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INVESTIGATION OF THE RELATIONSHIP BETWEEN GENERAL HEALTH STATUS AND EMOTIONAL STATES OF FEMALE STUDENTS IN THE FACULTY OF SPORT SCIENCES

INVESTIGAÇÃO DA RELAÇÃO ENTRE O ESTADO GERAL DE SAÚDE E OS ESTADOS EMOCIONAIS DE ALUNAS DA FACULDADE DE CIÊNCIAS DO DESPORTO

INVESTIGACIÓN DE LA RELACIÓN ENTRE EL ESTADO GENERAL DE SALUD Y LOS ESTADOS EMOCIONALES DE LAS ESTUDIANTES DE LA FACULTAD DE CIENCIAS DEL DEPORTE

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ABSTRACT: This study investigates the relationship between the general health status and the emotional states of female students at the School of Sports Sciences, analyzing the results according to sociodemographic variables. The sample, composed of 400 students selected by convenience, completed a personal information form, a general health questionnaire, and a scale of positive and negative emotions. Using SPSS 23 software, nonparametric tests (Mann-Whitney, Kruskal-Wallis, and Dunn-Bonferroni) and correlation analyses were applied. The results indicated significant relationships between general health and emotional state: positive emotions decreased with worsening mental health problems, while negative emotions increased. Age, economic status, and health education were shown to be relevant determinants of students' mental health and emotions. The study reinforces the importance of preventive policies and interventions that consider socioeconomic and educational factors in supporting the psychological well-being of female students.

KEYWORDS: Athlete. Woman. General health status. Mood.



RESUMO: Este estudo investiga a relação entre o estado geral de saúde e os estados emocionais de alunas da Faculdade de Ciências do Esporte, analisando os resultados segundo variáveis sociodemográficas. A amostra, composta por 400 estudantes selecionadas por conveniência, respondeu a um formulário de informações pessoais, ao questionário geral de saúde e à escala de emoções positivas e negativas. Utilizando o software SPSS 23, aplicaram-se testes não paramétricos (Mann-Whitney, Kruskal-Wallis e Dunn-Bonferroni) e análises de correlação. Os resultados indicaram relações significativas entre saúde geral e estado emocional: emoções positivas diminuíram com o agravamento de problemas de saúde mental, enquanto emoções negativas aumentaram. Idade, nível econômico e formação em saúde mostraram-se determinantes relevantes da saúde mental e das emoções das estudantes. O estudo reforça a importância de políticas e intervenções preventivas que considerem fatores socioeconômicos e educacionais no apoio ao bem-estar psicológico de universitárias.

PALAVRAS-CHAVE: Atleta. Mulher. Estado geral de saúde. Humor.

RESUMEN: Este estudio investiga la relación entre el estado general de salud y los estados emocionales de las alumnas de la Facultad de Ciencias del Deporte, analizando los resultados según variables sociodemográficas. La muestra, compuesta por 400 estudiantes seleccionadas por conveniencia, respondió a un formulario de información personal, al cuestionario general de salud y a la escala de emociones positivas y negativas. Utilizando el software SPSS 23, se aplicaron pruebas no paramétricas (Mann-Whitney, Kruskal-Wallis y Dunn-Bonferroni) y análisis de correlación. Los resultados indicaron relaciones significativas entre la salud general y el estado emocional: las emociones positivas disminuyeron con el agravamiento de los problemas de salud mental, mientras que las emociones negativas aumentaron. La edad, el nivel económico y la formación en salud se mostraron como determinantes relevantes de la salud mental y las emociones de las estudiantes. El estudio refuerza la importancia de las políticas y las intervenciones preventivas que tengan en cuenta los factores socioeconómicos y educativos en el apoyo al bienestar psicológico de las universitarias.

PALABRAS CLAVE: Atleta. Mujer. Estado general de salud. Humor.

