CHAPTER-I
INTRODUCTION

1.1 HEALTH AND FITNESS

"Health is wealth", one who has good health can enjoy the pleasures of life. Healthy people make a healthy nation. Good health is essential for human welfare and sustained economic and social welfare. Traditionally good health is viewed merely as the absence of disease. Generally one who has strong built and muscular body is considered to be healthy. World Health Organization (WHO 1946) definition of health is “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health is composed of several dimensions including physical health, mental health, social health and emotional health. Today however the emphasis is on holistic health. Holistic health is based on the premise that an individual’s health is affected by practically all aspects of an individual’s life. Physical, psychological, emotional, spiritual, environmental, genetic and social factors all interact to influence an individual’s state of health [Wuest and Bucher 1992]. In order to achieve optimal health, all these factors must be considered. Another concept closely related to holistic health is wellness. Wellness is a state of optimal well being. Wellness emphasizes each individual’s responsibility for making decisions that will lead not only to the prevention of disease but to the promotion of a high level of health. Attainment of a healthy lifestyle is important for wellness. It is achieved through proper nutrition, regular and appropriate exercise, adequate rest and relaxation, effective stress
management, adherence to sound safety practices and elimination of controllable risk factors such as smoking or drug abuse etc.

1.2 CONCEPT OF FITNESS

Fitness can be defined as the ability to meet the demands of a physical task. Fitness is comprised of many different components. Basic fitness can be classified in four main components: strength, speed, stamina and flexibility. However, exercise scientists have identified nine components that comprise the definition of fitness [Tancred, 1995].

- Strength - the extent to which muscles can exert force by contracting against resistance (e.g. holding or restraining an object or person)
- Power - the ability to exert maximum muscular contraction instantly in an explosive burst of movements. The two components of power are strength and speed. (e.g. jumping or a sprint start)
- Agility - the ability to perform a series of explosive power movements in rapid succession in opposing directions (e.g. shuttle running or cutting movements)
- Balance - the ability to control the body's position, either stationary (e.g. a handstand) or while moving (e.g. a gymnastics stunt)
- Flexibility - the ability to achieve an extended range of motion without being impeded by excess tissue, i.e. fat or muscle (e.g. executing a leg split)
- Local Muscle Endurance - a single muscle's ability to perform sustained work (e.g. rowing or cycling)
- Cardiovascular Endurance - the heart’s ability to deliver blood to working muscles and their ability to use it (e.g. running long distances)
- Strength Endurance - a muscle’s ability to perform a maximum contraction time after time (e.g. continuous explosive rebounding through an entire basketball game)
- Co-ordination - the ability to integrate the above listed components so that effective movements are achieved.

The components of fitness can be classified into two categories: those pertaining to health (Physical Fitness) and those pertaining to motor skill performance (Motor Fitness)

1.2.1 Physical Fitness [Health Related Fitness]

Physical fitness refers to the capacity of an athlete to meet the varied physical demands of their sport without reducing the athlete to a fatigued state. The components of physical fitness are [Davis et. al. 2000, Siedentop 1990]:

- Body Composition
- Flexibility
- Muscular Endurance
- Cardiovascular Endurance
- Muscular Strength

1.2.2 Motor Fitness [Motor Skill Related Fitness]

Motor Fitness refers to the ability of an athlete to perform successfully at their sport. The components of motor fitness are [Davis et. al. 2000, Siedentop 1990]:

- Speed
- Reaction Time
- Agility
• Co-ordination
• Balance
• Power

Health related fitness is concerned with the development and maintenance of the fitness components that can enhance health through prevention and remediation of disease and illness. Health related fitness enhances one’s ability to function efficiently and maintain a healthy lifestyle. Thus health related fitness is important for all individuals throughout life. Motor-performance related fitness is concerned with the development and maintenance of those fitness components that are conducive to performance of physical activities, such as sport. Motor fitness is specific to the sport or activity in which the individual engages.

