International Journal of Applied Research 2015; 1(5): 285-288

ISSN Print: 2394-7500
ISSN Online: 2394-5869
IJAR 2015; 1(5): 285-288
www.allresearchjournal.com
Received: 25-03-2015
Accepted: 29-04-2015

Gauri Chakraborty
Associate Professor, IGIPESS, University of Delhi, Delhi, India

Priyanka Sharma
Research Scholar, Department of Physical Education & sports Sciences, University of Delhi, India

Correspondence:
Gauri Chakraborty
Associate Professor, IGIPESS, University of Delhi, Delhi, India

An exploratory study on quality of life and types of activity in adults

Gauri Chakraborty and Priyanka Sharma

Abstract
The purpose of this study was to assess the quality of life among different types of activity in adults. Total number of 200 subjects were selected for the study by snowball sampling. The age of the subjects ranging from 23-55 years, representing both male and female. The subjects were from DELHI and NCR of the study. To assess the quality of life and types of activity following tools used by the researcher which is WHO-QOL questionnaire and Physical Activity stages of change questionnaire. The data was collected by the researcher keeping in view the domains which are physical health, psychological, environment and, social relationship and different type o activities like yoga, weight training, aerobics, walking and dance. Each selected domain score was noted down separately and following statistical techniques applied like Descriptive statistics, t-test at 0.05 level of significance. The study shown that physical activity was effective for enhancing quality of life.

Keywords: physical activity and quality of life, questionnaire

Introduction
Regular physical activity and exercise gives happiness and the peace of mind, major cause of personal and social hygiene, fruitful life. Exercise is the way of life, to deal with the problems of mental and nervous system. People who are regularly engaged in physical activity sports and games are more efficient and more joyful mood, enjoy life, enjoy more social relation. Positive relationship between the physical realness of life. Therefore, there is a link between physical activity and quality of life and it clearly defines that if you are engaged with any kind of physical activity that goes on some sort of physical movements which leads to good mood booster or refreshes the mind of an individual. And they all are leading the way for a positive environment within or outside too which somehow falls to a good quality of life. In the field of Physical education there is an amorphous concept of Quality of the life (QOL). Quality of life is also the most multi-level concept of the physical education field. While in the literature the main domain of quality of life identified are relevant to adults of all ages.

Aspects of quality of life can vary in priority among people of different age groups. Likewise, the young generation they spend most of their time in playing high calories burning physical activities in contrast the adults of age generally around 30 can do normal jogging and the age group of 60 above should preferably do yoga. As different type of activity is totally depending on the needs and the ability of an individual. If we talk about sedentary people, they always prefer to go for low intensity exercise and on the other hand those who are a bit more or regularly active in physical activity they prefer high intensity. So, we can assume that both are somewhere improving their quality of life by doing such kind of physical activity of their own interest. In the past few decades, there is an inclination of behavior of adults that they all are getting involved in physical activities which are coming out as prevention or management of their chronic diseases.

Although most of the research community has received no authoritative theoretical framework of quality of life, and no single research framework has been utilized in its investigation. Thus, despite doing a lot of research on a large variety and wide range of objective and subjective indicators, there is no kind of measurement instruments for quality of life is accepted or supported. In the past few decades, there is an inclination of behavior of adults that they all are getting involved in physical activities which are coming out as prevention or management of their chronic diseases.

Methods and Procedure

Subject

Total number of 200 subjects including male and female of Delhi and NCR and their range of age was 23-55 years. They all were selected from the population through snowball sampling.

Tools

1. WHO-QOL questionnaire
2. Physical activity stages of change questionnaire

Procedure of data collection

For collecting the data total 200 subjects including male and female from different regions of Delhi which were taken by snowball sampling. The standardised questionnaire was given to them all and keeping in the mind all the selected domains of quality of life which are physical health, psychological, social relationship and environment. On the other hand, physical activities like walking, dancing, aerobics, yoga and weight training. And the scoring of each subjects was noted down, and statistical techniques being applied.

Statistical analysis

The statistical evaluation was computed after the collection of data of the selected subjects for the purpose of the study descriptive statistics which includes mean and standard deviation. T-test and other appropriate techniques at a set level of significance 0.05. The results are showing in the table 1.

