YERLİ VE MÜLTECİ SPORCULARIN SPOR BRANŞI TERCİHLERİNİN
İNCELENMESİ ⁽¹⁾AN EXAMINATION OF SPORTS BRANCH PREFERENCES OF NATIVE
AND REFUGEE ATHLETES

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Öz: Amaç: Bu çalışmanın amacı, yerli ve mülteci sporcuların; spora katılım özelliklerinin, spor branşı tercihlerinin incelenmesi ve mültecilerin spora katılımları ile ilgili öneriler sunulmasıdır. **Yöntem:** Spor Hekimliği Polikliniği'ne spora katılım muayenesi için başvurmış kişilerin arşiv kayıtları değerlendirmeye alınmıştır. Yerli ve mülteci sporcuların demografik özellikleri, spor branşı tercihleri, antrenman ayrıntıları ve sigara kullanım alışkanlıkları incelenmiştir. Sporcuların spor branşı tercihleri alt gruplara ayrılmıştır. **Bulgular:** Çalışmaya, ortalama yaşı 15.45 yıl olan toplam 1627 sporcu (yerli sporcu, %96.4; mülteci sporcu, %3.6) dahil edilmiştir. Gruplar arasında; yaş, boy, vücut ağırlığı ve vücut kitle indeksi bakımından anlamlı fark saptanmamıştır ($p > 0.05$). Tüm katılımcıların %70.9 ($n=1153$)'u erkektir. Mülteci kadınların spora katılımları düşük bulunmuştur ($p=0.003$). Sigara kullanımı varlığı ($p=0.2$) ve süresi ($p=0.6$) açısından gruplar arasında fark saptanmamıştır ($p > 0.05$). Yerli sporcuların spor yılı, mültecilere göre anlamlı yüksek bulunmuştur ($p=0.002$). Yıllık antrenman süresi ise mülteci sporcularda anlamlı yüksektir ($p=0.001$). Mülteci sporcular, yüksek statik-düşük dinamik komponent içeren branşları, bireysel sporları ve en çok da savunma sporlarını tercih etmiştir ($p<0.05$). Paralimpik sporcular içinde mülteci olan yoktur. **Sonuç:** Mültecilerin, ülkemizde yaşadıkları sorunları daha kolay aşabilmeleri için spora katılımlarının artırılması gerektiğini düşünmekteyiz.

Anahtar Kelimeler: Spor, Mülteci, Suriye iç Savaşı

Abstract: Aim: The aim of the study is to examine native and refugee athletes' features of participation in sports and their sports branch preferences. **Methods:** Archival records of Sports Medicine were evaluated. Demographic features, sports preferences, training details and cigarette use habits of native and refugee athletes were examined. Athletes' sports branch preferences were divided into sub-groups. **Results:** 1627 athletes (native, 96.4%; refugee, 3.6%), whose average was 15.45 years, were included in the study. No significant difference was determined in age, height, body weight and body mass index between groups ($p > 0.05$). 70.9% of all the participants were men. Participation of refugee women in sports was found low ($p= 0.003$). No difference was determined between the groups in terms of presence ($p= 0.2$) and period ($p= 0.6$) of cigarette use ($p>0.05$). Sport year of native athletes was found higher than that of refugees ($p= 0.002$). Annual training period was high in refugee athletes ($p= 0.001$). Refugee athletes preferred the branches involving high static-low dynamic component, the individual sports and mostly the defense sports ($p< 0.05$). **Conclusion:** We consider that it is necessary to encourage refugees towards sports to help them to more easily overcome the problems they encounter in our country.

Key Words: Sports, Refugee, Syrian Civil War

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INTRODUCTION

Migration is a situation which causes fundamental changes in lives of individuals (Özden, 2013). Due to civil war in Syria, one of the neighboring countries of Turkey, many people made an asylum request from countries, which border Syria, such as Turkey, Lebanon, Jordan, Iraq and Egypt (Aksu, 2018: 1153-77; Yıldız and Uzgören, 2016: 195-211). Turkey is the country, which houses the most Syrian refugees in the world due to its generous open door policies (Yıldız and Uzgören, 2016: 195-211; İçduygu, 2015). By 2018, it is known that the number of Syrian guests, who have migrated to our country, has exceeded 3.5 millions (Aksu, 2018: 1153-77). According to the last formal report published, the number of Syrian immigrants known to be registered in the province Gaziantep comprises 16.11% of urban population (2016 Türkiye göç raporu, 2017). After the migration occurred, a good deal of support was given to adapt refugees to life in Turkey and for them to live in better conditions (İçduygu, 2015). Especially in tent cities established in cities near Syrian border, sheltering, food, health and educational needs of refugees are met (Karkin and Yazici, 2015:201-13). However, many refugees do not stay in tent cities but are trying to continue their lives in city centers although their basic needs are met by the state (Özden, 2013; Karkin and Yazici, 2015:201-

