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Gendering health consciousness

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Abstract

Present study was intended to explore the level of health consciousness of male and female adolescents. The total sample for the present study consists of 400 adolescents selected from different school of south Kashmir of Union territory of Jammu and Kashmir. Whole data was collected by using Random Sampling Technique (RST). "Health Consciousness Scale (HCS)" developed by N.V.V.S. Narayana (2009) was used for measuring the health conscious of the respondents. The data was subjected to statistical treatment by using both Mean, SD, Frequency distribute, percentage and independent 't' test. The results of the study indicate that impact of gender is significant on the level of health consciousness of the adolescents. Male adolescents were found with high level of health consciousness as compared to female adolescents.

Keywords: Health Consciousness, Female Adolescents, Male Adolescents

1. Introduction

The greater concern of the world is health. Significant contribution in the domain of health is reported as the big achievement of the country. The World Health Organization (WHO) defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease. Health contributes to general well-being and overall lifestyle". In order to enjoy a quality of life, good health habits must be achieved because basic health determines what a person can do. Health Consciousness (HC) is a concept reflecting a person's readiness to do something to his/her own health. Health consciousness is the behavioural process and in this process individuals are aware of and concerned about their wellness. They are motivated to improve and maintain their quality of life by engaging in healthy behaviours and being self-conscious about health. Zould, K. (1990) ^[60] remarked, "Health Consciousness (HC) as inner status of a person about his/her health. It is a psychological state where an individual is aware of and involved in his/her health condition". Health Consciousness (HC) refers to the degree of readiness to undertake health actions previous studies proved that Health Consciousness (HC) influences health attitudes and behaviours. In the process of health conscious persons tend to be more involved with their health, which also includes searching for and using health information. Zukker-Bergman (2007) ^[61] had the opinion that seeking and using health information is just the kind of behaviour triggered by Health Consciousness (HC). The role of health self-monitoring, which is crucial part of Health Consciousness (HC) as it shows the intensity with which individuals value healthy conditions. Large number of studies has conducted on health consciousness of the adolescents. If we observe the scenario of health consciousness in the Union Territory of Jammu and Kashmir, we observed people are meagrely inclined towards health consciousness. Apart from this female area of Union Territory of Jammu and Kashmir are still lagging in the process of health consciousness. There may be hardly any study which has been conducted related to health consciousness in the Union Territory of Jammu and Kashmir. At national and international level large numbers of studies have been conducted in the field of health education. Besides, diversified results have been observed on health consciousness of the adolescents on the basis of gender. Notable among them are the studies conducted by; "Huda, A. K. (2009) ^[42], Rohit, K. (2020) ^[47], Thoker, A. A. (2016) ^[58], Bhat, B. S. (2015) ^[12], Dar, A. A. (2018) ^[23], Bhat, B. S. (2015) ^[12], Becker, M. H., Maiman, L. A., Kirscht, J. P., Haefner, D. P. & Drachman, R. H. (1977) ^[11], Elsevier Gould, S. J. (1988) ^[38], Featherstone, M. (1991) ^[39] and Rodgers, S., Chen, Q., Duffy, M., & Fleming, K. (2007) ^[46],

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Danish, A. K., Sahil, B. S. (2010) [25]. In context to same, the investigator consider it vital to explore the present research problem which reads as:

1.2 Statement of the research problem: The statement of research problem is as under:“ Gendering Health Consciousness”

1.3 objectives of the study: The present study consists of below mentioned objectives:

1. To explore the level of health consciousness of female and male adolescents on below mentioned dimensions:
 - Self and practice
 - Monitoring
 - Nutrition and satisfaction
 - Energy
 - Cautiousness

1.4 Hypothesis: Based on richness background of the knowledge in the same filed, the investigator speculated the below mentioned hypothesis:

1. There exists no significant difference between female and male adolescents on below mentioned dimensions of health consciousness:
 - Self and practice
 - Monitoring
 - Nutrition and satisfaction
 - Energy
 - Cautiousness

1.5 Operationalization of variables: The operational definitions of terms and variables are as under:

1. **Health consciousness:** Health Consciousness (HC) in the present study refers the score obtained by the respondents on Health Consciousness Scale (HCS) developed by N.V.V.S. Narayana (2009).
2. **Female and Male Adolescents:** Female and Male Adolescents in the present study refers Secondary school students who are reading in 11th and 12th classes of selected area. Besides, it refers the dichotomy made on the basis of sex of the respondents.

