AWARENESS OF PROFESSIONAL AMPUTEE FOOTBALLERS WITH PHYSICAL DISABILITIES ABOUT SOCIAL SECURITY AND THE NECESSARY TRAINING IN THIS REGARD

CONSCIENTIZAÇÃO DOS FUTEBOLISTAS PROFISSIONAIS AMPUTADOS COM DEFICIÊNCIA FÍSICA SOBRE A SEGURANÇA SOCIAL E A NECESSÁRIA FORMAÇÃO NESTE ÂMBITO

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Abstract. The aim of this study is to research the awareness levels of professional amputee football players with physical disabilities on social security (health) and to evaluate the results according to their socio-demographic characteristics. The sample of the study was conducted with the participation of 123 physically disabled professional amputee football players who play sports in clubs in Turkey. Participation is voluntary. A personal information form to determine demographic characteristics and a scale developed by Amcaoğlu (2015) to measure the awareness of professional athletes about social security were used. The data obtained were analyzed through the SPSS 22.0 package program. In the evaluation of the data, "Mann-Whitney U test" and "Kruskal-Wallis one-way analysis of variance (K-W ANOVA)" tests and differences between groups and "Dunn Bonferroni" test were used. While a statistically significant difference is not seen according to the age groups, licensed football playing time and type of health institution visited when a health problem is encountered of professional amputee football players with physical disabilities ($p>0.05$), a statistically significant difference is seen according to educational status, duration of doing sports and social security status ($p<0.05$). As a result of the study, it is seen that the awareness levels of professional amputee football players with physical disabilities on social security (health) are good, at the desired level and there are not many differences between them.

Keywords: Physically Disabled, Amputee Football Player, Legal Awareness, Social Rights, Training.

Resumo. O objetivo deste estudo é pesquisar os níveis de conscientização de jogadores profissionais de futebol amputados com deficiência física sobre previdência social (saúde) e avaliar os resultados de acordo com suas características sociodemográficas. A amostra do estudo foi conduzida com a participação de 123 jogadores profissionais de futebol amputados com deficiência física que praticam esportes em clubes na Turquia. A participação é voluntária. Um formulário de informações pessoais para determinar características demográficas e uma escala desenvolvida por Amcaoğlu (2015) para medir a conscientização de atletas profissionais sobre previdência social foram usados. Os dados obtidos foram analisados por meio do programa SPSS 22.0. Na avaliação dos dados, foram usados os testes "Mann-Whitney U test" e "Kruskal-Wallis one-way analysis of variance (K-W ANOVA)" e diferenças entre grupos e o teste "Dunn Bonferroni". Embora uma diferença estatisticamente significativa não seja vista de acordo com as faixas etárias, tempo de jogo de futebol licenciado e tipo de instituição de saúde visitada quando um problema de saúde é encontrado em jogadores profissionais de futebol amputados com deficiências físicas ($p>0,05$), uma diferença estatisticamente significativa é vista de acordo com o status educacional, duração da prática esportiva e status de previdência social ($p<0,05$). Como resultado do estudo, é visto que os níveis de conscientização de jogadores profissionais de futebol amputados com deficiências físicas sobre previdência social (saúde) são bons, no nível desejado e não há muitas diferenças entre eles.

Palavras-chave: Deficientes físicos, Jogador de futebol amputado, Conscientização jurídica, Direitos sociais, Treinamento.

1. INTRODUCTION

Sport is a phenomenon that develops the abilities acquired by the individual while transforming his/her natural environment into a human environment, that the individual does by professionalizing with or without equipment under certain rules, individually or collectively, within the scope of leisure activities or full time, and that is socializing, integrating with society, developing the spirit and physics, competitive, providing solidarity and cultural (Yetim, 2006).

