SUMMARY

Movement of energy is essential for a person's functioning. In the physical body, energy flow is associated with the movement of skeletal muscles. In fact, a broad definition of physical activity is “any bodily movement produced by skeletal muscles that results in energy expenditure” (Caspersen, 1985). Numerous short bouts of moderate physical activity that can be planned into activities of daily living have been called *lifestyle physical activity* (Pender, 2002).

Scientific evidence clearly demonstrates that regular, moderate-intensity physical activity provides substantial health benefits. However, low levels of physical activity continue to be a major public health challenge in almost every population group of developed countries (Dubbert, 2002). Therefore, it is important that integrative health promotion activities include the encouragement and facilitation of physical activity and exercise by children and adults.

Physical exercise has been defined as “a subset of physical activity that is planned, structured, and repetitive and has as a final or intermediate objective towards the improvement or maintenance of physical fitness” (Caspersen, 1985). Therefore, physical exercise is a specific form of physical activity associated with desired outcomes of fitness, flexibility, and balance.

Self-efficacy is commonly understood as being domain-specific. Self-efficacy enhances many kind of performances from athletics to academics. For instance, those high in athletic self-efficacy are able to continue longer at exercise requiring physical endurance than those low in such self-efficacy (Gould and Weiss 1981). One reason for this ability is that feelings of high self efficacy for physical tasks stimulates the body to produce endogenous opioids and these function as natural painkillers that make it possible for a person to continue a physical task (Bandura et al., 1988). Also, high self efficacy concerning physical ability leads to perceived success at an exercise task and attributions of personal control over this behaviour (Courneya and McDuley, 1993).

A healthy person has a purpose to achieve a certain goals and aims at accomplishing it by actively channelizing his energy to gain power, which helps him
to attain goal. This goal attainment of healthy person is very much related to self-efficacy. Bandura (1997) defines self-efficacy as "people’s judgments of their capabilities to attain designated types of performances." Some researchers have also conceptualized a generalized sense of self-efficacy (Schwarzer, 1994, Zhang, 1995). General self-efficacy refers to a global confidence in one’s coping ability across a wide range of demanding or novel situations. General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations (Scherer et al., 1982; Schwarzer, 1994). Research reported that General self-efficacy was related to physical and mental health (Wong, and Lier, 2000).

So, health promotion focuses on positive health and the building of strengths, competencies, and resources. Human strengths are resources for health. By identifying, acknowledging, concentrating on, and increasing strengths and environmental resources, it is believed that individuals can be helped to improve human functioning and well-being. One manifestation of health pattern is healthiness, which is defined as a measurable process characterized by mutual processes among perceived purpose, connections, and the power to achieve goals.

The term health has been derived from word ‘hoelth’ means sound, and ‘hale’ means strength. Consequently a person is able to:

— Function adequately (can be objectively observed).
— Adapt adequately to the environment.
— Feel well (as subjectively assessed).

More or less health is viewed as state of being. It can be dichotomized into wellness or illness. Normal health status is viewed as a standard of adequacy to access capabilities for role or task performance.

The four models of health, i.e., Clinical model, Role performance model, Adaptive model and Eudemonistic model describes health as freedom from illness, ability to fulfill roles in the society with the maximum ability to adjust and cope, plus actualization of acquired and interest potential in one self.
There are number of empirical studies which report the beneficial effects of exercise, i.e., regular exercise includes psychological well-being (Donker, 2000; Sharkey, 2000). Even light activity such as waking has been shown to reduce the risk for hypertension in a “dose-related” manner and does so independently of other risk factors (Hayashi, 1999). However, “the blood pressure-lowering effect of exercise training depends on a regular schedule of activity” (American College of Sports Medicine, 1993). Bronner (1995) and Hu (2000) found that there is an inverse relationship between physical activity and risk of stroke in men and women. Nieman (1998) reported that moderate exercise provide a short term boost, reducing the risk of infection over the long term.

Happiness is a goal-driven or goal motivated, while hedonists see happiness as the end state or the goal state itself.

Further biochemical viewpoint states that high concentrations of the neurotransmitter norepinephrine leads to feelings of elation and euphoria (extreme happiness) (Franken, 1994). The human brain has also been found to have a “reward system”. Studies with humans have shown that high levels of some neurotransmitters (specifically norepinephaine) can increase feelings of elation and euphoria (happiness) while low levels of norepinephrine have been linked to feelings of depression (unhappiness) (Franken, 1994).

The review of literature suggests that efforts have been made to establish exercise and interventions to ameliorate the negative effect, e.g., anxiety, Hypertension, depression etc. but little effort has been made to see the effect of physical activity on the features, i.e., happiness, healthiness, fitness etc. which is labeled as positive affects.

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

Daily life
Physical activity (Independent Variable) → Self-efficacy and Healthiness (Moderators) → Happiness (Dependent Variable)
The objectives of the present study are:-

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 role of daily life physical activity on happiness through self-efficacy and healthiness as motivators.
   d. To study the impact of daily life physical activity on happiness among working and non-working women (home makers).

The hypothesis formulated is path model will be a good fit.

The study focused on females from different occupations comprised of Gymn goers, Teachers, Research scholars, Doctors and M.N.C workers, and Home makers as controlled group. The study was subjected to Correlational analysis and Path analysis. For conducting path analysis structural equation modeling using SPSS/AMOS (18th version) was applied.

Tools used in the study were Daily life physical activity checklist, General self-efficacy scale (Schwarzer and Jerusalem, 1993), Leddy Healthiness Scale (Leddy, 1996) and Happiness scale (Love and Mcfadden, 2005). All these tests were individually administered. Data was collected and subjected to Correlational analysis and path analysis.

It was found on the basis of correlational analysis that there is positive correlation among all the 4 variables, i.e., Daily life physical activity (independent variable), self-efficacy, healthiness and happiness (dependent variable). The total 7 paths were derived. The 1st path focused upon the global group (i.e. all sample comprised together). The 2nd dealt with Gymn goers, 3rd dealt with teachers, 4th dealt with research scholars, 5th dealt with doctors, 6th dealt with M.N.C. workers and 7th dealt with home makers. Results revealed that in totality, daily life physical activity leads to happiness only through self efficacy and healthiness as moderators. The surprised finding was that in general, the belief is that engaging oneself in vigorous
physical activity brings happiness. But in both the groups i.e. working and non-working females, it was found that home markers, remaining at home only performing their chores without much stress and strain in any kind of physical vigorous activity have higher positive evaluation of themselves i.e. higher self efficacy and good healthiness and ultimately leading to happiness than working women who are working actively in their work set-ups and going gym as well.