

Physical Activity and Self-Esteem A Namibian Youth Perspective

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Abstract

Youngsters who feel inferior, deprived, shamed, and frustrated express those feelings through various antisocial behaviours, ranging from delinquency to suicidal tendencies. Youth from dysfunctional families often have low academic skills, vague or totally missing career goals, a poor or complete lack of work history, abuse drugs and, or alcohol, and have been involved with the juvenile justice system.

Our society still emphasizes punishment before rehabilitation for crimes, which occur because children lack socialization. Children who have had drug or alcohol problems as early as the age of six or seven become involved in substance abuse-related crimes before the teenage years and continue to have conduct disorders well after adolescence. The current situation in Namibia suggests that there is need for concern about youth in an at-risk context. Research has shown that the enhancement of self-esteem and self-efficacy can be an important contributing factor to both the prevention of psychological and physical illness and the maintenance of health.

Exercise is in the position of being able to contribute to the prevention of illness or the reduction of its effects through the process of improving self-esteem. Reviews of the literature illustrate clearly that exercise contributes to improvements in self-esteem.

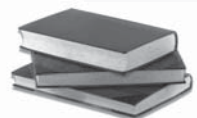
A lack of quality education, unemployment and poverty have always been inter-related and a contributing factor towards low self-esteem, and in this regard Namibia has experienced an alarming increase in youth suicide over the past few years.

Keywords: Self-esteem, Delinquency, Depression, Antisocial behaviour, Self-efficiency, Stress

Introduction

Adolescence is a time of dramatic change. The journey from child to adult can be complex and challenging. Young people often feel tremendous pressure to succeed at school, at home and in social groups. At the same time, they may lack the life experience that lets them know that difficult situations will not last forever. Self-esteem is a critical component of any program aimed at self-improvement. A close relationship has been documented between low self-esteem and such problems as violence, alcoholism, drug abuse, eating disorders, school dropouts, teenage pregnancy, suicide, and low academic achievement (Bolger, Patterson, Thompson, and Kupersmidt, 1995).

Self-esteem is defined as the experience of being capable of meeting life's challenges and being worthy of happiness, and a substantial number of experimental studies show that the implementation of a consistent, long-term exercise program has the effect of increasing self-esteem (Fox, 2000). Positive



self-esteem is a favourable perception of one's self, or, how happy you are with just being you. In general, feelings of self-esteem contribute to a person's self-worth, confidence and competence. These feelings of worthiness, assurance and proficiency can influence a person's life in regard to personal aspirations, motivation, achievement potential and relationships.

Mental health problems commonly associated with adults, such as depression, also affect young people. Any one of these factors, or a combination, may become such a source of pain that they seek relief in suicide. Suicide is the second leading cause of death among young people after motor vehicle accidents. Yet people are often reluctant to discuss it. This is partly due to the stigma, guilt or shame that surrounds suicide. People are often uncomfortable discussing it. Unfortunately, this tradition of silence perpetuates harmful myths and attitudes. It can also prevent people from talking openly about the pain they feel or the help they need. Communication is the first essential step in assisting youths at risk of suicide. Learning the facts about suicide can help build a parent's confidence in discussing a difficult subject (Boyd & Hrycaiko, 1997).

Just as the cognitive processes of children have been categorized by age, the development of self-esteem also seems to be age-dependent and is impacted over time by social interaction and personal experiences. Self-esteem impacts specific factors such as physical self-efficacy, self-confidence, anxiety, and perceived control in both male and female athletes of all ages and across different sports. An individual's participation in sports tends to be related to these factors (Boyd & Hrycaiko, 1997).

Poverty and Education

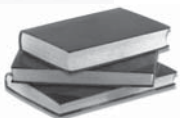
The emergence of school violence, gang-involvement, and teen suicide have highlighted mental health issues as a priority for youth, yet barriers to receiving services have been especially apparent among adolescents living in poverty. Lack of mental health services can lead to negative consequences including extreme acts of violence, increased drop out rates, and suicides. Unfortunately, adolescents who are poor are frequently the ones receiving the least support, while often the most in need of mental health services (Bolger et. al. 1995)

Low self-esteem is associated with low self-mastery, not being happy and interested in life, less physical activity, and not reporting health as excellent. Low sense of mastery is associated with living with a single parent, not reporting high perceived social support, low self-esteem, high distress, not being happy and interested in life, not self-reporting excellent health (Boyd & Hrycaiko, 1997).

Living in adverse community environments affects youth depressive symptoms indirectly by increasing maternal depressive symptoms likely through similar influences. Youth who do not participate in school and community activities might become socially isolated or develop low self esteem, which can result in depressive symptoms.

