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Different health concept status among the teachers of different educational set up

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Abstract

To assess the different teachers of different professions towards their health concept status 90 teachers from related subjects stream namely-physical education (30), Science (30), and Arts (30) teachers of different levels has been randomly selected as subjects of the study. The age of the teachers ranged between 30 to 50 years. 10 subscale of multidimensional health Questionnaire (MHQ) developed by William E. Snell use as a tool. 10 health-oriented subscales each containing five items in multidimensional health questionnaire. The scored so that A=0; B=1; C=2; D=3; and E=4. Next, the 5 items assigned to each subscale are summed so the higher scores correspond to greater amounts of each respective health-related tendency. A descriptive analysis such as mean, standard deviation, range, minimum and maximum was employed separately on all 10 health oriented subscales.

In male, Science teachers had been found with highest health anxiety followed by Arts teachers and physical education teachers. In females, science teachers are found to have highest health anxiety followed by physical education and arts teachers.

In males, physical education teachers had been found with highest health efficacy followed by Science teachers and Arts teachers. In females, science teachers are found to have highest health efficacy followed by physical education and arts teachers.

In males, physical education teachers had been found with highest health consciousness followed by Science teachers and Arts teachers. In females, physical education are found to have highest health consciousness followed by science teachers and arts teachers.

In males, physical education teachers had been found with highest Motivation to avoid Unhealthiness followed by Science teachers and Arts teachers. In females, physical education are found to have highest Motivation to avoid Unhealthiness followed by science teachers and arts teachers.

Males, physical education teachers had been found with highest Chance Luck Health Control followed by Science teachers and Arts teachers. In females, physical education are found to have highest Chance Luck Health Control followed by arts teachers and science teachers.

In males, physical education teachers had been found with highest Health preoccupation followed by Science teachers and Arts teachers. In females, physical education are found to have highest Health preoccupation followed by Science teachers and Arts teachers.

In males, Science teachers had been found with highest Health Assertiveness followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Assertiveness followed by Science teachers and Arts teachers.

In males, Science teachers had been found with highest Health Expectation Optimism followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Expectation Optimism followed by Science teachers and Arts teachers.

In males, Science teachers had been found with highest Health Illness Self- Blame followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Illness Self- Blame followed by Science teachers and Arts teachers.

In males, physical education teachers had been found with highest Health Monitoring followed by Science teachers and Arts teachers. In females, physical education are found to have highest Health Monitoring followed by Science teachers and Arts teachers.

Keywords: Health anxiety, health efficacy, health consciousness, motivation to avoid unhealthiness, chance luck health control, health preoccupation, health assertiveness, health expectation optimism, health illness self-blame and health monitoring

Introduction

Complete health is the physical and mental well-being of an individual. Health education is a professional field that has expanded rapidly, primarily because of national policy that has

emphasized health promotion and disease prevention ^[1]. The person's environment (including work, school, family, community) and his or her physical, emotional, intellectual. Occupational, spiritual and social dimensions of wellness are in tune with one another to produce harmony, family and other social relationships also influence a person's health. Health educators commonly refer to six dimensions of health and wellness: emotion, intellectual, spiritual, occupation, social and physical.

- a. Emotional wellness requires understanding emotions and coping with problems that arise in everyday life.
- b. Intellectual wellness involves having a mind open to new ideas and concepts. If we are intellectually healthy, we seek new experiences and challenges.
- c. Spiritual wellness is the state of harmony with oneself and others. It is the ability to balance inner needs with the demands of the rest of the world.
- d. Occupation wellness is being able to enjoy what you are doing to earn a living and contribute to society, whether it is going to college, working as a secretary, doctor, construction manager, or accountant. In a job, it means having skills such as critical thinking, problem solving, the communicating well.
- e. Social wellness refers to the ability to perform social roles effectively, comfortably, and without harming others.
- f. Physical wellness is a healthy body maintained by eating right, exercising regularly, avoiding harmful habits, keeping informed and responsible decisions about health, seeking medical care when needed, and participating in activities that help prevent illness ^[2].

A teacher, who is happy with his job, plays a pivotal role in uplifting the society. Well-adjusted and satisfied teacher can contribute a lot to the well-being of his/her pupils. A dissatisfied teacher can become irritable and may create tensions which can have negative influence on the students learning process and it consequently affects their academic growth ^[3].

