



P-ISSN: 2394-1685  
E-ISSN: 2394-1693  
Impact Factor (ISRA): 5.38  
IJPESH 2020; 7(5): 07-10  
© 2020 IJPESH  
[www.kheljournal.com](http://www.kheljournal.com)  
Received: 12-07-2020  
Accepted: 16-08-2020

**Lateef Ahmad Wani**  
Research Scholar, Department of  
Physical Education,  
Rabindranath Tagore University  
Bhopal, Madhya Pradesh, India

**Manoj Kumar Pathak**  
Professor, Head of Department,  
Department of Physical  
Education, Rabindranath  
Tagore University Bhopal,  
Madhya Pradesh, India

**Corresponding Author:**  
**Lateef Ahmad Wani**  
Research Scholar, Department of  
Physical Education,  
Rabindranath Tagore University  
Bhopal, Madhya Pradesh, India

# International Journal of Physical Education, Sports and Health

## Health consciousness of male and female adolescents

Lateef Ahmad Wani and Manoj Kumar Pathak

### Abstract

Present study was intended to explore the level of health consciousness of male and female adolescents. The data for the present study consists of 400 respondents. Health Consciousness Scale (HCS) developed by N.V.V.S. Narayana (2009) was used for measuring the level of consciousness of secondary school adolescents. The collected data was subjected to statistical treatment by using Mean, Standard Deviation and 't' test. Whole data was selected with the help of Random Sampling Technique (RST). In context to same, it was found that there exists no significant difference between male and female adolescents on composite score of health consciousness. Hence, investigator can inferred that gender seems insignificant impact on the level of health consciousness of the adolescents.

**Keywords:** Health consciousness, male adolescents, female adolescents

### Introduction

Health Consciousness (HC) refers to the degree of readiness to undertake health actions previous studies proved that Health Consciousness (HC) influences health attitudes and behaviour. As stated above, it is believed that health conscious persons tend to be more involved with their health, which also includes searching for and using health information. Dutta-Bergman (2007) had the opinion that seeking and using health information is just the kind of behaviour generated 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 condition. One of the most important health-related things any individual should do is undergo regular physical exercise, choosing adequate food, adaptation of healthy life style and maintaining a healthy living environment. Therefore, we argue that if a person is more health conscious he or she is more likely to get involved with his or her health by visiting doctors, performing exercise, concentrating on diet, maintaining physical and psychological wellbeing. They are important in strategic terms but do little to specify how such wellbeing be operationalized and achieved. In pursuance to same, Prescott, (2007) argued that "Government to ensure that the balanced load of health contents should be integrated in educational sector". Therefore, the above discussion, it gives the different approaches for analysing the health related issues of an individual. Keeping in view, the investigator considers that there is "felt difficulty" to conduct a study related to health issues of students holding different level of aspirations in terms of academics. Besides, large number of studies number of research studies has been conducted in the field of health consciousness. However, diversified results have been reported. Notable studies are; "Zaidi, U., Qasem, H. D., & Awad, S. S. (2016) [25], Alter, J. (1999) [5, 6], Boxall, P. C., & Adamowicz, W. L. (2002) [7], Branholm, I., & Fuglmeyer, A. (1992) [8], Clarke, T., Schumacher, P. C., And Stacey, N., (1980) [13], Cooper, H., Okamura, L., And Gurka, V. (1992) [14], Crow, L.D., And Alice, C., (1951) [15] and Sharma, P. D. (2018) [24]". Keeping the results of the above studies under consideration the investigator explored the below mentioned research study:

**Research Problem:** The statement of problem for the present study is as under:  
"Health Consciousness of Male and Female Adolescents"

**Objectives of the study:** The objectives of the present study are and under:  
To explore the level of Health Consciousness (HC) of male and female adolescents.

**Hypothesis of the study:** On the basis of richness background of the knowledge the investigator speculated the below mentioned hypothesis.

1. There exists no significant difference between male and female adolescents on their level of health consciousness.

**Operational Definition of Terms and Variables:** The operational definitions of terms and variables are as under:

1. **Health Consciousness (HC):** Health Consciousness (HC) in the present study refers the score obtained by the respondents on Attitude towards Health Consciousness Scale (HCS) developed by N.V.V.S. Narayana (2009).
2. **Adolescents:** Adolescents (SSA) in the present study refers those secondary school students who are reading in 11<sup>th</sup> and 12<sup>th</sup> classes with the age group of 14-20 years.
3. **Gender:** Gender in the present study refers the dichotomy of the respondents made on the basis of gender.

