

A STUDY ON WELLNESS INDUSTRY USED AMONG I.T PROFESSIONALS IN KOCHI CITY



By

STEENA JOSEPH

AM20S0C017

DEPARTMENT OF SOCIOLOGY AND CENTRE FOR RESEARCH

ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

MARCH 2022



A STUDY ON WELLNESS INDUSTRY USED AMONG I.T PROFESSIONALS IN KOCHI CITY

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of the requirements for the award of the degree of Master of Arts in Sociology*

By

STEENA JOSEPH

AM20SOC017

Under the Supervision of

DR. LEELA P.U

Assistant Professor

Department of Sociology
St. Teresa's College, Ernakulam

Leela

Name and Signature of the Staff Supervisor

Dr. Leela P.U.

Elizabeth

Name and Signature of the Head of Department


Smt. Elizabeth Abraham

MARCH 2022



CERTIFICATE

I certify that the thesis entitled "A STUDY ON WELLNESS INDUSTRY USED AMONG I.T PROFESSIONALS IN KOCHI CITY" is a record of bonafide research work carried out by **STEENA JOSEPH**, under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology

Dr. Leela P. V. 
Name and Signature of the Staff Supervisor

Assistant Professor

Department of Sociology

St. Teresa's College, Ernakulam

Ernakulam

March 2022

DECLARATION

I, **Steena Joseph** hereby declare that the thesis entitled "**A Study on wellness industry used among I.T Professionals in Kochi city**" is a bonafide record of independent research work carried out by me under the supervision and guidance of **Dr. Leela P.U** I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship or other similar title.

ERNAKULAM

MARCH 2022

A handwritten signature in black ink, appearing to read 'Steena Joseph', written in a cursive style.

STEENA JOSEPH

ACKNOWLEDGEMENT

In this humble endeavor I have received a great deal of support and guidance from different quarters. First and foremost, I thank the God almighty, for bestowing upon me abundance of grace, wisdom and power throughout the study and making it a success.

I am extremely grateful to our Director Rev. Sr. Emeline CSST and Principal Dr. Lizzy Mathew for giving me this opportunity.

I take this opportunity to express my gratitude to Smt.Elizabeth Abraham, head of the department of sociology and to all the members of teaching for their encouragement and guidance in accomplishing the work.

I am grateful to Dr. Leela P.U for her constant guidance and inspiration without which this work would not have been possible.

I would like to express my gratitude to the respondents of the study without whose cooperation this study could not have conducted successfully.

I also wish to acknowledge the help provided by the librarians of St. Teresa's college (Autonomous). Last but not the least I take this opportunity to thank my classmates, friends and my family for their love and support.

Ernakulam

Steena Joseph

March 2022

CONTENT

1. Introduction.....	2 - 28
2. Review of literature.....	30 - 42
3. Methodology.....	44 - 47
4. Data analysis and interpretation.....	49 - 66
5. Findings and conclusion.....	68 - 69

Bibliography

Appendix

LIST OF TABLES

Sl no:	Title	Pg no:
4.1	Table showing frequency distribution of the respondents with regard to gender	49
4.2	Table showing the frequency distribution of the respondents with regard to family	52
4.3	Table showing the frequency distribution of the respondents with regard to marital status	52
4.4	Table showing the frequency distribution of the respondents with regard to monthly income	54
4.5	Table showing the frequency distribution of the respondents with regards to wellness industry	54
4.6	The table showing the frequency distribution of the respondents with regard to using different kinds of wellness industry	56
4.7	The table showing the frequency distribution of the respondents with regard to place for accessing wellness industry	56
4.8	The table showing the frequency distribution of the respondents with regard to buying equipments for wellness industry	57
4.9	The table showing the frequency distribution of the respondents with regard using wellness industry	57
4.10	The table showing the frequency distribution of the respondents with regard to using online media for doing wellness industry	58
4.11	The table showing the frequency distribution of the respondents with regard to health insurance or mediclaim policy	58

4.12	The table showing the frequency distribution of the respondents with regard to time preferring being engaging in wellness industry	60
4.13	The table showing the frequency distribution of the respondents with regard to body shaming	60
4.14	The table showing the frequency distribution of the respondents with regard to difficulties in wellness industry	61
4.15	The table showing the frequency distribution of the respondents with regard to whether wellness industry is good or bad	61
4.16	The table showing the frequency distribution of the respondents with regard to print media and social media	62
4.17	The table showing the frequency distribution of the respondents with regard to mental peace	62
4.18	The table showing the frequency distribution of the respondents with regard to medical issues while engaging in wellness industry	63
4.19	The table showing the frequency distribution of the respondents with regard to , wellness industry is costly while it is operated.	63
4.20	The table showing the frequency distribution of the respondents with regard to, is wellness industry helps to remove bad habits	64
4.21	The table showing the frequency distribution of the respondents with regard to satisfaction related to wellness industry	66

LIST OF FIGURES

Sl no:	Title	Pg no:
1	The figure showing the frequency distribution of the respondents with regard to age.	50
2	The figure showing the frequency distribution of the respondents with regard to different specialised sectors in I.T Profession	51
3	The figure showing the frequency distribution of the respondents with regard to education.	53
4	The figure showing the frequency distribution of the respondents with regard to spending time for wellness industry	55
5	The figure showing the frequency distribution of the respondents with regard to main motivation for using wellness industry	59
6	The figure showing the frequency distribution of the respondents with regard to importance of wellness industry	65

CHAPTER 1

INTRODUCTION

Sociological understanding of health and wellness means, The sociology of health and illness, alternatively the sociology of health and wellness (or simply sociology of health), examines the interaction between society and health. The objective of this topic is to see how social life affects morbidity and mortality rate, and vice versa. This aspect of sociology differs from medical sociology in that this branch of sociology discusses health and illness in relation to social institutions such as family, employment, and school, and also interfaces more extensively with sociology of the body. The sociology of medicine by contrast tends to focus specifically on the patient-practitioner relationship and the role of health professionals in society. The sociology of health and illness covers sociological pathology (causes of disease and illness), reasons for seeking particular types of medical aid, and patient compliance or noncompliance with medical regimes.

Health, or lack of health, was once merely attributed to biological or natural conditions. Sociologists have demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors. Where medical research might gather statistics on a disease, a sociological perspective on an illness would provide insight on what external factors caused the demographics who contracted the disease to become ill.

The Health and Wellness industry encompasses all activities which promote physical and mental wellbeing: from yoga to healthy eating, personal care and beauty, nutrition and weight-loss, meditation, spa retreats, workplace wellness and wellness tourism. The Indian wellness industry flourished by banking on the demand for alternative healing practices like the Ayurveda, yoga, naturopathy, etc., and then slowly expanded to include nutrition, fitness, and preventive healthcare. Wellness is an active process of making choices toward a healthy and fulfilling life. ... Wellness is especially important as we age because regular exercise and proper nutrition can help prevent a variety of ailments including cardiovascular disease, obesity, and fall risk behaviours.

The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was

seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress". Then in 1948, in a radical departure from previous definitions, the World Health Organization (WHO) proposed a definition that aimed higher: linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity". Although this definition was welcomed by some as being innovative, it was also criticized for being vague and excessively broad and was not construed as measurable. For a long time, it was set aside as an impractical ideal, with most discussions of health returning to the practicality of the biomedical model.

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as "a resource for living". In 1984, WHO revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities." Thus, health referred to the ability to maintain homeostasis and recover from adverse events. Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living. This opens up many possibilities for health to be taught, strengthened and learned.

Since the late 1970s, the federal Healthy People Program has been a visible component of the United States' approach to improving population health. In each decade, a new version of Healthy People is issued, featuring updated goals and identifying topic areas and quantifiable objectives for health improvement during the succeeding ten years, with assessment at that point of progress or lack thereof. Progress has been limited to many objectives, leading to concerns about the effectiveness of Healthy People in shaping outcomes in the context of a decentralized and uncoordinated US health system. Healthy People 2020 gives more prominence to health promotion and preventive approaches and adds a substantive focus on the importance of addressing social determinants of health. A new expanded digital interface

facilitates use and dissemination rather than bulky printed books as produced in the past. The impact of these changes to Healthy People will be determined in the coming years.

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Applications with regard to animal health are covered by the veterinary sciences. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of healthy communities, healthy cities or healthy environments. In addition to health care interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals. These are referred to as the "determinants of health", which include the individual's background, lifestyle, economic status, social conditions and spirituality; Studies have shown that high levels of stress can affect human health.

In the first decade of the 21st century, the conceptualization of health as an ability opened the door for self-assessments to become the main indicators to judge the performance of efforts aimed at improving human health. It also created the opportunity for every person to feel healthy, even in the presence of multiple chronic diseases or a terminal condition, and for the re-examination of determinants of health (away from the traditional approach that focuses on the reduction of the prevalence of diseases (hhbc.in)

Determinants

In general, the context in which an individual lives is of great importance for both his health status and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours.

More specifically, key factors that have been found to influence whether people are healthy or unhealthy include the following:

- Income and social status
- Social support networks
- Education and literacy

- Employment/working conditions
- Social environments
- Physical environments

- Personal health practices and coping skills
- Healthy child development
- Biology and genetics
- Health care services
- Gender
- Culture

The maintenance and promotion of health is achieved through different combination of physical, mental, and social well-being—a combination sometimes referred to as the "health triangle." The WHO's 1986 Ottawa Charter for Health Promotion further stated that health is not just a state, but also "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

Focusing more on lifestyle issues and their relationships with functional health, data from the Alameda County Study suggested that people can improve their health via exercise, enough sleep, spending time in nature, maintaining a healthy body weight, limiting alcohol use, and avoiding smoking. Health and illness can co-exist, as even people with multiple chronic diseases or terminal illnesses can consider themselves healthy.

The environment is often cited as an important factor influencing the health status of individuals. This includes characteristics of the natural environment, the built environment and the social environment. Factors such as clean water and air, adequate housing, and safe communities and roads all have been found to contribute to good health, especially to the health of infants and children. Some studies have shown that a lack of neighbourhood recreational spaces including natural environment leads to lower levels of personal satisfaction and higher levels of obesity, linked to lower overall health and well-being. It has been demonstrated that increased time spent in natural environments is associated with improved self-reported health, suggesting that the positive health benefits of natural space in urban neighbourhoods should be taken into account in public policy and land use.

Genetics, or inherited traits from parents, also play a role in determining the health status of individuals and populations. This can encompass both the predisposition to certain diseases and health conditions, as well as the habits and behaviours individuals develop through the lifestyle of their families. For example, genetics may play a role in the manner in which people cope with stress, mental, emotional or physical. For example, obesity is a significant problem in the United States that contributes to poor mental health and causes stress in the lives of many people. One difficulty is the issue raised by the debate over the relative strengths of genetics and other factors; interactions between genetics and environment may be of particular importance. (World health organization)

HISTORY OF WELLNESS

Wellness is a modern word with ancient roots. As a modern concept, wellness has gained currency since the 1950s, 1960s and 1970s, when the writings and leadership of an informal network of physicians and thinkers in the United States largely shaped the way we conceptualize and talk about wellness today.

The origins of wellness, however, are far older—even ancient. Aspects of the wellness concept are firmly rooted in several intellectual, religious and medical movements in the United States and Europe in the 19th century. The tenets of wellness can also be traced to the ancient civilizations of Greece, Rome and Asia, whose historical traditions have indelibly influenced the modern wellness movement.

Ancient Wellness

3,000-1,500 BC: Ayurveda – originated as an oral tradition, later recorded in the Vedas, four sacred Hindu texts. A holistic system that strives to create harmony between body, mind and spirit, Ayurvedic regimens are tailored to each person’s unique constitution (their nutritional, exercise, social interaction and hygiene needs) – with the goal of maintaining a balance that prevents illness. Yoga and meditation are critical to the tradition, and are, of course, increasingly practiced worldwide.

3,000 – 2,000 BC: Traditional Chinese Medicine (TCM), one of the world's oldest systems of medicine, develops. Influenced by Taoism and Buddhism, TCM applies a holistic perspective to achieving health and wellbeing, by cultivating harmony in one's life. Approaches that evolved out of TCM, such as acupuncture, herbal medicine, qi gong and tai chi, have become core, modern wellness – and even Western medical – approaches.

500 BC: Ancient Greek physician Hippocrates – is possibly the first physician to focus on preventing sickness instead of simply treating disease, and also argued that disease is a product of diet, lifestyle and environmental factors.

50 BC: Ancient Roman medicine emphasized disease prevention, adopting the Greek belief that illness was a product of diet and lifestyle. Ancient Rome's highly developed public health system (with its extensive system of aqueducts, sewers and public baths) helped prevent the spreading of germs and maintained a healthier population. (Global wellness institute)

WELLNESS AND HEALTH

Both wellbeing and wellness are firmly buried identified with one another. Both are fundamental for the person to carry on with a cheerful and sound life. There are different things we need to take care all through life so as to be sound and fit. There is no option in contrast to wellbeing and wellness, we need to eat well food opportune, does physical exercise day by day, think positive and have persistence and responsibility towards a decent way of life.

Being associated with physical exercises every day plans something incredible for our body and brain. It makes us feel good, helps us to complete tough tasks, makes us pleasant all around and keeps us happy all the time because our body releases a chemical called endorphins while we are involved in physical activities. Regular physical activities also reduces stress, improves sleep, boosts energy levels, reduces symptoms of anxiety and depression, increases our self- esteem, makes us feel proud, improves confidence level and personality etc.

Physical exercise is great for our muscles, heart and lungs. Some more advantages of the physical activities are; it builds our bone strength, saves us from obesity by promoting a healthy weight, saves us from diabetes, helps us to build healthy habits, keeps us away from cancer, healthy food in a timely manner, and we can easily maintain our health and fitness. Being healthy means not only away from diseases but it also means the complete feeling of physical, mental and social well-being. Maintaining health and fitness is not a simple task however; not so tough too. We need to involve ourselves into some daily physical activities together with healthy, fresh and timely food which can only provide us long-term health and fitness benefits. We burn extra and unnecessary calories to our body through physical exercises.

Daily physical exercises keep kids so active and put them on a path of better physical and mental health. Physical activities along with the proper nutrition are really very beneficial to the people of all ages from any background and abilities. Being involved in the daily physical exercises is a good strategy to defeat obesity.

