CHAPTER – II

REVIEW OF LITERATURE

Reviews of the literature provide insight into the research work of the researcher. Review suggests a method and a technique of dealing with a problematic situation, which may also suggest avenues of the situation of similar difficulties, a scholar may be facing. It can provide the investigator with new ideas and approaches which may not occurred to him, it also assists the researcher in evaluating his own research efforts by comparing them with related efforts done by other.

Before completing a plan for a research undertaking, person needs to conduct a literature search in the area of the proposed investigation. In other words the student should become a scholar in that area.

Keeping the previous reference as guideline, efforts were made to find out the researches to completed retake the present study by visiting to the libraries of the following:

1. Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.

   It was found that some scholar have taken the studies of Performance Components and Performance Prerequisite Components relation to Socio-economic Status. But in this present study, the Researcher has taken the studies of Performance Components and Performance Prerequisite Components and its relation to Socioeconomic Status.
2.1 – Reports on Socioeconomic Status:

A family’s socioeconomic status is based on family income, parental educational level, parental occupation, and social-economic status in the community, note by Demarest, Reisner, Anderson, Humphery, Farquhar, and Stein (1993).

Crnic and Lamberty (1994) discuss the impact of socioeconomic status on children’s readiness for school:

“The segregating nature of social class, ethnicity and race may well reduce the variety of enriching experiences thought to be prerequisite for creating class, ethnicity, and race entail a set of ‘contextual givens’ that dictate neighborhood, housing, and access to resources that affect enrichment or deprivation as well as the acquisition of specific value systems”.

Ramey and Ramey (1994) describe the relationship of family socioeconomic status to children’s readiness for school:

“Across all socioeconomic groups, parents face major challenges when it comes to providing optimal care and education for their children for families in poverty, these challenges can be formidable. Sometimes, when basic necessities are lacking, parents must place top priority on housing, food, clothing, and health care. Educational toys, games, and books may appear to be luxuries, and parents may not have the time, energy, or knowledge to find innovative and less expensive ways to foster young children’s development.

Even in families with above-average incomes, parents often lack the time and energy to invest fully in their children’s preparation
for school and they sometimes face a limited array of options for high-quality child care—both before their children start school and during the early school years.”

**Socioeconomics:**

Socioeconomics is the study of the social and economic impacts of any product or service offering, market intervention or other activity on an economy as whole and on the companies, organization and individuals who are its main economic actors. Socioeconomics is itself not an economic theory neither should it be confused with socialist economics. It is related to but not identical with economic sociology. It is perhaps best viewed as a theoretical and ideological tendency within economic sociology.

The combination of economic and social factors that influence how an intervention is likely to change a society will be unique to each situation, but generally may include, for example:

- Prevailing economic conditions.
- Race or ethnicity.
- The level of economic development and the extent of disparities within a society.
- Political stability and the relationship between government and judiciary.
- Levels of education, literacy and familiarity with technology.
- Maturity and openness of markets.
- Propensity for entrepreneurial activity.
- Strength of tradition in terms of beliefs and behaviours.
In specific cases, socioeconomics studies will necessitate identifying the specific relevant factors, and understanding their status before and then as a consequence of the intervention.

The goal of socioeconomic study is generally to bring about socioeconomic development usually in terms of improvements in metrics such as GDP, life expectancy, literacy, levels of employment, etc.

**Social:**

The term “Social” is derived from the Latin word “Socius” which as a noun means “an associate ally, companion, business partner or comrade” and in the adjectival form socialis refer to “a bond between people” or to their collective or connected existence.

**Some different definitions:**

In the absence of agreement about its meaning, the term “social” is used in many different senses, referring among other things to.

- Attitudes, orientations or behaviours which take the interests, intentions or needs of other people into account.
- Common characteristics of people or description of collectivities.
- Rations between people.
- Membership of a group of people or inclusion or belonging to a community of people;
- Co-operation or Co-operative characteristics between people.
- Relations of dependence.
- The public sector or the need for governance for the good of all, contrasted with the private sector.
• In existentialist and postmodernist thought relationships between the self and the other.

• Interactive systems in communities of animal or insect populations, or any living organisms.

The adjective “Social” is also used often in political discourse, although its meaning in such a context depends heavily on who is using it.

