



# Assessment of Health and Wellness Between Professional and Non-Professional Students of Kashmir Division- A study

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**ABSTRACT:** - The study assesses the variables, Health and Wellness between professional and non-professional students of Kashmir division. The study compares the health status between professional and non-professional students of Kashmir division. The study was limited to various districts of Kashmir division, wherein the primary data pertaining to the study was collected from the District Ganderbal, Srinagar, Baramulla, Anantnag etc. The professional students were taken from Govt. College of Physical Education Ganderbal and the students of physical education from University of Kashmir Srinagar. The non-professional students are from different degree colleges of various districts of Kashmir valley like Ganderbal, Srinagar, Baramulla, Anantnag etc. There were 50 professional students and 50 non-professional students chosen for the study. The data was collected from them by providing them a standard questionnaire made by Corbin 2008.

## INTRODUCTION

Health as well as wellness are often used interchangeably but they have probably little different meanings. Health is more of a medical term and describes the physiological and cognitive state of a person. It usually denotes a lack of diseases or abnormality. Wellness on the other hand is defined as the overall process of maintaining a general state of good health. Wellness involves cognizance of the decisions on the part of the individual, whereas health describes a person's condition. In modern times, however the combined phrase "Health and Wellness" has come to mean the following of overall physical, mental, and emotional health. This term is used commonly in various contexts, all aimed at promoting a better standard of living.

## **The Traditional Health Concept**

The earliest belief of health as a disease-free state represents the traditional medical concept. This view of health was largely accepted during the primary half the 20th century, mainly between physicians and medical personnel. Balog (1978) describes health as a traditional medicinal concept which was based on the theory that health and disease were objective and observable phenomena. Developments in the area of anatomy, bacteriology and physiology contributed to this outlook. Rather than representing the existence of certain attributes, health was therefore defined solely in terms of the lack of disease, signs, symptoms, or problems. Major pitfall of this view of health were both that it conceptualized health emphasizing illness, which it neglected the individual as an entire by overemphasizing specific diseases and parts of the body. Additionally, this traditional view of health assumed there's a dichotomy between health and illness which consistent with Hinkle (1961) might not be necessarily the case. To be healthy, individuals do not necessarily need to be in an absolute disease-free state, but they probably will have less disease than unhealthy people. Thus, the absence of disease, symptoms or problems may not be strong enough delimiters of a healthy s

## **The World Health Organization Concept of Health**

A more inclusive definition of wellbeing was developed by the World Health Organization in the late 1940s as "a state of total physical, mental and social well-being and not merely as the absence of disease or infirmity," rather than limiting health to the absence of disease, health was more conceptualized in terms of the existence of absolute and beneficial attributes. This systemic and more utopian view of health encompasses and broadens the conventional medical perspective by conceiving health as a healthy state of well-being in which physical health is merely one of the factors involved. In addition, in the concept of wellness, mental, psychological, physical, economic and political elements were included and deemed to be components of vital importance for health and well-being. By incorporating psychological and social criteria, the writers of the definition of health of the World Health Organization not only recognized that health and disease are fundamentally multi-causal, but also moved the emphasis from a purely medical viewpoint in which the criteria used to determine the status of an individual is the absence of disease. However, the new view of wellbeing still presents certain disadvantages, as the features of well-being and well-being have not yet been clearly established. According to Lewis (1953), by being too broad and abstract, the definition of the World Health Organization lacks adequate detail to be defined operationally and to be applicable to functional circumstances. In addition, the WHO definition suggests an idea of a whole ideal state that is impossible and inaccessible (Segre & Ferraz, 1997).

## Health and wellness trend

sedentary lifestyles and obesity among the younger generation or gen x as we call it today. In humans, it is the Many factors have contributed to the increased public awareness of health and wellness. Higher rates of heart diseases increase the incidents of cancer, record numbers of clinically obese people and various other health scares have all drawn attention to need for healthy lifestyle choices. Additionally, as modern medicine has progressed, doctors and scientists have greatly expanded their knowledge of human body, exposing many health risks that were previously unknown. One hundred years ago doctors touted excessive sun exposure as beneficial and heroin/cocaine combo sets complete with syringes and needles were sold in departmental stores. It is now common knowledge that too much sun can cause skin cancer, smoking can bring on any number of painful deaths, eating a bit too much ice cream can pack on the pounds, increasing the risk of diabetes and heart disease.

