Chapter One

Introduction

1.1 Background to the Study

Sports participation or participating in sports is a mental and physical involvement in competitive sports for excellence in fitness and healthy mind. Also, simply it is the act of taking part in different types of sports, such as badminton, football, hockey, table-tennis, basketball, tennis to mention but a few; it is when an individual participates or subscribes to any type of sports[1]. Also, one could be participating in sports activities through clubs, teams and many more. This participation could be through school or out of school. People from all walks of life participate in sports for various reasons, including but not limited to the following: to have fun, recreation, competition in contests, socializing, skills development and much more[2].

Secondary school students are in their adolescence period; this period (adolescence) is a transitional period, which can be challenging for most male and female adolescents and as a result, they may experience low self-esteem; particularly in terms of athletic competence, physical appearance and academic competence[3]. During adolescence, the body undergoes myriads of changes which affect the physical, emotional and social development of the adolescent. Instilling lifetime skills through active participation in secondary school sports will negate the possibility of experiencing low self-esteem and depression in students[4].

Consequently, participation of adolescents in sports has been known to positively influence their health-related parameters and well-being[5]. During development, sports participation help shapes the body and mode of character, keep young people fit, healthy and helps them in socially desirable ways because it offers the avenue for guidance by responsible adults as role models and mentors toward positive development. Participating actively in sports offers several benefits to

secondary school students because participation in sports is favorably associated with social, psychological, physical and cognitive health indicators. Sports participation is associated with the development of respect for their bodies while respecting other peoples' bodies as well[6]. It also contributes positively to the development of the mind and body leading to higher self-confidence and self-esteem[7]. It helps to enhance goal orientation[8.] In addition, students' participation in sports enriches their developmental experiences through the provision of the avenue to learn and engage in physical activity, which is an avenue that helps maintain and sustain healthy lifestyles right from adolescence until adulthood[9.] Whereas, low participation in physical activities such as sports during adolescence is a risk factor for poor mental and physical health in adulthood[10,11].

Furthermore, owing to its social nature, participating in sports offer a platform for companionship and social interaction and thus provides greater benefits for social and mental well-being than other domains of physical activity. The positive impact of sports participation on mental processes, social interaction, self-reflection and general psychosocial health parameters are universal and not exclusive to healthy individuals and developing adolescents and children[12]. Participation in sports helps to deal with pain in the muscles and bones. Given the various benefits of sportsing activities, it would be expected that most secondary school students would find time to engage in sports, this is, however, not the case due to several factors. These factors range from social, economic, physical as well as psychological factors.

Psychological factors that could influence sports participation among public secondary school students include self-confidence, value, task familiarity, perceived success, body image, self-efficacy, self-esteem among others[2]. However, this study will focus on psychological factors of body image, self-efficacy and self-esteem of secondary school students concerning sports participation. Body image can be described as the perception that a secondary school adolescent

has of their physical self and the thoughts and feelings that result from that perception. It is a multifaceted construct that includes the affective, behavioral, perceptual and cognitive components[13]. It is also the image formed by an individual of his or her body, which is the subjective assessment as well as the objective cognition of the individual's body characteristics[14].

Body image covers appearance, body shape, physical strength and health, as well as the degree of self-awareness1[5]. These aspects affect a person's emotions and health behaviour, such as weight control, personal satisfaction and adaptation, psychological stress, self-development and interpersonal relationships[16]. Positive body image refers to the love, acceptance and respect that individuals have for their bodies. It also includes accepting and admiring one's body despite how it relates to societal ideals and appreciating the functions it can perform[13]. Negative body image, on the other hand, refers to an unrealistic view of how someone sees their body which may affect their eating style leading to eating disorders. It is most common in females (young girls and ladies) but many boys and grown men also suffer from the eating disorder[17].

The level of personal satisfaction with body image has a strong correlation with the degree of sports participation; that is, the more positive the body image is, the higher the degree of sports participation. Contrarily, those who are dissatisfied with their body images or have a negative perception of their body images and this have an inhibitory effect on sports participation[16]. Low body satisfaction increases the risk of developing mental disorders and chronic diseases which ultimately inhibits participation in sports participation[14].

Self-efficacy, on the other hand, can be described as the subjective prediction of one's ability to complete a specific task, coupled with the individual's tendentious judgment, as well as feeling on whether one's attitude can achieve a specified goal. It also implies that the expectation of accomplishing a specified goal comes before the task. Self-efficacy determines the level of

people's participation in sports while stimulating their level of motivation[15]. When confronted with difficulties, individuals with higher self-efficacy can complete the original sports participation plan. Self-efficacy, because of its multidimensional nature, is identified as a viable criterion for evaluating the impact of adolescent sports participation. In social learning theory, perceived self-efficacy is described as the individual's beliefs in their capabilities to accomplish a task. The participation of youth in sports correlates positively with various dimensions of perceived self-efficacy, including social competencies, overcoming challenges and doubt and setting goals[17.] Self-efficacy had a significant positive influence on sports participation; the higher the level of self-efficacy, the higher the level of sports participation and the lower the level of sports participation[18].

Another psychological factor that influences students' sports participation is self-esteem. Self-esteem refers to the way people value themselves, how individuals perceive their value to the world and how valuable they think they are to others. It is an individual's sense of self-worth. That is, how much someone matters for himself/herself and to other people[19]. Also, self-esteem can be defined as the summary judgment of the collected separate evaluations of one's self-meaning, self-identity and self-concepts. It refers to a simplistic term for varied and complex mental states concerning how one views himself or herself, a form of emotional evaluation of an individual by himself[20]. Self-esteem of an individual can be said to be high or low.

Self-esteem has an enhancing effect on sports participation behaviors as it is one of the motivations that drive adolescent participation in sports[21]. It has a holistic and specific attitude which can be positive or negative. It positively impacts the degree of sports participation while influencing the social value as well as the degree and evaluation of focus on activities. Generally, adolescents place so much priority on their body shape while society pays too much attention to

the ideal body shape, thus leading to unbalanced expectations of a perfect body shape and this ultimately results in low self-esteem and negative emotions[22]. Higher self-esteem could lead to a tendency to engage in and be attached to sports, whereas lower self-esteem results in denial and alienation from sports[18]. It is also imperative to reflect on gender views on sports participation in secondary school students.

Concerning gender and sports participation, although girls' rates of involvement in sports are increasing, girls are still less active than boys, especially during adolescence. One reason for the gender difference in sports participation may be the different societal expectations that have existed for males and females. Traditionally, the sports was perceived as a male domain, providing young men with an opportunity to display their strength, skill and physical attributes. Although females are increasingly receiving support for sports participation, research continues to indicate that males are more likely to receive financial and logistical support than females[23].

Gender is a social construct that is used to assign a set of appropriate behaviors to either the female or male. It is a social construction that evolves. Gender is a performed behavior that aligns with how society expects men and women to act. This performance of gender is suggested as fluid and can change over time, space and discourse[23]. Women and girls have historically been and continue to be underrepresented in both sports participation and non-playing roles such as coaching, officiating senior administrators, and board members[24,25]. Gender inequality in sports is arguably a highly visible position inequality. This is largely because sports is organized around hegemonic masculinity discourses[26]. Hegemonic masculinity refers to practices that legitimize men's dominant position in society and this has historically played a key role in sports; partly because of the excessive emphasis on winning in sports.

Hegemonic masculinity is concerned with how gender ideas are embedded in social practices and how those ideals facilitate institutional power, such as organizing and participating in sports[27]. In addition to marginalizing women, hegemonic masculinity underpins many ideals of sports, such as aggression, violence and a strong emphasis on competition, and promotes myths such as being tough, competitive, winning against all odds, making sacrifices to play and winner takes all [27]. Simply put, women participate at a lower rate, and their sports are less valued in general[26.] Consequently, coaches, game masters and other stakeholders need to understand how body image, self-efficacy and self-esteem can influence secondary school students' sports participation.

1.2 Statement of the Problem

Despite many benefits of sports participation, including psychological benefits, observations show that there is a decline in sports participation among secondary school adolescents, which could be related to boys and girls having an identity and self-concept problems. Some of the problems observed are having to show others their bodies, poor body image, low fitness level, the fear of losing femininity and lack of competence in core skills. However, not many studies in Oluyole Local Government Area of Oyo State have explored the influence of psychological factors such as body image, self-efficacy and self-esteem as well as the moderating influence of gender on sports participation among public secondary school students. Hence, this study investigated psychological factors influencing sports participation among public secondary school students in Oluyole Local Government Area of Oyo State.

1.3 Aim and Objectives of the Study

The aim of this study was to investigate psychological factors and public secondary school students' sports participation in Oluyole Local Government Area of Oyo State.

The objectives were to:

i. establish the most common sports being participated in by public secondary school students in Oluyole Local Government Area of Oyo State.

ii. ascertain the level of sports participation among public secondary school students in Oluyole Local Government Area of Oyo State.

iii. examine the relationship between psychological factors (body image, self-efficacy and self-esteem) and competitive sports participation among public secondary school students in Oluyole Local Government Area of Oyo State.

iv. assess joint influence of psychological factors on sports participation among public secondary school students in Oluyole Local Government Area of Oyo State.

v. determine relative influence of psychological factors on competitive sports participation among public secondary school students in Oluyole Local Government Area of Oyo State.

vi. ascertain gender difference in sports participation among public secondary school students in Oluyole Local Government Area of Oyo state**.**

1.4 Research Questions

The following research questions were answered in the study.

1. What are the most common sports being participated in by public secondary school students in Oluyole Local Government Area of Oyo State?

2. What is the level of sports participation among public secondary school students in Oluyole Local Government Area of Oyo State?

1.5 Hypotheses

The following null hypotheses were tested at a 0.05 level of significance.

Ho_1. There will be no significant relationship between psychological factors and public secondary school students' sports participation in Oluyole Local Government Area of Oyo State.

Ho_2. There will be no significant joint influence of body image, self-efficacy and self-esteem on public secondary school students' sports participation in Oluyole Local Government Area of Oyo State.

Ho_3. There will be no significant relative influence of body image, self-efficacy and self-esteem on public secondary school students' sports participation in Oluyole Local Government Area of Oyo State.

Ho_4. There will be no significant gender difference on public secondary school students' sports participation in Oluyole Local Government Area of Oyo State.

1.6 Significance of the Study

The findings of the study will be of great importance to the students, coaches and the ministry of youth and sports psychologist. Understanding the exact influences these psychological factors have on the students' sports participation will go a long way in influencing students' attitudes toward sports participation such that when they understand the advantages and benefits inherent in sports participation. Coaches, on the other hand, can implement practices that provide athletes with better performance in sports. Relevant stakeholders in the department of youth development may use the results to formulate policies on grassroots sports development. Furthermore, it may serve as a reference point for other researchers for further studies.

1.7 Scope of the Study

This study focuses on various psychological factors of that affect sports participation among public secondary school students in Oluyole Local Government Area of Oyo state. The dependent variable of sports participation and independent variable of psychological factors of

body image, self-esteem and self-efficacy were examined. Male and female students of public secondary schools in Oluyole Local Government Area of Oyo state.

1.8 Limitation of the Study

1.9 Operational Definition of Terms

Some of the terms that used in the study are operationally defined as follows:

1. **Sports participation:** This is the act of engaging in sportsing activities by the students.
2. **Psychological factors**: These are psychological variables such as (self-esteem, self-efficacy and body image) which influence students' participation in sports.
3. **Body image**: This is the student's perception of their physical self, as well as their thoughts and feelings.
4. **Self-efficacy:** This is the belief a student has in their ability to perform sports successfully.
5. **Self-esteem:** This is the value that a secondary school student places on himself or herself.

Endnotes

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Chapter Two

Literature Review

This chapter discusses literature reviewed under the following sub-headings:

2.1 Conceptual Review

2.1.1 Concept of Sports Participation

2.1.2 Psychological Factors in Sports Participation

2.1.3 General Overview of Body Image

2.1.4 Concept of Self-efficacy

2.1.5 Concept of Self-esteem

2.2 **Theoretical Framework**

2.2.1 **Goal Theory (Edwin Locke, 1960)** Sports Participation Theory

2.2.2 **Expectancy Theory (Victor Vroom, 1964)**

2.2.3 Psychosocial theory of development (Erick Erickson)

2.2.4 Theoretical Models for Sports Participation

2.3 **Review of Empirical Studies**

2.3.1 Influence of Body-image on Sports Participation among Secondary School Students

2.3.2 Influence of Self-efficacy on Sports Participation among Secondary School Students

2.3.3 Influence of Self-esteem on Sports Participation among Secondary School Students

2.3.4 Influence of Gender on Sports Participation

2.4 **Conceptual Model**

2.5 **Summary of Gaps in Literature**

Endnotes

2.1 Conceptual Review

2.1.1 Concept of Sports Participation

Regular physical activity, particularly sports, has been shown to aid in the prevention and treatment of non-communicable diseases such as heart disease, stroke, diabetes and breast and colon cancer. It also helps to prevent hypertension, overweight, and obesity, improve mental health, quality of life and well-being as well as extends life expectancy significantly[1,2, 3]. Regular physical activity, such as recreational sports, has a positive impact on both physical appearance, slimness, conditioned body, psychological health/ well-being (self-esteem, anxiety, depression, vitality, energy), enhanced self-concept and lower rates of suicidal ideation (both thoughts and intentions). Leisure provides psychological and social benefits that have a significant impact on the quality of people's lives, indicating how good, fulfilled, cheerful and comfortable they feel. It has become a more anticipated and significant part of people's lives in modern societies[4]. Aside from the numerous health benefits of physical activity, more active societies can generate additional returns on investment such as reduced use of fossil fuels, cleaner air, and less congested safer roads[1].

The World Health Organization (WHO) recommended that adults aged 18–64 engage in at least 150 minutes of moderate-intensity aerobic physical activity per week or at least 75 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate and vigorous-intensity activity, to improve cardiorespiratory and muscular fitness, bone health, and reduce the risk of non-communicable diseases and depression[2,4]. There is an increasing decline in sports participation, particularly with the advent and excessive use of technology, academic workload combined with the occurrence of COVID-19, students become content with engaging in sedentary leisure activities such as gaming, social network chatting, watching television, and even sleeping. Currently, one in every four adults and three out of every four adolescents do not meet

the global recommendations for physical activity. Sports participation declines with age, according to empirical evidence[5]. Furthermore, both male and female sports participation declines as they reach adulthood[6]. For instance, a large proportion of adults in Japan do not engage in regular leisure-time physical activity[7,8].