The importance of physical activity in maintaining good health and fitness is well recognized. Physical activity forms an integral part of a healthy lifestyle. Physical activity is defined as any body movement produced by skeletal muscles that require energy expenditure. Physical activity includes exercise as well as other activities which involve body movement and are done as part of playing, working, active transportation, household tasks and recreational activities. Exercise, is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. Scientific evidence of the health benefits of exercise continues to grow [Colberg et. al. 2010, Kokkinos 2012]. Studies show that significant benefits can be realized by individuals who regularly engage in physical activity of appropriate frequency, intensity and duration [Morris 1991, Ivy 1997]. Regular
physical activity provides many benefits such as: weight control, reduce the risk of cardiovascular disease, reduce the risk of type 2 diabetes and metabolic syndrome, reduce the risk of some cancers, strengthen the bones and muscles, improves mental health and mood, reduce depression and stress [Physical activity guidelines for Americans 2008]. Reduction of the incidence of stroke and maintenance of functional independence of the elderly are also benefits that may be realized through participation in regular physical activity. Individuals who are more physically active have in general greater life longevity than those who are not [Centre for Disease Control and Prevention 2011]. WHO has developed the "Global Recommendations on Physical Activity for Health", 2011, for guidance on the dose-response relationship between the frequency, duration, intensity, type and total amount of physical activity needed for the prevention of non-communicable diseases. Non-communicable diseases (NCDs) are the diseases being not carried out from person to person through personal touch or link. These are diseases of long duration, and are generally slow in progression. NCDs are the leading cause of death in the world, responsible for 63% deaths worldwide in 2008 [World economic forum and Harvard school of Public Health 2011]. NCDs accounts for 53 percent of deaths in India. Based on available evidence cardiovascular diseases (24%), chronic respiratory diseases (11%), cancer (6%) and diabetes (2%) are the leading cause of mortality in India [Sharma, 2013]. Treatment cost is almost double for NCDs as compared to other conditions and illnesses. Burden of NCDs and resultant mortality is expected to increase unless massive efforts are made to prevent and control NCDs and their risk factors. Physical inactivity is one of the
major risk factors contributed to deaths due to NCD’s. WHO recommends that adults aged 18-64 should do at least 150 minutes of moderate intensity aerobic physical activity per week or do at least 75 minute of vigorous intensity aerobic physical activity in order to improve cardio-respiratory and muscular fitness, bone health, reduce the risk of NCDs and depression. For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity [WHO 2011]. Lack of physical activity is one of the leading causes of preventable death worldwide. According to WHO, physical inactivity is the fourth leading risk factor for global mortality (6% of deaths globally). Physical inactivity has also been estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately 30% of ischemic heart disease burden [WHO 2014].

1.3 MODERN LIFESTYLE AND HEALTH

Science and technology have revolutionized today’s life style. The world is in a much different place today than it was fifty or even twenty five years of history in the past. The absence of physical activity in today's lifestyle is main issue of worry. Because of urbanization and modernization, lives are becoming more sedentary and less physically active than ever before. Today, man has more comforts at his disposal, most of the modern jobs and activities do not need much physical activities; those which used to demand physical labor have been replaced by machines. Household durable goods like washing machines, cooking gas and electric ovens etc.
have contributed to reduced physical activity. Most of the leisure time is being spent in front of TVs. Application of transportation even for short distances are increasing. Along with sedentary lifestyles, consumption of oily and junk food is increasing and contribution of homemade food to our diet is continuously decreasing. People are turning more and more towards ready to eat, less time-consuming food without thinking about the nutritional aspects. The fast-paced life style is creating dangerous disorders on our nutritional health. Drug consumption and abuses, stress, mental and physical aliment is on the rise. Today the major killer after accident is heart attack, hypertension, diabetes mellitus, cancer and asthma. Sedentary lifestyle leads to many chronic health problems, problems that are preventable if individuals would engage in more physical activity. This fast moving social setup, with high standard of living and innumerable changes, the individual has no time to look back and think about what is happening to his body and mind. According to the WHO Technical Report 2002, there is a decline in energy expenditure that is associated with a sedentary lifestyle, motorized transport, labour-saving devices in the home, the phasing out of physically demanding manual tasks in the workplace, and leisure time that is preponderantly devoted to physically undemanding pastimes. Because of these changes in dietary and lifestyle patterns, chronic NCDs including obesity, diabetes mellitus, cardiovascular disease, hypertension and stroke, and some types of cancer are becoming increasingly significant causes of disability and premature death in both developing and newly developed countries, placing additional burdens on already overtaxed national health budget
One of the consequences of modern lifestyle, obesity is a leading public health concern today which is increasing at an alarming rate throughout the world. The rapidly increasing prevalence of obesity has led to obesity being characterized as an epidemic. Obesity and its complications are the leading health threat globally. According to WHO estimates, worldwide obesity has nearly doubled since 1980. In 2008, 35% of adults aged 20 and over were overweight and 11% were obese. Overall, more than 10% of the world’s adult population was obese. More than 40 million children under the age of five years were overweight in 2011 according to WHO reports [WHO 2013]. WHO defines “overweight” as an individual with a BMI of 25 or more and “obese” as someone with a BMI of 30 or higher [WHO 2000]. Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in meters ($kg/m^2$). BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.

