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## Study of health consciousness between sportsperson and non-sportspersons

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### Abstract

The purpose of this study was to compare the health consciousness between sport-person and non-sport person of Hisar district of Haryana state. A sample of 500 male students of age group of 18-23 years was randomly selected and compares the health consciousness. For assessing health consciousness the health consciousness scale developed by William E. Snell and Georgette Johnson (2007) were used. The t-test in spss statistics software was applied for comparing the both group at the.05 level of significant. Significant difference was found between the sport-person and non-sport person.

**Keywords:** Health consciousness, sport-person and non-sport person

### Introduction

If someone is asked to define the concept of health, he will say quickly without wasting even a minute that health is absence of disease. the implicit assumptions about concept of health are that it is the state that exists when various disease conditions are absent and that the manner in which health can be promoted consist of defining, studying, understanding and finally treating or preventing various diseases. This definition has been rejected by a large number of health educators. Various efforts are being done by experts to re-define the concept of health in far positive terms. An attempt has been done to define the concept of health and its various aspects. It is not possible to understand the concept of health without taking into account. It is definition but is raises a question of what is the necessity of defining this concept

As known that with the development of scientific researches and tests various kinds of information have been accessed to the human beings; one important of which is the information to lead a healthy life. People have become health conscious, which can be prove by the fact that amount of programs have been risen to considerable extent in today's time. The concept and area of health education has already begun to capitalize on this extraordinary and newer opportunity to re-define and upgrade. It is role in modern and changed conditions. In this change process, individual health educations and all the personnel's working in this area will become much more effective participants in the function of re-defining the role and important of health.

Health is the general condition of a person in all aspects. It is also a level of functional and/or metabolic efficiency of an organism, often implicitly human. From Google dictionary: "The state of being free from illness or injury". It is true that not feeling sick is one important aspects of health. Just as important, however, is the idea that health is a sense of optimum wellbeing a state of physical, mental, emotional, social, and spiritual wellness contained in this view with your-self, with other people and with the environment. Health is gained and maintained by exerting self- responsibility for reducing exposure to health risks and for maximizing good nutrition and exercise.

An understanding of health is the basis of all health care. Health is not perceived the some way by all members of a community including various professional groups giving rise to confusion about the concept of health. In a world of continuous change, new concepts are bound to emerge based on new pattern of thought. Health's has involved over the centuries as a concept form an individual concern to a worldwide social goal and encompasses the whole quality of life.

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Health is prime and foremost need of life. One has to cope up in his life for healthy living. It is said prevention is better than cure and for that knowledge of health education is essential. Thus it is the duty of educational institutors to impart health education to their students. Education only does not mean to that just to improve 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 needs 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 curriculum has been introduced in schools and colleges. Educationists do suggest that a curriculum plan should consider felt needs 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 enhance your health and the health of others.

A health attitude is our behavioural intention concerning health. If we intent to exercise, then we are more inclined 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" 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, 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"

**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".

Overall health is achieved through a combination of physical, mental, and social well-being, which, together is commonly referred to as the Health Triangle.

Health consciousness is the tendency 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 intelligence 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. Khaled N. Saeed (2003) <sup>[11]</sup> conducted a study to assess the knowledge, attitude and behaviour of school children towards oral health and dental care as well as to evaluate the factors that determine this variable. School children (n=557) of the an average age of 13.5 years attending public school in North Jordon ware recruited in to this study. The subjects completed a questionnaire that aimed to evaluate young school children's behaviour toward oral health. The participant's oral hygiene habits were found to be irregular. The study population shod higher awareness of carries than periodontal conditions. Irregular visits to the dentist ware found to be common. The children in this study also recognized the importance of oral health to the well-being of the rest of body. Kibert (2004) <sup>[12]</sup> conducted a study to investigate the reproductive health knowledge, attitude and practice of high school students in Bahir dar, Ethiopia. Data collected using self – administrate questionnaire and focus group discussion. The study revealed that the students had high level knowledge of contraceptives and where to obtain contraceptive services; however, level of use was low. The study indicates that young people engage in sexual relationship at an early age without protection or with unsafe non-conventional methods. There was no significant difference between the demographic variables that had significant association with health experience.

**Objective**

The objective of the study was compare the health consciousness between sportsperson and non-sportspersons.

**Hypothesis**

There will be no significant differences in health consciousness between sportsperson and non-sportspersons.

**Method**

Present study was conducted on 500 students selected from different streams of colleges and departments of Sirsa and Fatehabad district. Simple random sampling technique was used to collect the data. The tool used in the present investigation was the health consciousness scale developed by William E. Snell and Georgette the Johnson (2007) <sup>[16]</sup> which have 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. For the present study, the mean value, standard deviation, 'f'-test and t-test will be applied to analysed the data, different steps in 'f'- test and t-test will used in mega state software and the final conclusion will be drawn and it will also be compared with the significant value at.05 level of confidence.

**Result**

**Table 1:** Significance Difference of health consciousness between sportsperson and non-sportsperson

Respondents	N	Mean	S.D.	't'-value	Level of Significance
sportsperson	250	110.96	8.83	4.80	0.05
non-sportsperson	250	97.78	7.57		

As shown in Table above, the mean cautiousness score of sport-person were 110.96 and non sport-person were 97.78. The S.D. of cautiousness score of sport-person students were 8.83 and non sport-person students were 7.57, and the calculated value of 't' was 4.80, which was more than table value (1.96). It means that the hypothesis was rejected at the 0.05 level of significance and significant difference was found between the sport-person and non sport-person students in cautiousness factors of health consciousness. In the conclusion we can say that sportsperson are more conscious towards health compare to non-sportsperson and it is significant at 0.05 level of significance.

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