In a different definition, sport is defined as an effective tool that determines the lifestyles of individuals and enables societies to interact with each other (Yiğit and Dalbudak, 2022). Sport is extremely important for individuals with disabilities. Persons who have difficulties in adapting to social life and meeting their daily needs and who need protection, care, rehabilitation, counseling and support services due to various degrees of loss of their physical, mental, spiritual, sensory and social abilities for any reason at birth or later are defined as "disabled". Disabled people are examined in 4 groups: visually impaired, hearing impaired, physically impaired and mentally impaired (Dalbudak, 2019; Dalbudak, 2022). There are many sports that amputees in physically disabled individuals can do. Amputee individuals can choose sports for many physically disabled people such as athletics, table tennis, archery, shooting, weightlifting, wheelchair basketball, sitting volleyball, swimming, tennis, badminton, skiing. One of the sports that amputee individuals show great interest in is amputee football. The interest in amputee football is increasing day by day among amputee individuals (Kızılcı, 2014; Dalbudak, 2022).

Situations such as individuals continuing their existence in society, being sure of their future, living in safety and being protected from the effects of various dangers have revealed the concept of "Social Security" (Öner, 2011). Social security is defined as a system that meets the living needs of people whose income is permanently or temporarily cut due to an occupational, physiological or socio-economic risk (Talas, 1983). The concept of social security is defined as providing security against financial losses and expense increases that social factors may pose risks in some cases (Oral, 2004). The main purpose of social security is expressed as the search for a social security policy against situations that pose a risk of danger to living conditions (Güvercin, 2004). Another word meaning of the concept of social security is described as the concept of insurance (Pepe and Arısoy, 2023). Public or private insurance opportunities offer individuals protection against these possible risks. However, as a requirement of being a social state, governments also provide facilities for those with low incomes to benefit from health facilities. Turkey is a country that implements these framework exemplary practices. The Health Insurance Protocol signed between the Ministry of Youth and Sports and the Ministry of Health on 10 May 2013 regarding amateur athletes who are not covered by general health insurance for professional athletes on the one hand and general health insurance on the other hand are important social guarantees. The fact that the protocol covers only amateur athletes is due to the fact that the insurance premiums of professional athletes are deposited and evaluated within the scope of general health insurance. However, the protocol does not cover amateur athletes within the scope of general health insurance. For this reason, while defining the athlete, "licensed active athlete who cannot benefit from the health benefits of social security institutions" was stated. In order to be considered an active athlete, the person must have a visa within the year of his/her license (Gökduman and Çankaya, 2019). In addition to various facilities for individuals who do not work in any profession or have low incomes to benefit from general health insurance, various legal regulations have been made under the umbrella of health security for athletes who operate as amateurs outside the scope of any health insurance in order to support sports (Pepe and Arısoy, 2023). In the literature review conducted by the researchers, very few studies have been found examining the awareness levels of amateur or professional athletes and athletes with disabilities about health insurance.

From this point of view, the main purpose of the study is to figure out the level of awareness of the motivations of professional amputee football players with physical disabilities on social security (health) and to evaluate the results according to their socio-demographic characteristics.

2. METHODOLOGY

2.1. Study Group

123 voluntarily selected professional amputee athletes with physical disabilities, who were licensed in clubs in different provinces in Turkey, participated in the study by simple random method. An online questionnaire was applied through the Google form.

2.2. Data Collection

The data collection tools used in the research; the personal information form and the scale developed to measure the level of knowledge of professional athletes about social security rights were applied (Amcaoğlu, 2015).

2.3. Personal Information Form

The personal information form consisted of 6 questions including the age, gender, income level, education level, disability status and hearing degree of the participants.

Table 1. Distribution of Demographic Characteristics of Participants

Variable	Frequency (n)	Percentage (%)
Age		
21-25	9	7.3
26-30	43	35.0
31-35	62	50.4
36 +	9	7.3
Total	123	100.0
Education Level		
Bachelor's degree	79	64.2
Postgraduate degree	44	35.8
Total	123	100.0
How many years have you been involved in sports?		
11–15	31	25.2
16 and more	92	74.8
Total	123	100.0
How many years have you been licensed to play football?		
6-10	31	25.2
11–15	31	25.2
16 and more	61	49.6
Total	123	100.0
Which organization do you go to when you encounter a problem with your health?		
Public Healthcare	92	74.8
Private Healthcare	31	25.2
Total	123	100.0
Do you have private social security (insurance)?		
Yes	89	72.4
No	34	27.6
Total	123	100.0

Out of the sample group of 123 people

9 (7.3%) were in the 21-25 age group, 43 (35.0%) were in the 26-30 age group, 62 were (50.4%) in the 31-35 age group, and 9 (7.3%) were in the 36 and over group.