Various health surveys conducted by the government of India show the status of our public health in poor light. Physically inactivity amongst our population, especially the young population is wide spread. One out of four adults currently have sedentary lifestyle with no time or inclination towards physical activity. The Indian youth today is far less active, as he moves through adolescence and it is found that obesity among youths is on the risk, thus this period of youth could be pivotal period of preventing general condition of a person's mind and body. Health is the means of all the most sublime aspiration and achievements of mankind. It does not only mean to have a strong body and absence of disease, but includes balanced mind, controlled senses, intellect and integrated ego in order to have perfect evolution of all important faculties (actions, emotions, will and wisdom) of personality into state of self-realization.

The term wellness appeared as part of a parallel transformation in the definition of health towards a more holistic perspective that is inter relational and positive in focus namely to examine healthy human functioning.

The wellness movement began after the end of Second World War largely because society's health needs changes. Advances in medical technology meant vaccines and antibiotics reduced the threat of infectious diseases as the leading cause of death. Instead, chronic and lifestyle illnesses (e.g., heart disease, diabetes, cancer), associated with numerous stressors in life and the work place became the primary health concern. Dunn (1959) was considered the first author to provide a modern-day definition of wellness, namely maximization of health through an integrated method of functioning, keeping in consideration an individual's environment.

World Health Organization (1986) has a different connotation for 'health' than it has for 'wellbeing', whereas 'wellness' is not used. Conversely, Wissing (2000) views 'health' and 'wellness' as similar and depending on the context considers them interchangeable. Similarly, Walsh (2005) found that wellbeing equates to 'living' and faring well'. In general, the literature does not definitively separate 'health', 'wellbeing' and 'wellness' but rather applies them collectively to various aspects of human development, practice and experience both from and an external perspective.

## Statement of the problem: -

The statement of the problem was to make the “ASSESSMENT OF HEALTH AND WELLNESS BETWEEN PROFESSIONAL AND NON-PROFESSIONAL STUDENTS OF KASHMIR DIVISION”.

## Objectives of the study: -

Keeping in view the need, background and purpose of the study, the research was carried out with the following objectives:

- 1) To assess the health status of professional students of Kashmir division.
- 2) To assess the health status of non-professional students of Kashmir division.
- 3) To compare the health status between professional and non-professional students of Kashmir division.

## Significance of the study: -

The present study would be helpful to understand the value of health and wellness through the selected subjects. The present study would reveal the exact nature of the life of the subjects. The present study would support to health awareness among teachers, students and parents. The present study would be helpful to other professionals and non-professionals to maintain proper health throughout their lives.

**Hypothesis:** - After going through the literature review and expert's advice by the supervisor, It was hypothesized that there would be a significant difference in the assessment of health and wellness between professional and non-professional students of Kashmir division.

## METHODS AND PROCEDURE

### SELECTION OF VARIABLES:

- i) Emotional health.
- ii) Fitness and body care.
- iii) Stress.
- iv) Nutrition.

### SAMPLING PROCEDURE:

After due consideration of all the points, Simple random sampling technique was employed to select the subjects for the present investigation.

### TOOLS USED:

Corbin (2008): standard health and wellness questionnaire was used to measure the health status of different professionals and non-professionals of various districts of Kashmir division.

## ADMINISTRATION OF THE TEST:

The test was administered on the basis of a standard questionnaire made by Corbin (2008) applied on selected professional and non-professional students of Kashmir division. There were four variables in a questionnaire and each variable is used in order to assess the health and wellness status of these professional and non-professional students.

## COLLECTION OF DATA:

The data for the study was collected from the professional and non-professional students of Kashmir valley by providing them a standard questionnaire related to health and wellness. The data collected though was analyzed statistically using t test.

## ANALYSIS AND INTERPRETATION OF DATA

The collected data was analyzed statistically to find out whether there will be any significant difference between the mean. Statistical test was used to find the significant difference

<b>Group Statistics</b>					
	<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Std. Error Mean</b>
Variable 1	Professional	50	39.6600	6.48266	.91679
	Non-professional	50	34.0200	6.41583	.90734
Variables 2	Professional	50	40.1200	5.41969	.76646
	Non-professional	50	34.9600	6.05741	.85665
Variables 3	Professional	50	40.4000	5.74989	.81316
	Non-professional	50	36.1000	7.16069	1.01267
Variables 4	Professional	50	40.2000	6.37598	.90170
	Non-professional	50	34.1800	6.74216	.95349

## Independent samples test

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Variable 1	4.373	98	.000	5.64000	1.28987	3.08030	8.19970
Variables 2	4.489	98	.000	5.16000	1.14948	2.87889	7.44111
Variables 3	3.311	98	.001	4.30000	1.29874	1.72269	6.87731
Variables 4	4.587	98	.000	6.02000	1.31232	3.41573	8.62427

**Table No.1**

**Descriptive analysis of Emotional Health of professional students and Non professional students.**

Group	N	Mean	S. D	Std. Error Mean	'T' value	Mean difference	DF
Professional	50	39.6600	6.48266	.91679	<b>4.373</b>	<b>5.64000</b>	<b>98</b>
Non-professional	50	34.0200	6.41583	.90734			

\*significant at 0.000 level 2-tailed.