Emotions are important in human life. If an individual's emotions don't develop in a balance manner, the individual's entire personality becomes disorganized, and many distortions manifest themselves ^[4].

Fear is natural and healthy human emotion, experienced at time by all competitions. So, fear doesn't separate athletes from one another ^[5].

Method of study

90 teachers from related subjects stream namely-physical education (30), Science (30), and Arts (30) teachers of different levels has been randomly selected as subjects of the study. The school teachers of different subjects were guided enough to understand and provide relevant responses to the questions asked in the questionnaire and the age of the teachers ranged between 30 to 50 years. Since the aim of the study was to assess the different teachers of different professions towards multidimensional health status. It was decided to use multidimensional health Questionnaire (MHQ) developed by William E. Snell as a tool, with the help of the questionnaire the researcher tried to get the reflection of attitude of the respondent towards multidimensional health pattern.

The multidimensional health questionnaire was developed by William E. Snell, Jr., Ph.D. and Georgette Johnson, M.A., Psy. D. the 10 subscales are state below:

1. Health anxiety: The items on the Health anxiety subscale refer to anxious feelings associated with the status of one's health. More specifically, these items were designed to tap people's feeling of tension, discomfort and anxiety about their physical health. People who endorse these items are those who experience chronic anxiety as a result of thinking about their physical health.
2. Health efficacy: The items on the health efficacy subscale were designed to measure the extent to which people believe they have the ability, capability, skills and talents to take care of their own physical health.
3. Health consciousness: the items on health consciousness subscale refer to an awareness of one's health. These items were designed to measure people's tendency to think about and to reflect about their health.
4. Motivation to Avoid Unhealthiness: This subscale refers to motivational tendency to avoid being or become unhealthy. More specifically, these items were designed to measure people's tendency to avoid poor physical health.
5. Chance luck health control: This subscale refers to people's belief that their health status is determined by experiences and influences outside of their personal control-i.e. chance or luck. More specifically, these items were designed to measure people's expectation that their health status is largely determined by forces which they themselves can neither anticipate nor influence.
6. Health preoccupation: Health Preoccupation is defined as the tendency to become absorbed in, obsessed with, and engrossed with the physical health aspects of one's life, to the extent that one virtually excludes from one's mind thoughts of other matters.
7. Health assertiveness: This subscale refers to the tendency of being assertive about the health related aspects of one's life.
8. Health expectation optimism: this item was designed to measure the tendency that one will continue to experience positive physical health in the future.
9. Health illness self-blame: The item on the Health Illness self-blame subscale was designed to measure the tendency to attribute blame to oneself when one becomes sick or ill.
10. Health monitoring: The items on the Health Monitoring subscale refer to an awareness of other people's reactions to one's health. More specifically, these items were designed to measure people's public concern about the image of their health (or lack thereof) projects to others.

The 10 health-oriented subscales each containing five items in multidimensional health questionnaire (MHQ). The items assigned to each of the 10 MHQ subscales are repeated for every 10 items beginning with item no.1. Then the items are scored so that A=0; B=1; C=2; D=3; and E=4. Next, the 5 items assigned to each subscale are summed so the higher scores correspond to greater amounts of each respective health-related tendency. A descriptive analysis such as mean, standard deviation, range, minimum and maximum was employed separately on all 10 health oriented subscales.

Analysis of data

For the purpose of the data selected descriptive statistics like mean, standard deviation, range, minimum and maximum and range were used.

Findings

Table 1: Health Anxiety among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	8.06	9.00	9	3	13	10	2.69
	F	14	9.21	10.00	10	5	14	9	2.55
Science Teacher	M	12	10.17	11.00	8	4	16	12	3.99
	F	18	11.28	12.00	15	2	19	17	5.09
Arts Teacher	M	15	8.60	8.00	9	4	13	9	2.89
	F	14	7.86	7.50	5	2	15	13	3.75

Table no. 1. Reveals that 16 male physical education teacher participated in the study with mean health anxiety of 8.06 ± 2.69 and 14 female physical education teacher who were participates of this study with mean health anxiety of 9.21 ± 2.55 . In Science stream 12 male teachers were present with health anxiety of 10.17 ± 3.99 and 18 female Science stream teachers were present with health anxiety of 11.28 ± 5.09 . Similarly, in arts stream 15 male teacher participated with mean health anxiety of 8.60 ± 2.89 and female teachers participate with mean health anxiety of 7.85 ± 3.75 .