Sports participation have several health benefits for people of all ages[9]. Engaging in sufficient levels of physical activity improves cardiopulmonary health, strength, flexibility and endurance and has been related to reducing risks for cardiovascular diseases and specific cancers[10,11]. Moreover, physical activity, especially sports, exercise and leisure time activities, has been related to reductions in mortality[12]. In addition, due to its social nature, sports participation provides opportunities for social interaction and companionship and may therefore have greater benefits for social and mental well-being than other domains of physical activity[13,14,15,16,17]. Furthermore, sports participation may enhance health-related quality of life in adults as well as in children and adolescents[18,19]. Health-related quality of life is a broadly defined construct evaluating the health status from the person's perspective covering physical, emotional, mental, social and functional domains and has been used in evaluations of sports and exercise interventions[20,21].

Determinants of Sports Participation

Socio-economic factors determine the level of activity, one must not underestimate the effect of infrastructure. Studies show that physical activity is positively correlated with the availability of suitable sports infrastructure. People tend to be more active if they have the facilities available to them and men and women are inclined to use different amenities when these are available. Whilst gender, age, education and infrastructure influence the rates of physical activity, nowadays researchers have understood that they need to look at the sociological and psychological factors, which encourage sports participation as well. An individual's social network will have a

big impact on the level of sports activities he/she will engage in. Moreover, research has shown that friends, as well as parents, significantly impact one's decision to participate in sports activities. The various factors that determine sports participation are discussed include the following [22].

1. Individual or Micro-Level Factors (Sports Demand): Various studies define micro-level factors as the individual factors which directly relate to the person. Some researchers provided a detailed description of the micro-level factors. They also observed several tendencies when analyzing the effect of these factors on sports participation. Micro-level factors can be divided into two sections: demand-specific factors namely age, gender and migration background and household-economic factors, namely human capital, income and time [23,24,25].

2. The Demand-Specific Factors (Demographic Variables): Sports participation may also be influenced by demand-specific factors or more precisely the demographic variables[26,27]. Differences in behavior are attributed to gender. Empirical evidence reveals that men are significantly more active than women indicating gender can be a barrier to sports participation[22,28,29]. Different social, cultural and biological factors affect the decisions of men and women to take part in sports and the relative frequency of such participation. Women experience greater difficulties to access sports due to the provision of facilities, commuting and time obligations. The authors suggest that more childcare provisions could help achieve more female participation. Certain social or cultural influences and differences in family responsibilities are congruent with the realities of countries. Having children and housekeeping are two main restrictions[22,30].

3. The Household-Economic Factors (Socio-Economic Variables): Studies by some scholars indicate that individuals with a higher level of human capital or educational background are more

conscious of the positive outcomes of sports and therefore are more likely to participate in it[31,32,33]. The positive impact of good educational background on sports participation is also supported by other studies in specific European countries[22,25,28,29]. The efficiency of an individual's household production is affected by human capital. A higher educational level is understandably linked with higher income and more sports participation[26]. A study pointed out that higher education levels play a bigger role for females[34]. Another study revealed thought-provoking insights on the possible influences of education on sports frequency. Their results indicate a significant negative influence most probably due to the increased time restrictions placed on individuals at higher levels of education[35].

Another important economic factor is income. Evidence through empirical studies indicates that higher income supports sports participation [22,25,28,29]. Low-income limits sports participation for men and women[22]. A study insisted that once individuals commit to participation than such a factor is no more significant in defining frequency levels. The same study classifies occupations or professional status such as self-employed, manager, clerical worker, unemployed and entrepreneur as negative determinants of sports participation[23]. On the other hand, sports participation frequency is not influenced or negatively influenced by the level of income of the individual [36,37]. Some sportsing activities can be quite expensive. Moderately highly expensive sports such as tennis are not practiced by people with lower income[22]. Increased participation in sports is related to a higher level of income thus creating better access opportunities to sports.[22,24].

It is also necessary to take into consideration consumer behavior concerning sports expenditure since some sportsing goods and services need to be consumed to take part in sports. Analysis of sports expenditure is not much extensive and there is a lack of appropriate methodologies. Still, men seem more likely to spend more money on sports than women. Higher

spending on sports is related to higher levels of education. Higher income plays a statistically significant influence on sports consumption[22,38]. A study showed that the relative demand for physical activity declines with higher hourly earnings because of the increased opportunity cost of time consumed on any leisure activity. Males enunciate this effect more[37]. A study concluded that "consumer expenditure on sports is mainly determined by gender, education, and income level (spending decreases for females but increases with education and income)"[27].

Similarly, a study revealed that household spending behavior was positively influenced by "family income, education of the head of the household, sports participation of the parents during their youth, sports club membership and the frequency of sports participation"[22]. A third key factor is a time. The time available for sports participation is influenced by two variables: occupation and household size. In other words, it is deduced after reducing the time for competing demands such as working time and time spent caring for children and relatives. Studies confirmed that time for sports participation increases as time for work and care decreases[39,40].

Individuals with more time constraints are more likely to take part in less intensive or prolonged activities[26]. Retired people are more likely to participate in sports than employed.[32] Contrarily, findings show that working time had a positive impact on sports participation, with the most probable motivation related to a compensation effect placed on sports in return for high working loads[25,30,35]. The role played by the household profile. Studies revealed that household size is negatively associated with sports participation[41,42]. Sports participation of females is decreased by the presence of more adults and children in the household[32]. Married couples have less time for sports participation and alternate physical activities[33].

The time spent caring for children and relatives was found to pose a negative influence on sports participation [24,32,33] except for a study which found no significant influence[56]. Work,

household, sports and leisure commitments force individuals to face daily conflicting decisions regarding the allocation of time and income which are a fundamental part of this framework. Employment can hurt sports participation, possibly attributable to time substitution[32,38]. Many times, several trade-offs take place when individuals attempt to assign time and money to the various activities they engage in daily.

The days of the week and the time of the year also play their part. Weekends and spring and summer seasons increase the probability of playing sports[37]. A study explored the association of time and money with physical activity using a nationwide dataset in England[43]. It revealed an association between lower participation in physical activity and high travel time and money prices per occasion of physical activity. The latter resulted from parking fees, facility charges, child care and family members' fees. The study suggested positive financial incentive measures such as subsidizing the price of participation to counteract this trend[22].

4. Sports Infrastructure or Macro-Level Factors (Sports Supply): Adequate sports infrastructure is important to sports participation, as many sports cannot be performed without having the appropriate sports facility[24]. We define sports infrastructure as the basic facilities, services and installations serving sports organizations, sports users and other community members providing increased opportunities to all to participate in sports for leisure, training, or competitive purposes. Sports infrastructure includes sports facilities (sports halls, sports pitches, playing courts and swimming pools) and sports programs (operated by sports clubs, commercial providers and the city). Some studies also include park areas and similar recreational areas in their research[25,41].

Macro-level factors play a positive role in sports activity and thus can be considered facilitators of sports participation. A positive effect on sports activity was witnessed by a larger supply of sports facilities and sports programmemes.[44,45]. A host of studies have further established that physical

activity is positively correlated with the availability of suitable sports infrastructure[25,44]. However, a study found that "the availability of sports facilities is not statistically significant in explaining the decision to participate in sports activities"[46]. It is sometimes difficult to compare these results as each study operationalized sports supply in different ways, in the sense that it was taken from different perspectives and included differences in the type of infrastructures as well as sizes and locations of cities[22].

Sports infrastructure plays an important part in anticipating sports participation, even though this is dependent on the type of sports and facility[25]. More sports participation is experienced when individuals get a feeling of satisfaction with the use of facilities[46]. It has also been demonstrated that the frequency of sports activities is reduced if there are fewer sports facilities available[22]. Several studies insisted that an important barrier to sports participation is insufficient infrastructure[26,30]. It also transpires that sports clubs and federations have a very important role to play. A study revealed that the frequency of sports participation is highly influenced by sports clubs' memberships and federations[46]. Research about the use of sports facilities shows gender differences.

Boys use soccer fields and ski/snowboarding resorts whereas girls opt for beaches, skating rinks and playgrounds[47]. Likewise, a study revealed that males use grass pitches to play team sports, while females enjoy swimming and keeping fit activities[34]. The latter study also indicates an imbalance in favor of male sports facilities, resulting in females deriving less satisfaction with sports facilities. The proximity of sports facilities encourages the participation of more people[45]. A study claimed that males consider the provision of sports infrastructure more important than females[48]. Contrarily, "improved proximity to gyms is likely to be more important for female adolescents living in rural areas" in Germany[49]. A negative impact on sports participation could

arise in large cities where the availability of entertaining facilities is greater than sports infrastructure which consequently translates into a substitution effect[37]. To counter act this, a study found that large towns are more physically active[50].

The results of a study about Dutch adolescents also point out that "leisure time sports participation is associated with levels of neighborhood social capital, but not with the availability of parks or sports facilities"[51]. In France, research findings backed "evidence that strategies to increase participation in sports activities should improve the spatial and financial access to specific facilities, but also address educational disparities in sports practice"[52]. A study demonstrated that the association between the relationship, frequency and organizational context of participation with Socio-Economic-Status (SES) and location is quite complex[53]. While it seems unfitting to generalize about SES and location, only a few forms of physical activity were found to be cost- or remoteness- unreasonable in terms of participation. To this end, both SES and location stand as insignificant determinants of the depth of involvement in physical activity once this is established[22].

Physical activity and sports participation in the Netherlands, Republic of Korea and the USA were investigated in a qualitative study. Their findings indicated that individual, household and neighborhood socio-economic status are all related to physical activity and sports participation[54]. Evidence also suggests that higher SES neighborhoods reported significantly more physical activity facilities than lower SES neighborhoods, hence providing more opportunities to be physically active. The three countries also experienced other similar barriers to physical activity and sports participation mainly in the form of time pressure and costs. The authors of this study made use of some stages from Green's sports development model to analyze individual and structural factors that have an impact on adult levels and patterns of sports participation[22]. He argues that sports has evolved in a variety of ways in different parts of the world and thus the

sports systems and structures employed in a country impact its sports development and participation[22].

It was claimed that the physical environment, such as sports facilities, is the "best marker" for ensuring that people are physically active[55]. Another study found an association between the availability of outdoor facilities in secondary schools and students' participation in physical activity during break[47]. In another study carried out in Stuttgart, Germany which used hierarchical linear models the general implication of sports infrastructure indicates that irrespective of individual socio-economic conditions the availability of sports infrastructure influences patterns of sports activity significantly[30].

The data obtained also suggests that different age groups have different sports needs and hence during life the type of sports infrastructure needed also changes. In Norway, researchers also obtained similar results even though they were not able to confirm that physical activity rises because of the provision of sports facilities among all young people[45]. The extensive growth of sports participation in China came because of a nationwide policy that saw the Chinese government investing heavily in sports infrastructure[56]. Many factors determine the level of sports participation on an individual level such as age, gender, education and job which cannot be altered by politicians. But the latter can and has the responsibility to modify those factors relating to sports supply, which may not be the same everywhere. What is available affects the choice of individuals[22].

Sociological and Psychological Factors

Studies on sports participation have enquired about new research areas developing new theories based on sociological and psychological theories. These efforts highlight other significant constraints concerning an individual's behaviour[57,58]. Psychological theories examine the

motivations behind behaviour[58]. Social theories investigate the connection between sports and physical activity and the construction of an individual's identity[22]. The psychological and sociological frameworks incorporate different approaches to accentuate how several factors and constraints external to the individual influence behaviour[38]. Three different approaches are the preventive medicine approach which highlights the part played by health motivations; the self-determination theory and the theory of participation which identifies one of the four stages of motivation: awareness, attraction, attachment and allegiance related to an individual participation[22].

The social network of an individual is instrumental for sports participation. Findings referred to an individual's shared characteristics with peers as being part of a component of a commodity whereby it produces a sort of joint consumption of sports. If the network includes mostly active individuals then it is more likely, that the individual is more likely to increase personal utility. Peers' characteristics have also the potential to discourage sports participation if no value is placed on it[22]. In a recent study, it was reported that social recognition influences sports participation and sports frequency, though in different ways. The researchers concluded that friends significantly impact one's decision to take part in sports, while the involvement of parents in sports affects sports frequency in a positive and significant way[35].

According to sociological standpoint, education is an important player in explaining sports participation. Researchers argued that based on empirical evidence, higher education levels and ease of access to inexpensive facilities imply increased awareness of sports benefits and positive habits on the part of individuals[22,38]. From a psychological viewpoint on the other hand, different studies have examined the motivations behind individuals' decisions to take up sports in the context that over a lifespan their tastes and preferences are constantly evolving. Several groups of motivational influences, such as health and fitness, enjoyment and recreation, relaxation,

appearance, socialization and competition/challenge, have been identified. Empirical evidence has emphasized the relevance of motives such as recreation, fitness, competition and professional development to explain sports participation[22,38].

In another study, researchers applied the "Self-Determination Theory" framework to categorize various extrinsic or intrinsic motivations into five groups, namely appearance, competition/challenge, enjoyment, health and fitness and social [59]. In a qualitative study investigating the determinants of sports participation among recently retired people, Sports England identified physical benefits, weight control, independence and social, mental and emotional benefits as the main internal motivators[22]. External motivators included media and families emphasizing the benefits of sports participation. There were no big differences in motivators between genders[22].

A study explained that different factors motivate the participation of youths and adults in sports. Physical competence, skill development, enjoyment, challenge and social acceptance motivate young people to continue their involvement in sports. In contrast, barriers or reasons for dropouts in youths include amongst others, lack of playing time, lack of fun, expense, coach conflicts, travel and adult support. In contrast, motivations, experiences and constraints related to sports participation of adults vary throughout a lifetime. Changes in age and choice of activity and differences in gender affect the motivations of adults. Constraints vary from lack of time in mid-life to less physical ability in later life[54].

