THE AFFECT OF SPORTS TO THE CHILDREN'S LEVEL OF DEPRESSION BASED ON OCCURANCY OF PHYSICAL INSUFFICIENCY

Atike Yilmaz1, Malik Beyleroglu1*, Huseyin Kirimoglu2, Selami Yuksek3, Hande Baba Kaya1

1Sakarya University, School of Physical Education and Sports, Sakarya
2Mugla Silti Kocman University, Faculty of Physical Education and Sports, Mugla
3Karadeniz Teknik University, School of Physical Education and Sports, Trabzon (TURKEY)

malik-beyleroglu@hotmail.com

DOI: 10.7813/2075-4124.2015/7-3/B.17

Received: 05 May, 2015
Accepted: 25 May, 2015

ABSTRACT

This work is focused on the level of the depression based on the sports activities of the children that have physical insufficiency or not. To determine the level of depressions that the participants have, “Personal Identification Form” which is developed by researchers and “The Depression Scale for Children” program has been used which is developed by Kovacs (1980) and workout for currency and liability by Oy (1991) in Turkey have been used. The level of depression of the participants has been compared by the perspectives of; age, gender, whether the parents are working or they are single parents, working status of mother or father, perceptive income level, the amount of sisters or brothers, the attitude of family, violence in family and sports activities. The research group of the work is content of children that has normal intelligence level (n=100) and physical insufficiency and the children that have no physical insufficiency (n=100) that are treated in Special Education and Rehabilitation Centers and Medicine Centers in Kocaeli, city center. The analysis of the work is done with “T test”. In the evidence of the analysis, the level of depression that the children who do not do sports have is higher than the level of depression that the children who do sports have. (P<0,05). Likewise, the level of depression that the children who have physical insufficiency is higher than the level of depression that the children who do not have physical insufficiency statistically (P<0,05). Adding to these, the level of depression that the children who have physical insufficiency and do not do sports is higher than the level of depression that the children who have physical insufficiency and do sports, statistically. (P<0,05). On the other hand, there could not be found any significant differences for the level of depression statistically between the children who have physical insufficiency doing sports (n:23) with the children who have physical insufficiency but not doing sports (n:77) (P>0.05). Likewise, there could not be found any significant differences for the level of depression statistically between the children who do not have physical insufficiency doing sports (n:51) and the children who do not have physical insufficiency but not doing sports (n:49) (P<0,05). Also again, there could not be found any significant differences for the level of depression statistically between the children who have physical insufficiency doing sports (n:23) with the children who do not have physical insufficiency but doing sports (n:51). Consequently, it is concluded that the level of depression that the children who have physical insufficiency have is higher than the children who do not have physical insufficiency have and the level of depression that who do sports is lower than who do not do sports. But when the effect of sports to the level of depression among the children is examined, there is no significant difference observed. The work is recommended to separate the children who have physical insufficiency or not depending on doing sports or not.

Key words: Depression, Physical Insufficiency, Sport, Children

1. INTRODUCTION

Result of dysfunctions in skeletal, muscular and neural system by any cause in pre-birth, birth order and after-birth periods, individuals that lose physical abilities in various degrees, face hardly to fit in social life and provide daily expectations and by these causes who need protection, care, rehabilitation, council and support services are called physically handicapped; and the causes that lead to these issues are called physical insufficiency [1]. Physical insufficiency contain people that are affected by orthopedic insufficiency and remaining disease. Orthopedic insufficiency is a lack of functions in muscle, carcass and articulars of central neural system by the consequences of diseases and injuries caused by accidents. As for remaining diseases, it is described as constantly remaining medical issues and treatments that limit individual to join various activities [2]. It is really hard to give information about the children’s features that have physical and medical insufficiency. Because there are many factors that affects the growing and features of children. In case of being physical and medical insufficiency in children, the factors that affects children's growing by increase and change quantity and qualification. Factors like families’ education status, socio-cultural status, sibling quantity, environment that they live take a big role in growing of children besides troubles caused by insufficiency. To examine all of the evidences, it is important to consider degree, appearance and occurrence age of insufficiency [3-6].