Comparative health anxiety of male and female of selected stream have been depicted in figure.

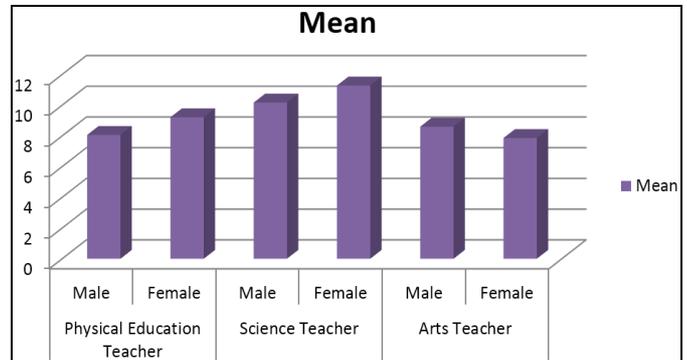


Fig 1: mean health anxiety score of male and female teachers of Physical education, Science and Arts stream.

Table 2: Health Efficacy among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	14.06	15.50	16	7	20	13	4.02
	F	14	12.14	11.50	11	7	20	13	4.02
Science Teacher	M	12	12.75	12.50	12	8	17	9	2.80
	F	18	12.28	11.50	11	5	18	13	3.41
Arts Teacher	M	15	8.60	9.00	9	4	13	9	2.89
	F	14	7.86	7.50	5	2	15	13	3.75

Table no. 2. Reveals that 16 male physical education teacher participated in the study with mean health efficacy of 14.06 ± 4.02 and 14 female physical education teacher who were participates of this study with mean health efficacy of 12.14 ± 4.02 . In Science stream 12 male teachers were present with health efficacy of 12.75 ± 2.80 and 18 female Science stream teachers were present with health efficacy of 11.50 ± 3.41 . similarly, in arts stream 15 male teacher participated with mean health efficacy of 8.60 ± 2.89 and female teachers participate with mean health efficacy of 7.85 ± 3.75 .

Comparative health efficacy of male and female of selected stream have been depicted in figure.

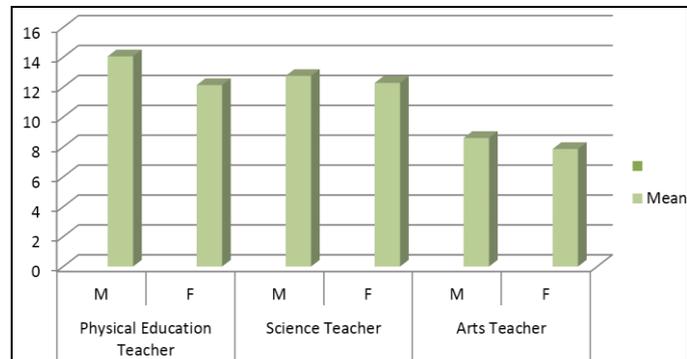


Fig 2: mean health Efficacy score of male and female teachers of Physical education, Science and Arts stream.

Table 3: Health Conciousness among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	14.50	15.00	15	4	20	16	3.78
	F	14	13.64	14.50	16	2	20	18	4.49
Science Teacher	M	12	12.83	11.50	18	8	20	12	4.02
	F	18	13.27	14.00	16	5	20	15	4.36
Arts Teacher	M	15	10.13	11.00	7	3	15	12	3.83
	F	14	10.85	11.50	15	3	16	13	4.52

Table no. 3. Reveals that 16 male physical education teacher participated in the study with mean health conciousness of 14.50 ± 3.78 and 14 female physical education teacher who were participates of this study with mean health conciousness of 13.64 ± 4.49 . In Science stream 12 male teachers were present with health conciousness of 12.83 ± 4.02 and 18 female Science stream teachers were present with health

conciousness of 13.27 ± 4.36 . Similarly, in arts stream 15 male teacher participated with mean health conciousness of 10.13 ± 3.83 and female teachers participate with mean health conciousness of 10.85 ± 4.52 .

Comparative health conciousness of male and female of selected stream have been depicted in figure.

