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## Influence of regional diversity on health awareness of high school boys in Karnataka state

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### Abstract

The aim of the present study is to find out the influence of health awareness among high school boys students in Karnataka State. To conduct this study, A total of eight hundred (N=800) boys students were selected from four educational divisions of Karnataka State in each of Gulbarga (N=200), Belgaum (N=200), Mysore (N=200), and Bangalore (N=200) divisions, subjects were chosen the age from 12-16 years. A questionnaire was used to assess the health awareness which consists of forty (40) questions. ANOVA and LSD post hoc tests were used to compute and interpret results. Results show that there are significant differences in health awareness among girls' students of different educational divisions in Karnataka State. Mysore education division found the highest health awareness than other three educations divisions in Karnataka State.

**Keywords:** Students, Karnataka state, health awareness, high school, boys

### Introduction

There are about 1.2 billion adolescents, one-fifth of the world's population and their number is increasing. Four out of five live in developing countries (WHO, 2005). Adolescence is a period of biological, cognitive and social transition of such magnitude and rapidity that it is no surprise to find that it is associated with the onset or exacerbation of a number of health-related problems including depression, (Twenge and Nolen-Hoeksema, 2002) <sup>[11]</sup> eating disorders, (Reijone, 2003) <sup>[9]</sup> substance abuse and dependence, (Chambers, Taylor and Potenza, 2003; Johnston, O'Malley and Bachman, 2000; and Warheit, 1996) <sup>[2]</sup> risky sexual behavior, (Romer and Stanton, 2003) <sup>[10]</sup> antisocial and delinquent activity (Moffitt, 1994) and school dropout (National Center for Educational Statistics, 2001) Many of the behavioral patterns acquired during adolescence (such as gender relations, sexual conduct, use of tobacco, alcohol and other drugs, eating habits and dealing with conflicts and risks) will last a lifetime (WHO, 1997). The World Health Organization defines adolescents as young people aged 10-19 years (WHO, 2005). Adolescents are an important asset of a country because they will become tomorrow's young men and women and will provide the human potential required for the country's development.

### The purpose of the study

The main purpose of the study was to examine the influence of regional diversity on health awareness of boys' students of high schools in Karnataka state.

### Methodology

#### Selection of Subjects

Students for the study were high school attending boys studying in eighth and ninth standard within Karnataka State during the academic year 2012-13. Their age ranged from 12 to 16 years. Altogether eight hundred (N=800) students from various schools representing different educational divisions of Karnataka State namely Bangalore, Belgaum, Gulbarga and Mysore.

#### Selection of Test Item

Health Awareness questionnaire was structured and standardized with expertise in the field of physical education and sports which consists of forty 40 questions.

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The questionnaire was also provided in regional language for the better understanding. It assessed the knowledge of students about various illnesses, first aid, nutrition, eating habits, benefits of physical activities, safety measures, emotions etc. This self-structured questionnaire was again given to experts in the field of physical education for suggestions or improvement if any. Finally, 40 questions were selected. This questionnaire was administered for inquiring health awareness of the boy's students.

**Data Collection**

Administration of health awareness questionnaire, In order to assess health awareness, students were asked to assemble inside classroom. The objective of the test was made clear and questionnaires were distributed to the boy's students. Enough time was provided to complete the questionnaire and any

queries from the students were attended by the investigator personally.

**Statistical Analysis**

In order to test the hypothesis of the study 'analysis of variance' (ANOVA) was used. Further, the results of the study were tested under Least Significant Difference post-hoc test. Statistical Package for Social Science (version 17) was used to analyse data. The analysis and interpretations of the findings of the study are presented in the followings.

**Results and Discussions**

To achieve the purpose of study data collected was analyzed with statistical technique and results are presented in the followings.

**Table 1:** Mean and Standard Deviation of Health Awareness of High School Boys

Variables	Gulbarga (N=200)	Belgaum (N=200)	Mysore (N=200)	Bangalore (N=200)
Health Awareness	17±4.47	16±5.16	20±3.57	19±4.13

Mysore division boys were good knowledge in health awareness (Mean 20.0 and SD ±3.57). Analysis of variance was carried out in order to examine any statistical significance in the mean scores of health awareness among high school boys belonging to different educational regions of Karnataka State.

**Table 2:** ANOVA on Health Awareness of High School Boys

		Sum of Squares	df	Mean Square	F	Sig.
Health Awareness	Between Groups	1852.504	3	617.501	32.392	.000*
	Within Groups	15174.595	796	19.064		
	Total	17027.099	799			

\*Significant at 0.05 level of confidence.