13). Many studies show that refugees have to overcome more socio-economic problems than citizens of the country to which they have migrated (Labree, et al., 2015; Northcote and Casimiro, 2009:173-85; O'Driscoll, et al., 2014:515-30). On the other hand, it is obvious that changes have occurred in areas, such as tourism, economy, the number of houses need, labor force market, national security and public order, the opportunity of benefiting from health system, in lives of local community in the regions where heavy migration happened (Aksu, 2018: 1153-77). It demands time and effort that refugee individuals obliged to migrate for social or political reasons to adapt themselves to the country to which they have migrated and local people accept refugees. Social policies planned and structured to properly manage the mentioned process are needed (Yıldız and Uzgören, 2016: 195-211).

Sports activities are utilized for refugees to adapt themselves to the country to which they migrate, improve their language skills and be rehabilitated. Rehabilitation of refugees is aimed by incentive to participation in sports (Olliff, 2008:52; Ley, et al., 2018:491-507).

Branch of sports preference is known to differ by variables, such as gender, age, socio-economic condition (Deaner, et al., 2016: 73; Kaplan and Akkaya, 2013:143-58; Saint Onge and Krueger, 2011:197-211). In the

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light of this information, it is considered that branch of sports preferences and features of participation in sports of native athletes and refugee athletes in our country can differ. In the literature review, no study, in which sports preferences of refugees in our country were researched, was encountered. The present study is intended to affirm the hypothesis that features of participation in sports and branch of sports preferences differ and to put forward suggestions related to participation of refugees in sports.

METHODS

3150 applications made to Sports Medicine Polyclinic between the dates May 2017-April 2018 were examined. Among those applications, archival records of individuals, who applied for examination for participation in sports, were evaluated.

Athletes who did not have polyclinic record opened voluntarily by Sports Medicine Polyclinic and applied to other clinics were not included in the study. The ones, who are foreign but acquired citizenship of the Republic of Turkey, have citizenship from two different

countries and applied to polyclinic for sport injury, were excluded from the study. Except the ones with exclusion criteria, the other applications for examination for participation in sports were included into the study.

Of all the athletes, age, height, body weight, branch of sports to join, sports participation/starting period (year), weekly training period (hour), annual training period (month) and cigarette use habits were recorded by sports medicine expert to digital file. Athletes included in the study were divided into two groups: the Turkish citizen native athletes and refugee athletes for whom record was opened as ‘Syrian guest patient’.

Branch of sports preferences of athletes were divided into sub-groups by;

- Individual or team sport (Eime, et al., 2013:98),
- Contact, low-level contact or non-contact branch of sports (Rice, 2008:841-8),
- Static-dynamic component properties of branch of sports (Figure 1), (Levine, et al., 2015:2350-5).

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Static Component	3a	3b	3c
	Field events (throwing), Gymnaſtic, Martial arts, Weight lifting etc.	Body building, Wrestling etc.	Boxing, Cycling, Rowing, Triathlon etc.
	2a	2b	2c
	Archery, Auto racing, Motorcycling etc.	American football, Field events (jumping), Rugby, Running (sprint), Synchronized swimming, 'Ultra' racing etc.	Basketball, Ice hockey, Running (middle), Swimming, Team handball, Tennis etc.
1. Low (<10%)	1a	1b	1c
	Bowling, Cricket, Curling etc.	Baseball/ softball, Table tennis, Volleyball etc.	Badminton, Field hockey, Orienteering, Race walking, Racquetball/ Squash, Running (long), Soccer etc.
	a. Low	b. Moderate	c. High
	(<50%)	(50-75 %)	(>75%)
Dynamic Component			

Figure 1. Classification of Sports*

*Levine, et al., 2015:2350-5.

The present study was approved by Gaziantep University Clinical Studies Ethics Committee (Date: 27.06.2018, Decree No:

2018/147). The necessary permissions for the present study were received from the Republic of Turkey Ministry of Interior Di-

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Statistical Analysis

The normality of distribution of continuous variables was tested by Shaphiro Wilk test. Mann Whitney U test was used to compare 2 independent group for non-normal data. Chi-square test was applied to investigate relationship between 2 categorical variables. Statistical analysis was performed with SPSS for Windows version 24.0 and a p value < 0.05 was accepted as statistically significant.