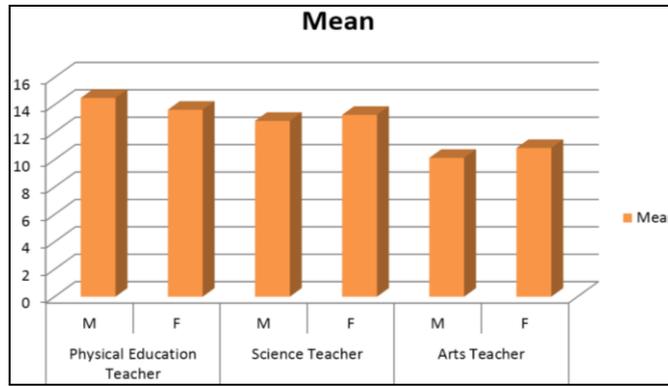


Fig 3: mean health Consciousness score of male and female teachers of Physical education, Science and Arts stream

Table 4: Motivation to avoid Unhealthiness among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	13.06	13.50	13	5	20	15	3.59
	F	14	13.64	15.00	18	4	19	15	5.05
Science Teacher	M	12	11.58	12.00	12	7	20	13	3.80
	F	18	11.22	12.00	13	3	18	15	3.54
Arts Teacher	M	15	9.40	10.00	10	3	15	12	3.56
	F	14	8.21	9.00	4	1	13	12	3.79

Table no. 4. Reveals that 16 male physical education teacher participated in the study with mean Motivation to avoid Unhealthiness of 13.06 ± 3.59 and 14 female physical education teacher who were participates of this study with mean Motivation to avoid Unhealthiness of 13.64 ± 5.05 . In Science stream 12 male teachers were present with Motivation to avoid Unhealthiness of 11.58 ± 3.80 and 18 female Science stream teachers were present with Motivation to avoid Unhealthiness of 11.22 ± 3.54 . Similarly, in arts stream 15 male teacher participated with mean Motivation to avoid Unhealthiness of 9.40 ± 3.56 and female teachers participate with mean Motivation to avoid Unhealthiness of 8.21 ± 3.79 .

Comparative Motivation to avoid Unhealthiness of male and female of selected stream have been depicted in figure.

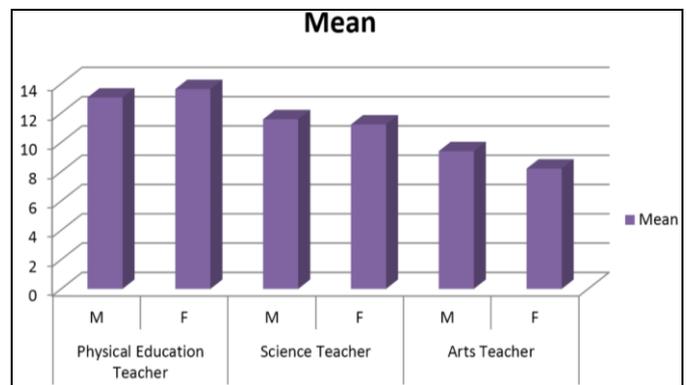


Fig 4: mean Motivation to avoid Unhealthiness score of male and female teachers of Physical education, Science and Arts stream

Table 5: Chance Luck Health Control among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	13.00	14.00	15	6	18	12	3.44
	F	14	13.29	12.50	12	7	18	11	3.41
Science Teacher	M	12	10.92	11.00	12	7	17	10	2.81
	F	18	9.83	10.00	10	4	17	13	3.22
Arts Teacher	M	15	9.21	9.00	9	3	14	11	2.61
	F	14	10.20	10.00	12	7	14	7	2.18

Table no. 5. Reveals that 16 male physical education teacher participated in the study with mean Chance Luck Health Control of 13.00 ± 3.44 and 14 female physical education teacher who were participates of this study with mean Chance Luck Health Control of 13.29 ± 3.41 . In Science stream 12 male teachers were present with Chance Luck Health Control of 10.92 ± 2.81 and 18 female Science stream teachers were present with Chance Luck Health Control of 9.83 ± 3.22 . Similarly, in arts stream 15 male teacher participated with mean Chance Luck Health Control of 9.21 ± 2.61 and female teachers participate with mean Chance Luck Health Control of 10.20 ± 2.18 .

