Perfil comportamental de jovens praticantes de futebol em projetos sociais

Behavioural Profile of Young Soccer Players in Social Projects

Perfil de comportamento de jóvenes futbolistas en proyectos sociales

Abstract. Studies report important positive outcomes of sports activities for youth, both the physical and psychological level and using for to taking children out of the streets or as an educational tool. The objective of the present study was to analyse the behaviour of young soccer players in social projects. Participants were 127 young male soccer players participating in social projects in two cities located in the State of Sao Paulo, Brazil, with mean age of 12.93 (±1.46). To analyse the behaviour profile the Child Behaviour Checklist (CBCL) for ages 6-8 years and the Youth Self Report (YSR) for ages 11-18 years were used, and participant’s scores were analysed, compared and classified into clinical and non-clinical. In the analysis of the scores, borderline scores were included into the clinical range (t score ≥ 65 for clinical range). Among the behaviour variables observed in the inventaries, the results indicate that over 91% of the participants were classified as “Non-Clinical”. Data suggests that the practice of soccer in social projects offers a protection mechanism for the overall psychological functioning of the participants in the evaluated scales. Furthermore, they support literature data, which reports benefits in mental health and the behaviour of youth involved in sports activities.

Keywords: Mental Health; Adolescent Behaviour; Soccer; Public Health; Psychology Sports.
2020; Guillamón, Canto, & López, 2019; Rivas-Martínez & Bailey-Moreno, 2021; Fernández, Cañada, & Luque, 2023). Researchers have suggested that adolescents practicing systematic physical activities have less aggressiveness and anxiety when compared to their sedentary peers (Martínez, Ibáñez, Ramírez, Valenzuela, & Márrom, 2020; Fernández, Cañada, & Luque, 2023). The learning, life experiences and skills achieved in sports (interpersonal relationship, problem-solving, decision-making) may also be transferred to the academic and social context (Guillamón, Canto, & López, 2019; Rivas-Martínez & Bailey-Moreno, 2021; Maciel, et al., 2023).

Research studies emphasize that the practice of sports does not automatically develop character in these young men, since the social environment may also play a determining role in moral development. Among the different variables related to the success of this involvement with sports practice, coaches and parents are among the main mediators of this relationship (Martínez, Ibáñez, Ramírez, Valenzuela, & Márrom, 2020; Bettégia, Reverdito, Santos, & Galatti, 2021; Bonavolontà, et al., 2021).

Several social projects have used sports, especially soccer, as a tool for the promotion of health, socialization, teamwork, development of character, moral and ethics in young individuals. A large number of these projects are dedicated to low-income and socially vulnerable youth. The main objective is to use their free time with sports activity and getting youth off the streets. The use of sports in such projects improves social, physical and psychosocial results (Guillamón, Canto, & López, 2019; Rivas-Martínez & Bailey-Moreno, 2021; Perovano-Camargo, Mataruna-Dos-Santos, & Silva, 2022).

When analysing the striking identification of youth with soccer and its use in social projects it is important to evaluate the behaviour and motivation of children and adolescents in these programs and compare the results to the literature which indicates improvements in the behaviour of young soccer players (Rivas-Martínez & Bailey-Moreno, 2021; Perovano-Camargo, Mataruna-Dos-Santos, & Silva, 2022).

The objective of this study is to evaluate the behaviour profile of soccer players aged 11 to 16 years in social projects.

Materials and Methods

Participants

A total of 193 young male soccer players participate in social projects in two cities located in the State of São Paulo, Brazil. One hundred and twenty seven of the young male soccer players (65.8% of the total participants), with a mean age of 12.93 (+1.46) years agreed to participate in the study. All of them practised sports regularly for over 60 days, three or more times per week in social projects in the cities of São José do Rio Preto/SP (n=77) and José Bonifácio/SP (n=50). There were no female participants on the projects. The reason for non-participating in the study was parents withholding permission.

Instruments

The instruments used to measure behaviour indicators were the Child Behaviour Checklist for ages 6-8 (CBCL/6-18) (Bordini, Marin and Caciro, 1995; Achenbach, 1991a), which was filled out by the parents and the Youth Self-Report for ages 11-18 (YSR) (Rocha, 2012; Achenbach, 1991b) answered by the youth. These instruments are part of the Achenbach System of Empirically Based Assessment (ASEBA) evaluating the social competence and behaviour profile (problems) of children and adolescents, validated for the Brazilian population. In this study, only the 118 items regarding the behaviour profile were used. These items use a Likert type scale (0 to 2) and include eight syndrome scales (anxious/depressed, withdrawn/depressed, somatic complaints, social problems, rule-break behaviour, and aggressive behaviour), total scales for behavioural and emotional problems, and DSM (Diagnostic and Statistical Manual of Mental Disorders)-oriented scales (affection problems, anxiety problems, somatic problems, attention deficit problems, oppositional problems, conduct problems, obsessive-compulsive problems, and post-traumatic stress problems).