Table 1: Descriptive statistics of WHO – Quality of Life among Subjects' Different Types of Activity

Domain	Activity	Mean	S.D	N
PH(D1)	W	14.5	1.869	64
	WT&G	15.16	1.886	25
	A & D	14.91	1.757	43
	Y	15.22	1.988	37
	COMB	16.05	2.164	20
	AO	16.18	2.089	11
	Total	15.05	1.961	200
PSY (D2)	W	16.12	1.972	64
	WT&G	15.88	1.364	25
	A & D	16.05	1.479	43
	Y	15.97	1.848	37
	COMB	16	1.892	20
	AO	16.27	2.195	11
	Total	16.04	1.769	200
SR (D3)	W	16.03	2.023	64
	WT& G	16.88	2.088	25
	A & D	16.95	1.877	43
	Y	16.57	1.555	37
	COMB	16.15	2.11	20
	AO	16.36	1.963	11
	Total	16.46	1.941	200
E (D4)	W	14.86	2.167	64
	WT& G	15.6	2.16	25
	A & D	15.42	2.602	43
	Y	14.89	2.295	37
	COMB	15.85	2.183	20
	AO	15.91	2.023	11
	Total	15.24	2.29	200

Table 1 show descriptive statistics of WHO-QOL among hundred subject different types of activity in physical health domain (D1), walking activity has 14.5 mean value standard deviation 1.869. In weight training and gym, mean value ± standard deviation was 15.16 ± 1.886. The mean value ± standard deviation of aerobics and dance was 14.91± 1.757. Yoga has mean value of 15.22 and standard deviation 1.988 the combination of two or three activities have mean value ± standard deviation of 16.05±2.164. Any other activity has mean value ± standard deviation of 16.18±2.089.

In psychological domain, walking activity depicts 16.12± 1.972 that are mean value ± standard deviation. Weight training and gym has mean value ± standard deviation was 15.88 ± 1.364. Aerobics and dance have mean value of 16.05 whereas standard deviation was 1.479. The mean value ± standard deviation of Yoga was 15.97 ± 1.848. The combination of two or three activities has mean value ± standard deviation of 16 ± 1.892. Any other activity has mean value ±standard deviation of 16.27 ±2.195.

In social relationship, the mean value ±standard deviation of all activities like walking and weight training aerobics and dance, yoga, combination and any other activity are 16.03±2.023, 16.88±2.088,16.95 ± 1.877,16.57±1.555,16.15 ± 2.11 and 16.36± 1.963 receptively.

In environment domain, walking has mean value ±standard deviation of 14.86 ± 2.167. Weight training and gym has mean value ± standard deviation of 15.6± 2.16 the mean value ± standard deviation of aerobics and dance was 15.42 ± 2.602 whereas yoga was 14.89 ± 2.295. The combination of two or three activities has mean value +standard deviation of 15.85 ±2.183. any other activity has mean value of 15.91 and standard deviation was 2.023.

Table 2: Analysis of Variance in Domains of Quality of Life among Subject's Different Types of Activity

Domains	Group	SS	DF	MS	F	SIG.
PH(D1)	BG	55.655	5	11.131	3.042	.011
	WG	709.845	194	3.659		
	TOTAL	765.500	199			
PSY(D2)	BG	5.493	5	1.099	.275	.927
	WG	775.702	194	3.998		
	TOTAL	781.195	199			
SR(D3)	BG	416.094	5	83.219	1.584	.166
	WG	10190.661	194	52.529		
	TOTAL	10606.755	199			
E(D4)	BG	30.729	5	6.146	1.177	.322
	WG	1013.226	194	5.223		
	TOTAL	1043.955	199			

Table 2 reveals analysis of variance on all domains of QOL among subject's different types of activities. Table depicts the significant difference in physical health domain among subject's different types of activity as the F value is 3.042 which is significant at 0.05 level with df 5/194. Whereas there is no significant difference in psychological domain, social relationship, environmental domain among subject's different types of activities as the F value is 3.042 which is significant at 0.05 level with df 5/194. Whereas there is no significant difference in psychological domain, social relationship, environmental domain among subject's different types of activities as obtained F values are .245, 1.584 & 1,777 respectively not. Significant at 0.05 level with df 5/194. Since the physical health domain (DI) was only significant. With physical activity therefore post hoc test employed and results displayed in table no 3.