Obesity is leading to a large number of preventable deaths worldwide [Haslam et.al. 2005]. Obese adults are at increased health risk for many serious health conditions including high blood pressure, high cholesterol, type 2 diabetes and its complications, coronary heart disease, stroke, osteoarthritis, respiratory problems
as well as endometrial, breast, prostate and colon cancers [Barness et al. 2007]. Besides suffering from physical illnesses, obese adults and children may also experience social stigmatization as well as psychological problems.

Obesity has reached epidemic proportions in India in the 21st century, with morbid obesity affecting a significant percentage of the country’s population. National Family Health Survey [NFHS-2, 2000] shows 5.8 percent obese women with BMI 30 or more and 17.7 percent overweight women with BMI 25-30 in urban India [NFHS 2000]. The data from NFHS-2 shows that three north Indian states of Delhi, Punjab and Haryana comprise 18.5 percent overweight and 7.2 percent obese women Punjab comes after Delhi with 21.1 percent overweight and 9.1 percent obese women. Also Haryana ranks third in north India. Based on data from the NFHS-3, 2007, Punjab ranks first on the list of the states of India ranked in order of percentage of people who are overweight or obese. According to this list, the percentage of women who are overweight or obese is highest in Punjab (30%) followed by Kerala (28%) and Delhi (26%) [16]. Punjab is again at the top in case of obese men. Haryana is also not far behind. According to a study by Praveen Kumar Aggarwal, 2002 particularly in north Indian states prevalence of obesity is very high which can pose serious threat for health. The Consultation on Obesity convened by WHO, 2000 has concluded that the fundamental causes of the obesity epidemic are sedentary lifestyles and high fat energy dense diets, both resulting from the profound changes taking place in society and the behavioral patterns of communities as a consequence of increased urbanization and industrialization and also the disappearance of traditional lifestyles.
1.4 **FITNESS TRENDS**

There is an increased concern worldwide about the quality of life and health. Increased stress at work, change in environmental conditions and a change in eating habits has led to a sedentary lifestyle and rise in lifestyle diseases. The highly stressful jobs of corporate world and multinational companies are giving rise to stress related ailments among the corporate and thus increasing the value and necessity of being fit and healthy in life. In modern times, people have realized the importance of physical activity and exercise in order to keep themselves fit and prevent from diseases, occurring due to modern life style. People are becoming more and more health conscious. More than any other time in history, the people are trying to have the best for healthiest body possible. People are now very aware about their own body shape and figure, this allied to an increasingly conscious and aware society means that the individual is prepared to do something about improving himself or herself. An increasingly large number of people are engaging in physical activity on a regular basis to improve fitness. Enrollment in health fitness centers and fitness spas is increasing with each passing year. Billions of dollars are being spent on exercise apparel, shoes, equipment, facilities and programs.

