Comparison of quality of life levels of university students according to their participation in sports for all activities

Comparación de los niveles de calidad de vida de los estudiantes universitarios según su participación en deportes para todas las actividades

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Abstract

Introduction: This study was conducted to examine the quality of life and its sub-dimensions of university students according to their physical activity status and participation in sports for all federation (HIS) activities.
Methodology: Accordingly, 801 students (male=505, and female=296) from different universities in Turkey and Kazakhstan) were included in the study. Quality of life levels and sub-dimensions (general health, physical health, psychological health, social relations, environmental relations) were analyzed. World Health Organization Quality of Life Scale (WHOQOL) was used to determine the quality of life of the participants.
Results: Accordingly, physical health status (t=2.422, p=.016), social relations (t=2.063, p=.039), environmental relations (t=3.759, p<.001), and WHOQOL results (t=3.175, p=.002) were significantly higher in men. In addition, as the participants' grade level increased, their general health status, psychological health, social relations, environmental relations, and WHOQOL scores generally increased (p<0.05). WHOQOL scores and sub-dimensions were significantly higher in those who practiced sports competitively and for recreational purposes (p<0.05). There was a significant difference in all parameters except physical health status in individuals participating in HIS activities (p<0.05).
Conclusions: As a result, it is thought that popularizing sports among university youth is an important factor for these individuals to have a healthy quality of life.

Keywords

Health; healthy lifestyle; quality of life; WHOQOL-BREF scale; sport.

Resumen

Introducción: Este estudio se llevó a cabo para examinar la calidad de vida y sus subdimensiones de los estudiantes universitarios en función de su estado de actividad física y su participación en actividades de la Federación de Deportes para Todos (HIS).
Metodología: Para ello, se incluyeron en el estudio 801 estudiantes (hombres=505, y mujeres=296) de diferentes universidades de Turquía y Kazajstán. Se analizaron los niveles y subdimensiones de la calidad de vida (salud general, salud física, salud psicológica, relaciones sociales, relaciones con el entorno). Se utilizó la Escala de Calidad de Vida de la Organización Mundial de la Salud (WHOQOL) para determinar la calidad de vida de los participantes.
Resultados: En consecuencia, el estado de salud física (t=2,422; p=0,016), las relaciones sociales (t=2,063; p=0,039), las relaciones ambientales (t=3,759; p<0,001) y los resultados de la WHOQOL (t=3,175; p=0,002) fueron significativamente superiores en los hombres. Además, a medida que aumentaba el nivel de estudios de los participantes, sus puntuaciones de estado de salud general, salud psicológica, relaciones sociales, relaciones con el entorno y WHOQOL aumentaban en general (p<0,05). Las puntuaciones y subdimensiones de WHOQOL fueron significativamente más altas en quienes practicaban deportes de forma competitiva y con fines recreativos (p<0,05). Hubo una diferencia significativa en todos los parámetros excepto en el estado de salud física en los individuos que participaban en actividades de HIS (p<0,05).
Conclusiones: Como resultado, se piensa que la popularización del deporte entre los jóvenes universitarios es un factor importante para que estos individuos tengan una calidad de vida saludable.

Palabras clave

Salud; estilo de vida saludable; calidad de vida; escala WHOQOL-BREF; deporte.

Introduction

The concept of Sport Activities for All is an approach that advocates that individuals of all ages, genders, education levels, income levels, etc. have the right to participate equally in sportive activities. This approach argues that sport is not only for elite level competitive athletes, but is a part of daily life activities (Evans et al., 2017). These activities, which are directly related to quality of life, improve the physical fitness level of the individual and reduce the risk of chronic diseases. One of the main goals of human beings is to improve their conditions in all aspects and to increase their quality of life. Sports activities have a key role in this regard. Existing evidence reveals the multifaceted impact of sports activities on quality of life (Bella et al., 2024; Carraro et al., 2022; Garcia et al., 2021).

