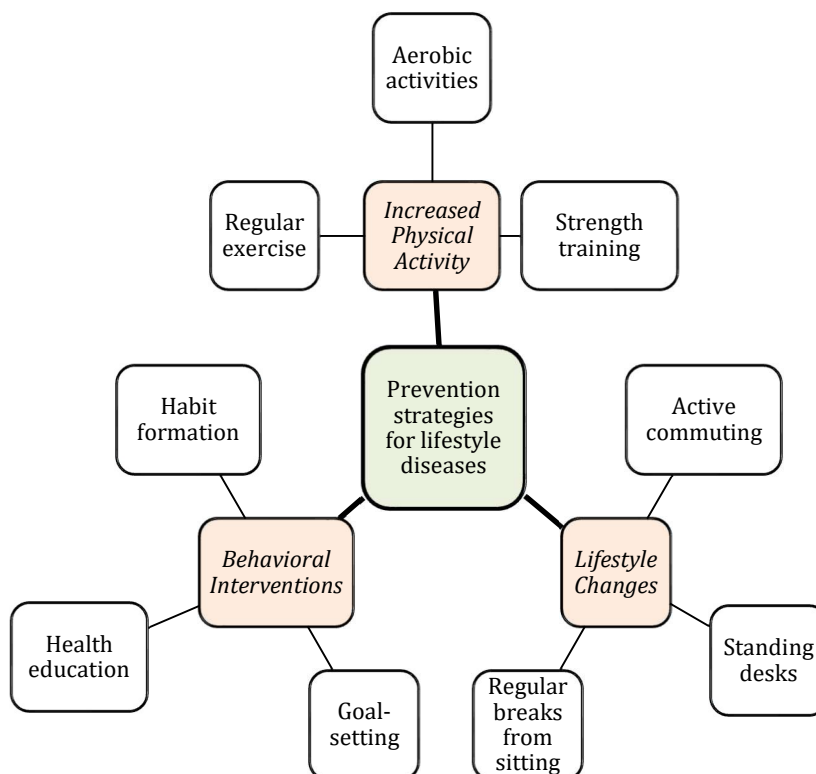
In the house or surrounding area, people may commit to doing housekeeping, yard labor, and gardening, can stretch, do yoga, ride a stationary bike inside, lift small weights, and perform other simple workouts, they can exercise at home while viewing exercise videos, walking might be more enjoyable if done with friends, family, or a pet, and they can use a phone while exercising, get up and move around, treadmills, elliptical trainers, and belly boards are examples of home fitness equipment, some less expensive equipment like stretch bands, exercise balls, mats, yoga mats, or hand weights. Furthermore, mobile phones can serve as valuable tools for home-based fitness regimens. Individuals may also avail themselves of online workout classes or fitness applications, which provide a diverse range of exercises and routines. Identifying enjoyable activities that can be adhered to consistently is essential for establishing a sustainable home exercise routine. By possessing the appropriate equipment and sustaining motivation, the attainment of an active and fit lifestyle can be readily accomplished in the convenience of one's domestic environment.<sup>5,9,85</sup>

At the office, make an effort to stand up and walk around every hour, using the stairs rather than the elevator. Incorporating this modest adjustment into daily routine will facilitate the maintenance of an active lifestyle and contribute to the expenditure of additional calories over the course of the day. Furthermore, opting for stairs as opposed to sedentary alternatives can enhance cardiovascular well-being and fortify the musculature of the lower extremities.<sup>5</sup> Therefore, cultivating a practice of integrating brief intervals of physical activity into workday is advocated for fostering a state of improved health and heightened vitality, as it has been depicted in Figure 1. There are benefits of doing some physical activity the harmful weight gain is reduced, helps with anxiety and despair, enhances mood, a rise in the caliber of sleep, enhances skeletal and bone health lowers the risk for a variety of chronic disorders. Conditions such as heart disease, diabetes, and specific forms of cancer can be mitigated through consistent physical activity. Furthermore, routine engagement in physi-



cal exercise has the potential to enhance cognitive function and memory, elevate energy levels, and contribute to overall longevity. Beyond the physiological benefits, regular physical activity affords opportunities for social interaction, serving as an enjoyable

means to alleviate stress and unwind from the pressures of daily life. The adoption of a physically active lifestyle offers individuals a tangible pathway to substantially enhance their holistic well-being, fostering a healthier and more gratifying existence.<sup>5,86-88</sup>



**Figure 1: Prevention strategies for lifestyle diseases**

## CONCLUSION

Sedentary behavior has several detrimental consequences on health, such as increased all-cause mortality, cardiovascular disease mortality, cancer risk, and risks for metabolic illnesses including Diabetes Mellitus, dyslipidemia, and musculoskeletal conditions like knee pain and osteoporosis. Watching television had the worst effects when it came to health outcomes, which varied based on the type of sedentary activity. This may be due to the passive sedentary nature of watching television and the prevalence of snacking while television viewing. As a result, among the numerous sedentary habits, people should avoid watching television as much as they can, and they should limit their eating while doing so. It is recommended that sedentary individuals who are not engaged in moderate physical activity reduce their sedentary behavior and switch to light-intensity physical activity to reduce the impact of the same on diseases and health-related conditions.

