Summary
A large number of empirical studies have shown that doing sports is conducive for a person’s health. However, the relationship between sports participation and health has not yet been comprehensively investigated. There are some research gaps, which can be clarified by considering three aspects of health distinguished by the World Health Organization: physical health, psychosocial health and health-related quality of life. 

Physical health refers to a person’s ability to physically respond adequately to physiological stress. Psychosocial health relates to internalizing problems (i.e., emotional problems and peer problems), externalizing problems (i.e., conduct disorders and hyperactivity-inattention) and prosocial behaviour. Health-related quality of life refers to the individual’s personal evaluation of his or her enjoyment and satisfaction with respect to the physical, psychological and social component of his or her health. Whereas physical health and psychosocial health relate to a person’s actual health situation, the concept of health-related quality of life refers to his or her personal perception of this situation.

Most empirical studies on the relationship between sports participation and health specifically pertain to physical health. Fewer studies in this field focus on psychosocial health or health-related quality of life. Furthermore, the relationship of sports participation with psychosocial health or health-related quality of life has been investigated primarily in adults and adolescents and only to a relatively limited extent in children. Finally, studies on the relationship between sports participation and psychosocial health or health-related quality of life mostly do not pay attention to several characteristics of sports participation simultaneously. These studies often focus on just one characteristic, for instance on frequency of sports participation or performing individual versus team sports.

Research question
These research gaps stimulated the start of a large-scale research project based on the question on whether characteristics of sports participation are associated with psychosocial health and health-related quality of life in children.

The research project focused on participation in sports club activities, which is the dominant form of children’s sports participation in the Netherlands. The following characteristics of sports participation were taken into consideration: membership of a sports club, frequency of sports participation, performing individual versus team sports, involvement in competition or not, performing indoor versus outdoor sports and performing contact versus noncontact sports.

Research design and methods
From the population of Dutch primary schoolchildren in the fourth and fifth grade approximately 2,300 children have been studied and were involved in the cross-sectional analyses. About 500 of these children were also involved in the longitudinal analyses. Data collection took place between November 2011 and June 2014.
Summary

Sports participation was assessed by a number of questions from the Movement and Sports Monitor Questionnaire – Youth Aged 8–12 Years (MSMQ). A question concerning the sport(s) in which the child participated was added. Psychosocial health was examined by means of the Strengths and Difficulties Questionnaire (SDQ). The SDQ distinguishes between internalising problems, externalising problems and prosocial behaviour. Health-related quality of life (HRQoL) was assessed using the KIDSCREEN-52. This questionnaire distinguishes ten dimensions that are divided into a physical, psychological and social domain. Children filled in the questionnaires by themselves.

Conclusions

A number of characteristics of a child’s sports participation were found to be associated with (aspects of) psychosocial health and (dimensions of) HRQoL. With respect to psychosocial health, membership of a sports club and higher frequency of sports participation were primarily associated with fewer internalising problems and better prosocial behaviour and only to a very limited extent with fewer externalising problems. With respect to HRQoL, membership of a sports club and higher frequency of sports participation were largely associated with a better HRQoL in the physical domain, to a slightly lesser extent with a better HRQoL in the social domain, and to a limited extent with a better HRQoL in the psychological domain.

With respect to both psychosocial health and HRQoL, only a very limited number of associations were found for the sports participation characteristics ‘performing indoor versus outdoor sports’ and ‘performing individual versus team sports’. There were no associations observed for the characteristics ‘involvement in competition or not’ and ‘performing contact versus noncontact sports’. Therefore, contrary to membership of a sports club and frequency of sports participation, the kind of sport(s) in which a child participates (i.e., indoor versus outdoor sports, individual versus teams sports, involvement in competition or not, and contact versus noncontact sports) seems to be of minor importance for the child’s psychosocial health and HRQoL.

The results of the present study indicate that the relationship between sports participation and HRQoL is mediated substantially by psychosocial health. This relationship occurs to a considerable extent through internalising problems and to a limited extent through prosocial behaviour. Furthermore, the relationship between sports participation and HRQoL is moderated to a limited extent by psychosocial health. The relationship between sports participation and HRQoL is mostly independent of psychosocial health.
Relevance for practice

The research findings form an argument for stimulating children to participate frequently in any kind of sports club activities. Participation in sports club activities seems to be beneficial for psychosocial health and HRQoL. A considerable frequency of sports participation appears thereby to be much more relevant for psychosocial health and HRQoL than the kind of sport(s) in which a child participates. Therefore, the choice for a sport that the child can and likes to do with a relatively high frequency is more important than the choice for a certain type of sport.

Primary schools should make greater use of the possibility to appoint an official who is partly employed by the primary school and partly working for one or more sports clubs in the immediate environment of the school. This linking pin construction, performed by a so-called 'combination officer', is quite common in the Netherlands and is conducive to the mutual coordination between physical education activities at school and the activities of the sports clubs, which may children stimulate to become member of a sports club.