The results presented in both inventories (CBCL/6-18 and YSR) were classified based on Group 3 norms, which apply to Brazil (Achenbach and Rescorla, 2007; www.aseba.org/societies). The use of multicultural norms provides standards for comparison with peers from the same cultural background.

The instruments propose the classification of the scores into Clinical (T scores >70), Borderline (T scores 65-69) or Non-Clinical (T scores ≤65). These categories might be reduced, as it was the case in this study, to only two (i.e., Clinical and Non-Clinical) and Borderline cases are included in the Clinical category (Achenbach, 1991a).

Data Collection

It is a transversal study with a convenience sample. The investigators presented the inventories for participants in the respective headquarters of the social projects. Organized in groups, the youth were instructed about how they should fill out the instrument (YSR). The participants’ parentes or legal guardians responded to the CBCL/6-18 individually without the presence of the investigators.

Data Analysis

CBCL/6-18 and YSR data were analyzed by the Assessment Data Manager (ADM) software developed by the ASEBA (Achenbach & Rescorla, 2004). Descriptive statistical analysis was performed for all variables based on categorical data presented in absolute and percentage numbers.

Ethical Aspects

The study was approved by the Research Ethics Committee of the São José do Rio Preto Medical School (FAMERP) - Order No. 550.921 on March 12, 2014. The Informed Consent was signed by the participants and their respective legal representatives.
Results

One hundred and twenty-seven male youth, whose mean age was 12.93 ± 1.46 were included. Of these, 50 participants were from José Bonifácio/SP and 77 from São José do Rio Preto/SP. Of the total of participants in the respective projects in the two cities (193 players), 65.80% (127 players) participated in the study.

In Table 1 the sample is divided as Clinical and Non-Clinical (Achenbach and Rescorla, 2007; www.aeoba.org/societies). This analysis indicated that in both instruments, the results were higher than 91% for Non-Clinical in all scales. From this, it can be analysed that sports practice in social projects is important to improve social involvement and healthy psychological development among the young people studied.

Table 1. Classification of a sample of young soccer players from 11 to 16 years of age in Social Projects based on Group 3 norms of the CBCL/6-18 and YSR instruments into "Clinical" and "Non-Clinical" for emotional/behavioral problems.

<table>
<thead>
<tr>
<th>SCALES</th>
<th>CBCL/6-18 (n=127)</th>
<th>YSR (n=127)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical n(%)</td>
<td>Non-clinical n(%)</td>
</tr>
<tr>
<td><strong>Anxious/Depressed</strong></td>
<td>11 (8.66)</td>
<td>116 (91.34)</td>
</tr>
<tr>
<td>Withdrawn/Depressed</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Somatic complaints</td>
<td>3 (2.36)</td>
<td>124 (97.64)</td>
</tr>
<tr>
<td>Social problems</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
</tr>
<tr>
<td>Thought problems</td>
<td>4 (3.15)</td>
<td>123 (96.85)</td>
</tr>
<tr>
<td>Attention problems</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Rule-breaking behavior</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td>1 (0.79)</td>
<td>126 (99.21)</td>
</tr>
</tbody>
</table>

**Internalizing**

- 8 (6.30)  | 119 (93.70) | 10 (7.87) | 117 (92.13) |

**Externalizing**

- 6 (4.72)  | 121 (95.28) | 3 (2.46) | 124 (97.64) |

**Total Problems**

- 7 (5.51)  | 120 (94.49) | 6 (4.72) | 121 (95.28) |

**DSM-oriented scales**

<table>
<thead>
<tr>
<th></th>
<th>Clinical n(%)</th>
<th>Non-clinical n(%)</th>
<th>Clinical n(%)</th>
<th>Non-clinical n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affection problems</td>
<td>1 (0.79)</td>
<td>126 (99.21)</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Anxiety problems</td>
<td>4 (3.15)</td>
<td>123 (96.85)</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
</tr>
<tr>
<td>Somatic problems</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
</tr>
<tr>
<td>Attention deficit problems</td>
<td>0 (0)</td>
<td>127 (100)</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Oppositional problems</td>
<td>0 (0)</td>
<td>127 (100)</td>
<td>3 (2.46)</td>
<td>124 (97.64)</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>1 (0.79)</td>
<td>126 (99.21)</td>
<td>0 (0)</td>
<td>127 (100)</td>
</tr>
<tr>
<td>Obsessive-Compulsive problems</td>
<td>10 (7.87)</td>
<td>117 (92.13)</td>
<td>3 (2.46)</td>
<td>124 (97.64)</td>
</tr>
<tr>
<td>Post-traumatic Stress problems</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
<td>2 (1.57)</td>
<td>125 (98.43)</td>
</tr>
</tbody>
</table>