1.6 Delimitation of the problem: The present study will be delimited to following domains:

1. The study will be delimited to only adolescents within the age group of 14-21.
2. The study will be delimited 400 secondary school adolescents.
3. The study will be delimited to selected Districts Union Territory of Jammu and Kashmir.

1.7 Rationale of the study: The methodology of the present study has been stated in the following heads-

- **Method of the study:** Keeping the nature of the study under consideration, the descriptive method will be used by the researcher for the present study.
- **Sample:** A representative sample of 400 secondary school adolescents were selected by using random sampling technique. These respondents were selected from different Higher Secondary School of selected area (Districts).
- **Instrument used:** In the present study the researcher

after securitising number of research tools found suitable to use Health Consciousness Scale (HCS) developed by N.V.V.S. Narayana (2009).

1.8: Analysis and interpretation of the data: The data has been analysed with the help of descriptive and comparative analysis. However, the statistical treatment is given into two below mentioned captions:

- CAPTION-I: Descriptive Analysis
- CAPTION-II: Comparative Analysis

1.8.1 Caption-i: descriptive analysis: In this caption data was analysed with the help of percentage and frequency distribution. More obviously it was interpreted as under:

Table 1.1: Showing frequency and percent wise distribution of male and female adolescents on their health consciousness. (N=200 each).

DHC	Male Adolescents		Female Adolescents	
	F	%	F	%
Low consciousness	80	40	90	45
Moderate consciousness	30	15	50	25
High consciousness	90	45	60	30
Total	200	100	200	100

Index:

- ❖ DHC= Dimensions of health consciousness
- ❖ F= Frequency

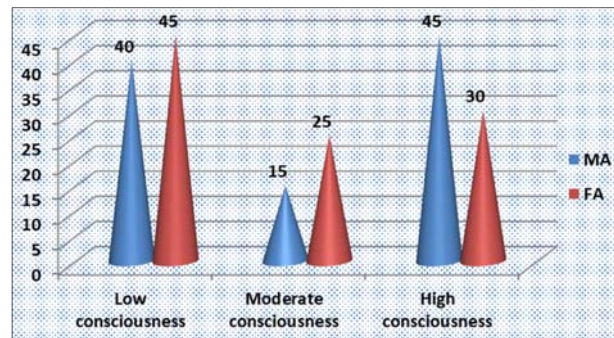


Fig 1.1: Showing the graphical representation of the level of health consciousness of the respondents

Index:

- MA= Male Adolescents
- FA= Female adolescents

1.8.2 Caption-II: Comparative Analysis: In this caption the data was analysed on the basis of comparative analysis. The testing of null-hypothesis was done on the basis of ‘t’ value. The respondents were comparatively analysed on the basis of gender. More obviously it has been analysed as under:

Table 1.2: Showing means significance difference between male and female adolescents on their level of health consciousness. (N=200 each).

DHC	Male Adolescents		Female Adolescents		‘t’ value
	Mean	SD	Mean	SD	
Self and Practice	49.06	5.77	34.43	11.62	15.93@
Monitoring	33.30	7.28	22.72	8.59	13.27@
Nutrition and satisfaction	23.75	4.38	20.90	9.56	3.82@
Energy	17.27	4.11	13.74	13.01	8.90@
Cautiousness	13.01	1.62	11.68	1.36	8.84@
Composite score	136.40	13.98	103.49	25.14	16.17@

Index:

- DHC= Dimensions of health consciousness
- @= significant at 0.01 level of confidence

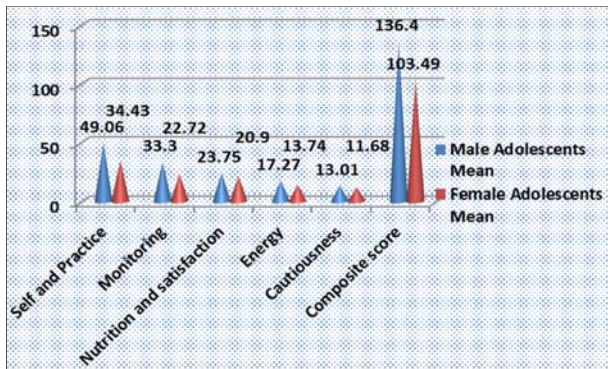


Fig 1.2: Showing graphical representation of female and male adolescents on their level of health consciousness.