A review conducted in this context reported that individuals who practiced sports were significantly higher in quality of life components such as general health, vitality, and psychological health compared to sedentary individuals (Keskin-Aktan et al., 2022; KURTOĞLU, 2023; Ryskaliyev et al., 2024). However, most of the studies conducted within the scope of this topic have focused on the physical and psychological outcomes of experimental exercise interventions conducted on disadvantaged members of society with poor quality of life, such as patients, disabled, and elderly participants. For example, it is an agreed point that exercise interventions improve the quality of life in very different populations such as cancer (Antunes et al., 2024; Lin et al., 2023) and stroke patients (Lim et al., 2021), people with chronic neck pain (Jones et al., 2024), people with mood disorders such as depression (Jeong & Park, 2020), multiple sclerosis patients (Tollár et al., 2020). Similar results have been reported in studies conducted with healthy populations (Çar et al., 2023; Pucci et al., 2012).

However, the number of studies on the effect of sportive activities on quality of life in healthy individuals at the university level is still insufficient. These studies generally focused on the effect of physical activity on quality of life. For example, Herbert (2022), who examined the relationship between physical activity and quality of life, emphasized the positive relationship of physical activity on mental health and quality of life in university students where symptoms such as anxiety, stress, and depression are frequently seen. Similarly, Nowak et al. (2019) reported a positive correlation between physical activity and quality of life, and reported that the type of physical activity and its compatibility with the needs of the individual is an important marker for this population (Nowak et al., 2019). Undoubtedly, the available evidence shows that physical activity is an important non-pharmacological tool that positively affects the quality of life for all populations.

Although there are various evidences to improve the quality of life of university students, the number of studies that reveal the relationship between quality of life and all sports-related activities [(e.g. physical activity, doing sports as a competitor, Sports for All activities, projects, and training of the International Olympic Committee (IOC), etc.], different variables such as gender and class level is still insufficient. The results obtained as a result of these studies will be an important gain in terms of literature. In line with the evidence obtained, it will provide a more comprehensive evaluation of the effect of sports-related activities on the quality of life of university students. Therefore, the aim of this study is to examine the effect of all sports-related activities on the quality of life of university students. The hypothesis of this study is 'university students' participation in sports-related activities affects quality of life'.

Method

In this study, the survey method was used as one of the quantitative data collection techniques. The research included university students attending universities in Kazakhstan and Turkey in the 2023-2024 academic year. Participants who did not attend school, who attended school through distance education, and who were treated for illness in the last 1 year were not included in the study. In this context, 801 university students participated in the study. Of these participants, 505 were male and 296 were female. In this study, a voluntary consent form was signed by all participants. In addition, the research was conducted in line with the principles set out in the Declaration of Helsinki.

After the participants who met the inclusion and exclusion criteria were included in the study, the World Health Organization Quality of Life Scale (WHOQOL) was used to determine the quality of life of the

participants. In addition, the participants individually declared their non-participation in a sport as a competitor, participation in sports for recreational purposes, and participation in Sports for All activities. The scale was prepared in Google Forms and delivered to the participants via e-mail, WhatsApp, and other social media. The questionnaire was sent to all enrolled students. In addition, some questions about the inclusion and exclusion criteria were asked to the participants. Participants were included in the study according to the answers given to these questions. After the participants were asked about the status of doing sports regularly, the status of doing a licensed sport, the status of participating in sports activities for everyone, the questionnaire was made.

World Health Organization Quality of Life Scale (WHOQOL)

The quality of life of university students was determined with the WHOQOL scale. WHOQOL was developed by the World Health Organization and consists of five sub-dimensions. Consisting of 26 questions and having a 5-point Likert type, this scale is prepared as 1=not at all satisfied, 5=very satisfied. The sub-dimensions of the scale are general health, physical health, psychological health, social relations, and environmental relations. High scores on this scale indicate a high quality of life. Cronbach's alpha internal consistency coefficients of the scale were 0.76 for physical health, 0.67 for psychological health, 0.56 for social relations, and 0.74 for environment (THE WHOQOL GROUP, 1998).

Statistical Analysis

Statistical analyses of the study were performed in SPSS package program. The normality analysis of the obtained data was tested with the Kolmogorov Smirnov Test and it was determined that WHOQOL data and sub-dimensions showed normal distribution. The Cronbach alpha reliability coefficient of the WHOQOL scale was 0.903. Levene's test was used for homogeneity of variances. For this reason, Independent Sample T test was used in the statistical analyses for gender, doing sports as a competitor, not participating in sports for all activities. WHOQOL and its sub-dimensions according to university class level were tested with ANOVA test. The significance level was taken as 0.05.