A study on adolescent swimmers' sports participation aimed to understand their training patterns and the roles of parents, coaches, peers and siblings concluded that the inevitable requirement of suitably structured programs and the instability of adolescent athletes' relationships with others [59]. Digging deeper into the study, some new elements emerge. Sports programs should

not simply focus on the development of the performing athlete but also emphasize physical and psychosocial development. The philosophy behind such programs should be communicated to coaches, athletes and parents. Sports participation is affected by the quality of the coaches, their supporting and caring behavior in addition to excellent communication skills and technical expertise. Dropouts spoke, of coach favoritism and less attention to weaker swimmers. Parents keep open communication with their children and their expectations should not be too high or inflexible. A supportive group of peers and siblings is vital to the continued involvement in the sports during adolescence[60].

Country Level Factors, Government Support and Lifestyle Factors

An international comparative analysis refers to country-level factors in the form of "aggregate economic performance, policies directly related to sports, and policies indirectly related to sports" that influence participation in sports and physical activity. This supports the importance of government policies in influencing an individual's decision to be physically active which should be based on institutional factors and sports-related policies. An important claim in this study, states that broad-based participation is not developed through the provision of resources directed toward elite athletes[61]. A positive association was obtained between the quality of government and public health expenditure with sports participation[62]. Scholars have investigated both government variables such as real GDP and expenditure and lifestyle factors such as smoking and drinking. An increase in participation and frequency levels resulted from government expenditures on sports[63]. The study also revealed a negative relationship between smoking for both males and females and a decline in sports participation and frequency linked to the consumption of alcohol which could potentially be the result of a substitute effect in leisure activities, particularly for males[63]. An

individual's lifestyle also needs to be considered concerning sports participation. This could disclose important information about his or her inclinations[61].

It was found that smoking hurt the duration and frequency of sports participation in both men and women. Alcohol delivered an unclear result, most probably due to the social aspect of the sports, team sports. Another possibility could be that a compensation effect takes place whereby a healthy behavior makes up for an unhealthy one[64]. The significance of family sportsing cultures with some noteworthy outcomes was explored. Parents employed a clear set of goals, practices and strategies to encourage and support their children's participation in sports. Parents' backgrounds, whether sportsing or non- had an impact on their goals vis-à-vis their children's participation. They transportsed their children to training and games, provided positive feedback and watched them performing[65].

General Determinants of Sports Participation

Most of the studies have mainly investigated the determinants of general sports participation. The levels of physical activity of 10 to 18 years Portuguese adolescents were analyzed by some scholars[66]. Age, gender, mother and sibling physical activity, peer influence and socioeconomic status were the main demographic and socio-cultural correlates that were significantly associated with physical activity. Perhaps unexpectedly, physical education teachers were found as having no influence[66]. Scholars explored the determinants of both the decision to take part in sports and the frequency of participation in the United Kingdom[67]. Findings were consistent with other analyses and indicated the important role of social and personal capital. Scholars also examined the sports participation of Canadian adolescents aged between 15 to 19 years. Gender, self-perceptions, household and community contexts and competing behaviors were identified as the main drivers[68].

Study identified differences relating to the influence of micro and macro level factors on sports participation in medium-sized and metropolitan municipalities. Some of their findings contrast with some of the literature[69]. Young people in medium-sized municipalities with a high level of human capital, no migration background and caring for children and relatives for longer periods were more likely to be physically active. In the metropolis, people were more likely to practice sports if they had a high weekly workload. Differences at the macro level include a larger supply of facilities in medium-sized municipalities. Swimming pools play a significant role in sports participation in the metropolis while sports fields are more essential in medium-sized municipalities[61]. Time constraints and family structure were the two economic factors examined in more detail by scholars[70]. The study was carried out among residents of Rheinberg, Germany using a unique primary data source and focused on the decisions to participate and for how long. Results are essentially consistent with findings in prior research. The decisions made by individuals to take part in sports and the time spent participating are influenced by the presence of children in the household and time spent caring for children and relatives[70].

Determinants of Participation in Different Sports

Males' participation in sports was strongly associated with cycling, football, rugby, running, squash and weight training while females were more oriented toward participation in keeping fit, horse riding, netball and swimming[71]. In general, participation increased when children were absent from households except for football, netball and swimming[71]. Some scholars determined that while on one hand, younger women prefer aerobics, basketball, cycling and netball, older ones favor cycling and swimming. Men are more active in cycling, jogging and swimming[72]. A study examined 40 different sports and recreational activities, some scholars identified several motivational factors including competitiveness, professional, recreational, slimness and fitness in

addition to age and number of sportsing activities as positive determinants which enhance the frequency of sports participation.

In contrast, several employment and occupational status categories such as self-employed, manager and unemployed are key negative determinants[73]. Some Researchers investigated participation in physical activity in the United States through a nationally representative sample collected between 1998 and 2000. Walking was the most common form of exercise[74]. Running and working out at home or club were also very popular while outdoor recreation and group sports are comparatively low. A heterogeneous relationship was experienced between participation and various factors like gender, education, marital status and education[74].

Some Scholars studied the level and type of Canadian sports participation in 2005. The study was based on the General Social Survey and 19,597 Canadians were interviewed through a Computer Assisted Telephone Interviewing (CATI). Results revealed that all age groups in Canada experienced a decrease in sports participation[75].

It established that women's favorite participating sports are football, golf, skiing, swimming and volleyball while men are more active in baseball, basketball, football, golf and ice hockey. This study confirmed previous trends in this field of research. Men were more active than women. Sports participation increases with higher educational background and income level. Native Canadians were more likely to be active than immigrants[75]. The demographic-economic model, which had been applied earlier by Breuer and Scholar to investigate general sports participation, depicted the profiles of German sports participants in different sports. They were able to predict participation across ten different sports in Germany[76]. Each sports was influenced by different variables of the demographic-income model.

Individual and non-organized sports such as cycling, running and swimming were the most popular activities. The most frequently practiced team sports was football which was positively influenced by being male, young, less educated and of foreign nationality. Being male, well-educated, native and high income made the typical profile for tennis. Being female and medium-aged positively influenced participation in walking/hiking while being male, medium-aged, well-educated and native of the country were key characteristics of swimming participants[76]. Some researchers suggest the integration of motivational questions for participation and environmental factors in the form of sports supply and effects of infrastructure into a multi-level analysis[77].

The Physical Health Benefits of Sports Participation

The physical health benefits of sports have been widely documented. In a review of youth sports, some researchers identified a range of benefits which include improved bone mineral density, increased strength, stamina, flexibility and endurance, as well as enhanced functioning of cardio-respiratory and muscular systems, reduced risk of chronic illnesses and favorable changes to body composition[78]. Among physical benefits of sports participation are:

Decrease Risk of Chronic Diseases: It is proposed that a significant benefit of sports participation is the decreased risk of developing chronic diseases. While young people do not usually suffer from chronic illnesses such as heart disease, diabetes, or osteoporosis, risk factors can begin to develop early in life[79]. A report entitled "Physical Activity Guidelines for Americans" suggests that regular physical activity reduces the likelihood of the risk factors developing and therefore increases the chances of children remaining healthy as adults and decreases the risk of developing cardiovascular disease and other chronic illnesses. However, there does not appear to be any tangible evidence surrounding this topic. Future research needs to focus on providing sufficient

figures on this relationship. Moreover, longitudinal studies would be highly beneficial in explaining the link and causality further[79, 80].

Reduced Risk of Obesity: Sports participation has also been associated with a reduced risk of obesity[81]. The discussion concerning the relationship between sports and obesity has become more prominent over the last two decades as the worldwide crisis of obesity has emerged and escalated. The 2011 Health Survey for England report indicated that approximately 3 in 10 boys and girls aged 2 to 15 were classified as overweight (31%) or obese (28%)[82]. The Foresight Report, estimated the projected 2050 English obesity rates to be 26% for males and females under the age of 20, 14% by 2025, and 10% by 2015. Thus, it is unsurprising that a variety of methods are being introduced to reduce the likelihood of this obesity epidemic[83]. Many individuals, organizations and governmental departments suggest that physical activity and sports have the potential to reduce body fat, and therefore decrease the risk of obesity; greater fitness amongst 602 Australian 11-14-year-olds was associated with a reduced risk of obesity[82,84].

Moreover, the effects of physical activity on the percentage of body fat of 248 Swedish 8-11-year-olds revealed that there is a strong cross-sectional association between physical activity and obesity[84]. Additionally, this appears to be stronger for the higher intensity activity found similar findings in a cross-sectional analysis of 5,500 12-year-old children who were enrolled in the English Avon Longitudinal study of parents and children[81,84]. The results of this study illustrated that moderate to vigorous physical activity reduced fat mass, and thus, reduced the risk of obesity. A further study identified a small but significant association between the inter-school variation in body mass index in English primary school children and school-based physical activity[85]. The results suggest that the time devoted to PE and school in sports may influence weight status[85]. Although this study investigates primary school children in year six, the findings

have partial significance to the review as it demonstrates that there are already issues with obesity before children attending secondary school.

A criticism of these results, however, is the presence of weak or modest associations between physical activity participation and reductions in obesity, which may be the result of the multicausality of obesity; numerous factors contribute to obesity, including diet and family life. Therefore, changes in these areas are also needed to accompany alterations in the time spent exercising to ensure that significant reductions in obesity and the risk of obesity are made Following on from this, the impact of sports participation on the diet of young people will now be discussed[86].

Healthier Diet: Healthy diet is essential for the overall health of children during their vital years of growth and development. Following the onset of the obesity epidemic, the significance of a healthy diet has also been connected to a reduced risk of obesity[87,88]. Several researchers have begun observing the connection between sports participation and diet in young people. Some researchers conducted studies surrounding this association and have concluded that adolescents who participate in sports have a healthier diet than their non-sportsing peers. Scholars observed the dietary patterns of 1421 Canadian 10-11 year olds[89,90]. Through the use of two questionnaires and a 24-hour dietary recall, the sports participation levels and food intake of the participants were measured. The results indicated that those involved in organized sportsing activity consume more calories, fat, fiber, fruit, non-flavored milk and vegetables than those who do not participate in sports or physical activity. It was concluded that although the sportsing group of participants consumed more calories, they have healthier diets and lower BMIs in comparison to their nonathletic counterparts[91].

In a study conducted on the relationship between physical activity and diet, scholars found some association between the variables, but the results varied by gender. The study utilized activity monitors and dietary recall to record the food intake and mean time of moderate to the vigorous activity completed by 210 8-10 year-old African-American girls. Whilst they found that increased physical activity was related to lower fat intake and lower BMI, it was also associated with higher carbohydrate intake[91]. While the above studies have found associations between the variables, there are research papers available that indicate that there is no relationship between sports and diet[91]. Some scholars observed 4 days of food diaries and 7 days of an accelerometer for 1317 British children aged 9 and 10[92]. No obvious association was present between diet and physical activity; there were no significant associations for females, and although there were some associations found for males, these were relatively weak. Thus, it was concluded that there was no relationship between the variables[93].

Similarly, scholars could not find a consistent relationship between physical activity and the dietary patterns of 764 Australian 12-18-year-olds when analyzing the results of the Australian National Nutrition Survey, with only their high sugar and fat consumption patterns related to high levels of physical activity. Although these two studies explored the association for different demographics and used different methods of data collection, the results appear to be the same[93]. Nonetheless, the results of the research papers on this topic appear to be mixed and articulate different information. A researcher observed that whilst the results of the studies surrounding this topic are mixed, the dietary consumption of young athletes is deemed to be lacking in carbohydrates, energy and numerous micronutrients, particularly calcium, iron, folate and zinc, yet intake of fat is in excess[94]. Similarly, scholars noted that less than 50% of the children in the sportsing and non-sportsing groups of this study met the recommended guidelines in regard to fruit

and vegetables, and the sports group ingested more fat than that which is recommended[95]. Thus, the researcher claims that most studies indicate that many young athletes do not have adequate or healthy diets[94]. A considerable limitation of the research on this topic involved the issue of self-reporting dietary intake, whether this is through food frequency questionnaires or food diaries[92]. Due to the nature of the topic, participants may under-report or over-report consumption of certain foods, thus potentially affecting the accuracy, reliability and validity of the findings and conclusions[92].

Prevention of Diabetes: The rates of diabetes among young people are increasingly becoming a cause for concern in England[96]. A survey conducted by the Royal College of Paediatrics and Child Health determined that in 2009 there were 22,783 young people aged 0-17 living in England with diabetes (approximately 97% of these had type 1 diabetes, and 3% had type 2 diabetes). These are the most recent statistics currently available. Diabetes has been associated with low physical activity levels as well as increased obesity rates[97]. Whilst the data concerning the impact sports or physical activity has on the prevention of diabetes is prevalent with regard to adults, this information for young people is scarce[91]. However, one study explored the relationship between physical activity and intravenous glucose tolerance (Kg) and resting energy expenditure (REE) in 32 American adolescents aged 12-18. The results illustrated that physical activity is significantly and positively associated with both Kg and REE; as the levels of physical activity increased, the Kg and REE simultaneously rose. Thus, it was concluded physical activity can be used to assist with the prevention of diabetes in young people[91].

Bone health: Another physical health benefit of youth sports appears to be enhanced skeletal and bone health[98]. Scholars examined the effects of a daily, three-minute, physical activity intervention on the changes in bone mass and structure in American school children. The results suggested that

this exercise did improve bone mass at the weight-bearing proximal femur in early pubertal young people[99]. As this study investigated the effects of an extremely short amount of time exercising, it would be interesting to observe the results of a longer exercise time.

Summary of the Physical Benefits

There is a range of physical health benefits of sports participation for children, which not only enhance the physical wellbeing of the individuals involved through improving the health of their bones but also potentially contribute to extending or saving their lives, through the decreased risk of chronic diseases and obesity. It is proposed that children also benefit from participation in sports in a psychological sense[91].