**Delimitations of the study:** While conducting the whole research process lot or constraints were faced by the investigator. However, investigator made a deep effort to resolve these constraints upto maximum extent. Consequently the research delimited the present study to following domains:

1. The study was delimited to only adolescents within the age group of 14-20 years.
2. The study was delimited to two districts of the valley viz. Kulgam and Anantnag.
3. The present was be delimited to adolescents reading in different secondary school of selected areas.

**Methods and Material:** The present study used a descriptive, comparative research design. The parameters involved in the study are analysed as under:

- **Sample:** Representative samples of 400 adolescents were selected for the present investigation. adolescents in the present study designate those students who were reading in 11<sup>th</sup> and 12<sup>th</sup> classes. Meanwhile, is pertinent to mention here that all respondents were selected within the age group of 16-20 years. However, while selecting the whole sample was selected with due representation on the basis of gender and locality. The bifurcation of the respondents is reported as under:

**Table 1:** Showing the bifurcation of the required sample involved in the study.

Male adolescents		Female adolescents	
Kulgam	Anantnag	Kulgam	Anantnag
50	50	50	50
50	50	50	50
Total= 400			

- **Sampling Sites:** As mentioned earlier, only adolescent's students were selected for the present investigation. So respondent were selected from different higher secondary schools of Kulgam and Anantnag Districts of Union Territory of Jammu and Kashmir.
- **Sampling technique:** Initially a list of all students was made and these lists were treated as sampling farms. However, while executing the sampling frames due representation was given to gender. These students were assigned with a specific code. In the meantime sampling farms were put in the context of Yeats Table and randomisation was made on the basis same procedure. According whole sample was selected.

- **Instrument used:** The investigator used Health Consciousness Scale (HCS) developed by N.V.V.S. Narayana (2009) was used for measuring the level of consciousness of secondary school adolescents.

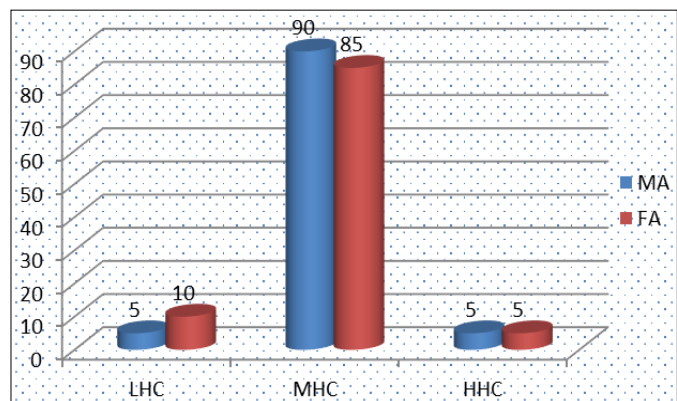
**Analysis and interpretation of the data:** The collected data was analysed and interpreted. Bothe descriptive analysis as well as comparative analysis was calculated. The detailed analysis and interpretation is reported as under:

**Table 2:** Showing the frequency and percent wise distribution of male and female adolescents on various levels of health consciousness. (N=200 Each)

Levels	Male adolescents		Female adolescents	
	Frequency	Percentage	Frequency	Percentage
LHC	10	5.00	20	10.00
MHC	180	90.00	170	85.00
HHC	10	5.00	10	5.00
Total	200	100	200	100

**Index**

- LHC=Low Health Consciousness
- MHC= Moderate Health Consciousness
- HHC= High Health Consciousness



**Fig 1:** Showing the graphical representation of male and female adolescents on various levels of health consciousness.