Results

Table 1. Comparison of WHOQOL results and sub-dimensions of participants according to gender

Parameters	Gender	N	X	S.D.	t	P
General Health Status (score)	Male	505	7,28	1,68	1,501	,134
	Female	296	7,10	1,52		
Physical Health (Score)	Male	505	26,80	4,60	2,422	,016*
	Female	296	26,00	4,3		
Psychological Health (Score)	Male	505	22,63	4,1	1,905	,057
	Female	296	22,05	4,17		
Social Relationships (Score)	Male	505	11,22	2,66	2,063	,039*
	Female	296	10,82	2,51		
Environmental Relationship (Score)	Male	505	29,33	5,91	3,759	,000*
	Female	296	27,73	5,58		
WHOQOL (Score)	Male	505	97,22	15,71	3,175	,002*
	Female	296	93,73	14,46		

*p<0,05

When Table 1 is examined, as a result of analyzing the scores obtained by the participants from the quality of life scale sub-factors and the overall total of the scale according to gender, significant differences were found in physical health, social relations, environment sub-dimensions and the overall total of the scale ($p<0.05$). Accordingly, it was observed that the mean scores of males were higher than females. No significant differences were found in general health status and psychological sub-dimensions according to gender ($p>0.05$).

Table 2. Analysis of participants' WHOQOL scores and sub-dimensions according to grade level

Parameters	Grade	N	X	S.s.	F	P	Post-hoc
General Health Status (score)	1	150	7,11	1,44	3,871	,009*	2-4
	2	236	6,98	1,69			
	3	223	7,31	1,53			
	4	192	7,48	1,74			
	Total	801	7,22	1,63			
Physical Health (Score)	1	150	26,54	4,35	1,242	,293	
	2	236	26,11	4,24			
	3	223	26,92	4,53			
	4	192	26,46	4,87			
	Total	801	26,50	4,50			
Psychological Health (Score)	1	150	21,51	4,31	4,029	,007*	1-3 1-4
	2	236	22,24	4,03			
	3	223	22,79	4,09			
	4	192	22,91	4,29			
	Total	801	22,42	4,19			
Social Relationships (Score)	1	150	10,58	2,75	2,996	,030*	1-4
	2	236	10,95	2,45			
	3	223	11,26	2,60			
	4	192	11,35	2,53			
	Total	801	11,0	2,61			
Environmental Relationship (Score)	1	150	27,6	5,08	4,215	,006*	1-3 1-4
	2	236	28,29	5,70			
	3	223	9,40	5,96			
	4	192	29,41	6,25			
	Total	801	28,74	5,84			
WHOQOL (Score)	1	150	93,36	14,72	3,796	,010*	1-3
	2	236	94,62	14,84			
	3	223	97,70	15,15			
	4	192	97,64	16,31			
	Total	801	95,9	15,35			

*p<0,05

When Table 2 is examined, as a result of analyzing the scores obtained by the participants from the quality of life scale sub-factors and the overall total of the scale according to the grade level, significant differences were found in the general health status, psychological, social relations, environmental sub-dimensions and the overall total of the scale (p<0.05). As a result of the analysis of which groups the differences were, it was determined that the difference in the general health status sub-factor was between 2nd and 4th grade, the difference in the psychological sub-factor was between 1st and 3rd grade, and between 1st and 4th grade, the difference in the social relations sub-factor was between 1st and 4th grade, the difference in the environmental sub-factor was between 1st and 3rd grade, and between 1st and 4th grade, and the difference in the overall scale was between 1st and 3rd grade. In the physical health sub-dimension, no significant difference was found according to the grade level (p>0.05).