It is found that around one-third of the U.S. Adult citizens are obese and almost 17% of children and adolescents are obese. There are many people suffering from diabetes and other chronic health problems such as heart disease, high blood pressure, cancer, asthma, overweight, etc. We can be fit just by incorporating some physical activities including healthy eating into our daily life for 30 minutes (for adults) and 60 minutes (for children). Regular physical activities help us to get long-term health benefits through:

- Prevention from chronic diseases (heart disease, cancer, and stroke)
- Weight control
- reducing extra fat
- making muscles healthy and stronger
- Promoting strong bone and joint development
- Enhancing overall strength and endurance
- improving sleep and keeping away from sleep disorders

- Relieves stress
- Increases chance of living longer
- Increases energy level and self-esteem
- Reduces potential of being depressed
- Promoting health of heart and lungs

We cannot achieve success in our life without health and fitness. It may harm to a big extent if we ignore our physical and mental fitness. In order to get great results in all the areas of our life, we need a healthy and active body as well as a sound mind. There are only a few people having both physical and mental fitness. This is why because only few people know the real advantages of good health and fitness. The person who is more fit has more energy and patience to tackle problems in life. Health and fitness gives energy which improves confidence level to complete a task. Good health and fitness gives a self-replenishing energy which helps us in achieving the goal with required energy levels. (NCBI)

Pros and Cons of Nutritional Education Programs

PROS:

- Employees can achieve a healthier weight (and reduce healthcare costs)
- Encourages healthy choices and lifestyles
- Can be an effective and low-cost way to offer a wellness program

CONS:

- Employees can continue unhealthy nutrition habits regardless of access or education
- Employees resistant to change don't have the support and tools they need to succeed

SOCIAL ASPECTS AND WELLNESS

Social wellness refers to the relationships we have and how we interact with others. Our relationships can offer support during difficult times. Social wellness involves building healthy, nurturing, and supportive relationships as well as fostering a genuine connection with those around you. Conscious actions are important in learning how to balance your social life with your academic and professional lives. Social wellness also includes balancing the unique needs of romantic relationships with other parts of your life. (Jstor)

PHYSICAL WELLNESS

Physical wellness alludes to great body wellbeing. It is subject to hereditary and furthermore on social, monetary and environmental components. That implies, one's qualities are somewhat answerable for one's physical wellbeing, yet additionally different conditions: where you live, how perfect or contaminated your water and the air around you is and furthermore how great you're social and clinical framework is. It is likewise the after effect of ordinary exercise, appropriate eating routine and sustenance, and legitimate rest for physical recuperation. An individual who is truly fit will have the option to walk or run without getting short of breath and they will have the option to do the exercises of regular living and not need assistance. How much every individual can do will rely upon their age and whether they are a man or lady.

MENTAL WELLNESS

Emotional wellness alludes to an individual's passionate and mental prosperity. A condition of enthusiastic and mental prosperity where an individual can utilize their reasoning and passionate (feeling) capacities, work in the public arena, and fulfil the normal needs of regular day to day existence. One approach to consider psychological well-being is by seeing how well an individual capacities. Feeling competent and productive; having the option to deal with typical degrees of stress, have old buddies and family, and lead a free life; and having the option to skip back or recuperate from difficulties, are largely indications of emotional well-being. (Medical news today article)

DIFFERENT TYPES OF WELLNESS INDUSTRY

Gymnastics

It is a sport that includes physical exercises requiring balance, strength, flexibility, agility, coordination, and endurance. The movements involved in gymnastics contribute to the development of the arms, legs, shoulders, back, chest, and abdominal muscle groups. Gymnastics evolved from exercises used by the ancient Greeks that included skills for mounting and dismounting a horse, and from circus performance skills.

The most common form of competitive gymnastics is artistic gymnastics, which consists of, for women (WAG), the events floor, vault, uneven bars, and beam; and for men (MAG), the events floor, vault, rings, pommel horse, parallel bars, and horizontal bar. The governing body for gymnastics throughout the world is the Federation International de Gymnastique (FIG). Eight sports are governed by the FIG, which include Gymnastics for All, Men's and Women's Artistic Gymnastics, Rhythmic Gymnastics, Trampoline (including Double Mini-trampoline), Tumbling, Acrobatic, Aerobic and Parkour.^[1] Disciplines not currently recognized by FIG include Wheel gymnastics, Aesthetic group gymnastics, Men's Rhythmic Gymnastics, Team Gym, and Mallakhamba.

Participants in gymnastics-related sports can include young children, recreational-level athletes, and competitive athletes at varying levels of skill, including world-class athletes.

(Euro team 1996)

Yoga

It is a group of physical, mental, and spiritual practices or disciplines that originated in ancient India, aimed at controlling ('yoking') and stilling the mind, and recognizing the detached 'witness-consciousness' as untouched by the activities of the mind and mundane suffering. There are a broad variety of yoga schools, practices, and goals in Hinduism, Buddhism, and Jainism, and traditional forms and modern methods of yoga are practiced worldwide.

There are broadly two kinds of theories on the origins of yoga. The linear model argues that yoga has Aryan origins, as reflected in the Vedic textual corpus, and influenced Buddhism; according to Crangle, this model is mainly supported by Hindu scholars. The synthesis model argues that yoga is a synthesis of indigenous, non-Aryan practices with Aryan elements; this model is favoured in western scholarship.

Yoga is first mentioned in the Rig-Veda and also referenced in many Upanishads. The first known formal appearance of the word "yoga", with the same meaning as the modern term, is in the Katha Upanishad, probably composed between the fifth and third century BCE. Yoga continued to develop as a systematic study and practice during the 5th and 6th centuries BCE, in ancient India's ascetic, and Śramaṇa movements. The most comprehensive text on Yoga, Yoga Sutras of Patanjali date to the early centuries CE, while Yoga philosophy came to be marked as one of the six orthodox philosophical schools of Hinduism in the second half of the first millennium. Hatha yoga texts began to emerge between the 9th and 11th century with origins in tantra.

The term "yoga" in the Western world often denotes a modern form of hatha yoga and a posture-based physical fitness, stress-relief and relaxation technique, consisting largely of the asanas, in contrast with traditional yoga, which focuses on meditation and release from worldly attachments. It was introduced by gurus from India, following the success of Vivekananda's adaptation of yoga without asanas in the late 19th and early 20th centuries, who introduced the Yoga Sutras to the west. The Yoga Sutras gained prominence in the 20th century following the success of hatha yoga.

(Denise Lardner Carmody, John Carmody 1996)

Diet

In nutrition, diet is the sum of food consumed by a person or other organism. The word diet often implies the use of specific intake of nutrition for health or weight-management reasons (with the two often being related). Although humans are omnivores, each culture and each person holds some food preferences or some food taboos. This may be due to personal tastes or ethical reasons. Individual dietary choices may be more or less healthy.

Complete nutrition requires ingestion and absorption of vitamins, minerals, essential amino acids from protein and essential fatty acids from fat-containing food, also food energy in the form of carbohydrate, protein, and fat. Dietary habits and choices play a significant role in the quality of life, health and longevity. A healthy diet can improve and maintain optimal health. In developed countries, affluence enables unconstrained caloric intake and possibly inappropriate food choices.

Health agencies recommend that people maintain a normal weight by limiting consumption of energy-dense foods and sugary drinks, eating plant-based food, limiting consumption of red and processed meat, and limiting alcohol intake.

The Dietary Guidelines for Americans is an evidence-based information source that policy makers and health professionals use to advise the general public about healthy nutrition.

A particular diet may be chosen to promote weight loss or weight gain. Changing a subject's dietary intake, or "going on a diet", can change the energy balance and increase or decrease the amount of fat stored by the body. The terms "healthy diet" and "diet for weight management"(dieting) are often related, as the two promote healthy weight management. If a person is overweight or obese, changing to a diet and lifestyle that allows them to burn more calories than they consume may improve their overall health, possibly preventing diseases that are attributed in part to weight, including heart disease and diabetes. Conversely, if a person is underweight due to illness or malnutrition, they may change their diet to promote weight gain. Intentional changes in weight, though often beneficial, can be potentially harmful to the body if they occur too rapidly. Unintentional rapid weight change can be caused by the body's reaction to some medications, or may be a sign of major medical problems including thyroid issues and cancer among other diseases. (Mann, T; Tomiyama, AJ; Westling, E; Lew, AM; Samuels, B; Chatman, J April 2007).

Zumba

It is the largest branded fitness program in the world, created by Colombian dancer and choreographer Alberto "Beto" Perez and founded in 2001. Zumba aims to help people achieve personal transformations. Zumba is a trademark owned by Zumba Fitness, LLC. Zumba was created in the 1990s by Perez in Cali, Colombia. Perez, an aerobics instructor, forgot to bring his regular music to his aerobics class. He happened to have cassette tapes of Latin dance music—salsa and meringue—and danced to them instead, which Perez later taught as "Rumbacize". In 2001, Perez partnered with Alberto Perlman and Alberto Aghion, to officially launch Zumba and the trio released a series of fitness videos sold via infomercial. Insight Venture Partners and the Raine Group made an investment in 2012. The Company expanded into class instruction and by 2015, according to Perlman, there were 14 million Zumba students in 186 countries.

Though the word "Zumba" has several meanings in e.g. Castilian and Latin American Spanish, it is stated by Zumba Fitness, LLC to be a neologism that was expressly created as a name. The original name was "Rumbacize", a portmanteau of rumba (a Spanish word for "party" and various dances) and Jazzercize. (Garcia, Darlin)

RECOMMENDATIONS FOR WORKPLACE WELLNESS PROGRAMS

What steps can be taken to improve engagement and employee wellness in the workplace? Worksite wellness programs should shift the focus from weight loss to the promotion of healthy eating. This not only fosters employee health and wellness, but it also encourages a collaborative environment to establish healthy eating habits. The daily stressors and pressures of the office are generally not conducive to eating a well-balanced diet. Many employees just grab a quick lunch and eat at their desks while working. This is counterproductive to both employees and the organization, as energy levels and motivation become depleted without adequate nutrition.

Kitchen areas that enable employees to bring healthy lunches and snacks to work are ideal. In addition, healthy foods can be supplied by the office for easy access and guidance to proper nutrition. This demonstrates organizational responsibility for facilitating a healthier workplace and role modelling for employees to follow. It literally says “put your money where your mouth is” and enhances the quality of corporate wellness programs. Employers should also reinforce the value of eating lunches away from desks to take breaks from work and promote more mindful eating.

A variety of educational initiatives that emphasize the health benefits of sensible eating and exercise regimens are also imperative. Healthy lifestyle programs, as opposed to weight reduction efforts, are necessary components for successful outcomes. A holistic approach to health and well-being is central for achieving long-term organizational wellness. The incorporation of wellness challenges and teamwork activities adds enjoyment and lend support for co-workers. These types of bonding experiences are advantageous for boosting office morale while discouraging body shaming and critiques of fellow colleagues.

(Manika Gupta, Hofstra University President of the Wellness Council of America)

Emergence of covid-19

The COVID-19 pandemic, also known as the corona virus pandemic, is an ongoing global pandemic of corona virus (COVID-19) caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). The novel virus was first identified in the Chinese city of Wuhan in December 2019; a lockdown in Wuhan and other cities in surrounding Hubei failed to contain the outbreak, and it quickly spread to other parts of mainland China and around the world. The World Health Organization (WHO) declared a Public Health Emergency of International Concern on 30 January 2020, and a pandemic on 11 March 2020. Multiple variants of the virus have emerged and become dominant in many countries since 2021, with the Alpha, Beta, and Delta variants being the most virulent. As of 18 October 2021, more than 240 million cases and 4.9 million deaths have been confirmed, making it one of the deadliest pandemics in history.

COVID-19 symptoms range from none to life-threatening. Severe illness is more likely in elderly patients and those with certain underlying medical conditions. Transmission of COVID-19 occurs when people breathe in air contaminated by droplets and small airborne particles. The risk of breathing these in is highest when people are in close proximity, but the virus can transmit over longer distances, particularly indoors and in poorly ventilated areas. Transmission can also occur, rarely, via contaminated surfaces or fluids. People remain contagious for up to 20 days, and can spread the virus even if they do not develop symptoms.

Several vaccines have been approved and distributed in various countries, which have initiated mass vaccination campaigns since December 2020. Other recommended preventive measures include social distancing, wearing face masks in public, ventilation and air-filtering, covering one's mouth when sneezing or coughing, hand washing, disinfecting surfaces, and quarantining people who have been exposed or are symptomatic. Treatments focus on addressing symptoms, but work is underway to develop medications that inhibit the virus. Authorities worldwide have responded by implementing travel restrictions, lockdowns, business closures, workplace hazard controls, testing protocols, and systems for tracing contacts of the infected.

The pandemic has resulted in severe social and economic disruption around the world, including the largest global recession since the Great Depression in the 1930s.^[7] It has led to widespread supply shortages exacerbated by panic buying, agricultural disruption, food shortages, and decreased emissions of pollutants. Numerous educational institutions and public areas have been partially or fully closed, and many events have been cancelled or postponed. Misinformation has circulated through social media and mass media, and political tensions have been exacerbated. The pandemic has raised issues of racial and geographic discrimination, health equity, and the balance between public health imperatives and individual rights.

Prevention

Preventive measures to reduce the chances of infection include getting vaccinated, staying at home, wearing a mask in public, avoiding crowded places, keeping distance from others, ventilating indoor spaces, managing potential exposure durations,^[148] washing hands with soap and water often and for at least twenty seconds, practising good respiratory hygiene, and avoiding touching the eyes, nose, or mouth with unwashed hands.^{[149][150]}

Those diagnosed with COVID-19 or who believe they may be infected are advised by the CDC to stay home except to get medical care, call ahead before visiting a healthcare provider, wear a face mask before entering the healthcare provider's office and when in any room or vehicle with another person, cover coughs and sneezes with a tissue, regularly wash hands with soap and water and avoid sharing personal household items.

Treatment

There is no specific, effective treatment or cure for corona virus disease 2019 (COVID-19), the disease caused by the SARS-CoV-2 virus.^{[167][168]} Thus, the cornerstone of management of COVID-19 is supportive care, which includes treatment to relieve symptoms, fluid therapy, oxygen support and prone positioning as needed, and medications or devices to support other affected vital organs.¹

Most cases of COVID-19 are mild. In these, supportive care includes medication such as paracetamol or NSAIDs to relieve symptoms (fever,^[170] body aches, cough), adequate intake of oral fluids and rest.^{[168][171]} Good personal hygiene and a healthy diet are also recommended.^[172] The US Centres for Disease Control and Prevention (CDC) recommend that those who suspect they are carrying the virus isolate themselves at home and wear a face mask.^[173]

People with more severe cases may need treatment in hospital. In those with low oxygen levels, use of the glucocorticoid dexamethasone is strongly recommended, as it can reduce the risk of death.^[174] Noninvasive ventilation and, ultimately, admission to an intensive care unit for mechanical ventilation may be required to support breathing.^[175] Extracorporeal membrane oxygenation (ECMO) has been used to address the issue of respiratory failure, but its benefits are still under consideration. (frontiersin.org)

Impact of COVID-19 on the wellness Industry

The wellness Industry particularly brick-and-mortar gyms were among the hardest hit at the onset of Covid-19. Gyms and fitness studios were the first businesses to undergo forced shutdowns in the United States from the threat of Corona virus spread as these are high-touch businesses. Although the long-term impacts are not known, short term impacts surely have been catastrophic to many. There has been a massive crisis of unemployment of gyms and studio owners, professional trainers and supporting staff. Owners found it difficult to pay bank loans, rents, electricity bills and salaries of employees. Many boutique gyms actually run on small margins and so the Pandemic posed a huge challenge on its very existence. The brick-and-mortar gyms that contribute the highest share to the US fitness industry, estimated to be worth close to nearly \$100 billion, have their own health failing today at least in some segments As uncertainty of the virus prevails, there will be a continuous need for the fitness industry to shape itself with the changing times and many big names have already started doing so, that is by going creative and digital..!! The digital transformation seems to be the best exercise to stay relevant and at the least afloat. As ‘work from home’ has become the new normal for any other establishment, virtual access or ‘workout from home’ made gyms and studios not lose their consistency. It is undoubtedly much more alarming for the smaller players with less or no budget to go virtual or invest in digital advertising or creating a digital platform. However, hundreds of big and small fitness businesses joined in with Omnify’s

‘Zoom Integration’ to enable booking of live classes thereby supporting gyms and studios through live streaming of their services. Virtual classes have become the order of the day keeping the pulse of the fitness industry going. The upward trend for accessing digital content versus the attendance in physical gyms was kind of inevitable given the Covid-19 backdrop. But the question that yet looms large is- For how long? Is this change altogether decisive of the fate of gyms and studios? Also, which kinds of fitness classes look more promising online? Most of the virtual bookings have been of yoga which barely needs any equipment than a mat. So yoga has become even more popular and expected to be a promising deal. Gym training in virtual reality has also upped the scale but workouts with heavy equipment are certainly missed. (tandfonline.com)

Fitness industry in India during pandemic situation (covid-19)

Fitness in India: With the corona virus pandemic confining people within the bounds of their homes on and off since March last year, the fitness industry also saw a major slump. Gyms and other fitness centres were seen to be one of the places where the virus would spread quickly, likely due to shared machines, towels, a lot of shared space, and the heavy breathing that came along with fitness, and so, the avenues to go out and exercise were shut off, at least for some time. While this was enough for fitness lovers to take up exercising from home, others started becoming conscious about their health when the lockdown kept on extending for months last year and they had no option but to take up fitness at home.