**Index**

- MA= Male adolescents
- FS= Female adolescents
- LHC=Low Health Consciousness
- MHC= Moderate Health Consciousness
- HHC= High Health Consciousness

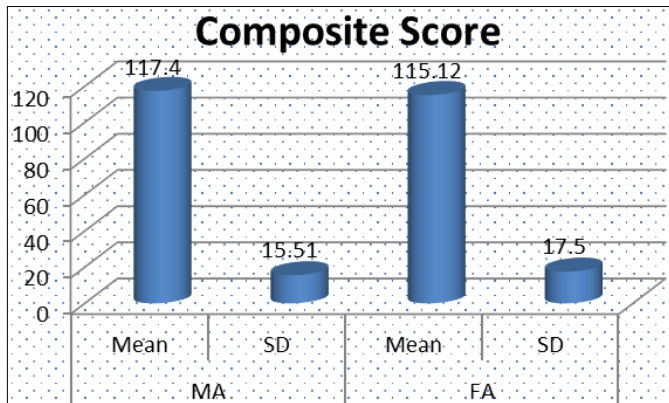
**Interpretation 1.2:** The results presented in table 2 (Please refer Fig. 1) gives information about the percentage analysis and frequency distribution of the respondents on various levels of health consciousness. The results reveal that among Male adolescents (5.00% (F=10.00) were seen with low level of health consciousness. The perusal of the same table designate that 90.50 (F=180.00) Male adolescents were seen with moderate level of health consciousness. In pursuance to same, 5.00 (F=10.00) Male adolescents were seen with moderate level of health consciousness. Coming towards their counterparts, 10.00 (F=20.00) female adolescents were seen with moderate level of health consciousness. Besides, it was found that 85.00 (F=170.00) Female adolescents were seen with moderate of health consciousness. In addition to this, it was revealed that 5.00 (F=10.00) Female adolescents were seen with moderate level of health consciousness.

**Table 3:** Showing the mean significant difference between Male and female students on composite score of Health Consciousness Scale (HCS). (N=200 each)

Dimension-VI	MA		FA		't' value
	Mean	SD	Mean	SD	
Composite Score	117.40	15.51	115.12	15.50	0.39@@

**Index**

- MA= Male adolescents
- FA= Female Adolescents
- @@= Insignificant at 0.01 level of confidence

**Fig 2:** Showing the mean significant difference between Male and female adolescents on composite score of Health Consciousness Scale (HCS). (N=200 each)

**Interpretation 1.3:** The perusal of the table 1.2 (Please refer Fig. 2) gives information about the mean significance difference male and female adolescents on composite score of health consciousness. The obtained results specify that the mean score of male adolescents was reported  $M=117.40$  and the mean score of female adolescents was reported  $115.12$ . When the both group of respondents were comparatively analysed with the help of independent 't' test, the 't' value came out to be 1.37, which is lower the table value at 0.01 level of confidence. Thus, from the above e reported result, it can be said that there exists no significant difference between male and female adolescents on composite score of health consciousness. Hence, investigator can inferred that gender seems insignificant impact on the level of health consciousness. Therefore, from the above reported results no significant difference has been reported between male and female adolescents on all the dimension of health conscious viz. Accordingly, the status of the hypothesis is reported as under:

- **Hypothesis:** There exists no significant difference between male and female students on their level of Health Consciousness

..... **Status:** Accepted

**Accepted:** Indeed the significant different has been reported between male and female adolescents on all the dimensions of health consciousness. The results are supported in consonance of the host of the researchers notable among them are; "Alter, J. (1999) <sup>[5, 6]</sup>, Boxall, P. C., & Adamowicz, W. L. (2002) <sup>[7]</sup>, Branholm, I., & Fuglmeyer, A. (1992) <sup>[8]</sup>, Clarke, T., Schumacher, P. C., And Stacey, N., (1980) <sup>[13]</sup>, Cooper, H., Okamura, L., And Gurka, V. (1992) <sup>[14]</sup>, Crow, L.D., And Alice, C., (1951) <sup>[15]</sup> and Sharma, P. D. (2018) <sup>[24]</sup>".

**Conclusion**

The aim of the study was to explore the level of health

consciousness of male and female adolescents. In context to same, it was found that there exists no significant difference between male and female adolescents on composite score of health consciousness. Hence, investigator can inferred that gender seems insignificant impact on the level of health consciousness of the adolescents.