Table 3. Comparison of WHOQOL results of the participants according to their sports participation in any sports branch as a competitor

Parameters	Answer	N	X	S.s.	t	P
General Health Status (score)	Yes	337	7,0742	1,63039	-2,177	,030*
	No	464	7,3276	1,62340		
Physical Health (Score)	Yes	337	25,8160	4,38972	-3,720	,000*
	No	464	27,0065	4,52900		
Psychological Health (Score)	Yes	337	21,8813	4,28912	-3,128	,002*
	No	464	22,8147	4,08074		
Social Relationships (Score)	Yes	337	10,7300	2,68063	-3,212	,001*
	No	464	11,3276	2,53962		
Environmental Relationship (Score)	Yes	337	28,0890	5,93199	-2,720	,007*
	No	464	29,2220	5,73612		
WHOQOL (Score)	Yes	337	93,5905	15,45727	-3,769	,000*
	No	464	97,6983	15,06156		

*p<0,05

When Table 3 is examined, as a result of analyzing the scores of the participants in the quality of life scale sub-factors and the overall total of the scale according to the status of doing sports as a competitor, significant differences were found in general health status, physical health, psychological, social relations, environment sub-dimensions and the overall total of the scale ($p<0.05$). According to this difference, it was determined that the mean scores of those who answered no were higher.

Table 4. Comparison of WHOQOL and its sub-dimensions according to sports for recreational purposes

Parameters	Answer	N	X	S.s.	t	P
General Health Status (score)	Yes	655	7,3344	1,64409	4,213	,000*
	No	146	6,7123	1,46668		
Physical Health (Score)	Yes	655	26,6534	4,51270	1,970	,049*
	No	146	25,8425	4,43449		
Psychological Health (Score)	Yes	655	22,8855	4,10534	6,813	,000*
	No	146	20,3425	3,95394		
Social Relationships (Score)	Yes	655	11,2779	2,59953	4,684	,000*
	No	146	10,1712	2,49789		
Environmental Relationship (Score)	Yes	655	29,3954	5,90840	6,860	,000*
	No	146	25,8288	4,51718		
WHOQOL (Score)	Yes	655	97,5466	15,37892	6,302	,000*
	No	146	88,8973	13,12945		

*p<0,05

When Table 4 is examined, as a result of analyzing the scores of the participants in the quality of life scale sub-factors and the overall total of the scale according to the status of doing regular physical activity for health, significant differences were found in general health status, physical health, psychological, psychological, social relations, environmental sub-dimensions and the overall total of the scale ($p<0.05$). According to this difference, it was determined that the mean score of those who answered yes was higher than the other group.

Table 5. Comparison of WHOQOL and its sub-dimensions according to participation in Sports for All activities

Parameters	Answer	N	X	SD	t	P
General Health Status (score)	Yes	523	7.50	1.63	6.956	<.001*
	No	278	6.68	1.49		
Physical Health (Score)	Yes	523	26.63	4.67	1.146	.252
	No	278	26.25	4.16		
Psychological Health (Score)	Yes	523	23.23	4.06	7.846	<.001*
	No	278	20.88	3.99		
Social Relationships (Score)	Yes	523	11.55	2.62	7.363	<.001*
	No	278	10.17	2.35		
Environmental Relationship (Score)	Yes	523	30.25	5.89	10.685	<.001*
	No	278	25.91	4.54		
WHOQOL (Score)	Yes	523	99.18	15.54	8,493	,000*
	No	278	89.91	13.01		

*p<0,05

When Table 5 is examined, as a result of analyzing the scores of the participants in the quality of life scale sub-factors and the overall total of the scale according to their participation in any Sports for All activity, significant differences were found in general health status, psychological, social relations, environmental sub-dimensions and the overall total of the scale ($p<0.05$). Accordingly, it was determined that the mean score of those who answered yes was higher than those who answered no. No significant difference was found in the physical health sub-dimension ($p>0.05$).

Discussion

This study examined the effects of participation in sportive activities on quality of life in university students. When the literature is examined, it is seen that studies conducted in different populations (e.g. age, occupational groups, even physiological or psychological illness, etc.) mostly focus on the effects of exercise interventions on quality of life (Aydin et al., 2021; Mittaz Hager et al., 2019; Saridi et al., 2019). In the context of this study, both this issue was addressed and the possible effects of activities, education

or information related to the theme of sport on quality of life were examined by taking into account different variables such as gender and class level.