79 (64.2%) had bachelor's degree and 44 (35.8%) had postgraduate degree.

31 (25.2%) have been engaged in sports for 11-15 years and 92 (74.8%) have been engaged in sports for at least 16 years.

31 (25.2%) have been playing football licensed for 6-10 years, 31 (25.2%) for 11-15 years and 61 (49.6%) for at least 16 years.

92 (74.8%) go to a public healthcare, and 31 (25.2%) go to a private healthcare when they encounter a problem related to their health.

89 (72.4%) have private social security (insurance), while 34 (27.6%) do not have private social security (insurance).

2.4. Scale for Athletes' Knowledge Level on Social Security Rights

1 or 2 points can be obtained from each question in the scale and there are 14 questions. The average score of each person is between 1 and 2 for both the overall scale and subscales. As the mean score decreases to 1, the level of knowledge increases.

The scale consists of 2 subscales:

Awareness Levels on Health Insurance Protocols (Item 1-2-3-4-5).

Awareness Level on General Health Insurance (Item 6-7-8-9-10-11-12-13-14).

2.5. Reliability of the Scale and Its Subscales

The answers given to the scale by the sample group of 123 people who were applied the scale have a direct effect on the scale reliability. Superficial or inconsistent answers reduce the reliability of the questionnaire. Cronbach's Alpha (α) internal consistency coefficient value is used to measure scale reliability. As the Cronbach's Alpha (α) value increases, the reliability of the questionnaire increases. The fact that the reliability coefficient in a scale is close to 1 may indicate that the scale is a very reliable measurement tool (Tavşancıl, 2002). The reliability of the measurement tools prepared for use in intergroup comparisons can be between 0.60 and 0.80. The reliability of the measurement tools in making decisions about individuals is expected to be above 0.80 and 0.90 if the decision can lead to very serious consequences (Özçelik, 1989).

Table 2. Cronbach's Alpha Values of "the Scale" and "Its Subscales"

Scale and Subscales	Cronbach's Alpha
The Scale	0.615
Awareness Levels on Health Insurance Protocols	0.404
Awareness Level on General Health Insurance	0.520

According to the table, the Cronbach's Alpha value of the scale applied to the sample group was α=0.615, the Cronbach's Alpha value for the Awareness Levels of Health Insurance Protocols subscale was α=0.404, and the Cronbach's Alpha value for the General Health Insurance Awareness Level subscale was α=0.520. The overall scale is acceptable, while subscales have low reliability.

3. RESULTS

Table 3. Summary Statistics on the Total Scores of the Scale and Its Subscales

The Scale and its Subscales	Minimum	Maximum	Mean	Standard Deviation
General Scale	1.07	1.93	1	0.1520
Awareness Levels on Health Insurance Protocols	1.00	2.00	1	0.2193
Awareness Level on General Health Insurance	1.11	1.89	1	0.1726

The general scale mean score is 1.4634 and the standard deviation is 0.1520. The lowest mean score was 1.07 and the highest mean score is 1.93.

The mean score of the Awareness Levels on Health Insurance Protocols subscale is 1.4748 and the standard deviation is 0.2193. The lowest mean score is 1.00 and the highest mean score is 2.00.

The mean score of the Awareness Level on General Health Insurance subscale is 1.4571 and the standard deviation is 0.1726. The lowest mean score is 1.11 and the highest mean score is 1.89.

Table 4. Normality Tests for the Mean Scores of the Scale and Its Subscale

The Scale and its Subscales	Kolmogorov-Smirnov		Shapiro-Wilk	
	Statistics	p-value	Statistics	p-value
The Scale	0.143	<0.001	0.971	0.009
Awareness Levels on Health Insurance Protocols	0.243	<0.001	0.912	<0.001
Awareness Level on General Health Insurance	0.171	<0.001	0.953	<0.001

The normality of the general scale and subscale mean score values was tested with the Kolmogorov-Smirnov and Shapiro-Wilk tests. Since the p-values are less than 0.05 for both tests, it is concluded that the scale and subscale mean score values do not meet the normal distribution assumption.