Shmotkin et al., (1999) investigated a model that specified the effects of socioeconomic and psychological resources on physical and mental health. It was hypothesized that (a) both kinds of resources would affect physical and mental health more strongly in older than in younger adults, and that (b) socioeconomic resources would exert stronger effects in men, whereas psychological resources would exert stronger effects in women. Data were collected in an Israeli national sample. Structural modeling analyses indicated that the model fit the data. A comparison of 4 groups of participants (2 age groups-18-39 and 40-84--and both genders) showed that, for men, the respective effects of socioeconomic and psychological resources on physical and mental health were strong in the older, but not in the younger, group. For women, socioeconomic resources had insignificant effects, whereas psychological resources had strong effects on mental health in both age groups; psychological resources also had a moderate effect on Physical health in the older group. The results suggest that the contribution of personal resources to health is regulated by the joint impact of age and gender, presumably involving shifting roles and vulnerabilities of men and women across the life span.
Miech and Avshalom (1999) examine low socioeconomic status (SES) as a cause and a consequence of mental illness by investigating the mutual influence of mental disorders and educational attainment. Focus on four disorders of anxiety, depression, antisocial disorder and attention deficit disorder reveals uniqueness of relationship with SES for each.

In a population-based study Renman et al., (1999) compared self-esteem, social background, social and academic competence, behavioural problems and lifestyle in 58 obese adolescents (BMI = 99, 6th percentile or =30 kg/m^2), aged 14-18 y, with 58 sex- and age-matched controls of normal weight. The instruments used were: I Think I Am, Youth Self Report and a lifestyle questionnaire. The obese group was on average, 40 kg heavier than the controls. The obese individuals rated themselves significantly lower in physical characteristics, but in all other aspects of self-esteem, mental health and even in social and academic competence there were no differences between the two groups. There were significant socioeconomic differences, with more obese adolescents living with only one parent and with the mothers in the obese group having, in general, lower education than those in the control group. This study confirms previous observations that obesity is associated with special socioeconomic conditions in youth, but that obese adolescents do not differ from their normal-weight peers in other aspects of mental health.

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disorder and attention deficit disorder reveals uniqueness of relationship with SES for each disorder.

Antioch (1984) discussed the relationship between social interest and mental health within the frame work of Adler's individual psychology and opined that mentally healthy individuals are distinguished from mentally ill, individuals basis of life style, attitude and behaviors. That reflects a high degree of social relatedness, whereas mentally ill individuals demonstrate defensive, discouraged and egocentric attitudes and behavior patterns. He also pointed out that mentally healthy individuals are characterized by open, courageous and socially interested life-styles.

Dressler (1985) conducted a study to see the influences on depression of a variety of social relationship using 285 households in a Black community. Subjects were interviewed about their mental health status, socio-economic status, family structure expose to stressors and social support. Result showed that subjects who perceived their extended family relationships to be more supportive had fewer symptoms of depression a buffering effect of extended kin support was least effective in reducing the risk of depression among the young women.

Posse et al., (2002) wanted to look into what impact the level of Alexithymia, as assessed by the Toronto Alexithymia Scale with 20 items (TAS-20), has on presence of social support and vulnerability for psycho-social stress assessed as occurrence of serious life-events, in an all-female population. A total of 1032 of females employed in a child-care programme in Sweden participated and they were asked to fill in a questionnaire and 864 (83.6%) delivered complete tests. Results
revealed that the prevalence of Alexithymia was 7.9% and there were significant associations between high TAS-20 scores with low level of education. In addition, this assessment showed significant relationships between global TAS-20, as well as the sub-factors of TAS-20 and lower social support. Having a low level of social support was found to be 3.5 times more common in the part of the population who was Alexithymic. It was also 2.6 times more common for the Alexithymic part of the population not to have someone to turn to. Alexithymics with low support and no life events had overall mean scores on all the three variables presenting them as worse off from a mental health point of view. When life events were present Alexithymics remained worse off than non-alexithymics even when a higher level of support was in place. There was a significant direct protective (salutary) effect of social support found for social disability in the alexithymic population.

Conclusion: Alexithymics in this study showed a lack of social support and proneness to high levels of negative emotion and to social distress.

