

## **PREVALENCE OF DEPRESSION IN STATE LEVEL TRIBAL AND NON - TRIBAL FOOTBALL PLAYERS**

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### **ABSTRACT**

Depression has its own complex and it's variety of shape and reactions. Psychology researcher yet could not come up with an absolute discovery of causes, treatment, and recovery of disease. The study focused on to find out the depression level among the tribal and non-tribal football players of Tripura. To fulfil the purpose two hundred (200) male soccer players from different community i.e., 100 tribal and 100 non-tribal players were randomly selected. Depression was measured by Goldberg Depression Questionnaire (GDQ) constructed by Ivan Goldberg and used it to collect the data. To see the differences between the groups, independent t-test was employed and level of significance was chosen at 0.05. The mean value of tribal soccer players' on depression has been found 25.6 whereas the non-tribal players mean value has been found 30.37 respectively. The result of t-test demonstrated that the difference between the mean values of depression of tribal and non-tribal soccer players was found significant. The individual differences and experiences are important structure to tolerate the stress level.

**Keyword:** Depression, Sports Psychology, Soccer and Competition

### **Introduction**

Depression is prolonged and persistent mood which can colour and interfere with many aspects of one's life. It is a reaction to stress and may afflict any person (Md. Rezaei Barmi, 2011). An athlete's mental state has long been thought to play a crucial role in the ability to perform sport-specific tasks. Players who are evenly matched in physical skills often rely upon their psychological skills to gain an advantage over their opponents (Covassin T. in 2004). S. Cascua (2002)

highlighted on the mechanisms through which the sport has a positive effect on recovery from depression. Regular exercise in some sports counteracts the harmful physiological effects produced by the accumulated negative stress which, if protracted, can stimulate endogenous changes that support the development of neuro-chemical depression, linked to low levels of some neurotransmitters. During the practice of moderate endurance sports, however, the brain undergoes an unstressed, or positive stress, thus it activates the production of a complex molecule that, subsequently, generates the production of two important types of neurotransmitters: acetylcholine and endorphins. These are the molecules that produce the sensations of analgesia and a sense of well-being, properties that have often led to them being defined "happiness hormones". Blumenthal J.A. et al., in 2000 studied on aerobic exercise programme three times per week, a medication treatment or a combined treatment of medicine and exercise. Results revealed that after 16 weeks of intervention, all three groups significantly reduced depression symptoms, with exercise as effective as other two treatments. Finally a series of studies revealed that physical activity interventions were successful to reducing depression among adolescent. These results demonstrate, from a sequencing perspective, that exercise precedes changes in depression (Robert S. Weingberg and Daniel Gould, 2007). Babyak et al. (2000) aimed at examining the situation of 156 patients who suffered severe depression. These patients were randomly chosen to participate in four-month courses, including aerobic exercises and psychotherapy or both. The research showed the patients in the three groups engaged in physical exercises showed much less affliction with depression as compared to the groups that underwent only drug-therapy. It was shown that there is a direct relation between proper exercises and the treatment of the depression, especially if the exercises are performed regularly and continuously. Lawlor and Hopker (2001) studied the effect of physical exercises as an important tool to control depression. Reviewing researches and their results published in journals and magazines, they come to the conclusion that any therapy combined with physical activities is much effective than treatments without physical exercises (Mohammad Rezaei Barmi, 2011).

The state of Tripura has been a predominantly tribal state. Only after the 1971 war between India and Pakistan, the refugees from East Pakistan i.e., Bangladesh, mostly consisting of the Bengali people infiltrated into this part of India. Thus Tripura became a melting-pot of both the tribal and non-tribal people. Additional, in India various tribal communities are in different stages of psychological development, but they are still backward in comparison to those who are so called civilized people. These tribal's are aborigines of our country. They have been studied from a number of angles. The active life with a lot of physical activities to earn their daily bread and butter is contributory to their physical development as well as their psychological development. The genetic potentiality in performing vigorous physical activity can be useful to excel in certain

sports and games especially in endurance based sports. The functional aspects based on the specific structure and physical and motor fitness components which are also considered to be pre-requisite factors for successful sports performance.

### **Objective of the Study**

The purpose of the study was to find the prevalence of depression in state level tribal and non-tribal football players of Tripura.

### **Selection of Subjects**

The study was carried out on two hundred (n=200) male football players from the state of Tripura and divided into two groups Viz hundred tribal and hundred non-tribal players were selected and the age ranged from 18-28 years. The Random sampling method was employed in drawing the samples.