Eamon, (2002) identified the following adverse effects of economic hardship on youth socio-emotional adjustment:

- (a) impaired peer relations
- (b) low self esteem
- (c) antisocial behaviour



- (d) anxiety
- (e) depression

In Southern Africa, poverty is related to a history of power relationships that have disadvantaged particular groups in the society. Even when these power relationships appear to change with political changes, the process of changing the economic realities of daily living for the poorest of the poor may take a very long time (Smith & Noble, 1995). Even when economic power does shift and advantage another sector of the society, the very poor may remain very poor. In Namibia, with its recent history of discrimination, repression, and neglect of the needs of the majority, the range and extent of such problems associated with poverty are severe (Donald, Wallis, & Cockburn 1997).

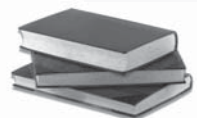
Poverty and poor educational and social conditions often reinforce one another. In particular, living under conditions of poverty may lead to difficulties in learning. Because of poor educational and social conditions, these specific learning difficulties may be neglected and ultimately result in more poverty, creating a negative cycle of cause and effect. Poor people are prone to the health and safety risks associated with malnutrition, disease, infection, and injury. These health risks can contribute to physical, intellectual, neurological, or sensory problems, which are likely to lead to difficulties as barriers to learning. One of the areas of most concern, for instance, is the damaging relationship between poverty, malnutrition, cognitive development and low self-esteem. This relationship has been widely studied both internationally and in Southern Africa.

It is now realized that the negative effects on cognitive development are much more complex than were at first supposed (Richter & Griesel, 1994). Another factor in this negative cycle has been the lack of access to health services in poor communities (Olver, 1984), and the inadequacy of basic health screening in historically disadvantaged schools (Frets-Van Buuren, Letuma & Daynes, 1990; National Education Policy Investigation, 1992). If they are not recognized and treated early, many common and preventable health problems can result in difficulties in learning (Kirk, Gallagher & Anastow, 1993).

The entire negative cycle is also reinforced in a number of ways related to education itself. Children with specific learning needs may not have their needs adequately met in overcrowded and under-resourced classrooms. This is especially the case where teachers are untrained in meeting their needs, and where support services are insufficient to back up the teachers. One outcome of this situation is that many of these children drop out of school with few skills to help them cope as adults. This results in more poverty. When such children remain in school, teachers who have neither the training nor the support to cope with these difficulties may become frustrated and demoralized. Under these conditions, the whole process of teaching/learning can deteriorate and ultimately affect all children's self-esteem (Donald & Green, 1995).

Physical Activity and Self-esteem

Many researchers have reported that a significant relationship exists between participation in physical activity and self-esteem (Gruber, 1986). Exercising greatly enhances your self-esteem and mental outlook while reducing stress. It has been reported in the sport and exercise literature that physical activity has potential benefit psychologically and physically. Similarly, it has been postulated that the



perception of physical prowess and increase in level of fitness are related to the development of self-esteem. The presence of high self-esteem or self-efficacy beliefs has been demonstrated to be factors in determining whether an individual will elect to participate in an exercise program. The research as reviewed by Gauvin & Spence (1996) indicates that exercise adherers report higher levels of efficacy beliefs about their ability to adhere to exercise as well as for their physical proficiency in exercise activities. Although a relationship between physical activity and self-esteem is generally accepted, the exact nature of this relationship is not clear.

The development of self-esteem is regarded as a primary goal in many schools because self-esteem is considered to be an underlying factor determining student motivation, persistence, and academic success (Yawkey, 1980). Many children wish to be seen as competent in physical activity, especially within their own peer group (Cantell, Smythe & Ahonen, 1994; Shoemaker & Kalverboer, 1994), and thus achievement in the physical domain may have a strong causal link to self-esteem. Indeed, Whitehead and Corbin (1997) concluded that achieving competence in physical activity could positively influence physical self-esteem and facilitate the most desirable forms of motivation. Physical activity among adolescents has been consistently related to higher levels of self-esteem and self-concept and lower levels of anxiety and stress (Calfas & Taylor, 1994).

As research had not previously demonstrated the relation of an environmental influence such as physical activity and its effect on the development of self-esteem in children, Boyd and Hrycaiko (1997) examined this relation more directly. This study of pre-adolescent and adolescent females revealed that the pre-adolescent low self-esteem and low physical self-concept groups derived the greatest benefit from the physical activity intervention.

