ÁGNES SZTANKOVICS*

THE PREVENTIVE POSSIBILITIES OF MIDNIGHT TABLE TENNIS

(Received: 6 July 2012; accepted: 17 October 2012)

The focus of this study is on the examination of a neglected area of child welfare. Sport is not among the preventive means of Hungarian social work, although we know that regular exercise prevents illness; physical activity diminishes aggression, facilitates the attainment of stress reduction, the development of a healthy personality, and the effectiveness of conflict resolution. Due to less physical activity, however, the youth's life quality, stress tolerance and level of school achievement decline. All of these problems influence not only the present of individuals, but also the future of a whole society. The questionnaire survey asked young people participating in the Hungarian Midnight Table Tennis Sport Association (MÉSE) which organizes nightly ping-pong championships for preventive purposes. MÉSE was founded on the example of the North American Midnight Basketball League providing the unmotivated, straggling children of poor, socially excluded families with socialization and community and thus preventing them from street loafing and criminal activities. From the North American roots I expected similar results and participants in the Hungarian MÉSE. The research focused on the life qualities and the free-time use of the youth. Family background significantly determines the youth's attitude towards sport, therefore, the parents' educational level, socio-economic status and attitudes to physical exercise was also examined. The questionnaire data indicated an unexpected result. The parents of children participating in MÉSE programs are well-qualified, like sport, nearly a third of them currently exercise regularly, and their socio-economic status can be considered rather good. Regarding the youth's use of free-time, every fourth participant indicated so-called classic free-time activities, such as excursion or reading. Physical exercises and parties with friends are preferred by half of the respondents. In other words, MÉSE serves – although not unwillingly – an 'unintended clientele', while members of the original target group are still at risk.

Keywords: health promotion, free-time sport, child welfare, stress, prevention

Möglichkeiten der Prävention durch nächtliches Tischtennisspielen: Im Mittelpunkt der Studie steht ein vernachlässigter Bereich des Kinderschutzes. Im Methodeninventar der Sozialarbeit wird Sport als Mittel der Prävention nicht erwähnt, obwohl bekannt ist, dass regelmäßiges

^{*} Ágnes Sztankovics, National Institute of Family and Social Policy, Tüzér u. 33–35., H-1134 Budapest, Hungary; agnes sta@freemail.hu.

Training eine wichtige Rolle bei der Vorbeugung von Krankheiten spielt und körperliche Aktivitäten einen wichtigen Beitrag leisten können beim Abbau von Aggressionen, dem Erlernen von Methoden der Stressbewältigung, der Entwicklung einer gesünderen Persönlichkeit und einer effektiveren Konfliktbewältigung. Da Jugendliche immer weniger Sport treiben, verringert sich als Konsequenz ihre Lebensqualität, ihre Stressbewältigungskompetenz, ihre schulischen Leistungen und ihre sozialen Kompetenzen verschlechtern sich, in einer Gemeinschaft sind sie immer weniger imstande, sich den Spielregeln der Gruppe anzupassen. Die Reichweite dieser Konsequenzen geht über die Gegenwart hinaus, sie beeinflusst auch die Gesellschaft der Zukunft. An der Umfrage nahmen Jugendliche teil, die Sportklubs des Ungarischen Sportvereins für Nächtliches Tischtennisspielen (MÉSE) besuchen. Die gemeinnützige Organisation MÉSE, die nächtliche Tischtennismeisterschaften als präventive Maßnahme organisiert, wurde nach amerikanischem Vorbild gegründet. Das nächtliche Sportprogramm wird in den Bundesstaaten der USA für gefährdete Kinder verarmter Familien in der sozialen Peripherie organisiert, die sich in Ermangelung von Möglichkeiten und Motivation auf der Straße herumtreiben. Mit dem Programm werden u.a. grundsätzlich fehlende Sozialisationsmöglichkeiten nachgeholt. Es schafft Gemeinschaft und hält dadurch Jugendliche vom Herumtreiben und von gesetzwidrigen Aktionen ab. Es wurde erwartet, dass sich auch in Ungarn durch nächtliches Tischtennisspielen dem amerikanischen Vorbild entsprechende Effekte ergeben. Die Umfrage war auf die Lebensqualität der Jugendlichen fokussiert. Da der familiäre Hintergrund für das Verhältnis der Jugendlichen zum Sport ausschlaggebend ist, waren auch der Schulabschluss und die Einstellung der Eltern dem Sport gegenüber Gegenstand der Umfrage, ebenso die finanzielle Situation der Familie sowie die den am Programm beteiligten Jugendlichen zur Verfügung stehenden Möglichkeiten zu einer sinnvollen Freizeitgestaltung. Die Auswertung der Umfrage erbrachte ein überraschendes Ergebnis: Es stellte sich heraus, dass die Eltern der Jugendlichen, die in den Klub kommen, qualifiziert und sportfreundlich sind, fast ein Drittel von ihnen treibt auch selbst Sport, ihre finanzielle Lage ist als verhältnismäßig stabil zu bezeichnen. Was die Möglichkeiten der Freizeitgestaltung betrifft, hat rund ein Viertel der Befragten zu den Klassikern zählende, der Erholung dienende Freizeitaktivitäten wie Wandern oder Lesen angegeben. Die Hälfte der Befragten hatte eine Vorliebe für Sport und das Feiern mit Freunden. Zusammenfassend kann festgestellt werden, dass MÉSE – wenn auch nicht ganz unbeabsichtigt – nicht die ursprüngliche Zielgruppe erreicht und die "richtige Zielgruppe" nach wie vor gefährdet bleibt.

