



# Conflict With Mates Affects Physical And Psychological Health Of Sports Participants

Ajoy Singha<sup>1</sup> and Dr. K. K. Debnath<sup>2</sup>  
<sup>1</sup>Research Scholar, DCPE, HVPM, Amravati.  
<sup>2</sup>Principal, DCPE, HVPM, Amravati.

## Abstract

Aim of the study is to see the difference in physical and psychological health of sports participants. Ages of all the players were ranging from 14 years to 18 years. Total 400 female and male sports persons were selected in the present study. All the subjects of the study were the participants of national level tournaments. The subjects were classified into peace and conflict groups. The Cornell Medical Index was used to measure the physical and psychological health of sports participants. The data was analysed using One-Way ANOVA to see the difference between conflict and peace groups. The result of the study showed significant ( $p < 0.05$ ) in both physical and psychological health of the sports between the studied groups. In conclusion, a conflict and peace group has different experiences and contextual variables may affect health outcomes.

**Key words:** peace, conflict, sports, physical health, psychological health

## Introduction

The effects of conflict with mates extend well beyond the immediate violence and instability; they have significant repercussions on the physical and psychological health (Lopez-Ibor, 2005). When groups who are not involved in conflict are compared to those that are involved in conflict, it is clear that there are remarkable differences in the features of physical and mental health (Baingana et al., 2005). These differences are driven by the complex interaction of social, environ psychological and psychological variables.

Conflict groups frequently experience challenges in receiving psychological health assistance, such as stigma, limited resources, and interrupted healthcare systems. Non-conflict populations often have greater access to psychological healthcare treatments (Nobel et al., 2023). It's crucial to remember that these comparisons are generalizations and may change based on unique situations, individual experiences, and the length and severity of the dispute. Additionally, there are various additional variables that might impact physical and psychological health outcomes in both non-conflict and conflict groups, such as financial position, social support, and cultural influences. When comparing the features of physical and psychological health across peace

and conflict groups, considerable disparities may be seen owing to the specific difficulties experienced by those living in conflict-affected locations.

## Methodology

For the present study four hundred players pertaining to different part of Tripura, India were selected. Ages of all the players were ranging from 14 years to 18 years. Total 400 sports participants were classified as peace and conflict groups. Both male and female subjects were selected for the present study. All the players were the participant of national level tournaments. Prior consent was taken from respective coaches and players were informed precisely regarding the purpose and procedure of the data collection. Simple random sampling procedure was employed for the selection of subjects. All subjects were selected from district coaching centre, state coaching centre and state schools. The physical health, psychological health, and conflict with mates were selected as variables for the present study. The conflicts with mates were considered as independent variable while physical and psychological health retrieved from Cornell Medical Index (CMI) having 18 sub variables were considered as dependent variables. In the current study, an investigation was conducted to learn more about the conflict with mates on physical and psychological health of the sports participants.

The Cornell medical index (1949) is used to assess the physical and psychological health. The physical and psychological health is evaluated using the Cornell medical index. The survey consists of 195 open-ended questions written in informal language that people with reading comprehension can understand. The subjects only had to circle one to indicate Yes or NO to each question, making administration simple. A to L section of the questions showed physical distress, while M to R segment showed psychological distress. The questions were divided into different categories. The distribution of all the 'Yeses' could also be noted which makes us possible to localize the medical problem of the subject for example: If Yeses are scattered throughout all sections then medical problem is likely to be diffused. If more than two or three yes answers on the second section. It suggests psychological disturbance. Moreover, this CMI Questionnaire measures both physical and psychological health simultaneously, so the researcher selected this scale.

## Statistical Analysis

The SPSS (statistical package for social science - IBM, USA) was used to analyze the data using a general model. Every fixed effect's statistical significance was assessed using the F-test. The statistical significance was assessed with alpha set at 0.05. One-Way ANOVA was calculated.

## Findings

**Table 1:** Showing the comparison in the characteristics of Cornell Medical Index between peace and conflict groups.

Variables	Peace		Conflict		ANOVA	
	Mean ± SE	SD	Mean ± SE	SD	F-Value	p-Value
A	0.022±0.01	0.162	0.087±0.07	0.288	5.532	<i>p</i> <0.05
B	0.03±0.01	0.169	0.044±0.05	0.209	1.503	NS
C	0.035±0.01	0.183	0.044±0.05	0.209	1.181	NS
D	0.109±0.02	0.336	0.305±0.12	0.559	4.103	<i>p</i> <0.05
E	0.04±0.02	0.196	0.087±0.07	0.288	2.609	<i>p</i> <0.05
F	0.035±0.01	0.183	0.044±0.05	0.209	1.181	NS
G	0.022±0.01	0.144	0±0	0.000	0.000	NS
H (Female)	0.064±0.02	0.303	0.174±0.13	0.576	7.548	<i>p</i> <0.05
H (Male)	0.067±0.02	0.307	0.174±0.13	0.576	7.099	<i>p</i> <0.05
I	0.08±0.02	0.271	0±0	0.000	0.000	NS
J	0±0	0.000	0±0	0.000	0.000	NS
K	0.027±0.01	0.161	0.044±0.05	0.209	1.728	NS
L	0.077±0.02	0.267	0.131±0.08	0.344	1.706	NS
M	0.955±0.05	0.829	1.479±0.26	1.201	2.474	<i>p</i> <0.05
N	0.247±0.03	0.444	0.261±0.12	0.541	1.436	NS
O	0.165±0.02	0.371	0.305±0.1	0.470	1.616	NS
P	0.422±0.04	0.606	0.522±0.17	0.790	1.764	NS
Q	0.414±0.04	0.605	0.392±0.14	0.656	1.007	NS
R	0.401±0.04	0.607	0.479±0.16	0.730	1.384	NS
C M I	3.205±0.1	1.865	4.566±0.58	2.761	2.662	<i>p</i> <0.05