Table 3: Post Hoc Tests of Physical Health Domain of Quality of Life among Subjects Different Types of Activity

Domain	(I) activity	(J) activity	M.D (I- J)	S.E	SIGN.
PH(D1)	W	WT& G	-.66	.451	.82
		A & D	-.40	.377	.94
		Y	-.71	.395	.65
		COMB	-1.5	.490	.08
		AO	-1.6	.624	.20
	WT&G	A & D	.25	.481	/.99
		Y	-.05	.495	1.00
		COMB	-.89	.574	.79
		AO	-1.02	.692	.82
	A & D	Y	-.30	.429	.99
		COMB	-1.14	.518	.43
		AO	-1.27	.646	.56
	Y	COMB	-.83	.531	.78
		AO	-.96	.657	.82
	COMB	AO	-.13	.718	1.0

Table 3 depicts the post hoc test result showing no significant difference in one activity to other activity, it may be concluded that F ratio may be significant due to samplings error or any other reasons.

Conclusions

Within the limitation of the study following conclusion were drawn based on the Findings:

1. The present study has resulted that physical activity was very effective for enhancing quality of life.
2. There was a significant difference in physical health domain subject different type of activity.
3. There was no significant difference in psychological domain, social relationship, environmental domain among subject's different types of activities.

Reference

1. American College of Sports Medicine (ACSM) ACSM position stand: exercise and physical activity for older adults. Medicine & Science in Sports & Exercise 2009;41:1510-1530.
2. Brown WJ, Mishra G, Lee C, Bauman A. Leisure time physical activity in Australian women: Relationship with well-being and symptoms. Research Quarterly for Exercise and Sport 2000;71:206-217
3. Brown JE, Nicholson JM, Broom DH, Bittman M. Television viewing by school-age children: Associations with physical activity, snack food consumption and unhealthy weight. Social Indicators Research 2011;101(2):221-225.
4. Berger BG, Tobar D. Physical activity and quality of life. In G. Tenenbaum& R. Eklund (Eds.), Handbook on research on sport psychology (3rd ed.,). Hoboken: Wiley. 2007, 598-620
5. Brown DW, Balluz-Lina S, Heath GW, Moriarty DG, Ford ES, Giles WH *et al*. Associations between recommended levels of physical activity and health-related quality of life: findings from the 2001 Behavioral Risk Factor Surveillance System (BRFSS) survey. Preventive Medicine 2003;37:520-528.
6. Coulson JC, Fox KR, Lawlor DA, Trayers T. Residents' diverse perspectives of the impact of neighborhood renewal on quality of life and physical activity engagement Improvements but unresolved issues. Health & Place 2011;17(1):300-310.
7. Conn VS, Hafdahl AR, Brown LM. Meta-analysis of Quality-of-Life Outcomes from Physical Activity Interventions. Nursing Research 2009;58(3):175-183.
8. Camacho-Minano MJ, LaVoi xi NM, Barr-Anderson DJ. Interventions to promote physical activity among young and adolescent girls: a systematic review. Health Education Research 2011;26(6):1025-1059.
9. Chen MK, Calderone GE, Pellarin ML. validity of an index of leisure time physical activity. Social Indicators Research 1987;19:357-365.
10. Churton MW. Addressing personnel preparation needs to meet the challenges of the future. Adapted Physical Activity Quarterly 1986;3(2):118-123.
11. Crone D, Smith A, Gough B. 'I feel totally at one, totally alive and totally happy' : a psycho-social explanation of the physical activity and mental health relationship. Health Education Research 2005;20(5):600.
12. Colcombe S, Kramer AF. Fitness effects on the cognitive function of older adults: a meta-analytic study. Psychological Science, 2003;14:125-130.
13. Craig CL, Marshall M, Sjostrom, *et al*. International Physical Activity 2003.
14. Questionnaire: 12-country reliability and validity, Medicine and Science in Sports and Exercise 35, 1381-1395.
15. Diener E, Emmons RA, Larson RJ, Griffin S. The satisfaction with life scale. Houral of Personality Assessment 1985;49:71-75.
16. Diener E, Scollon KN, Oishi S, Dzokoto V, Suh EM. Positivity and the construction of life satisfaction judgements: global happiness is not the sum of its parts. Journal of Happiness Studies 2000;I:159-176.
17. Ferrans CE, Powers M. Quality of life index: development and psychometric properties. Advance in Nursing Science 1985;8:15-24.
18. Fry PS. Guest editorial: ageing and quality of life (QoL)—the continuing search for quality of life indicators. International Journal of Aging and Human Development 2000;50:245-261.
19. Fox KR, Coutcher SH. Physical activity and psychological well-being/ edited by Stuart J.H. Biddle. , Rouledge, New York 2000
20. Fox KR. Self- esteem, self-perceptions and exercise. International Journal of Sport Psychology 2000;31:229-241.
21. Galambos CM. Quality of life for the elder: a reality or an illusion? Journal of Gerontological Social Work 1997;27(3):7-44.
22. Gill DL, Williams K, Williams L, Butki B, Kim BJ. Physical activity and psychological well-being in older women's Health 1997;7(1):1-7.

