



ASSESSMENT OF FORMER SPORTS PERSON OF LUCKNOW ON THEIR HEALTH CONSCIOUSNESS STATUS

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Abstract

Introduction: Way of life has been changing in the course of recent decades in many pieces of the world. The abundances of the buyer society are presently demonstrating their consequences for wellbeing. Lifestyle change can be facilitated through a combination of efforts to increase awareness, change behaviour, and create environments that support good health practices. **Methodology:** For the assessment, 90 former Sports person of Lucknow were selected. The Health-Conscious Lifestyle variables was only selected from the other variables for the purpose of the study. For the purpose of the study “Life Style Assessment Inventory” by S.K. Bawa and Sumanpreet Kaur was adapted to collect the data for life style assessment. The Health-Conscious Lifestyle variables was only selected from the other five variables. There are 11 items or questions in Health-Conscious Lifestyle dimension of the scale, 7 items are of positive type of items and 4 items are of negative type of items. **Statistical analysis:** The descriptive statistics and t-test was used to find the mean difference on the variable of health consciousness status of former sports person of Lucknow at 0.05 level of significance. **Result:** Comparison of (Health Consciousness) lifestyle between men and women sports person. The observed calculated t- value was found 0.3647 which is lower than the tabulated t-value 1.662 with 88 df at 0.05 level of significance which means that there is an insignificant difference between the mean score of male and female sports person was seen in relation to Health Consciousness status.

Key word: Health consciousness status, Former sports person.



INTRODUCTION

During recent decades, the population has been increasingly exposed to health-related information through the media. People are informed of risk factors and are encouraged to adopt healthier lifestyles, such as increasing their consumption of fruits and vegetables and performing regular exercise. The potential of these behaviours to prevent diseases such as cancer and cardiovascular disease is often emphasized. In some cases, information concerning serious but potentially avoidable health consequences of behaviours may be perceived as threatening, even though an increased threat may not be an explicit purpose of the communicated message. The substantial amount of information to which people are now exposed may be perceived by some people as confusing and even contradictory. Consequently, there is a growing concern about the potential negative consequences of health-related information in the mass media, especially on lower socio-economic groups.

Coping with a health threat involves the perceptions, cognitions and behaviours that people engage in to minimize the impact of the threat. The way that people cope seems to be influenced by both the characteristics of the person and the situation. McCrae reported that 2–16% of the variance in coping mechanisms can be accounted for by the type of stressor: different categories of stressors seem to be associated with particular patterns of coping. Of relevance to the present study is Parrott's suggestion that people seem to develop habitual or automatized ways of dealing with health-related messages.

Our modern Lifestyle disposes of physical activity as one of the essential upgrades from our lives. The development of a non-communicable way of life, infections and the plague, increment in corpulence give clear proof of this unevenness between our ways of life and our physical prerequisites. Physical inertia is a condition of moderately complete physical rest, which does not give an adequate upgrade to human organs to keep up their ordinary structures, capacities, and guidelines. Physical inertia has turned into a noteworthy hazard factor for constant non-communicable maladies in the populace. Epidemiological research has demonstrated that of the general hazard for coronary illness, type 2 diabetes, colon malignant growth, bosom disease and broken hips in the old is inferable from physical inertia. Important



new controlled-trial evidence has accumulated in the area of type 2 diabetes: moderate physical activities combined with weight loss, and a balanced diet can confer a 50-60% reduction in risk of developing diabetes among those already at high risk. Limited new evidence has accumulated for the role of physical activities in promoting mental health and preventing falls.

There are substantial evidences for the contemporary youth being involved in unhealthy behaviors like smoking, alcoholism, drug use etc, which are slowly being acceptable in our culture, and moreover, being promoted and reinforced by mass media and advertising. Compensatory measures to active life being promoted are long hours of television viewing, internet games and chats. Way of life has been changing in the course of recent decades in many pieces of the world. The abundances of the buyer society are presently demonstrating their consequences for wellbeing.

Health promotion is necessary during childhood and adolescence when the youth are laying the foundations for their adult lifestyles. Health promotion is the science or art of helping people change their lifestyle to move towards a state of optimal health. Lifestyle change can be facilitated through a combination of efforts to increase awareness, change behaviour, and create environments that support good health practices. Therefore, an exploration into the lifestyle pattern and health behaviors of adolescence, especially in the changing context of society will be highly beneficial for health promotion and policy framing for development of youth.

METHODOLOGY

Selection of Subjects: For the present study, 90 former Sports person of Lucknow were selected, including male and female categories, where male (n = 45) and female (n = 45) respectively. The age of the subjects ranged from 45 to 55 years. The subjects were selected from different aeras of Lucknow.