Schlüsselbegriffe: Gesundheitserziehung, Sport als Freizeitbeschäftigung, Kinderschutz, Stress, Prävention

1. Introduction

The life quality of youth in Hungarian society is influenced by numerous factors, of which the most determining ones are probably the family and peer group. The chances of the development of a healthy personality are stronger in a well-functioning family because the patterns and the parents' example greatly influence the formation of youth attitudes. In an environment where making mistakes is allowed and slips are possible, it is easier to stand up and resume normal life than in a family in which every fault is followed by immediate reprisal. The youth of dysfunctional families choose running away as a momentary and seemingly good solution, ending

up in groups with questionable and problematic values. In such cases the influence of peer groups succeeds exponentially.

Mothers and fathers at home, as well as the irregular presence of adults in a child's micro-environment influence the child through their behaviour and mentality; consequently, parents must consider health awareness an important and necessary part of their own life. For this, however, it is indispensable that people acknowledge that health is such a value that in order to preserve it, a change in lifestyle is not only worthy but occasionally might also be necessary (Magyarország lakosságának egészségi állapota 1999, 2001). The development of proper health behaviour is a pedagogical task in which the family background and the parents' health behaviour as an exemplary pattern have a profound effect (MÉSZÁROS & SIMON 1994).

The development of science and technology is imperative, and the resulting benefits and comfort are unquestionably the positive effects of urbanisation (FRENKL 1997). These effects become negative when, while accepting the comfort, the individual does not take preventive measures, i.e. he or she conducts a comfortable lifestyle that lacks physical exercise. The greatest danger of urbanisation is the inactive lifestyle which might result, among others, in unhealthy living habits, such as smoking, the consumption of alcohol and drugs. Addictions might gain social grounds (FRENKL 1997). The adults' awareness and social responsibility must be mentioned here. The components of essential personal hygiene and appropriate and healthy nourishment, the necessary level of physical activities, the methods of stress reduction and the elements of a healthy lifestyle can only be learned at home, through the parents' example (SIMON 2006).

Since sport as a means of prevention has a peripheral position in child welfare and its application in social work is marginal, I consider it extremely important to conduct a research on the effectiveness of sport in counterbalancing the negative effects of peer groups.

2. The interaction of health effects

It must be taken into account that health in general is determined – though to different extents – by the following four components: health services (15%), inherited qualities (20%), environmental effects and social environment (30%), and lifestyle (35%) (SIMON 2006). As demonstrated, the most determining factors are the social ones, i.e. the social environment and lifestyle. Due to the extent to which social factors operate, social attention must be paid to the dangerous effects of unhealthy lifestyles both on the physical-biological and the mental level.

