

Relationship between anthropometric parameters and physical self-esteem in overall motor disability among practitioners a physical activity

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Abstract-The aim of our research was to identify the importance of increasing self-esteem and overall physical satisfaction starting from a comparison between two engines disabled practitioners physical activity groups and not practitioners, with using of "self-esteem Rosenberg (1965) scale." The results shows the existence of a significant difference between the scores of the rate of self-esteem of the disabled and non-practicing practitioners engines for those insertions within sports associations and engage in physical regular activities. The relationship between global self-esteem among the physically disabled practitioners and % body fat are strongly related ($r = 0.7$, $p < 0.01$). It has been proven that the sport positively affects the overall self-esteem and physical disability practitioners engine which is why we stress the importance of sport for people with physical disabilities, which will enable them to see themselves as useful and active members of society and thus to facilitate their reintegration.

Index Terms: self-esteem, motor disability, integration

I-INTRODUCTION

The word "disability" comes from the word "Hand in cap" which means (hand in the hat). It is a disadvantage for the individual regardless of their physical or moral incapacity. There are several types of disabilities: physical (sensory, motor, chronic diseases, etc.), Mental (neuropsychological, dyslexia), primitive. The motor disability is an individual with a limitation of action due to a significant impairment (Manga, 2009). According to the mechanisms of motor disability are: a motor impairment (nerves, muscles, bones), malformations (developmental disorders), diseases (congenital, hereditary or acquired), stroke (cardiovascular events), traumatic injuries (skull, skeleton, spinal, amputation) and aging. The motor disability caused by brain injury or neuromuscular. Roger (2006), this type of disability may affect a member or the entire body. Thus, people with this disability move either standing with the help of a cane or wheelchair. In practice, the motor impairments create a nuisance or hindrance to travel, gripping objects and sometimes speech

Being with disabilities can generate physical pain associated with a disease, trauma. But there is a more insidious suffering, which has little to do with the painful consequences of any disease. This suffering is moral and directly related to the image that people with disabilities have themselves. (FNSMR, 2008). But this self-perception is greatly influenced by the look that people called "valid" are on disability. Each culture generates a set of representations, beliefs and conventions, which are expressed through our attitudes, our language, our looks. Skin color, religious orientation. Disability, and are characteristic or stigma to "classify" our fellows in a particular category. Therefore any person, whether with disabilities or not, see "paste" a sensible attribute "summary" and identify the person as a member of a particular group, and in this case, the disabled. This attribute, which refers to any time a degraded self-image helps to change the behavior of people with disabilities in the context of others, and their relationship to their difference. The disabilities and generates emotional suffering can lead to different types of attitudes or behaviors that can manifest as a withdrawal up to the marginalization or, conversely, a provocative statement itself leading to

excessive risk-taking (especially in sports). Then it is a long way to go to accept the view of others (sometimes fleeting, sometimes benevolent see overprotective. (FNSMR, 2008).

According Ammar.A (1985), the problem of disability is that of social misfits, the elderly, in a word for the poor, a problem that begins to arise in our society that enriches and who wants an individualistic consumer society and competitive. But this model of society leaves little for the poor and needy. We have seen that this problem arises in favor of domestic and external pressures. This writes a spastic in a section of the release entitled "Statute for the physically disabled": "In Tunisia, he writes, this category of people living away from social life, except for a few exceptional cases. they are hundreds to the margins of normal life, isolated and embittered at home or in the hospital. Idea of a possible social and professional integration would be foolish for them" (Ammar, 1985).

