



HEALTH AWARENESS AND ITS RELATIONSHIP TO HEALTH SELF-EFFICACY AMONG STUDENTS OF THE DEPARTMENT OF PHYSICAL EDUCATION AND SPORTS SCIENCES AT IMAM JAAFAR AL-SADIQ UNIVERSITY (PEACE BE UPON HIM)

Assist. Prof. Faiz Adnan Shaker, General Directorate of Education in Al-Muthanna

Faez.adnan1973@gmail.com

Abstract

The purpose of this study is to determine the degree of health awareness and investigate how it relates to health self-efficacy among second-year students at Imam Jaafar Al-Sadiq University's Department of Physical Education and Sports Sciences (peace be upon him). The study's importance stems from its focus on a group of students who, because of their academic specialization, are supposed to have a relatively high level of health knowledge and good behaviors.

Given the nature of the research problem, the researcher used a descriptive correlational approach. Students from the department were chosen at random. A health self-efficacy measure and a health awareness scale were the two tools used. Following data collection and statistical analysis, a number of conclusions were drawn that demonstrated students' health awareness levels and their correlation with health self-efficacy.

Given their critical role in fostering a healthy culture and encouraging students to adopt healthy practices, the study suggests bolstering health education programs inside educational institutions, especially in colleges of physical education and sports sciences.

Keywords: Health Awareness; Health Self-Efficacy; Physical Education Students; Health Behavior; Sports Sciences.

1. Introduction to the Study

1-1 Introduction and Importance of the Study

Since it is essential to encouraging healthy habits and preventing a variety of diseases and health-related issues, health awareness is regarded as a fundamental notion in modern human life. It also serves as a crucial foundation for creating a society that values both mental and physical health. This primarily depends on people's degree of health knowledge and their capacity to use it in day-to-day situations.

Educational institutions, especially departments of physical education and sports sciences, which concentrate on building students' physical and health capacities, are among the most successful settings for spreading health culture and encouraging positive health practices among students. These departments' curricula are strongly related to physical fitness, health, and the avoidance of illnesses and accidents.

The idea of health self-efficacy, which represents a person's confidence in their capacity to control their health-related behaviors and make wise choices to preserve their wellbeing, is likewise closely linked to health awareness. People with higher levels of health self-efficacy are better equipped to adopt healthy habits and steer clear of unhealthy ones.

Health self-efficacy is thought to be a crucial psychological component that affects people's health-related behavior since it encourages them to maintain healthy habits and participate in physical activity. Consequently, a crucial subject for scientific research is the connection between health awareness and health self-efficacy.



Because they are expected to play a future role in promoting sports and health culture within the community, students studying physical education and sports sciences are an essential part of society. Therefore, having a high degree of health awareness and health self-efficacy improves their responsibilities in education and health (Wajeih, 1999, p. 38).

Therefore, this study is important because it looks at the relationship between health self-efficacy and health awareness among second-year students at Imam Jaafar Al-Sadiq University's Department of Physical Education and Sports Sciences (peace be upon him).

1-2 Research Problem

Due to the nature of their specialization, which is intimately tied to health and physical factors, students in the Department of Physical Education and Sports Sciences are expected to possess health awareness as one of the fundamental criteria. Nonetheless, the researcher noticed disparities in students' focus on healthy habits, which might point to variations in their health self-efficacy and awareness.

Determining the nature of the relationship between health awareness and health self-efficacy among students in the Department of Physical Education and Sports Sciences at Imam Jaafar Al-Sadiq University (peace be upon him) thus became the research problem.

1-3 Research Question

Is there a statistically significant relationship between health self-efficacy and health awareness among students at Imam Jaafar Al-Sadiq University's (peace be upon him) College of Physical Education and Sports Sciences?

1-4 Research Objective

to determine how students in Imam Jaafar Al-Sadiq University's Department of Physical Education and Sports Sciences (peace be upon him) relate to health awareness and health self-efficacy.

1-5 Research Hypothesis

There is a statistically significant correlation between health awareness and health self-efficacy among students of the Department of Physical Education and Sports Sciences.

1-6 Research Scope

1-6-1 Human Scope

Students of the Department of Physical Education and Sports Sciences at Imam Jaafar Al-Sadiq University (peace be upon him).

1-6-2 Spatial Scope

Classrooms of the Department of Physical Education and Sports Sciences at Imam Jaafar Al-Sadiq University (peace be upon him).