RESULTS

Total 1627 athletes (native athlete, n= 1568, 96.4%; refugee athlete, n= 59, 3.6%) were included in the study. 70,9% (n= 1153) of

all the participants were men and 29.1% (n= 474) of them were women. In native athletes, men made application (examination for participation in sports) in the rate of 70.2% (n= 1101) and women made application in the rate of 29.8% (n= 467); in refugee athletes, men made application in the rate of 88.1% (n= 52) and women made application in the rate of 11.9% (n= 7). A significant relationship was determined between gender and athlete groups (p= 0.003).

All the athletes' average age (n= 1627) was determined 15.45 ± 6.68 years, height (n= 1615) was determined 159.36 ± 17.28 cm, body weight (n= 1616) was determined 52.6 ± 18.06 kg, body mass index (n= 1614) was determined 20.05 ± 3.87 kg/m². No significant difference was determined between groups in terms of age, height, body weight and body mass index (p>0.05), (Table 1).

Table 1. Demographic and Training Data (mean $\pm$ SD)

	Native (n=1568)	Migrant (n=59)	p value
Age (years)	15.4 $\pm$ 6.64	16.81 $\pm$ 7.57	0.06
Height (cm)	159.41 $\pm$ 17.24	158.14 $\pm$ 18.5	0.8
Weight (kg)	52.62 $\pm$ 18.05	52.29 $\pm$ 18.46	0.9
BMI (kg/m ²)	20.06 $\pm$ 3.88	20.06 $\pm$ 3.77	0.7
Participation in sports (years)	2.53 $\pm$ 4.09	1.37 $\pm$ 3.13	0.002*
Annual training time (months)	9.22 $\pm$ 4.23	10.81 $\pm$ 2.08	0.001*
Weekly training time (hours)	5.96 $\pm$ 5.19	5.51 $\pm$ 2.81	0.7

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SD: Standard deviation, BMI: Body mass index, *Significant at 0.05 level; Mann Whitney U test.

8.4% (n= 137) of all the participants, 8.6% (n= 135) of native athletes and 3.4% (n= 2) of refugee athletes stated that they smoked a cigarette. Cigarette use period of all the smoking cases was 2.86 ± 4.1 pack years, cigarette use period of native athletes was 2.89 ± 4.13 pack years and cigarette use period of refugee athletes was 1 ± 0.71 pack years. No difference was determined between groups in terms of presence (p= 0.2) and period (p= 0.6) of cigarette use (p> 0.05).

Athletes' period of participation in sports (n= 1622) was 2.48 ± 4.06 years, annual training period (n= 1133) was 9.27 ± 4.18 months and weekly training period (n= 1143) was 5.94 ± 5.12 hours. Sport year of native athletes was found significantly higher than that of refugees (p= 0.002). Annual training period

was significantly high in refugee athletes (p= 0.001), (Table 1).

41.9% (n= 681) of participants participated in team sports played with a ball (football, futsal, basketball, volleyball, field hockey, handball, rugby, water polo), 27.4% (n= 446) of them participated in defense sports (judo, karate, mixed martial arts, kick box, kung fu, muay thai, taekwondo, wushu, box, hapkido, far eastern sports), 4.7% (n= 76) of them participated in athletics and 24.6% (n= 400) of them participated in other branches of sports. 1.5% (n= 24) of cases consisted of paralympic athletes and were continuing paralympic branches (volleyball, taekwondo, weight lifting, bowling, basketball, athletics, swimming, football, arm wrestling). A significant relationship was determined between group and branch of sports preference (p= 0.001). Refugee athletes preferred defense sports most. There were no refugees among paralympic athletes (Table 2).

Table 2. The Preference of Native and Refugee Athletes (% (n))

	Native (n=1568)	Migrant (n=59)	p value
Team sports played with the ball	% 43.2 (n=678)	% 5.1 (n=3)	0.001*
Martial arts	% 25.8 (n=405)	% 69.5 (n=41)	
Others	% 24.8 (n=389)	% 18.6 (n=11)	
Athletics	% 4.6 (n=72)	% 6.8 (n=4)	
Paralympics	% 1.5 (n=24)	% 0 (n=0)	

*Significant at 0.05 level; Chi-square test.