In India also, people are now becoming health conscious and are acknowledging the benefits of health fitness centers and personal training. The average urban Indian professional is increasingly becoming health conscious and feeling the need to get into fitness mode. People are now feeling the need to set aside a time for dedicated exercising. The trend of fitness is setting in which is not limited to only urban areas but can be noticed in rural areas also.
[Buchha 2012]. Reports of health epidemics, as well as initiatives to prevent hypo-kinetic diseases (such as cardiovascular disease, type II diabetes, osteoporosis and certain types of cancer) originating from sedentary lifestyles, are becoming more frequent [Mathur et.al. 2012]. Simultaneously, planned programs or specified schedules such as access to healthy food habit and encouraging active lifestyle are, now supported more than ever by State and local Governments and by people. Governments have also started various fitness schemes to reduce the burden of diseases arising due to physical inactivity [Community Interventions for Health India 2011, Exposure Draft on National Physical Fitness Program, 2012]. Not only the government agencies, but private organizations have also started investing funds in these fitness programs. While no simple solution to preventing or reducing these epidemics has yet been identified, a multidisciplinary approach is necessary. The benefits of physical activities can have on our physical and mental well-being, are widely known. This is why the role of health fitness centers and gyms become so important. They have become a necessity in today’s life. The average urban Indian professional is increasingly becoming health conscious and feeling the need to get into a fitness mode. The health club approach and a feel good factor for a highly stressed out segment is the growing focus of the fitness industry in India.

1.5 INTRODUCTION OF HEALTH FITNESS CENTERS

A health fitness centers or gym is a place that has the equipment for the purpose of exercise or sports activities. It is also called fitness centre or fitness club. The concept of Gymnasiums is believed to be originated from Greece. The word gym as used today is a contraction of word ‘Gymnasium’. The word gymnasium means ‘an
exercise for which you strip’. ‘Gymnastics’ signify the ‘naked art’. The athletes competed naked which was believed to encourage aesthetic appreciation of male body. The gymnasium functioned mainly as a public institution where young men received training in physical exercise. In the beginning, it was mainly a training facility for competitors in public games. The gymnasium was mainly an athletic ground with enough space for running practice. There were rooms for undressing and also bathrooms for use after regular exercise. The wrestling area was known as Palestra and formed part of the gymnasium. Gymnasiums were provided with libraries also in those times and concerned with intellectual development of men also [Gardiner 1972]. The later meaning of intellectual education persisted in German and other languages to denote a certain type of school providing secondary education, the Gymnasium, whereas in English the meaning of physical education was pertained in word Gym. So, the word gym as used today as fitness centers, a place for exercise or physical activity only.

1.6 HISTORY AND DEVELOPMENT OF HEALTH FITNESS CENTERS

Ancient Greece was the first to have health fitness centers called gymnasiums. The purpose of these gymnasiums was physical and intellectual education of men. After the ancient Greeks, health fitness centers disappeared for centuries as the life was physically tough and ordinary people got all the exercise they needed doing their daily chores. The first officially recognized fitness club was opened in 1811 by Mr. Fedric Jahr in Germany under the name Turnverein. In 1847, Gymnase trait opened in Paris. In 1848, the first gym of US opened in Cincinnati. Shortly thereafter the YMCA
was opened at Boston in 1850. The first private athletic club which was only for the members opened in 1860 at San Francisco. In 1890, Louis Durlacher opened first commercial health club in New York City [Tharrett et.al. 2008]. Early twentieth century, these types of athletic fitness centers became more common with development of the number of these fitness centers. In 1902, the Milo Barbell company, formed by Alan Calvert, provided the emerging gym industry with the new type of weight training equipments. In 1930s, the health fitness centers/gyms known as boxing gyms began to appear and became very famous for body building and as weight lifting gyms. These centers were specifically to train fighters and boxers and were not for general exercise. By 1940s, the development of body building and weightlifting gyms had come into vogue. Bodybuilding gyms continued to flourish in the 1960s [Tharrett et.al. 2008]. These fitness centers/gyms were owned and operated by people whose primary interest was to provide a customized environment for pursuing their physical culture and strength training interests. During 1960s the fitness industry received a huge boost with the beginning of Universal Gym. It was a multi-station gym, which brought the concept of resistance training. In 1960s and 1970s early fitness centers chains were started. Gold’s gym chain founded by Joe Gold in 1965 in Venice, California was one of the first gym chains. Gold’s gym chain was a landmark for body builders. More and more gym chains came into existence after that. 24 hour Fitness and LA Fitness were founded during 1980s. The trend of corporate health fitness centers also began in the 1980s. Since 1990s, the gym culture has become very popular with a very large number of gym chains coming into existence [Tharrett et.al. 2008].
The last two decades has seen mass popularization of the gym culture. Now health fitness centers have sprung up in every nook and corner of the cities whether small or big. In 1981, the International Sports and Racquet Association (IRSA) were formed. According to early research conducted by IRSA, there were total of approximately 6200 health fitness centers in 1982 in USA. The end of decade i.e. 1990 saw an increase of over 100% in health, fitness and sports fitness centers and provided health services to nearly 7.4% of total USA population. In that phase the fitness industry boomed like anything. Since 1982 to 2006 the total number of health fitness centers had grown nearly 4 times. The number of memberships in 1982 was 17.3 million and 42.7 million in 2006. It was increase of 146%. In 1995, approximately 12,500 commercial fitness centers operated in the U.S. while these were reported to be, 28,450 in 2005. [Scott 1996, Tharrett et.al 2008].