1.9: Interpretation of the data: The above analysed data has been interpreted into two SETs and are given as under:

1.9.1 Domain-i: Descriptive analysis: The interpretation made on the basis of descriptive analysis is given as under:

The perusal of the table 1.1 (Please Refer Chapter IV, Fig. 1.1) gives information about the frequency and percent wise distribution of the male and female adolescents on various levels of Health Consciousness (HC). The results reveal that among male adolescents 40% (F=80) were observed with low level of Health Consciousness (HC). In addition to this, 40% (F=80) male adolescents were observed with moderate level of Health Consciousness (HC). The results further indicate that male adolescents 45% (F=90) male adolescents were observed with high level of Health Consciousness (HC). The inception of the same table indicate that among female adolescents 45% (F=90) were observed with low level of Health Consciousness (HC). Meanwhile, 25% (F=50) female adolescents were observed with moderate level of Health Consciousness (HC). The results further indicate that 30% (F=60) female adolescents were observed with high level of Health Consciousness (HC). Thus, the examination of the table indicate that majority among male respondents are high consciousness regarding their health. However, among female respondents majority of respondents are inclined towards low level of Health Consciousness (HC).

1.9.2 Domain-ii: Comparative Analysis: The interpretation made on the basis of comparative analysis is given as under:

While glancing towards the table 1.2 (Please Refer, Chapter, IV, Table 1.2), it gives information about the mean comparison of male and female adolescents on various dimensions of Health Consciousness (HC). While pondering on the first dimension (SELF AND PRACTICE), the calculated results indicate that the mean score of male respondents (M=49.96) is reported high as compared to female students (M=34.43). The calculated 't' value came out to be 15.93, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on first dimension (SELF AND PRACTICE). Male adolescents were reported with high mean achievers on the first dimension (SELF AND PRACTICE) of Health Consciousness Scale (HCS). Therefore, from the obtained results, the investigator can generalise that impact of gender is

significant on the level of self-maintenance and practice of the respondents. Further, male respondents were observed that they adapt all changes quickly that brings to improve my health. Besides they sleep 6-8 hours every day. They consider that their immune system is good to fight any diseases and they were observed that they take family support when I become ill. Male respondents were observed that they spend their leisure time going outside the city and they always go for walk. Male respondents were observed in taking more precautionary measure to avoid stress that affects their health as compared to female adolescents. Besides, they prefer to spend my leisure time with my family/friends for more relaxation. The perusal of the second dimension (MONITORING) gives information about the mean comparison of male and female adolescents. The calculated results indicate that the mean score of male respondents (M=33.30) is reported high as compared to female students (M=22.72). The calculated 't' value came out to be 13.27, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on second dimension (MONITORING). Male adolescents were reported with high mean achievers on the second dimension (MONITORING) of Health Consciousness Scale (HCS). Therefore, from the obtained results, the investigator can generalise that impact of gender is significant on the level of health monitoring level of the respondents. Male respondents were observed to go regular health check-ups. Besides, they regularly monitor their health. They avail medical insurance to cover their health expenses. They consult my doctor immediately for any illness without much delay. They regularly follow health awareness programs. They made enough savings to meet my medical expenses. While looking towards the third dimension (NUTRITION AND SATISFACTION), it gives information about the mean comparison of male and female adolescents. The obtained results indicate that the mean score of male respondents (M=23.75) is reported high as compared to female students (M=20.90). The calculated 't' value came out to be 3.82, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on second dimension (NUTRITION AND SATISFACTION). Male adolescents were reported with high mean achievers on the second dimension (NUTRITION AND SATISFACTION) of Health Consciousness Scale (HCS). Therefore, from the obtained results, the investigator can generalise that impact of gender is significant on their satisfaction and nutrition level of the respondents. Male respondents were observed maintaining regular timings when taking food and they try to take nutritious and healthy food. They feel good about my physical fitness. In addition to this, they were observed in maintaining standard weight in order to avoid any health problems. Further male respondents were observed more satisfied with their as compared to female respondents. While observing towards the fourth dimension (ENERGY), it gives information about the mean comparison of male and female adolescents. The attained results indicate that the mean score of male respondents (M=17.27) is reported high as compared to female students (M=13.74). The calculated 't' value came out to be 8.90, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on fourth dimension (ENERGY). Male adolescents were reported with high mean achievers on this dimension