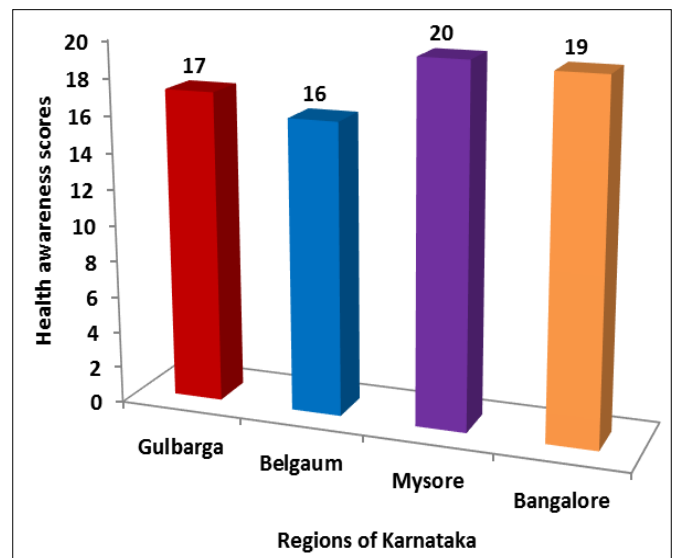
The calculated values in the present context are greater than the table value 2.60 required for significance at 0.05 level. The results indicate that there is significant difference in health awareness among high school girls belonging to different regions of Karnataka state. LSD post-hoc test was applied in order to obtain a detailed understanding of superiority of one region over the other.

**Table 3:** LSD Post-Hoc Test on Health Awareness among High School Boys of Karnataka State

Dependent Variable	(I) Divisions	(J) Divisions	Mean Difference (I-J)
Health Awareness	Gulbarga	Belgaum	1.0850*
		Mysore	-2.5450*
		Bangalore	-2.2450*
	Belgaum	Mysore	-3.6300*
		Bangalore	-3.3300*
		Mysore	.3000

\* The mean difference is significant at the 0.05 level.

In health awareness knowledge, high school boys from Mysore division (20) were the highest, followed by Bangalore (19), Gulbarga division (17) and Belgaum (16) were the lowest. There were significant differences in health awareness knowledge among the students of different educational divisions except between Gulbarga and Bangalore division.



**Fig 1:** Health Awareness of High School Boys

**Conclusions**

There was significant difference in *health awareness* among *male* high school students belonging to different geographical regions of Karnataka State. High school boys from Mysore were the highest, followed by Bangalore, Gulbarga and those from Belgaum were the least. There was significant difference in health awareness knowledge among the students of different regions.

Knowledge of high school boys and girls on issues relating to health and fitness differed significantly on the basis of geographical regions. High school boys from Mysore division possessed highest knowledge on health. High school boys from northern part of Karnataka state exhibited low level of health awareness as compared to their Southern counterparts. The reasons may be, among others, lack of systematic basic education, lack of orientation towards concepts relating to health and fitness, higher dropout rate, etc. The considerable amount of knowledge is essential for high school boys irrespective of regional belonging.

Gulbarga region is found to be a backward region in the field of education. Compared to other regions, in Gulbarga the literacy rate is quite low and drop-out rate is quite high. Due to the educational programmes introduced by the government, the enrolments in the region have increased but students do not complete their education fully because of high drop-out rate. It needs immediate attention on part of government to tackle the problem. The study by Premakumara and Riyaz (2010) [7] strongly advocated for the programmes which can increase the literacy rate and reduction in the drop-out rate simultaneously.

Kadekodi (2014) [4] raises some specific issues relating to the state of development in Karnataka state. It is clear from the analysis that environment and social development are to be taken together in reversing the regional disparity and raising the quality of life in the state.

## References

1. Caspersen CJ, Powell KE, Christenson GM. Physical activity, exercise, and physical fitness: Definitions and distinctions for health-related research. *Public Health Reports*. 1985; 100(2):126-131.
2. Chambers RA, Taylor JR, Potenza MN. Developmental neurocircuitry of motivation in adolescence: A critical period of addiction vulnerability. *Am J Psychiatry*. 2003; 160:1041-52.
3. Garg M. *Diet, Nutrition and Health*, A.B.D. Publishers, 2006, 9.
4. Kadekodi GK. *Regional Disparity Revisited: The Case of Karnataka state*, 2014. reviewed at [atcmdr.ac.in/editor\\_v51/assets/mono-31.pdf](http://atcmdr.ac.in/editor_v51/assets/mono-31.pdf).
5. Kelder SH, Perry CL, Klepp KI, Lytle LL. Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviors. *American Journal of Public Health*. 1994; 84:1121-1126.
6. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Education Quarterly*. 1988; 15:351-377
7. Premakumara GS, Riyaz A. Regional Disparities, Inclusive Growth and Educational Development in Karnataka state, *Trends in Information Management*. 2010; 6(2):132-140.
8. Premakumara GS. Status of Women Employment in India. *Journal of Development and Social Change*. 2006; 4(1/2):326-340.
9. Reijone JH, Pratt HD, Patel DR, Greydanus DE. Eating disorders in the adolescent population: An overview. *J Adolesc Res*. 2003; 18:209-22.
10. Romer D, Stanton BF. Feelings about risk and the epidemic diffusion of adolescent sexual behavior. *Prev Sci*. 2003; 4:39-53.
11. Twenge JM, Nolen-Hoeksema S. Age, gender, race, socioeconomic status, and birth cohort differences on the children's depression inventory: A meta-analysis. *J Abnorm Psychol*. 2002; 111:578-88
12. World Health Organization-WHO. *Global recommendations on physical activity for health*. Geneva: WHO Publications, 2010.