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Comparative study of health consciousness between rural and urban school girls of Bilaspur

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Abstract

Purpose: Purpose of the study was to compare the health consciousness between rural and urban school girls of Bilaspur.

Methods: For the present study total 100 (50 rural and 50 urban) school girls selected as subject from government high school Koni and 50 school girls from C.B.S.E. Schools Bilaspur city. The age range of the samples is 12 to 18 years. Health consciousness was assessed by the total scores in health consciousness Questionnaire constructed and standardized by William E. Snell and Georgette the Johnson (2007). The tool used in the present investigation was the health consciousness scale which has total 100 questions and divided into 20 groups. This tool measures the extent and degree of consciousness of students about health degradation and its protection.

Statistical Technique: To know the significant difference between rural and urban school girls in comparison to health consciousness descriptive statistics and independent t-test was used for the analysis of data with the help of SPSS (16.0 version) software and the level of significance was set at 0.05.

Findings and Conclusions: The calculated data Mean score of the rural school girls is 235.35 and SD is 2.610 and mean score of urban is 240.30 and SD 2.726 respectively and calculated 't' value is 9.268, it reveals that urban school girls mean score is higher than the rural school girls and it's also reveals that Urban school girls' has more health consciousness comparison to rural school girls, because the calculated value is greater than table value and it's significant is at 0.05 level.

Keywords: Health consciousness, rural school girls, urban school girls

1. Introduction

Health is primary and foremost need of life. One has to manage up in his life for healthy living. It is said prevention is better than cure and for that knowledge of health education is necessary. Thus it is the responsibility of educational institutors to impart health education to their students. Education only does not mean to that just to recover some knowledge on part of people. A man should have all-round fitness. As said by W. H. O. Health is a state of complete physical, mental, and social well being and not merely the absence of diseases. According to this definition one should try to attain the highest possible fitness level and this can come when our curriculum planning is according to the requirements and interest of students. If it is according to the needs and interests of the learner then he gets satisfaction of education now-a- day health consciousness is becoming more popular and so a new program has been introduced in schools and colleges. Educationists do suggest that a curriculum plan should consider felt requirements and felt-interests of pupils. Health consciousness alone is not enough. We need to be able to use that consciousness. We need to be health literate as well. According to the National Health Education Standards, health literacy means being able to get, interpret, and understood basic health information in ways that get better your health and t.

A health approach is our behavioral objective concerning health. If we intent to exercise, then we are more leaning to do so than, if we have no such intention. Likewise, if we intend to drink and then drive, the potential of our having a car crash is greater than if we have no such intention. Health attitudes are expressed as either positive or negative- positive if they contribute to good health. Health: W. H. O. Health is a state of complete physical, mental, and social well being and not merely the absence of diseases. "The state of being free from illness or injury". Health" comes from the Old English word hale, meaning "wholeness, a being whole, sound or well, "Hale comes from the Proto-Indo- European root kailo, meaning "whole,

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uninjured, of good omen". Medilexicon's medical dictionary has definitions for health, is "The state of the organism when it functions optimally without evidence of disease or abnormality". Overall health is achieved through a combination of physical, mental, and social wellbeing, which, together is usually referred to as the Health Triangle. Health consciousness is the trend to focus attention on one's health; where individual with more health conscious have better quality of life. Consciousness is mental awareness; it is both objective and subjective. Objective consciousness is a state of conscious awareness. It has the faculty of understanding, whether of the objects immediately presented in sense perception, or those known by process of reasoning. Its reasoning is both inductive and deductive; it also has self choice. It is mind or aptitude and sometimes involves the higher thinking powers, as distinguished from the senses and memory. Memory should not be confused with intelligence; however, our learning institutions stress memory, and those who possess good memories are at the top of the class. Memory is only a faculty of the mind and, as far as universal states of consciousness are concerned, an average memory is good enough. It is only a part, not the whole. One of the best memories you may find is a good book; it is perfect and timeless. But a book cannot think or reason, or analyze, determine and form an opinion; it cannot determine what is true or false as in the science of logic or the art of reasoning. The concept of health consciousness refers to individuals' comprehensive orientations in the direction of health, rather than issue-specific orientations (e.g., smoking, weight control), it is expected that the measure will be widely used for planned health interventions in addition to its conceptual and theoretical value.

Objective

The objective of the study was to compare the health consciousness level between rural and urban school girls of Bilaspur.

Hypothesis

It was hypothesized that there will be no significant difference between rural and urban school girls in comparison to health consciousness.