Table-1 reveals that there is a significant difference between means of professional students were = 39.6600 and that of non-professional students were = 34.0200, whose mean difference is 5.64000. To check the significant difference in Emotional health between professional and non-professional students, the data was again analyzed by applying 't' test. Before applying 't' test, standard deviation was calculated. Where S.D. = 6.48266 and 6.41583 and their standard error was calculated = .91679 And .90734 and then 't' test was applied. It was again found that There was a significant difference between Emotional health of professional

and non-professional students because value of calculated 't' = 4.373 which is significantly higher than the 0.00 2-tailed level of significance.

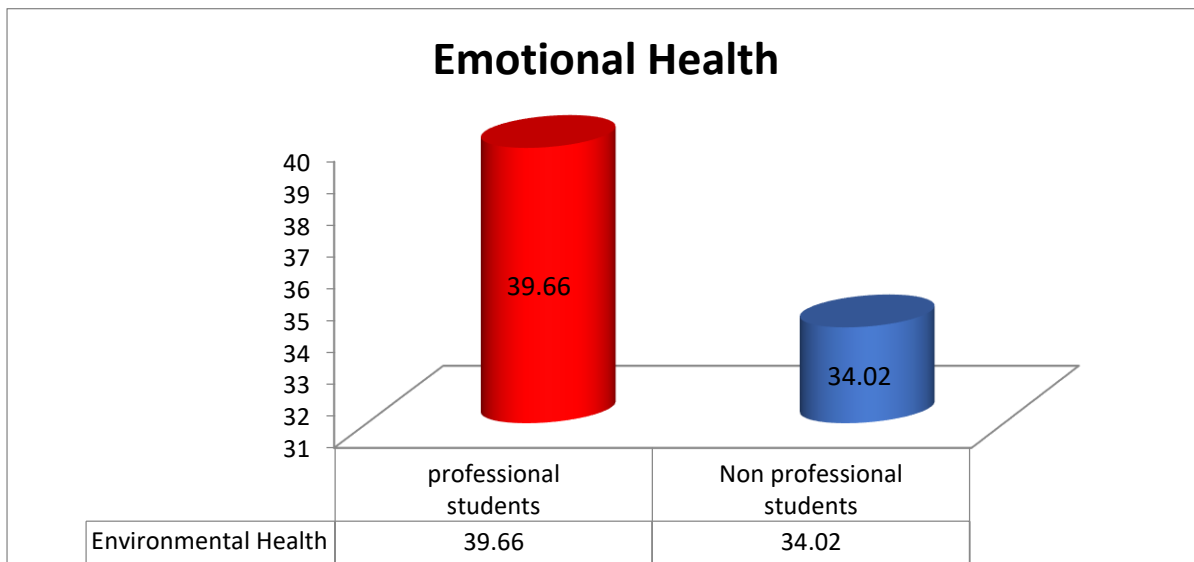


Fig 1. Comparison of Emotional Health between professional and non-professional students.

Table No.2

**Descriptive analysis of Fitness and Body care of professional students and Non- professional students.**

Group	N	Mean	S.D	Std. Error Mean	'T' value	Mean difference	DF
Professional	50	40.1200	5.41969	.76646	4.489	5.1600	98
Non-professional	50	34.9600	6.05741				

\*significant at 0.000 level 2-tailed.

Table-2 reveals that there is a significant difference between means of professional students were = 40.1200 and that of non-professional students were = 34.9600, whose mean difference is 5.1600. To check the significant difference in Fitness and Body Care between professional and non-professional students, the data was again analyzed by applying 't' test. Before applying 't' test, standard deviation was calculated. Where S.D. = 5.41969 and 6.05741 and their combined standard error was calculated = .76646 and then 't' test was applied. It was again found that There was a significant difference between Fitness and Body Care of professional and non-professional students because value of calculated 't'= 4.489 which is significantly higher than the 0.00 2-tailed level of significance.