The Psychological Health Benefits of Sports Participation

There is an increasing amount of published research that focuses on the psychological health benefits of sports participation. Numerous authors claimed that involvement in sports significantly improves mental wellbeing[98,100,101]. This is particularly prevalent when discussing sports concerning depression, anxiety and issues of self-esteem, which all contribute to life satisfaction.

Depression: Several research reports have focused on the effect sports has on symptoms of depression. Investigation on the relationship between physical activity of varying intensities and the psychological health of 57 English 9-10-year-olds. The results of the study indicated that those participating in very light physical activity are less likely to suffer from depression[102]. Further research from England concerning 2,951 14-year-olds revealed that there is a moderate relationship between physical activity and symptoms of depression[103]. The results of this study suggest that those students who are more physically active self-report fewer depression symptoms, which therefore suggests that participation in physical activity decreases the likelihood of

experiencing depression[103]. Whilst the results of these research papers are significant as they both originate in England, there are various issues concerning this evidence. The use of questionnaires that enable individuals to self-report symptoms of depression can be seen as problematic due to the possible low accuracy and reliability attached to them.

Anxiety: The association between sports and anxiety has also been discussed in the available literature. Scholars in a study concluded that very light physical activity had positive correlations with anxiety amongst young people, whilst vigorous physical activity was negatively correlated with anxiety[102]. Research has also been conducted on the impact of physical activity on specific sub-types of anxiety. Scholars examined the relationship between sports and social anxiety amongst 208 Swiss 7-8-year-olds over a 2-year period[104]. Their results illustrated that participation in sports can act as a buffer against social anxiety symptoms in children.

Several differences within the variables were discovered; girls report greater levels of symptoms at both data collection points which corroborate the findings of scholars who also found that boys report less social anxiety symptoms[105]. Furthermore, those participating in team sports were found to report fewer symptoms than those involved in individual sports. It should be noted that this study focused on primary school children and therefore, the results may not be applicable for other populations and age groups[91]. Nonetheless, it provides a knowledge base to enable future research to create a broader and more holistic representation of the relationship between anxiety and sports. It appears that there are few studies dedicated to the association between anxiety and sports in the last 10 years. Therefore, new research is needed to provide information on the current situation regarding this topic[91].

The levels of self-esteem in children have also been related to sports participation. Scholars compiled data concerning three groups of elementary-aged children, their parents and their

teachers, and found that students who spent more time in team sports rather than individual sports, reported higher levels of self-concept and therefore higher self-esteem, than their non-sportsing peers. The authors concluded that the type of sports affects the amount of self-esteem the students held[106]. This difference could be associated with the different dynamics and structures of the two types of sports. Researchers produced cross-sectional research which examined whether physical activity was more closely associated with self-concept within 103 14-17 years old females[107]. The results indicated that participation in physical activity at a level that will increase fitness could assist in enhancing self-esteem or protect against reductions in self-esteem[107]. Levels of self-esteem can be seen to be associated with emotional well-being. Donaldson and Ronan (2006) investigated the relationship between the sports participation of 203 adolescents and their emotional well-being, including self-reported behavioral and emotional problems. The results suggested that increased involvement in sports had a positive association with elements of behavioral wellbeing, especially self-concept[108].

Summary of the psychological benefits

In summary, many researchers have examined the connection between sports participation and the possible psychological benefits this has on school-aged children. Whilst there are numerous types of benefits reported, the quality and significance of the results of the studies are problematic and can also be disputed[91]. Although it is interesting to observe the different populations, interventions and methodologies of each research paper, the heterogeneity makes it difficult to conclude the association between sports and health. Moreover, the lack of follow-up data has resulted in a gap in the literature concerning the degree to which the effects of sports and the programs are maintained overtime, in addition to unknown causality[91].

2.1.2 Psychological Factors in Sports Participation

Sports participation has been shown to be associated with many psychological and social benefits, beyond that derived from physical activity, including improvements to self-control and emotional regulation[109]. These distinct benefits are perhaps due to unique characteristics of sports participation, compared with other forms of physical activity[110]. Variables such as gender, age, time available to participate and motivational factors such as fun, slimness, fitness and competition have shown to increase participation[111]. Sports participation was positively related to self-assessments of physical appearance and physical competence, physical self-esteem and general self-esteem[112]. Athletes whose behavior suggested stronger psychological connections to sports engaged more in terms of frequency, depth and breadth of sports-related behaviors[113]. Organized sports activities may somewhat contribute to a healthy body mass index (BMI) and while a healthy BMI can lead to increased participation in organized sports, it is also possible that increased participation in physical activity can lead to a healthy BMI[114]. However, all forms of physical activity can provide health benefits if undertaken regularly and are of sufficient duration and intensity[115].

Self-confidence is one of the most related variables to sports performance[116]. It has also been shown to influence behaviors, attitudes, and sportsing attainment[117]. Self-confidence is simply defined to be a self-perceived measure of one's belief in one's abilities which is dependent upon contextual background and setting[118]. It is one's belief in his courage, power and ability to take action using his abilities as a source for his values and purposes. Self-confidence was also conceptualized as self-efficacy. Self-confidence involves people's belief to control themselves and their environment; a perceived ability that provides the possibility that athletes use their emotion appropriately to achieve sports aim[119]. Self-confidence is important in sportsive performances as it affects performance positively especially in good feelings, behaviors, fast planning in competitions,

undoubtedly giving the right decision in performance increase and in continuation of the competition[120]. Self-efficacy or confidence affects the choice of activities, effort expenditure, persistence in a given activity, and vulnerability to stress and depression[119].

Sports confidence influences performance through its effect on how athletes think about, feel about, and respond to everything that happens to them in sports[121]. Self-confidence is a judgment of one's ability to perform at a certain level, whereas perceived success pertains to one's judgment of the likely consequences of such a performance and or expected performance attainments[121]. This requires a detailed assessment of the level, strength, and generality of perceived self-confidence. Individuals who perceive themselves to be competent in sports should be more likely to participate, while those low in perceived physical competence should be more likely not to participate or to discontinue participation[122]. Challenges to identity such as having to show others an unfit body, lacking confidence and competence in core skills, or appearing overly masculine were barriers to participation[123].

Young athletes who perceive themselves to be highly competent in a sports, who are oriented toward mastery in sports, and who identify themselves as primarily responsible for their performance persist longer in the sports and maintain interest in mastering the skills. In contrast, those who perceive themselves to have low competence in sports, who are oriented toward extrinsic mastery, and who believe that others are responsible for their performance do not maintain task performance and interest[123]. Physical benefits, weight control, independence and social, mental and emotional benefits as the main internal motivators[124]. Self-perception is incredibly important in motivating people to participate in all types of sports and physical activity[125]. The relationship between self-confidence and performance is likely to be somewhat

different depending on the performer's perception of the level of self-confidence he/she needs in order to perform the task successfully[126].

The influence that performance experiences/familiarity have on perceived success depends on the perceived difficulty of the task, the effort expended, the amount of physical guidance received, and the temporal patterns of success and failure. Task familiarity can also be obtained through observing or imagining others engaging in a task that observers themselves have never performed. Their influence on self-efficacy can be enhanced by a number of factors. Variables such as previous performance, affective self-evaluation, goal setting, and physiological states (mood or fitness) may exert a direct influence on sports performance[127]. Specifically, past experience plays a vital role with regard to participation in sports at university level[128].

Values are principles or standards considered worthwhile or desirable. They help people select and evaluate behavior, define goals, and set standards for acceptable behavior[129]. Personal values represent criteria by which people choose and assess subsequent actions, and apply to individual decision-making in virtually all compartments of our lives. Although research in mainstream psychology has attended to the concept of personal values and the role values play in resulting behaviors for over half a century, the lack of attention devoted to values and sports participation is surprising[130]. There is a need to understand values associated with sports participation[128]. This is essential because a variety of social, cultural and biological factors influence men and women's decision to participate in sports[130]. For example, there is a negative impact of migration background on all sports participation[131]. Consequently, with such findings, one can possibly assume that culture, national traditions and values not only play a vital role on sports participation within a country but also when comparisons are made between different countries[130].

2.1.3 General Overview of Body Image

Body image can be loosely defined as the mental representation of our bodies that we hold in our minds. Originally, it was believed that body image is a mirror image of what objectively exists in the world, but that certain pathologies could interfere with this perceptual process (e.g., phantom limb pain or anorexia nervosa). However, more recent literature suggests that body image is strongly influenced by a variety of factors, including but not limited to, psychological, social, cultural, biological, historical, and individual factors[132]. In clinical psychology, body image is a construct that is implicated in both eating disorders and body dysmorphic disorders. Many individuals with these conditions experience an inability to objectively perceive their body's appearance, size, or shape. Body dissatisfaction, or a negative evaluation of the size, shape, or appearance of one's body, has been linked to numerous problematic behaviors, including binge eating, self-induced purging, excessive exercise, caloric restriction and smoking[133]. Body dissatisfaction has been cited as one of the strongest risk factors for the development of an eating disorder[134]. Much of the body image research conducted to date has focused on women who struggle with eating disorders and/or body dissatisfaction. Recent trends in body image research include the study of the sociocultural factors that impact body image. Media images, social comparisons, and weight-related feedback have all been found to be important influences on body image among women[135].

Body image was described early on as the picture we form in the mind of our body. A more recent definition describes body image as "the picture we have in our minds of the size, shape, and form of our bodies; and our feelings concerning these characteristics and our constituent body parts"[136]. This newer definition highlights our current understanding of body image as being both perceptual and evaluative. The perceptual component refers to how we see our body size, shape, weight,

physical characteristics, performance, and movement, whereas the evaluative component refers to how we feel about these attributes and how those feelings influence our behaviors. The term "body schema" is a related psychological construct with varying definitions but typically refers to the hypothetical neural mechanisms related to sensorimotor representations of the body (i.e., changes in body position and movement coordination)[136].

History of Body Image

The first documented discussions of body image occurred nearly a century ago in the early field of neuroscience. Around this time, medical science was attempting to understand abnormal perceptual experiences of the body, such as phantom limb pain in amputees[136]. During the 1930s and the following decades, Schilder was among the first to use the term "body image" to describe the picture we form in the minds of our bodies and to highlight the subjective nature of body image. He is also credited for bringing the study of body image out of the realm of neurophysiology and into psychology. Psychoanalytic perspectives on body image were highly influential during the first half of the twentieth century and viewed body image as being involved in the development of the ego. For example, through the use of projective techniques, clinicians could assess the psychological "boundary" of an individual's body image and, hence, gain insight into a person's past emotional learning and any significant trauma.

The clinical significance of body image for eating disorders was first introduced by Hilde Bruch who observed that patients with anorexia nervosa reported feeling grossly overweight even though they were emaciated. This view of body image within the context of eating disorders as a disturbance in one's individual experience of their body weight, size, or shape has been highly influential in the way that we research and currently conceptualize body image[136].

2.1.4 Concept of Self-efficacy

Self-efficacy refers to the subjective prediction of one's ability to accomplish a certain task, as well as the individual's tendentious judgment and feeling on whether one's behavior can achieve a certain goal[137,138,139]. It has three implications: first, it belongs to the category of perception ability, but it is not equal to ability; second, the expectation of achieving a certain goal comes before the activity; third, it is a subjective judgment on whether one can achieve a certain goal. People with higher self-efficacy can complete the original sports participation plan[140,141] when they confront difficulties; self-efficacy could not only stimulate the motivation level of individuals but also determine the level of individual participation in sports[142]. In recent years, some scholars have found that body image has a positive correlation with self-efficacy and that one with a more positive body image has a better sense of self-efficacy[143].

Meanwhile, some researchers pointed out that body image has a positive predictive effect on self-efficacy and that body image and self-efficacy also have a positive impact on sports participation. Some scholars also believed that female college students' body image can play a role in physical exercise behavior through self-efficacy and that body image can also predict the level of self-efficacy directly and positively, which seems to suggest that self-efficacy may play a mediating role between body image and sports participation[141,142,144].

2.1.5 Concept of Self-esteem

Self-esteem can be defined at the global or domain-specific levels. Global self-esteem is an overall assessment of one's worth, whereas domain-specific self-evaluations are self-assessments within more narrowly defined domains (e.g., academic, social or appearance self-esteem)[145]. Global self-esteem and domain-specific self-evaluations are typically positively correlated, which raises questions about their relationship. Early conceptualizations of philosophers and psychologists suggest that global self-esteem is an averaging of specific self-evaluations weighted

by their subjective importance to the individual[145]. However, it is now clear that domain-specific self-evaluations are also influenced by global self-esteem, with individuals with higher self-esteem viewing their specific attributes more positively as a result of their high self-esteem[146].

Self-esteem differs from self-concept. Self-esteem is commonly thought to reflect self-feelings (e.g., 'I like myself') rather than self-knowledge. The self-concept is thought to reflect self-knowledge or self-beliefs (for example, 'I am outgoing,' 'I am smart'). This distinction, however, is not universally accepted and can become hazy (e.g., people have strong feelings about their self-beliefs, such as being heavily invested in seeing oneself as competent)[147]. The self-concept has obvious consequences for self-esteem. Individuals with higher levels of positive self-belief report feeling better about themselves overall than those with lower levels of positive self-belief[3]. However, there are important indirect links between self-concept and self-esteem[148].

Early models of the self frequently viewed it as a single monolithic entity but more recent conceptualizations typically regard the self-concept as multifaceted, consisting of a variety of self-aspects defined by factors such as situations, roles, and psychological states of the individual. This multifaceted view of the self-concept emphasizes the significance of self-concept structure (how self-concept content is mentally organized) in moderating the relationship between self-concept content and self-esteem. Self-concept structure can differ in a variety of ways, such as its complexity or the degree to which positive and negative self-beliefs are integrated rather than compartmentalized. The accessivbility of specific self-beliefs is determined by self-concept structure, which affects their ability to influence self-esteem[149].

Ways of Measuring Self-Esteem

Self-report scales are most commonly used to assess self-esteem because self-esteem is regarded as a subjective judgment, asking people how they feel about themselves is a reasonable

and direct method of assessing self-esteem. Self-Esteem Scale is used for adults, while the Self-Esteem Inventory is used for children. Recently, some researchers developed a single-item self-esteem scale to assess global self-esteem, which simply evaluates agreement with the statement "I have high self-esteem." This single-item measure has impressively high correlations with longer, more established self-esteem measures[150]. Supplementary researchers have created multidimensional self-esteem scales. Some researchers, for example, developed the Self-Liking and Self-competence Scale to assess distinct dimensions of global self-esteem to provide a more comprehensive assessment of self-esteem, in their opinion[151].