According Hamonet (1992), disability is a deep narcissistic reached. Body modifications will cause a readjustment of postural pattern adjustment is straight to the focus of the subject's attention on the affected area. The importance of motor impairment on the subject's personality and achievement, including body image depends on both the age of the patient at the onset of disability and On the other hand both reactions environment facing event that conditions of life of the individual. Indeed, seen in the mirror is not the same because of the physical alteration occurred. " People with disabilities are less considered devoid of physical possibilities. (Garel, 1996). They gradually access to sports and recreation and the legislature clearly stated today that handicapped students should benefit as other teaching in Physical Education (Garel, 1996). In this context, Garel in 1996 postulates that "the sport and physical activity can play a major role in the restoration of a sense of competence and self-esteem of people with disabilities. The practice of rewarding activities (in terms of success in practice) actually contributes to the enhancement of a sense of competence, including physical skills. If the sport is necessary to stay in shape on both the physical and moral practice this is more for the physically disabled who lack of movement can cause the deterioration of functions that have remained valid. " The objective of this study is to investigate the relationship between anthropometric parameters and physical self-esteem and overall motor disabilities in physically active. So the question that arises here is "the sport it is the notion of self-esteem and overall satisfaction with physical disabilities engines? Our hypothesis was that the overall self-esteem and physical self-esteem among people with physical disabilities develop through sport. Inded, the practitioners sport physically disabled have a degree of self-esteem and overall physical higher than non-disabled practitioners.

II-METHODS

1-Subjects:

All procedures were approved by the Institutional Review Committee for the ethical use of human subjects, according to current national laws and regulations. Participants gave written informed consent after receiving both a verbal and a written explanation of the experimental protocol and its potential risks. Subjects were told that they could withdraw from the trial without penalty at any time. Our study population consisted of 24 healthy motor disabilities varied disabilities, which are divided into two groups: the average age and size of our subjects are 17.5 ± 0.5 years and 160 ± 3 89. The first groupe N = 12, active drivers with disabilities (AD), various practitioners sportst (hammer throw, running on the treadmill ...) belonging to the sports association. The second groupe N = 12, disabled inactive motors (DI), and are not included within sport associations (table 1).

Table 1. Anthropometric characteristics of the subjects

Parameters	Group (AD)	Group (DI)
	Mean & SD	
Age (years)		$17,5 \pm 0,5$
Weight (Kg)		$57 \pm 0,5$

Height (cm)	160 ± 3,89
% Body fat	13,167

2-Evaluation and procedures:

-Rosenberg's Self-Esteem Scale (RSE).

To conduct our study we used the Rosenberg scale (1965) for the global self-esteem or Rosenberg's Self-Esteem Scale (RSE). The Rosenberg scale is composed of 10 questions covering the global self-esteem, its execution does not exceed 2 to 3 minutes where he asked subjects to respond if: (See.,e. Rosenberg 1965). We used the 10-item Rosenberg in 1965 to measure global self-esteem and self-esteem of both physical disability groups (practicing and non-practicing). Completion of the questionnaire was accompanied by a profound explanation of the tests and an explanation of the questionnaire in Arabic.

-Anthropometric Measures

Anthropometric measurements were performed using a standard anthropometric kit (type Harpenden, Switzerland). Weight was measured using a calibrated weighing scale. Height was measured using a graduated measuring rod in (cm). Pliers skin folds was used for the measurement of skinfolds (biceps, triceps, subscapular and supra iliac). The estimation of fat is calculated from the formula of Claude Pineau (2009) for adolescents:

$$\% \text{ BF} = 0.783 * [\text{triceps (mm)} + \text{subscapular (mm)}] + 1.6$$

3-Statistical Analyses:

Means and SDs were calculated using standard statistical methods. The means is a dispersion index, which tells us about the importance of fluctuations of different values (x) at the turn of the mean (m) can be calculated by the following formula: $S_x = M / N$. Where: M: Medium ; S_x : Sum of x ; N: Number ; X: Note to self-esteem. The variance of each sample is calculated separately calculation of the common variance and calculate the standard deviation. The t student was calculated.

III-RESULTS

The chart above shows the existence of a significant difference between the scores of the rate of self-esteem of the disabled and non-practicing practitioners engines for those insertions within sports associations and engage in physical regular activities, this is justified by the value of Student's t (6.67, p <0.0001). The relationship between global self-esteem among the physically disabled practitioners and % body fat are strongly related this is reflected in the respective values of the regression coefficient $r = 0.7$, $p < 0.01$. In this study group resulted in the appearance of the % body fat is 49% of the overall self-esteem, which is justified by the value of R^2 is equal to 0.49. The relationship between the rate of the overall self-esteem and physical representation justified by the percentage of body fat (% BF) are not strongly linked. This is evidenced by the regression coefficient $r = 0.43$ and the value of $R^2 = 0.19$. In this population, the percentage of body fat is only 19% of the overall self-esteem.