According to a report by mobile data and analytics provider App Annie, 2020 saw about 71,000 new fitness and health apps being launched, which was a 13% increase over 2019. Moreover, according to an article published on the World Economic Forum website, there was a 46% increase in downloads of health and fitness apps across the world between Q1 and Q2 of 2020, with India witnessing the highest increase in the downloads – of a whopping 156%. This, the report said, meant that there were 58 million new active users in the country. For instance, Indian health and fitness app HealthifyMe alone witnessed an increase of 5 million users during the pandemic, accounting for nearly a quarter of its user base of 21 million

During the period of lockdown, not only did fitness apps see a surge in traffic, but video streaming platform YouTube also got flooded with tutorials and guides on exercising at home, be it for beginners or experts. Now, though the second wave of the pandemic has also

come and gone and fitness institutions are beginning to open up again in several cities, it seems like just like the trend of remote working, fitness at home is also here to stay.

Talking to Financial Express Online, fitness equipment retailer Grand Slam Fitness Director Prateek Sood said, “From the rise of commercial gyms and online personal training sessions, the virus outbreak has steadily transformed the fitness industry. The industry is increasingly leveraging digital opportunities for a connected experience with customers. Classes covering everything from Zumba and Hooping to Yoga and Cross fit are being live streamed through digital tools. Home workout apps are witnessing a tremendous upsurge among millions in self isolation, helping them ease anxiety and stress caused by the crisis.”

“Last year we saw a huge demand for home gym equipment from April to September. But this year we are seeing that individuals from Tier 2 cities want to invest in gym business due to increasing health issues. Corona virus taught them that health is wealth and they have started investing in it. The spread of COVID-19 has encouraged brands to drive both a stronger online presence and discover new ways to connect with customers. Looking at the highly loyal and enthusiastic customer base, creativity and adaptability displayed by brands, the fitness industry will bounce back soon.”

Meanwhile, Nutritionist and Lifestyle Consultant Palak Chaturvedi told FE Online, “Home fitness has been in our lives for decades, plus it has taken on a new role since the pandemic closed gyms around the world. Many of us are trying to find ways to exercise effectively within the four walls. Video workouts are more popular than ever. It gives them access to new kinds of workout sessions that they wanted to try. We’re making a lot of investment there because we think that the industry is finding an en route instead. For me, as a researcher at heart, it’s been fascinating to watch the industry transform so rapidly. What the pandemic has done, I think, is that it’s accelerated a trend that was already in the making. It’s pushed the industry forward and forced a lot of change. The concept of remote fitness is here to stay and evolve into something much bigger.”

“While at-home fitness has been an emerging trend for the past decade, the pandemic has sky-rocketed at-home fitness and placed it front and centre. Since gyms are one of the most high risk environments for the spread of COVID-19, they were one of the first places to shut doors as soon as the pandemic hit India. India had the largest lockdown in the world—from March 25 to May 2020, 1.3 billion people were instructed to stay inside. This has again repeated itself in subsequent waves and lockdowns. That’s a lot of people who, quite

suddenly, found themselves at home, seeking physical & mental wellness. As a matter of fact, between Q1 and Q2 2020, health and fitness app downloads in India grew by 156% – The highest in the world. That translates to 58 million new active users—almost the entire population of Italy,” said Raunaq Singh Anand, Co-Founder of FitTech brand Flexnest.

Talking about the trend that was seen among people during this time, Head of Physiotherapy and Sports Medicine at Nanavati Max Super Speciality Hospital, Dr Ali Irani said, “In these last 15 months, the pandemic has taught us to do exercises at home. Our exercises have changed from gym and heavy weights to breathing exercises, Pranayam and Yogic exercises. Many have opted for Online Yoga; many have also chosen Online Pilates classes. So all the exercises were online.”

He also expected the trend in breathing exercises to continue in an upward graph. “In our experience at the hospital of more than 3,000 COVID positive patients, most of the patients had a vital capacity of less than 1.5 litres, much less than the lungs’ actual capacity of 4.5-5 litres. So, I think with time, we will understand that the most important thing for us are these different types of breathing exercises or Pranayam, which would increase our vital capacity. I believe that people will now also be looking at exercises that would build their immunity, so we are sort of going back to our sciences of naturopathy, ayurveda and unani.”

A similar opinion was also expressed by Palak. “Considering the number of increased cases and the presence of the Delta virus variant in the country, the benefits of home workouts and exercise at home can no longer be further undermined. Keeping one’s fitness journey prepares you by building your immunity from within. Even celebrities and sports personalities have worked out at home. They have made their living rooms into a gym and play/ exercise area. Sports retail brands estimate that fitness gear contributed to almost one-third of their total turnover share for 2020 and nearly 80% of those sales came from enthusiasts wishing to work out indoors.” (Financial express – article)

Fitness Industry in India: New tools, gadgets being sought

Palak said, “When the lockdown took effect, home-fitness business took off like wildfire. The rage of Fitness tracking gadgets and pieces of equipment are pretty much selling out. The

Smartphone makers have adapted to come out with prototype devices with built-in technology to get in sync with hardware for increased accuracy. From cardio machines to yoga mats, running and cycling gears keep the cash registers ringing. The download of fitness apps and sales of fitness wearable's have increased as everyone is turning positively to the idea of a simple walk every day to be on the move. Apart from tools, it is also the online services of fitness experts that are making the waves in bringing health a new face within the home."

Amit Khatri, the Co-Founder of smart watch brand Noise, said, "From taking online yoga sessions to setting up a mini gym at home, fitness enthusiasts have become more conscious of their holistic wellness. They seek a health partner in their gadgets that supports them with intelligence on their physical and mental health. This deliberate demand has led to the amplified appetite for fitness gadgets like smart watches which have become an essential gadget for round-the-clock health monitoring. Accordingly, we have witnessed phenomenal growth in the business and shipment for smart watches in the past year. Another gadget that has gained significant attention from fitness enthusiasts is TWS ear buds, which they require for an uninterrupted and prolonged workout session. The demand for fitness gadgets will penetrate further in the coming days. Consumers are becoming more cognizant and intend to buy smart-tech devices equipped with features beyond fundamental functionalities like more insights on health, better battery life, improved aesthetics, and calling features at affordable pricing."

Meanwhile, Raunaq said that Flexnest's smart spin bike has also seen a lot of traction. "Flexnest sold out of their initial lot of 250 smart spin bikes in three weeks as consumers in India are eagerly looking for such solutions that Indian consumers have never seen before. Going forward, just like remote working, At-home fitness is a trend that is here to stay. As the pandemic starts to settle down and people start to step out, a large proportion of the population who have discovered the added convenience of working out from home and invested in connected fitness products will not be returning to the gym," he opined.

Talking about the health aspect, Dr Irani said that the hospital received a team of physiotherapy equipment makers from Jodhpur, and the team was looking to understand the new equipment that were required by the doctors. "We showed them the spirometer, which measures vital capacity. At present, all the spirometers we have are imported, but now, this equipment maker is looking to produce made-in-India spirometers, and so that is the new

gadget or tool that we are looking at, as it would help measure the health of the lung. The way every home now has an oximeter, the next instrument, I believe, would be one that would help in measuring lung capacity.” (Times of India)

Fitness at home: What people are seeking for home gyms

Talking about the equipment that people are now looking at for making gyms at home, Palak said, “While home gyms traditionally had heavy equipment, the current trend for lighter fitness activities includes resistance bands, jump ropes, medicine ball, yoga mats, kettle bells, little and heavy dumbbells. Dumbbells come in different sizes, shapes, and materials these days, from plastic-coated to colourful to straight metal. Jumping rope is hands down one of the best ways to get a cardiovascular workout. It increases your heart rate quickly and also works your arms, shoulders, legs, and core. Resistance bands are one of the most versatile pieces of fitness equipment you can buy. You can target your entire body with resistance bands and mimic most machine-based strength moves. A foam roller is a great recovery and mobility tool, as well.”

Her view was mostly reiterated by Grand Slam Fitness’ Sood. “The pandemic has galvanised the development of gym equipment in large quantities and also, new devices to meet the demands of consumers who are early adopters. Working out at home with your own home gym equipment has some serious convenience benefits. There has been a sharp increase in the Home Gym Equipment category like Watt bike, an indoor cycle which is used by many key athletes and celebrities, Motorised Treadmill, “Multi Gym”, and “Gym Equipment” and so on. Many are also opting for equipment which takes up less surface area like dumbbells, stability ball, jump rope, heavy kettle bell, etc.”

Meanwhile, Fitness Talks Founder Pranit Shilimkar guided people on what they can use at home, saying, “Those who understand the balance of all components of fitness and want to set up a home gym do not have to invest a lot into it. For example, yoga mat, foam roller, pair of adjustable dumbbells or a barbell, some plates and at max a bench is more than enough for someone to kick starts their fitness journey which surely is better than nothing.” (bbc.com)

Remote Fitness: Changes in the industry

Talking about the way the service providers are changing to adapt to the new demands, Sood said, “Amidst the corona virus outbreak, the fitness industry has found itself in a more fortunate position. Some major B2B service providers are coming up with their gyms in smaller cities of India and making their position in the B2C segment due to a lesser impact of Covid in such cities. Companies are also helping people by setting up their own gyms at home keeping the current scenario in mind.”

Palak said, “The fitness industry is shifting from surviving the pandemic and looking for ways to thrive in the next normal, building consumer relationships that will last and grow. The service providers both inside and outside the home will need to reassess their value propositions, articulate their roles in consumers’ fitness routines, and commit to an approach that will win over the right consumers for them. Specifically, the service providers should consider a more hybrid proposition that keeps consumers digitally connected. Makers of in-home tools and equipment can lean into the normalization of DIY fitness and create tools to correctly channelize the available space for maximum benefit. The market is slowly yet surely adapting for the evolution which will gravitate around home fitness.”

She also spoke about the way some of the entities in this space performed. “Last year, HealthifyMe helped people collectively lose two million kilograms in nine months, against the previous year’s one million kilograms. They are not the only ones operating in the tech-driven diet-fitness space that claim to have benefited from 2020’s home-bound, immunity-chasing, fear-ridden India. Fit pass offers access through a single membership to over 4,000 gyms and fitness studios across 17 cities, and also has fitness and diet solutions. From October to December 2020, the business grew by 25-30% compared to the same time in 2019. Internationally, technology became a diet and fitness enabler about 15 years ago, going from calorie recorders to GPS-led fitness trackers, aggregators of studio classes, wearable’s, and now, AR screens that monitor training. All in all, players who have been steadily changing and evolving will ultimately perform far better than those who don’t.”

(nytimes.com)

New trends in Fitness industry and the changing economics

Describing the new and popular trends, Palak said, “Wearable fitness technology like Fit Bits has become a common device that people use regularly to track their fitness levels and monitor themselves during their workouts. Group workouts have become incredibly popular and are generally conducted amongst a group of familiar people or who have some kind of common ground. High-Intensity workouts have proven to be incredibly beneficial for anyone who wants to partake in this fitness regime that can help get them into shape quickly. No one knows how long this trend will last and companies that can embed their technology into consumer habits and gain share will become highly valuable going forward. Companies that don’t have the resources to grow now may miss the wave. We are likely to see a lot of technology innovations in the fitness and gym industry as well as a great deal of capital coming into the industry to leverage the budding home fitness market.”

Describing the economics of the industry, Sood said, “Studies show that the market for home gym equipment is likely to grow at a CAGR of 9% in revenue from 2019-2025. Digital fitness tools, ranging from at-home connected fitness equipment to tech-smart apparel, offer on-demand workout sessions backed by real-time performance data. These offer flexibility, customisation and convenience. Being low in cost compared to a typical gym membership, users are looking forward to incorporating them into their fitness regimes long after the pandemic subsides.”

Just like the tech and the education industry, the pandemic has caused major changes to take place in the fitness industry. With people’s demands changing, the industry seems to have taken it in a stride and matched the demands with updated, suitable and flexible products. However, while several industry players believe that these innovations are here to stay as people are not likely to return to the rigidity of gymming, the actual impact of reopening of gyms and other fitness institutions would only be clear in due time. (economicstime.com)

WELLNESS INDUSTRY IN KERALA

Body and mind wellness have always been a prime part of the kerala culture with the existence of yoga, meditation and Ayurveda practices. Moving along with the changing times, lifestyles have also seen a change with new demands that are now looking beyond the

traditional practices by revamping it with modern technologies. Residents of India have seen a dynamic shift in lifestyle in the last few years and as more and more are moving towards healthier lifestyles, demand for wellness and fitness centres/studios has been rapidly growing. Per a report published by Stratview Research on India's Wellness Market 2019, the fitness sector is anticipated to grow aggressively owing to the accessibility technology advancements, ease in internet access and availability of plenty fitness and training programmes. With the mentioned advancements consumers are seen to take great interest in wellness and fitness such as keeping up to date with latest products and services available in order to keep fit. As per a statistical study conducted in 2019, 66.2% of the total female population accounts for participation into wellness and fitness, outpacing the male population. Moreover, fitness and wellness participation when defined by the age group, population aged between 25-34 years were seen to use maximum of the fitness facilities in comparison to other age brackets. In an exciting market like kerala, the growing demand is at variance with services and platforms being offered. While many keralites are seen going to the gym for gaining muscle strength and getting into shape, a fair amount of them are opting for engaging and fun fitness regimes like aerobics, Zumba, gym, yoga, and many more. This growing demand and supply in the fitness industry has grown the fitness culture and attracts not only domestic players but also international players. With the growing disposable income of the youth of this country, the trend of visiting wellness centres has taken a rise with many spending time and money for rejuvenating their body and soul.