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INTRODUCTION

Health, as an indispensable element of human life, has been defined in many ways from past to present. Each society has attributed different meanings to health and disease in line with its own values. Health, which was initially perceived as a state in which there is no disease or disability, has become an element that needs to be continuously developed to ensure that individuals live a better-quality life with changing living conditions. According to the World Health Organization, health is defined as a state of complete physical, mental and social well-being.

Accordingly, these three elements should be brought to the desired level for individuals to lead a healthier life. Therefore, it is of great importance to determine the factors that affect health positively or negatively and to make the necessary arrangements (Altan et al., 2015). The general health status of individuals should be considered with its physical and mental aspects. According to Glasser, there are four basic interconnected components in the lives of individuals: moving, thinking, feeling and physiology.

While moving and physiology components constitute the physical aspects of individuals, thinking and feeling components shape their mental aspects (Corey, 2008). In this context, these components need to be considered together in order to evaluate the general health status of individuals. These factors affecting health become even more important especially for individuals in the university period.

The university period is recognized as one of the most complex and dynamic developmental stages in individuals' lives. The university years are a period of social and biological transition from adolescence to adulthood. During this period, individuals go through various changes such as separating from their families, adapting to new social environments, coping with economic difficulties and getting used to living an independent life. For new university students, this process may bring about various psychological difficulties such as loneliness, failure to meet expectations or inability to adapt to the department they are studying in.

It is stated that these social, cultural and economic changes may negatively affect individuals' mental health and thus weaken their general health status (Özdel et al., 2002). At this point, one of the important factors that improve the health status of individuals is physical activity. Studies show that there is a linear relationship between physical activity and mental health and that physical activity in the range of 2.5-7.5 hours per week positively affects mental health. It has been determined that the likelihood of depression in physically inactive individuals is twice as high compared to individuals with high physical activity levels (De Mello et al., 2013; Kim et al., 2012).

These findings show that physical activity contributes not only to physical health but also to mental health to lead a healthy life. Therefore, physical activity should be



encouraged and multidimensional approaches to health should be adopted to improve the quality of life of individuals. In this context, students studying at sport sciences faculties are equipped with scientific knowledge and practices on physical activity and healthy living.

Thanks to the education they receive, they gain an important advantage in both improving their own health and transferring this knowledge to their environment by better understanding the effects of physical activity on health. The theoretical and practical knowledge acquired in the field of sport sciences supports the physical and mental health of individuals and contributes to a better level of health with the regular practice of sports. Therefore, both the academic and physical development processes of individuals studying at the faculty of sport sciences stand out as a factor that positively affects their general health status.

When the related literature is examined, the relationship of general health status with physical activity (Çolak & Erol, 2021), personality traits (Biçer, 2023), exercise behaviors (Günal et al., 2018), quality of life (Üner & Sevencan, 2013), emotional changes (Başol et al., 2022) and social support (Kıraç, 2024) has been examined.

It is known that individuals' moods, feelings and moods are as important as their general health levels in maintaining their daily lives effectively and efficiently. Emotion is a sudden and short-lived state of affect that occurs against a certain situation. The psychological state of subjective feelings or characteristic psychological revival thoughts and behaviors are expressed as emotions (Peterson, 2006). The literature emphasizes the classification of positive and negative emotions. In this context, individuals can experience emotion in different ways as positive and negative. Positive emotion is defined as energy, happiness, joy, optimism, sociability and authenticity, while negative emotion is defined as sadness, distress, restlessness, irritability and inability to enjoy life.

At the same time, high positive emotions indicate that the individual feels "good" and has positive relationships with his/her environment, while high negative emotions indicate that the individual feels "bad" and his/her dissatisfaction increases (Crowford & Henry, 2004; Lyubomirsky et al., 2005). Therefore, positive and negative emotions are extremely important in terms of having a direct impact on individuals' lives and especially on their general health (Kuppens et al., 2008). In terms of sport sciences, it has been determined that physical activity contributes positively to individuals' psychological renewal and emotional well-being (Ryan et al., 2010).