Considering the quality of life of the participants according to gender, it was determined that men had significantly better averages in physical, social, environmental sub-dimensions and overall scale scores than women, while no significant difference was found in general health status and psychological sub-dimensions. With this study, it was seen that the quality of life of university participants differed according to gender and that men had a higher quality of life than women. Some of the existing data on quality of life by gender provide similar evidence to this study, while others contradict it. For example, in a study conducted by Castillion et al. (2005) with over 3 thousand adult participants, it was reported that men had a higher quality of life than women (Guallar-Castillón et al., 2005). In another study, Pattamatta et al. (2020) examined the quality of life of participants before surgical intervention and reported that men had a higher quality of life than women and gender was an important predictor of quality of life (Pattamatta et al., 2020). The study by Arslanoğlu et al. (2021) examining the relationship between exercise status and quality of life contradicts the data obtained from this study. It was found that men were significantly higher than women in the mental sub-dimension, while there was no significant difference in the social, physical and environmental sub-dimensions (Arslanoğlu et al., 2021). In another study, Ulukan and Esenkaya (2020) did not report a significant difference between quality of life according to gender (Ulukan & Esenkaya, 2020) similarly, Tural (2020) reported that there was no significant difference in quality of life according to gender except for the emotional role difficulty sub-dimension (Tural, 2020). Sociodemographic characteristics, lifestyle (Guallar-Castillón et al., 2005), and variables such as approaching graduation, studying in the desired department, weekly course hours, monthly income, ability to participate in social activities, close friends and doing sports are thought to be the reasons for the differentiation of quality of life according to gender (Şavkın et al., 2021).

When analyzed by grade level, it was determined that 4th grade had higher averages than 2nd grade in general health, 3rd and 4th grade had higher averages than 1st grade in psychological sub-dimension, 4th grade had higher averages than 1st grade in social relations sub-dimension, 3rd and 4th grade had higher averages than 1st grade in environmental sub-dimensions, and 3rd grade had higher averages than 1st grade in overall scale, but the difference in physical health sub-dimension was not significant. When the data obtained according to the grade level are evaluated with a holistic approach, it can be said that the quality of life of individuals increases as the grade level increases. In the study by Şavkın et al. (2021), which examined the effect of university students on quality of life, self-perception and depression, the results are consistent with the study reporting that being close to graduation affects quality of life (Şavkın et al., 2021). Although socio-demographic and socioeconomic factors are determinants of quality of life, the idea of graduation with increasing grade level in university students shows that this population has positive effects on quality of life.

Participants who engaged in regular physical activity for health were found to have significantly higher scores in general health, physical, psychological, social, environmental sub-dimensions and total scale scores. Individuals who regularly participated in physical activity for health had a higher quality of life. The available evidence emphasizes that physical activity has multifaceted positive effects in different populations (Toscano et al., 2018; Türkmen & Kaya, 2024; Reina-Gutiérrez et al., 2022). The effects of physical activities on quality of life have been addressed in different populations such as normal individuals (Mittaz Hager et al., 2019; Nowak et al., 2019), individuals with special needs (Toscano et al., 2018), cancer patients (Aydin et al., 2021), multiple sclerosis patients (Reina-Gutiérrez et al., 2022). The common opinion is that physical activities have positive effects on quality of life and this is consistent with the data obtained in this study. For example, Herbert (2022), in a review study summarizing a large number of studies, reported that physical activity is associated with mental well-being and well-being in college students and that low and moderate-intensity aerobic exercises alleviate mood disorders such as depression and perceived stress. She also emphasized the strong impact of an active lifestyle on the psychological and physiological needs of college students who are just entering adulthood (Herbert, 2022). In another study, Awick et al. (2017) reported that moderate and high-intensity physical activity positively affects individuals psychologically and consequently improves the quality of life (Awick et al., 2017). In addition, Kim et al. (2019) examined the effect of a 12-week exercise program on the physiological health and quality of life of cancer patients and reported that the emotional and physical well-being of the exercise group increased and the physical activity levels of the participants increased in this process (Kim et al., 2019). In contrast to these data, one of the most striking