According to a report by Deloitte India, the Indian fitness industry crossed the USD 1 billion mark in 2017, growing aggressively from being at a nascent stage to becoming a comprehensive market. This is further expected to moderately grow at a CAGR of 8% over the next seven years. The government too has shown great initiatives to encourage the growth of wellness in its 'Make in India' campaign. As the awareness for health and wellness lifestyle is becoming a major trend in the modern society, the initiation of quantified self-movement has created substantial demand for fitness Apps and wearable's; however the paying apps continue to see a minimal growth. There are many mergers and acquisitions taking place such as Under Armour investing in Jabil Clothing+ and MyFitnessPal and Runtastic being acquired by Adidas. When talking about the fitness tracking marketplace, players like Garmin, Fit bit, Samsung and Apple are seen to shift focus to smart watches to track and record fitness levels, giving rise the gadget-based wearable's whereas smart clothes are yet to be explored. (Times of India)

Healthcare Scenario of Kerala

Kerala has emerged as the best state in the India in terms of healthcare performance. Kerala's health status is almost on a par with that of developed economies. The state has flourish in increasing life expectancy as well as reducing infant and maternal mortalities. The execution of land reforms improved the standard of living of the rural poor.

The effective execution of the public distribution of food played an important role in improving nutritional status. Kerala's openly funded healthcare system has helped in providing treatment facilities to people. The high literacy rate, especially among the females, also played a major role in improving the health scenario. The Kerala Model of Health is often described as "good health based on social justice and equity".

Despite, better health outcomes on certain sign, the much-signify Kerala model of health has been showing a number of disturbing trends. Although mortality is low, the morbidity (those suffering from chronic/non-communicable diseases) levels in urban and rural Kerala is high in Kerala compared to other Indian States. Thus the inconsistency is that on the one side Kerala stands as the State with all indicators of better health care development in terms of IMR, MMR, birth rate, death rate etc. On the other it outstrips all other Indian States in terms of morbidity especially the chronic illness. Kerala may have the best health indicators but necessarily not have the best public health care institutions. The success of Kerala health indicators is more due to the investment in the social capital rather than only in the public health care, resulting in a more responsible and desegregated primary health care system

The health care system is considered to be the principal factor for attaining the high level of health status in Kerala. From the formation of the state, health care provision was one of the governments' top priorities, and the system was developed in a way that incorporated both western and traditional medicine that was accessible to the people. The health care facilities can be divided into three categories in view of service of care: allopathy (western medicine), ayurveda, and homeopathy, and three categories in view of the ownership: public, private and cooperative sectors. With respect to the allopathy, which comprises 36.9% of total facilities and 94.2% of total beds, the public sector owns 23.3% of the facilities and 39.5% of the beds, while the private sector owns 75.8% of the facilities and 58.3% of the beds. Allopathic facilities of the public sector are systematically organized in rural areas, where 74% of the

population resides, so that each facility with different functional capacities can meet the needs of the people. Each Community Health Centre (CHC) serves roughly 230,000 people, and each Primary Health Centre (PHC) serves a population of approximately 26,000. 11) In addition, there are 5,094 sub-centres of PHCs as grass root institutions with no beds, each of which serves about 4,700 people. Although conclusive evidence does not exist, this ample network that extends to the grass root level must have contributed to less of an urban-rural disparity, which has been a salient feature of Kerala (The Hindu)

Kerala government to form “physical fitness mission”

Kerala government will form a ‘Physical Fitness Mission’ to improve the health and physical fitness of the people, chief minister Pinarayi Vijayan has said. Addressing a gathering after laying the foundation stone for the sports complex including a synthetic track at the Government Brennen College in Thalassery here on Sunday, he said the mission aims to undertake activities that would improve the physical fitness of the people in all age groups from kindergarten students to senior citizens.

The government wants to groom a healthy generation, and the programme ‘Health through play’ has been launched keeping this objective in mind, he said. Also, we should be able to improve the sporting spirit in more students by setting up sports training facilities in more schools, he added.

The synthetic track and sports complex coming up in Brennen College would boost aspirations of the north Malabar region in the field of sports and games, said the chief minister, adding that the synthetic track would be the first such facility being developed in a college campus using the fund of the Sports Authority of India (SAI). The new project, which is expected to cost Rs 42 crore, would facilitate athletic training with international standards, said the chief minister. Observing that the synthetic track would be a boon to the young athletes at Kannur Sports Division and SAI centre at Thalassery, the chief minister said that nearby schools could also use the facility.

The project will be developed under the funding of the Central government and the Sports Authority of India (SAI), and it is being developed on the 7.5 acre land of the college.

Though the lack of sports infrastructure had been a major obstacle in the sporting sector here, the government gives high priority for it, he said. He also said the existing stadiums and other sports facilities should be improved and also new sports grounds and stadiums has to be developed.

Asserting the government's commitment to the welfare of sports personnel, he said the National Games winners have been given job and the process of finalizing the pending applications is in the final stage. He also said a football stadium of international standard would be come up in Calicut University campus.

Education Minister C Raveendranath presided over the function. Sport and industries minister AC Moideen delivered the keynote address. P K Sreemathi, MP, sports director Sanjay Kumar and SAI regional director G Kishore among others were also present.

(Times of India)

In the life of the professionals wellness industry plays major functions to maintain their personal and professional life, be fit and active. Although many of them were engaging fully. Professionals were more stressed and more depressive, so the role of wellness industry gave relief and also maintained their physical and emotional aspects. Wellness industries give a healthy diet plan, fit and active body without any exhaustion.

This study focused on the I.T professionals that use various wellness industries for the maintaining their body fit and active and also how wellness industry affects the professional life as well as personal life too. And this also focused on how many of them was using different kinds of wellness industry and whether it is helped them or not.

CHAPTER 2

REVIEW OF LITERATURE

This chapter deals with secondary data that is used by the researcher to study the wellness industry used among I.T Professionals, it includes various articles, books, magazines, periodicals etc...

The WHO definition concerns the authority of the word “complete” in relation to wellbeing. The main issue is that inadvertently adds to the medicalization of society. The necessity for complete health “would leave most of us unhealthy most of the time.” It therefore supports the tendencies of the medical technology and drug industries, in association with professional organizations, to redefine diseases, expanding the scope of the healthcare system. New screening technologies detect abnormalities at levels that might never cause illness and pharmaceutical companies produce drugs for “conditions” not previously defined as health problems. Thresholds for intervention tend to be lowered—for example, with blood pressure, lipids, and sugar. The persistent emphasis on complete physical wellbeing could lead to large groups of people becoming eligible for screening or for expensive interventions even when only one person might benefit, and it might result in higher levels of medical dependency and risk.

The ebb and flow WHO definition of health, formulated in 1948, describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” At that time this formulation was groundbreaking because of its breadth and ambition. It conquered the negative meaning of health as nonattendance of ailment and incorporated the physical, mental, and social spaces. Despite the fact that the definition has been censured in the course of over the past 60 years, it has never been adjusted. Analysis is now heightening, and as the population's age and the example of ailments changes the definition may even be counterproductive.

A healthy lifestyle is one which helps to keep and improve people's health and wellbeing. Many governments and non-governmental organizations work at promoting healthy lifestyles. They measure the benefits with critical health numbers, including weight, blood sugar, blood pressure, and blood cholesterol. Healthy living is

a lifelong effect. The ways to being healthy include healthy eating, physical activities, weight management, and stress management.

Today as life gets busier and pushes ahead like a train with no thinking back, individuals regularly overlook what life is and how it must be experienced the manner in which it ought to be. How important it is to stay healthy and do any sort of physical activities has just now merely been in the dreams. Being healthy is not just eating the right food at the proper time, but it also includes keeping your body fit by taking up several healthcare practices which are much more common now. So as to remain healthy and live longer we should quit rationalizing excuses and come to the truth of life.

Health care auxiliaries or practices are measures which are taken up as healthcare alternatives. They establish certain belief systems and practices which are known and fascinating and are not founded on any basic philosophy; the practitioners range from being sincere well-educated professionals and committed to their form of healing. The significant common and important healthcare practices include exercise and body therapies, dance therapies specially Zumba, yoga, and gymnastics etc.

Grisly (1970) states that professional ethics demand complete orientation around the job. In the earlier times occupation and personal life has been considered as separate entities and its practices had no relation other than one supporting the other. But the modern professional demands the emerging up of these two entities. But when this synthesis takes place there are many conflicts as many of the functions in personal life might turn out to be dysfunctional in the occupation life.

Monica Behr (2013) discusses a long list of lifestyle ailments that young urban Indians are being afflicted with. The list is long and frightening – diabetes, heart diseases, obesity, back pain etc. The causes are often the same. Alcohol, tobacco, junk food and a sedentary lifestyle. The low levels of physical activity and exercise also add to the risk of getting such diseases.

Dr. V Mukunda Das Thiruvananthapuram (2009) stressed the need for understanding and imbibing the contours of new work culture, which globalization has ushered in various professional fields. Most of the professionals work for an average of 10 hours for their work at office, except for professors and more often they carry their work to home. They spend even a part of their weekend in completing the pending office work in order to keep up to the desired expectations. Very little people tend to spend more than 5 hours with their family. Working women are playing a dual role in maintaining their family function and fulfilling their sex roles (parsons 1951).

This confrontation of roles is induced by the professional demand. From the functionalist argument (Merton) it is seen that the traditional mother's role has become dysfunctional in the modern professional paradigm. Another phenomena is that elderly are under a role –exist. (Richardson 2006). They are reducing their importance to caretakers of children when the professional spouse is away from home. In other words the elderly teachings about life and work are becoming irrelevant in the modern professional culture. Along with that their position in the family hierarchy also diminishes.

Barman (1960) studied the AAHPER Youth Fitness test battery and administered the test to 78 girls in grade VIII at Mitchell Junior High School. The girls were classified by the Neilsoncozens classification index and composed with national norms. The girls were above the average in sit- ups; standing broad jump, 600 yard run/walk, 50 yard dash and shuttle run but below in the soft ball throw and modified pull- ups. The differences were attributed to their physical education programmes.

Elizabeth (1960) prepared the norms of girls age 12, 13, 14 and 15 on the North Carolina AAHPER Tests. The norms were prepared for each of the five test times, sit – ups, side stepping, standing broad jump, modified push ups and squat thrusts. The sit- ups item provided differentiation on the percentile scale for each age group. The standing broad jump test provided the greatest ranges and the best differentiation of scores on the percentile scale for the age groups The modified pull- ups tests tailed to differentiate the lower end of the distribution for all age groups but did not discriminate above the 20th percentile.

Alston (1965) made a comparison between the performance of girl on the Virginia Physical Fitness test, AAHPERD Youth Physical Fitness test and North Carolina Physical Fitness

Test. He found the correlations between the Virginia and the AAHPERD Test was 0.80. The mean difference gave essentially equivalent result for assessing physical fitness of high school.

Patrick (1972) had constructed to motor fitness test battery for girls in lower elementary grades. The items included in this test were Clarke's strength composite, McCloy's endurance ratio, leg extension and flexion, Well's sit and reach, Dodging run, Base length wire stick balance, and vertical jump. It measured the essential components of motor fitness such as muscular strength, muscular endurance, cardio vascular endurance, flexibility, agility, balance and power.

Beckford (1976) conducted a study to evaluate the physical fitness level of Navajo girls who were 14 to 16 years old. AAHPER Youth Fitness test was administered on the subjects selected from seven schools of the region to measure the physical fitness level. It was also established on the basis of scores obtained from test result from these schools. These norms were compared to national norms found in the manual accompanying the AAHPER Youth Fitness test. The result of this study gave an indication of the overall fitness level of 14, 15 and 16 years of Old Navajo girls of the seven test items. The Navajo norms were below the national norms of 5 items and above on the softball throw and 600 yard run/walk

Sittmann (1981) conducted a study to develop norms for North East Missouri State University students enrolled in the health and physical fitness concept classes. 372 male and 648 female subjects were tested for the sum of 6 skinfolds, predicted % fat, predicted VO₂ max, grip strength, leg strength, back strength, vertical jump distance and vertical jump power. Mean, standard deviations and range for all variables were calculated classification was based on sex. Percentiles in increments of 5 were constructed for each variable in each classification.

. Taddonio (1982) conducted a study to compare the physical fitness of public school students from economically deprived areas with national norms. He also compared the physical fitness to public school students from high poverty area with those from low poverty area. The national norms were developed from 1975 national survey of youth fitness. The AAHPER Youth Fitness test was used as the measures of physical fitness. It was found that there was no difference in the physical fitness of boys and girls represented by 1975 national norms. It was found that also there was no difference in physical fitness of boys or girls high poverty areas and girls from low poverty areas.

Walker (1982) conducted research on 50 blacks and 50 white females 10th grade students were randomly selected and compared on the AAHPERD Youth Fitness test. The black students scored significantly higher ($P < 0.05$) than the white students on leg power ($M=44.46\%$ and 31.2% respectively) and speed ($M=57.8$ & 30.1% respectively). The white students performed significantly higher than the black students on abdominal strength ($M=31.5\%$ and 27.7% respectively). Not other comparison was significant.

Reet Mohinder Singh (1986) prepared physical fitness norms for high school boys of Punjab State. Data were collected on five thousand subjects from various schools in the State. The test administered consisted of eight times i.e., standing broad jump, sit and reach test, agility run, knee bent sit- ups, 50 meters dash, push- up (chairs), cricket ball throw and 600 metres run walk. The percentile norms for physical fitness tests were found to be valid and suitable to assess the physical fitness level of the high school boys of 12 to 15 years of age

. Singh (1988) prepared physical fitness norms for high and higher secondary school boys of Jammu and Kashmir State. Data was collected on 4200 male students belongs to six to eleventh classes of age 13 to 19 years subjects randomly selected and they were administered the AAHPER Youth Fitness Test. Age wise norms were prepared in terms of Percentile scale, Hull Scale and T- Scale (1991) conducted a study on computation of norms for 12 minute run and walk among school boys. Data was collected on 1000 school boys belongs to sixth to tenth classes of age 13 to 15 years subjects were randomly selected and they were administered the Cooper's 12 minutes Run/Walk test. Age wise norms were prepared in terms of Hull scale.

. Joseph James (1990) conducted a survey of physical fitness of Kendriya Vidyalaya boys in Kerala State and the influence of acceleration sprints and hollow sprints on them. AAPER Youth Physical fitness test was selected to find out their physical fitness levels before and after the treatment of experiment variables. There were no significance differences between the subjects groups on tests of balance upper body endurance and agility. Male students were higher than the female students on all rests expect flexibility. It was felt that social and economic factors and the intensity of habitual physical activity played a significant role in the result of this study.

Raja guru (1990) conducted a survey of physical fitness on school boys are age between eleven and sixteen years in Thanjavur and Pudukottai districts and the influence of selected weight training exercises on them. This study was designed to survey the physical fitness of

high school boy's age ranging from eleven to sixteen years in Thanjavur and Pudukottai districts and the influence of selected weight training exercises on them. After collecting the data from the subjects re-analysed by using t – ratio statistical technique. On the basis of interpretations of data the following conclusions were drawn. The selected weight training exercise had significantly improve the physical fitness level of below average subjects in all six times The selected weight training exercise two hands press high pull up, press behind the neck, triceps press, bench jump, jumping squat and step upon bench had improved the performance in all the physical fitness components namely speed, strength, agility, endurance Abdominal muscular strength and Endurance and cardio respiratory endurance.

