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Level of depression among the male and female athletes of Maharshi Dayanand University, Rohtak

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Abstract

The present study was an attempt to find out the level of depression among male and female athletes of M.D. University, Rohtak. Present study was conducted on a sample of 70 subjects selected (35 male and 100 female) in the age range of 18 to 28 years. Standardized depression test by L.N. Dubey (1993) was used to collect the data. Mean, Standard Deviation and 't' test was used to analyse the data. On the basis of results obtained in the depression scale, it can be commented that there is no significant difference between male and female athletes of M.D. University, Rohtak.

Keywords: depression, athletes

Introduction

Sadness and downturn in mood are symptoms that most people have experienced, and can be normal reactions to trauma or difficulties in life. The main difference between normal downturn in mood and depression is the severity of the symptoms, duration, and the gravity of impairment depression can have on person's daily functioning (Nolen-Hoeksema, 2014) [5].

Depression is the most common illness affecting many different aspects of mankind such as genetic, biochemical, environmental or psychological sources (National Institute of Mental Health. Suicide, 2009) [4]. In the most general terms, depression is a disorder of the brain and ability of body to biologically create and balance a normal range of thoughts, emotions, and energy (Husseini 1978) [3]. It might be a consequence of a mixture of factors, such as a chemical discrepancy in the brain, a genealogy of depressive disorder, family history of depression, personal and social problems, stressful situations or traumatic events such as assault or the death of a love one (Comer, 2001) [2]. Depression symptoms result in low mobility which caused to creative significant social problems. University students could be in danger of depressive disorder as a result of the stress and pressure which they deal with depression.

Mostly in the university athletes occasionally feel sad or anxious but these emotions usually pass quality within a couple of days. Where untreated depression lost for a long time, interrupts with every day activities and is much more than just being felt gloomy. It is not only in mind but also experienced throughout the body.

Storch *et al.* (2005) [6] were the first investigators to compare rates of depression symptoms between athletes and nonathletes. This study hypothesized that because athletes deal with more stress than nonathletes, they would report higher levels of alcohol use, depression symptoms, and social anxiety. The study also hypothesized that athletes would report having less social support than nonathletes. There was partial support for these hypotheses, as female athletes reported experiencing depression symptoms, social anxiety, and nonsupport to a greater extent than male athletes and male and female nonathletes. In another study, Yang *et al.* (2007) [7] demonstrated similar findings regarding gender, as female athletes reported the highest levels of depression among a sample of 257 Division I college athletes. These findings are consistent with data from the general population, which repeatedly have found women to report higher rates of depression than men. In total, 21% of the athletes surveyed reported symptoms of depression. Freshman athletes and those who endorsed pain reported more depression symptoms in this study.

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According to Yang *et al.* (2007) [7], athletes in their sample experienced depression at approximately the same rate as that of a comparison group of nonathletes who participated in the study. However, Armstrong and Oomen-Early [3] found that college athletes reported lower levels of depression than those reported by nonathletes. This study used a sample consisting of 227 participants, 104 of which were male and female athletes from various sports. Overall it was found that 33.5% of the sample reported clinically significant levels of depression. The percentage of athletes endorsing clinically significant levels of depression was reported to be “significantly lower” than that of nonathletes. This study also found that athletic status was not a statistically significant predictor of depression when compared with other variables investigated in the study including gender, self-esteem levels, social connectedness, and rested sleep. Armstrong and Oomen-Early (2009) [11] contended that having a social network and team support are two factors that most strongly protect college athletes from developing depression.

Depression can be a transitory sadness or a debilitating mental illness, needing clinical treatment. Generally, those affected present with disturbed mood, feelings of guilt or low self-worth, disturbed sleep or appetite, loss of interest or pleasure, low energy, and poor concentration. These problems can become pervasive or recurrent, and lead to great difficulties in a person’s ability to attend to his or her everyday activities. Endemic in current society, depression is listed by WHO as the leading cause of disability and the fourth leading contributor to the global burden of disease (second among adolescents and adults younger than age 45 years) in terms of years of life affected. By 2020, depression will probably be the second largest contributor to the burden of disease across both sexes and all age groups.