findings was that participants who practiced sports as competitors had significantly lower averages in general health, physical, psychological, social, and environmental sub-dimensions and overall total scores of the scale. It was found that those who did not practice sports competitively had a better quality of life. This evidence contradicts the existing literature. For example, it has been reported that individuals who actively participate in sports activities have a better quality of life than those who do not (Bella et al., 2024) similarly, ski athletes (Keskin-Aktan et al., 2022), cricket athletes (Bullock et al., 2020), wheelchair hockey athletes have a high quality of life (Carraro et al., 2022). The reason for the contradiction of the obtained data with the existing literature is thought to be due to the difference in the sample group, the type of exercise, the intensity and the compatibility of the exercise with the needs of the person. A study conducted with Multiple Sclerosis patients supports this idea. This study emphasizes the importance of exercise type to improve quality of life. It reveals that the most effective type of exercise may differ according to the physiological needs of different populations. For example, sensorimotor exercises are particularly recommended for this population, while aerobic exercises are recommended for physical and mental quality of life (Reina-Gutiérrez et al., 2022). In addition to the type of exercise, the compatibility of the available exercise with the needs of the individual also affects the quality of life (Nowak et al., 2019). Existing evidence suggests that physical activity is effective as a non-pharmacological method on the quality of life in all populations, while the physiological characteristics of the participant group, the type, and the intensity of physical activity may be an important determinant. In this study, there were no findings regarding the type of sports activity, the number of days of the week they exercised, and the compatibility with their personal needs.

Individuals who participated in any Sport for All activity had significantly higher scores in general health, psychological, social, and environmental sub-dimensions and overall total scores of the scale, while no significant difference was found in the physical sub-dimension. Participants who think that Sport for All activities contributes to social development and improvement have significantly higher scores in psychological, social, and environmental sub-dimensions and scale total scores, but there is no significant difference in general health and physical sub-dimensions. It was found that the participants who stated that they were informed about the IOC's Sport for All activities were significantly higher in the general health, physical, psychological, social, environmental sub-dimensions and the overall total scores of the scale. When considered in this context, it can be thought that participation in Sports for All activities and the activities of international institutions and organizations such as the IOC, which think that these activities will support social development, positively affect the quality of life. The evidence obtained is in line with the literature in emphasizing the importance of Sports for All activities within the context of university students. Basically, Sport for All activities aim to facilitate leisure time activities in a way that participants from all segments of society will have fun, enjoy, benefit and maintain their health, as well as to ensure the participation of all individuals in sports in leisure time activities regardless of class, race, social status, disability, etc. For example, doing sports as leisure time activities (Bullock et al., 2020; Jeong & Park, 2020) or participating in exercises such as aerobics, resistance (Aydin et al., 2021), yoga (Lin et al., 2023) have been shown to improve quality of life in different populations. For this reason, sports activities attract attention as a non-pharmacological method to improve the quality of life of different populations.

Limitations of Study

This study was conducted with university-level participants. Future studies conducted simultaneously or separately with different populations may allow for a more comprehensive analysis. This study is limited to the questions in the questionnaires. One of the most important limitations is that the intensity and type of physical activity of the participants were not analyzed. In addition, it is not known which type of sports branch the participants who are engaged in sports as competitors continue. This made it difficult to evaluate the effect of sport branch, intensity, and type of physical activity on the quality of life of university students.

Conclusions

The existing literature is mostly focussed on the possible impact of exercise and sport activities on quality of life in cancer patients, individuals with special needs, multiple sclerosis patients and the elderly. Available evidence suggests that participation in sporting activities improves overall psychological and physiological health and contributes to the reduction of health care costs by improving quality of life. Similarly, sporting activities are an important determinant of quality of life in university students. It is seen that the quality of life of university students participating in sportive activities increases. Especially when compared according to gender, it was observed that the quality of life of men was higher than that of women, and the quality of life increased as the grade level increased. In addition, the quality of life of university students who participate in physical activities for health, participate in Sport for All activities, think that they will support social development and have information about these activities of the IOC are higher.

In conclusion; participation in sportive activities increases the quality of life of university students. In addition, participating in Sport for All activities and having information about the trainings and projects provided within the scope of these activities support the quality of life. In order to protect and maintain the health of university students, participation in Sports for All activities should be ensured and training, projects and information about these activities should be emphasised.

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