People also have distinct characteristics and express their self-esteem. Whereas trait self-esteem refers to relatively stable and long-lasting self-evaluations, state self-esteem refers to momentary self-evaluations that fluctuate over time and in different situations. Some scholar State the Self-esteem Scale and self-esteem assessment are the two most commonly used methods for assessing state self-esteem. Respondents are asked to consider their feelings in the present moment on both scales. Some researchers State Self-esteem Scale, however, test participants to report their self-evaluations in three domains: appearance, performance, and social acceptance. Items such as 'I feel unattractive' reflect cognitive evaluations in each of these domains. In contrast, scholars developed a state self-esteem measure that asks respondents to indicate how much certain emotional terms describe their current feelings. Some of these emotional terms represent low self-esteem (for example, 'shame'), while others represent high self-esteem (for example, 'pride')[145].

Implicit Self-Esteem

Traditionally, self-esteem has been studied in terms of explicit self-esteem – fully conscious, deliberative self-evaluations measured by self-report scales. However, this method of

studying self-esteem may be limited because people may be unwilling or unable to report on all aspects of their self-evaluation[145]. As a result, researchers have created several nonreactive or implicit measures of self-esteem, such as the Name-Letter Task and a self-esteem variant of the Implicit Association Test (IAT) [152,153]. The Name-Letter Task is based on the observation that people value things associated with them, and thus people prefer the letters of their name, especially their initials, to people whose names do not share those letters. The IAT measures people's reaction times when they associate positive and negative stimuli with themselves.

Some theorists suggest that implicit self-esteem, as assessed by these measures, reflects a construct that is distinct from explicit self-esteem with unique implications for psychological functioning[154]. Implicit self-esteem is considered to be relatively automatic, associative, uncontrollable, and intuitive. Implicit self-esteem, in combination with explicit self-esteem, predicts important psychological outcomes, such as defensiveness and aggression. Some researchers have questioned the validity of implicit measures of self-esteem, however[155].

The Importance of Self-esteem

Relation of self-esteem to important life outcomes interest in self-esteem began to build steadily during the 1970s as research began to emerge suggesting that low self-esteem was linked to a variety of social problems such as drug abuse, unemployment, academic underachievement, and violence. The 'self-esteem movement' was in full swing by the 1980s as exemplified by the California Task Force to Promote Self-esteem and Personal and Social Responsibility (1990), which focused on raising the self-esteem of the citizens of California in the hope that this would reduce the social problems plaguing California at that time. Various self-esteem enhancement programs have been implemented over the years but they have not had the sort of benefits originally envisioned by the self-esteem movement. There continues to be intense debate about the

role of self-esteem in important life outcomes, with some researchers arguing that self-esteem is important for productivity and well-being and others arguing that it has severely limited value[156,157]. Self-esteem is associated with some other construct like psychopathology, well-being and physical health.

Self-esteem*'s Associations with Psychopathology and Well-Being*

Self-esteem is closely linked with psychopathology. This connection is evident in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which contains various references to self-esteem and terms that are related to self-esteem (e.g., 'grandiose sense of self-importance'). Low self-esteem is included as a diagnostic criterion or associated feature for a variety of disorders including major depressive disorder and bulimia[158,159]. There are two primary models concerning the connection between low self-esteem and psychopathology. The first model is the 'vulnerability model of low self-esteem,' which suggests that low self-esteem serves as a risk factor for psychopathology. The second model is the 'scar model of low self-esteem,' which argues that low self-esteem is a consequence of psychopathology rather than one of its causes[145].

Self-esteem is also consistently related to subjective well-being: people with higher self-esteem report greater life satisfaction and happiness than those with lower self-esteem[157]. Moreover, people with lower self-esteem experience more negative moods and fewer positive moods than those with higher self-esteem[160]. Some have argued that the greater well-being reported by higher self-esteem individuals might be derived from their tendency to rely on more effective coping mechanisms and their tendency to see the world more optimistically[157].

However, the link between self-esteem and well-being might not be so straightforward. For one thing, the association between self-esteem and well-being seems influenced by cultural variables. For example, the link between these variables is stronger in individualistic cultures (e.g., United

States) than in collectivist cultures (e.g., China), suggesting that high self-esteem is not universally tied to greater life satisfaction[145].

Associations with Physical Health

People with higher self-esteem report greater physical health and an enhanced ability to recover after illnesses compared with those with lower self-esteem[161]. Though it may be tempting to conclude that being ill reduces self-esteem, the causal relationship appears to go in the other direction. There are three main reasons why lower self-esteem might lead to health detriments. First, people with lower self-esteem are less likely to engage in behaviors that promote physical health, and thus their habits tend to undermine good health[145]. Second, lower self-esteem individuals' physiological experience of stress is apt to erode their physical health. Specifically, lower self-esteem individuals are more likely to experience elevated and prolonged cortisol levels after stress, which might explain why they suffer greater health problems after periods of stress[3].

Third, lower self-esteem might lead to detriments in physical heath because low self-esteem individuals experience poorer quality interpersonal relationships[161]. Positive, supportive relationships foster more optimal physical functioning (e.g., lowered cortisol levels). Lacking such relationships may thus predispose lower self-esteem individuals to suffer poorer physical health[3].

2.2 Theoretical Framework

2.2.1 Goal Theory (Edwin Locke, 1960)

Goal Setting Theory (GST) has been the most prominent theoretical framework for goal-setting interventions. GST is a theory of motivation that explains the relationship between conscious goals and task performance[140]. GST was formulated based on an inductive approach examining numerous empirical studies across various domains including business, medicine, sports, and exercise[162]. In GST, goals are conceptualized as an end-state which 'an individual is trying to

accomplish; it is the object or aim of an action'[162]. Goal-setting interventions that employed GST have been shown to enhance task-related performance, and it is proposed that this effect occurs through four mechanisms[162]. First, goal setting directs individuals to focus their efforts on goal-related actions and ignore irrelevant activities. Second, goal setting energizes individuals, allowing them to invest effort in goal pursuit. Third, goals impact persistence, whereby more difficult goals result in a higher effort being invested. Finally, pursuing goals facilitates the discovery and development of task-relevant strategies.

The second fundamental posit of GST is that five-goal characteristics directly impact the effect of goal setting, including goal difficulty, goal specificity, goal proximity, goal source, and goal types[162]. First, more difficult (but achievable) goals lead to higher performance. Second, specific goals (e.g. 'complete x number of pushups) predict higher performance than vague goals (e.g. 'do your best'). Recent reviews suggest that goal difficulty and specificity likely work collaboratively and employing one alone would not necessarily result in an effective outcome. Third, setting both proximal (i.e. short-term) and distal (i.e. long-term) goals helps facilitate goal attainment, as short-term goals can be a useful indicator of progress towards an ultimate long-term goal. Fourth, goal source refers to whether a goal is self-set, participatively set, or assigned. Self-set goals are set by the goal pursuer himself or herself (e.g. an athlete who sets her own goals for a season); participative-set goals are set together by the goal pursuer and other people related to the goal process (e.g. an athlete creates a goal collaboratively with his coach); assigned goals are goals made by the others and assigned to the goal pursuer (e.g. an athlete's coach sets a goal for the athlete). Fifth, regarding two types of goals, performance goals are focused on the attainment of desired performance outcomes, whereas learning goals are focused on developing task-relevant

strategies – the latter type of goal is suggested to be particularly relevant when learning a new task, particularly a complex one[162].

Another important consideration of GST pertains to the moderators that influence the relationship between goal setting and performance, which include ability, goal commitment, feedback, task complexity, and task knowledge and resources[162]. First, individuals higher in ability (e.g. technical abilities in one's sports to execute a task) weremore likely to achieve their goals compared to those lower in ability. Second, the effectiveness of goal setting is said to increase as people are more committed to their goals, with two key factors – self-efficacy and goal importance – influencing one's goal commitment. Third, receiving feedback on one's progression to goal attainment impacts the goal setting–performance effect, as it guides future direction and allocation of available resources towards a goal. Fourth, task complexity was initially proposed as a moderator for goal effect because when a task is above one's capability, goal setting would be less effective. Fifth, goals are more likely to translate into performance when individuals have the necessary resources that are needed to complete the task.

Goal-setting research in sports and exercise

Goal setting research in sports and exercise began to flourish following the suggestion that sports is one of the domains that could benefit most from applying GST since the foundation of the theory is on improving task performance[163]. However, initial reviews found that the effectiveness of goal setting in sports and exercise is not as robust as in organizational and business settings[164]. Initially, the failure of replication in the earlier studies was attributed to methodological flaws of the intervention, which included using different instructors for different conditions, failure to manipulate control groups, and little consideration for other important influences such as social comparison and competition[162,163]. However, scholars claimed the replication failure could be due

to contextual differences and motivational properties of the participants in sports. For example, unlike other domains, feedback can be difficult to control as it is already inherent in sports (e.g. score, fatigue)[166]. Moreover, goal setting could have less impact in sports as the athletic populations have higher baseline levels of motivation compared to those pursuing goals in other contexts (e.g. workplaces). These sports-specific differences were suggested to be critical in achieving internal and external validity, as well as guiding practitioners with practical recommendations[166]. Another explanation concerned the low statistical power arising from small sample sizes in sports settings[164]. Indeed, indicated that sample sizes in sports research were generally smaller than in research from business domains. Later empirical studies reflected on these shortcomings, and more recent narrative reviews with larger sample studies reported stronger support for the effectiveness of GST[164].

Despite the contributions of previous reviews, the relationship between goal characteristics and moderators suggested in GST remains unclear within the context of sports[162]. A meta-analysis examining goal setting research from laboratory settings found that, overall, goal setting enhanced physical task performance (e.g. number of pushups a participant completes) compared to control conditions[167]. Concerning goal difficulty, they found that among easy, moderately difficult, and very difficult goals, only moderately difficult goals had a significant effect on performance. In contrast, easy and very difficult goals demonstrated non-significant effects on performance, which somewhat contradicts the tenets of GST[162]. Previous narrative reviews of goal setting in sports have also noted that only half of the empirical studies support a linear relationship between goal difficulty and performance. If a goal is unrealistically difficult, an athlete is more likely to withdraw from the goal and self-set a more realistic goal[162].

In addition to goal difficulty, more than one-third of the empirical studies in sports contexts found that specific goals were not superior to vague or do-your-best goals in enhancing performance[168], which contrasts with the initial theorizing that specific goals should result in greater performance[163]. Moreover, concerning goal proximity, the meta-analysis found that performance outcomes did not vary based on differences in goal proximity (defined in the review as short-term goals, long-term goals, and combined short- and long-term goals)[167]. In corroboration to those findings, scholars indicated that less than half of the empirical studies support the goal proximity hypothesis in GST[169]. These results also challenge the initial theorizing that combining proximal and distal goals would result in greater performance in comparison to implementing either goal alone[170]. How the short-term and long-term timeframe should be defined is also still relatively controversial and can vary across different contexts[171].

Some scholars also examined the potential influence of goal source on task performance[167]. Interestingly, they found that self-set and participative-set goals resulted in significantly higher performance compared to assigned goals[167]. This too runs counter to theorizing – primarily based on research from organizational psychology – that there should be no significant differences in performance between self-set, participatively set, and assigned goals[170]. It was suggested that an individual's 'ownership' of a goal (which was thought to be less likely to occur with assigned goals) could be a critical motivation to commit to the goal[164]. However, a comprehensive review of the research on the various goal sources and their influence on the success of goal-setting interventions in sports has not yet been conducted[164].

Finally, concerning goal types, research in sports differs from the labeling goal types noted in GST. Specifically, whereas learning goals and performance goals have been used to characterize goal types in other domains, the sports domain has used three different goal types: process, performance,

and outcome goals[171]. Process goals refer to focusing on learning specific skills or techniques (e.g. a swimmer setting a goal to swim a length in a given number of strokes); performance goals refer to improving one's performance standards (e.g. a swimmer aiming for a personal best in their race); and outcome goals refer to strictly focusing on the outcome of a match or a competition (e.g. a swimmer setting a goal to win their event)[168]. These three goal types are mainly distinguished by their controllability[169]. This conceptualization has been particularly relevant to the sports domain, as the learning 'process' and individual 'performance' standards are dependent on one's goal commitment, but certain 'outcomes' (e.g. winning a tournament) could be dependent on the opponents and external factors regardless of one's goal commitment. Indeed, empirical findings substantiated that each goal type has distinct effects on goal-setting outcomes in sports[164]. However, there have been relatively few empirical studies in sports that directly compared the differences between process, performance, and outcome goals[172].

In summary, although previous reviews shed some light on the effects of goal setting on performance within sports[167,168], several limitations should be pointed out. First, most of the earlier reviews of goal setting in sports and exercise combined laboratory-based research from sports (e.g. basketball shooting), exercise (e.g. sit-ups), and motor performance (e.g. juggling) together[164,168]. This could be problematic as there are situational and motivational differences between the sportsing environments in which athletes engage compared to other contexts[166]. For example, the utility and effectiveness of goal setting with an elite athlete seeking to maximize performance in sports may differ from an inactive individual who is in the early stages of new exercise behavior. Another problem with combining sports, exercise, and motor performance in a single review is that it could provide a biased view of the effectiveness and dynamics of goal setting. Indeed, there have been relatively fewer goal-setting studies in sports compared to exercise and motor tasks[173]. Hence,

it was inevitable for previous meta-analyses and reviews [167,168,169]. to be more heavily weighted towards exercise and motor tasks. Moreover, the extent to which the effectiveness of goal-setting interventions in sports is influenced by theorized goal characteristics (difficulty, specificity, proximity, source, and type) and moderators (goal commitment, feedback, task complexity, and task knowledge and resources) is still not yet clear. Thus, it is both timely and pertinent to conduct a systematic review of the applied goal-setting literature that is delimited to sports contexts only[164]. As part of this, it would seem particularly important to review the inclusion of/consideration for GST's goal characteristics and moderators in these interventions. Such a review would enhance our understanding of the dynamics of goal setting in applied sports settings specifically, and could also enable the provision of clearer practical recommendations for coaches, athletes, and applied practitioners on setting effective goals[164].

