

QUALITY OF LIFE (SF-36) BETWEEN ACTIVE AND INACTIVE MALES TYPE II DIABETIC PATIENTS

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Abstract :

The purpose of the present study was to find out the quality of life of active and inactive males type II diabetic patients. Forty subjects had been recruited for the study. For the study purposive sampling technique was used, all the subjects were suffering from diabetes type II disease. Further these were divided into two groups 20 active males, 20 inactive males. All subjects were given an informed consent letter to sign to be a subject for the present study with their own will. The researcher asked the patient to fill the quality of life Health Survey (SF-36) questionnaire. Significant differences express of quality of life between active and inactive type II diabetic patients

Keywords: Diabetic, Active, Inactive, Quality of Life,

INTRODUCTION:

Positive psychology is not simply the analysis of weakness and destruction; it is also examined regarding strength and advantage. Treatment is not simply repairing precisely what is damaged it is nurturing what is best within all of us. Psychology is not just a branch of medicine concerned with illness or health. It is much larger. It is about work, education, insight, love, growth, and play. And in this quest for what is best, positive psychology does not rely on wishful thinking, faith, self-deception, fads, or hand-waving. It tries to adapt what is best in the scientific method to the unique problems that human behavior presents to those who wish to understand it in all its complexity (Seligman Martin E.P., 2002).

QUALITY OF LIFE:

Quality lifestyle has been defined by World Health Organization as "an individual's perceptual experience of their position in life in the situation of the culture and value systems in

which they live in addition to regards to their goals, objectives standards and concerns". It is wide ranging idea containing in a complicated way the individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the planet (Nagpal J. & Kumara et al., 2010).

METHOD:

forty subjects had been recruited for the study. For the study purposive sampling technique was used; all the subjects were suffering from diabetes type II disease. Further these were divided into two groups 20 active males, 20 inactive males. All subjects were given an informed consent letter to sign to be a subject for the present study with their own will. The researcher asked the patient to fill the quality of life Health Survey (SF-36) questionnaire.

ANALYSIS OF DATA:

Table: 1
SHOWS THE QUALITY OF LIFE (SF-36) BETWEEN ACTIVE AND INACTIVE MALES
TYPE II DIABETIC PATIENTS

	Dimensions	Mean		SD		T-value
		Active male	Inactive male	Active male	Inactive male	
a.	Physical functioning	507.50	365.00	87.77	67.08	5.76*
b.	Role limitation due to physical health	235.00	110.00	87.51	55.25	5.40*
c.	Role limitation due to emotional problem	240.00	135.00	50.26	67.08	5.60*
d.	Energy /fatigue	243.00	172.00	14.90	36.94	7.97*
e.	Emotional well –being	311	195	27.13	41.49	10.46*
f.	Social functioning	100.00	58.75	22.94	14.68	6.77*
g.	Pain	122.50	71.50	22.09	20.59	7.55*
h.	General health	260.00	148.75	49.60	44.78	7.44*

$t_{0.05}(38) = 2.02$

The table 1 and figure 1 reveals that the mean of quality of life between active male and inactive male of type II diabetic patients were recorded. The calculated t- value for active male and inactive male of type II diabetic patients were

5.76, 5.40, 5.60, 7.97, 10.46, 6.77, 7.55, 7.44 which is greater than the tabulated t- value (2.02) at 0.05 level of significance. So, it implies that there were significant differences between active and inactive males of type II diabetic patients