## REFERENCES

- Bennett JA, Winters-Stone K, Nail LM, Scherer J. Definitions of sedentary in physical-activity-intervention trials: A summary of the literature. *J Aging Phys Act.* 2006;14:456-77. doi:10.1123/japa.14.4.456.
- Biswas A, Oh PI, Faulkner GE, Bajaj RR, Silver MA, Mitchell MS, Alter DA. Sedentary time and its association with risk for disease incidence, mortality, and hospitalization in adults: A systematic review and meta-analysis. *Ann Intern Med.* 2015;162:123-32. doi:10.7326/M14-1651.
- Rissel C, Curac N, Greenaway M, Bauman A. Physical activity associated with public transport use--a review and modelling of potential benefits. *Int J Environ Res Public Health.* 2012;9:2454-78. doi:10.3390/ijerph9072454.
- Benefits of Physical Activity. (2022). Accessed: December 19, 2022: <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>.
- Physical activity. (2022). Accessed: December 19, 2022: <https://www.who.int/news-room/fact-sheets/detail/physical-activity>.
- Malm C, Jakobsson J, Isaksson A. Physical activity and sports-real health benefits: A review with insight into the public health of Sweden. *Sports.* 2019;7:127. doi:10.3390/sports7050127.
- Willumsen J, Bull F. Development of WHO guidelines on physical activity, sedentary behavior, and sleep for children less than 5 years of age. *J Phys Act Health.* 2020;17:96-100. doi:10.1123/jpah.2019-0457.
- Amaryllis HP, Zhong S, Yang H, Jeong J, Lee C. Impact of COVID-19 on physical activity: A rapid review. *J Glob Health.* 2022;12:05003. doi:10.7189/jogh.12.05003.
- Hernández-Vicente A, Vicente-Rodríguez G, Gómez-Cabello A, Alcazar J, Ara I, Garatachea N. Physical exercise. *Encyclopedia of Biomedical Gerontology.* Rattan SIS (ed): Academic Press, Oxford; 2020. p. 24-34. doi:10.1016/B978-0-12-801238-3.62169-4.