The events that take place while growing up in children who have physical insufficiency affects their growing seriously. Intense pain, hospital experiences that threatens their life and other medical treatments affects their personalities, humors and educational performance. Not being able to move causes them to live along with learned weakness which is also known as the state of being passive. It is claimed that depression, aggression and introversion is seen generally in these children [2].

Depression can be defined as the pathological name of negative, anxious state of mind that creates very important and vital affects in children’s life [7]. It is accepted that there is depression in children at the present time [8], it occurs with similar symptoms as in adults and features of adult depression are valid for children also with some features taken into

1 This article was presented as an oral presentation at the International Congress on Sports, Education and Health Sciences, (ICSEH) 1-3 May 2015 Sakarya, TURKEY

ISSN: 2075-4124
consideration [9]. Depression creates very important and vital effects in children’s life. This affect reveal itself in school and home while being together with family and friends. Until recent times, depression has not been considered as a disease and extremely necessary information such as how children deal with the disease, why do they drag into the disease and how to help them are researchs that have been done only in 20 years [10]. Some particular experiences in childhood and some actual life events make us be tended to depression for reacting. The thoughts that stress negativity is in our life since childhood so this idea makes us individuals tended to depression [11].

Participating exercises, besides physical and physiologic benefits, it provides psychological goodness and it is among the treatment methods in rehabilitation programmes [12]. School age and early adolescence in the period of children with peer groups that have demonstrated positive behavior with time to be determined, social and sport events, the presence of their physical, mental, and spiritual growth and social aspects and positive social behaviors that will lead to a win [13].

It is also stated that sports which became an important part of social life, do not only increase life standards, but also has a healing affect on depression [14], exercising has the capacity of handling stress [15-19], and it reduces depression and circumstantial anxiety [20-21].

2. METHOD

2.1. Model
In this research, general scanning model which is one of the descriptive research methods is used [22], defines scanning model as; a research that approaches to define an existing situation as it exists.

2.2. Research Group
The research group is consist of 200 children that are having treatment in Special Education and Rehabilitation Institutions and Medical Centers in Kocaeli city center (n=100) and who have physical insufficiency in a normal intelligence level and have no physical insufficiency (n=100).

2.3. Data Collection Tool
“Personal Information Form” which is developed by researchers to determine the depression level of participants and “Depression Scale for Children” developed by Kovacs (1980) and used in our country by Oy (1991) to study on reliability and validity are used in the research. The depression level of participants are compared by the perspective of the status of doing sports.

Depression Scale (DC) which is used in the research; is developed by Kovacs by basing on Beck Depression Scale and related to depression questions about status of school and relationship with friends are added.

In our country, reliability and validity research are done by Oy (1991). It is evaluated that scale’s test-repeating test reliability is.72 internal consistency ratio is.86. DC, is a 27 matter scale. Its language is simplified for children to understand easily. The scale is either read to children or read by children and filled as every matter is rated as 0,1,2 according to intenseness. Child is expected to evaluate the condition of himself in last two weeks and choose the proper sentence among choices and mark it. Maximum point is 54 and breakpoint is 19. It is accepted that the more score they get over 19, the more their depression are intense [23].

2.4. Analysis of Data
SPSS 16.00 Statistic package software was used to evaluate the datas and to find calculated values.Datas are summarized by average and Standard deviation. According to Normality testing, for the sake of datas showing normal distribution, T test which is independant from parametric tests is used on groups. Error performance rate in this research is considered as 0.05.