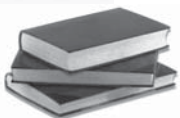
Many studies have been done to investigate the self-esteem of young girls and have concluded that as girls move from primary school to high school; their self-esteem levels drop (Feldman & Elliott, 1990; Gilligan, Lyons & Hammer, 1990; American Association of University Women Report, 1992). For example, one study found that 69% of grade school boys and 60% of grade school girls responded that they were "happy the way I am". The same study found 46% of high school boys and only 29% of high schools girls reported being "happy the way I am". Overall, girls' self-esteem dropped at a rate three times that of boys. Feelings of low self-esteem in adolescence are one contributing factor that increases the likelihood of a young girl dropping out of school or becoming pregnant. The low self-esteem seen in girls does not disappear with maturity; girls with low self-esteem often grow to be women with low self-esteem. Low levels of self-esteem are linked to increased rates of depression, substance abuse, suicide and eating disorders in both adolescents and adults (AAUW Report, 1992; Melpomene Institute, 1996).

Methodology

A descriptive research approach was employed for gathering information about lifestyle and self-esteem of Namibian youth.

Population and Sample

The participants in this study were youth living in an at-risk context in two low-income suburbs namely Katutura and Khomasdal in Windhoek, capital of Namibia. The population included all grade 10 learners enrolled in Government schools



in Windhoek. A sample of three hundred and five learners was selected through random sampling (N= 305).

Research Instrument

For the purpose of data collection, it was decided to use a quantitative approach, through the administration of a structured questionnaire, which focused the on the following research questions:

1. What are the participants' responses to statements about their personal feelings?
2. What are the participant's responses to the question about suicide?
3. Who are the individual to whom participants turn with personal problems?

Data Analysis

Data was prepared, entered and processed using the SPSS. Descriptive statistics were used (frequencies and percentages to analyse the participants' responses. Tables were used to illustrate the frequencies of the responses.

Results and Discussion

Self-Esteem and Suicide

A series of statements regarding personal feelings were listed and the participants were asked how often they experienced these feelings (see Table 1).

With regards to the question to whether they had ever seriously considered killing themselves in the past twelve months. Alarming was the fact to notice that a quarter 76 (25.2%) always thought about it. Two hundred and twenty one (73.4%) sometimes thought about it. When asked for the reasons why they seriously considered suicide in the past twelve months, 57.1% mentioned pressure that was being put on them, while 14.3% mentioned due to the fact that they were nearly raped (see Table 2).

The adolescents were asked to identify, out of a list of individuals, those to whom they would turn when they had personal problems (see Table 3). The most frequently mentioned was friends or partners, mentioned by more than a third (36.4%) of the youth. The next most frequently mentioned individuals were parents (34.6%) and cousins (22.3%).

Discussion of Self-Esteem and Suicide

The majority of the youth were happy and felt accepted at home and amongst friends. However, an alarming 25.2% always thought about or contemplated suicide, mainly due to pressure being or nearly raped or not being loved. There is definitely a need for a support system that will be able to assist the above group. Parents and communities need to be involved in the education and support of their children. The reality is, however, that the majority of parents in Namibia themselves often experience the same situations of pressure and hopelessness. Most are poor and live in isolated communities.

Participation in recreation and regular physical activity has been linked to improved self-concept and self-esteem, reduced depressive symptoms, decreased stress and anxiety, improved self-acceptance, changes in anti-social behaviour, and enhanced psychological well being (Ewing, Seefeldt, & Brown, 1996).

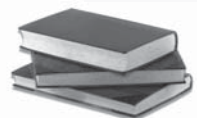


Table 1: Participants' responses to statements about personal feelings

Statements	Always		Sometimes		Rarely		Almost never		Never	
	n	%	n	%	n	%	n	%	n	%
Happy and interested in life	129	42.4	150	49.3	15	4.9	3	1.0	7	2.3
Quite loved and appreciated	105	34.5	161	53.0	17	5.6	8	2.6	13	4.3
Parents understand me	68	22.5	184	60.9	23	7.6	15	5.0	12	4.0
Happy at home	107	35.1	139	45.6	32	10.5	11	3.6	16	5.2
Believe I am accepted by friends	128	42.1	146	48.0	12	3.9	10	3.3	8	2.6
Intellectually equal to friends	128	42.4	132	43.7	15	5.0	9	3.0	18	6.0
Accepted by teachers	98	32.1	160	52.5	23	7.5	16	5.2	8	2.6
Happy at school	115	37.8	160	52.6	9	3.0	12	3.9	8	2.6
Like the way I am treated by adults	76	24.9	190	62.3	17	5.6	11	3.6	11	3.6
Adults take me seriously	70	23.0	178	58.4	36	11.8	10	3.3	11	3.6
Feel full of energy	94	30.8	172	56.4	22	7.2	7	2.3	10	3.3
Parents expect too much of me	108	35.3	133	43.5	27	9.0	16	5.3	17	5.6
Like to leave home	24	7.9	98	32.2	12	3.9	28	9.2	142	46.7
Get frustrated	31	10.2	186	61.4	31	10.2	22	7.3	33	10.9
Cannot sleep because I worry	20	6.5	130	42.5	44	14.4	37	12.1	75	24.5
Feel depressed	23	7.6	175	57.8	34	11.2	31	10.2	40	13.2