Comparative Chance Luck Health Control of male and female of selected stream have been depicted in figure.

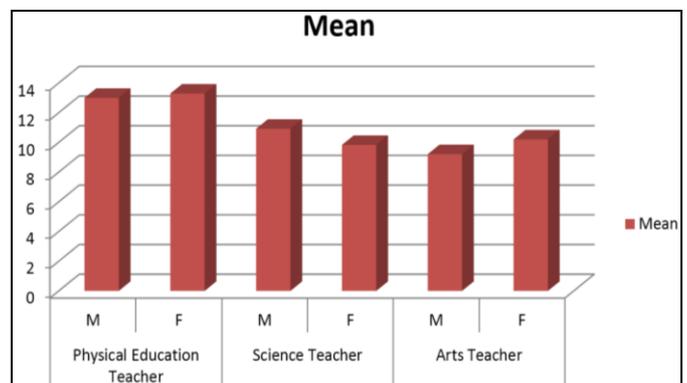


Fig 5: mean Chance Luck Health Control score of male and female teachers of Physical education, Science and Arts stream

Table 6: Health preoccupation among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	12.56	13.50	15	3	19	16	4.44
	F	14	13.21	13.00	10	10	20	10	2.94
Science Teacher	M	12	9.75	10.50	4	4	18	15	4.39
	F	18	11.61	12.00	7	7	18	12	3.87
Arts Teacher	M	15	7.93	7.00	7	7	12	8	2.43
	F	14	8.93	8.50	9	3	17	14	3.73

Table no. 6. Reveals that 16 male physical education teacher participated in the study with mean Health preoccupation of 12.56 ± 4.44 and 14 female physical education teacher who were participates of this study with mean Health preoccupation of 13.21 ± 2.94 . In Science stream 12 male teachers were present with Health preoccupation of 9.75 ± 4.39 and 18 female Science stream teachers were present with Health preoccupation of 11.61 ± 3.87 . Similarly, in arts stream 15 male teacher participated with mean Health preoccupation of 7.93 ± 2.43 and female teachers participate with mean Health preoccupation of 8.93 ± 3.73 .

Comparative Health preoccupation of male and female of selected stream have been depicted in figure.

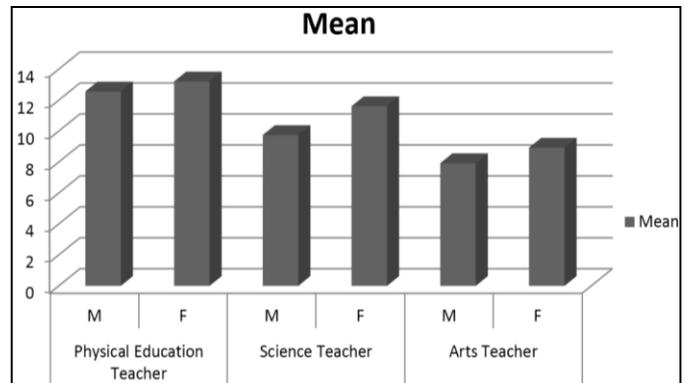


Fig 6: mean Health preoccupation score of male and female teachers of Physical education, Science and Arts stream

Table 7: Health Assertiveness among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	11.56	11.00	10	5	17	12	3.12
	F	14	11.00	11.00	7	7	16	9	2.99
Science Teacher	M	12	13.00	12.50	10	8	19	11	3.13
	F	18	10.94	11.50	9	4	16	12	3.26
Arts Teacher	M	15	9.33	9.00	12	4	13	9	2.77
	F	14	9.64	9.00	7	6	16	10	3.00

Table no. 7. Reveals that 16 male physical education teacher participated in the study with mean Health Assertiveness of 11.56 ± 3.12 and 14 female physical education teacher who were participates of this study with mean Health Assertiveness of 11.00 ± 2.99 . In Science stream 12 male teachers were present with Health Assertiveness of 13.00 ± 3.13 and 18 female Science stream teachers were present with Health Assertiveness of 10.94 ± 3.26 . Similarly, in arts stream 15 male teacher participated with mean Health Assertiveness of 9.33 ± 2.77 and female teachers participate with mean Health Assertiveness of 9.64 ± 3.00 .