3. FINDINGS

| Table 1. Comparison of the level of children’s depression by some variances |
|-----------------|--------|------------------|------|------|
| Variences       | N     | Average          | Standard Deviation | T    | P    |
| Not doing sports| 126   | 25.41            | 3.289             | 2.561| 0.012*|
| Doing sports    | 74    | 24.16            | 3.380             |      |      |
| The ones have physical insufficiency| 100  | 25.93            | 3.307             | 4.289| 0.000*|
| The ones do not have physical insufficiency| 100  | 23.97            | 3.154             |      |      |
| Having physical insufficiency and not doing sports| 77    | 26.23            | 3.422             | 1.923| 0.061|
| Having physical insufficiency and doing sports| 23    | 24.91            | 2.712             |      |      |
| Not having physical insufficiency and not doing sports| 49    | 24.12            | 2.619             | 0.475| 0.636|
| Not having physical insufficiency and doing sports| 51    | 23.82            | 3.615             |      |      |
| Not doing sports and having physical insufficiency| 77    | 26.23            | 3.422             | 3.907| 0.000*|
| Not doing sports and having no physical insufficiency| 49    | 24.12            | 2.619             |      |      |
| Doing sports and having physical insufficiency| 23    | 24.91            | 2.712             | 1.435| 0.157|
| Doing sports and having no physical insufficiency| 51    | 23.82            | 3.615             |      |      |

*P<0.05

When table 1 is evaluated, in children’s depression level comparison of doing sports or not doing sports, it is founded that the depression level of children who do not do sports (n=126) are significantly higher than the depression level of children who do sports (n=74) statistically (P<0.05). Likewise, it is founded that the depression level of children who have physical insufficiency (n=100) are significantly higher than the depression level of children who do not have physicial...
insufficiency (n:100) statistically (P<0.05). In addition to these, it is founded that the depression level of children who do not do sports and have physical insufficiency (n:77) are significantly higher than the depression level of children who do not do sports and do not have physical insufficiency (n:49) statistically (P<0.05). Thus, it is founded that there is no significant difference between the depression level of children who do not do sports and have physical insufficiency (n:77) and the depression level of children who do sports and have physical insufficiency (n:23) statistically (P>0.05). Likewise, it is founded that there is no significant difference between the depression level of children who do sports and do not have physical insufficiency (n:49) and the depression level of children who do sports and do not have physical insufficiency (n:51) statistically (P<0.05). And, it is founded that there is no significant difference between the depression level of children who do sports and have physical insufficiency (n:23) and the depression level of children who do sports and do not have physical insufficiency (n:51) statistically (P<0.05).

4. DISCUSSION

According to the indications found in the research (table 1), it is founded that there is a significant difference between the depression level of children who do sports or not and the depression level of children who do sports is lower. So to say, individuals that do sports physically and mentally feel more comfortable. In the research Arslan et al. (2011) did, it is evaluated that the depression situations in children who are in the second degree of primary education by some aspects and the conclusion was that children’s level of depression who do sports are significantly lower than who do not do sports [24]. Koruc and Bayar who did their research in 2004 found that, exercise may be a effective healing feature for emotions such as depression, anxiety, by doing exercises as collective reduces the symptoms such as physiological and physical action, unwillingness, social alienation, stability of being home, reduce of self-reliance feeling in depression treatment [25]. These researches are parallels to the indications in our work.

Besides, it is founded that there is a significant difference between children who have physical insufficiency and not. The depression level of children who do not have physical insufficiency is lower and the ones’ who have physical insufficiency is higher. Likewise, it is founded that there is a significant difference between children who have physical insufficiency and the depression level of children who do not do sports and have no physical insufficiency. The conclusion here again, the depression level of children who have insufficiency is higher than the ones who do not have physical insufficiency.