Folkins and Sims (1981) examined the effect of physical fitness training upon mental health. Their research suggested that physical fitness training leads to improved mood, self-concept and work behaviour; the evidence is less clear as to its effects on cognitive function, although it does appear to bolster cognitive performance during and after physical stress. They also noted that except for self-concept, personality traits are not affected by improvements in physical fitness. However, mentally retarded children demonstrate psychological improvement following physical fitness training, but no conclusion can be reached regarding the effects of physical fitness training with other clinical syndromes.
Hayes and Ross (1988)\textsuperscript{9} studied the effects of exercise, overweight and physical health on psychological well-being. Their results indicated that exercise affected psychological well being for low and middle income groups and to a lesser degree for high income groups. Good physical health improved Psychological well-being. Being overweight was not related to psychological distress. Thus the effects of the body on the mind are mediated internally, biologically, externally and socially.

El-Naggar (1986)\textsuperscript{10} investigated the effect of physical training (three times a week) on the relationship among physical, mental and emotional fitness in terms of structure and degree in 30 men aged 25-65 yrs. Physical fitness was measured by maximum oxygen uptake, resting heart rate and systolic as well as diastolic blood pressure. Mental fitness was measured by 8 tests dealing with cognitive processing. Emotional fitness was measured by personality measures. Results indicated that physical fitness was related to mental and emotional fitness and that the relationship tended to be stable and affected by physical training.

Phillips \textit{et al.}, (1987)\textsuperscript{11} investigated some physiologic antecedents of adult mental health, using 188 healthy college men followed biennially from age 19 to 63 years. A relatively low standing heart rate and long treadmill running time in college predicted mental- but not physical health during the next 40 years, whereas a relatively low blood pressure predicted future physical- but not mental -health. These relationships remained significant when the effect of physical fitness and body significant when the effect of physical fitness and body built were partially out, suggesting that psychological
components of physiologic phenomena accounted for their prediction of mental health outcome, under the presumption that a high resting heart rate reflected social anxiety and prolonged running time reflected perseverance and stoicism.

Authors (Phelan et al., 2001) suggest that the physical health of people with severe mental illness can be improved if primary care and mental health professionals pay attention to it. Association between mental illness and poor physical health; Factors that prevent mentally ill patients from receiving good physical health care; How reform in mental health care in industrialized countries has led to the closure of long stay mental hospitals and the development of community mental health teams.

A great deal of attention has been given to the association between physical fitness and psychological health (Plante and Rodin, 1990). The purpose of this view is to examine recent developments in the burgeoning exercise and psychological health literature and to explore avenues for future research. The current review focuses on research that has examined enhancement of psychological health and well-being among non-clinical populations since 1980. Four areas of psychological functioning are reviewed: (1) psychological well-being and mood, (2) personality and self-concept, (3) physiological stress responsively and (4) cognition. Exercise appears to improve mood and psychological well-being as well as enhancing self-concept and self-esteem. Exercise appears to do little for personality functioning. Furthermore, mixed empirical support exists to suggest that exercise influences stress responsively and cognitive functioning. However better research designs and procedures are still needed. Theories regarding the connection between exercise and psychological functioning as well as suggestions for future research are offered.
Brake and Bornholt (2002)\textsuperscript{14} raised important issues for educators that are useful in motivating children to participate in physical activities. The focus was on children's feelings and self-evaluations about physical movement, in relation to the body and appearance, as well as social aspects of friendship, belonging, individuality and self-expression. The study presents case studies of six children aged from 7 to 9 years. Results show generally positive attitudes and particular areas of confidence help for optimal physical self-concepts for each child. The implications are for how teachers can optimize children's self-concepts and motivation to participate in physical activities.

Kirjonen and Telarna (1984)\textsuperscript{15} examined the relationship between physical activity and mental health. Their observation revealed that the rehabilitative potential of physical exercise in psychiatric care has long been recognized: physical activity prevents mental illness in that, it adds to the individual's adaptability and ability to cope with stress. However, they concluded that more research on the role of physical activity in the mental health of working-age populations is needed.