Interpretation of the Relationship Between "The Scale" and Subscale Mean Scores with Spearman's ranking Correlation Coefficient

The relationship between the scale and subscale mean scores was measured with the help of Spearman's ranking correlation coefficient since "the scale" and subscale mean scores did not meet the normal distribution assumption. The correlation coefficient takes values ranging from -1 to +1. A positive value indicates a same-directional relationship between two variables, and a negative value indicates an inverse relationship between two variables. As the correlation value approaches -1 and +1, the severity of the relationship between them increases. A correlation coefficient of 0 indicates that there is no relationship between the two variables. As you get closer to 0, the severity of the relationship decreases. Spearman's ranking correlation coefficient values between all subscales and the general scale are given in the table below. The value in the cell indicates Spearman's correlation coefficient, and the value in parentheses indicates the p-value of whether the relationship is significant. If the p-value is less than 0.05, there is a statistically significant relationship at the 95% confidence level and if it is less than 0.01, there is a statistically significant relationship at the 99% confidence level. The fact that the correlation coefficient between the two variables is not statistically significant indicates that the two variables are independent of each other.

Table 5. Results of Scales

	The Scale	Awareness Levels on Health Insurance Protocols	Awareness Levels on Health Insurance Protocols
The Scale	1.000	0.691** (<0.001)	0.840** (<0.001)
Awareness Levels on Health Insurance Protocols		1.000	0.227* (0.012)
Awareness Level on General Health Insurance			1.000

** The correlation is significant at the 0.01 level.
* The correlation is significant at 0.05 level.

Examining the table, there is a statistically significant positive and strong correlation at the 99% confidence level between the mean scores of "the Scale" and the mean scores all subscale.

In addition, there is a statistically significant positive correlation between the two subscale mean scores at 95% confidence level.

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In the tables below, summary statistics of the scale score means depending on demographic characteristics are given. In addition, since the scale and subscale mean scores did not meet the normal distribution assumption, the differences between the groups were tested with the "Mann-Whitney U test" and "Kruskal-Wallis one-way analysis of variance (K-W ANOVA)" tests, and which groups the differences originate from were tested with the "Dunn Bonferroni" test. Analyses were conducted at 95% confidence level.

Table 6. Analysis of "the scale" and subscale mean scores according to demographic characteristics of individuals

		Awareness Levels on Health Insurance Protocols	Awareness Levels on Health Insurance Protocols	The Scale
Age				
21-25	**Mean**	1.4667	1.3951	1.4206
	St. Deviation	0.2236	0.0979	0.0974
26-30	**Mean**	1.4465	1.4625	1.4568
	St. Deviation	0.1992	0.1747	0.1455
31-35	**Mean**	1.4935	1.4480	1.4643
	St. Deviation	0.2310	0.1694	0.1534
36 and over	**Mean**	1,4889	1.5556	1.5317
	St. Deviation	0.2472	0.2222	0.2116
	p-value	0.797	0.228	0.407
Education Level				
Bachelor's degree	**Mean**	1.4557	1.4318	1.4403
	St. Deviation	0.2240	0.1499	0.1402
Postgraduate degree	**Mean**	1.5091	1.5025	1.5049
	St. Deviation	0.2088	0.2011	0.1647
	p-value	0.174	**0.029***	**0.023***
How many years have you been involved in sports?				
11-15	**Mean**	1.5355	1.4803	1.5000
	St. Deviation	0.2025	0.1657	0.1452
16 and more	**Mean**	1.4543	1.4493	1.4511
	St. Deviation	0.2220	0.1750	0.1530
	p-value	**0.040***	0.315	0.082
How many years have you been licensed to play football?		0.148	0.496	0.126
6-10	**Mean**	1.5355	1.4803	1.5000
	St. Deviation	0.2025	0.1657	0.1452
11-15	**Mean**	1.4258	1.4337	1.4309
	St. Deviation	0.1914	0.1910	0.1591
16 and more	**Mean**	1.4689	1.4572	1.4614
	St. Deviation	0.2363	0.1674	0.1501
	p-value	0.148	0.496	0.126
Which organization do you go to when you encounter a problem with your health?				
Public Healthcare	**Mean**	1.4913	1.4650	1.4744
	St. Deviation	0.2266	0.1663	0.1488
Private Healthcare	**Mean**	1.4258	1.4337	1.4309
	St. Deviation	0.1914	0.1910	0.1591
	p-value	0.257	0.353	0.114
Do you have private social security (insurance)?				
Yes	**Mean**	1.4059	1.3987	1.4013