It can not be thought that depression symptoms are related to disability in handicapped individuals. But individuals with disabilities remain to face special difficulties increases symptoms of depression. Research shows that for signs of depression and chronic disease is susceptible individuals, two to 10 times more than the look on [26]. Physical handicap, is one of the most important reasons for loss of function. For chronic physically handicapped individuals (cerebral palsy, spinal chord injuries, muscle diseases, traumatic brain damages), it is important to detect the quality of medical life and functional situation. Psychological disorders, functional loss, and in a low quality of life can be seen in chronically physically handicapped individuals. With the increasing state of handicap, depression causes anxiety and function loss that affects individual negatively by the aspects of activity limitation, social isolation, thus life quality. In chronically physically handicapped individuals, ambulation difficulties, addiction to daily life activities and activity limitation and social isolation caused by chronic pain occur and this occurrence leads them to an increase of life pleasure and life quality [27].

In the research, there is no significant difference in the level of depression between children who do not do sports and have insufficiency and children who do sports and have insufficiency, children who do not do sports and have no insufficiency and children who do sports and have no insufficiency. But Yazici (2012) in his research, studies statistical results of the variations that change with Beck depression scale in relationship of ampute individuals that do sports or not, and when athletes and sedentaries are evaluated, life quality level of ampute athletes and sedantaries change according to scores of depression. Life quality level of ampute individuals that do sports are higher than sedantry ampute individuals. Depending on this, depression level of ampute individuals that do sports is lower than sedantry ampute individuals. So in our work this conclusion is occured that; the more life quality means the less depression level [28]. Respondent number are not equal so it gives this conclusion.

Besides there could not be found a significant difference between the children who do sports and have physical insufficiency and children who do sports and have no insufficiency. Parallel to this, in a work done by 2011, depression level of athletes who play in national wheeled-chair basketball league by the perspectives of variables (gender, age, education status, profession, how many siblings they have, level of handicap, occurrence period of handicap) have no difference with some athletes researched by the aspects of gender, age, education status, profession, how many siblings they have, level of handicap, occurrence period of handicap and this is because of being athletes [29]. Again parallel to the research we did, Akandere and Taskin in their work in 2006, compare the depression level of twelve aged children by the aspect of doing sports or not. 202 participants volunteered to the work consist of 102 female and 100 male. In the research, depression level of children is evaluated by the aspects of gender, sportiveness, father occupation and mother profession variances. According to the variances, it was not detected a significant difference in depression score statistically between girls and boys who do sports or not and children who do sports or not. Also when evaluating the depression level of children by the aspect of mother and father professions, it was not detected a significant difference. Consequently, it is said that there is no difference in the level of depression of 12 years old children group and in this group father and mother profession, gender, doing sports or not situation do not affect depression level [30]. These works are parallels to our research.

5. CONCLUSION AND SUGGESTIONS

This work is done for the purpose of evaluating the depression level of children who have physical insufficiency and do not have physical insufficiency. It is founded that the depression level of children who do not do sports (n:126) are significantly higher than the depression level of children who do sports (n:74) statistically (P<0.05). Likewise, it is founded that the depression level of children who do not have physical insufficiency (n:100) are significantly higher than the depression level of children who do not have physical insufficiency (n:100) statistically (P<0.05). In addition to these, it is founded that the depression level of children who do not do sports and have physical insufficiency (n:77) are significantly higher than the depression level of children who do not do sports and do not have physical insufficiency (n:49) statistically (P<0.05). Thus, it is founded that there is no significant difference between the depression level of children who do not do sports and have physical insufficiency (n:77) and the depression level of children who do sports and have physical insufficiency (n:23)
It is founded that there is no significant difference between the depression level of children who do not do sports and do not have physical insufficiency (n:49) and the depression level of children who do sports and do not have physical insufficiency (n:51) statistically (P<0.05). And, it is founded that there is no significant difference between the depression level of children who do sports and have physical insufficiency (n:23) and the depression level of children who do not do sports and do not have physical insufficiency (n:51) statistically (P<0.05). Within the scope of these consequences, it is recommended that the research to be repeated between the children who have physical insufficiency or not and the children who do sports or not.

REFERENCES