Franzoi and Shields (1984)\textsuperscript{16} investigated the relation between sport participation and maturity of moral reasoning regarding general social problems and sports specific dilemmas in 2 related studies. Study-1 involved 60 high school and college basketball players and 40 nonetheless with an equal distribution of females and males. Moral protocols were administered and scored according to N Haan’s interactonal model of moral development. Multivariate Analyses of Variance (MANOVAs) revealed no moral reasoning differences between high school basketball players and non-athletes but high, school female’s
moral reasoning was more mature than was males. Within, the college sample non-athlete's moral reasoning was significantly more mature than was of athletes. Also female’s moral reasoning about sport was more mature than that of their male counterparts, though no sex differences were found in general life on moral reasoning. In study-2, 10 male and 10 female undergraduate swimmers were added to the college sample. Basketball players employed less mature on moral reasoning about sport than both swimmers and non-athletes (who did not differ from each other).

Health (psycho-physical) and quality-of-life are the outcomes of a fit musculoskeletal system (musculoskeletal fitness) as reviewed by Kell et al., (2001)\textsuperscript{17}. The World Health Organization suggests health is a state of complete physical, mental or social well-being and not merely the absence of disease or infirmity. Physical health includes such characteristics as body size and shape, sensory acuity, susceptibility to disease and disorders, body functioning, recuperative ability and the ability to perform certain tasks. One aspect of physical health is the musculoskeletal system, which consists of 3 components; muscular strength, endurance and flexibility. Muscular strength (dynamic) is defined as the maximum force a muscle or muscle group can generate at a velocity. Muscular endurance is the ability of a muscle or muscle group to perform repeated contractions against a load for an extended period of time. Flexibility has 2 components, dynamic or static, where dynamic flexibility is the opposition or resistance of a joint to motion, that is, the forces opposing movement rather than the range of movement itself. Static flexibility is the range of motion about a joint, typically measured as the degree of arc at the end of joint movement. If strength, endurance and flexibility are not maintained, level of musculoskeletal fitness becomes poor which can significantly
affect one’s physical health and well-being. Many other associated health benefits viz., reduced coronary risk factors, increased bone mineral density (reduced risk of osteoporosis), increased flexibility, improved glucose tolerance, and greater success in completion of activities of daily living (ADL) are affected. Thus, there exists a fair positive relation of musculoskeletal fitness with psychophysical well-being.

Although there are a vast array of studies, which have demonstrated the psychological, and physical health benefits of regular aerobic exercise for adults, few studies have focused on children and adolescents. The study of Kirkcaldy et al. (2000) examined associations between the extent of participation in endurance sport, and self-report data on self-image, physical and psychological health and overall lifestyle in a large representative sample of German high-school students. Method Almost 1000 German adolescents (aged 14-18 years) were administered a comprehensive series of questionnaires aimed at assessing anxiety-depression, trait addiction, smoking and drinking behaviour, physical ill-health reports, and self-perception of self-image, parental acceptance and educational attainment. Results Regular practice of endurance exercise was related to a more favourable self-image. There was a strong association between participation in sports and the type of personality that tends to be resistant to drug and alcohol addiction. Physical exercise was further significantly related to scores for physical and psychological well-being. Adolescents who engaged regularly in physical activity were characterised by lower anxiety-depression scores, and displayed much less social behavioural inhibition than their less active counterparts. Conclusion: It is likely that discussion of recreational or exercise involvement may provide a useful point of entry for facilitating dialogue among adolescents about concerns relating to body image and
self-esteem. In terms of psychotherapeutic applications, physical activity has many additional rewards for adolescents. It is probable that by promoting physical fitness, increased physical performance, lessening body mass and promoting a more favourable body shape and structure, exercise will provide more positive social feedback and recognition from peer groups, and this will subsequently lead to improvement in an individual's self-image.

Hovey (2000) examined psychosocial predictors of acculturative stress in a sample of adult Mexican immigrants in Los Angeles. Bivariate and multivariate analyses revealed that family dysfunction, geographical separation from family, non-positive expectations for the future, and low income levels were significantly related to elevated levels of acculturative stress. The findings suggest that family closeness, hopefulness for the future, and financial resources may provide a buffer against acculturative stressors experienced by migrating individuals. The findings highlight the importance of using culturally relevant clinical methods when assessing and treating immigrants and acculturating individuals.