Discussion

Due to the extensive exposure in the media and because it is one of the most popular sports in the world, especially in Brazil, soccer is not only a sport but rather the dream of many young players and a social phenomenon. In addition to being a television show, soccer, like many other collectives or individual sports activities is used as an educational tool in schools, clubs and social projects (Pertile, Delevatti, & Delevatti, 2020; Perovano-Camargo, Mataruna-Dos-Santos, & Silva, 2022).

In addition to taking children out of the streets or using sports as an educational tool, the objective of some of these social projects is to give individuals a chance of development in sports modalities, and enable a successful professional career in the modality (Kravchychyn, Souza, Starcrepravo, Barbosa-Rinaldi, and Oliveira, 2019).

The results of the behaviour variable in this study sample is noteworthy. Most participants (more than 91% in all of the scales) were classified as "Non-Clinical", according to the Brazilian norm for both tools (CBCL/6-18 and YSR). Different answers were given by the different respondents as observed in the behaviour scale results. For instance, in some scales the youth did not indicate the same perception of behaviour as indicated by their respective parents/legal representatives or vice-versa. This is natural since there may be different points of view for each question (Rocha, Ferrari and Silvares, 2011). According to Rocha et al. (2011), the most important thing is that multiple respondents are evaluated so that a broader view of each case is obtained.

The results obtained in this study are in agreement with different studies indicating benefits psychological and in the behaviour of youth involved in different sports activities. Among the benefits observed are increased self-esteem, decreased depression symptoms, better social interaction, less aggressiveness and anxiety, improvement in decision-making and conflict resolution, as well as positive behaviour changes and improvement in school achievements. When collective sports such as soccer are compared to individual sports, studies indicate better psychosocial results due to the social nature of the participation (Martínez, Ibáñez, Ramírez, Valenzuela, & Már mol, 2020; Rivas-Martínez & Bailey-Moreno, 2021; Perovano-Camargo, Mataruna-Dos-Santos, & Silva, 2022; Fernández, Cañada, & Luque, 2023).

Furthermore, the literature presents valuable data regarding the use of sports activities for children and adolescents in social projects. In several studies, the educational proposal followed by teachers/coaches is considered important and must contemplate the so-called pro-social behaviours: values, principles, respect to rules, self-control, autonomy, overcoming limits, promotion of a competitive personality, better social skills and social appreciation for others through the practice of sports (Bettega, Reverdito,
Santos, & Galatti, 2021; Gonçalves, Bulso, Floriano, & Balbinotti, 2020; Martínez, Ibáñez, Ramírez, Valenzuela, & Mármol, 2020; Bonavolontà, et al., 2021). In case the proposals are not well defined, the lack of preparation by the professionals and the reproduction of stereotyped behaviours may generate conflict situations and inadequate interventions (Bettega, Reverdito, Santos, & Galatti, 2021).

The content worked with the young players in different sports activities must go beyond technical and tactical aspects. They must add socio-educational elements that develop social skills for the sports activity to produce the expected benefits (Kravchychyn, et al., 2019). Based on the results presented in this study, it is suggested that the educational proposal of both projects, even though it has not been evaluated, contemplates the reproduction of socially adequate behaviours in addition to the practice of the sports modality. When considering behaviors results were higher than 91% for Non-Clinical in all scales indicating promotion of prosocial behaviors.

Teachers and coaches must deal with different scenarios during the teaching of the modality and competition. The educational proposal must be clearly defined by teachers/coaches and managers of these projects so that, based on the leaning of the sports modality, young people can add social and behavioural values for the practice and learn the sports modality, and truly enjoy sports (Bettega, Reverdito, Santos, & Galatti, 2021).

Conclusions

The study results indicated that soccer seems to offer protection mechanism regarding the overall psychological functioning of the young players in the evaluated scales. Furthermore, they support literature data, which reports benefits in mental health and the behaviour of youth involved in sports activities. Even though the educational proposal of the projects was not evaluated, the literature indicates that the content introduced by the coach/professor is important to reach good behaviour results in young soccer players.

Results should be analyzed carefully, since the study was conducted in a sample of a specific geographic region. Thus, studies evaluating behaviour in other samples, with a larger number of participants and longitudinal design must be carried out to identify changes that might be observed or not as a result of the practice of soccer. Other studies using the same instruments were not identified in the literature.

Competing Interests

The authors declare that they have no competing interests.

References