1-6-3 Temporal Scope

Academic year from 20/12/2025 to 25/2/2026.

3. Research Methodology and Procedures

3-1 Research Method

The descriptive correlational approach was chosen by the researcher because it was appropriate for the goals and nature of the study challenge. Without changing or influencing the variables, this method seeks to characterize the phenomenon as it actually occurs and determine the connection between health awareness and health self-efficacy among second-year students in Imam Jaafar Al-Sadiq University's Department of Physical Education and Sports Sciences. To get precise scientific conclusions, the factors are instead statistically examined.

3-2 Population and Sample of the Study



The study population comprised 166 male and female second-year students from four sections of Imam Jaafar Al-Sadiq University's Department of Physical Education and Sports Sciences for the academic year 2025–2026.

3-2-1 Research Sample

Simple random selection was used to choose the sample from among the students in the department. 130 pupils made up the overall sample size, which is a suitable percentage of the population to guarantee accurate representation.

The sample was separated into:

A pilot sample of 36 students was chosen from outside the main sample in order to verify the clarity of the scale items and application processes.

130 students served as the primary application sample for the study's final findings.

3-3 Tools, Instruments, and Equipment Used in the Study:

The researcher used a variety of suitable instruments and techniques that make data collecting and analysis easier in order to guarantee the effective completion of the study. The research objectives, hypotheses, and questions the study aims to address served as a guide for the selection of these instruments. The methods the researcher uses to get the necessary data and information are referred to as research tools in this context (Mohammed, 2011, p. 237).

The tools and means adopted in this study include:

1- Data Collection Methods:

These include:

Arabic and foreign references and sources.

The internet as a source of information.

Data collection and recording forms.

2- Research Instruments:

Observation.

The scales developed and used by the researcher.

Assistant research team.

A questionnaire designed to gather expert opinions.

3- (Equipment):

One laptop computer (Acer).

One handheld electronic calculator (Sony).

Stationery and office supplies (papers and pens).

3-4 Field Research Procedures:

3-4-1 (Determining the Domains of the Scales):

After reviewing the relevant literature and previous studies on health awareness and health self-efficacy, the researcher identified four main domains for each construct.

The domains of health awareness included:

Physical health awareness

Nutritional health awareness

Preventive health awareness

Psychological health awareness

Similarly, the health self-efficacy scale comprised four domains:

General health self-efficacy

Self-efficacy in physical activity



Self-efficacy in health prevention

Psychological health self-efficacy

These domains were sent to a panel of 17 experts via a questionnaire in order to verify their validity and suitability for measuring the targeted constructs. A questionnaire is a popular method for gathering information on a particular study topic by having respondents fill out a standardized form (Sawsan, 2003, p. 57).

The experts were asked to determine whether these areas were appropriate for measuring students' health awareness and self-efficacy at the Department of Physical Education and Sports Sciences at Imam Jaafar Al-Sadiq University (peace be upon him).

After collecting the responses, the Chi-square (χ^2) test was applied to determine the acceptance of the domains. All domains of both scales were accepted, as their calculated χ^2 values exceeded the tabulated value of (3.84) at a degree of freedom (1) and a significance level of (0.05). Accordingly, all domains of the health awareness scale were approved, as shown in Table (2). Likewise, all domains of the health self-efficacy scale were accepted, as their χ^2 values were higher than the tabulated value, as presented in Tables (1) and (2).

Table (1) Shows the calculated Chi-square (χ^2) values for experts' opinions regarding the domains of health awareness.

Acceptance of Nomination		Calculated Chi-square (χ^2)	Response		Domains	No.
No	Yes		Disagree	Agree		
	√	13.23	1	16	Physical Health Awareness	1
	√	9.94	2	15	Nutritional Health Awareness	2
	√	13.23	1	16	Preventive Health Awareness	3
	√	7.11	3	14	Psychological Health Awareness	4

Table (2) Presents the calculated Chi-square (χ^2) values for experts' opinions regarding the domains of health self-efficacy.

Acceptance of Nomination		Calculated Chi-square (χ^2)	Response		Domains	No.
No	Yes		Disagree	Agree		
	√	9.94	2	15	Self-efficacy in Health Management	1
	√	17	0	17	Self-efficacy in Physical Activity	2



	√	13.23	1	16	Self-efficacy in Health Prevention	3
	√	9.94	2	15	Psychological Health Self-efficacy	4

3-4-2 Developing the Initial Form of the Health Awareness and Health Self-Efficacy Scales:

To construct the preliminary version of the health awareness and health self-efficacy scales, the following steps were undertaken:

3-4-2-1 Item Generation for the Scales:

The researcher carried out a thorough analysis of pertinent literature, earlier research, and current assessment instruments pertaining to both constructs in order to create a sufficient pool of items reflecting the domains of both health awareness and health self-efficacy.