Selection of Variables: Health-Conscious Lifestyle: the lifestyle in which the individual always remains conscious for keeping himself physically fit and fine. The health-Conscious Lifestyle variables was only selected from the other variables for the purpose of the study.

Selection of the Questionnaire:

The questionnaire “Life Style Assessment Inventory” was used in this study for the collection of the data. For the purpose of the study “Life Style Assessment Inventory” by S.K. Bawa and Sumanpreet Kaur was adapted to collect the data for Health-Conscious Lifestyle dimension. The health-Conscious Lifestyle variables was only selected from the other five variables of “Life Style Assessment Inventory”. There are 11 items or questions in Health-Conscious Lifestyle dimension of the scale, 7 items are of positive type of items and 4 items are of negative type of items.

Scoring Table

S. no	Type of item	Strongly agree	Agree	Indifferent	Disagree	Strongly disagree
1	Positive	4	3	2	1	0
2	Negative	0	1	2	3	4

Statistical Technique

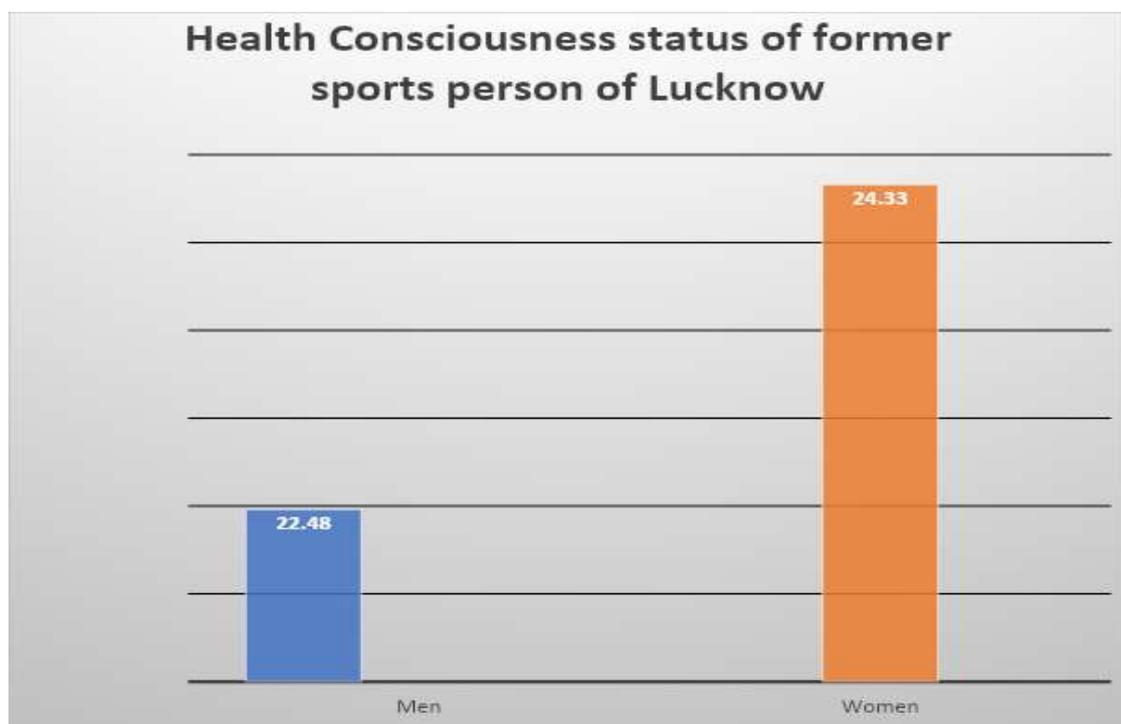
The descriptive statistics and t-test was used to find the mean difference on the variable of health consciousness status of former sports person of Lucknow at 0.05 level of significance.

Table - 1
t-test of health consciousness status of former sports person of Lucknow

Group	Mean	SD	SEM	SED	df	t-value
Men	22.48	8.3	1.2373	2.030	88	0.3647
Women	24.33	10.8	1.6100			

*Sig. at 0.05 level

The above Table 1: reveals that comparison of (Health Consciousness) between men and women former sports person of Lucknow. The observed calculated t- value was found 0.3647 which is lower than the tabulated t-value 1.662 with 88 df at 0.05 level of significance which means that there is an insignificant difference between the mean score of male and female former sports person of Lucknow was seen in relation to Health Consciousness status. Further, the difference in mean of two groups has been illustrated with the help of figure.





Conclusions

There is no difference between the male and female former sports person of Lucknow on Health Consciousness status.

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