23. Gill DL, Williams K, Williams L, Butki B, Kim BJ, Schultz AM *et al*. Physical activity behaviors and values of older omen (Abstract). Journal of Exercise and Sport Psychology 2003;25:S59-S60.
24. Gill DL, Chang YK, Murphy KJ, Holder KM. Quality of life assessment in physical activity and health promotion (Abstract). Medicine and Science in Sports and Exercise, 2006;38(5):S370-S371.
25. Gillison FB, Skecington SM, Sato A, Standage M, Evangelidou S. The effects of exercise interventions on quality of life in clinical and healthy population: a metanalysis. Social Science & Medicine 2009;68:1700-1710.
26. Gonzalez M, Casas F, Coenders G. A complexity approach to psychological wellbeing in adolescents: major strengths and methodological issues. Social Indicators Research 2006;80:267-295.
27. Gonzalez M, Coenders G, Saez M, Casas. Non- linearity, complexity and limited measurement in the relationship between satisfaction with specific life domains and satisfaction with life as a whole. Journal of Happiness Studies 2010;11:335-352.
28. Hsich CM. The relative importance of health. Social Indicators Research 2008;87:127-137.
29. Lustyk MKB, Widman L, Paschane AAE, Olson KC. physical activity and quality of life: Assessing the influence of activity frequency, intensity, volume, and motives. Behavioral Medicine 2004;30(3):124-132.
30. McAuley E, Konopack JF, Moti RW, Morris KS, Doerksen SE, Rosengren KR. physical activity and quality of life in older adults: Influence of health status and self-efficacy. Annals of Behavioral Medicine 2006;31(1):99.
31. Motl RW, McAuley E, Snook EM. Physical activity and quality of life in multiple selerosis: Possible roles of social support, self-efficacy and functional limitations. Rehabilitation Psychology 2007;52(2):143-151.
32. Milne HM, Gordon S, Guilfoyle A, Wallman KE, Courneys KS. Association between physical activity and quality of life among Western Austrailian breast cancer survivors. Psycho-Oncology 2007;17(12):1059-1068.
33. Motl RW, McAuley E, Snooll EM, Gliottoni RC. Does the relationship between physical activity and quality of life based on generic versus disease-targeted instruments? Annals of Behavioral Medicine 2008;36(1):93-99.
34. Motl RW, McAuley E. Pathways Between physical activity and quality of life in Adults with Multiple Sclerosis. Health Psychology 2009;28(6):682-701.
35. Motl RW, McAuley E, Snook EM, Gliottoni RC. Physical activity and quality of life in multiple sclerosis: Intermediary roles of disability, fatigue, mood, pain, self-efficacy and social support, Psychology Health & Medicine 2009;14(1):111-112.