3-4-2-2 Response Format of the Scale Items:

The response possibilities were organized using a modified Likert-type scale by the researcher. This method, which is similar to multiple-choice forms, is frequently employed in research and measurement. After being shown a series of statements, participants are asked to choose one response from a number of options, each of which has a distinct weight (Rashed, 2004, p. 100).

In constructing the items, the researcher considered the following:

Each item should convey a single, clear meaning.

The wording of items should be simple, clear, and easily understood.

Each item included five response options for both scales, scored as follows:

Strongly agree (5)

Agree (4)

Neutral (3)

Disagree (2)

Strongly disagree (1)

3-4-2-3 Content Validity of the Scale Items:

A team of experts reviewed the items to determine their suitability and offered recommendations for their removal, alteration, or merging if needed. The responses from the experts are shown in Tables (3) and (4).

Table (3) Displays experts' opinions on the items of the health awareness scale, along with the calculated and tabulated Chi-square (χ^2) values.

Statistical Significance	Chi-square Value (χ^2)		Number of Experts		Item Numbers in the Scale	Number of Items	Domain	t
	Tabulated	Calculated	Disagreeing	Agreeing				
Significant	3.84	13.23	1	16	9, 7, 3, 5, 2	5	Physical Health Awareness	1



Significant		17	0	17	, 8 ,6 ,4 ,1 10	5	Nutritional Health Awareness	2
Significant		7.11	3	14	, 17 , 15 , 11 20, 18	5	Preventive Health Awareness	3
Significant		9.94	2	15	, 14 , 13 , 12 19 , 16	5	Psycholog ical Health Awareness	4
20							Total	5

3-4-2-4 Instructions for Responding to the Scales:

While preparing the instructions, the researcher ensured the following:

Each statement should be read carefully before answering. The purpose of the scale should not be explicitly disclosed to ensure unbiased and truthful responses, as direct labeling may influence participants' answers (Sawsan, 2010, p. 26).

All items must be answered without omission.

3-4-2-5 Pilot Study:

The two scales were administered to a pilot sample of (36) students on Wednesday and Thursday, corresponding to 28/12/2026.

3-4-2-6 Main Study (Construction Sample):

The scales were then applied to the construction sample, consisting of (130) students, to conduct preliminary statistical analyses of the items during the period from 4/1/2026 to 18/1/2026.

3-4-2-7 Scoring of the Scales:

A maximum score of five and a minimum score of one were given to each item. Each participant's item responses were added up to determine their overall score.

There were twenty items on the health awareness measure, and the scores ranged from twenty to one hundred. Comparably, there were 20 items on the health self-efficacy measure, and the total scores ranged from 20 to 100.

3-4-2-8 Psychometric Properties of the Scales:

First: Validity

The degree to which a test measures what it is supposed to assess is referred to as validity. According to Murtadha (2021), p. 67, a valid test accurately evaluates the concept it purports to measure without catching irrelevant characteristics.

Content Validity:

This was established by presenting both scales, including their domains and items, to a group of experts to evaluate their suitability.



Construct Validity:

By calculating discrimination indices between groups, keeping items with appropriate discriminating power, and calculating internal consistency coefficients, the construct validity of the scale items was confirmed statistically.

Second: Reliability

Split-Half Reliability Method:

Each scale's items were split into odd and even categories. This produced ten odd and ten even items for the 20-item health awareness scale; the same process was used for the health self-efficacy scale.

Pearson's correlation coefficient was calculated between the two halves, yielding:

Health awareness: (0.778)

Health self-efficacy: (0.677)

Since this coefficient reflects half-test reliability, the Spearman-Brown formula was applied to estimate full-scale reliability, resulting in:

Health awareness: (0.855)

Health self-efficacy: (0.720)

These values indicate a high level of reliability, as shown in Table (8).

Cronbach's Alpha Coefficient:

By analyzing the intercorrelation between items and between each item and the scale as a whole, this method evaluates the internal consistency of the scale. The Statistical Package for the Social Sciences (SPSS) was used to determine Cronbach's alpha for the construction sample, which consisted of 130 students. Table (5) displays the dependability coefficients for both scales.