In families where physical exercise and sport are valued, the younger generations will probably have a more positive attitude towards physical activities than in families in which sport is considered a useless hobby and a waste of time. The primary level of socialisation is the family, consequently, the parents' supportive and inspiring attitude will determine a young person's prospective relationship with

physical activity more than anything else. Evidently, the childhood customs of lifestyle affect the adult's way of living, consequently, the examination of the health preventive behaviour of young people is extremely important. As adult lifestyle is determined significantly by childhood and juvenile effects, therefore, apart from the parents' efforts of educating their children in health awareness, the similar work of schoolteachers is also essential.

In point of fact, the midnight ping-pong club is a family-substitutive community, which organises the free-time activity of financially or socially *disadvantaged* youth in the form of midnight sport clubs in order to prevent the youth between the ages of 10 and 25 from nocturnal loafing on weekends. Instead of experiencing drugs and alcohol, young people have a possibility to spend their free time in a healthy and safe environment (*Handbook 2010–2011*). Apart from the physical exercise, the midnight table tennis clubs serve social needs insofar as they provide hot tea, sandwiches, 'human words', and possibilities for making acquaintances.

Reviewing the literature before the research made clear that there was a lack of surveys examining and analysing the elimination of negative effects from the life of children, youth and young adults through and by sport. Numerous studies discuss the beneficial health effects of sport and regular physical activities directly or indirectly (KOPP 1999; KERESZTES et al. 2003; MARTOS 1997) but the number of studies examining how sport influences personality development or the facilitation of resocialisation processes is rather low (BARNA 1994; APOR 2003).

3. Method

3.1. The sample

The youth of the MÉSE (Magyarországi Éjféli Sportbajnokság Egyesület/Hungarian Association of Midnight Championships) clubs participated in the research. My original plan was to survey the midnight ping-pong clubs operating in the settlements of the North Hungarian region. I chose this region because from the point of view of child protection, this is the most disadvantaged territory of the country due to the high level of unemployment, the consequent financial difficulties and, as a result of these, the lifestyle of the local families. However, it became evident that there are settlements where the clubs closed permanently or temporarily – generally for financial reasons – or had never been established. Altogether, only two functioning clubs were found in this region.

In the Trans-Danubian region of the country there is only one active club, in Nagykanizsa, whereas in the Eastern region only Debrecen operates such preventive institutions. Thus it can be stated that my sample covers both the Western and Eastern parts of the country. The survey was continued in the central part of Hungary, in County Pest, where despite the financial insecurities, clubs have been functioning steadily for several years. I personally supervised the filling out of questionnaires in

the clubs of Göd and Leányfalu, furthermore in the Szentendre club, the headquarters of MÉSE. The few clubs functioning in Budapest were excluded because of its characteristic night life (including the many foreigners), which was very different from that of the smaller towns. Another reason of omitting the capital was its regional and social complexity, resulting in districts with Western European lifestyles and other districts with Third World poverty. It would have been extremely difficult to come up with a representative sample – let alone with a representative sample for the average Hungarian situation. Thus while regarding the country, my data collection can be considered a full poll, due to the omission of the capital, in the last analysis it is 'only' a pilot study.¹

3.2. Data collection

An anonymous and voluntary questionnaire survey was employed to collect information. I processed the data with SPSS (Statistical Package for the Social Sciences). The questionnaire surveyed the opinion, lifestyle, educational level, family background, free-time use, and the motivation for taking part in the sport program of young people participating in the midnight ping-pong club. The questionnaire contained both open-ended and closed questions. The first part of the questionnaire consisted of demographic questions (FALUS 2004) recording the respondents' gender, age, educational level, family composition, socio-economic status, parents' attitude towards sport, parents' sports in the past, and the respondents' favourite free-time activities. The second part consisted of questions related to the midnight ping-pong club. My intention was to find out the respondents' sources of information about the club and to what extent their life, problem-solving capabilities, their relationship with aggression and rules changed from the time they started participating in club activities. Of the 140 questionnaires sent out, 127 were returned, but only 115 properly completed questionnaires were analysed (82%).

4. The results

4.1. Age and gender

Processing the data revealed that the average age of participating youth is 16; the youngest was 12 while the oldest participant was 20 years old. Regarding the gender distribution of the nocturnal 'athletes', one third (34%) was female (*Table 1*).