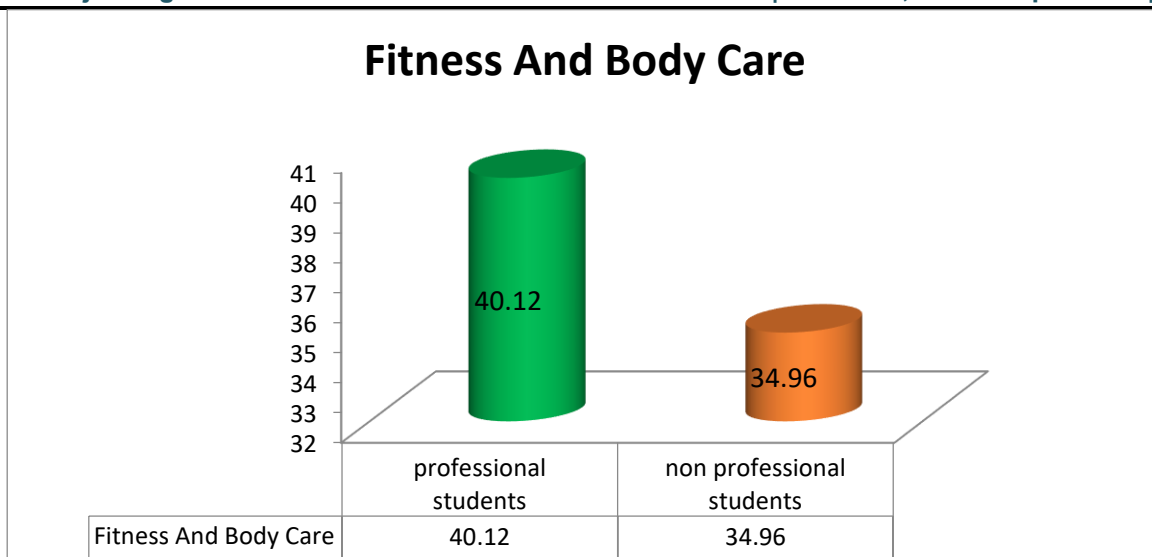


Fig.2 showing comparison of means of fitness and body care between professional and non-professional students.

**Table No.3**

**Descriptive analysis of Stress of professional students and Non-professional students.**

Group	N	Mean	S.D	Std. Error Mean	'T' value	Mean difference	DF
Professional	50	40.4000	5.74989	.81316	<b>3.311</b>	<b>4.30000</b>	<b>98</b>
Non-professional	50	36.1000	7.16069	1.01267			

\*significant at 0.000 level 2-tailed.

Table-4 reveals that there is a significant difference between means of professional students were = 40.4000 and that of non-professional students were = 36.1000, whose mean difference is 4.30000. To check the significant difference in stress level between professional and non-professional students, the data was again analyzed by applying 't' test. Before applying 't' test, standard deviation was calculated. Where S.D. = 5.74989 and 7.16069 and their standard error was calculated = .81316 and 1.01267 and then 't' test was applied. It was again found that There was a significant difference between stress level of professional and non-professional students because value of calculated 't'= 3.311 which is significantly higher than the 0.00 2-tailed level of significance.