When the relevant literature is examined, there are many studies on positive and negative mood states of athletes (Bozbağ & Kaplan, 2021; Eryılmaz & Unur, 2019; Del Chiappa & Atzeni, 2016; McCarthy, 2011; Vast et al., 2010; Wood, 2016; Yıldız & Şenel, 2018; Yüceant et al., 2019; Yüceant et al., 2022; Yüceant, 2023). At the same time, the relationship between



positive and negative mood and personality (Larsen & Ketelaar, 1991), emotional autonomy (Uzun et al., 2023), academic self-efficacy (Medrano et al., 2016), mental well-being (Larsen, 2009; Kuyumcu, 2013), life satisfaction (Deniz et al., 2012) and physical activity (Yüceant, 2023) has been examined. However, no study was found in which women's general health status and mood states were examined.

For this purpose, the following hypotheses were tested.

H1: General health status positively and significantly predicts mood of female students studying at the faculty of sport sciences.

H2: Emotional states of female students studying at the faculty of sport sciences positively and significantly predict their general health status.

METHOD

Research Model

In this study, the relational survey model will be used to determine the relationships between the general health status and emotional states of female students and will be carried out within the framework of quantitative research method. The relational survey model is used to determine whether the existing variables change together and if there is a change, in which direction this change is (Büyüköztürk et al., 2018).

Population and Sample

The population of the study consists of female students studying at the Faculty of Sports Sciences, and the sample group consists of 400 volunteer female students selected from this population group by convenience sampling method.

Data Collection Tools

The personal information form created by the researchers, the general health questionnaire in the literature and the positive and negative emotion scale were used as data collection tools in the study.

Personal information form

The personal information form consists of 3 questions aimed at obtaining information about the age, economic status and health-related education status of the students participating in the study.



General Health Survey-28 GHS-28

In the study, the General Health Survey-28 (GHS-28) developed by Goldberg (1972) was used. The scale was adapted into Turkish by Kılıç (1996). Cronbach's alpha internal consistency coefficient of the scale was 0.94 (Kılıç, 1996).

PANAS (Positive and Negative Affect Scale)

The positive and negative emotion scale developed by Watson, Clark and Tellegen (1988) was used in the study. The scale was adapted into Turkish by Gençöz (2000). The Cronbach alpha internal consistency coefficient of the scale was found to be 0.86 for positive emotions and .83 for negative emotions (Gençöz, 2000).

- 1) Positive emotion: Questions 1 3 5 9 10 12 14 16 17 19
- 2) Negative emotion Questions 2-4-6-7-8-11-13-15-18-20

Data Collection

Online questionnaires were prepared by the researchers using the Google Forms platform and the research data were collected through the google forms platform between January and March 2024.

Data Analysis

In descriptive statistics, percentage, frequency, arithmetic mean, skewness and kurtosis values were calculated. Skewness and kurtosis values were analyzed to examine whether the data were normally distributed. Since it was determined that the data were not normally distributed according to the normality test results, non-parametric analysis techniques were applied. "Mann-Whitney U" test and "Kruskal-Wallis" one-way analysis of variance (K-W ANOVA) tests were applied to determine the differences between the groups, and "Dunn Bonferroni" test was applied to determine from which groups the differences originated.

Correlation analysis was applied to determine the relationships between the measured parameters. Since the data did not show normal distribution, Spearman correlation coefficient was taken into consideration. Analyses were performed at 95% confidence level. The data obtained were analyzed with SPSS 23 statistical package program.



FINDINGS

Table 1 Demographic information of the participants

Variable	Frequency (n)	Percentage (%)
Age		
15 to 20	255	63,7
between 21-25	115	28,8
26 or more	30	7,5
Total	400	100,0
Economic situation		
Low level	85	21,3
Moderate	295	73,7
High level	20	5,0
Total	400	100,0
Receipt of health-related education		
Yes, I got it	135	33,8
No I didn't buy it	265	66,2
Total	400	100,0

Note. Prepared by the authors (2025). 400 female students participated in the study.