. James (1992) conducted a survey of physical fitness of higher secondary school boys age between sixteen and nineteen years at low, medium and high altitudes in Tamil Nadu. For the purpose of this study he has selected 315 school boys studying XI to XII standard from nine schools at low, medium and high altitudes for this survey, the scores made by these subjects at each level of altitudes was compared with other level of altitudes. Physical fitness, emotional, social, spiritual and mental fitness tests were conducted. The data collected at different altitudes analysed by using one way analysis of variance (ANOVA). 1. The medium altitude students of the age 16 to 19 years performance better in pull ups and 50 yards run than low and high altitude students of same age group. 2. The same subjects at high altitude performed well in standing broad jump, 600 yards run walk than the low and medium altitude students. 3. They have done well at low altitude in shuttle run than the other two level of altitude.

Reza.Md.Nasim (2000) “A comparative study of physical fitness between adolescent boys of Bangladesh and India” conducted a study to compare the physical fitness between adolescent boys of Bangladesh and India. Here AAHPERD youth fitness test was chosen by the investigator. In this study the following variables were the criterion to measure physical fitness i) arm and shoulder strength was measured by pull-ups, ii) abdominal strength and endurance were measured by sit-ups, iii) speed and agility were measured by shuttle run, iv) endurance was measured by standing long jump, v) speed was measured by 50 yard dash vi) endurance was measured by 600 yard run walk. In the relation of physical fitness the main difference was computed by employing statistical technique of 't' ratio. From the test result it was found that in respect of physical fitness, adolescence of Bangladesh and India stood as per there was no significant difference as obtained from the results.

. Kumar and Sathe (2003) carried out studies on the relative's effect of health- related fitness on sports proficiently of students of physical education. The subjects for the study were the male students of school of physical education, Devi Ahilya Bai Viswavidyalaya, Indore who had at least participation in inter-collegiate tournament in the year 1995-96. They concluded that a high skilled sports person shows a high correlation with sports performance but the contribution of skill- related fitness and Health related fitness are equal.

Sirijaruwong and Kosa (2006) conducted a study to construct health- related physical fitness norms for students of Rajamangala University of Technology Thanyaburi. AAHPERD Health Related Physical Fitness Test was used and conducted the following tests. Sit and Reach One minute sit-up, 1.5 mile Run/Walk, and body mass index. The data were analyzed by mean, standard deviation, percentile norms was constructed based on percentile scores, and the qualitative grading was used and prepared into five levels, namely excellent, good, moderate, low and poor. It was found that the health- related physical fitness norms for male and female students of Rajamangala University of Technology Thanyaburi by using physical fitness tests: body mass index, sit and reach, one minute sit-up 1.5 mile run/walk were at moderate level. The researcher constructed health- related physical fitness norms for students of Rajamangala University of Technology Thanyaburi according to the objectives.

Bettina F. Piko (2006) the main goal of the present study is to investigate the relationship between youth physical activity, their psychosocial health and well- being, and their life goals. Data were collected among students (n = 1109, age range between 14 and 21 years of age, mean: 16.5 years SD = 1.3 years) enrolled in the secondary schools of the Southern Plain Region (three counties), Hungary. Our findings support previous results that more active students have a better self-perceived health and fitness, lower levels of depressive symptoms and higher levels of life satisfaction. In addition, students who are regularly active prefer less extrinsic values as life goals for their future. However, there are no significant differences by physical activity status in terms of intrinsic values (except for physical health). These findings suggest that physical activity is not pursue beneficial health behaviour only through its functions. In community health programs, a health-related physical education approach should be addressed to improve the psychosocial benefits of physical activity.

. Gill, Deol and Kaur (2010) conducted a comparative study of physical fitness component of rural and urban female students of Punjab University. In the present study an attempt has been made to compare physical fitness components namely speed, strength, endurance,

agility and flexibility between female students belonging rural and urban set-ups. The data was analyzed and compared with the help of statistical procedure in which arithmetic mean, standard deviation (S. D), standard error of mean (SEM), T-test were employed. Rural female students were found to be superior in strength, endurance, speed and agility where urban female students on the other hand, were found to be superior in tasks like flexibility.

. P. Johnson and P.S Raja Marsion Babu (2013) this investigation was purported to evaluate the Physical Fitness Status of Schoolboys adapted by RDT Hockey Academy in the Rayalaseema District of Andhra Pradesh, India. For this reason, 916 schoolboys from thirty-two (32) schools in for (4) different districts adapted by RDT hockey academy in the Rayalaseema Distrcit of Andhra Pradesh, India were considered as subjects. These subjects were in the age group of 11 to 16 years, and they were assessed for their physical fitness status. The fitness parameters were restrained to height, weight, speed, explosive power, flexibility, agility and cardio respiratory endurance using standardized tests and procedures. The data collected were subjected to statistical analysis by means of One way ANOVA, and Bonferroni corrections post hoc test. The confidence interval was fixed at in all cases. The research findings ensure statically considerable age difference on selected variables, and it implies that age differences influence almost all fitness parameters.

Sing, Manjit, et. Al (2014) They study was to determine the comparative analysis of motor fitness components among Sprinters, Throwers and Jumpers. To conclude, it is significant to mention in relation to Motor Fitness Components that insignificant differences occur among Inter- College Sprinters, Throwers and Jumpers on the sub variable Explosive Strength. However, the significant differences occur among Inter- College Sprinters, Throwers and jumpers on the sub variable Agility. Balance, Speed and Flexibility. To conclude, it is significance to mention in relation to Motor fitness Components that insignificant differences occur among Inter University Sprinters, Thrower and Jumpers on the sun variable Agility and Explosive Strength. However, the significant differences occur among Inter-University Sprinters, Throwers and Jumpers on the sub variable Balance, Speed and Flexibility.

. Dharanendrappa. S.N. and C. Betsur, Ningamma (2002) studied “Significance of Emotional Intelligence and Mental Health in Learning Process” Secondary education plays a predominant role in shaping children for the future society. Children with high emotional intelligence and mental health could possess better understanding with their peers and adequate adjustment well in the society. More over it helps the individuals to maximize

potentialities of individuals to the fullest extent. This article deals with the significance of emotional intelligence and mental health in learning process of secondary schools. The techniques are suggested to enhance the emotional intelligence and mental health which are essential for secondary school students for better adjustment and scholastic achievement.

. Ojiha (2002) conducted a study on “Social anxiety and mental health of normal and physically challenged adolescents.” The purpose of the study was to compare social anxiety and mental health of normal and physically challenged adolescents. The sample constituted of 60 subjects (15 orthopedically challenged female and matched control group of normal adolescents) randomly selected from different located in Varanasi. Mental health inventory Jagdish and Srivastava, (1983) was administered to measured mental health. With regard to mental health normal group and orthopedically challenged group showed no significant difference.

Penedo, Frank J (2005). “Exercise and well-being: a review of mental and physical health benefits associated with physical activity”. Purpose of review: This review high lights recent work evaluating the relationship between exercise, physical activity and physical and mental health. Both cross-sectional and longitudinal studies, as well as randomized clinical trials, are included. Special attention is given to physical conditions, including obesity, cancer, cardiovascular disease and sexual dysfunction. Furthermore, studies relating physical activity to depression and other mood states are reviewed. The studies have several implications for clinical practice and research. Most work suggests that exercise and physical activity are associated with better quality of life and health outcomes. Therefore, assessment and promotion of exercise and physical activity may be beneficial in achieving desired benefits across several populations. Several limitations were noted, particularly in research involving randomized clinical trials. These trials tend to involve limited sample sizes with short follow up periods, thus limiting the clinical implications of the benefits associated with physical activity

In 1848 Rudolf Virchow (a German physician) laid the foundation of social medicine (Holtz et al. 2006) by advocating for the relevance and consideration of social factors in human health and disease. While this set a new agenda for medicine, it opened a wide passage for the social sciences involvement in the understanding of human health. The early 1900s marked the beginning in the study of sociological dimension of medicine, especially with the works of Charles McIntire (“The Importance of the Study of Medical Sociology,” published

in 1894), along with other scholarly works of that period including the book by Elizabeth Blackwell (1902) and another by James P. Warbasse (1909), both on medical sociology (Bloom 2002; Hafferty and Castellani 2006, p. 332) .

In the 1950s, Talcott Parsons (1951) published a groundbreaking work with a section on the application of functionalism in medical sociology. He dedicated a substantial part of his work to the elaboration of the sick role , explaining the social trajectories of the sick within the social system and how the health institutions can support individuals to return to normal roles in the society Parsons recognised the relevance of medicine for the society and drew attention to illness as a form of social deviance and the importance of sick role as a mechanism of social control (Freidson 1962; Stacey and Homans 1978). This is the first conscious application of sociological theory in the understanding of human illness. The sick role concept facilitated the expansion of other areas of research including the patient-physician relationship, illness behaviour, medicalization of deviance, and medical professionalism (Hafferty and Castellani 2006). The works of Freidson (1961a/1962, 1961b) and *Mechanic* (1966, 1968) also promoted the relevance and understanding of medical sociology.

Conrad (2007) described Eliot Freidson's works as revolutionary in medical sociology. Freidson (1961, 1970a, 1975) devoted his time to the study of professionalism and professionalization in medicine which presents a comprehensive view of the social and professional dynamics of medicine with a particular reference to how disease and illness are constructed, power relations between the physician and patients, division of labour, ethical conducts, increasing commercialism, and bureaucratic control in medical practice. Freidson's works were landmarks in the development of medical sociology. He practically demonstrated the relevance of sociology in medicine and health studies in general by situating his studies within applied domains.

Health behaviours encompass a wide range of personal behaviours that influence health, morbidity, and mortality. In fact, health behaviour explains about 40 percent of premature mortality as well as substantial morbidity and disability in the United States (McGinnis, Williams-Russo, and Knickman 2002). Some of these health behaviours—such as exercise, consuming nutritionally balanced diets, and adherence to medical regimens—tend to promote health and prevent illness, while other behaviors—such as smoking, excessive weight gain, drug abuse, and heavy alcohol consumption—tend to undermine health.

Many studies provide evidence that social ties influence health behaviour (see a review in Umberson, Crosnoe, and Reczek 2010). For example, Berkman and Breslow's (1983) prospective study in Alameda County showed that greater overall involvement with formal (e.g., religious organizations) and informal (e.g., friends and relatives) social ties was associated with more positive health behaviors over a ten-year period. Being married (Waite 1995), having children (Denney 2010), and ties to religious organizations (Musick, House, and Williams 2004) have all been linked to positive health behaviors (although, notably, as we will discuss below, marriage and parenthood have also been associated with behaviours that are not beneficial to health—including physical inactivity and weight gain).

Social ties influence health behaviour, in part, because they influence, or “control,” our health habits (Umberson et al. 2010). For example, a spouse may monitor, inhibit, regulate, or facilitate health behaviors in ways that promote a partner's health (Waite 1995). Religious ties also appear to influence health behaviour, in part, through social control (Ellison and Levin 1998). Social ties can instill a sense of responsibility and concern for others that then lead individuals to engage in behaviors that protect the health of others, as well as their own health. Social ties provide information and create norms that further influence health habits. Thus, in a variety of ways, social ties may influence health habits that in turn affect physical health and mortality.

Social support refers to the emotionally sustaining qualities of relationships (e.g., a sense that one is loved, cared for, and listened to). Hundreds of studies establish that social support benefits mental and physical health (Cohen 2004; Uchino 2004). Social support may have indirect effects on health through enhanced mental health, by reducing the impact of stress, or by fostering a sense of meaning and purpose in life (Cohen 2004; Thoits 1995). Supportive social ties may trigger physiological sequelae (e.g., reduced blood pressure, heart rate, and stress hormones) that are beneficial to health and minimize unpleasant arousal that instigates risky behaviour (Uchino 2006). Personal control refers to individuals' beliefs that they can control their life outcomes through their own actions. Social ties may enhance personal control (perhaps through social support), and, in turn, personal control is advantageous for health habits, mental health, and physical health (Mirowsky and Ross 2003; Thoits 2006).

Many studies suggest that the symbolic meaning of particular social ties and health habits explains why they are linked. For example, meanings attached to marriage and relationships with children may foster a greater sense of responsibility to stay healthy, thus promoting

healthier lifestyles (Nock 1998; Waite 1995). Studies on adolescents often point to the meaning attached to peer groups (e.g., what it takes to be popular) when explaining the influence of peers on alcohol, tobacco, and drug use (Crosnoe, Muller, and Frank 2004).

The meaning of specific health behaviors within social contexts may also vary. For example, Schnittker and McLeod (2005) argue that racial-ethnic identity may correspond with the meaning of certain health behaviors, such as consuming particular foods or avoiding alcohol, in ways that promote and sustain those behaviors. Moreover, the notion of “meaning” may help explain health behavior contagion across social networks: for example, the spread of obesity across social networks appears to be influenced by perceptions of social norms about the acceptability of obesity and related health behaviors (e.g., food consumption, inactivity) among network members who are socially close, rather than members who are simply geographically close (Christakis and Fowler 2007; Smith and Christakis 2008). In a more fundamental way, greater social connection may foster a sense of “coherence” or meaning and purpose in life, which, in turn, enhances mental health, physiological processes, and physical health (Antonovsky 1987).

Mental health is a pivotal mechanism that works in concert with each of the other mechanisms to shape physical health (Chapman, Perry, and Strine 2005). For instance, the emotional support provided by social ties enhances psychological well-being, which, in turn, may reduce the risk of unhealthy behaviors and poor physical health (Kiecolt-Glaser et al. 2002; Thoits 1995; Uchino 2004). Moreover, mental health is an important health outcome in and of itself. The World Health Organization identifies mental health as an essential dimension of overall health status (World Health Organization 2007). However, the prevalence of mental disorders and their consequences for individuals and societies are often underappreciated by policy makers and private insurers. Data from the National Comorbidity Survey Replication indicate that 26.2 percent of non institutionalized U.S. adults suffer from a mental disorder in a given year (Kessler et al. 2005). As the leading cause of disability in both low- and high-income countries, mental disorders account for over 37 percent of the total years of healthy life lost due to disability (Mathers et al. 2006)

Research shows that social ties influence multiple and interrelated health outcomes, including health behaviors, mental health, physical health, and mortality risk. Thus, a policy focus on social ties may prove to be a cost-effective strategy for enhancing health and well-being at

the population level (McGinnis et al. 2002; Mechanic and Tanner 2007). Social ties may be unique in their ability to affect a wide range of health outcomes and to influence health (thus cumulative health outcomes) throughout the entire life course. Moreover, interventions and policies that strengthen and support individuals' social ties have the potential to enhance the health of others connected to those individuals. For example, reducing strain and improving health habits of a married person may benefit the health of both partners, as well any children they care for.

