REVIEW OF RELATED LITERATURE

Shmotkin et al., (1999). Investigated a model that specified the effects of socioeconomic and psychological resources on physical and mental health. It was hypothesized that (a) both kinds of resources would affect physical and mental health more strongly in older than in younger adults, and that (b) socioeconomic resources would exert stronger effects in men, whereas psychological resources would exert stronger effects in women. Data were collected in an Israeli national sample. Structural modeling analyses indicated that the model fit the data. A comparison of 4 groups of participants (2 age groups-18-39 and 40-84--and both genders) showed that, for men, the respective effects of socioeconomic and psychological resources on physical and mental health were strong in the older, but not in the younger, group. For women, socioeconomic resources had insignificant effects, whereas psychological resources had strong effects on mental health in both age groups; psychological resources also had a moderate effect on physical health in the older group. The results suggest that the contribution of personal resources to health is regulated by the joint impact of age and gender, presumably involving shifting roles and vulnerabilities of men and women across the life span.

In a population-based study Renman et al., (1999). Compared self-esteem, social background, social and academic competence, behavioural problems and lifestyle in 58 obese adolescents (BMI = 99, 6th percentile or = 30 kg/m [sup 2]), aged 14-18 y, with 58 sex- and age-matched controls of normal weight. The instruments used were: I Think I Am, Youth Self Report and a lifestyle questionnaire. The obese group was on average, 40 kg heavier than the controls. The obese individuals rated they significantly lower in physical characteristics, but in all other aspects of self-esteem, mental health and even in social and academic competence there were no differences between the two groups. There were significant socioeconomic differences, with more obese adolescents living with only one parent and with the mothers in the obese group having, in general, lower education than those in the control group. This study confirms previous observations that obesity is associated with special socioeconomic conditions in youth, but that obese adolescents do not differ from their normal-weight peers in other aspects of mental health.

Miech and Avshalom (1999). Examine low socioeconomic status (SES) as a cause and a consequence of mental illness by investigating the mutual influence of mental disorders and
educational attainment. Focus on four disorders of anxiety, depression, antisocial disorder and attention deficit disorder reveals uniqueness of relationship with SES for each disorder.

Antioch (1984). Discussed the relationship between social interest and mental health within the framework of Adler's individual psychology and opined that mentally healthy individuals are distinguished from mentally ill, individuals basis of life style, attitude and behaviors. That reflects a high degree of social relatedness, whereas mentally ill individuals demonstrate defensive, discouraged and egocentric attitudes and behavior patterns. He also pointed out that mentally healthy individuals are characterized by open, courageous and socially interested life-styles.

Dressler (1985). Conducted a study to see the influences on depression of a variety of social relationship using 285 households in a Black community. Subjects were interviewed about their mental health status, socio-economic status, family structure expose to stressors and social support. Result showed that subjects who perceived their extended family relationships to be more supportive had fewer symptoms of depression a buffering effect of extended kin support was least effective in reducing the risk of depression among the young women.

Posse et al., (2002). Wanted to look into what impact the level of Alexithymia, as assessed by the Toronto Alexithymia Scale with 20 items (TAS-20), has on presence of social support and vulnerability for psycho-social stress assessed as occurrence of serious life-events, in an all-female population. A total of 1032 of females employed in a child-care programme in Sweden participated and they were asked to fill in a questionnaire and 864 (83.6%) delivered complete tests. Results revealed that the prevalence of Alexithymia was 7.9% and there were significant associations between high TAS-20 scores with low level of education. In addition, this assessment showed significant relationships between global TAS-20, as well as the sub-factors of TAS-20 and lower social support. Having a low level of social support was found to be 3.5 times more common in the part of the population who was Alexithymic. It was also 2.6 times more common for the Alexithymic part of the population not to have someone to turn to. Alexithymics with low support and no life events had overall mean scores on all the three variables presenting them as worse off from a mental health point of view. When life events were present Alexithymics remained worse off than non-alexithymics even when a higher level of support was in place. There was a significant direct protective (salutary) effect of social support found for social disability in the alexithymic population. Conclusion: Alexithymics in
this study showed a lack of social support and proneness to high levels of negative emotion and to social distress.

Folkins and Sims (1981). Studied the effect of physical fitness training upon mental health. Their research suggested that physical fitness training leads to improved mood, self-concept and work behaviour; the evidence is less clear as to its effects on cognitive function, although it does appear to bolster cognitive performance during and after physical stress. They also noted that except for self-concept, personality traits are not affected by improvements in physical fitness. However, mentally retarded children demonstrate psychological improvement following physical fitness training, but no conclusion can be reached regarding the effects of physical fitness training with other clinical syndromes.

Hayes and Ross (1988). Studied the effects of exercise, over weight and physical health on psychological well-being. Their results indicated that exercise affected psychological well being for low and middle income groups and to a lesser degree for high income groups. Good physical health improved Psychological well-being. Being overweight was not related to psychological distress. Thus the effects of the body on the mind are mediated internally, biologically, externally and socially.

El-Naggar (1986). Investigated the effect of physical training (three times a week) on the relationship among physical, mental and emotional fitness in terms of structure and degree in 30 men aged 25-65 yrs. Physical fitness was measured by maximum oxygen uptake, resting heart rate and systolic as well as diastolic blood pressure. Mental fitness was measured by 8 tests dealing with cognitive processing. Emotional fitness was measured by personality measures. Results indicated that physical fitness was related to mental and emotional fitness and that the relationship tended to be stable and affected by physical training.