Bickel and Campbell (2002) investigated the incidence of mental health problems based on the DSM-IV among adolescents in custody in Tasmania, using the Adolescent Psychopathology Scale (APS) [2]. The APS was administered to 50 adolescents admitted consecutively to a youth detention centre in Tasmania, Australia, using a structured interview format. Results indicate that 46% of the sample scored positively for a mood disorder, 36% for posttraumatic stress disorder (PTSD), and 32% for an anxiety disorder excluding PTSD. The study concludes that Tasmania is no exception to the rule that adolescents in custody have a high proportion of mental health
problems. This study confirmed findings of previous studies that detained adolescents had a roughly equivalent level of mental health problems as young people referred to mental health services and five times more than adolescents in the community. Therefore, all detained adolescents should be assessed for mental health problems as their risk is equivalent to that of young people referred to mental health services in the community.

Chauhan, Jain and Singh (1984)\textsuperscript{21} studied the effect of retirement and family size on mental health in 80 Indian males (aged 60 to 75 years) using the Cornell medical Index. Their results indicated that prolonged retirement duration was adversely related to mental health; subjects with short duration retirement with small families fared better in mental health than did subjects with long duration retirements and small families; and subjects with long duration retirement and large families subjects with short duration retirement and large families have better mental health than those with long duration retirement and small families. Their findings supported the hypothesis that lengthens retirement duration has a tendency to diminish mental health.

Stillion \textit{et al} (1986)\textsuperscript{22} explored the relationship between mental health status and attitudes towards suicide among adolescents in two studies. Study-1 compared attitudes toward suicide of 24 institutionalized adolescents (age 15-24 yrs) with those of 69 healthy college students. Study-2 measured suicide attitudes and levels of mental health among a healthy population of 217 college students. Their results showed that (1) females with mental health problems requiring institutionalization agreed more with all reasons for suicide than institutionalized males and non-institutionalised males and
females, and (2) students who scored higher on one measure of self-actualization (inner-directedness) sympathized, empathized, and agreed less with all reasons for suicide than other groups.

Gupta (1983) examined the relationship between mental health and religiousness among 313 Tibetan secondary school students ranging in age from 16 to 18 years. She subjected 252 male and 62 female students to the Cornell Medical Index and a religiosity questionnaire. As hypothesized, it was found that Tibetan adolescents are highly religious having a high standard of mental health. However, it was also noticed that inadequacy, depression and anxiety were associated with being highly religious.

Lehtinen et al., (1986) studied the life situation of 208 University graduates in Finland. In a follow up two mental health studies began 13 years earlier. Subjects were compared with individuals of same age from the same locations without university education. General life circumstances were considered and it was noticed that women with university education were less likely to be married than were women without university education; no such difference was seen for men. University graduates were more often in higher income brackets. Men with university education were less satisfied with close personal relationships, had fewer friends, and enjoyed markedly better physical health than did man without university education. No significant differences in mental health were found, although the general population had slightly higher prevalence of illness and level of use of psychiatric service.
2.2 – Social Theorists:
In View Of Karl Marx

Human beings are intrinsically, necessarily and by definition social beings who-beyond being “gregarious cannot survive and meet their needs other than through social co-operation and association. Their social characteristics are therefore to a large extent an objectively given fact, stamped on them from birth and affirmed by socialization processes and according to Marx, in producing and reproducing their material life, people must necessarily their material life, people must necessarily enter into relations of production which are “independent of their will”

According To Max Weber:

For example defines human action as “Social” if, by virtue of the subjective meanings attached to the action by individuals, it takes account of the behavior of others, and is thereby oriented in its course” in this case, the “Social” domain really exists only in the inter-subjective relations between individuals, but by implication the life of these individuals also exits in part outside the social domain “Social” is thus implicitly also contrasted with “private”.

In The Positivist Sociology of Emile Durkheim:

A social fact is an abstraction external to the individual which constrains that individual’s actions. In his 1895 work Rules of sociological Methods, Durkheim writes: “A social fact is every way of acting, fixed or not, capable of exercising on the individual an influence, or an external constraint: or again, every way of acting
which is general throughout a given society, while at the same time existing in its own right independent of its individual manifestations”.