10. Tremblay MS, Aubert S, Barnes JD, et al. Sedentary behavior research network (SBRN) - Terminology consensus project process and outcome. *Int J Behav Nutr Phys Act.* 2017;14:75. doi:10.1186/s12966-017-0525-8.
11. Global action plan on physical activity 2018-2030: more active people for a healthier world. (2018). Accessed: December 21, 2022; <https://www.who.int/publications/i/item/9789241514187>.
12. Bull FC, Al-Ansari SS, Biddle S, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med.* 2020;54:1451-62. doi:10.1136/bjsports-2020-102955.
13. National Academies of Sciences E, Division H and M, Practice B on PH and PH, et al. Implementing quarantine to reduce or stop the spread of a contagious disease. *Evidence-Based Practice for Public Health Emergency Preparedness and Response.* Downey A (ed): National Academies Press, Washington (DC); 2020.
14. Iannaccone A, Fusco A, Jaime SJ, Baldassano S, Cooper J, Proia P, Cortis C. Stay home, stay active with superjump@: A home-based activity to prevent sedentary lifestyle during COVID-19 outbreak. *Sustainability.* 2020;12:10135. doi:10.3390/su122310135.
15. Ammar A, Brach M, Trabelsi K, et al. Effects of COVID-19 home confinement on eating behaviour and physical activity: Results of the ECLB-COVID19 international online survey. *Nutrients.* 2020;12:1583. doi:10.3390/nu12061583.
16. Zheng C, Huang WY, Sheridan S, Sit CH-P, Chen X-K, Wong SH-S. COVID-19 pandemic brings a sedentary lifestyle in young adults: A cross-sectional and longitudinal study. *Int J Environ Res Public Health.* 2020;17:6035. doi:10.3390/ijerph17176035.
17. Woods JA, Hutchinson NT, Powers SK, et al. The COVID-19 pandemic and physical activity. *Sports Med Health Sci.* 2020;2:55-64. doi:10.1016/j.smhs.2020.05.006.
18. Westerterp KR. Physical activity and physical activity induced energy expenditure in humans: measurement, determinants, and effects. *Front Physiol.* 2013;4:90. doi:10.3389/fphys.2013.00090.
19. Global strategy on diet, physical activity, and health. (2004). Accessed: December 24, 2022; <https://www.who.int/publications/i/item/9241592222>.
20. Sozen T, Ozisik L, Calik Basaran N. An overview and management of osteoporosis. *Eur J Rheumatol.* 2017;4:46-56. doi:10.5152/eurjrheum.2016.048.
21. Dai J, Menhas R. Sustainable Development Goals: Sports and physical activity: The localization of health-related sustainable development goals through sports in China: A narrative review. *Risk Manag Healthc Policy.* 2020;13:1419-30. doi:10.2147/RMHP.S257844.
22. Philipe de Souto B. Why are we failing to promote physical activity globally?. *Bull World Health Organ.* 2013;91:390-390. doi:10.2471/BLT.13.120790.
23. Kruize H, van der Vliet N, Staatsen B, et al. Urban green space: Creating a triple win for environmental sustainability, health, and health equity through behavior change. *Int J Environ Res Public Health.* 2019;16:4403. doi:10.3390/ijerph16224403.
24. Lepp A, Barkley JE. Cell phone use predicts being an "active couch potato": results from a cross-sectional survey of sufficiently active college students. *Digit Health.*
25. Hosokawa R, Katsura T. Effect of socioeconomic status on behavioral problems from preschool to early elementary school - A Japanese longitudinal study. *PLOS ONE.* 2018;13:e0197961. doi:10.1371/journal.pone.0197961
26. Lee I-M, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet.* 2012;380:219-29. doi:10.1016/S0140-6736(12)61031-9
27. Booth FW, Roberts CK, Laye MJ. Lack of Exercise Is a Major Cause of Chronic Diseases. *Compr Physiol.* 2012;2:1143-1211. doi:10.1002/cphy.c110025
28. Physical inactivity. World Health Organization. Accessed December 25, 2022. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3416>
29. Cunningham C, O'Sullivan R. Healthcare professionals promotion of physical activity with older adults: A survey of knowledge and routine practice. *Int J Environ Res Public Health.* 2021;18:6064. doi:10.3390/ijerph18116064
30. Lobelo F, de Quevedo IG. The evidence in support of physicians and health care providers as physical activity role models. *Am J Lifestyle Med.* 2016;10:36-52. doi:10.1177/1559827613520120
31. Park JH, Moon JH, Kim HJ, Kong MH, Oh YH. Sedentary lifestyle: Overview of updated evidence of potential health risks. *Korean J Fam Med.* 2020;41:365-73. doi:10.4082/kjfm.20.0165
32. Sami W, Ansari T, Butt NS, Hamid MRA. Effect of diet on type 2 diabetes mellitus: A review. *Int J Health Sci.* 2017;11:65-71.
33. Mohan V. Why are Indians more prone to diabetes? *J Assoc Physicians India.* 2004;52:468-74.
34. Pradeepa R, Mohan V. Epidemiology of type 2 diabetes in India. *Indian J Ophthalmol.* 2021;69:2932. doi:10.4103/ijo.IJO\_1627\_21
35. Frank BH. Globalization of diabetes. *Diabetes Care.* 2011;34:1249-57. doi:10.2337/dc11-0442
36. Klip A, Pâquet MR. Glucose transport and glucose transporters in muscle and their metabolic regulation. *Diabetes Care.* 1990;13:228-43. doi:10.2337/diacare.13.3.228
37. Sahoo K, Sahoo B, Choudhury AK, Sofi NY, Kumar R, Bhadoria AS. Childhood obesity: causes and consequences. *J Fam Med Prim Care.* 2015;4:187-92. doi:10.4103/2249-4863.154628
38. Hill JO, Wyatt HR, Peters JC: Energy balance and obesity. *Circulation.* 2012, 126:126-32. doi:10.1161/CirculationAHA.111.087213
39. Lee I-M: Physical activity and weight gain prevention. *JAMA.* 2010, 303:1173. doi:10.1001/jama.2010.312
40. Niemi GM, Rewane A, Algotar AM: Exercise and fitness effect on obesity. *StatPearls, Treasure Island;* 2022.
41. Hruby A, Hu FB: The epidemiology of obesity: A big picture. *Pharmacoeconomics.* 2015, 33:673-89. doi:10.1007/s40273-014-0243-x
42. Arnold M, Freisling H, et al., on behalf of the CHANCES consortium. Overweight duration in older adults and cancer risk: a study of cohorts in Europe and the United States. *Eur J Epidemiol.* 2016;31:893-904. doi:10.1007/s10654-016-0169-z
43. Nakano S, Hirano C, Hotta K, Fujita Y, Yanagi H. Factors associated with overweight status, obesity, and sedentary behavior in elementary and junior high school students. *Phys Ther Res.* 2019;22:66-72. doi:10.1298/ptr.E9965
44. Wilcox G. Insulin and insulin resistance. *Clin Biochem Rev.* 2005;26:19-39.
45. Zhao H, Zhou L, Shangguan AJ, Bulun SE. Aromatase expression and regulation in breast and endometrial cancer. *J Mol Endocrinol.* 2016;57:19-33. doi:10.1530/JME-15-0310
46. Uterine Cancer - Risk Factors and Prevention. *Cancer.Net.* Accessed December 29, 2022. <https://www.cancer.net/cancer-types/uterine-cancer/risk-factors-and-prevention>
47. Musculoskeletal health. World Health Organization. Accessed December 29, 2022. <https://www.who.int/news-room/factsheets/detail/musculoskeletal-conditions>
48. Lake J, Turner MS. Urgent need for improved mental health care and a more collaborative model of care. *Perm J.*