Table 2 Descriptive statistics for GSA-28 scale total scores

Scale	Lowest	Highest	Average	Standard deviation	Cronbach's Alpha
GSA-28	1,00	19,00	4,59	3,99	0,866

Note. Prepared by the authors (2025).

The Cronbach's Alpha statistic for the responses obtained from the 400-person sample is α =0.866. The scale is quite reliable.

Therefore, it was concluded that the GSA-28 total scores did not meet the assumption of normal distribution and did not come from a normally distributed population.



Table 3 Normality test results for GSA-28 scale total scores

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistics	p-value	Statistics	p-value
Scale				
GSA-28	0,204	<0,001	0,836	<0,001

Note. Prepared by the authors (2025).

Table 4 Statistics of GSA-28 scale total scores depending on demographic characteristics

Variable		GSA-28
Age		
15 to 20	Average	4,65
15 to 20	St. Deviation	3,90
hatruage 21 25	Average	5,00
between 21-25 —	St. Deviation	4,34
26	Average	2,50
26 or more —	St. Deviation	2,54
	p-value	0,003*
Economic situation		
Laurianal	Average	5,82
Low level —	St. Deviation	4,10
	Average	4,26
Moderate –	St. Deviation	3,91
	Average	4,25
High level —	St. Deviation	3,79
	p-value	0,002*
Receipt of health-related education		
Was I and it	Average	5,18
Yes, I got it —	St. Deviation	4,03
N. 1 19 1 70 1	Average	4,28
No I didn't buy it —	St. Deviation	3,94
	p-value	0,005*

Note. Prepared by the authors (2025).



- Individuals aged 26 years or older had lower mean GSA-28 total scores than other individuals. Individuals aged 26 years or older are less likely to have mental health disorders than other individuals;
- The GSA-28 total score averages of individuals with low economic status were higher than those of individuals with medium or high income. Individuals with low income have a higher likelihood of mental health disorders than other individuals;
- The mean GSA-28 total score of individuals who received health-related education was higher than individuals who did not receive health-related education. Individuals who received health-related education were more likely to have mental health disorders than individuals who did not receive health-related education.

Table 5 Descriptive statistics of "Panas" and subscale

Scale and Subscales	Lowest	Highest	Average	Standard deviation	Cronbach's Alpha	Paired pairs t-test
Panas Scale	32,00	82,00	57,22	8,94	0,714	
Positive Emotion	10,00	48,00	34,35	7,26	0,853	p-value
Negative Emotion	10,00	37,00	22,87	6,62	0,769	- <0,001*

Note. Prepared by the authors (2025). The scale is guite reliable.

Table 6 Normality test results for Panas scale and subscale total scores

	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistics	p-value	Statistics	p-value
Scale				
GSA-28	0,081	<0,001	0,971	<0,001
Subscales				
Positive emotion	0,078	<0,001	0,972	<0,001
Negative emotion	0,099	<0,001	0,978	<0,001

Note. Prepared by the authors (2025).

Therefore, it was concluded that the Panas scale and subscale total scores did not meet the assumption of normal distribution and did not come from a normally distributed population.



Table 7 Statistics of Panas scale and subscale total scores based on demographic characteristics

Variable		PANAS scale	Positive emotion	Negative emotion
Age				
15 to 20	Average	57,72	33,58	24,13
15 to 20	St. Deviation	7,18	6,13	6,24
	Average	55,91	34,95	20,95
between 21-25	St. Deviation	10,79	8,65	6,76
26	Average	58,00	38,50	19,50
26 or more	St. Deviation	13,45	8,80	6,47
	p-value	0,256	<0,001*	<0,001*
Economic situation				
Low level	Average	57,05	33,88	23,17
	St. Deviation	9,21	6,28	6,53
Moderate	Average	57,55	34,55	23,00
	St. Deviation	8,89	7,64	6,57
High level	Average	53,00	33,25	19,75
	St. Deviation	7,74	5,04	7,30
	p-value	0,221	0,354	0,152
Receipt of health-re	lated education			
Vos I got it	Average	56,22	34,48	21,74
Yes, I got it	St. Deviation	10,92	8,71	6,81
Nia i aliabete kooste	Average	57,73	34,28	23,45
No I didn't buy it	St. Deviation	7,71	6,42	6,46
	p-value	0,855	0,529	0,007*

Note. Prepared by the authors (2025).