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When branch of sports preferences of athletes were divided into sub-groups and examined, it was determined that there were differences between groups. Refugee athletes preferred individual sports significantly highly ($p=0.001$). No difference was determined in contact level of preferred sport ($p=0.09$). In

terms of dynamic-static component category, majority of refugee athletes participated in branches in the category 3a (containing high static, low dynamic component). This relationship was found significant ($p=0.001$), (Table 3).

Table 3. Characteristic of Sports (% (n))

		All athletes (n=1627)	Native (n=1568)	Migrant (n=59)	p value
Individual/ team sports	Individual	% 51.9 (n=845)	% 50.4 (n=790)	% 93.2 (n=55)	0.001*
	Team	% 48.1 (n=782)	% 49.6(n=778)	% 6.8 (n=4)	
According to Contact	Contact	% 67.4 (n=1097)	% 67 (n=1051)	% 78 (n=46)	0.09
	Limited-Con- tact	% 5 (n=81)	% 5.2 (n=81)	% 0 (n=0)	
	Noncontact	% 27.6 (n=449)	% 27.8 (n=436)	% 22 (n=13)	
According to components	1a	% 0.9 (n=14)	% 0.8 (n=13)	% 1.7 (n=1)	0.001*
	1b	% 4.7 (n=77)	% 4.9 (n=77)	% 0 (n=0)	
	1c	% 26.4 (n=430)	% 27.2 (n=426)	% 6.8 (n=4)	
	2a	% 0.1 (n=1)	% 0.1 (n=1)	% 0 (n=0)	
	2b	% 14.7 (n=239)	% 15.2 (n=238)	% 1.7 (n=1)	
	2c	% 22.5 (n=366)	% 22.7 (n=356)	% 16.9 (n=10)	
	3a	% 28 (n=456)	% 26.4 (n=414)	% 71.2 (n=42)	
	3b	% 1.8 (n=30)	% 1.8 (n=29)	% 1.7 (n=1)	
	3c	% 0.9 (n=14)	% 0.9 (n=14)	% 0 (n=0)	

*Significant at 0.05 level; Chi-square test.

DISCUSSION

A difference was determined between features of participation in sports of native and

Syrian refugee athletes examined in the Gaziantep province sample. While refugees' year of participation in sports was lower, annual training months of those athletes were found longer. In refugees, participation of

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women in sports is low. Refugees participate less in team sports which shall improve their language abilities and decrease their psychological traumas and social isolation. Refugee athletes prefer defense sports for branch preferences. Moreover, participation of refugees in individual sports and branches with high static-low dynamic component is high. There was no difference between groups in terms of cigarette use, but the fact that 8.4% of cases smoke cigarettes although they are in adolescence shows that it is necessary to keep struggling intensely with cigarette in our country. No study, which examined participation of Syrian refugees in sports or their branch of sports preferences at regional/national or international level, was encountered in current literature. Therefore, the data presented in the present study will be able to be compared with refugees in different ethnic groups who live in other countries.

It is know that especially Australia has made it policy to benefit from potential benefits of sport in integration of refugee individuals into the mentioned country. After solving structural problems, such as education, houses, employment and health; increasing interest in sport and recreation is evaluated as an important factor in amalgamation of societies (Olliff, 2008:52). However, sport can be utilized also in solution of problems at lower steps of the hierarchy of needs. The refugee youth in

Australia sort the most important reasons for participation in sports as learning new skills, making friends, receiving help also in other social areas from coach or teammate, being healthy, having fun/relaxing, being able to get in contact with a group different from their own group, learning a language and planning career (Olliff, 2008:52). While language learning comes into prominence as reason for participation in sports in the ones who have been a refugee in that country for less than 2 years, the ones, who have been a refugee in Australia for more than 2 years, have started planning a career related to sport. This means these incentives to sport play an important role not only for today, but also in planning the future of society (Olliff, 2008:52). In the present study, maybe holding on to life and regarding sport as way out for continuity of life underlie the fact that while sports starting periods of refugees are short, their annual training months are more.