- 2017;21:17-024. doi:10.7812/TPP/17-024
49. Heidari B. Knee osteoarthritis prevalence, risk factors, pathogenesis and features: Part I. *Casp J Intern Med*. 2011;2:205-12.
  50. Chen J-C, Dennerlein JT, Shih T-S, et al. Knee pain and driving duration: A secondary analysis of the taxi drivers' health study. *Am J Public Health*. 2004;94:575-81. doi:10.2105/AJPH.94.4.575
  51. National mental health programme (NMHP). National Health Mission, Ministry of Health and Family Welfare, Government of India. Accessed December 29, 2022. <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1043&lid=359>
  52. Stewart J, Garrido S, Hense C, McFerran K. Music use for mood regulation: Self-awareness and conscious listening choices in young people with tendencies to depression. *Front Psychol*. 2019;10:1199. doi:10.3389/fpsyg.2019.01199
  53. Huang Y, Li L, Gan Y, Wang C, Jiang H, Cao S, Lu Z. Sedentary behaviors and risk of depression: a meta-analysis of prospective studies. *Transl Psychiatry*. 2020;10:26. doi:10.1038/s41398-020-0715-z
  54. Healthy diet. World Health Organization. Accessed December 29, 2022. <https://www.who.int/initiatives/behealthy/healthy-diet>
  55. Willett WC, Koplan JP, Nugent R, Dusenbury C, Puska P, Gaziano TA. Prevention of chronic disease by means of diet and lifestyle changes. In: *Disease Control Priorities in Developing Countries*. Jamison DT (ed). The International Bank for Reconstruction and Development / The World Bank, Washington (DC); 2006. 2:
  56. Yau YHC, Potenza MN. Stress and eating behaviors. *Minerva Endocrinol*. 2013;38:255-67.
  57. Vegetables and Fruits. Harvard T.H. Chan School of Public Health. Accessed December 29, 2022. <https://www.hsph.harvard.edu/nutritionsource/what-should-you-eat/vegetables-and-fruits>
  58. Benton D, Young HA. Reducing calorie intake may not help you lose body weight. *Perspect Psychol Sci*. 2017;12:703-14. doi:10.1177/1745691617690878
  59. Electromagnetic fields and public health: mobile phones. World Health Organization. Accessed December 29, 2022. <https://www.who.int/news-room/fact-sheets/detail/electromagnetic-fields-and-public-health-mobile-phones>
  60. Iyengar K, Upadhyaya GK, Vaishya R, Jain V. COVID-19 and applications of smartphone technology in the current pandemic. *Diabetes Metab Syndr Clin Res Rev*. 2020;14:733-7. doi:10.1016/j.dsx.2020.05.033
  61. McPhee JS, French DP, Jackson D, Nazroo J, Pendleton N, Degen H. Physical activity in older age: perspectives for healthy ageing and frailty. *Biogerontology*. 2016;17:567-80. doi:10.1007/s10522-016-9641-0
  62. Salameh MA, Boyajian SD, Odeh HN, Amaireh EA, Funjan KI, Al-Shatanawi TN. Increased incidence of musculoskeletal pain in medical students during distance learning necessitated by the COVID -19 pandemic. *Clin Anat*. 2022;35:529-36. doi:10.1002/ca.23851
  63. Jung SI, Lee NK, Kang KW, Kim K, Lee DY. The effect of smartphone usage time on posture and respiratory function. *J Phys Ther Sci*. 2016;28:186-9. doi:10.1589/jpts.28.186
  64. Tamanal JM, Kim CH. Promoting healthy lifestyle in high school students: Determination of the lifestyle status through the healthy lifestyle screen (HLS) assessment. *J Lifestyle Med*. 2020;10:30-43. doi:10.15280/jlm.2020.10.1.30
  65. Chatterjee A, Prinz A, Gerdes M, Martinez S. Digital interventions on healthy lifestyle management: Systematic review. *J Med Internet Res*. 2021;23:26931. doi:10.2196/26931