Recent work also shows that some health outcomes can “spread” widely through social networks. For example, obesity increases substantially for those who have an obese spouse or friends (Christakis and Fowler 2007), and happiness appears to spread through social networks as well (Fowler and Christakis 2008). These findings suggest that the impact of social ties on one person's health goes beyond that person to influence the health of broader social networks. Thus, policies and interventions should capitalize on this natural tendency for health-related attitudes and behaviours to spread through social networks by incorporating these amplification effects into the mechanics of interventions and their cost-benefit estimates (Smith and Christakis 2008).

Many studies provide evidence that social ties influence health behaviour. Social ties were associated with more positive health behaviors over a ten-year period. Being married having children and ties to religious organizations have all been linked to positive health behaviors. Some of these health behaviours—such as exercise, consuming nutritionally balanced diets, and adherence to medical regimens—tend to promote health and prevent illness, while other behaviors—such as smoking, excessive weight gain, drug abuse, and heavy alcohol consumption—tend to undermine health. So, from these above mentioned literatures all are highlighted the positive aspects of wellness industry.

CHAPTER 3

METHODOLOGY

The Health and Wellness industry encompasses all activities which promote physical and mental wellbeing: from yoga to healthy eating, personal care and beauty, nutrition and weight-loss, meditation, spa retreats, workplace wellness and wellness tourism. The Indian wellness industry flourished by banking on the demand for alternative healing practices like the Ayurveda, yoga, naturopathy, etc., and then slowly expanded to include nutrition, fitness, and preventive healthcare. Wellness is an active process of making choices toward a healthy and fulfilling life. ... Wellness is especially important as we age because regular exercise and proper nutrition can help prevent a variety of ailments including cardiovascular disease, obesity, and fall risk behaviours.

The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress". Then in 1948, in a radical departure from previous definitions, the World Health Organization (WHO) proposed a definition that aimed higher: linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity". Although this definition was welcomed by some as being innovative, it was also criticized for being vague and excessively broad and was not construed as measurable. For a long time, it was set aside as an impractical ideal, with most discussions of health returning to the practicality of the biomedical model.

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as "a resource for living". In 1984, WHO revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical

capacities." Thus, health referred to the ability to maintain homeostasis and recover from adverse events. Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living. This opens up many possibilities for health to be taught, strengthened and learned.

OBJECTIVES

General objectives

Wellness industry used among I.T Professionals.

Specific objectives

- .1) To find out social economic – profile of the respondents.
- 2) To find out the diversified and modern wellness industry used by I.T professionals.
- 3) To find out the motivational factors among I.T professionals towards wellness industry.
- 4) To find out the gender disparities towards the wellness industry among I.T professionals and also to find out the merits and demerits of wellness industry.

Classification of concepts

Operational definition

Wellness industry – In this study, The Health and Wellness industry encompasses all activities which promote physical and mental wellbeing. For e.g., yoga, Zumba, , beauty care, gym , diet, etc....

I.T Professionals – In this study, An I.T Professional is a person working in the field of information technology

Variables

Independent variables

In this study independent variables are Age, sex, income, occupation, education, religion, marital status.

Dependent variables-

Satisfaction of I.T professionals.

Tools for data collection

Telephonic interview will be used to collect data by the help of questionnaire.

Universe

All the I.T professionals using wellness industry in Kochi city.

Sampling method

The sampling technique is used here is snowball sampling and it is a non – probability sampling. There are many categories of I.T Professionals in Kochi city. Using snowball sampling technique, a sample of 50 respondents was chosen.

SIGNIFICANCE OF THE STUDY

In the life of the professionals wellness industry plays many functions to maintain their personal and professional life, be fit and active. Although many of them were engaging 100% fully.

Professionals were more stressed and more depressive, so the role of wellness industries gave relief and also maintained their physical and emotional aspects. Many functions that can be

seen while using wellness industries. It gives a healthy diet plan, fit and active body without any exhaustion. It is clear from the investigation that the respondents show more worry for their wellbeing as it assists with forestalling or deal with their different wellbeing conditions, including coronary illness, hypertension and so on and likewise improves their state of mind. Today 50% of the whole youthful urban Indian are been influenced with way of life infirmities like terrifying diabetes, coronary illness, stoutness , pressure and so forth because of the expert weight at their workplaces or in the workplaces.(Monica Behr;2013) The causes are essentially the equivalent – liquor, tobacco , lousy nourishment and an inactive way of life. This adds to low degrees of physical exercises. A sound way of life must be a vital piece of one's life. The current present day way of life would absolutely realize a great deal of negative effects sooner rather than later. As life is about new tests and new experiences receiving new social insurance choices instead of adhering to ordinary ones would have any kind of effect over a brief period. Subsequently this investigation centers around the human services choices taken up by the experts for a sound way of life.

This study focused on the IT professionals that use various wellness industries for the maintaining their body fit and active and also how wellness industries affects the professional life as well as personal life too. And this study focused on how many of them was using wellness industries and whether it was affected or not.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the data analysis and interpretation. The study is aimed at measuring the role of wellness industry among I.T Professionals, and it is the process of assigning meaning to the collected data and determining the conclusions, significance, and implications of the findings.

Table 4.1

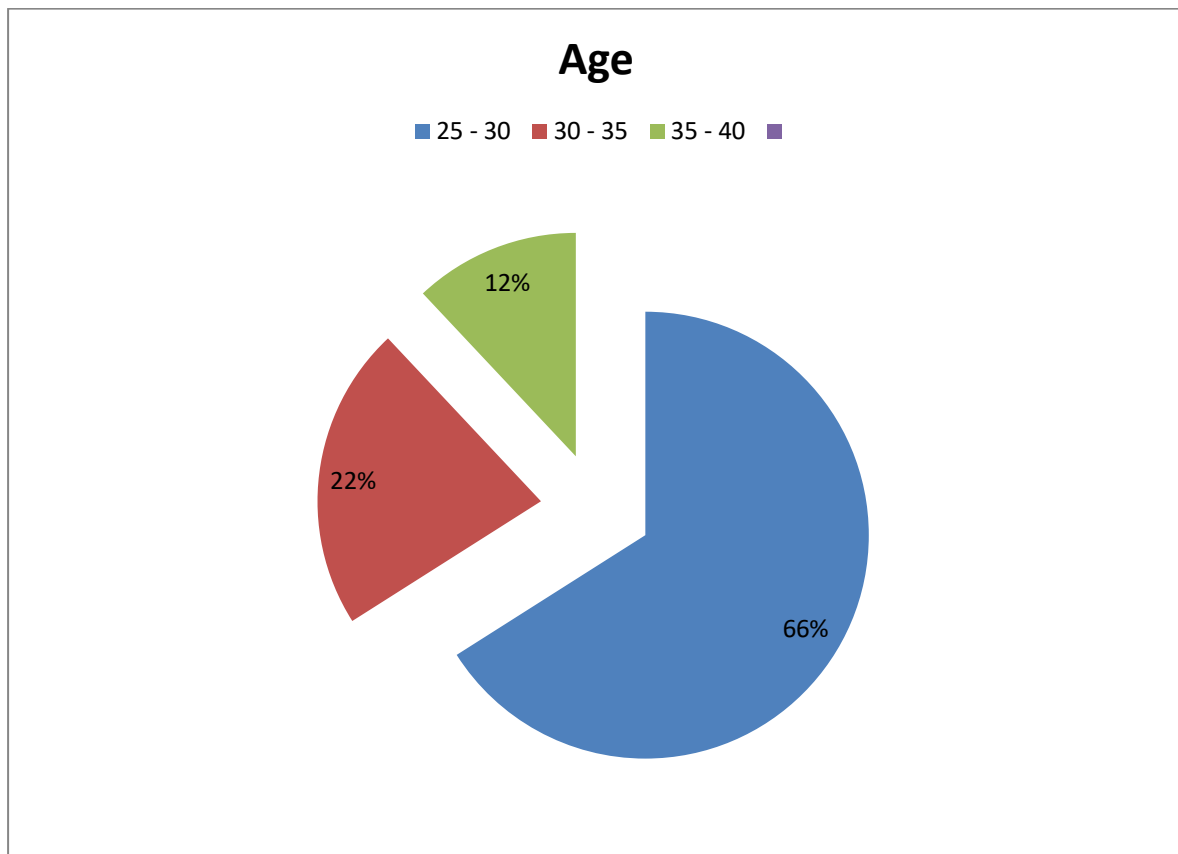
Table showing frequency distribution of the respondents with regard to gender

Gender	Frequency	Percentage
Male	34	68
Female	16	32
Total	50	100

From the above table, the majority of the respondents are male and it is 68%. Because females already engaged in household activities and workplace duties. So they didn't get enough time to participating or engaged in wellness activities.

Figure 1

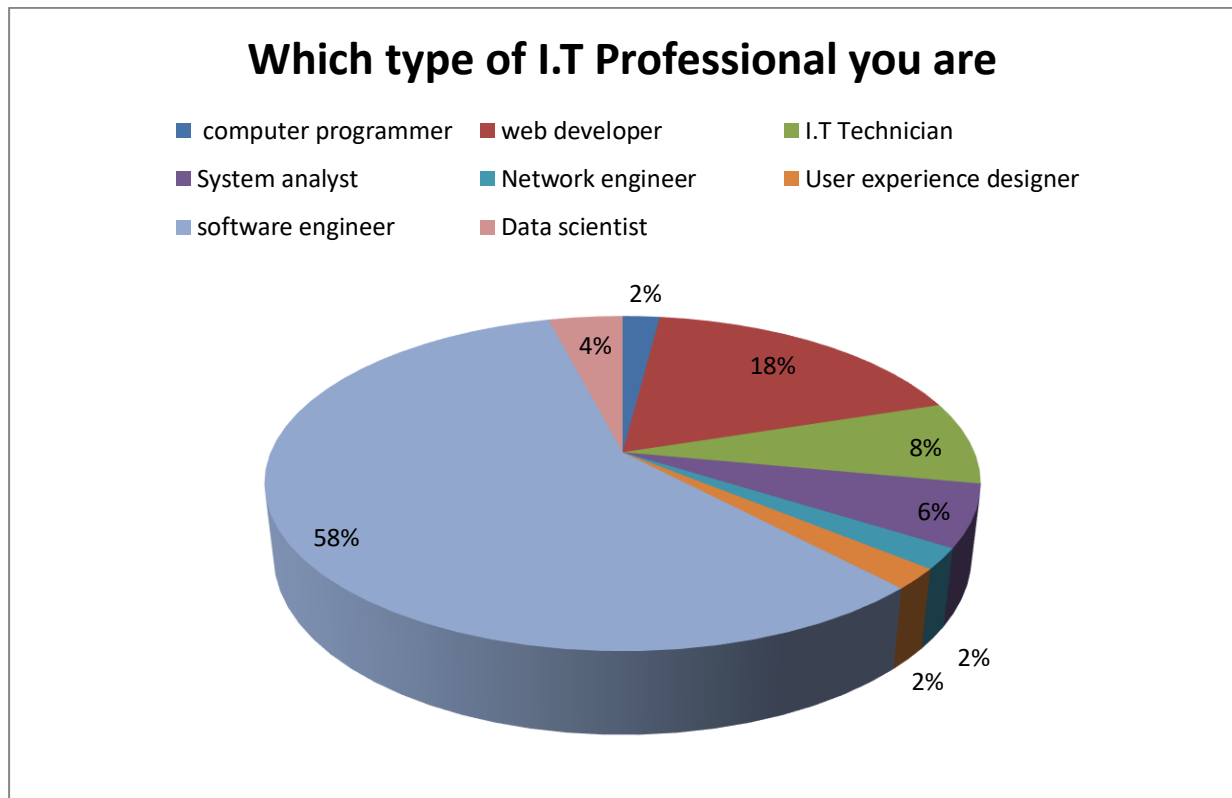
The figure showing the frequency distribution of the respondents with regard to age.



From the above respondents in this, the majority of age group belongs to 25 – 30, that is 66%. Because youngsters are more focused on their physical appearance and wellbeing.

Figure 2

The figure showing the frequency distribution of the respondents with regard to different specialised sectors in I.T Profession



From the above figure, we can say that majority of the respondents are software engineers, that is 58% and also we can see that user experience designer and network engineer are less, that is 2% . Because everyone were attracted towards the high scale salary.

Table 4.2

Table showing the frequency distribution of the respondents with regard to family

Family	Frequency	Percentage
Nuclear family	35	70
Joint family	14	28
Extended family	1	2
Total	50	100

From the above table, we can see that, the respondents in this, nuclear family has majority that is 70%. The majority is nuclear family; the primary reason is availability of more space and resources for each members of the family. People today consider it as an ideal arrangement to raise a family.

Table 4.3

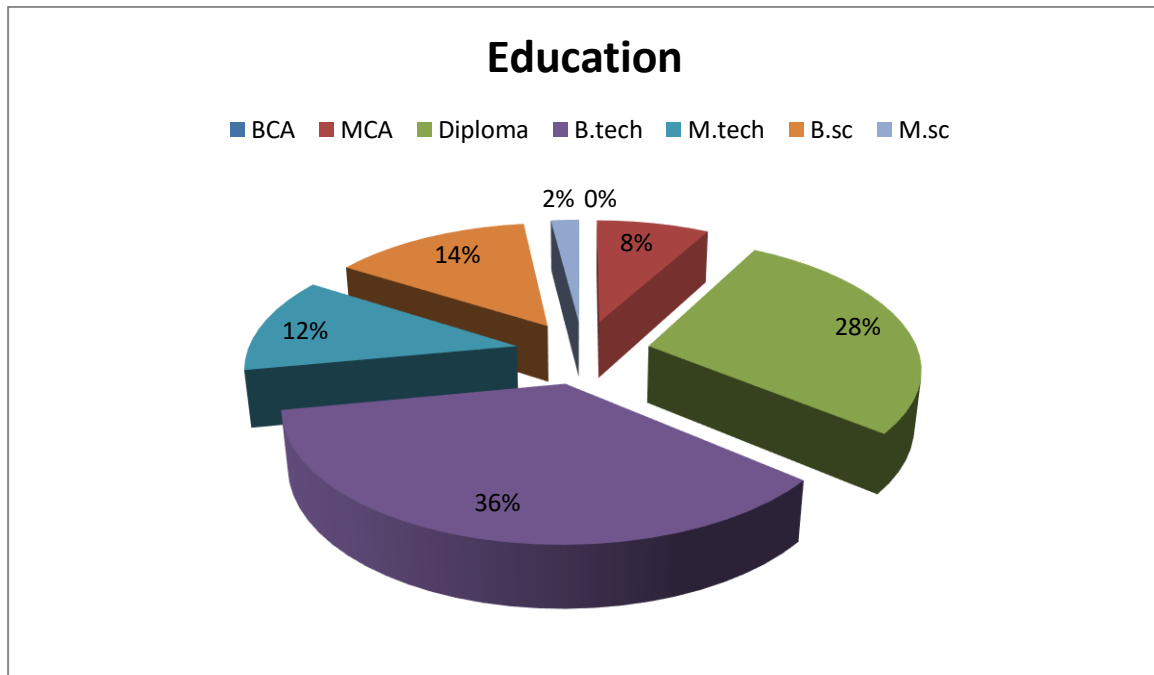
Table showing the frequency distribution of the respondents with regard to marital status

Marital status	Frequency	Percentage
Married	22	44
Unmarried	26	52
Divorce	1	2
Widow	1	2
Total	50	100

From the above table, we can see that the majority of the respondents are unmarried that is 52%. Because unmarried people have less role and responsibilities compared to others. So they get more time to engage in physical or wellness activities.