Although individuals agree on the fact that sport shall bring benefit, they sort a great variety of barriers to participation in sports. These barriers were determined as socio-cultural barriers (racism and discrimination, woman physicalism and dress, beauty and body image, gender roles and expectations, family responsibilities), access barriers (language, opportunities, transportation), affective barriers (cultural priorities), source bar-

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riers (time, personal finance, organizational finance), physiological barriers (health and age) and interpersonal barriers (trust and interpersonal networks), (Olliff, 2008:52; Cortis, 2007; Harkness, 2012:2162-83). These mentioned barriers turn into barriers difficult to overcome in front of especially refugee women (Morgan, 2007; Maxwell and Taylor, 2010:465-83). However, protection of physical and mental health of the woman and providing social well-being are critical for society to become stronger and for overcoming barriers (Guerin, et al., 2003:83-99). Unfortunately, hard face of war affects deeply women and children. Rates (23.7%) of getting married off of Syrian refugee girls under the age 18, who migrated to Lebanon, increased by 3 times more than pre-war period (8.45%), (Abdulrahim, et al., 2017:323). Even if factors preventing refugees and especially women from participating in sports have not been examined in the present study, low-rate participation of women in sports shows this matter has a sociological basis. It does not seem possible to solve the mentioned barriers with individual efforts. Socio-political infrastructure and support are needed to remove the barriers.

Health of refugees coming from conflict regions are largely affected by their experiences in the past and the current conditions (Ley, et al., 2018:491-507). Pre-migration trauma

cases (e.g. violence, torture, war experiences), forced migration and immigration stress in the new country after migration (e.g. resettlement difficulties, refugees' being taken into custody, temporary protection and cross-cultural difficulties) pose psychological stress severely and make a contribution to the loss encountered (e.g. social network loss; limited Access to health services, education and professions) (Ley, et al, 2018:491-507). This imbalance between stressors and current resources often lead to many health problems, such as posttraumatic stress disorder, depression and anxiety disorders in refugees (Ley, et al., 2018:491-507; Farhat, et al., 2018:40). It is a new practice to use sport as a treatment method in order to support children and the youth who have gone through a trauma during such a disaster as war, earthquake and flood (Henley, 2005). It is reported that branch of sports preference of the traumatized individual is toward individual sport rather than team sports during the treatment if the mentioned individual has not participated in any team sport (football, handball, dance, etc.) in pre-traumatic period (Ley, et al., 2018:491-507). This choice can result from fear, anxiety, attachment disorder or isolation senses which underlying psychological disorder causes. In order to get more effective results from treatment, it is recommended to ensure participation in organized physical activities and team sports, in which there is more intense

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social interaction (Eime, et al., 2013:98; Cortis, 2007; Spaaij, 2015:303-18). Participating in team sports is necessary not only to cope with psychiatric problems of refugees, but also to ensure language development of refugees, provide the sense of social acceptance and increase social interaction (Spaaij, 2015:303-18). The reason for the fact that refugees examined in the present study not only have chosen individual sports, but also have preferred defense sports for the individual sport preference can be an indicator of the fact that they are trying to struggle personally with war psychology. Psychological support provided to refugees should be increased and new studies should be carried out in this field in order to clarify the cause of the mentioned condition. Individuals should be directed towards team sports as far as possible for integration of refugees and local people.

Refugees not only have the risk of psychological disorders. Stressful and sedentary life at the stage of adaptation to new country also increases rates of incidence of obesity, hypertension, diabetes and hyperlipidemia which are among risk factors of cardiovascular diseases (Payne, et al., 2011). When it is considered that exercises with high dynamic component are prescribed in protection from cardiovascular diseases and in treatment of those diseases (Villegla and Villegla, 2014:147-53), refugees should be encouraged to choose

branches of sports with higher dynamic component.

Cigarette is another factor that increases the risk of cardiovascular diseases. According to data of the study, in which cigarette use habits of three different refugee groups are evaluated, cigarette use is not directly related to being a refugee. Because in the mentioned study, 10.1% of local people, 1.2% of Italian refugees, 22.2% of Lebanese refugees and 3.2% of Sri Lankan refugees stated that they smoked cigarettes (Payne, et al., 2011). In the present study, no difference was determined between groups, 8.6% of native athletes and 3.4% of refugee athletes smoke cigarettes. We consider that important side of these data presented by us is the fact that cigarette uses of our cases are 2.86 pack years although their average age is 15.45 years. Measures taken to fight against cigarette should be improved in order to increase public health in our country.

Examination of participation of refugees in sports only over Gaziantep province sample comprises the limitation of the present study. Moreover, all the athletes' socio-economic conditions, psychological states and barriers to their continuation of exercises could not be evaluated. In spite of limitations, the present study offers significant data for studies and social policies which shall be planned later.

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CONCLUSION

In conclusion, participation of refugees in sports shall have positive effects for both themselves and local people. It is necessary to work on the reason for the fact that refugees prefer individual sport branches and especially defense sports rather than team sports, on background of the fact that women participate in sports at lower rate, on encouragement of branches of sports with higher dynamic features in order to decrease the cardiovascular risks and on individual/social reflection of those practices.

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