Physical Education and Gender Influence the Mental Health

Shirkoo Ahmadi, Ali Heyrani and Nahid Jabari

Abstract: The aim of present research was to compare mental health in physical education and non physical education students. The sample consisted of 1950 students. There were 890 physical education (P.E.) students (430 female, 460 male) and 1060 students of other educational (not P.E.) fields (600 female, 460 male) within the range of 15 to 17 years old. The GHQ-28 (Goldberg, 1972) was used to assess mental health. Independent t-test was used to analyze data. Results showed that there was no significant difference among P.E. students and not P.E. students in somatic symptoms, anxiety/insomnia and depressive feeling but there was in social dysfunction; P.E. students were in a better condition. Moreover, there was significant difference between males and females in somatic symptoms, anxiety/insomnia, social dysfunction and depressive feeling; males had a better status.

Key words: Mental health • Athlete • Non athlete • Student

INTRODUCTION

Human being has two aspects; physical and mental. Interaction and balance of these two aspects are necessary to survive [1]. Mental health is health of body, psyche, social power and affective power. The specialists believe that depression, anxiety, aggression and social abnormalities threat mental health. Such factors not only threat mental health but also physical health [2]. It is now becoming clear that the presence or absence of positive mental health or ‘wellbeing’ influences outcomes across a wide range of domains including healthier lifestyles, better physical health, improved recovery, fewer limitations in daily living, higher educational attainment, greater productivity, employment and earnings, better relationships, greater social cohesion and engagement and improved quality of life [3, 4].

School is a key period to consider mental health. As a cultural and social center, it is the first formal place to train children for future. Nowadays school is not only knowledge-oriented but also personality-oriented. As Iran is one of the youngest societies of world (more than 20 million young people) and mostly they are elementary or high school students, education system is the best way to improve mental health among the young. Sport psychologists and experts concentrate on vital role of sport in human’s health from several aspects. Therefore, increasing trend towards sport activities amongst the young must be essential now [5].

Reviews have suggested that exercise is an effective treatment for depression [6]. Other studies have also examined the effect of physical exercise on the prevention of depression [7, 8]. Moreover, the prevalence and incidence of depression and anxiety are lower in those who are regularly active [9].

Payton et al., (2000) described a framework for promoting mental health and reducing risk behaviors in children and youth identifying key social and emotional learning (SEL) competencies and program features. The SEL competencies include 17 skills and attitudes organized into four groups: awareness of self and others, positive attitudes and values, responsible decision making and social interaction skills. The eleven program features critical to the success of school-based SEL programs emphasize curriculum design, coordination with larger systems, educator preparation and support and program evaluation [10].

Bailey (2006) examined the benefits and outcomes of physical education and sport in schools. The review suggests that physical education and sport have the
potential to make distinctive contributions to the development of children’s fundamental movement skills and physical competences, which are necessary precursors of participation in later lifestyle and sporting physical activities. They also, when appropriately presented, can support the development of social skills and social behaviors, self-esteem and pro-school attitudes and, in certain circumstances, academic and cognitive development [11].

Hyun, Quinn, Madon & Lustig (2006) examined the mental health needs, knowledge and utilization of counseling services among graduate students at a large university in the western United States. Almost half of graduate student respondents reported having had an emotional or stress-related problem over the past year and over half reported knowing a colleague who had had an emotional or stress related problem over the past year. Self-reported mental health needs were significantly and negatively related to confidence about one’s financial status, higher functional relationship with one’s advisor, regular contact with friends and being married. Utilization of counseling services was positively associated with an index of depression symptoms, the number of semesters in school and identifying as female. Those students who had experienced a significant mental health event in the past year and had higher functional relationships with their advisors were significantly more likely to utilize counseling services [12].

Affifi (2007) examined gender differences in mental health. He believed that effective strategies for risk factors’ reduction in relation to mental health cannot be gender-neutral, while the risks themselves are gender-specific and women’s status and life opportunities remain low worldwide. Low status is a potent mental health risk. For too many women, experiences of self worth, competence, autonomy, adequate income and a sense of physical, sexual and psychological safety and security, so essential to good mental health, are systematically denied [13].

Sport has a great role in mental health. This study was to compare physical education students with students of other educational fields to see if physical education played purposeful role considering mental health in Iran.

**MATERIALS AND METHODS**

The sample consisted of 1950 students. There were 890 physical education (P.E.) students (430 female, 460 male) and 1060 students of other educational (not P.E.) fields (600 female, 460 male) within the range of 15 to 17 years old. The GHQ-28 (Goldberg, 1972) was used to assess mental health [14]. All items have a four-point scoring system using Likert scoring (0-1-2-3). This questionnaire comprises of four subscales including somatic symptoms, anxiety/insomnia, social dysfunction and depressive feeling. Independent t-test was used to analyze data.

**RESULTS**

Independent t-test was used to determine the difference among groups. The difference between P.E. and not P.E. was considered. It was presented in Table 1.

As it seen from the table, there was no significant difference among P.E. students and not P.E. students in somatic symptoms, anxiety/insomnia and depressive feeling but there was in social dysfunction (t=-3.25, p=0.001); P.E. students were in a better condition. Moreover, the male and female were compared without considering their educational fields. They are reported in Table 2.

As it seen from table, there was significant difference between males and females in somatic symptoms, anxiety/insomnia, social dysfunction and depressive feeling; males had a better status.

**DISCUSSION**

The present study compared mental health between P.E. and not P.E. students in Iran. Based on the findings, P.E. students did not differ significantly from P.E. students in somatic symptoms, anxiety/insomnia and depressive feeling subscales. The observed discrepancy was social dysfunction; the P.E.’s performance was better. Considering the extraordinary effect of sport on the mental health, it was surprising not to detect significant difference among P.E. and not P.E. students.

The P.E. students’ better social function confirmed role of sport. They attend several social activities and competitions resulted in strong social relationship.

The prominent finding was the male’s superiority in mental health. All subscales differed significantly amongst the male and female indicating the female’s poor mental health status.

In total, the male participate in more social activities. Moreover, puberty creates harmonic changes leading to isolation and withdrawal for the female. This period keeps them away from society resulted in less social activity too. The other reason is fewer sport spaces for females. The poor mental health of females is a disaster for they must be qualified mothers to train children.
Table 1: Mental health in P.E. and not P.E. students

<table>
<thead>
<tr>
<th>Mental health subscales</th>
<th>P.E.</th>
<th>Not P.E.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td>5.22</td>
<td>4.35</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.07</td>
<td>4.85</td>
</tr>
<tr>
<td>Social dysfunction</td>
<td>7.11</td>
<td>4.90</td>
</tr>
<tr>
<td>Depression</td>
<td>6.66</td>
<td>5.94</td>
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</tbody>
</table>

Table 2: Mental health in males and females

<table>
<thead>
<tr>
<th>Mental health subscales</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td>4.08</td>
<td>2.92</td>
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<tr>
<td>Anxiety</td>
<td>5</td>
<td>3.43</td>
</tr>
<tr>
<td>Social dysfunction</td>
<td>6.99</td>
<td>4.32</td>
</tr>
<tr>
<td>Depression</td>
<td>4.74</td>
<td>5.01</td>
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</table>

It must be paid sufficient attention to sport position in the school. Just 2 hour physical activity is not enough in schools in a week to have a healthy society.

REFERENCES