Depression and depressive symptoms in athletes might be related to high volumes and intensities of training, to maladaptive cognitions in relation to sport and competition, or to a combination of both. To understand and address the issues that underlie depression and depressive symptoms in athletes, therefore, the relative contribution made by the amount of training and the mind-set of the participant needs to be established. Psychosocial issues, relating to burnout and depression, require a different form of attention and treatment than do mood disturbances caused by physical overload or exhaustion.

Hence, an effort was made by the investigator to find out the level of male and female athletes of M.D. University, Rohtak.

Statement of problem

To find out the level of depression among the male and female athletes of Maharshi Dayanand University, Rohtak.

Objective

To study and compare the level of depression among male and female athletes of M.D. University, Rohtak.

Hypothesis

There is no significant difference in the level of depression among male and female athletes of M.D. University, Rohtak.

Research Methodology

Seventy athletes (35 male and 35 female athletes) of Maharshi Dayanand University, Rohtak, age between 18 to 28 years were randomly selected for the study. These male and female athletes were participated in state level championship 2015-16.

Tool Used

To measure depression, the standardized depression test was used which was made by L. N. Dubey’s (1993) was used.

Statistical Techniques

Mean, Standard deviation and ‘t’ Test were used to analyse the data,

Data Analysis

The present study was conducted with the aim of examining the level of depression among male and female athletes of M.D. University, Rohtak participated at state level championships. The data of 70 athletes was analysed by calculating ‘t’ test besides the descriptive statistics (mean and standard deviation). The obtained results are given in tables below in tables 1

Table 1: Mean, Standard Deviation and ‘t’-value of depression among male and female athletes

S.No	Variable	Group	N	Mean Scores	S.D's	t-value
1.	Depression	Male athletes	35	12.27	3.36	1,231 ^{NS}
		Female athletes	35	13.32	4.01	

NS=Not significant

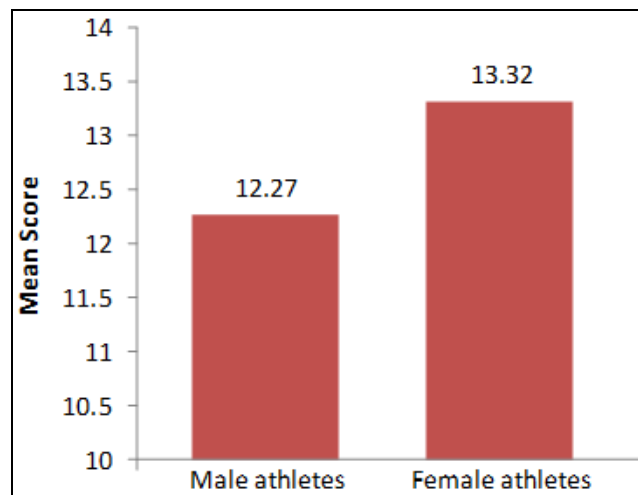


Table 1 shows that ‘t’ value (1.231) of depression male and female athletes is not significant at any level of significance. It means that there is no significant difference in level of depression male and female athletes. Even the mean score of female athletes (13.32) is slightly higher than male athletes but do not differ significantly. It means both male and female athletes have almost same level of depression.

Conclusion

Several professional issues affect the availability of treatment for the sportsperson with depression. People skilled in the educative aspects, but not the clinical aspects, of sport psychology and performance often provide sport-psychology services to teams or competitors. In Australia there has been much discussion at the various institutes of sport about the role of the sport psychologist to try to identify whether their function is to enhance performance through novel and cutting-edge techniques or to provide support and service to the athletic population in terms of optimum mental health and wellbeing. Some think that psychological problems, such as major depression, are best left to clinical psychologists and psychiatrists. But there is a notable absence of psychiatrists with any specific expertise about the athletic population.

Irrespective of whom an athlete should turn to, the facts remain that any level of depression will affect performance and that the issue of depression in this population should, therefore, be taken seriously by the research community.

To achieve sports courses that can be a valuable aid to depression, it is best to plan activities designed to achieve these targets and arrange that they are periodically supervised by mental health professionals, ensuring that they are carried out in a sporting environment favorable to support people with depression. Over all conclusion from this research showed that there was no significant difference among the male and female athletes of M.D. University, Rohtak.

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