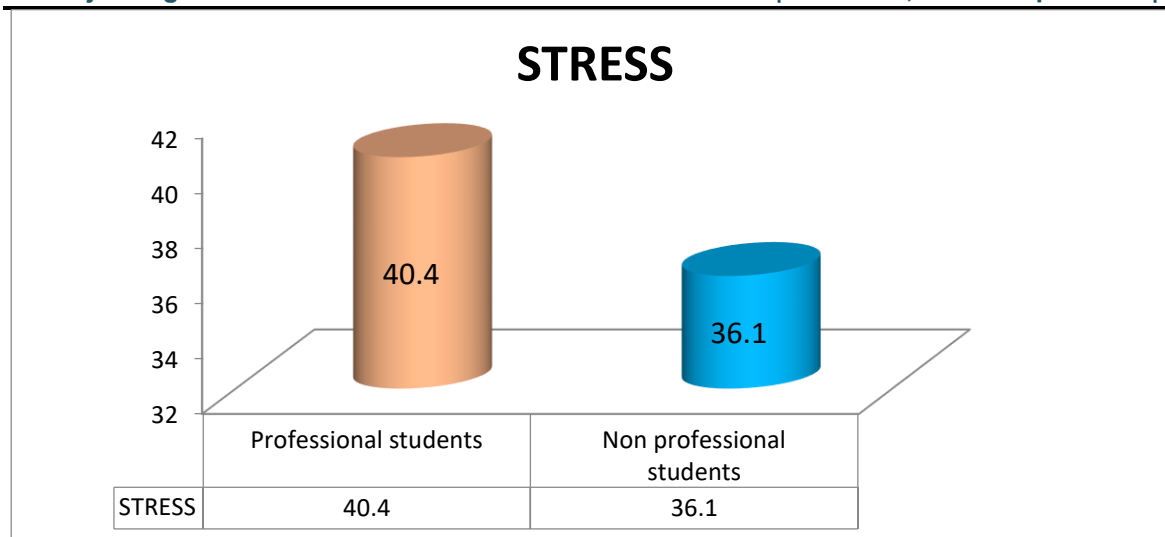


Fig.4 showing comparison of means of Stress between professional and non-professional students.

**Table No.4**

**Descriptive analysis of Nutrition of professional students and Non-professional students.**

Group	N	Mean	S.D	Std. Error Mean	'T' value	Mean difference	DF
Professional	50	40.2000	6.37598	.90170	4.587	6.02000	98
Non-professional	50	34.1800	6.74216	.95349			

\*significant at 0.000 level 2-tailed.

Table-5 reveals that there is a significant difference between means of professional students were = 40.2000 and that of non-professional students were = 34.1800, whose mean difference is 6.02000. To check the significant difference in Nutrition between professional and non-professional students, the data was again analyzed by applying 't' test. Before applying 't' test, standard deviation was calculated. Where S.D. = 6.37598 and 6.74216 and their standard error was calculated = .90170 and .95349 and then 't' test was applied. It was again found that There was a significant difference between Nutrition of professional and non-professional students because value of calculated 't'= 4.587 which is significantly higher than the 0.00 2-tailed level of significance.

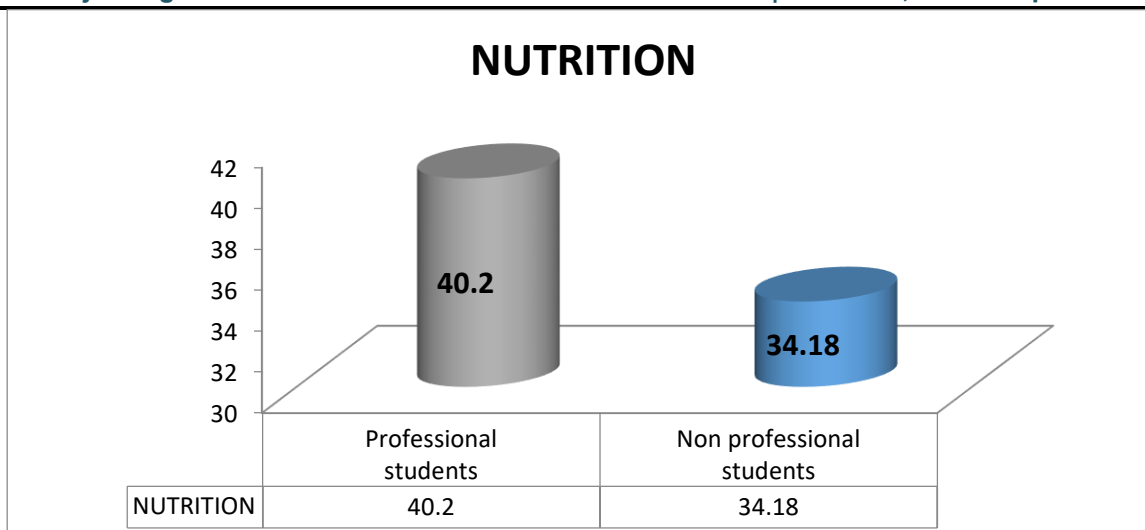


Fig.5 showing comparison of means of Nutrition between professional and non-professional students.

### **FINDINGS AND CONCLUSIONS: -**

Within the limitations of the present study, the following were drawn:

1. It was concluded that there was a significant difference in Emotional health between professional and non-professional students.
2. It was concluded that there was a significant difference in Fitness and Body Care between professional and non-professional students.
3. It was concluded that there was a significant difference in Stress between professional and non-professional students.
4. It was concluded that there was a significant difference in Nutrition between professional and non-professional students.

### **SUGGESTIONS FOR FURTHER STUDIES: -**

On the basis of findings and conclusions, the following recommendations were made:

1. From the findings of the present study, it will be recommended that a similar study may be carried out with other health related variables.
2. The result of this study can be used to get better and advanced outcome.
3. A similar study may be conducted on other different groups.

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