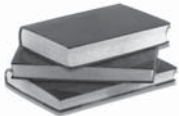
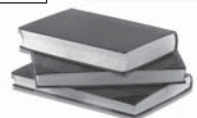


Table 2: Participant's responses to the question about suicide

Why Considering Suicide	Frequency (n= 63)	Percentage
Pressure	36	57.1%
Nearly raped	9	14.3%
Parents doubt me/do not love me	5	7.9%
Did something bad to someone	4	6.3%
Guardian treated me badly	2	3.2%
Partner left me	1	1.6%
Abused by parent and/or step-parent	4	6.3%
Failed a grade	1	1.6%
Parents do not understand me	1	1.6%
TOTAL	63	100.0%

Table 3: Individual to whom participants turn with personal problems

People To Whom Participants Turn	Frequency (n= 283)	Percentage
Parents	98	34.6%
Brother	36	12.7%
Grandparents	18	6.4%
Friends/partner	103	36.4%
Teacher	21	7.4%
School administrators	3	1.1%
School guidance counsellors	1	0.4%
Coach	4	1.4%
School nurse	1	0.4%
Doctor	2	0.2%
Clergy	0	0.0%
Outside Agency	1	0.4%
Do not turn to anyone	3	1.1%
Cousins	63	22.3%
TOTAL	283	100%



Physical Activity can also have a positive effect on boredom, mood, and character development. Boredom is viewed as an important factor, particularly in adolescents' lives, because of its links to depression, hopelessness, loneliness, and distractibility. Boredom has also been linked to alcohol use among college and high school participants, to smoking among high school participants, to deviant behaviour at school, and to over-eating (Fox, 2000). Youth who participate in appropriate recreational activities have a decrease in leisure boredom and subsequently, a decrease in deviant behaviours (McKay, Reid, Tremblay, & Pelletier, 1996; Reid, Tremblay, Pelletier, & McKay 1994; Witt, 1996).

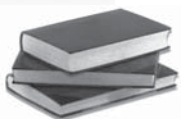
Conclusion

Family, peers, educators, counsellors and any other person dealing with youth on a daily basis must be aware of the different components that are at play in the development of a young person. Given that most factors are interrelated, collaboration and information sharing between community members is equally important, as some risk factors may be apparent and identified in one setting, but not in the others. Psychosomatic problems and alcoholism are more prevalent among disadvantaged families (Statistics Canada, 1998). This can translate directly into problems for Namibia's young people living in poverty. Given the high level of stress that exists within such environments, youth are more likely to develop low self-esteem and depression, are more prone to boredom and aggression, and have more difficulty adjusting to the school environment. Physical activity is in the position of being able to contribute to the prevention of illness or the reduction of its effects through the process of improving self-esteem. Reviews of the literature illustrate clearly that exercise contributes to improvements in self-esteem.

However, a fundamental need for young people, particularly in high-risk contexts, is for a stable, supportive bond with a caring adult who can help them prepare for social roles that earn respect, route them to needed resources, and encourage them to persist in education. Among poor children from urban areas, research has shown that those who cope well usually have at least one significant, positive adult role model, not necessarily the parent (Carnegie Council on Adolescent Development, 1994). Furthermore, a person's self-esteem is affected by and formed from a variety of circumstances in life, some of which are:

- (a) degree of parental expectations, encouragement and influence
- (b) degree of peer expectations, encouragement and influence
- (c) involvement in making of decisions
- (d) development of talents, hobbies or interests
- (e) influence and importance of role models
- (f) extent of emphasis on body image
- (g) experiences and interactions during education
- (h) participation in physical activity and/or sports

Finally, it seems that the research on self-esteem points to a complex problem involving enhancing self-esteem. That is, individuals who are higher in self-esteem may be more likely to engage in physical activity. Many of the experimental studies conducted were conducted under artificial environmental conditions and they did not address individuals independently and voluntarily engaging in physical activity. It would be interesting to see how this factor would impact the self-esteem. Also, a major problem is how to induce individuals low in self-esteem to voluntarily engagement in physical activity.



Overall, the connection between self-esteem and physical activity has been fairly established although, as identified above, there are specific issues that need to be more clearly defined and more rigorous experimental research conducted.

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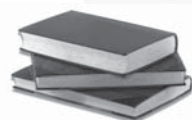
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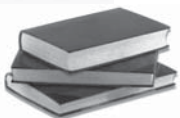
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