	St. Deviation	0.1808	0.1857	0.1543
No	**Mean**	1.5011	1.4794	1.4872
	St. Deviation	0.2278	0.1625	0.1451
	p-value	**0.031***	**0.019***	**0.003***

The general scale and subscale mean scores of the individuals did not show a statistically significant difference according to age groups ($p>0.05$). Health insurance knowledge and awareness levels are similar.

The general scale and general health insurance awareness levels of individuals differ statistically significantly according to their education level ($p<0.05$). The general health insurance awareness levels and general scale score means of individuals with bachelor's degree are higher than those with postgraduate degree ($p<0.05$). In addition, the mean scores of awareness levels of health insurance protocols do not show a statistically significant difference according to education levels ($p>0.05$).

The awareness levels on health insurance protocols of individuals differ statistically significantly according to the duration of doing sports ($p<0.05$). The awareness level on health insurance protocols of individuals who have been engaged in sports for at least 16 years is higher than those who have been engaged in sports for at most 15 years ($p<0.05$). In addition, the mean scores of the general scale and general health insurance awareness levels did not show a statistically significant difference according to the duration of doing sports ($p>0.05$).

The general scale and subscale mean scores of the individuals did not show a statistically significant difference according to their licensed football playing time ($p>0.05$). Health insurance knowledge and awareness levels are similar.

When a health problem is encountered, the general scale and subscale mean scores of the individuals do not show a statistically significant difference according to the type of healthcare institution visited ($p>0.05$). Health insurance knowledge and awareness levels are similar.

The general scale and subscale mean scores of the individuals differ statistically significantly according to their social security status ($p<0.05$). The general scale awareness levels on health insurance protocols and general health insurance awareness levels of individuals who stated that they had private social security (insurance) were higher than those who did not have private social security (insurance) ($p<0.05$).

4. DISCUSSION

In this section, the findings obtained as a result of the analysis of the data in the study are discussed and interpreted.

The general scale and subscale mean scores of the individuals did not show a statistically significant difference according to age groups ($p>0.05$). Health insurance knowledge and awareness levels are similar. Gökduman (2019) found that the awareness levels on health insurance protocols did not differ according to the age variable of amateur martial art athletes, but the awareness levels on general health insurance protocols differed. When Pepe and Arısoy (2023) examined the awareness levels of football players about social security according to the age variable, it was determined that the highest level of awareness about social security was between the ages of 18-21, although no significant difference was found in health insurance protocols and general health insurance awareness levels. In these statements, it is seen that it is very important for individuals to know and benefit from health insurance knowledge and awareness levels in order to create social security for athletes to be successful, to stay healthy and to continue their lives, regardless of their age group. In this study, it is thought that it is due to the fact that athletes can closely follow the news and information about social security in sports from both the visual and written press, regardless of their age group. Therefore, it is seen that age does not have an effect on health insurance knowledge and awareness levels. In other

words, we can say that health insurance knowledge and awareness levels are important for all ages.

The general scale and general health insurance awareness levels of individuals differ statistically significantly according to their education level ($p<0.05$). The general health insurance awareness levels and general scale score means of individuals with bachelor's degree are higher than those with postgraduate degree ($p<0.05$). In addition, the mean scores of awareness levels on health insurance protocols do not show a statistically significant difference according to education levels ($p>0.05$). Similar studies have found that education level has a significant effect on health insurance protocols and general health insurance awareness levels (Gökduman and Çankaya, 2019; Amcaoğlu, 2015). In other words, as the level of education increases, the level of general health insurance awareness increases. In other words, we can say that as the education level of individuals, whether disabled or not, increases, their perspective on life changes and the awareness level on some health conditions increases. We can also mention that education changes the perspective of individuals towards life and leads them to be forward-thinking. These studies support the studies we have done.

