

## Health Consciousness Status of Male and Female Sports Person

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### Abstract

**Introduction:** Health promotion is necessary during childhood and adolescence when the youth are laying the foundations for their adult lifestyles. Therefore, an exploration into the lifestyle pattern and health behaviours of adolescence, especially in the changing context of society will be highly beneficial for health promotion and policy framing for development of youth. **Method:** For the present study, 60 former Sports person were selected, including male and female categories, where male (n = 30) and female (n = 30) respectively. The age of the subjects ranged from 45 to 55 years. 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 questionnaire was used in this study for the collection of the data was selected. The Health-Conscious Lifestyle variable 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 male and female sports person 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 0.6536 which is lower than the tabulated t-value 2.0 with 58 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.

**KEYWORD:** Health consciousness status, Sports person.

### INTRODUCTION

Lifestyle is a way used by people, groups and nations and is formed in specific geographical, economic, political, cultural and religious text. Lifestyle is referred to the characteristics of inhabitants of a region in special time and place. It includes day to day behaviours and functions of individuals in job, activities, fun and diet. 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. On the off chance that we are to counteract the sicknesses that are the aftereffect of troublesome Lifestyles, we need to guarantee that cool-headed choices on sound Lifestyle are to be desperately enacted. In our old culture, examples can be discovered where the continuations of a solid Lifestyle have added to better wellbeing and life span.

The objective of “Wellbeing for all continuously 2000” created a healthy stun and made we all completely mindful of the need to analyze fundamentally the

variables which advance the wellbeing instruction process and those which go about as square or if nothing else a break, and hinder our advancement. This is the initial step to setting sensible destinations and expanding the viability of wellbeing instruction intercessions.

Physical activity is essential in life to stay healthy and maintain our normal behaviour. Physical activity is defined as any bodily movement produced by skeletal muscles that require energy expenditure. It should not be mistaken with "exercise", which is a subcategory of physical activity. 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.

There are substantial evidences for the contemporary youth being involved in unhealthy behaviours 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. Therefore, attempts and approaches to influence individuals changing their behaviour to a healthier style have to take in to account the fact that the current behaviour is not solely a matter of choice and for options but to a greater extent, sometimes desperate reaction to find a way to deal with one's problems as well as with the problems of the social system.

Cancer prevention studies have proliferated during this period but the best evidence remains for colon cancer, with better evidence accumulating for breast cancer prevention, and uncertain or mixed evidence for the primary prevention of other cancers. 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.

Health can be defined as optimum physical, emotional, social, spiritual, and intellectual health. 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. Health promotion is necessary during childhood and adolescence when the youth are laying the foundations for their adult lifestyles. Therefore, an exploration into the lifestyle pattern and health behaviours 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, 60 former Sports person were selected, including male and female categories, where male (n = 30) and female (n = 30) respectively. The age of the subjects ranged from 45 to 55 years. The subjects were selected from different regions of Tripura State, namely South Tripura, West Tripura, North Tripura, Gomati, Sepahijala, Dhalai, Khowai and Unokoti.

### Selection of Variables

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

### Selection of the Questionnaire

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 questionnaire was used in this study for the collection of the data was selected. The Health-Conscious Lifestyle variable 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.

### 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 male and female sports person at 0.05 level of significance.

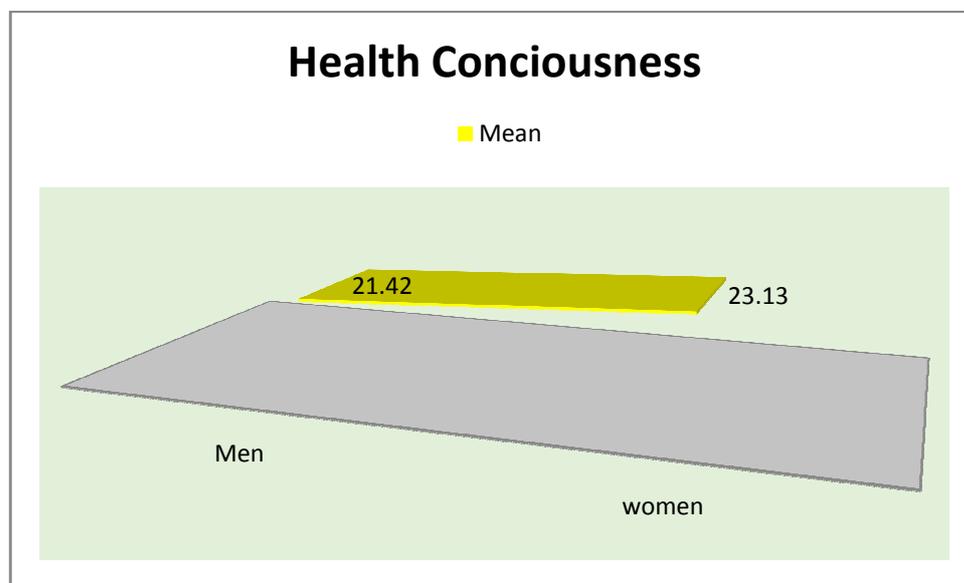
**Table-1**

### t-test of Health Consciousness status between men and women sports person

Group	Mean	SD	SEM	SED	df	t-value	p-value
Men	21.42	10.38	1.8951	2.616	58	0.6536	0.516
Women	23.13	9.88	1.8038				

\*Sig. at 0.05 level

The above Table 1: reveals that comparison of (Health Consciousness) lifestyle between men and women sports person. The observed calculated t- value was found 0.6536 which is lower than the tabulated t-value 2.0 with 58 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. Further, the difference in mean of two groups has been illustrated with the help of figure.



### Conclusion

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

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