1.7 DEVELOPMENT OF HEALTH FITNESS CENTERS IN INDIA

In India, individual chase of fitness was discouraged, the religious beliefs of Buddhism and Hinduism emphasized on spiritual aspect and tended to neglect bodily development. As a result, the importance of fitness in general within society was relatively low. However, an exercise program similar to Chinese Cong Fu gymnastics developed, while still conforming to religious beliefs, known as Yoga [Dalleck et.al 2003]. However, its exact origin has yet to be identified. Yoga has existed for at least the past 5000 years. Yoga means union of the body, mind and spirit. Yoga was originally developed by Hindu priests who lived prudent lifestyles, characterized by discipline and meditation. Through observing and imitating the movement and patterns of animals, priest tried to
achieve the same balance. This aspect of Yoga is known as Hath Yoga. This is a form with which Westerners are most familiar and is defined by a series of exercises in physical posture and breathing patterns [Wuest and Bucher 1995]. Besides balance with nature, ancient Indian philosophers recognized health benefits of Yoga including proper organ functioning and whole well-being. These health benefits have also been acknowledged in the modern-day United States, with an estimated 12 million individuals regularly participating in Yoga. The concept of modern health fitness centers and gymnasiums in Indian society has entered mainly from the western countries. In India, the first gym was setup in the year 1932 by late Mr. Vishnu Talwalkar in Mumbai in a single room. Mr. Madhukar Talwalkar (eldest son of late Mr. Vishnu Talwalkar), carried on with the inheritance and started his first fitness center/gym in Bandra, Mumbai in the year 1962 by the name ‘Talwalkars Gymnasium’. Today it is India’s largest chain of health fitness centers with 45 ultramodern branches across major cities of India [Talwarkars.net. 2013].

There are lot of independent health fitness centers in the Indian fitness industry today, ranging from single gyms to multipurpose wellness and weight loss centers. The annual growth rate is expected to be around 50% [Buchha 2012]. Seeing the potential in India, a large of international fitness players are entering the fitness industry and opening their chains. The Indian chapter of Gold’s Gym started in 2002 when they opened their first gym in Mumbai. Today it has about 18 facilities all over India. Q’s fitness studio brought thrust gym to India in 2005. Many more international fitness brands are venturing into India or offering their franchisee.
Fitness First, UK’s popular international chain of health fitness centers, recently made its debut in India. The opening of large number national and international brands in India, Indian fitness industry has experienced a huge growth in recent past and still has vast potential to grow. Even in the midst of the economic downturn, the industry has maintained steady growth, with membership rates growing consistently and profit remaining solid. Demand for health fitness centers, gyms and fitness centers are expected to rise over in the coming five-ten years, as the public becomes more health conscious and the aging population places a greater emphasis on staying fit. Additionally, the amount of leisure time and growth in household incomes will positively affect businesses, leading operators to expand into larger facilities.