### **Criterion Measures**

Depression was measured by Goldberg Depression Questionnaire (GDQ) constructed and standardized by Ivan Goldberg in 1933.

### **Administration of Questionnaires**

The questionnaire was administered by the researcher to group of 200 subjects. The subjects were seated comfortably and as far as possible should not have a chance to talk other players or check at their answers. By explaining the purpose of the test the researchers try to get a full co-operation from the players. The questionnaire was self administering. The researchers read out to the subjects and explain to them what-ever necessary. The subjects were exhorted to give their own and true opinion and the researcher assured to the respondents that the information given by them would be kept confidential with him and utilized for the purpose of the study only.

Goldberg Depression Questionnaire consists of 18 questions. A score of one is awarded for a response indicative of lack of self-confidence. In responding to the depression questionnaire examinees blacken the number on the standard test from to the right of each 18 statement that best describe the intensity of their feelings: 1) Not at all 2) Just a little 3) Somewhat 4) Moderately 5) Quite a lot 6) Very much. The subject has to read each statement carefully and respond to it by marking a tick on any of the six responses given. There is no right or wrong response. High score indicates high level of depression and low score indicates low level of depression.

**Statistical Analysis**

The descriptive analysis of data was used and the data obtained from the given responses in the questionnaire rated according to the key for each item and to observe the level of depression among tribal and non tribal football players independent t-test was employed and the level of significance was chosen at 0.05, which was considered appropriate for the present of the study.

**Results**

**Table-1 Descriptive Statistics of Depression of Tribal and Non-Tribal Football Players**

| Variables  | Tribal (M±SD) | Non-Tribal (M±SD) |
|------------|---------------|-------------------|
| Depression | 25.6 ± 8.698  | 30.37 ± 12.228    |

It was observed from the table-1 that the tribal football players on depression mean values has been found 25.6 whereas the non-tribal soccer players mean values has been found 30.37 respectively. According to descriptive statistic the non-tribal players had higher depression as compared to tribal players. Further independent t-test was employed to see the actual difference which was presented below:

**Table-2 Mean Comparison of Depression of Tribal and Non-Tribal Football Players**

| Variable   | Tribal       | Non-Tribal     | SEM   | t-value | Significance |
|------------|--------------|----------------|-------|---------|--------------|
|            | M ± SD       | M ± SD         |       |         |              |
| Depression | 25.6 ± 8.698 | 30.37 ± 12.228 | 1.501 | 3.179   | 0.002*       |

\* Significant at 0.05

As observed in table-2 the result of t-test demonstrated that the difference between the mean values of depression of tribal and non-tribal players was found to have significant differences. According to the result we can point out that depression of tribal and non-tribal soccer players is not similar.

## **Discussion of Finding**

Depression has its own complex and it's variety of shape and reactions based on the above findings the study showed a high prevalence of Depression in State tribal and non-tribal Football players. Thus, it is important to encourage players to seek psychotherapeutic support whenever needed, and shall provide access to counselling during the training session and competitions.

Interestingly, the non-tribal players reported that community plays a vital role in context to depression. The individual differences and experiences are important structure to tolerate the Depression level. As the depression scores is significantly increased among the non-tribal due to the increasing level of anxiety state. The finding also point out that the prevalence of depression has been seen in tribal and non-tribal group. The earlier studies supported these findings like

Astrid Junge evaluated the prevalence of depression and anxiety in top-level football players in comparison to the general population, and to analyse potential risk factors and results showed that football players have the same prevalence of depression as the general population, while male U-21 players have a higher prevalence of depression.

The cause of depression and the appearance of depressive symptoms are not fully understood. Apart from biological and genetic predisposition, several possible psychological reasons could trigger a previous susceptibility. For footballers, these reasons could include the intense mental demands and the enormous pressure of this particular sport, the higher standards of performance, the responsibility of being part of a team, or the fact that, usually, players spend much time away from family and friends

## **Conclusion**

The researcher critically examined the statistical findings, interpretation of statistical findings their-off, reviewed extensively related literatures of sports psychological aspects of football players. This study warrants the following conclusion:

- High prevalence of Depression in State level tribal and non-tribal Football players.
- The player those are in depression may be given psychotherapeutic support whenever needed, and shall provide access to counselling
- It is important to raise awareness and knowledge of athletes' mental health problems in coaches and team physicians, and to provide adequate treatment to athletes.

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