2.2.2 Expectancy Theory (Victor Vroom, 1964)

Athlete motivation for participation in sports competitions and activities has been studied from a variety of aspects. Some sports psychologists classify the dimensions of athletes' motivations for participation in sports competitions as sports orientation in activity, training and competitions. Identification of these dimensions in athletes may help direct individuals' motivation, tendency and preparation to participate in sports competitions and activities. This may play a significant role in developing athletes' mental skills, identifying mental weaknesses and strengths, preparing individuals for participation in different sports, performing special skills and sports participation in different competitive situations[174]. Nowadays, sports, physical education and activity provide considerable opportunities for people not only due to their educative and healthful effects but also because of the human need for physical activity. Sports is considered a health-related behavior so many beauty and health institutes in the world have set to investigate the reasons and motivations

for participation in physical activities using sociological and psychological theorie[175]. Research on the effect of sports activities on mental and physical health, lifetime, happiness, social relations and leisure time has helped increase people's participation in sports, especially sports for all, in the world. Accordingly, most of the developed countries compete for better planning and organization of sports for all and increasingly develop innovative programs to propagate them[176]. When a country lags in this competition, it cannot fill this gap readily and will experience sharp differences in reaping the benefits of sports and physical activities[177].

Motivation has been defined by many authors and scholars; defined motivation as "the term used to describe those processes, both instinctive and rational, by which people seek to satisfy the basic drives, perceived needs and personal goals which trigger human behavior"[178]. Some scholar also defined motivation as "the processes that account for any individual's intensity, direction and persistence of effort towards attaining a goal; while general motivation is concerned with efforts towards any goal"[179]. They all agree that motivation involves those processes used to drive individuals towards achieving stated goals. However, one of the most widely accepted definitions or theories of motivation is that of Victor H. "Vroom's expectancy theory was an attempt to describe how an individual's motivation to achieve a particular goal or performance target can be explained in terms of what outcome would become beneficial to the individual as a result of achieving that goal and what value is placed on that outcome"[180]. The theory explains how an individual perceives or understands the relationship between effort, performance and rewards. Vroom centered on those factors involved in stimulating or prompting an individual to put in more effort into something as this was the basis for motivation. He identified three factors each based on the individuals perception of the situation; they are: • Expectancy: this refers to the extent to which the individual believes that

a particular action will produce a particular result. • Instrumentality: this refers to the extent to which the individual believes that effective performance will lead to desired results. • Valence: this refers to the strength of the belief that those attractive rewards are actually available. 3 These three factors according to Vroom combine and create a "force" which stimulates or motivates an individual to put in effort in order to achieve a level of performance and then obtain end rewards. He suggested that "force" or "effort" was a result of the multiple of "expectancy" and "valence" (encompassing instrumentality) in the formula:

Force = Expectancy x Valence i.e. F = f (E x V) This formula can be used to indicate and predict things such as; job satisfaction, occupational choice, the likelihood of staying in a job, and effort that one might expend at work.

2.2.3 Psychosocial theory of development (Erick Erickson)

Erikson attained eminence through his work on developmental psychology and his many writings on 'identity crisis' (a term coined by him) stand out as his most significant contribution to the field of psychology[181]. Epigenetics lies at the heart of his theoretical framework and has strong links with the notion of 'identity crisis'. Briefly summarized, epigenetics holds that people's personalities progress from birth until old age through eight stages in human development in a prearranged sequence of psychosocial development Erikson. Erikson insisted that 'identity develops continuously throughout life', yet he also conceded that identity 'is "consolidated" in adolescence' argue that all people experience psychosocial crises during all eight stages that may impact their personality development negatively[182,183,184]. These authors maintain further that any 'problem' that occurs in any given stage will influence the 'integration of the whole ensemble'[159]. Various authors have since written about the concept of 'identity crisis' and have cited Erikson's work to substantiate their views and have also linked the concept of identity crisis to their own

work. Examples of identity crises are the notions of 'career identity', 'career-life identity', 'career identity development', and 'vocational identity'[185,186,187].

Below, I elaborate briefly on key aspects of what many people (including me) consider Erikson's seminal contributions to psychology, early child development, and self- and career construction namely his emphasis on key developmental tasks that need to be worked through and mastered during the different stages of people's development and the link between these tasks and people's identity crises[188].

Erikson's focus on key developmental tasks

Erikson psychoanalytic theory stresses the importance of eight stages in human development that all people have to work through (navigate) successfully in order to lead integrated, meaningful, and fulfilled lives. These stages (first reported in Erikson's, 1950 publication Childhood and society) (Chapman, 2006-2013) are discussed below. The first five stages relate to early childhood especially[181].

1. Basic trust vs Mistrust (infancy, 1–2 years). If infants care-related and trust needs are not met adequately, they may become anxious and learn to mistrust others.

2. Autonomy vs Shame and Doubt (early childhood, 2–4 years). This is the stage during which infants need to achieve an adequate sense of self- and personal control over their over physical competencies in their striving to become more independent – in the process they develop their own will.

3. Initiative vs Guilt (preschool age, 4–5 years). In Stage 3, children should be allowed to complete certain tasks successfully on their own. They need to try things out on their own and explore their own abilities. In so doing, they can develop the determination to achieve goals and gain a sense of direction in their lives.

4. Industry vs Inferiority (school age, 5–12 years). This is the stage during which children become more competent and more adept in carrying out increasingly complex assignments. In the process, they consciously attempt to acquire new competencies. If they are consistently encouraged and praised by significant others, their chances of acquiring an adequate sense of proficiency and self-belief are increased.

5. Identity vs Role Confusion (adolescence, 13–19 years). During Stage 5, children need the continued support and encouragement of significant others to help them achieve an adequate sense of self (who they are) and become more independent of others. To this end, they need to be given the opportunity (under careful guidance) to experience success in increasingly complex tasks.

6. Intimacy vs Isolation (early and emerging adulthood, 20–40 years). During this stage, emerging adolescents and adolescents increasingly seek intimate relationships that they can establish, maintain, and promote with key people they can trust. They need to establish relationships that allow them to acknowledge their vulnerability.

7. Generativity vs Stagnation (adulthood, 40–65 years). This is the stage during which people need to acquire the ability to care for others and not only themselves. If they manage to navigate this stage successfully, and even learn to care about others without needing to feel that their love and care are returned, they typically experience a sense of meaning and purpose in their lives. During this stage, people generally experience a deep need to have children to help them create a living legacy.

8. Ego Integrity vs Despair (maturity, 65+) (Erikson, 1994; Sprouts, 2017). During the final stage of life, people are particularly confronted with the idea of dying and their mortality. Typically, during this stage, people reflect on whether their live have been successful or not.

Commencing at birth, these stages end during late during adulthood. They are characterized by people's unique circumstances, including the way they were nurtured, raised, and educated as well as their particular environments and cultures.

Erikson argue that people's identities have negative and positive features, with 'negative identities not simply lacking positive ones'. Erikson, contend that, in the presence of adequate support structures as well as actual support, education and guidance, people who are emotionally and socially 'healthy' can successfully negotiate the numerous psychosocial struggles in their lives[167]. Naturally, these struggles will differ from one cultural context to another. Researcher argues that the struggles or conflicts present 'new possibilities for interaction that both support the individual developmental process as well as helping to shape the social and cultural milieu to the needs of growing individuals themselves'[183]. The order in which people deal with psychosocial development tasks is a key factor in determining how the tasks will impact their identity, irrespective of the context[181]. Ideally, infants, adolescents, and older people will encounter and successfully manage (master) consecutively the different challenges in each stage. However, many people in the different stages fail to deal with certain challenges effectively. Erikson maintain that unresolved developmental challenges or 'problems' in any given stage will negatively influence the 'integration of the whole ensemble'[181]. Consequently, challenges that have not been dealt with effectively often resurface as 'problems' in later stages. People nevertheless transition from one stage to another consecutively regardless of whether they have managed to deal with the 'problems' or challenges experienced during preceding stages effectively or not.

Erikson's conceptualization of identity formation

The importance of gaining insight into core aspects of people's identity development, especially during their early years, is generally accepted today. Such insight promotes counsellors'

understanding of how clients either experienced their early years or navigated their transition to adulthood successfully or unsuccessfully. It also promotes counselors' ability to help clients adapt successfully to new contexts and eventually enter the world of work. As mentioned earlier, Erikson regarded identity formation as the most important developmental task in childhood, especially during the third, fourth, and fifth stages (when children move from early childhood to adolescence and from adolescence to early and emerging adulthood[168]. These latter life stages are the stages during which fields of study, careers, and/or jobs are typically chosen.

Erikson worked with veterans who had returned from the battlefield. He took a particular interest in the fact that these men returned from the Second World War deeply emotionally scarred despite having been emotionally healthy before going to war[181]. Erikson rejected the common practice of using psychiatric labels to describe the condition of these men. Instead, he began to describe them as 'emotionally confused' – believing that having been taken away from their accustomed environment to the field of battle had severely disrupted their sense of who they were and what they were and had given rise to their identity confusion[191]. Erikson later spent time with the Yurok tribe of Northern California in the Pine Ridge Reservation, observing and researching in particular the interaction between the mothers and their children[192]. He noted the difference between the tribal culture and the North American culture, concluding that it could lead to identity confusion among members of the tribe.

2.2.4 Theoretical Models for Sports Participation

The "Income-Leisure Trade-Off Model of Labor Supply" has effectively explained sports participation. The household is the unit of analysis in this model[193]. The household production theory refers to a variety of economic options. Individuals produce and consume basic commodities such as going to the movies or eating out by allocating resources such as time and

money to them[194]. For such decisions, the relative intensity of these contributions is critical. Participation in sports falls into the same category[195]. Individuals make decisions to invest in personal capital and skills by allocating time and other goods. Other people's characteristics can also influence sports demand[195].

Cawley developed the SLOTH framework: Based on scholar, model of labor and leisure choice, this was used by a number of researchers to investigate economic decisions influencing physical activity participation[194]. This model "incorporates the notion that people produce their own health." Cawley "assumes that utility depends on an individual person's weight, health, food, and other goods, as well as time spent" in this context, based on SLOTH, an acronym for sleeping, leisure, occupation, transportsation, and home production[197].

Model of Sports Development: developed a sports development model to investigate factors influencing sports participation. This model is divided into three stages: recruitment, retention, and transition. It seeks to comprehend the factors that are critical to the development of sports, more specifically the combination of factors that influence participation rates and individual commitment to sports. Several motivations and available opportunities exist at each stage of this model, which directly influence an individual's decision to continue or discontinue participation in sports[198].

The first stage in the sports development model process is recruitment, which involves the individual, family, and sports delivery system levels that influence an individual's decision to participate in sports. Individual motivations, in addition to the availability of sports and sports programs, which is indicative of the system level, increase the likelihood that individuals will move into a sports that better meets their needs and motivations.

Retention is a very challenging, but many times ignored stage in the process. Retaining and possibly increasing the involvement of individuals requires an in-depth analysis of what is that affects their decision to stay. Financial resources, skill level and social support are constraints that can affect the commitment of individuals towards a sports. Lack of sports programmes or coaching availability at the system level can disturb their commitment.

Various transitions occur between the entrance and retention stages. These take place either in life stages (example: single to married or youth to adult) and commitment stages (example: recreational to elite). Similarly, to the other two stages, transitions are also marked by individual differences, motivations and delivery system factors. Here, utmost attention must be given to certain aspects which encourage further participation such as providing more training opportunities, encouragement to advance and flexibility in membership options[198].

A Sports Participation Model based on Becker: The economical time-allocation (economic behaviour) prepared the ground to a general theoretical model of sports participation. The decision to participate in sports is also based on monetary and time restrictions[194]. This theory was further developed to include several demographic and social variables and has been usefully used in previous research. Some scholars have applied the micro-level measure of the model in their research on sports participation[197,198].

A Multi-Level Model of Sports Participation: The model consists of two sides or two levels – factors on the individual level (demand side) and factors on the infrastructure level (supply side). Other research refers to these two levels as the micro and macro levels. Researchers also incorporated the macro-level factors in the form of sports facilities and sports programmes transforming it into a multi-level analysis approach. Many times, research analyzed the availability of sports facilities by identifying their quantity and location[200].

2.3 Review of Empirical Studies

2.3.1 Influence of Self-esteem on Sports Participation

Participants in physical education and sports experience several benefits. For instance, scholar asserted that involvement in sports can help children develop respect for their body as well as respect for others[201,202]. He also stated that sports participation contributes to positive development of mind and body leading to higher self-confidence and self-esteem[202]. Adolescence is a transitional period, which can be challenging for boys and girls and as a result they may suffer low self-esteem; especially in terms of physical appearance, athletic competence, and academic competence[203]. Physical self-esteem, or physical self-concept in particular is greatly affected during adolescence, when bodies are rapidly changing physically and hormonally[204]. By instilling lifetime skills through precollege sports participation, perhaps some of the negative effects one experiences in college, such as low self-esteem and depression, can be negated. In recent data from the National Health and Nutrition Examination Surveys (2005-2010), 34.6% of adults over 20 years old were obese and 7.2% had depression, based on symptoms over the two weeks prior to the survey[205]. A study report of major depressive episodes in youth ages 12-17 have increased; and according to Pratt and Brody, participation in sports helps to promote psychological benefits by reducing anxiety and depression[205,206]. Research on the outcomes of early sports participation has been in favor of sports experiences for individuals of all ages. Existing research associates sports participation with higher self-esteem and happiness[207].