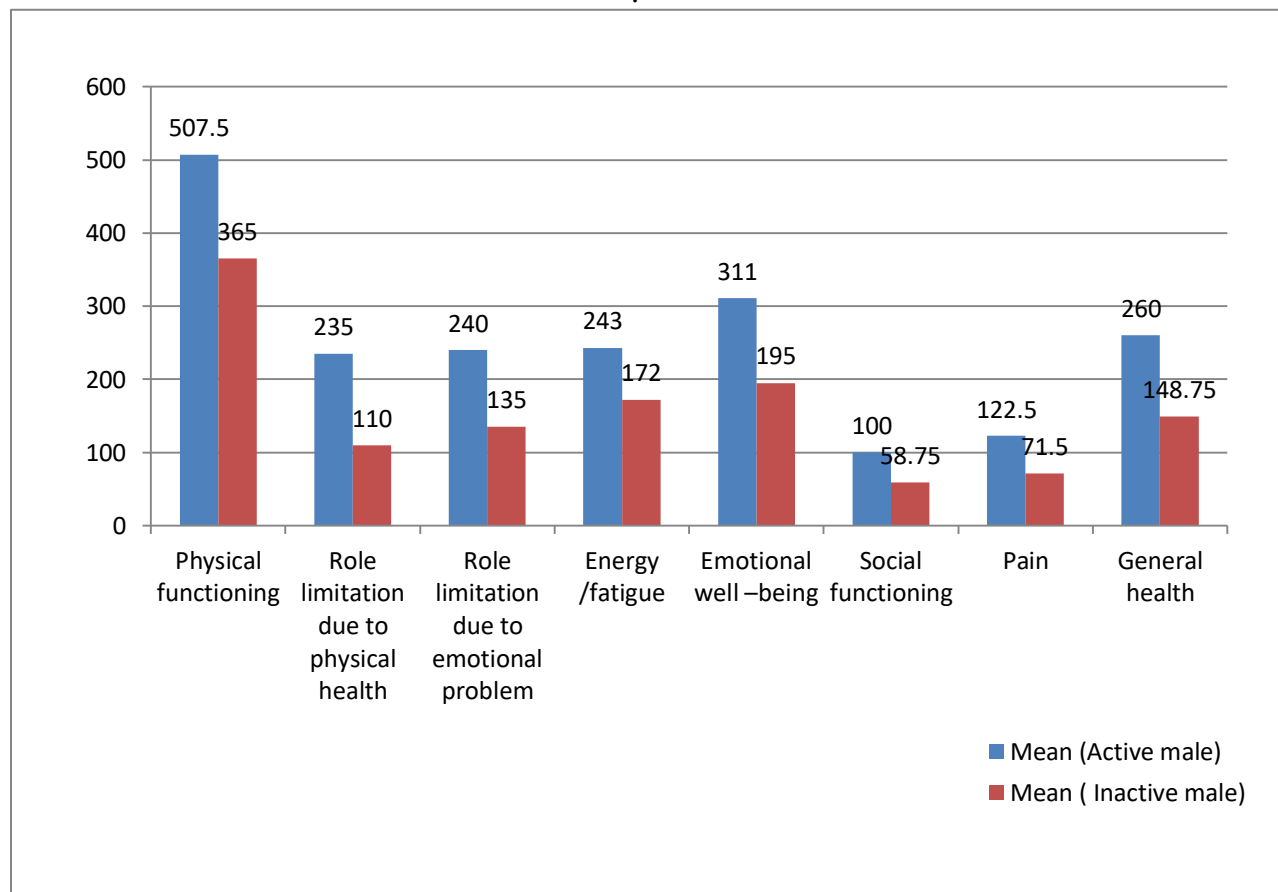


Figure: 1 SHOWS THE QUALITY OF LIFE (SF-36) BETWEEN ACTIVE AND INACTIVE MALES TYPE II DIABETIC PATIENTS

CONCLUSION AND FINDINGS

Inside a competitive world, people work like a machine. They forget their life, families and happiness. Actually they have very little time for their health. Mainly because of their unawareness, they suffered from many problems and diseases. It because people are not happy with their life, even they may be not worried to their health. The studies also reveal that exercise boosts the quality of life in postmenopausal women overweight and obese women by engaging in ten to thirty minutes of exercise. (Martin, 2009)

Relationship between physical activities, emotional well-being self-perception in several exercise groups. More specific studies were that people interesting in regular physical exercise

recognized themselves to be having more autonomy, personal progress and environmental mastery, goal in life, self-acceptance and positive relations with others than non-exerciser. Many studies reveal that physical activity can influence on} mental health. There is strong relationship between physical activity and psychological well-being. Researchers have signify that psychological health and wellness is promoted through physical exercise and sport, which occurs health club members who involved in regular exercise were found to be more psychologically fit than irregular exercise were found to be more emotionally fit that irregular exercises (Edwards, 2003) Significant differences express of quality of life between active and inactive type II diabetic patients.

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