  66. Smith JD, Fu E, Kobayashi MA. Prevention and management of childhood obesity and its psychological and health comorbidities. *Annu Rev Clin Psychol*. 2020;16:351-378. doi:10.1146/annurev-clinpsy-100219-060201
  67. Fuller C, Lehman E, Hicks S, Novick MB. Bedtime use of technology and associated sleep problems in children. *Glob Pediatr Health*. 2017;4:2333794X17736972. doi:10.1177/2333794X17736972
  68. Rosen LD, Lim AF, Felt J, et al. Media and technology use predicts ill-being among children, preteens and teenagers independent of the negative health impacts of exercise and eating habits. *Comput Hum Behav*. 2014;35:364-75. doi:10.1016/j.chb.2014.01.036
  69. Helping your child: Tips for parents and other caregivers. National Institute of Diabetes and Digestive and Kidney Diseases. Accessed December 30, 2022. <https://www.niddk.nih.gov/health-information/weight-management/healthy-eating-physical-activity-for-life/helping-your...>
  70. Fischer KW, Bullock D. Cognitive development In school-age children: Conclusions and new directions. In: *Development During Middle Childhood: The Years From Six to Twelve*. Collins WA (ed). National Academies Press, Washington; 1984.
  71. Simons D, De Bourdeaudhuij I, Clarys P, De Cocker K, Vandelanotte C, Deforche B. A smartphone app to promote an active lifestyle in lower-educated working young adults: Development, usability, acceptability, and feasibility study. *JMIR MHealth UHealth*. 2018;6:44. doi:10.2196/mhealth.8287
  72. Helbostad J, Vereijken B, Becker C, et al. Mobile health applications to promote active and healthy ageing. *Sensors*. 2017;17:622. doi:10.3390/s17030622
  73. Mahmood A, Kedia S, Wyant DK, Ahn S, Bhuyan SS. Use of mobile health applications for health-promoting behavior among individuals with chronic medical conditions. *Digit Health*. 2019;5:205520761988218. doi:10.1177/2055207619882181
  74. Dicianno BE, Parmanto B, Fairman AD, et al. Perspectives on the evolution of mobile (mHealth) technologies and application to rehabilitation. *Phys Ther*. 2015;95:397-405. doi:10.2522/ptj.20130534
  75. Ventola CL. Mobile devices and apps for health care professionals: uses and benefits. *P T Peer-Rev J Formul Manag*. 2014;39:356-64.
  76. Chan J. Exploring digital health care: eHealth, mHealth, and librarian opportunities. *J Med Libr Assoc*. 2021;109:376-381. doi:10.5195/jmla.2021.1180
  77. Fried TR, Fragoso CAV, Rabow MW. Caring for the older person with chronic obstructive pulmonary disease. *JAMA*. 2012;308:1254-63. doi:10.1001/jama.2012.12422
  78. Barnett TA, Kelly AS, Young DR, et al. Sedentary behaviors in today's youth: approaches to the prevention and management of childhood obesity: A scientific statement from the American Heart Association. *Circulation*. 2018;138:e142-e159. doi:10.1161/CIR.0000000000000591
  79. Nooijen CFJ, Blom V, Ekblom Ö, Ekblom MM, Kallings LV. Improving office workers' mental health and cognition: a 3-arm cluster randomized controlled trial targeting physical activity and sedentary behavior in multi-component interventions. *BMC Public Health*. 2019;19:266. doi:10.1186/s12889-019-6589-4
  80. Puig-Ribera A, Bort-Roig J, González-Suárez AM, et al. Patterns of impact resulting from a 'sit less, move more' web-based program in sedentary office employees. *PLoS One*. 2015;10:e0122474. doi:10.1371/journal.pone.0122474
  81. Callaghan JP, De Carvalho D, Gallagher K, Karakolis T, Nelson-Wong E. Is standing the solution to sedentary office work?. *Ergon Des Q Hum Factors Appl*. 2015;23:20-4. doi:10.1177/1064804615585412