Table (5) Shows the split-half reliability coefficients (correlation coefficient and Spearman-Brown correction) and Cronbach's alpha values for the health awareness and health self-efficacy scales.

Cronbach's Alpha Coefficient	Split-half Reliability		Scale
	Spearman-Brown Formula	Correlation Coefficient	
0,760	0,855	0,878	Health Awareness
0,754	0,720	0,764	Health Self-efficacy

3-4-2-9 Application of the Scales:

Following the completion of both scales' creation, they were given to a purposively selected applicant sample of 130 students between January 15, 2026, and October 2, 2026. With the help of the research team, data were gathered and examined using SPSS.

3-4-2-11 Statistical Methods Used:

The researcher utilized SPSS software to process the data and obtain the study results.

4. Presentation, Analysis, and Discussion of Results

4-1 Results of the Health Awareness Scale:

To achieve this objective, the scale was administered to the study sample of (130) students. The results are presented as follows:

Table (6) Shows the mean scores, t-values, and significance levels for the health awareness scale.

	Sig	T-value			SD	Mean	Variabl
--	-----	---------	--	--	----	------	---------



Statistical Significance		Tabulated	Calculated	Degrees of Freedom (df)	Hypothetical Mean			
Significant	0.000	1.984	145.654	129	60	1.765	95.887	Overall Scale

According to Table (6), second-year students' overall mean score on the health awareness measure was 95.887, with a standard deviation of 1.765. The observed mean is significantly higher than the imagined mean of (60), suggesting that the participants have a high degree of health awareness.

A one-sample t-test was used to assess statistical significance. Given that the significance level (Sig = 0.00) is less than (0.05) with (129) degrees of freedom, the computed t-value of 145.654 is statistically significant.

These results imply that students have a high degree of health awareness, which could be explained by their exposure to health-related information and educational background. This is consistent with Qandeel's (1990, p. 83) assertion that health awareness is a reflection of the conversion of information and experience into healthy actions. Higher educated people typically have greater health awareness, which helps them comprehend health-related problems better and lead healthier lives (Haddad, 2000, p. 43).

4-2 Results of the Health Self-Efficacy Scale:

To address this objective, the scale was applied to the same sample of (130) students. The results are as follows:

Table (7) Shows the mean scores, t-values, and significance levels for the health self-efficacy scale.

Statistical Significance	Sig	T-value		Degrees of Freedom (df)	Hypothetical Mean	SD	Mean	Variables
		Tabulated	Calculated					
Significant	0.000	1.984	66.432	129	60	3.323	150.77	Overall Scale

The mean score for health self-efficacy was 150.77 with a standard deviation of 3.323, according to Table (7). This suggests that students have a high degree of health self-efficacy when compared to the hypothetical mean (60).

The computed t-value for a one-sample t-test was 66.432, which is statistically significant (Sig = 0.00 < 0.05, df = 129). This demonstrates that pupils have a high level of health self-efficacy.

According to Al-Qudoumi (2005), p. 223, health self-efficacy is regarded as a crucial aspect of personality since it greatly affects personal behavior and is essential for directing actions. Driven by a strong feeling of personal competence, people with high self-efficacy typically exhibit stronger confidence in their abilities and strive to perform effectively in comparison to others (Fakhri, 2001, p. 44).

4-3 Correlation between Health Awareness and Health Self-Efficacy:

To examine the relationship between the study variables, Pearson's correlation coefficient was calculated, as presented in Table (8).

Table (8) Shows the correlation coefficients between the study variables.



Statistical Significance	Significance Level	Correlation Coefficient	Statistics Variables
Significant	0.00	0.32	Health Awareness × Health Self-efficacy

The findings show that health self-efficacy and health awareness have a statistically significant positive connection ($r = 0.32$, $Sig = 0.00$), which is less than the significance criterion (0.05). This implies that the two variables are directly related.

Put differently, a rise in health self-efficacy is correlated with an increase in health awareness. The results verify that increased awareness helps people feel more confident about controlling their health-related activities.

5-1 Conclusions

1. The study's conclusions show that students in the Department of Physical Education and Sports Sciences exhibit a respectable degree of health consciousness. This is explained by the nature of their academic discipline, which has a strong connection to sports, physical fitness, and health.
2. Additionally, the findings showed a statistically significant relationship between students' health self-efficacy and health awareness. This implies that students' capacity to adopt healthy habits and preserve their general well-being is improved by higher levels of health knowledge.