1.8 HEALTH FITNESS MARKET

The global health club industry continues to expand. The consumers are demonstrating an increased demand for health club services worldwide and health fitness centers are providing a wide range of amenities. According to the 2010 IHRSA Global Report: the State of the Health Club Industry, the health club industry showed a very good performance in 2009. Industry revenue reached $67.2 billion from a global count of 128,500 health fitness centers and 119.5 million members. With over 42 million members, the market in Europe, alone, totaled an estimated $31 billion in revenue. In North America, 53.1 million members used 38,000 facilities. In the Asia-Pacific region over $10 billion were generated in revenues and with membership of nearly 16 million members. According to IHRSA Global report 2011 worldwide industry revenues reached about $71 billion in 2010, while these were $4 billion in 2009. Memberships
increased to an estimated 128 million members, and the overall number of fitness centers grew to 133,500 in 2010. According to the recent edition of IHRSA’s *Profiles of Success*, 2012, which was published in December 2012 and analyzes club financial and operational benchmarks for 2011, participating fitness centers saw their net membership increase by 3.1% and their revenues increase by 3.6% during that year. In 2012, the global health and fitness industry generated an estimated $75.7 billion in revenue from more than 153,000 fitness centers serving 131.7 million members worldwide, according to the IHRSA Global Report 2013.

Public perception of health and fitness has changed significantly in recent years. Ten years ago, most people in Asia would not have voluntarily joined fitness centers. Nowadays, for many the health club has become the so-called “third space” apart from home and the office. This is evidenced by the steady growth both in membership levels and in the number of H&F fitness centers in the past decade. As globalization accelerates, Asia Pacific consumers have access to more disposable income and strive for a more western Life style driving growth in the H&F market. At the same time, market saturation in Europe and the U.S. has lead many international operators to focus their growth efforts in the Asia Pacific region. According to IHRSA global report 2007, there were 8930 estimated fitness centers in the 12 Asian pacific countries surveyed in the study. The 8930 health fitness centers were serving about 3/10 of entire Asian population. Out of a total of 8930 health fitness centers, India had only 970 health fitness centers, China and Thailand had 800 health fitness centers each while Japan had about 2000 health fitness centers. The 970 health fitness centers had a
total membership of 1.07 million with a market size of dollar 450 million.

The reported indicated that in the Indian fitness industry domestic health fitness centers were more dominant. Among the international health fitness centers chains, Talwarkars were the largest chain and Gold’s Gym had notable presence. The revenue aspect was very important, according to the report, Japan generated about 3,500,000,000$ revenue from health and fitness centers while India generated 500,000,000$ per annum from health and fitness centers. These figure shows, how this industry was growing on a good pace. The Asia-Pacific gyms, health & fitness centers market had total revenue of $17,005.6 million in 2012, representing a compound annual growth rate (CAGR) of 8.6% between 2008 and 2012. The performance of the market is expected to accelerate, with an anticipated CAGR of 12.8% for the five-year period 2012 - 2017, which is expected to drive the market to a value of $31,100.5 million by the end of 2017. The industry is now expanding like anything. It is projected that Indian fitness industry will rise on the graph annually by 20% to 30%. The fitness industry in India is valued at anything between enormous Rs 2,000 crore and more modest Rs 300 crore [Italian Trade Commission 2009]. According to 2008 Asia Pacific Report, the industry in India generated a revenue of $500,000 with a total of 1,175 fitness centers and a total membership of 411,000. [IHRSA 2008]

1.9 ROLE OF HEALTH FITNESS CENTERS IN PRESENT TIMES

The role of health fitness centers has grown to an all-new level in present times considering the almost sedentary lifestyle of the present generation. Now, more and more people are becoming aware
about to preventing certain diseases, illness as well as the responsibilities of maintaining their health in order to live a longer high quality life. As the part of one of the fastest growing Industries, today’s Health fitness centers are playing a much larger role and trying to replace the old stereotypical view of health fitness centers as body building workshops. The modern day fitness centers usually offer the choice of a workout in the gym, a relaxing swim in the pool, several racquet sports to satisfy that competitive spirit, and a range of fitness classes for every taste. A qualified gym instructor who understands client’s needs as an individual can make a complete programs as per client requirement and as per the initial status of fitness level. Whether it is simply an improvement, in general health, weight loss, muscle strength or endurance there is something for everyone to aim for. It may well be that client have a specific goal, and a program will be made as per the specific requirement of the client. Since the role of health fitness centers have become so vital it seems in some larger cities there is some type of health club or training facility at every corner. The major reasons cited by people for joining health fitness centers as based on research conducted by IHRSA [Trend Report 2012] are:

- To remain physically fit
- For fun and pleasure
- To lose weight
- To assist with a medical condition
- To challenge oneself
- To prevent health problems
- For competition
It also came out of the study that men and women have different reasons for exercising. While most men cited, fun and pleasure, personal challenge and competition as their driving forces for joining health fitness centers, most women had losing weight, staying fit and prevent health related conditions as their reason for exercising.

