Chapter V

SUMMARY, CONCLUSIONS AND RECOMMENDATION

SUMMARY

Much attention is given to health and hygiene in present day life. Health is a fundamental right as well as a primary need for all individuals. Part of the popularity of the health promotion concept is a result of deliberate changes in tone of a number of national health care policy makers over the last decade. Personal health of the student, sportsmen and non-sportsmen are of the major concerns to the school administration, sports coaching institutions and physical education colleges. In maintaining good health it is important to know about your body, human structure, how it works and how to maintain it in good condition by adopting healthy life style. In India it has become the responsibility of teachers and coaches to impart the knowledge of health and its practical implementation in their instructional classes. Many Universities and Colleges rely on physical education staffs to meet the instructional demands of coaching. But several trends make it increasingly difficult to sustain the dual role of physical educator/coach. The structure of present coaching departments/institutions forces coaches to specialize in one sport for the entire year. Many Universities expect the coaches to be successful only on the athletic field and other aspects of instructions and teaching knowledge may
become a secondary priority. Whereas reports shows that physical education teachers are very committed to teaching and accept a major responsibility for the outcome of their instruction, aiming at a high level of student achievement as their primary goal. Does this teaching commitment also apply to activity classes by coaches? Do coaches and teachers possess adequate knowledge (i.e. knowledge about maintaining student's/players health, fitness, allround development and growth, etc., apart from producing medal winning teams? Are their training and knowledge in teaching and instructional, techniques and skills (limited)? To assess and answer to these questions, this study about the knowledge and human structure, health knowledge and practices among the physical education teachers and coaches had been undertaken.

The subjects for this study included one hundred and twentyfive (N=125) physical education teachers and 125 coaches from various parts of the country. The total population was consisting of both males and females. They were working at various schools, sport clubs, community centres and NIS coaching centre.

To assess the knowledge of humans structure, health knowledge and practices, two different questionnaires were administered. For the knowledge
of human structure Turner's\textsuperscript{1} personal health appraisal form with a little
modification was used. The second questionnaire administered to assess the
health knowledge and practices was a thirtythree (33) items questionnaire
developed by Singh's.\textsuperscript{2}

The descriptive statistics were computed for both the groups i.e., 'mean'
and 'standard deviation' to analyze the data. Inter-correlation was worked out
between all the three variables among both the groups to find out the
'zero-order correlation'. The relationship of three variables with in the
individual group was established separately for coaches and physical education
teachers. The 't' test of Fisher's was computed to find out mean difference
between both the groups. Factor analysis a specialized mathematical technique
was used to determinant factors of the test items of the questionnaire and to
determine which test items were most emphasised by the subjects. The test
of significance was set for all calculations at .01 level of confidence.

\textsuperscript{1} C.E. Turner, \textit{Personal and Community Health}, Saint Louis: The C.V. Mosby
Company (1971).

\textsuperscript{2} Manohar Singh and Rekha Singh, "A Comparative Study of Knowledge of
Human Structure, Health Knowledge and Practices Among Coaches of Tanzania and
Keneya: Under International Olympic Solidarity Course (IOSC) At Budapest". 
Proceedings of 10th Commonwealth and International Scientific Congress, University
of Victoria, Canada, 1994, p.265.
Analysis of the data revealed that physical education teachers possess more knowledge as compared to coaches on the human structure. On the questionnaire of health knowledge and practices the physical education teachers group have more knowledge and emphasized the item in order of preference labelled as understanding social and personal health, physical fitness and drug control, physical fitness exercise and recreation, promotion of health through action, knowledge of health programmes and organization, personal health and prevention health psychology. On the other hand, the coaches emphasized the items in order of preference and knowledge labelled as promotion of health through action, understanding social and personal health, health psychology, physical fitness and recreation, knowledge of health programmes and organisation safety.

Conclusions

Within the limitations identified and on the basis of the result of the study, the following conclusions may be drawn:

1. Both the groups differ significantly on knowledge of human structure and physical education teachers have more knowledge about the human structure than the coaches.
2. The 't values' of nervous system, urinary system, respiration, circulation are 5.99, 5.85, 5.42, and 5.58 respectively which are quite higher at a level of $p<0.01$ and shows that the physical education teachers have good and adequate knowledge of human structure than the coaches.

3. The results of 'zero order correlation' in knowledge of human structure and health knowledge practices show that no significant relationship exists between both the groups and responses to each item by both the groups are relatively independent.

4. One way analysis of variance of Physical Education Teachers group shows that there is significant difference present within the variables 'none and adequate' at $p<0.01$ level whereas coaches group shows difference in 'none and some' variable on human structure knowledge, which indicates that physical education teachers responded more to adequate answer and coaches responded more to none and some answers and have less knowledge than Physical Education Teachers.

5. The results of 't test' for health knowledge and practices also show a high level of significant difference at $p<.001$, among physical education teachers and coaches.

6. The factor analysis shows the loading of various items among both the groups for health knowledge and practices. The loading is different for each group because of their level of knowledge and its practical implication.
7. Seven factors which are extracted after calculating varimax rotated matrix for the physical education teachers are labelled as understanding social and personal health, physical fitness and drug control, physical activities and recreation, promotion of health through action, knowledge of health programmes and organisations, personal health and prevention and health psychology.

8. From the coaches group the factors extracted are labelled according to their responses are promotion of health through action, understanding social and personal health, health psychology, physical activities and recreation, knowledge of health programmes and organisation and safety. These loading of items for both groups is different because it depends on their knowledge of different items and practical implementation in their field of specialization.

**Recommendations**

In the light of the conclusions drawn, the following recommendations have been made:

1. The syllabi of professional training programmes of coaches need to be reapparaised to make specific contribution in their field of specializations, appropriate discussions, lessons should be included as necessary.
2. Appropriate in-service training need to be developed to equip physical education teachers and coaches to extend contributions they could make to a total health education programme.

3. The focus of training and programmes of physical education teachers and coaches should be directed towards making an impact on pupil’s knowledge, understanding attitudes and habits in order that they would be able to exercise considerable responsibility for their own future health. This was felt to be in the nation’s interest in reducing untoward national health service expenditure and also in improving the sheer quality of life of the individual.

4. It is strongly recommended that all schools and colleges should pursue coherent schemes of structured health education.

5. Evaluation process of the health knowledge and human structure should be integrated with other subjects for the purpose of promotion of higher standards and implementation of health programmes.

6. A study may also be undertaken to establish the relationship and differences between health knowledge and practices and knowledge of human structure among sportsmen and non-sportsmen.

7. A similar study may also be conducted among the physical education instructors and coaches of Army, Navy, Airforce to assess their knowledge and its practical implementation in their programmes.