The awareness levels on health insurance protocols of individuals differ statistically significantly according to the duration of doing sports ($p<0.05$). The awareness level on health insurance protocols of individuals who have been engaged in sports for at least 16 years is higher than those who have been engaged in sports for at most 15 years ($p<0.05$). Gökduman (2019) reported that health insurance protocols and general health insurance awareness levels differ by sports age in amateur athletes for 9 years or more. In their study on injuries in different martial sports, Zetaruk et al. (2005) reported that the likelihood of injury increased as the number of training increased. In this study, we can say that as the years of sports increase, football players follow health insurance more carefully. In case of any problems during the match, the person must take the necessary health insurance or health measures in advance. We can say that individuals take into account health insurance. In addition, the mean scores of the general scale and general health insurance awareness levels did not show a statistically significant difference according to the duration of doing sports ($p>0.05$). We can say that this is due to the fact that the general health insurance awareness levels of the athletes are the same and that although the duration of sports is different, they know which rights in social security, which situations they will benefit from or what they need to do to benefit from them.

The general scale and subscale mean scores of the individuals did not show a statistically significant difference according to their licensed football playing time ($p>0.05$). Health insurance knowledge and awareness levels are similar. It is seen that the duration of playing football does not have an effect on health insurance knowledge and awareness levels. Since the individuals participating in this study are disabled, we can say that they have health insurance information. Since they are aware of this issue, we can say that they have taken the necessary precautions in advance in case of any health problems in the future. Health insurance knowledge and awareness levels are thought to be due to the fact that they know in which situations they will benefit or what needs to be done in advance to benefit. When the literature was examined, no study examining the health insurance knowledge and awareness levels of any athlete group according to the duration of playing football was found.

When a health problem is encountered, the general scale and subscale mean scores of the individuals do not show a statistically significant difference according to the type of healthcare institution visited ($p>0.05$). It is thought that the reason why there is no significant difference between them is that these people are aware of health due to their disability and know which institution they will benefit from in which situations. They know healthcare institutions well. We can say that individuals with disabilities go to the necessary institutions without noticing the public healthcare institution or private healthcare institution. When the literature was examined, no study examining the type of healthcare institution of football players was found.

The general scale and subscale mean scores of the individuals differ statistically significantly according to their social security status ($p<0.05$). The general scale, awareness levels of health insurance protocols and general health insurance awareness levels of individuals who stated that they had private social security (insurance) were higher than those who did not have private social security (insurance) ($p<0.05$).

We can say that the significant difference between them in the study is due to the fact that private social security (insurance) is paid or does not have information about private insurance. Since economic conditions or lack of relevant news and information prevent individuals from making insurance, it is thought that it is due to the shift of priorities to different areas. When the literature is examined, no study examining the status of football players having special social security has been found.

5. CONCLUSION

As a result of the study, it is seen that the awareness levels of professional amputee football players with physical disabilities on social security (health) are good, at the desired level and there are not many differences between them. It is extremely effective to determine the awareness levels of professional amputee football players with physical disabilities about social security (health).

It has been determined that the knowledge of professional amputee football players with physical disabilities on social security (health) is sufficient. As a result of this finding, we can say that the study carried out plays an important role due to the lack of information or insufficient knowledge about social security (health) of sports sciences faculties, sports ministry and clubs/federations.

It can be said that it is effective in order to figure out their knowledge about social security (health) by determining the awareness levels of professional amputee football players with physical disabilities about social security (health). In order for the awareness levels on social security (health) to be at the desired level, this lack of information will be eliminated by establishing a connection with the faculties of sports sciences, the ministry of sports and the clubs/federations, and by sharing necessary data.

In addition, similar studies can be recommended to conduct on other athletes with and without disabilities by using different variables.

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