IV-DISCUSSION

There is evidence, then, according to the results, the sport has an influence on self-esteem and physical representation. We conclude then that the physically challenged practitioners in regular physical activity have a level of self-esteem and higher than non-practitioners overall physical satisfaction. The study show that our two hypotheses "the sport develops self-esteem and overall self-esteem in physical physically handicapped" and "disabled practitioners have a degree of self-esteem and overall physical higher than non disabled practitioners "are confirmed. The Self-esteem is defined as the feeling that everyone has its own value. It is the process by which an individual focuses on himself, on his performances and football skills, positive or negative judgments. At this level Coopersmith (1984) posits that self-esteem is an expression of approval or disapproval given to oneself, it indicates

how an individual feels able, valuable, and important. Self-esteem is an inner attitude, it is important to know ourselves, to love ourselves as we are. So must the physically disabled learn to accept, appreciate, know their tastes, their needs, their capabilities and their limitations. To increase their self, they need a change of attitude, a vision of life and of themselves that is positive and realistic.

The sport is one of the ways that we can achieve this by acting on certain psychological dimensions such as improving self-esteem. Because it involves the body, but also because it does not involve the body independent of other determinants of behavior, it also contributes to the cognitive, affective and relational abilities of the subject. A handicapped person can therefore expect a sports physical benefits, psychological and autonomy, thus improving the quality of reintegration. The physical benefits are the same as for valid: muscle strength, joint flexibility, hand coordination, fatigue. The exercise is also a way to avoid the evils of inactivity or immobility, stiffness, orthopedic deformities, cardiovascular mismatch. The psychological contribution of sport lies in the restructuring of body image and improved self-esteem, self-confidence, assertiveness, confirmation of self, self-acceptance, motivation

A study by Cazenave (2005), on the relationship between sport and physical activity and self-esteem in young people with congenital malformation of the foot idiopathic clubfoot shows that teens involved in physical activity have more self-esteem and a better self-perception than adolescents who did not practice any sport. In addition, it has shown that low self-esteem is associated with depressive disorders. These relationships are very important especially for people who suffer from physical disabilities. Thus, the practice of physical activity may be a means of enhancing self-esteem and self-perception, and can have a positive effect on depression. In this context, it was noted that research in Physical Education and sport psychology have confirmed the importance of the perception of the body in building self-esteem. This work has demonstrated that the development of physical perceived value contributes to strengthening self-esteem and a certain level of confidence was required to maintain the commitment of a subject in a physical practice.

This is the reason why the improvement of self-esteem has become a priority in some physical education programs. In the UK, for example, one of the eleven objectives of the physical education program is to strengthen the self-esteem of students. Similarly, one of the priorities of stakeholders in physical activity is to restore the self-image of mentally or physically handicapped subjects. Therefore, the perception of the body plays an important role in building self-esteem, especially among the physically disabled. Where a positive perception of the body involved in well-being and facilitate their relationships with others.

V-CONCLUSION

The dimension of self-esteem occurs as a major psychological need in the composition of our personality. Self-esteem is not everything, but without it, there is nothing. This quality is the focus of all our sensations. " Self-esteem is thus part of a dynamic process that can change our attitudes and behavior. It affects self-confidence, assertiveness and self-image is the ability to manage the behavior and affects motivation. Therefore, in this study we tried to identify the importance of sport in increasing self-esteem and overall physical satisfaction starting from a comparison between two groups of disabled practitioners engaged in physical activity and non-practicing, and using as a yardstick the "self-esteem Rosenberg (1965) scale." It has been proven that the sport positively affects the overall self-esteem and physical disability practitioners which is why we stress the importance of sport for people with physical disabilities, which will enable them to see themselves as useful and active members of society and thus to facilitate their reintegration.

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