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Investigation of emotional stability among handball players of national level, state level and district level

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Abstract

The purpose of this study was to Investigate the Emotional Stability among Handball Players of National Level, State Level and District Level. For the purpose of the present study, Seventy (N=70), Male subjects between the age group of 18-28 years (Mean \pm SD: Age 21.942 \pm 2.442 (yrs), Body Height 168.2 \pm 5.864 (cm), Body Mass 65.16 \pm 4.089 (kg)) volunteered to participate in the study. The investigator has used the Mental Health Battery (MHB) constructed by Singh and Gupta (2000) for measuring Emotional Stability of mental health of the subjects and their overall mental health. The Statistical Package for the Social Sciences (SPSS) version 14.0 was used for all analyses. The differences in the mean of each group for selected variable were tested for the significance of difference by One-way Analysis of Variance (ANOVA). For testing the hypotheses, the level of significance was set at 0.05. The p-value is .288. The result is not significant at $p > .05$.

Keywords: Handball players, emotional stability, national, state, district

Introduction

The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004) [1]. In their line of work, athletes have a special set of challenges, from accomplishing goals and winning trophies to dealing with media scrutiny and living up to the high expectations of passionate fans. Athletes are viewed as a particular demographic with unique requirements for both their physical and mental well-being. (Etzel & Watson, 2007) [9]. It has been discovered that they exhibit considerable time limitations, pressure to maintain optimal fitness, social isolation, difficulties satisfying complex multiple connections, weariness, financial concerns, criticism from others, and injury. (Parham, 1993) [5]. Despite the stressors athletes face, there is a paucity of research on the mental health of elite athletes (Reardon and Factor, 2010; Hughes and Leavey, 2012) [4, 6]. Nearly half of elite Australian athletes were found to be exhibiting signs of a mental health issue, and the percentage of those who met caseness cutoffs for mental illness was regarded equivalent to community data.,(Gulliver *et al.*, 2015) [7]. More broadly, (Rice *et al.* 2016) [3] conducted a systematic narrative review and also suggested the prevalence of mental illness in elite athletes was comparable to the general population. The authors cautioned that relatively few studies in this area are methodologically rigorous or well reported and that more high-quality systematic and Intervention research is required. There are several barriers to elite athletes accessing help for mental health concerns. Competitive athletes may have less positive attitudes toward help-seeking for mental health problems than non-athletes (Watson, 2005) [2], perhaps partially due to being perceived as a weakness (Bauman, 2016) [10]. This perceived stigma among elite athletes is a primary barrier, followed by a lack of awareness of mental health problems, and negative past experiences of seeking help (Gulliver *et al.*, 2012a) [8]. Moreover, some sporting organizations may not recognize the prevalence and significance of mental health problems in elite athlete populations (Reardon and Factor, 2010) [4]. Access to timely and appropriate care is likely to be restricted if athletes do not feel that the culture of sporting organizations are supportive of these issues.

Material and Methods

Selection of Subjects

For the purpose of the present study, Seventy (N=70), Male subjects between the age group of 18-28 years (Mean ± SD:

Age 21.942±2.442 (yrs), Body Height 168.2±5.864 (cm), Body Mass 65.16±4.089 (kg)) volunteered to participate in the study. The demographics of subjects are brought forth in Table-1.

Table 1: Subject’s Demographics (N=70) of Handball Players (i.e., National Level (N₁=15), State Level (N₂=25) and District Level (N₃=30)).

Variable (s)	Sample Size (N=70)			
	Total N=70	National Level (N ₁ =15)	State Level (N ₂ =25)	District Level (N ₃ =30)
Age (yrs)	21.942±2.442	22.26±3.514	21.84±1.92	21.86±1.84
Body Height (cm)	168.2±5.864	167.8±6.54	168.44±5.37	168.2±6.09
Body Mass (kg)	65.16±4.089	63.09±4.90	65.24±3.21	66.13±4.04

N; sample size, yrs; years, cm; centimeters, kg; kilograms.

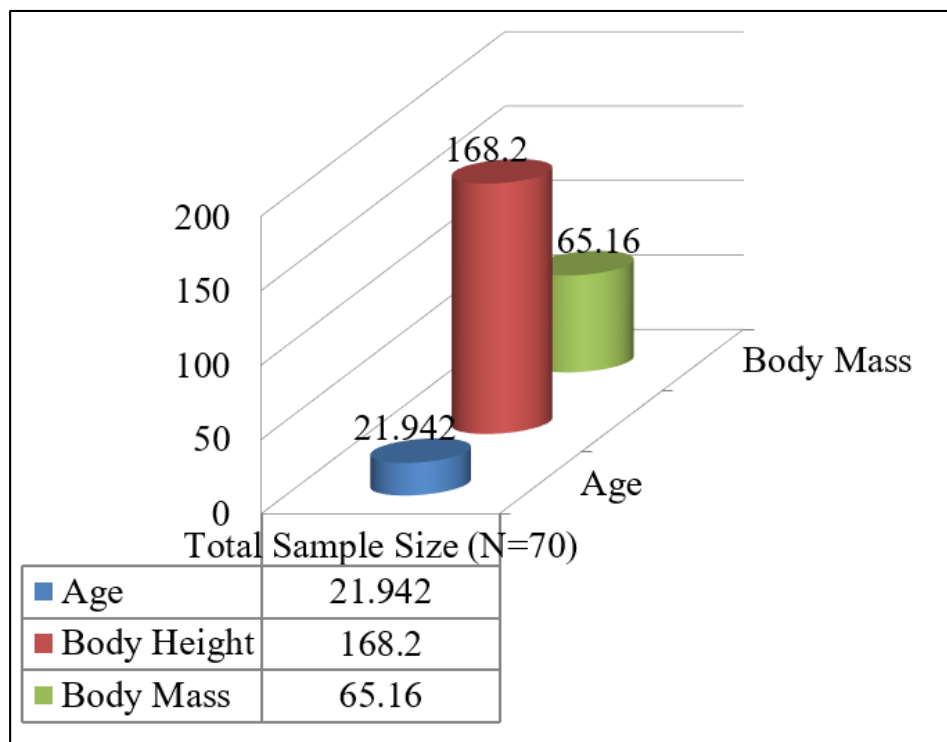


Fig 1: Subject’s Demographics (N=70) of Handball Players (i.e., National Level (N₁=15), State Level (N₂=25) and District Level (N₃=30)).

Selection of Tools

Mental Health Battery (MHB).

The investigator has used the Mental Health Battery (MHB) constructed by Singh and Gupta (2000) for measuring Emotional Stability of mental health of the subjects and their overall mental health.

The Statistical Package for the Social Sciences (SPSS) version 14.0 was used for all analyses. The differences in the mean of each group for selected variable were tested for the significance of difference by One-way Analysis of Variance (ANOVA). For testing the hypotheses, the level of significance was set at 0.05.

Statistical Analysis

Results

Table 2: Analysis of variance (ANOVA) results among Handball Players (N=70) (i.e., National Level (N₁=15), State Level (N₂=25) and District Level (N₃=30) with regards to Emotional Stability.

Source of Variation	Sum of Squares	d.f.	Mean Square	F-value	p-value
Between Groups	10.311	2	5.156	1.267	.288
Within Groups	272.560	67	4.068		
Total	282.871	69			

The p-value is .288. The result is not significant at $p > .05$.

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