We are all aware of the physical benefits of a structured exercise program. Strengthening of the muscles, joints and bones, better weight control, protection against disease and slowing the aging process. But we tend to think of fitness as stopover on the neck and is easy to forget that our brain is the central processing unit for the systems and processes of human body and their health is important for our welfare. Often our mental and emotional health for granted and is easy to believe that their welfare is out of our hands. But the fact is that our mental health is closely linked to our physical health, and poor physical health may have mental problems as well.

The human body was built to be active- very active. Vigorous movement is the body’s way to stay healthy as growth and repair hormones is stimulated when the muscles are challenged regularly. Without these hormones, cells and tissue decay, degenerate and die.

This is what happens when we live a sedentary lifestyle and sedentary that 8 in 10 people do. They do not get enough muscle building and maintenance of an activity to stay healthy and finish with a premature and preventable physical illness and mental health. When our body carries out vigorous physical movements that are designed to make us feel good about ourselves when we work our muscle to release natural chemicals that regulate and calm the emotions, easing anxiety and stress. Proper exercise oils the wheels in brain and increases their activity affecting everything from the way we think, how we feel and what we do.

When we get our blood pumping with the proper exercise of strength training, benefits every cell, tissue and organ. Oxygen rich blood and nutrients stimulate energy in our body and gives the software in our brain a boost, too. When health behaviors are correlated with self-efficacy, it was found that individual’s efficacy expectations can be increased to promote beneficial changes in facilitation of health behaviors.
The reviewed literature based on investigated variables show the following trends and gaps of studies. The review of all the above cited variables show that extensive research work has been done in the area of daily life physical activity, self-efficacy, healthiness and happiness. But there is dearth of empirical evidence. Found in case of happiness studied through self-efficacy and healthiness. It has also been found that daily life physical activity enhances self efficacy but a great amount of empirical evidence is needed to find out other beneficial effects. Though, good self-efficacy and good health is related to well-being and quality of life and studies also show that physical activity ameliorates negative effects like depression, anxiety, obesity and enhances quality living. But there exists a gap in relation to daily life physical activity enhancing happiness through self efficacy and healthiness as moderators. There are several other variables which can be used to study happiness ad moderators.

Taking this perspective into mind, the present research work would focus on the hypothesized path model:

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s_{\text{Daily life physical activity}} \rightarrow s_{\text{Self-efficacy and Healthiness}} \rightarrow s_{\text{Happiness}}
\]

**Objectives**

1. To study develop the hypothesised path model with maximum possible combinations:
   a. To study the association between daily life physical activity and, self-efficacy and healthiness.
   b. To study the association between self-efficacy and healthiness, and happiness.
   c. To study the impact of daily life physical activity on happiness through self-efficacy and healthiness as moderators.
   d. To study the impact of daily life physical activity on happiness on working and non-working group.
Hypothesis:

The hypothesized path model will be a good fit.

METHOD

Sample:- A sample of 317 females were selected for the present study. Sample includes females from various occupations, i.e., doctors, multinational company workers, teachers, research scholars and, those females who visit gymnasium regularly for workout and housewives as controlled group.

Tools:

1. **Daily Life Physical Activity checklist:** was prepared having items like time of getting up and going to bed, do they prefer walking instead of using public transport, how many times they climb stairs etc., their activities from morning till evening at home as well as on job. Level of activities at their work whether it is high, moderate or low. After that physical activity was calculated on 10 point scale on the basis of level of activity.

2. **General self-efficacy scale (G.S.E.) by Schwarzer and Jerusalem (1993):** was originally developed in German by Matthias Jerusalem and Ralf Schwarzer in 1981. It is a 10-item scale designed to assess optimistic self-beliefs used to cope with a variety of demands in life. The scale is usually self-administered, as a part of a more comprehensive questionnaire. It requires 4 minutes on an average. Scoring of responses is made on a 4-point scale. The scale is unidimensional, Cronbach’s alpha ranged from 0.76 to 0.90, with majority in the high .80s.

3. **Leddy Healthiness Scale by Leddy (1996):** was derived from human energy model (Leddy, 1998; 2004). The Leddy Healthiness Scale is 26-item, 6-point likert type scale. Items measure meaningfulness, connections, ends, capability, control, choice, challenge, capacity and confidence. The items are summed up for a healthiness score. The LHS has demonstrated internal consistency reliability ranged from 0.89 to 0.93 and construct validity.

4. **Happiness scale by Pat love and McFadden (2005):** It’s a 6 point rating scale having 30 items. The summative score ranges from 30-150.
Procedure: Initially, the preliminary requirements of sample selection and tool selection was completed. After that data collection was started. All the subjects were individually contacted at their respective workplaces, gymnasium and places. After getting their responses, scoring was done. Daily life physical activity checklist was analyzed quantitatively and other three scales were calculated according to given scoring pattern. On the basis of obtained score, analysis was done. Also on the basis of obtained score sample was categorize in three group, i.e., active physical activity group, moderate physical activity group and passive physical activity group.

Scoring: After collecting the data, the responses were scored. In case of daily life physical activity checklist data was analyzed quantitatively.

In the scoring pattern of General Self Efficacy scale there were four probable responses for the subject, “not at all true (1)”, “hardly true (2)”, “moderately true (3)”, and “exactly true (4)”. Scores are calculated simply by adding the serial number of the response. All the 10 items yield the final composite score with a range from 10 to 40.

Scoring in Leddy healthiness scale was done by reversing the items 4, 7, 8, 12, 14, 17, 21 and 26 (positive responses are scored higher). The summative score can range from 26 to 156 with higher the score indicating higher healthiness.

In case of happiness scale response format is 0= does not describe me , 1= rarely describe me, 2/3 sometimes describe me, 4= often describe me and 5= always describe me. The summative score can range from 120-150 indicating happiness highway, 90-119 indicating some areas needs immediate attention, and below 89 shows that there is problem which hinders happiness.

Analysis: The data would be subjected to ‘correlational analysis’ and ‘path analysis’ which would be carried out with the help of SPSS/AMOS 18th version.