Literature supports a positive association between sports participation and an increase in self-esteem. Much of the research has focused on adolescents and their Perceived Sports Competence (PSC). Scholars all used a longitudinal design to examine adolescents and children and the possible link between sports participation and self-esteem. Researcher found that perceived sports

competence was responsible for increased feelings of self-esteem[208,209]. Noteworthy, is that self-esteem was found to be highest in the youngest group and early adolescence, declines through middle adolescence and slightly recovers in late adolescence[208]. Similarly, results from some scholar indicated that global self-esteem increased over time[210]. Researchers also showed that those who participated in team sports rather than individual sports reported higher sports self-concept[211]. Those with higher sports self-concept had higher self-esteem. Comparably, some scholar indicated that peer acceptance has a mediating role in the sports participation global self-esteem relationship in both boys and girls[209]. Researchers also examined the relationship between adolescent sports participation and self-esteem, and the possible mediating role of physical self-esteem, which is similar to sports self-concept[204]. Results indicated that sports participation was positively associated with physical competence, physical appearance, physical self-esteem, and general self-esteem in the sample. In general, researcher found that sports participation had a strong positive effect on self-esteem, most significantly for physical self-esteem. Similarly, results from scholar indicated that most girls (90%) reported that team sports had a positive impact on their self-esteem. General findings support that sports participation predicted higher self-esteem in those who also experienced positive associations from the underlying elements of social acceptance and social competence[212,213].

Previous studies conducted on college students have also linked sports participation with higher self-esteem[214]. One such study that addressed college self-esteem as it relates to precollege sports participation was conducted by a scholar revealed that of the 220 college females examined, earlier participation in sports was positively correlated with the intervening variables and self-esteem[214]. Similarly, a study on college students to see if there was an association with sports participation and positive self-esteem through the mediating variables of perceived peer acceptance and sports

self-concept[215]. Findings indicated that sports participation was positively correlated with peer acceptance and sports self-concept. Sports self-concept and peer acceptance were found to act as mediators between sports participation and self-esteem[215]. Scholar examined anxiety versus self-esteem in student athletes and found that there is a negative correlation between state anxiety and global and specific self-esteem[216].

2.3.2 Influence of Body-image on Sports Participation

Body image refers to the image formed by the individual to one's own body, which is the objective cognition, and subjective assessment of one's own body characteristics. It is composed of appearance, body shape, physical strength, health, and other dimensions, and the degree of self-awareness will affect emotion and health behavior, such as weight control, personal social adaptation, psychological stress, self-development, and interpersonal relationship[216]. In today's highly developed network media, people tend to focus on their own body shape and appearance but ignore health. Overexposure of good body shape will lead to low body satisfaction, thus increasing the risk of suffering from chronic disease and mental disorders and inhibiting exercise participation[217,218,219,220]. Relevant research found that the level of personal satisfaction with body image has a strong correlation with the degree of sports participation[221]. The more positive the body image is, the higher the degree of sports participation is; on the contrary, those who are dissatisfied with their body images or hold negative body images have an inhibitory effect on exercise behavior.

Body mass index (BMI) becomes a major determinant in body image and continuation of physical activity between 6 and 11 years of age [18]. Children who were overweight or obese struggled with fundamental movement skills, bilateral motor coordination, body strength, balance, speed, and agility[201]. Overweight children have lower perceptions of them regarding physical abilities and

are less likely to continue participation in sports and other active leisure-time pursuits [18]. This is an extremely vulnerable time for children[222]. Reported on a group of young children 6 to 11 years of age (mean age 8.75 years) who already developed poor physical abilities and self-concept. Equally disheartening was the cohort of 5th and 6th graders (mean age 10.8 years) who reported experiencing high levels of body dissatisfaction[202]. Low body image correlated positively with physical activity, but, when the girls with low body image were criticized for their weight, their participation decreased[223].

In adolescence, body image, teasing, and gender identification issues become significant determinants of continuation of physical activity, more so than actual skill[224,225]. Motor competence is both a precursor and a consequence of weight status and demonstrates an inverse relationship across childhood and adolescence with BM [226]. Fitness levels and BMI often display a negative inverse association[226,227]. Subjects also report body dissatisfaction and poor body image as major determinants in enjoyment and fitness levels[228]. Scholar discovered body dissatisfaction was a greater deterrent of physical activity than BMI. Children also had poor body image concerns with a healthy BMI, but a higher BMI did relate to lower body image[225].

Adolescents are teased about their weight and coordination[224]. They are also becoming aware of societal pressure to measure up to magazine pictures or elite athletes in their sports[229]. During this time, self-perceptions appear to deviate from skill. Even the most unsuspecting athletes, like the premenstrual female figure skaters who still maintain an ideal body type, become inappropriately sensitive and negative toward themselves[230]. The more frequently girls observed images in fashion magazines, the more dissatisfied they were with their own body[229]. In the case of magazines, girls were more inclined to lose weight, go on a diet, exercise to lose weight, improve their body shape, or exercise because of an article[229]. Gym attendance appears to negatively affect their perception of

themselves as does gaining weight[224,231]. Their perceptions are lower than their skills, and this results in them opting out of physical activity because they perceive they are not as competent as their peers[227,225]. If we are able to keep this population in sports until they are slightly older children and adolescents, then physical activity and weight positively correlate again[227]. Evidence reveals that educational fitness programs, where children learn about the effects of physical activity, can improve perceived and actual fitness levels in young people[232].

Studies have shown psychological indices including perceived competence, self-efficacy, attitude, enjoyment, body image, self-esteem, beliefs influence students sports participation[233,234,235]. Some researcher highlighted three barriers including intrapersonal (stress and perceived self-skill), interpersonal (lack of friends and peer influence), and structural (homework, class schedule, and overcrowded facilities) barriers to sports engagement among Canadian university students[236]. Beliefs i.e. enjoyable, time consuming, friends, and family members predicted intention and behavior in sports participation[237]. Lack of confidence in performing a skill, low perceived competent and the need to feel worthy leads to withdrawal in sports[238]. Determination of the motivations that are active in sports participation increase individual participation[239]. In a survey of 1350 university students in southwestern Nigeria identified the positive effects of love for sports, famous athletes as role model and family support in sports participation and stressed the need to adopt tangible and intangible motivating measures to encourage continuous participation. Time is a major reason why students do not involve in sports[240,241,242]. Because student lifestyles including balancing academic life with paid work, volunteering and social activities all compete with sports participation[243]. However, opined that lack of willpower could be the main reason behind lack of time[244]. A study of college and university students sports participation in China revealed that individual preferences and economic factors influence participation[245]. Multivariate analysis

revealed that the number of hours in student part-time work has a strong negative effect on sports participation[246]. It was established that that increase in tuition fee had an impact on sports participation and consequently suggested that universities should device a means to address cost and time. In addition, ethnicity, gender, as well as religiosity, should be taken into consideration when offering sports programmes[242,247]. A three-year national survey report in England revealed that Black and Asian students are less likely to participate in sports[248]. Values, task familiarity, perceived success and self-confidence are majorly reflective of barriers and concerns predicting sports participation among students. Peer encouragement could help check and overcome these concerns[243].

2.3.3 Influence of Self-efficacy on Sports Participation.

Self-confidence is one of the most related variables to sports performance[249]. It has also been shown to influence behaviors, attitudes, and sportsing attainment[250]. Self-confidence is simply defined to be a self-perceived measure of one's belief in one's own abilities which is dependent upon contextual background and setting[251]. It is one's belief in his courage, power and ability to take action using his own abilities as a source for his values and purposes. Self-confidence was also conceptualized as self-efficacy. Self-confidence involves people's belief to control themselves and their environment; a perceived ability that provides the possibility that athletes use their emotion appropriately to achieve sports aim[252]. Self-confidence is important in sportsive performances as it affects performance positively especially in good feelings, behaviors, fast planning in competitions, undoubtedly giving the right decision in performance increase and in continuation of the competition[253]. Self-efficacy or confidence affects the choice of activities, effort expenditure, persistence in a given activity, and vulnerability to stress and depression[254].

Sports confidence influences performance through its effect on how athletes think about, feel about, and respond to everything that happens to them in sports[254]. Self-confidence is a judgment of one's ability to perform at a certain level, whereas perceived success pertains to one's judgment of the likely consequences of such a performance and or expected performance attainments[254]. This requires a detailed assessment of the level, strength, and generality of perceived self-confidence. Individuals who perceive them to be competent in sports should be more likely to participate, while those low in perceived physical competence should be more likely not to participate or to discontinue participation[255]. Challenges to identity such as having to show others an unfit body, lacking confidence and competence in core skills or appearing overly masculine were barriers to participation[256].

Young athletes who perceive them to be highly competent in a sports, who are oriented toward mastery in sports, and who identify themselves as primarily responsible for their performance persist longer at the sports and maintain interest in mastering the skills. In contrast, those who perceive themselves to have low competence in sports, who are oriented toward extrinsic mastery, and who believe that others are responsible for their performance do not maintain task performance and interest[255]. Physical benefits, weight control, independence and social, mental and emotional benefits as the main internal motivators[257]. Self-perception is incredibly important in motivating people to participate in all types of sports and physical activity[256]. The relationship between self-confidence and performance is likely to be somewhat different depending on the performer's perception of the level of self-confidence he/she needs in order to perform the task successfully[258].

The influence that performance experiences/familiarity have on perceived success depends on the perceived difficulty of the task, the effort expended, the amount of physical guidance received, and

the temporal patterns of success and failure. Task familiarity can also be obtained through observing or imagining others engaging in a task that observers themselves have never performed. Their influence on self-efficacy can be enhanced by a number of factors. Variables such as previous performance, affective self-evaluation, goal setting, and physiological states (mood or fitness) may exert a direct influence on sports performance[259]. Specifically, past experience plays a vital role with regard to participation in sports at university level[260].

Values are principles or standards considered worthwhile or desirable. They help people select and evaluate behavior, define goals, and set standards for acceptable behavior[261]. Personal values represent criteria by which people choose and assess subsequent actions, and apply to individual decision-making in virtually all compartments of our lives. Although research in mainstream psychology has attended to the concept of personal values and the role values play in resulting behaviors for over half a century, the lack of attention devoted to values and sports participation is surprising[262]. There is need to understand values associated with sports participation[263]. This is essential because variety of social, cultural and biological factors influence men and women's decision to participate in sports[263]. For example, there is a negative impact of migration background on all sports participation[264]. Consequently, with such findings, one can possibly assume that culture, national traditions and values not only play a vital role on sports participation within a country but also when comparisons are made between different countries[263].

Additionally, available data appears to support the positive influence of sports participation on perceived self-efficacy[265]. Perceived self-efficacy is recognized as a viable criterion for evaluating the impact of youth sports participation due to its multidimensional nature. In Bandura's social learning theory, perceived self-efficacy has been defined as the persons' beliefs in their own capabilities to achieve something[266]. In school contexts, prior data suggests that youngsters

participating in extracurricular sports scored higher in self-efficacy than their peers participating in other organized activities programs or with no participation in these activities (arts activities, academic clubs, service activities[267]. In particular, youth sports participation has shown a positive association with different dimensions of perceived self-efficacy, such as overcoming doubts and challenges, social competencies, and goal setting[268,269].

2.4 Conceptual Model

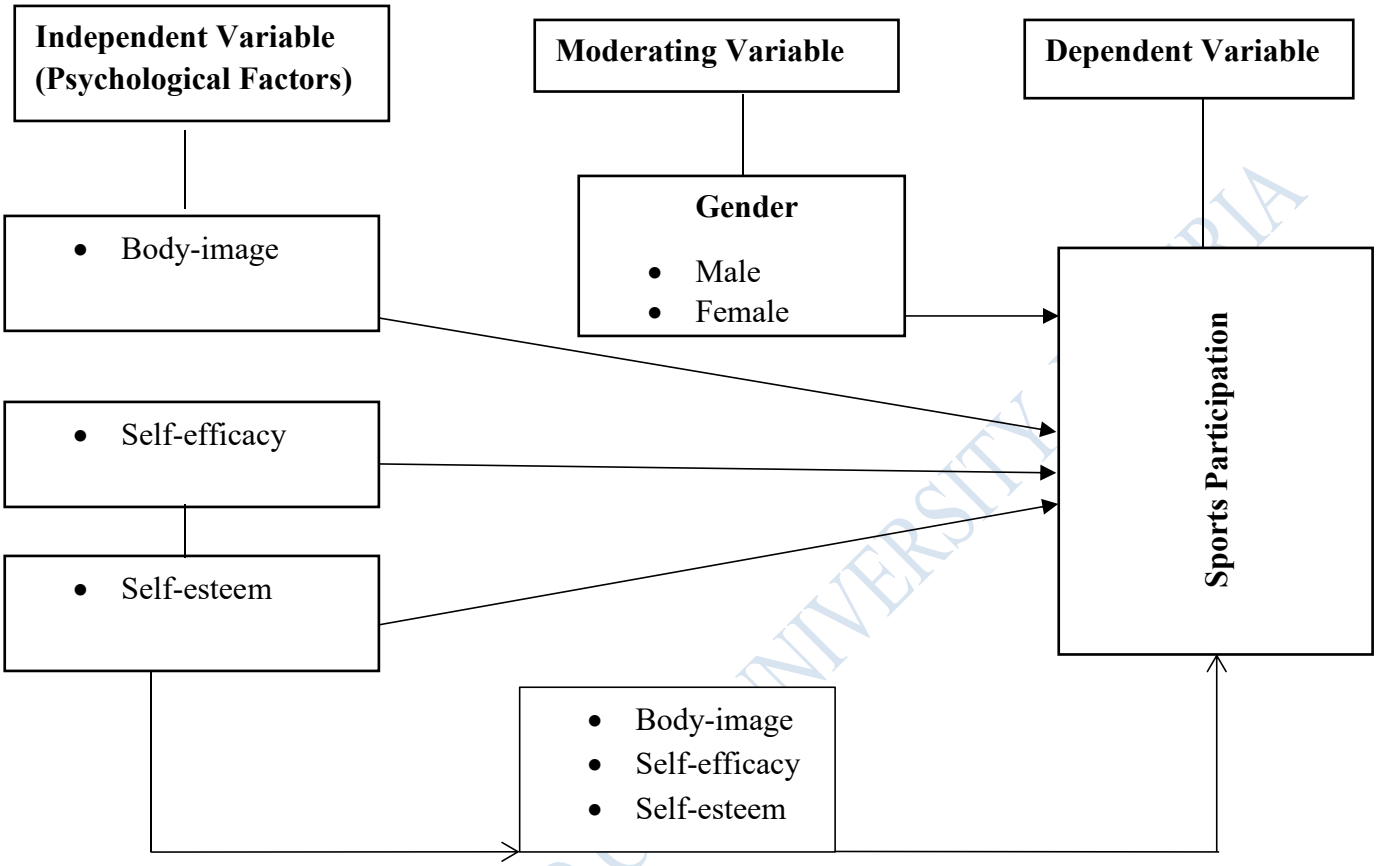

Fig. 2.4.1: Conceptual Model Showing the Psychological Factors and Public Secondary School Students Sports Participation in Oluyole Local Government Area, Oyo State and the test of null hypothesis at 0.05 level of significance.