**Conflict of interest:** During the entire research process no any conflict of interest was declared.

**References**

1. Abdul *et al.* Public Awareness Towards Healthy Lifestyle. International Journal of Creative Research. 2018; 8(10):927–936.
2. Akpan P. Job Security and Job Satisfaction as Determinants of Organizational Commitment Among University Teachers In Cross River State, Nigeria. British Journal of Education. 2013; 1(2):82-93.
3. Ali A. Psychological Wellbeing Among Supervisory Staff of Private and Public Undertaking. Indian Journals of Health and Psychological Wellbeing. 2012; 3(3):632-636.
4. Al-Quwaidhi AJ, Pearce MS, Critchley JA, Sobngwi EO, Flaherty M. Trends and Future Projections of The Prevalence of Adult Obesity in Saudi Arabia 1992–2022. Eastern Mediterranean Health Journal. 2014; 20(10):589–595.
5. Alter J. Heaps Of Health, Metaphysical Fitness: Aurveda And The Ontology Of Good Health In Medical Anthropology. Current Anthropology, 40 (Supplement; Special Issue: Culture; Asecond Chance), 1999, S43-S66.
6. Alter J. Heaps of Health, Metaphysical Fitness: Aurveda and The Ontology Of Good Health In Medical Anthropology. Indian Journal of Fundamental And Applied Life Sciences. 1999; 6(4):59–66.
7. Boxall PC, Adamowicz WL. Understanding Heterogeneous Preferences In Random Utility Models: A Latent Class Approach. Environmental & Resource Economics. 2002; 23(4):421–446.
8. Branholm I, Fuglmeyer A. Occupational Role Preferences and Life Satisfaction. Occupational Therapy Journal of Research. 1992; 12(3):159-171.
9. Brehm BJ, Summer SS, Khoury JC, Filak AT, Lieberman MA, Heubi JE. Health Status And Lifestyle Habits Of US Medical Students: A Longitudinal Study. Annals of Medical And Health Sciences Research. 2016; 6(6):341–347.
10. Brickman P, Coates D, Janoff-Bulman R. Lottery Winners And Accident Victim: Is Happiness Relative? Journal of Personality & Social Psychology. 1978; 36(8):917-927.
11. Chinn PA. Relationship Between Health and School Problem, Journal Of School Health. 1973; 10(03):18-31.
12. Choudhary S. Psychological Predictors Of Mental Health And Happiness Of Teachers In Government And Private School, Indian Journals Of Health And Well-Being. 2014; 5(1):19-23.
13. Clarke T, Schumacher PC, Stacey N. Future Lifestyles - A Symposium, Journal Of The Royal Society, 1980, 467-479.
14. Cooper H, Okamura L, Gurka V. Social Activity And Subjective Well-Being, Personality And Individual Differences. 1992; 13:573-583.
15. Crow LD, Alice C. Mental Hygiene, (Second Edition). New York: Mcgraw- Hill Book Company, Inc, 1951.

16. De Neve KM, Cooper H. The Happy Personality: A Meta-Analysis of 137 Personality Traits And Subjective Well-Being, *Psychological Bulletin*. 1998; 124:197-229.
17. Glasser R. Leisure And The Search For A Satisfying Identity. In M. A. Smith, S. Parker And C. S. Smith (Eds) *Leisure And Society In Britain*, London: Allen Lane, 1973, 56-68.
18. Gould SJ. Health Consciousness & Health Behaviour: The Application Of A New Health Consciousness Scale. *American Journal of Preventive Medicine*. 1990; 6(4):228-237.
19. Gould SJ. Health Consciousness and Health Behaviour: The Application of A New Health Consciousness Scale. *American Journal of Preventive Medicine*. 1990; 6(4):228-237.
20. Grier S, Bryant CA. Social Marketing In Public Health. *Annual Review of Public Health*. 2005; 26:319-339.
21. Kapoor D, Munjal. A. Functional Foods: The New Secret Of The Health Conscious Indian Women! *Glob. Bus. Rev.* 2012; 12(18):750–765.
22. Matsuda S. Health Promotion Policy in Japan. *Asian Pacific Journal of Disease Management*. 2007; 1(1):11–17.
23. Matsuda S. Health Promotion Policy In Japan. *Asian Pacific Journal of Disease Management*. 2007; 1(1):11–17.
24. Sharma PD. A study of Health Consciousness of Adolescents. *International Journal of Health Science*. 2018; 15(21):12-31.
25. Zaidi U, Qasem HD, Awad SS. Psychological Correlates of Body Mass Index And Weight Specific Quality Of Life Among Students Of PNU. *Indian Journal of Fundamental & Applied Life Sciences*. 2016; 6(4):59–66.