Figure 3

The figure showing the frequency distribution of the respondents with regard to education.



From the above figure we can clearly see that, majority of the respondents were comes under in B.tech and that is 36%. Because B.tech professionals are highly paid compared to others.

Table 4.4

Table showing the frequency distribution of the respondents with regard to monthly income

Monthly income	Frequency	Percentage
Below 15000	14	28
15000 – 25000	18	36
25000 – 35000	8	16
35000 – 45000	7	14
45000 above	3	6
Total	50	100

From the above table we can say that, the majority of the respondents having monthly income in between 15000 – 25000, that is 36%. Because, in any organization executive members are less and the middle sector professionals are more.

Table 4.5

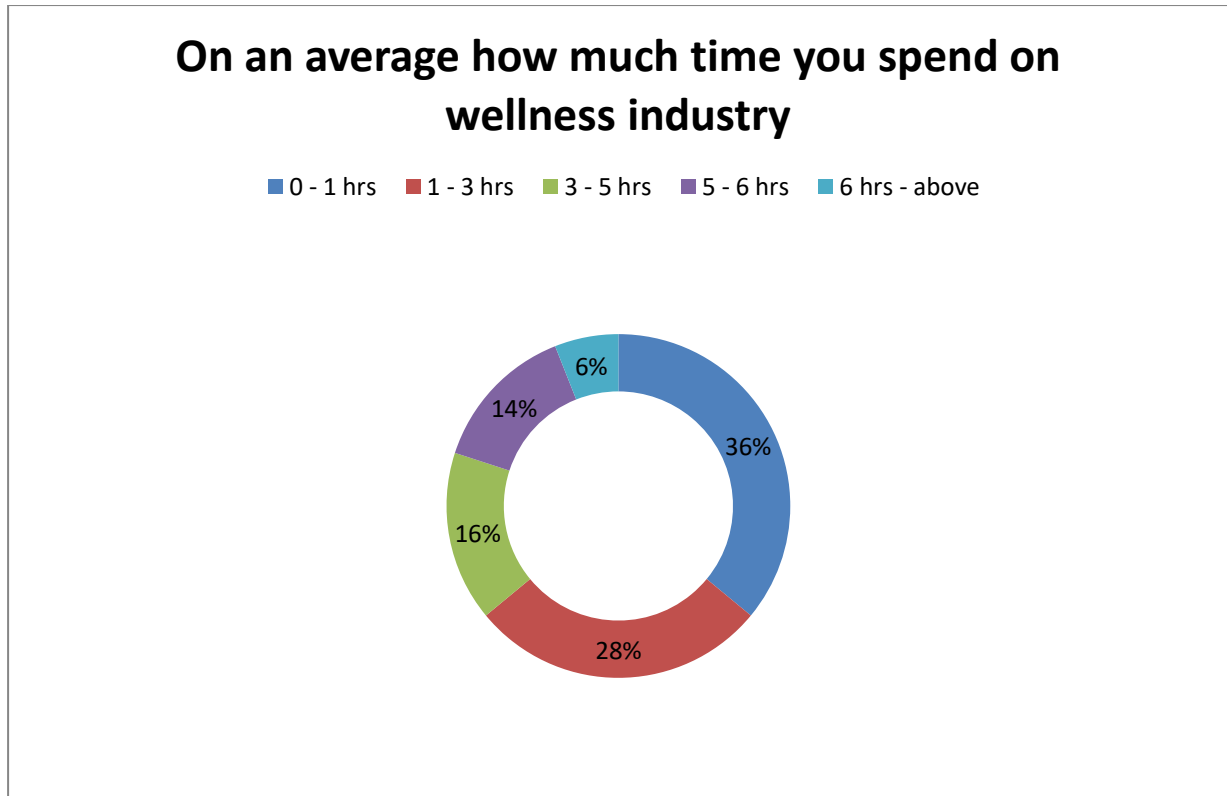
Table showing the frequency distribution of the respondents with regards to wellness industry

Do you use wellness industry	Frequency	Percentage
Yes	50	100
No	0	0
Total	50	100

From the above table, we can say that, the respondents were 100%. So, we can say that all are aware of physical health and wellbeing.

Figure 4

The figure showing the frequency distribution of the respondents with regard to spending time for wellness industry



From the above figure, we can say that majority of the respondents are comes under in

0 – 1 hrs and that is 36%. Because I.T Professionals time schedule is very tight or they have to work even in late night to complete their task. So they have little time to contribute to physical activities.

Table 4.6

The table showing the frequency distribution of the respondents with regard to using different kinds of wellness industry

Which of these wellness industry you using	Frequency	Percentage
Gym	18	36
Zumba	8	16
Yoga	3	6
Cardio	14	28
Any other	7	14
Total	50	100

From the above table we can say that majority of the respondents were in gym and that is 36%. Here, women are more focused on yoga, because it is a kind of mind self purification process. But today's generation all are more aware about physical appearance and beauty, so most of them are engaged in gym.

Table 4.7

The table showing the frequency distribution of the respondents with regard to place for accessing wellness industry

Where do you most often to access wellness industry	Frequency	Percentage
Workout centres	34	68
Home	16	32
Total	50	100

From the above table, we can say that, majority of the respondents were comes under in workout centres and that is 68% .Because workout centres have all the needy equipments and machines to enhance physical fitness, but in home we lack these facilities. In workout centres there is a time schedule but in home we cannot able to make a correct timetable for engage in physical activities.

Table 4.8

The table showing the frequency distribution of the respondents with regard to buying equipments for wellness industry

How much amount do you spend or buying equipments for wellness industry	Frequency	Percentage
2000 – 4000	6	12
4000 – 6000	11	22
6000 – above	33	66
Total	50	100

From the above table, we can say that more respondents are comes under in option 6000 – above and it is 66%. From this, we can see that all are aware about their own health and fitness, at the same time they are well paid also. So, they spend above 6000 or above 6000 rupees for purchasing those equipments.

Table 4.9

The table showing the frequency distribution of the respondents with regard to using wellness industry

Are you using wellness industry	Frequency	Percentage
Daily	26	52
Weekly	1	2
Alternate days	22	44
Depends on mind	1	2
Total	50	100

From the above table, we can see that majority of the respondents were comes under in daily and that is 52% and also we can say that there is only less frequency in the two options, i.e.,

weekly 2% and in depends on mind 2% . From this it is clear that more are engaged in daily physical activities, because it gives a positive energy to start a working day with less stress and more energy. Because I.T Professional is a hectic job.

Table 4.10

The table showing the frequency distribution of the respondents with regard to using online media for doing wellness industry

Do you use online media for doing wellness industry in your life	Frequency	Percentage
Yes	16	32
No	34	68
Total	50	100

From the above table we can say that, majority of the respondents opted no, that is 68%. Because most of them are using direct methods to enhance their own physical health because in a workout place there is a physical trainer and he gives more guidance and tips to maintain healthy body because there is a monthly fees for it, but in online service most of them are unpaid services and lack seriousness.

Table 4.11

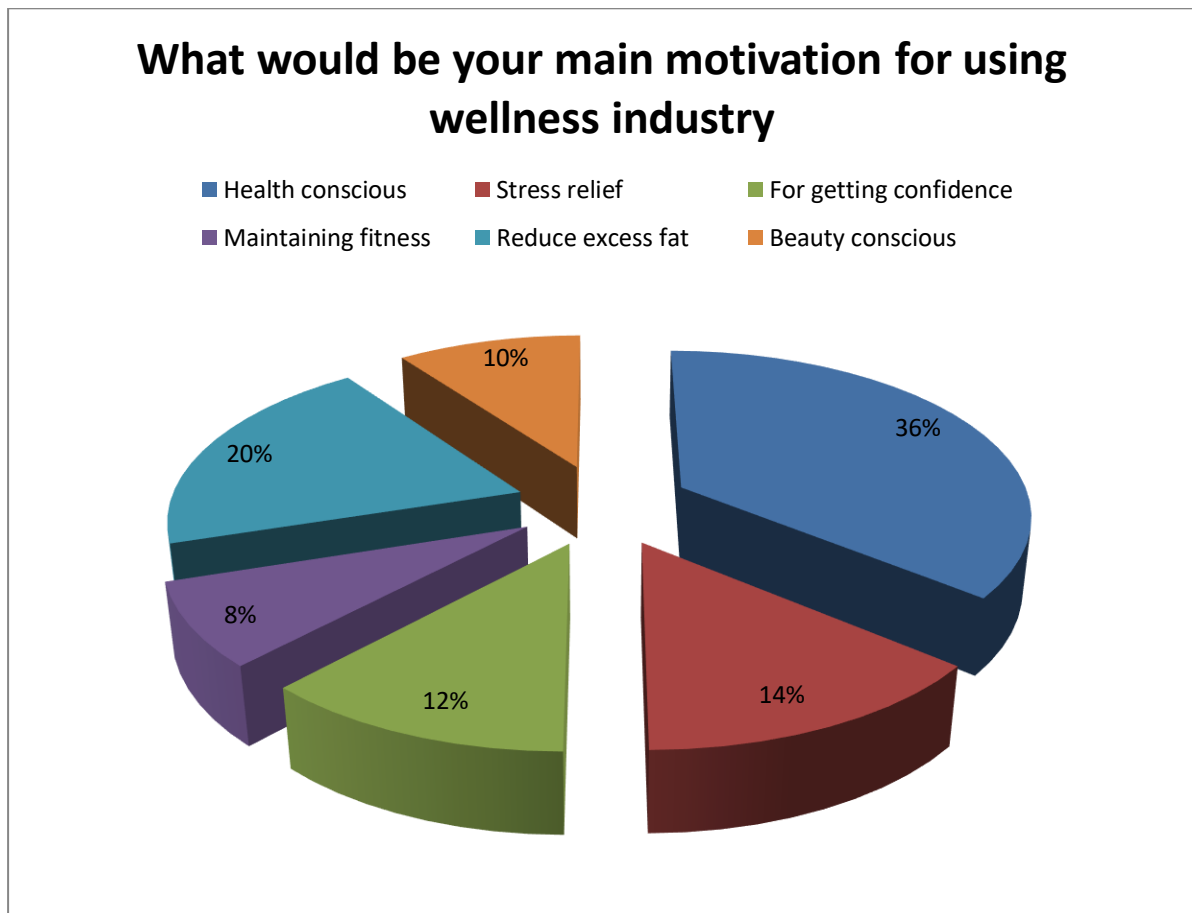
The table showing the frequency distribution of the respondents with regard to health insurance or mediclaim policy

Do you have any health insurance or mediclaim policies	Frequency	Percentage
Yes	30	60
No	20	40
Total	50	100

From the above table, we can see that majority of the respondents having health insurance or mediclaim policy and that is 60%. Because in today's generation health insurance place a major role for securing our health and also safety and security for their family members.

Figure 5

The figure showing the frequency distribution of the respondents with regard to main motivation for using wellness industry



From the above figure it's clearly shown that majority of the respondents were health conscious, that is 36%. Today's society there is no time for healthy eating and healthy cooking, all are behind fast food restaurants. So, it is not healthy for their body, at the same time they are fully aware about it. So, they regain this health they engaged in physical wellness or wellbeing.

Table 4.12

The table showing the frequency distribution of the respondents with regard to time preferring being engaging in wellness industry

Which time do you prefer being engaged in wellness industry	Frequency	Percentage
Anytime of the day	6	12
Evening	33	66
Morning	11	22
Total	50	100

From the above table, we can see that, majority of the respondents were preferring evening time and that is 66%. Because evening time is comfortable because it is the free time they get in their busy schedule.

Table 4.13

The table showing the frequency distribution of the respondents with regard to body shaming

Do you aware about body shaming	Frequency	Percentage
Yes	35	70
No	15	30
Total	50	100

From the above table we can say that, more respondents were comes under the category of yes, and that is 70%. Majority of them are aware of body shaming most of them are faced this issues in any point of their lifetime. So they work out hard to maintain their physical fitness.

Table 4.14

The table showing the frequency distribution of the respondents with regard to difficulties in wellness industry

Did you face any difficulties in wellness industry	Frequency	Percentage
Yes	40	80
No	10	20
Total	50	100

From the above table, we can see that, majority of the respondents comes under no option, which means, didn't face difficulties in wellness industry, and that is 80%. Some of them experience chronic pain. It is the major challenge, lack of safety measures in unorganized sectors, fatigue etc, may be the reason.

Table 4.15

The table showing the frequency distribution of the respondents with regard to whether wellness industry is good or bad

According to your aspect whether wellness industry is good or bad	Frequency	Percentage
Good	50	100
Bad	0	0
Total	50	100

From the above table, we can say that, all the respondents were selected the option good, and that is 100%. Wellness industry plays a major role in building healthy generations and all are interested to make use of it.

Table 4.16

The table showing the frequency distribution of the respondents with regard to print media and social media

Which is more preferable for you to maintain wellness	Frequency	Percentage
Print media	5	10
Social media	45	90
Total	50	100

From the above table, we can say that, most of the respondents preferred social media, and that is 90%. From this it is clear that social media, place a major role in promoting physical health because it is a good platform for sharing up to date or latest information, news, services, etc and it is very easy to handle and access information.

Table 4.17

The table showing the frequency distribution of the respondents with regard to mental peace

Do you give preference towards yoga or meditation for getting mental health peace	Frequency	Percentage
Yes	30	60
No	20	40
Total	50	100

From the above table, we can say that, majority of the respondents were comes under in the option yes, which means they give importance towards meditation or yoga, and that is 60%. From this it's clear that majority are using meditation for purifying the mind and the self because in today's generation all the relationships are impersonal and formal.

Table 4.18

The table showing the frequency distribution of the respondents with regard to medical issues while engaging in wellness industry

Did you face any medical issues while you using or engaging in wellness industry	Frequency	Percentage
Yes	12	24
No	38	76
Total	50	100

From the above table, we can say that majority of the respondents didn't face medical issues while using or engaging wellness industry and that is 76%. From this it is clear that used of wellness industry reduces the risk of certain diseases.

Table 4.19

The table showing the frequency distribution of the respondents with regard to , wellness industry is costly while it is operated.

Have you ever think the wellness industry is costly while it is operated	Frequency	Percentage
Not that much	30	60
A little	5	10
Very much	10	20
Never	5	10
Total	50	100

From the above table, we can say that majority of the respondents were selected not that much option and that is 60%. The study based on I.T Professionals, so they have some sort of financial stability and the rate of wellness industries did not act as a burden.