Source: Researcher, 2022

Endnotes

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Chapter Three

Methodology

This chapter presents methods and procedures for the study. The chapter is discussed under the following sub-headings:

3.1 Research Design.

3.2 Population of the study.

3.3 Sample and Sampling Techniques.

3.4 Description of the Research Instruments.

3.5 Validity of Research Instrument.

3.6 Reliability of the Research Instrument.

3.7 Data Collection.

3.8 Data Analysis.

3.9 Ethical Approval.

3.1 **Research Design**

Research design is the plan and strategy of investigation which guide the collection and analysis of data in any piece of research[1]. The research design used in gathering the data for this study is a descriptive survey research design. The descriptive survey research design is a design in which a group of people or items is studied by collecting and analyzing data from only a few people or items consisting to be the representative of the entire group. Therefore, information was collected from sampled participants to describe the population of interest.

3.2 **Population of the study**

The population for this study comprised all males and females of public secondary schools in Oluyole Local Government Area of Oyo State.

3.3 **Sample and Sampling Techniques**

The sample for this study comprised one thousand, one hundred and thirty-six (1,136) respondents. A simple random sampling technique was used to select ten schools from the thirty schools in the Local Government Area. Ten percent (10%) of were taken from each group of senior and junior students, making the total respondents to be five hundred and sixty-eight (568) male and five hundred and sixty-eight (568) female students respectively. They were selected from junior and senior classes. Table 3.1 shows the distribution of students selected from the selected schools.

Table 3.1: Table Showing the Sample of Selected Secondary School Students

S/N	Name of Schools in Oluyole Local Government Area of Oyo State	Total number of Students		Number of Students Selected (10%)				
		Jnr.	Snr.	Jnr.	Snr.	Male	Female	Total
1	Abe Technical Secondary School,(2)	588	663	59	66	63	62	125
2	Prospect High School, (3)	785	716	79	72	75	76	151
3	Ifesowapo Community Secondary School,(4)	125	105	13	11	22	22	24
4	Bare Community Grammar School,(5)	180	138	18	14	16	16	32
5	Methodist High School(6)	210	210	21	21	21	21	42
6	Liberty Academy Secondary School, (1)	856	869	86	87	86	87	173
7	Christ High School Oleyo,(7)	795	643	80	64	72	72	144
8	Community Secondary School, Onipe, Ibadan(8)	68	81	7	8	7	8	15
9	Moslem High School,(9)	1350	1276	135	128	131	131	262
10	Moslem Grammar School,(10)	970	684	97	68	82	83	165
	Total	**5927**	**5385**	**515**	**520**	**575**	**578**	**1133**

Source: Field Survey, 2022

3.4 Description of the Research Instruments

The instrument used for gathering data was structured questionnaire. The questionnaire was divided into three sections (Section A, B and C). Section A elicited information on demographic data. It elicited information on the type of sports, age, class and gender of students. In Section B, three different standardized scales were used to collect data on the independent variables of the study. These instruments were modified accordingly. They include the Offer Scale of Body-Image, which consists of 20 items[1], the General Self-efficacy Scale which consists of 10 items[2] and the Rosenberg Self-esteem Scale[3]. The questionnaire for Section C measures the dependent variable of sports participation. The instruments are discussed as follows:

Offer Scale of Body-Image (OSBI): This scale consists of 20 items that measure the participants' satisfaction or dissatisfaction with their body image. The modified Body image questionnaire is a measure of general body satisfaction. It consists of 19 bipolar items of opposite meanings where participants need to rate the frequency of their body feelings on all of the dimensions listed. There is no time restriction, but the questionnaire takes approximately 5 minutes to complete. The instrument demonstrates good internal consistency and test-retest reliability.

General Self-Efficacy Scale (GSES): This scale is a self-report measure of self-efficacy with 10 items. The total score is calculated by finding the sum of all items. For the GSES, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy.

The Rosenberg Self-esteem Scale (RSES): This is a scale that was designed to measure the self-esteem of high school students. However, since its development, the scale has been used with a variety of groups including adults, with norms available for many of those groups. Scoring involves a method of combined ratings. Low self-esteem responses are "disagree" or "strongly disagree" on items 1, 3, 4, 7, and 10, and "strongly agree" or "agree" on items 2, 5, 6, 8, and 9. Two or three out

of three correct responses to items 3, 7, and 9 are scored as one item. One or two out of two correct responses for items 4 and 5 are considered as a single item; items 1,8, and 10 are scored as individual items; combined correct responses (one or two out of two) to items 2 and 6 are considered to be a single item. The scale can also be scored by totaling the individual 4-point items after reverse-scoring the negatively worded items. The reliability of RSE demonstrates a Guttman scale co-efficient of reproducibility of 0.92, indicating excellent internal consistency.

Sports Participation Scale (SPS):

Furthermore, these questionnaires were close-ended type and some of the questions were in line with the modified Likert-type technique of summated ratings. Each of the items were on four-point ratings. OBIS, for example, will have responses such as 'Definitely Disagree (DD), Mostly Disagree (MD), Mostly Agree (MA), and Definitely Agree (DA), while GSES will have responses such as Not at all True (NT), Hardly True (HT), Moderately True (MT), Exactly True (ET) and RSES will have 'Strongly Agree' (SA), 'Agree' (A), 'Disagree' (D), 'Strongly Disagree (SD). Section D. Competitive Attitude Scale will have responses of Strongly Agree (SA), 'Agree' (A), 'Disagree' (D), and 'Strongly Disagree (SD).

3.5 Validity of Research Instruments

To ensure the validity of the instrument, a draft of the modified structured questionnaires were presented to the researcher's supervisor and other experts within and outside the department of Kinesiology, Sports Science and Health Education, Lead City University, Ibadan. Comments and suggestions from these experts were studied carefully and followed to improve the quality of the instrument.

3.6 Reliability of the Research Instruments

The reliability of the instruments was carried out using 60 students from Oluyole LGA of

Oyo State who were participating in sports. These sixty respondents were however not part of the actual study. The collected data were collated and subjected to the Cronbach Alpha method to determine the internal consistency of the instruments. The reliability co-efficient for each of the instruments are as follows: Offer Scale of Body-Image (OSBI): General Self-Efficacy Scale (GSES): The Rosenberg Self-esteem Scale (RSES): and Competitive Attitude Scale

3.7 Data Collection

A letter of introduction was used by the researcher to obtain permission from the school authorities, this will aid in the collection of data from the study areas. Data collection was done by the researcher with the help of eight trained research assistants who helped in the distribution and collection of the completed questionnaires from the respondents. The questionnaires were collected on the spot.

3.8 Data Analysis

Descriptive statistics of frequency counts, percentages and charts were used to analyze the demographic data in Section A and research questions. Inferential statistics of Pearson moment correlation coefficient (PPMC), Multiple Regression and Independent t-test were used to test the four hypotheses formulated. In order to test the relationship between the independent and dependent variables, PPMC was used to test hypothesis 1, Multiple Regression was used to test hypotheses 2 and 3 while the Independent t-test was used to test hypothesis 4 for testing the differences in gender. All the hypotheses were tested at 0.05 Alpha levels.

Endnotes

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Appendix I
Lead City University, Ibadan
Faculty of Arts and Education
Department of Kinesiology, Sports Science and Health Education
Questionnaire

Dear Respondents,
Your sincere response to the questions below is highly advocated for to assist the researcher to arrive at a rational conclusion. Your identity will not be revealed in any form so feel free to complete the questionnaire with objective and independent judgment.

Thanks for your cooperation.
Yours sincerely,
Researcher.

Section A

Demographic Characteristics of the Students

Instruction:

1. Name of School: ……
2. **Class**: J.S 1 ☐ J.S 2 ☐ ☐
   S.S 1 ☐ S.S 2 ☐ ☐
3. **Gender**: Male ☐ Female ☐
4. **Age**: 10-12 years ☐ 13-15 years ☐ 16-18 years ☐
   19 years and above ☐
5. Do you participate in sports? Yes No
6. **Type of Sports**: Athletic Track and Field Badminton Basketball ☐
   Football( )Handball Swimming( ) Squash Table Tennis ( ) Volleyball( )

Section B: Psychological Factors Scale

Section BI: Offer Body Image Scale (OBIS)

Instruction: Please indicate the extent to which each statement pertains to you personally. There are no rights or wrong answers and remember this questionnaire is intentionally confidential. Just give the answer that is most accurate for you.

Strongly agree (SA) Agree (A) Disagree (D) Strongly disagree

S/N	To what extent do you agree with the following statement	SA	A	D	SD
1.	Before going out in public, I always notice how I look.				
2.	I am careful to buy clothes that will make me look my best.				
3.	I constantly worry about being or becoming fat.				
4.	I like my looks the way they are.				
5.	I check my appearance in a mirror whenever I can.				
6.	Before going out, I usually spend a lot of time getting ready.				

7.	I am very conscious of even small changes in my weight.				
8.	Most people would consider me good-looking.				
9.	I must always look good.				
10.	I use very few beauty products.				
11	I am self-conscious if my look is not right.				
12	I usually wear whatever is handy without caring how it looks.				
13	I like the way my clothes fit me.				
14	I don't care what other people think about my appearance.				
15	I take special care of my hairdo.				
16	I dislike my physique				
17	I am physically unattractive.				
18	I never think about my appearance.				

Section BII: General Self-efficacy Scale (GSES)

Instruction: In this section, kindly read the statements and indicate the extent to which it's true or not true with each of the items by putting a tick (✓) in the appropriate

Strongly agree (SA) Agree (A) Disagree (D) Strongly disagree

S/N	How true are the following statements	SA	A	D	SD
1.	I can always manage to solve difficult problems if I try hard enough				
2.	If someone opposes me, I can find the means and ways to get what I want.				
3.	It is easy for me to stick to my aims and accomplish my goals.				
4.	I am confident that I could deal efficiently with unexpected events.				
5.	I know how to handle unforeseen situations because of my creativity.				
6.	I can solve most problems if I invest the necessary effort.				
7.	I can remain calm when facing difficulties because I can rely on my coping abilities.				
8.	When I am confronted with a problem, I can usually find several solutions.				
9.	I can usually handle whatever comes my way.				

Section BIII: Self-esteem Scale

Instruction: In this section, kindly read the statements and indicate the extent to which you agree or disagree with each of the items by putting a tick (✓)in the appropriate

Strongly agree (SA) Agree (A) Disagree (D) Strongly disagree

S/N	To what extent do you agree with the following statement	SA	A	D	SD
1.	On the whole, I am satisfied with myself.				
2.	At times I think I am no good at all.				
3.	I feel that I have several good qualities.				
4.	I can do things as well as most other people.				
5.	I feel 1do does not have much to be proud of.				
6.	I certainly feel useless at times.				
7.	I feel that I'm a person of worth.				
8.	I wish I could have more respect for myself.				
9.	All in all, I am inclined to think that I am a failure.				
10.	I take a positive attitude toward myself.				

Section C: Sports Participation Scale (SPS)

Instruction: In this section, kindly read the statements and indicate the extent to which you agree or disagree with each of the items by putting a tick (✓) in the appropriate

Very often (VO) Often (O) sometimes (ST) Never (N)10

S/N	Sports Participation Scale	V	O	S	N
1.	I participate in ball games such as football and volleyball.				
2.	I involve in racket games such as badminton, tennis, and table tennis.				
3.	I engage in short distance races like 100m, 200m, 400m and relay race				
4.	I involve in the middle race like 800m, 1,500m				
5.	I engage in field events such as the long jump, high jump, javelin, discus, and shot put.				
6.	I set an exercise routine to achieve my strength desired goal.				
7.	Participation in sports gives me a sense of competence.				
8.	I feel relieved from body aches or tension whenever I engage in sports.				
9.	I have a quick recovery from injury when I participate in sports				
10.	I attend sports seminars to acquire more knowledge on how to improve in sports.				

Appendix II

S/N	Name of Schools in Oluyole Local Government Area	Total number of Student	
		Junior	Senior
1	Abe Technical Secondary School	588	663
2	Prospect High School	785	716
3	Ifesowapo Community Secondary School	125	105
4	Bare Community Grammar School	180	138
5	Methodist High School	210	210
6	Liberty Academy Secondary School	856	869
7	Christ High School Oleyo	795	643
8	Comm. Secondary School Onipe	68	81
9	Moslem Grammar School (SNR)1	-----	1276
10	Moslem Grammar School (SNR)2	------	684
11	Alaho Community Grammar School	261	201
12	Atagba Community Grammar School	558	283
13	Ayegun Community Grammar School	1072	773
14	Community Grammar School, Aba-Alfa	831	654
15	Community Grammar School, Agbamu	525	523
16	Honorable Olajire A. M. H. School	451	262
17	Ifelodun Community Secondary School	473	394
18	Molete High School	195	241
19	Olojuoro Grammar School	83	152
20	Olomi Community School	462	659
21	Olomi-olunde Community School	611	494
22	Oyalami Community Secondary School	49	71
23	Pegba Community Grammar School	931	1120
24	O. S. C Model College	539	101
25	Olunde Secondary School(JNR)	1543	
26	Olunde Secondary School (SNR)		1089
27	Community Grammar School, Faruku	229	73
28	Community Grammar School, Egbedatuba	271	40
29	Molesm Grammar School (JNR)1	1350	
30	Moslem Grammar School (JNR)2	970	
	Total	15,011	12,315