Comparative Health Assertiveness of male and female of selected stream have been depicted in figure.

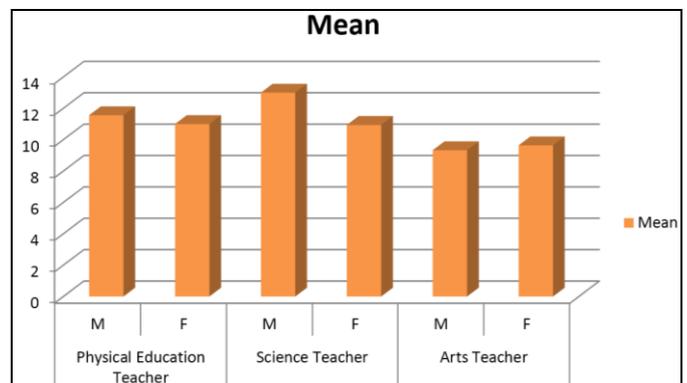


Fig 7: mean Health Assertiveness score of male and female teachers of Physical education, Science and Arts stream

Table 8: Health Expectation Optimism among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	13.06	12.00	12	7	18	11	2.93
	F	14	13.14	14.00	10	7	18	11	3.39
Science Teacher	M	12	13.17	12.50	12	10	17	7	2.25
	F	18	12.56	13.50	14	3	20	17	3.96
Arts Teacher	M	15	10.20	10.00	9	6	15	9	2.62
	F	14	12.57	12.50	10	8	19	11	3.30

Table no. 8. Reveals that 16 male physical education teacher participated in the study with mean Health Expectation Optimism of 13.06 ± 2.93 and 14 female physical education teacher who were participates of this study with mean Health Expectation Optimism of 13.14 ± 3.39 . In Science stream 12 male teachers were present with Health Expectation Optimism of 13.17 ± 2.25 and 18 female Science stream

teachers were present with Health Expectation Optimism of 12.56 ± 3.96 . Similarly, in arts stream 15 male teacher participated with mean Health Expectation Optimism of 10.20 ± 2.62 and female teachers participate with mean Health Expectation Optimism of 12.57 ± 3.30 .

Comparative Health Expectation Optimism of male and female of selected stream have been depicted in figure.

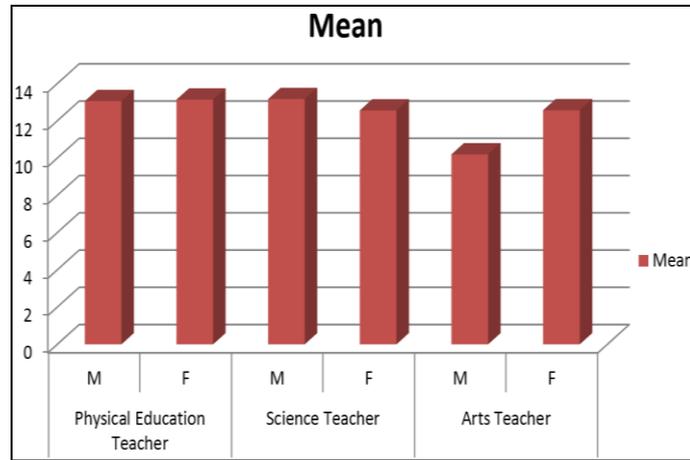


Fig 8: mean Health Expectation Optimism score of male and female teachers of Physical education, Science and Arts stream

Table 9: Health Illness Self- Blame among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	11.13	11.50	10	5	15	10	3.03
	F	14	12.14	12.00	12	3	18	15	4.15
Science Teacher	M	12	11.58	11.00	8	5	19	14	4.70
	F	18	11.89	14.00	15	3	19	16	5.33
Arts Teacher	M	15	9.87	11.00	11	4	15	11	3.04
	F	14	8.71	9.00	10	8	16	13	3.64

Table no. 9. Reveals that 16 male physical education teacher participated in the study with mean Health Illness Self-Blame of 11.13 ± 3.03 and 14 female physical education teacher who were participates of this study with mean Health Illness Self-Blame of 12.14 ± 4.15 . In Science stream 12 male teachers were present with Health Illness Self- Blame of 11.58 ± 4.70 and 18 female Science stream teachers were present with Health Illness Self- Blame of 11.89 ± 5.33 . Similarly, in arts stream 15 male teacher participated with mean Health Illness Self- Blame of 9.87 ± 3.04 and female teachers participate with mean Health Illness Self- Blame of 8.71 ± 3.64 . Comparative Health Illness Self- Blame of male and female of selected stream have been depicted in figure.