The table 1 demonstrated the comparison of cornell medical index and its sub variables between peace and conflict groups. The inferential analysis (ANOVA) revealed statistically (*p*<0.05) significant difference in eye and ear, digestive tract, musculoskeletal system, genitourinary system female, genitourinary system male, inadequacy, and cornell medical index. Statistically high level of eye and ear ( $0.087 \pm 0.07$ ) health issue is seen in conflict group as compare to that of peace ( $0.022 \pm 0.01$ ) groups. Similarly, the digestive tract health showed significantly (*p*<0.05) higher ( $0.305 \pm 0.12$ ) health issues in conflict group as compare to that of peace group ( $0.109 \pm 0.02$ ). The musculoskeletal system of conflict group ( $0.087 \pm 0.07$ ) showed significantly (*p*<0.05) higher value than peace ( $0.04 \pm 0.02$ ) groups. The higher ( $0.174 \pm 0.13$ ) female genitourinary system issues are seen in conflict group than peace ( $0.064 \pm 0.020$ ) groups. Similar genitourinary system health issue is seen in male groups. The male genitourinary system health of conflict ( $0.174 \pm 0.13$ ) group showed statistically higher issued than that of peace ( $0.067 \pm 0.02$ ) groups. The higher inadequacy is seen in conflict ( $1.479 \pm 0.26$ ) group than peace ( $0.955 \pm 0.05$ ) groups. The CMI of conflict ( $4.566 \pm 0.58$ ) group showed statistically higher than that of peace ( $3.205 \pm 0.10$ ) groups. Rest of the studied variables of the cornell medical index as function of conflict with mates did not show significant (*p*>0.05) difference between both the studied groups in the present study.

**Table 2:** Showing the comparison physical health and psychological health aspect of cornell medical index between peace and conflict groups.

Variable	Peace		Conflict		ANOVA	
	Mean $\pm$ SE	SD	Mean $\pm$ SE	SD	F-Value	p-Value
Physical Health	0.603 $\pm$ 0.05	0.923	1.131 $\pm$ 0.31	1.486	3.627	$p < 0.05$
Psychological Health	5.807 $\pm$ 0.17	3.290	8.00 $\pm$ 0.96	4.602	2.198	$p < 0.05$

The table 2 demonstrated the comparison of physical health and psychological health aspects of cornell medical index as function of conflict with mates. The inferential analysis (ANOVA) revealed statistically ( $p < 0.05$ ) significant difference in physical and psychological health between peace and conflict groups. The physical health of conflict (1.131  $\pm$  0.131) group is significantly higher than that of peace with mates (0.603  $\pm$  0.05) group. Similarly, Psychological health of conflict (8.00  $\pm$  0.96) group is found to be significantly higher as compare to that of peace with mates (5.807  $\pm$  0.17) groups in the present study.

## Discussion

These statistical data suggest a considerable gap in health outcomes between groups that have been involved in war and those that have not been involved in conflict. It is crucial to take notice of this disparity. Some of these aspects include the length of the conflict and its severity, the accessibility of medical treatments, and the socioeconomic situation. In addition, further study and analysis are required so that underlying reasons may be comprehended on a deeper level and focused treatments can be developed to meet the health requirements. The comparison of those who were involved in conflict with those who were not involved in conflict revealed statistically significant variations in the outcomes of both physical and psychological health. The statistically significant difference ( $p < 0.05$ ) between the conflict and peace groups with regard to the physical health variable. It was discovered that the physical health of the group that experienced conflict (1.131  $\pm$  0.13) was considerably greater than the peacet group (0.603  $\pm$  0.05). In a similar manner, the variable representing psychological health reveals that there is a significant difference ( $p < 0.05$ ) between the two groups. There is a statistically significant difference between the two groups' psychological health, with the conflict group having much better psychological health (8.00  $\pm$  0.96) than the peace group (5.807  $\pm$  0.17). It seems from this that those who are in the conflict group have a greater risk of experiencing psychological health issues as compared to people who are in the peace group. These results shed light on the negative effects of conflict has not only on one's physical health but also on their psychological health.

**Reference:**

1. Baingana F, Fannon I, Thomas R. Psychological health and conflicts - Conceptual framework and approaches. Washington: World Bank; 2005.
2. Bendavid E, Boerma T, Akseer N, Langer A, Malembaka EB, Okiro EA, Wise PH, Heft-Neal S, Black RE, Bhutta ZA; BRANCH Consortium Steering Committee. The effects of armed conflict on the health of women and children. *Lancet*. 6;397(10273):522-532.
3. Lopez-Ibor JJ, Christodoulou G, Maj M, et al., editors. Disasters and psychological health. Chichester: Wiley; 2005.
4. Noble E, Adenikinju D, Ruan C, Zuniga S, Thakkar D, Malburg CM, Gyamfi J, Ojo T, Islam F, Diawara A, Dike L, Chukwu C, Tampubolon S, Peprah E. (2023) A Review of the COVID-19 Psychological Health Impact in Post-Conflict Settings: Bridging the Psychological Health Gap with Case Exemplars from an Implementation Science Lens. *Int J Environ Res Public Health*. 31;20(11):6006.