1.10 Concept of Present Day Health Club

The modern health fitness centers offer additional services and programs in addition to the basic fitness programs. Industry is heavily dependent upon its facilities for success. Depending on the types of services programs and equipments offered by the health fitness centers, the modern fitness facilities can be divided into two basic types: fitness only and multipurpose as per the report by IHRSA, Profiles of Success 2007.

Fitness only Facilities: Fitness-only facilities are defined as those centers that have facilities that provide space specifically for the pursuit of fitness activities. These facilities typically consist of activity-specific areas for cardiovascular equipment, resistance-circuit equipment, free-weight equipment and group-exercise studios, as well as common areas, such as locker rooms and reception areas. According to IHRSA’s survey, the average fitness –only facility is 17,000 square feet and these facilities provide approximately 11 square feet per membership. Fitness-only facilities can be divided into various sub-categories, based on specialized programs offered such as exercise studios, free-weight gyms, personal training studios, etc. Exercise studios normally have one or two group exercise studios, a reception area and locker rooms. Free-weight gyms usually provide a relatively large free-weight area, reception area and locker rooms.
Personal-training studios are primarily composed of resistance, cardiovascular and stretching areas.

Multipurpose Facilities: These are defined as fitness centers that offer fitness facilities and one or more recreational spaces such as racquet courts, pools, gymnasiums, spas and outdoor recreational areas. According to the IHRSA survey, the average multipurpose facility is 67,500 square feet and it provides an average of approximately 16 square feet per membership, about double the space allocation seen in fitness only fitness centers. The majority of multipurpose fitness centers have fitness facilities, racquet courts and gymnasiums, with pools and tennis courts being less common. Some multipurpose facilities also have outdoor facilities such as outdoor pools, ball fields etc.

A modern day health club is not only a body building emporium. It is a facility where client work out, meditate doing some yoga, feel good with some aerobics exercise, and relax the client’s senses with spa. This industry combines luxury and exclusivity to the experience of a fitness centre with a professional approach to help individuals develop to the best of their needs. Largely referred as 'fitness or health centers, these are no less than 10,000 sq ft in area and Include a work out area, yoga studios, aerobics studios, sauna and steam rooms, day spas, swimming pools, massage centers, food courts serving holistic food and even DVD libraries ensuring relaxation and entertainment [Grantham et al 1998] As per recent estimates, the fitness and wellness segment in India can be valued at Rs 2,500crore. The growing segment and increasing number of health conscious Indians is attracting global players. For instance, it is well known that a healthy diet plays a significant role in keeping one’s body fit. Yet,
maintaining diet is the biggest obstacle given the modern hectic lifestyles and temptations of fast food. The professional nutritionists are available in health fitness centers to make a suitable diet plan for clients. Aside from gymnasium, that offers a customized workout package, the health fitness centers take care of providing the right atmosphere to exercise. Energetic music provides an ideal setting for aerobics workouts. A healthy mind is very important for attaining a healthy body and the better way to relax client’s body and mind is through yoga or relaxing massage.

The present day health fitness centers offer several benefits, many of which were not found in traditional health fitness centers. Some of the benefits are mentioned below:

Services and Equipments: In a modern health fitness centers, there are variety of latest equipments and exercise regimes to suit the taste and requirements of the members and the members can used these facilities as per their needs and convenience.

Spa and Sauna: Many modern day health fitness centers offers SPA and sauna services. After a heavy workout, clients can indulge by relaxing in a spa. Here client can get a body massage that will drive away all the strains of the exercise. Client can have special detoxification massage or a steam bath.