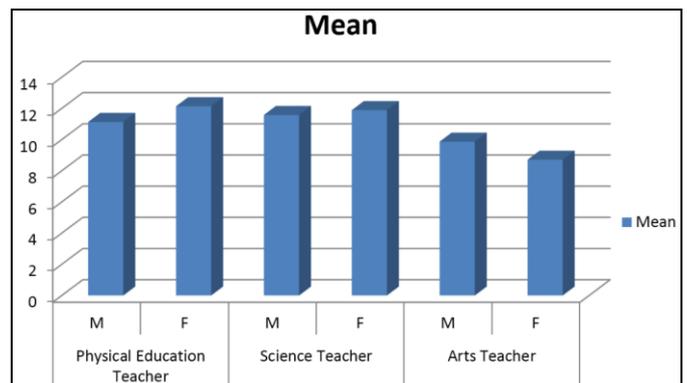


Fig 9: mean Health Illness Self- Blame score of male and female teachers of Physical education, Science and Arts stream

Table 10: Health Monitoring among Male and Females of Physical Education, Science and Arts stream teachers

Groups	Gender	N	Mean	Median	Mode	Minimum	Maximum	Range	SD
Physical Education Teacher	M	16	12.88	13.50	15	5	18	13	3.52
	F	14	14.93	15.50	16	10	19	9	2.23
Science Teacher	M	12	10.00	10.00	10	4	19	15	4.61
	F	18	11.28	12.00	13	3	19	16	4.68
Arts Teacher	M	15	8.47	10.00	10	1	16	15	4.37
	F	14	8.29	9.00	2	0	19	19	4.97

Table no. 10. Reveals that 16 male physical education teacher participated in the study with mean Health Monitoring of 12.88 ± 3.52 and 14 female physical education teacher who were participates of this study with mean Health Monitoring of 14.93 ± 2.23 . In Science stream 12 male teachers were present with Health monitoring of 10.00 ± 4.61 and 18 female Science stream teachers were present with Health Monitoring of 11.28 ± 4.68 . Similarly, in arts stream 15 male teacher participated with mean Health Monitoring of 8.47 ± 4.37 and female teachers participate with mean Health Monitoring of 8.29 ± 4.97 . Comparative Health Monitoring of male and female of selected stream have been depicted in figure.

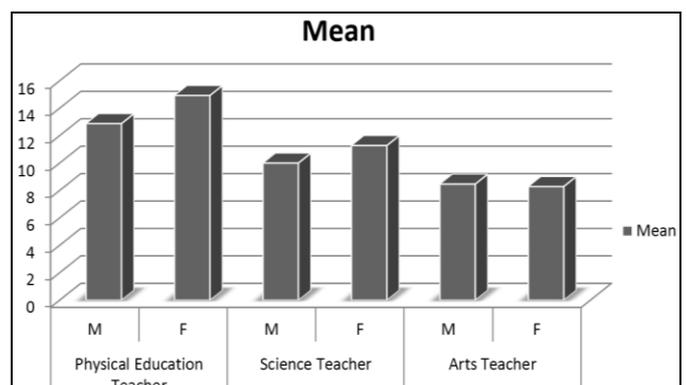


Fig 10: mean Health Monitoring score of male and female teachers of Physical education, Science and Arts stream

Discussion of findings

It is evident that in among males, Science teachers had been found with highest health anxiety followed by Arts teachers and physical education teachers. In females, science teachers are found to have highest health anxiety followed by physical education and arts teachers. The subscale of health anxiety consists of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the female arts teachers have the lowest mode value of 5 and female science teachers have the highest mode value of 15. Thus, it is evident that the majority of the female arts teacher has very low health anxiety and majority of females science teacher have very high health anxiety.

It is evident that in among males, physical education teachers had been found with highest health efficacy followed by Science teachers and Arts teachers. In females, science teachers are found to have highest health efficacy followed by physical education and arts teachers. The subscale of health efficacy consists of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the female arts teachers have the lowest mode value of 5 and male physical education teachers have the highest mode value of 16. Thus, it is evident that the majority of the female arts teacher has very low health efficacy and majority of males physical education teachers have very high health efficacy.