2.3 – Socioeconomic Status and Health across Purpose:

The National Heart, Lung, and Blood Institute (NHLBI), National Institute on Aging (NIA), National Institute of Child Health and Human Development (NICHD), National Institute of Environmental Health Sciences (NIEHS), and National Institute of Mental Health (NIMH) seek research grants applications on the cumulative and contemporaneous relationships between socioeconomic status and physical and mental health and functioning over the life course and across generations.

- Appropriate conceptualization and measurements of SES over the life course across generations, and in various population groups.
- Specification of the processes through which SES influences cumulatively and contemporaneously physical and mental health, disability, morbidity, and mortality outcomes over the life course, and how these outcomes, in turn, impact on SES.
- The relationship between SES and physical and mental health, disability, morbidity, and mortality over the life course in various population groups.

2.4 – Healthy People 2000:

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of “Healthy People 2000” a PHS-led national activity for setting priority areas.
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This program announcement socioeconomic status and Health Across the life course, is related to one or more of the priority areas. Potential application may obtain a copy of “Healthy People 2000”

2.5 – Eligibility Requirements:

Applications may be submitted by foreign and domestic for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of state and local governments, and eligible agencies of the federal government.

2.6 – Mechanism of Support:

The mechanism of support will be the individual research project grant responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant.

2.7 – Research Objectives:

The relationship between socioeconomic status (SES) and physical and mental health, morbidity, disability, and mortality has been long and extensively documented. In turn, these psychosocial mechanisms may lead to physiological changes such as raised cortical, altered blood-pressure response, and decreased immunity that place individuals at risk for adverse health and functioning outcomes.

The purpose of this program announcement is to encourage research on the relationship between SES and physical and mental health over the life course and across generations. Acute or chronic occurrences of poor health (so-called “health shocks”) for one member
of the family may result in significant costs and sustained loss of wealth for all family members.

The increasing ethnic and racial diversity of the U.S. population heightens the need to understand better the relationship between SES and physical and mental health in minority groups.

The following areas illustrate suitable topic for research. Throughout this program announcement, the terms “health” and “functioning” encompass both physical and mental aspects of well-being and morbidity. Applications need not be limited to these topics nor must they encompass all of these issues.

2.8 – Conceptualizing And Measuring ‘SES’:

A life-course perspective leads to questions about the cumulative impact of SES and physical and mental health on each other as well as on their current or contemporaneous relationship for example, do critical periods (ages or life stages) exist in which SES may have significant impact upon subsequent health or, vice versa, when health may impact upon the various components of SES? Recent research suggests that over the long-term SES affects health, but over the short-term the relationship may be reserved.

Usually socioeconomic status is conceptualized as an attribute of an individual that consists of different dimensions. These dimensions may be additive or interactive in defining SES.

In addition to measures based upon the characteristics of individuals or households, measures are needed of larger social
structural units for Example, what are the best measures of the socioeconomic characteristics of neighborhoods (e.g., resources, location and quality of housing, services) that may affect the risk of disability, morbidity and mortality in early and/or later life?

Educational attainment is often noted as being positively correlated with health and functioning, absence of disability, lower incidence of some illness (e.g., Alzheimer’s disease), even among the oldest-old. Higher levels of maternal educational are typically associated with more timely receipt of prenatal care, contraceptive use, and less frequent and later childbearing.

2.9 – Specifying Relationship between SES and Physical and Mental Health:

Although the general relationship between SES and health, disease, and mortality has been long recognized, the pathways through which SES affects health have yet to be satisfactorily specified. A better understanding of the mediators of the relationships between SES and health, disease and disability is essential for more efficacious clinical and policy interventions to reduce adverse health impacts.

Research Is Needed To Specify Over The Life Course The Nature, Extent, And Variability Of Such Potential Mediators As:

a. Life-styles (health-related behaviors and practices, including high-risk sexual behaviors)

b. Personality, self-concept, sense of control, social cognition, coping resources, cognitive abilities, problem-solving skills and styles.
c. Access to and use of health-care and social services including such diverse factors as community characteristics and availability of health insurance.

d. Social networks and supports for receiving assistance of managing health care need.
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