2. Method

For the present study total 100 (50 rural and 50 urban) school girls selected as subject from Koni government high school and 50 school girls from C.B.S.E. Schools Bilaspur city. The age range of the samples is 12 to 18 years. Health consciousness was assessed by the total scores in health consciousness Questionnaire constructed and standardized by William E. Snell and Georgette the Johnson (2007). The tool used in the current survey was the health consciousness scale which has total 100 questions and divided into 20 groups. This tool measures the extent and degree of consciousness of students about health degradation and its protection.

Variable

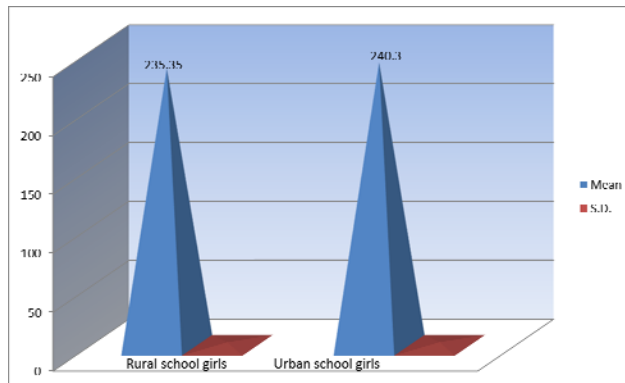
Health consciousness selected as variable for the present study.

Statistical Technique:- To know the significant difference between rural and urban school girls in comparison to health consciousness descriptive statistics and independent t-test was used for the analysis of data with the help of SPSS (16.0 version) software and the level of significance was set at 0.05.

Table 1: Result and Findings of the Study

Group	N	Mean	SD	Std. Error Mean	t-value	p-value
Rural school girls	50	235.35	2.61	.369	9.268*	0.000
Urban school girls	50	240.30	2.72	.385		

Mean health consciousness score of rural school girls is 235.35 and urban school girls is 240.30. Standard deviation score for rural school girls is 2.61 and urban school girls are 2.72 and the t-value is 9.268.



Graphical representation of comparison of health consciousness between rural and urban school girls of Bilaspur.

3. Discussion of Findings

Mean health consciousness score of rural school girls is 235.35 and urban school girls' is 240.30. Standard deviation score for rural school girls is 2.61 and urban school girls are 2.72 and the t-value is 9.268. The life style of urban school girls is good comparison to rural school girls. They have good facilities and daily life style so they have more awareness about health. They are living healthy life style On the other hand rural school girls those who are living in rural area they living poor life style and lack of healthy environment comparison to urban school girls.

4. Conclusions

Within the limitation of the present study and on the basis of findings the following conclusions have been drawn – Mean health consciousness score of rural school girls is 235.35 and urban school girls is 240.30. Standard deviation score for rural school girls is 2.61 and urban school girls are 2.72 and the t-value is 9.268 that show significance difference. Urban school girls have more health consciousness comparison to rural school girls. Initially it was hypothesized that there would be no significant difference between rural school girls and urban school girls in comparison to health consciousness. Urban school girls have more consciousness comparison to rural school girls.

5. References

1. Alderman RB. Psychological behaviour in Sport Philadelphia: Saunders, 1974.
2. Allport GW. Personality: A psychological interpretation. New York: Holt, Rinehart & Winston, 1937.
3. Bandura, A. Social Learning Theory Eaglewood Cliffs: Prentice-Hall, 1977.
4. Boring EG. Foundations of psychology. New York: John Willey, 1948.
5. Carlos Flavián, Raquel Gurrea. Users motivations and attitude towards the online press, Journal of Consumer Marketing. 2009; 26(3):164-174.

6. Carron A. Social psychology of sport. Ithaca, New York, 1980.
7. Daniel Wann L. Sports psychology. Eaglewood Cliff, N.J: Prentice-Hall, 1997.
8. George TR, Feltz DL. Motivation in sport from collective efficacy perspective. International Journal of Sports Psychology. 1995; 26:98-116.
9. Khaled Saeed N. Attitude and Behaviour of school children towards oral Health and Dental Care, Published Dissertation, 2003.
10. Kibert. A study to investigate the reproductive health knowledge, attitude and practice of high school students Published Dissertation, Ethiopia, 2004.
11. Kothari CR. Research Methodology: Methods and Techniques, New Delhi: Vishwa Prakashan, 2001.
12. Mangal SK. General Psychology. Delhi: Sterling Publishers Pvt. Ltd, 1966.
13. Mischel W. Personality and assessment. New York: Wiley, 1968.
14. William E. Snell and Georgette Johnson The multidimensional Health Questionnaire, Southeast state University, USA, 2007.