There is no statistically significant difference between the PANAS scale total scores of individuals according to age groups. General emotional intensity does not differ according to age. However, positive and negative emotional intensities show significant differences according to age groups. Individuals aged 26 years or older have higher positive emotional intensity



than other individuals. In addition, individuals between the ages of 15-20 have higher negative emotional intensity than other individuals.

PANAS scale and subscale total scores of individuals do not show a statistically significant difference according to their economic status.

PANAS scale and positive emotion subscale total scores of the individuals did not show a statistically significant difference according to their health-related education. However, the negative emotion intensity of individuals who did not receive health-related education was higher than the individuals who received this education.

Table 8 The relationship between participants' levels of GSA-28, PANAS and PANAS sub-dimensions

	GSA-28	PANAS	Positive emotion subscale	Negative emotion subscale
GSA-28	1.000	0,284** (<0,001)	-0,244** (<0,001)	0,668** (<0,001)
PANAS		1.000	0,643** (<0,001)	0,559** (<0,001)
Positive emotion subscale			1.000	-0,200** (<0,001)
Negative emotion subscale				1.000

Note. Prepared by the authors (2025).**The correlation is significant at the 0.01 level. *The correlation is significant at the 0.05 level.

According to Table 8, there is a statistically significant and strong positive relationship between GSA-28 and PANAS general scales. Accordingly, individuals' probability of mental health disorders and their general emotional intensity move in the same direction. In addition, there is a negative relationship between GSA-28 total scores and positive emotion scale total scores. While the probability of mental health disorders increases, the intensity of positive emotions decreases. There is a positive relationship between GSA-28 total scores and negative emotion scale total scores. While the probability of mental health disorders increases, the intensity of negative emotions also increases.

There is a strong relationship between PANAS scale and its subscales in the same direction. Accordingly, as individuals' positive or negative emotional intensity increases, their general emotional intensity also tends to increase.



There is also a negative and strong relationship between the two subscales of the PANAS scale, namely positive and negative emotion subscale total scores. Accordingly, positive emotional intensity of individuals increases while negative emotional intensity decreases.

DISCUSSION AND CONCLUSION

In the study, when the general health status of female students was analyzed according to the variables of age, economic status and health-related education status, it was found that women aged 26 years and over were less likely to experience mental health problems than other individuals. This finding suggests that the likelihood of experiencing mental health problems may decrease as women gain emotional maturity, gain life experience and increase their ability to cope with stress, anxiety or other psychological factors as they get older.

Accordingly, advancing age may have increased women's psychological resilience, which may have reduced the incidence of mental health problems. When the literature was examined, studies contradicting our study were found and it was found that the risk of mental disorders increased with age (Bingöl et al., 2012; Kilic et al., 1997; Okyay et al., 2012; Özkan et al., 2013). It is thought that the fact that the current study was conducted only with female students and was conducted in faculties of sport sciences may be effective in the fact that the results obtained differ from the results of the studies in the literature.

Considering the economic status, it was found that female students with low-income status were more likely to experience mental health problems than individuals with medium and high economic status. The results obtained are consistent with similar studies in existing literature. In the studies, it has been stated that low economic status negatively affects the mental health status of individuals and individuals in this group are disadvantaged (Buzlu et al., 2006; Jokela et al., 2013; Kaya et al., 2007; Lorant et al., 2003; Tosun & Akça, 2014).