Nutrition Experts: Many health fitness centers hire dedicated nutrition experts for its members. For a healthy workout client need a diet that is rich in nutrients, and the experts will guide client to it. They will develop a daily diet regime that will take into consideration of whole body requirements. Monitoring of members is also done regularly to track their growth and development.
Relaxing Atmosphere: Modern health fitness centers work to provide a relaxed atmosphere to the members. If client don’t feel like exercising, then client can go for a steam bath or a swim. In some health fitness centers client can simply spend client evenings reading books.

Sports: Sports are the best exercise. Therefore, present day health fitness centers also offer various sports like tennis, squash etc. that can be played.

Yoga and Meditations: With the spread and popularity of yoga and meditation, most health fitness centers have added these on their list. Therefore, the client does not have any need to practice these separately. Qualified instructors guide client in every session.

Above mentioned benefits of health club can make more fun to exercise, but health fitness centers have also some safety problems. Bacteria in poorly maintained pools can spread disease. Antibiotic-resistant infections can be picked up in crowded locker rooms and from heavily used exercise equipment. Client can be injured or even suffer an exercise-related heart problem. Absence of properly trained and well-qualified fitness staff is another major problem. In fact many of the fitness instructors employed by the health fitness centers either lack the requisite qualification or know very little beyond what their course has taught them. They lack interpersonal skills and can design only very basic or rudimentary programs straight out of a textbook. The problem arises when people who want to achieve desired results join the gym and are unaware of this fact. They believe in the ability of their instructors and become frustrated when they do not achieve the desired results. However, this is not true about all the fitness instructors. Some may be very good in their
work. So, it is very important to know the qualification and experience of fitness instructor employed by the health club before joining the facility.

1.11 NEED OF PRESENT STUDY

Importance of physical activity in modern sedentary lifestyle has become well recognized. Many people are modifying their lifestyle to include exercise sessions in their routine works. Fitness has been established as a new industry in the socio-economic area. Fitness does not mean for sports only, people are joining health fitness centers to keep them fit and energized throughout the day. Joining health fitness centers have become a sort of fashion. Rush of people towards the health fitness centers, gyms, health pubs etc. has been growing tremendously. Simultaneously the numbers of such business centers have also boomed up in every big or small city. Unlike developed countries such as America where proper guidelines and recommendations for the fitness industry are provided by bodies like American College of Sports Medicine (ACSM), there is no regulatory body or authority which provides such guidelines and recommendations for health fitness centers in India specially in Punjab state. As a result health fitness centers in India are mostly unregulated and unmonitored.

Since people are spending a lot of money and time on these health fitness centers, it becomes very important to evaluate the existing health fitness centers in the society so that concern of health and fitness may be served, saved and maintained. Therefore, a survey or study is needed to evaluate the infrastructural and functional aspects of health fitness centers located in cities, towns and rural areas. The present study is focused on infrastructural,
functional and operational evaluation of health fitness centers in Punjab.

1.12 SIGNIFICANCE OF THE STUDY

The present study will help in evaluating the existing infrastructural and functional standards of the health clubs in cities, towns and rural areas. The study will also provide guidance to the potential clients about the various fitness facilities available in nearby area, the type of programs offered by them and the availability of well-qualified fitness trainers. This will help the clients to select wisely and obtain full value of their money. Also from the perspective of a businessman or entrepreneur, the study will help to identify the opportunities of setting up fitness centers in the selected areas. The present study will also provide knowledge about the lesser known cooperative and community health/fitness centers as commercial health/fitness centers are the ones which have received most of the attention. The study will also throw light on the fitness facilities or health fitness centers existing in smaller rural areas about which much is not known. The study will also be helpful in identifying the areas in need of attention in the existing health/fitness centers and in setting up of new benchmarks for the health/fitness centers in Punjab.

1.13 OBJECTIVES OF THE STUDY

1. To assess the infrastructure and safety measures in the health fitness centers.
2. To evaluate the functional set up offered by the health fitness centers.
3. To find out the available programs being offered to the clients.
4. To check out the infrastructural (location, type, members, space, facilities and equipments and staff information) and functional (general information, life style, specific training, nutritional information, fitness information and feedback) analysis under study to establish the pros and cons of health fitness industry for qualitatively and quantitatively.