Kokinda et al. (2012) studied to design a factor model whose application would refine the diagnostics of actual and continuous states in ice hockey players. The following batteries of tests were used: Test battery 1 serves as a monitoring tool for the Methods Department of Slovak Ice Hockey Federation. Test battery 2 was designed on the basis of previous empirical evidence. A comparative analysis of the batteries was aimed at the qualitative aspect of the criteria of the individual test items. The results showed partial incompleteness of the battery and a need to
complement the battery with test items that would be more indicative of skating performance. The saturation of five factors within test battery 2 demonstrated a hierarchy of individual parameters, which were actually indicative of skating performance. With a high degree of probability, one may conclude the incidence of a common base of running parameters (factor model 1), which despite a different character of loading shared an identical base. This contradiction represents a certain knowledge paradox indicating that the implementation of these items into the test battery does not sufficiently assess general fitness in ice hockey players making their number redundant.

Przybylski et al. (2012) studies conducted for over 20 years on basketball players have shown an increasing share of anaerobic efforts during the game. The players’ throw effectiveness and their ability to move quickly on the playing field often determine the result of the match. The current control of kinematics and biochemical variables is crucial in the modern training process. The study was conducted on an 11-person group of male athletes from a Polish first--league basketball team. The subjects had to perform a fitness test proposed by the authors: 8x32.8m with bouncing, throwing a ball to the basket and running back without the ball. The course of the test was video-recorded. A blood sample was taken in the 1st, 3rd, 13th and 23rd minute after the test. The level of lactic acid as well as glucose concentration were assessed by Lactate Scout and Free Style Lite apparatus. The study revealed individual differences in the level of special fitness among the players. The throw effectiveness varied from 37 to 75% (mean 59%), while the maximal lactic acid concentration varied from 6.3 to 8.5 mmol/l (mean 7.2 mmol/l). The average maximal glucose concentration was 124.6 mg/dl. The range of lactic acid restitution time differentiated the players from 21 to 55 minutes (mean 30min). Application of the test in practice allows determining the basic values of kinematic techniques of basketball players in terms of
biochemical changes. It should be an effective tool to control and optimize the basketball training process.

Crnic and Lamberty (1994) discuss the impact of socioeconomic status on children’s readiness for school. The segregating nature of social class, ethnicity and race may well reduce the variety of enriching experiences thought to be prerequisite for creating class, ethnicity, and race entail a set of ‘contextual givens’ that dictate neighborhood, housing, and access to resources that affect enrichment or deprivation as well as the acquisition of specific value systems”.

Ramey and Ramey (1994) describe the relationship of family socioeconomic status to children’s readiness for school. Across all socioeconomic groups, parents face major challenges when it comes to providing optimal care and education for their children for families in poverty, these challenges can be formidable. Sometimes, when basic necessities are lacking, parents must place top priority on housing, food, clothing, and health care. Educational toys, games, and books may appear to be luxuries, and parents may not have the time, energy, or knowledge to find innovative and less expensive ways to foster young children’s development.

Honari et al. (2012) The present study tries to investigate the relationship between physical fitness and psychological fitness of male and female student athletes and non athletes of Allameh Tabatabae’i University in Tehran. To do so, here, descriptive and correlation research methods as well as field study were taken into account. Our statistical population were 100 students at Allameh Tabatabae’i University that were selected randomly. Fitness tests included modified sit-up, modified pull-up, vertical jump, 4.9 shuttle run, 45 and 800 m run and (SASI Psych) was used to test mental preparation. This test consisted of six labels as motivation, focus,
self-esteem, control levels of psychological (stress), mental imaging and goal selection. In addition, each label, in turn, encompassed 10 questions. Descriptive statistics was used to describe the status of subjects and their mental preparation scores and the Pearson correlation test was used as part of the inferential statistics.

Fen (2009) The health benefits of exercising and the prevalent sedentary lifestyle give a strong reason for the research into the determinants of exercise behaviour. The present paper reviews several health-related behavioural theories and models that have been applied to understand the factors influencing physical activity or exercise participation and suggest avenues for future research. In particular, a review of literature provides strong empirical support for the theory of planned behaviour, yet several theoretical issues need to be resolved to aid in the development of a more comprehensive health-related model that can explain and predict exercise behaviour. The present paper highlights that there is a need to develop and empirically test a more integrative model of exercise behaviour from consumer behaviour perspective. Besides, the conceptualisation of TPB measures and sufficiency issues related to the model need to be addressed prior to the adoption of the TPB model.

Hillman (2005) investigated the relationship between age, aerobic fitness, and cognitive function by comparing high- and low-fit preadolescent children and adults. Twenty-four children (mean age _ 9.6 yr) and 27 adults (mean age _ 19.3 yr) were grouped according to their fitness (high, low) such that four approximately equal groups were compared. Fitness was assessed using the Fitnessgram test, and cognitive function was measured by neuroelectric and behavioral responses to a stimulus discrimination task. Adults exhibited greater P3 amplitude at Cz and Pz sites, and decreased amplitude at the Oz site compared with children. High-fit children had greater P3 amplitude compared with low-fit children and high- and low-fit adults. Further, adults
had faster P3 latency compared with children, and high-fit participants had faster P3 latency compared with low-fit participants at the Oz site. Adults exhibited faster reaction time than children; however, fitness interacted with age such that high-fit children had faster reaction time than low-fit children. These findings suggest that fitness was positively associated with neuroelectric indices of attention and working memory, and response speed in children. Fitness was also associated with cognitive processing speed, but these findings were not age-specific. These data indicate that fitness may be related to better cognitive functioning in preadolescents and have implications for increasing cognitive health in children and adults.