5-2 Recommendations

1. It is advised that departments of physical education and sports sciences enhance their health education and awareness programs by holding seminars, lectures, and extracurricular activities that raise students' understanding of health issues.
2. By implementing counseling and training programs that promote the adoption of healthy behaviors and support both physical and psychological well-being, more focus should be placed on helping students build their health self-efficacy.

References

- Al-Qudoumi, A. N. (2005).** Level of health awareness and sources of health information among Arab volleyball club players. Bahrain, p. 223.
- Abbas, H. K., et al. (2011).** Introduction to research methods in education and psychology (3rd ed.). Amman: Dar Al-Masirah for Publishing, Distribution, and Printing, p. 237.
- Haddad, S. (2000).** Nutritional guide for good health (3rd ed.). Beirut, Lebanon, p. 43.
- Al-Dosari, R. H. (2004).** Modern measurement and evaluation (1st ed.). Amman: Dar Al-Fikr Al-Arabi, p. 100.
- Al-Jalabi, S. S. (2005).** Fundamentals of constructing psychological and educational tests and measures (1st ed.). Damascus: Alaa Al-Din Publishing and Distribution, p. 57.
- Majid, S. S. (2010).** Psychological tests (models). Dar Al-Safa for Publishing and Distribution, p. 26.
- Fakhri, S. (2001).** Level of health culture among students at the end of the upper basic stage. An-Najah National University, Palestine, p. 44.
- Qandeel, A. R. (1990).** Nutritional education and the development of health awareness among future mothers. Ain Shams University, Egypt, p. 83.



Murtadha, A. S. (2021). Digital sports communication and its relationship to motivation for participation in sports and scouting competitions among physical education teachers in Babylon Governorate (Doctoral dissertation). University of Babylon, College of Physical Education and Sports Sciences, p. 67.

Mahjoub, W. (1999). Scientific research and its methods in physical education and sports sciences. Baghdad: Dar Al-Kutub for Printing and Publishing.

Appendix (1): Health Awareness Scale

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Variables	t
					I make sure to engage in physical activity regularly to maintain my health..	1
					I recognize the importance of healthy nutrition in improving physical performance.	2
					I make sure to eat balanced meals daily.	3
					I understand the importance of drinking sufficient amounts of water during physical activity.	4
					I care about maintaining personal hygiene after	5
					I avoid unhealthy habits that may affect my physical health.	6
					I recognize the importance of adequate sleep for maintaining overall health.	7
					I adhere to safety procedures	8
					I am aware of the risks of sports injuries and ways to prevent them.	9
					I follow health information related to sports and physical fitness.	10
					I recognize the importance of warming up before exercising.	11
					I understand the importance of cooling down after physical activity.	12
					I make sure to undergo periodic health check-ups.	13
					I avoid excessive consumption of unhealthy foods.	14
					I recognize the importance of mental health alongside physical health.	15
					I adhere to healthy habits within the university environment.	16
					I make sure to educate my peers about healthy behaviors.	17



					I understand the importance of preventing infectious diseases during sports activities.	18
					I make sure to use sports equipment properly.	19
					I believe that health awareness helps improve quality of life.	20

Appendix (2): Health Self-efficacy

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Variables	t
					I feel capable of maintaining my health through healthy behaviors.	1
					I can organize my time to	2
					I am confident in my ability to adhere to healthy habits.	3
					I can avoid behaviors that harm my health.	4
					I have the ability to control unhealthy dietary habits.	5
					I can maintain my physical fitness through regular exercise.	6
					I can continue exercising even when feeling tired.	7
					I can deal with psychological stress in a healthy way.	8
					I am confident in my ability to make appropriate health decisions.	9
					I can adhere to a healthy lifestyle for long periods.	10
					I have the ability to organize my diet in a healthy way.	11
					I can maintain my physical activity despite study pressures.	12
					I believe in my ability to prevent sports injuries.	13
					I can improve my fitness level if I put in enough effort.	14
					I can control daily habits that affect my health.	15
					I can overcome laziness and engage in physical activity.	16

Proximus Journal of Sports Science and Physical Education

Volume 3, Issue 09, September 2026

<https://proximusjournal.com/index.php/PJSSPE>

ISSN (E): 2942-9943



					I am confident in my ability to maintain a healthy weight.	17
					I can modify my behavior if I feel it negatively affects my health.	18
					I have the ability to adhere to health instructions during training.	19
					I feel capable of managing my health properly.	20