Table 4.20

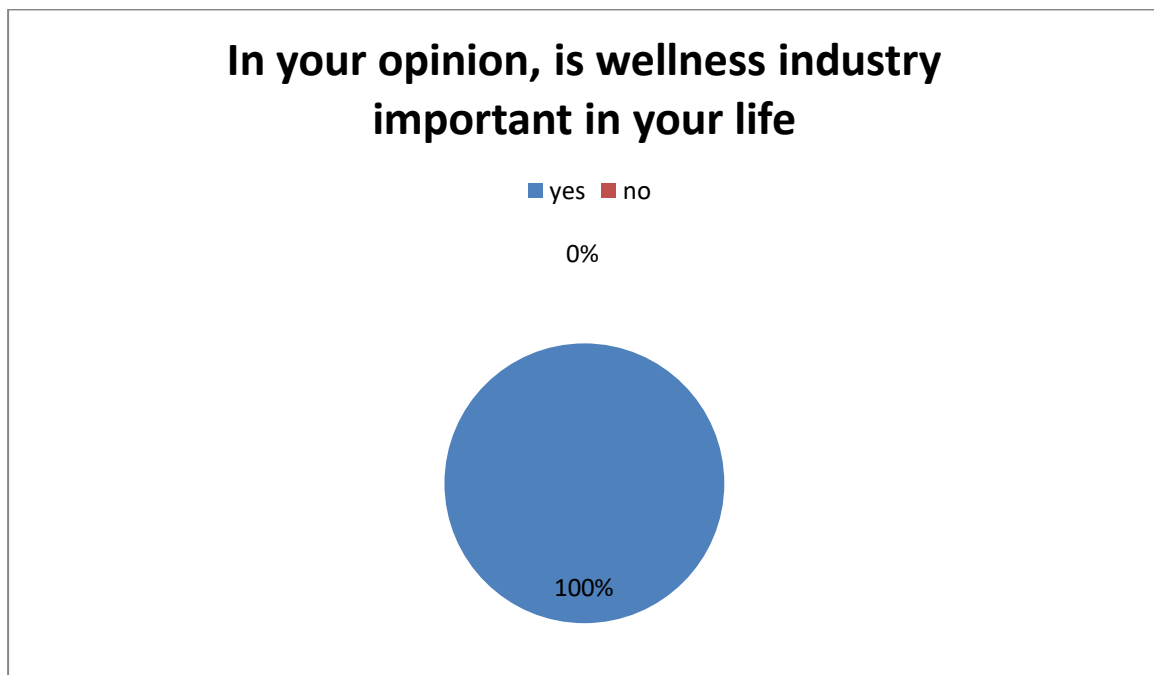
The table showing the frequency distribution of the respondents with regard to, is wellness industry helps to remove bad habits

Will wellness industry helps you to remove your bad habits from your life	Frequency	Percentage
Yes	40	80
No	2	4
Not fully	6	12
A little bit	2	4
Total	50	100

From the above table, we can say that majority of the respondents were selected yes option, and that is 80%. From this study, it is clear that majority agreed that physical wellness gives a sort of positive feeling and eliminating negative energy like tension, stress, anxiety and bad habits like smoking, alcohol consumption etc.

Figure 6

The figure showing the frequency distribution of the respondents with regard to importance of wellness industry



From the above figure, we can say that all the respondents were selected option yes, and that is 100%. From this figure, it is noted that wellness industries have a very important position to maintain our day to day life in more manageable and positive manner.

Table 4.21

The table showing the frequency distribution of the respondents with regard to satisfaction related to wellness industry

Overall, are you satisfied with all types of wellness industry	Frequency	Percentage
Very much	35	70
Yes	10	20
No	2	4
A little bit	3	6
Total	50	100

From the above table, majority of the respondents are very much satisfied with all types of wellness industry that is 70%. From this table, it is clear that majority of the respondents are very much satisfied with wellness industry to maintain physical and mental health and lead a better quality of life.

From the above data it is found that everyone gave importance to their health and physical fitness and when comparing the both genders male are contributing much more importance to physical fitness than females. All the respondents confirmed the positive aspects of wellness industry and it also helps them to lead a healthy wellbeing.

CHAPTER 5

FINDINGS AND CONCLUSION

After having detailed study on wellness industry we can see a great change in the behaviour of people in many manners like eating habits, lifestyle pattern etc. In earlier times people are not that much aware about their wellness industries like gym, Zumba, yoga, cardio, and beauty products, but now people changed their lifestyle patterns because of increasing technology day by day, these technology helps to people to conscious about wellness.

Engaging in regular physical activity may produce improvements in an individual's physical health, cognitive performance, and psychological well-being. Physical benefits include, but are not limited to, reduced risk for diseases, and improvements in physical functioning, fitness, and overall quality of life. Literature supports a link between exercise and cognitive benefits related to academic performance, brain function, and aging. Psychological benefits incurred from physical activity pertain to improvements in mood and self-esteem, and potential reductions in stress, anxiety, and depression. Strong scientific evidence indicates that adopting a physical activity regimen may positively impact health. However, individuals react differently to exercise and may face unique challenges and barriers when beginning and maintaining an exercise program. One may engage in behavioural modification strategies to enhance physical activity. Useful strategies include: identifying personally perceived barriers to physical activity, increasing self-efficacy, effectively setting goals, planning for setbacks, and self-monitoring progress.

In this study, we can recognize that males are acquiring wellness industry more, that is 68%, the persons who belongs to 25 – 30 age group having high percentage of using wellness industry and its 66%, in different types of I.T Professionals we can say more persons are software engineers and i.e., 58%, and majority of wellness industry users are comes under in nuclear family and that is 70%, in marital status more users of wellness industries are married and its 44%. From the educational status we can clearly says that persons who studied B.tech are more using wellness industry and its 36%. Most of the people are saying their main motivation for wellness industries were they are health conscious and that is 36%. And in the case of mental health peace 60% of people give preference towards yoga and meditation. 80% of people say that by the using or help of wellness industry, so many persons can remove their bad habits from their life.

According to this survey, we can clearly say that wellness industry is important in life and all are very much satisfied with wellness industry.

SUGGESTIONS

1. Allowing flexible employee scheduling to engage in wellness activities.
2. Promote workplace wellness by encouraging widespread connection.
3. Share healthy tips with colleagues.
4. Make aware of them about the risky factors while using wellness industry.

BIBLIOGRAPHY

JOURNALS AND ARTICLES

1. Goslin C., Taylor A. Exercise as a Stress Management Tool, Stress News, Oct 1999, Vol i, No 4
2. Klarreich, Samuel H. Health and Fitness in the Workplace. New York: Greenwood Press, 1987.
3. Pritchard, Robert E., Fitness. Inc.: A Guide to Corporate Health and Wellness Programs. Illinois: Dow Jones-Irwin 1990
4. Rudman, WJ, Steinhardt, M. Fitness in the workplace: the effects of a corporate health and fitness program on work culture. Health Values 1988; 12:4–17.
5. World Health Organization. [The determinants of health](#). Geneva. Accessed 12 May 2011.
6. Housman, Jeff; Dorman, Steve (September–October 2005). "[The Alameda County Study: A Systematic, Chronological Review](#)" (PDF). American Journal of Health Education. 36 (5): 302–08. [doi:10.1080/19325037.2005.10608200](#). [ISSN 1055-6699](#). [S2CID 39133965](#). ERIC document number EJ792845. Retrieved 27 December 2011.
7. Narasimhan, T. E. (30 January 2020). "[India's first coronavirus case: Kerala student in Wuhan tested positive](#)". Business Standard India. [Archived](#) from the original on 11 March 2020. Retrieved 7 March 2020.
8. Barry M, Pokim, “The National Transition” New Trends in Global Diet, Nutrition Reviews, Feb 1997.
9. Eccles, M., Grimshaw, J., Walker, A., Johnston, M., & Pitts, N. (2005). Changing the Behavior of healthcare professionals: the use of theory in promoting the uptake of research findings. Journal of clinical epidemiology, 58(2), 107-112.
10. Edward, Ch.E. Thomas Marvin. Convenience & Fast Food Hand Book; Hyde prak.New York, 1973

11. Fletcher, G. F., Balady, G., Blair, S. N., Blumenthal, J., Caspersen, C., Chaitman, B., & Pollock, M. L. (1996). Statement on exercise: benefits and recommendations for physical activity Programs for all Americans: a statement for health professionals by the Committee on Exercise and Cardiac Rehabilitation of the Council on Clinical Cardiology, American Heart Association. *Circulation*, 94(4), 857-862.
12. Jakovljevic, M., Vukovic, M., Chen, C. C., Antunovic, M., Dragojevic-Simic, V., Velickovic- Radovanovic, R., & Antunovic, M. (2016). Do health reforms impact cost consciousness of Health care professionals? Results from a nation-wide survey in the Balkans. *Balkan Medical Journal*, 33(1), 8.
13. Luetttgen, M., Foster, C., Doberstein, S., Mikat, R., & Porcari, J. (2012). ZUMBA®: Is the “Fitness-party” a good workout? *Journal of sports science & medicine*, 11(2), 357.
14. Physical Culture, “Exercise that conquers your nerves”; Raman Norravo *The Complete Illustrated Book on Yoga*; Swami Vivekananda
15. Williams, Y. G. (2018). *Healthy Lifestyle Changes and Academic Improvement*.
16. Cook-Cottone, C. P. (2015). *Mindfulness and yoga for self-regulation: A primer for mental Health professionals*. Springer Publishing Company.
17. Walsh, R. (2011). Lifestyle and mental health. *American Psychologist*, 66(7), 579.
18. Hwang, J. E. (2010). Promoting healthy lifestyles with aging: Development and validation of the Health Enhancement Lifestyle Profile (HELP) using the Rasch measurement model. *American Journal of Occupational Therapy*, 64(5), 786-795.
19. Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: a review of Comparison studies. *The journal of alternative and complementary medicine*, 16(1), 3-12.
20. Thirlaway, K., & Upton, D. (2009). *The Psychology of Lifestyle: promoting healthy behavior*. Routledge.
21. Han, C. H., Jung, D. S., Park, S. J., & Kwon, Y. K. (2007). Vitalization Measures of the Class for Qi-gong Gymnastics in the Public Health Center. *Korean Journal of Oriental Medicine*, 13(1), 115-124.

22. Kilgore, L., & Rippetoe, M. (2007). Redefining fitness for health and fitness professionals. *J Exerc Physiol*, 10(1), 34-9.
 23. Payne, H. (2003). *Dance movement therapy: Theory and practice*. Routledge.
 24. Brisswalter, J., Collardeau, M., & René, A. (2002). Effects of acute physical exercise Characteristics on cognitive performance. *Sports medicine*, 32(9), 555-566.
 25. Freidson, E. (2001). *Professionalism, the third logic: On the practice of knowledge*. University of Chicago press.
 26. Leckie, G. J., Pettigrew, K. E., & Sylvain, C. (1996). Modeling the information seeking of professionals: A general model derived from research on engineers, health care professionals, and lawyers. *The Library Quarterly*, 66(2), 161-193.
 27. Swedburg, R. B., & Izso, B. (1994). Active living: Promoting healthy lifestyles. *Journal of Physical Education, Recreation & Dance*, 65(4), 32-48.
 28. Howley, E. T., & Franks, B. D. (1986). *Health/Fitness Instructor's Handbook*. Human Kinetics Publishers, Inc., Marketing Director, Box 5076, Champaign, IL.
 29. Daniels, N. (1985). *Just health care*. Cambridge University Press.
 30. Goehler, J. (1980). Women's artistic gymnastics: for professionals and dwarves only. *Int Gymnast*, 22, 36-37.
- WEBSITES
1. <https://well.blogs.nytimes.com/2012/09/05/the-benefits-of-middle-age-fitness>
 2. <http://www.sportsci.org/encyc/agingex/agingex.html>
 3. <http://www.jstor.org/journal/jhealhumabeha>
 4. <http://www.skillsyouneed.com>
 5. <http://thehappinessindex.com>
 6. <https://www.sciencedirect.com/topics/nursing-and-health-professions/health-auxiliary>
 7. <https://www.myactivesg.com/Sports/Gymnastics/How-To-Play/Gymnastics-for-Beginners/Introduction-to-gymnastics>.
 8. <https://www.artofliving.org/in-en/yoga>

9. <https://www.takingcharge.csh.umn.edu/yoga>
10. <https://www.britannica.com/art/dance>
11. <https://blog.decathlon.in>
12. <https://www.helpguide.org/articles/healthy-eating/healthy-eating.htm>
13. <https://www.verywellfit.com/eat-healthy-feel-healthy-and-look-amazing-3121363>

APPENDIX

A STUDY ON WELLNESS INDUSTRY USED AMONG I.T PROFESSIONALS IN KOCHI CITY

QUESTIONNAIRE

(We would like to more about how you use wellness industry. You can help us to learn more by filling out the questionnaire. We do not share your answers with anyone else so they remain confidential.)

1. Name -.....
2. Address -
.....
.....
3. Contact or E – mail ID -.....
4. Gender
 - Male
 - Female
5. Age group
 - 25 – 30
 - 30 – 35
 - 35 – 40
6. Which type of I.T Professional you are
 - Computer programmer
 - Web developer
 - I.T Technician
 - System analyst
 - Network designer
 - User experience designer
 - Software engineer
7. Family
 - Nuclear family
 - Joint family
 - Extended family

8. Marital status

- Married
- Unmarried
- Divorced
- Widow

9. Education

- BCA
- MCA
- Diploma
- B.tech
- M.tech
- B.sc
- M.sc

10. Monthly income

- Below 15000
- 15000 - 25000
- 25000 - 35000
- 35000 - 45000
- 45000 above

11. Do you use wellness industry

- Yes
- No

12. On an average how much time you spend on wellness industry

- 0 – 1 hrs
- 1 – 3 hrs
- 3 – 5 hrs
- 5 – 6 hrs
- 6hrs - above

13. Which of these wellness industry you using

- Gym
- Zumba
- Yoga
- Cardio
- Any other

14. Where do you most often to access wellness industry

- Workout centres
- Home

15. How much time do you spend or buying equipments for wellness industry

- 2000 - 4000
- 4000 - 6000
- 6000 - above

16. Are you using wellness industry

- Daily
- Weekly
- Alternate days
- Depends on mind

17. Do you use online media for using wellness industry in your life

- Yes
- No

18. Do you have health insurance or mediclaim policies

Yes

No

19. What would be your main motivation for using wellness industry

Health conscious

Stress relief

For getting confidence

Maintaining fitness

Reduce excess fat

Beauty conscious

20. Which time do you prefer being engaged in wellness industry

Any time of the day

Evening

Morning

21. Do you aware about body shaming

Yes

No

22. Did you face any difficulties in wellness industry

Yes

No

23. According to your aspect whether wellness industry is good or bad

Good

Bad

24. Which is more preferable for you to maintain wellness

Print media

Social media

25. Do you give preference towards yoga or meditation for getting mental health peace

Yes

No

26. Did you face any medical issues while you using or engaging in wellness industry

Yes

No

27. Have you ever think the wellness industry is costly while it is operated

Not that much

A little

Very much

Never

28. Will wellness industry helps you to remove your bad habits from your life

Yes

No

Not fully

A little bit

29. In your opinion , is wellness industry important in your life

Yes

No

30. Overall, are you satisfied with all types of wellness industry

Very much

Yes

No

A little bit

THANK YOU.....