(ENERGY) of Health Consciousness Scale (HCS) as compared to their counterparts. Therefore, from the obtained results, the investigator can generalise that impact of gender is significant on their level of energy consciousness the respondents. Male respondents were observed in doing regular exercise (yoga, walking, jogging, swimming or running) to make themselves healthy. Besides they feel inactive whenever exercise is not done. Male respondents hold the opinion that regular exercise increases my life span. Subsequently, they participate in different social activities for being active and healthy. While pondering towards the fifth dimension (CAUTIOUSNESS), it gives information about the mean comparison of male and female adolescents. The attained results indicate that the mean score of male respondents (M=13.01) is reported high as compared to female students (M=11.68). The calculated 't' value came out to be 8.84, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on fifth dimension (CAUTIOUSNESS) of Health Consciousness (HC). Male adolescents were reported with high mean achievers on this dimension (CAUTIOUSNESS) of Health Consciousness Scale (HCS) as compared to their counterparts (Female adolescents). Therefore, from the obtained results, the investigator can generalise that impact of gender is significant on their level curiousness the respondents. Besides, male respondents feel isolated because of ill health of their family or friends and they give importance to my health because of avoiding for suffering with chronic disease. For maintaining sound I take all precautions because of my family health history.

While making comparative analysis of male and female adolescents on composite score of Health Conclusions (HC), the results indicate the significant mean difference between male and female respondents. The descriptive analysis indicate the mean score of male respondents (M=136.40) is high as compared to female students (M=103.49). The calculated 't' value came out to be 16.17, which is higher than the table value at 0.01 level of confidence. Thus, the results indicate that there is significant difference between male and female adolescents on their composite score. Therefore, the inception of the overall analysis indicate that there is significant mean difference between male and female respondents on all dimensions of Health Consciousness Scale (HCS) viz. *Self and practice, monitoring, nutrition and satisfaction, energy and cautiousness*. Male adolescents were observed with high level of mean achievers as compared to female adolescents. Thus, the status of the hypothesis is reported as under:

"Hypothesis: "There exists no significant difference between male and female adolescents on their level of Health Consciousness (HC)".

"Rejected": The hypothesis stands rejected as significant difference has been reported between male and female adolescents. The results are carried in support of the host of the researcher, like:

"Huda, A. K. (2009)^[42], Rohit, K. (2020)^[47], Thoker, A. A. (2016)^[58], Bhat, B. S. (2015)^[12], Dar, A. A. (2018)^[23], Chanda, T.; Debnath, G. K.; Hossain, M. E.; Islam, M. A.; Begum, M. K. (2012)^[18], Berkowitz, D., & Turnmire, K. (1994), Bhat, B. S. (2015)^[12], Becker, M. H., Maiman, L. A., Kirscht, J. P., Haefner, D. P. & Drachman, R. H. (1977)^[11], Elsevier Gould, S. J. (1988)^[38], Featherstone, M. (1991)^[39] and Rodgers, S., Chen, Q., Duffy, M., & Fleming, K. (2007)

^[46], Danish, A. K., Sahil, B. S. (2010)^[25]"

1.11: Conclusions of the study: Significant mean difference was found between male and female respondents on their level of Health Consciousness. Male adolescents were found high level of health consciousness on each dimension viz. Self and practice, monitoring, nutrition and satisfaction, energy and cautiousness. Thus, gender (female male dichotomy) was observed significant on the level of health consciousness of the respondents. The results many attribute to this fact that male areas possess high level of knowledge and awareness regarding environment. Subsequently, they provide keen interest regarding their health.

1.12: Recommendations for further research: The presents study has generated a fund of knowledge for further research, accordingly below mentioned study should be conducted:

1. Present study was limited to health consciousness of the adolescents. In context to same a study may be conducted the impact of eating habits on the health profile and physical fitness of the respondents
2. Present study may be replicated on large sample.
3. A study may be conducted to explore the level of health consciousness among adolescents with special reference to their demographic profile.
4. A study may be explored on impact of socio-economic status on the health consciousness of male and female students in relation to their type of stream.
5. A study may be conducted to analyse the level of health consciousness among educated and uneducated youth of Kashmir.
6. A corrective study may be conducted to explore the level of health consciousness and physical fitness of adolescents in relation to their environmental ethics.
7. A study may be conducted to analyses the correlation between health consciousness and environmental ethics.

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