It is evident that in among males, physical education teachers had been found with highest health consciousness followed by Science teachers and Arts teachers. In females, physical education are found to have highest health consciousness followed by science teachers and arts teachers. The subscale of health consciousness consists of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the male arts teachers have the lowest mode value of 7 and female physical education and Science teachers have the highest mode value of 16. Thus, it is evident that the majority of the male arts teacher has very low health consciousness and majority of females physical education and science teachers have very high health consciousness.

It is evident that in among males, physical education teachers had been found with highest Motivation to avoid Unhealthiness followed by Science teachers and Arts teachers. In females, physical education are found to have highest Motivation to avoid Unhealthiness followed by science teachers and arts teachers. The subscale of Motivation to avoid Unhealthiness consists of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values

are close to the ideal median value. Further reveals that the female arts teachers have the lowest mode value of 4 and female physical education have the highest mode value of 18. Thus, it is evident that the majority of the female arts teacher has very low Motivation to avoid Unhealthiness and majority of females physical education have very high Motivation to avoid Unhealthiness.

It is evident that in among males, physical education teachers had been found with highest Chance Luck Health Control followed by Science teachers and Arts teachers. In females, physical education are found to have highest Chance Luck Health Control followed by arts teachers and science teachers. The subscale of Chance Luck Health Control of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the male arts teachers have the lowest mode value of 9 and male physical education have the highest mode value of 15. Thus, it is evident that the majority of the male arts teacher has very low Chance Luck Health Control and majority of males physical education have very high Chance Luck Health Control.

It is evident that in among males, physical education teachers had been found with highest Health preoccupation followed by Science teachers and Arts teachers. In females, physical education are found to have highest Health preoccupation followed by Science teachers and Arts teachers. The subscale of Health preoccupation of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the male Science teachers have the lowest mode value of 4 and male physical education have the highest mode value of 15. Thus, it is evident that the majority of the male Science teacher has very low Health preoccupation and majority of males physical education have very high Health preoccupation.

It is evident that in among males, Science teachers had been found with highest Health Assertiveness followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Assertiveness followed by Science teachers and Arts teachers. The subscale of Health Assertiveness of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the female physical education and arts teachers have the lowest mode value of 7 and male Arts teachers have the highest mode value of 12. Thus, it is evident that the majority of the female physical education and arts teachers have very low Health Assertiveness and majority of males Arts teachers have very high Health Assertiveness.

It is evident that in among males, Science teachers had been found with highest Health Expectation Optimism followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Expectation Optimism followed by Science teachers and Arts

teachers. The subscale of Health Expectation Optimism of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the male Arts teachers have the lowest mode value of 9 and female Science teachers have the highest mode value of 14. Thus, it is evident that the majority of the male Arts teachers have very low Health Expectation Optimism and majority of female Science teachers have very high Health Expectation Optimism.

It is evident that in among males, Science teachers had been found with highest Health Illness Self- Blame followed by physical education teachers and Arts teachers. In females, physical education are found to have highest Health Illness Self- Blame followed by Science teachers and Arts teachers. The subscale of Health Illness Self- Blame of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the male Science teachers have the lowest mode value of 8 and female Science teachers have the highest mode value of 15. Thus, it is evident that the majority of the male Science teachers have very low Health Illness Self- Blame and majority of female Science teachers have very high Health Illness Self- Blame.

It is evident that in among males, physical education teachers had been found with highest Health Monitoring followed by Science teachers and Arts teachers. In females, physical education are found to have highest Health Monitoring followed by Science teachers and Arts teachers. The subscale of Health Monitoring of 5 statements and scaling is from 0-4. Thus, the minimum possible score is zero and the maximum possible score is 20. Since median is the positional average, the ideal median is 10. It is evident for table that median values of all the categories across both the gender are closed to 10. Thus, it can be inferred that the median values are close to the ideal median value. Further reveals that the female Arts teachers have the lowest mode value of 2 and female Physical education teachers have the highest mode value of 16. Thus, it is evident that the majority of the female Arts teachers have very low Health Monitoring and majority of female Physical education have very high Health Monitoring.

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