Therefore, it is thought that economic inadequacy may constitute an important risk factor for mental health problems such as stress, anxiety and life satisfaction in individuals and may cause various mental problems by triggering these factors. Since individuals with low-income levels may be limited in meeting their basic needs, accessing and accessing many factors such as socialization, education and sports, this situation may increase the emergence of mental health problems. Physical activity is known to reduce mental health problems (Ellis et al., 2020). Although female students studying at the faculty of sport sciences have an active life, the protective effect of physical activity on mental health may be limited due to factors such as low-income level, future anxiety, economic pressure and difficult living conditions.

In the study, it was found that female students experienced positive emotions more intensely than negative emotions. Khazaee Pool et al. (2015) examined the effect of physical



activity on happiness and found that regular physical activity makes individuals feel happier and better. Similarly, it was found that participation in physical activity increases positive emotions (Eryılmaz & Unur, 2019; Yerlisu Lapa & Haşıl Korkmaz, 2017). In this context, it is thought that the fact that the female students of sport sciences in the study experienced higher positive emotions compared to negative emotions is because they have an active physical activity life due to both the applied courses in their university education and their athletic life.

In the study, when the positive and negative emotional states of female students were examined according to the variables of age, economic status and health-related training status; no differentiation was found in general emotional intensity according to age; however, it was found that the positive emotional intensity of individuals aged 26 years or older was higher than other individuals, and the negative emotional intensity of individuals aged 15-20 years was higher than other individuals. When the literature is examined, the findings obtained differ from the existing studies in the literature in certain respects. Sözay (2020) found a significant differentiation in the negative emotion sub-dimension in his study and found that negative emotions are experienced more intensely as age increases.

It is thought that the reason why there was no significant difference in emotional states in terms of age variable in our study and the contradiction with the study in the literature may be because the study was conducted only with female students and included students in the faculty of sport sciences. However, the finding that the positive emotional intensity of individuals aged 26 years or older was higher than the other individuals and the negative emotional intensity of individuals aged 15-20 years was higher than the other individuals in the study, it is thought that the fact that these students have a more physically and socially active lifestyle has contributed to the increase in positive emotions and decrease in negative emotions as age increases.

When the emotional states were analyzed according to their economic status, no difference was found. However, when the studies in the literature are examined, it was found that individuals with high socio-economic status experience positive emotions more intensely, while individuals with low socio-economic status experience negative emotions more intensely (Bozdağ & Kaplan, 2021; Kılıç & Haşıloğlu 2017; Yüceant et al., 2019). The contradiction of the findings of our study with the studies in literature is thought to be due to the sample group, methodological differences or contextual factors.

In the study, there is a statistically significant and strong positive relationship between the general health status and emotional state of female students. Accordingly, the probability of mental health problems and general emotional intensity of individuals move in the same direction. At the same time, there is a negative relationship between their general health status and the total scores of the positive emotion scale, one of the sub-dimensions of the mood



scale. In this context, while female students' likelihood of mental health problems increases, their positive emotional intensity decreases.

However, there is a positive relationship between their general health status and the total scores of the negative emotion scale, the other sub-dimension of the mood scale. While female students' likelihood of mental health problems increases, their negative emotional intensity also increases. There is a same and strong relationship between the mood scale and its sub-dimensions. Accordingly, while the positive or negative emotional intensity of female students increases, their general emotional intensity also tends to increase. There is also a negative and strong relationship between the two subscales of the mood scale, positive and negative emotion subscale total scores. Accordingly, female students' positive emotional intensity increases while their negative emotional intensity decreases.

In conclusion, the findings of the study revealed that there were significant and directional relationships between the general health status of female students and their emotional states. With the increase in mental health problems, positive emotions decrease, while the intensity of negative emotions increases. At the same time, it has been determined that women have a higher risk of experiencing mental health problems (Çolak & Erol, 2021; Önal et al., 2001; Simon & Lively, 2010). This can be explained by the fact that women are more sensitive to biopsychosocial factors and tend to carry more intense emotional burden in coping with stress.

Therefore, special approaches and preventive interventions are needed to support women's mental health. These results suggest that emotional well-being has a determinant effect on general health and that interventions that support positive emotions may serve as a protective function in terms of mental health.



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