The number of returned questionnaires and the gender distribution gave food for thought for several reasons. The original intention of Sándor Faragó, the Hungarian 'founder', was to establish a club at least in every county seat and

¹ However, the pre-testing of the questionnaire took place in Budapest (District IV, Káposztásmegyer).

in most of the major settlements whose task would have been to collect the loafing children and youth, and form them into a community with the aid of sport. Ping-pong would have been the means to keep children and young people away from the seedbeds of criminality: drug trafficking, street fights, and committing breaches of the law. In his vision the program was launched primarily for unmotivated, easily influenced, aimless, poor *children at risk* whose parents are socially disadvantaged, excluded and poorly educated.

Table 1
The number, gender distribution and age of participants 20 years old or younger by their residence/club

Residence/	Number of respondents	Male-female ratio %	Age			
club			Min.	Max.	Average	HSD
Salgótarján	20	45–55	15	20	16	1.97
Miskolc	8	88–12	13	19	18	2.07
Debrecen	26	58–42	12	16	14	0.83
Nagykanizsa	15	80–20	13	19	16	1.66
Leányfalu	12	67–33	15	20	18	1.62
Göd	22	59–41	12	18	15	1.22
Szentendre	12	100-0	13	20	16	1.98
Together	115	66–34	12	20	16	2.09

4.2. The parents' educational level

Figure 1 clearly indicates that the parents of more than half of the responding youth have at least a high school diploma, and a quarter of these parents also have a university or college degree. Compared to the relevant data of the 2001 census, these parents are definitely much better off, insofar as in 2001, only 12.6% of the country's population had a college or university degree, and only 38.2% had a high school diploma (Központi Statisztikai Hivatal 2003).

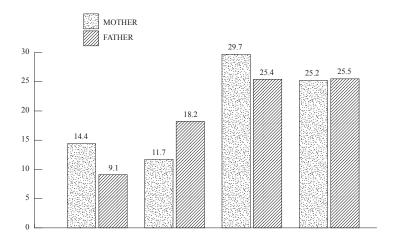


Figure 1
The parents' educational level (percentage of responding participants)

Women are in majority among the parents with only elementary education. It is thought-provoking and important to note that about a fifth of the respondents were not aware of the educational level of their mother (18.9%) or father (21.8%). This ignorance is probably the result of the fact that only 85% of the respondents live together with both parents.

4.3. Economic situation, employment

Only 7.2% of the youth live in a room and kitchen flat, their great majority (65.8%) live in an apartment or house with three or more bedrooms. Comparing to the 2001 Census, these data also show an unquestionably better situation. In 2001, 13% of the homes had only one room, while 46% had three or more (Központi Statisztikai Hivatal 2003). Roughly twothirds (59.3%) of the respondents live in at most four-person households, the essentially remaining one third (29.2%) live in five-person households.

Approximately three quarters of the respondents reported that their family has a car. Nine out of ten children can go on vacation, more than half in Hungary, exactly a quarter abroad, and 18% both in Hungary and abroad. The socio-economic index² created from the parents' educational level,³ the type of household,⁴ the possession

- ² The highest possible value of the index was 11.
- ³ Parents with elementary or trade school diplomas received 0 points, with high school diplomas 1 point, with college or university degrees they received 2 points.
- ⁴ A room and kitchen flat meant 1 point, a 2-bedroom apartment or house received 2 points, while a three- or more bedroom house or apartment received 3 points.

of a car⁵ and vacation⁶ demonstrated that people in the poorest circumstances lived in Nagykanizsa, while those most well-off were living in Göd (*Table 2*).

Table 2
The average socioeconomic index value of the respondents' families by club location

Rank order	Residence/club	Average socio-economic index
1.	Göd	7.48
2.	Debrecen	7.24
3.	Szentendre	6.82
4.	Leányfalu	6.15
5.	Salgótarján	5.38
6.	Miskolc	5.13
7.	Nagykanizsa	4.36

Almost two thirds of the youth (61.7%) reported that both parents were employed; but 7% replied that neither their father nor their mother had a job. Compared to the relevant data of the 2001 Census, this again indicates a better situation insofar in 2001 about 10% of the country's population was unemployed (Központi Statisztikai Hivatal 2003). 58% of the respondents' parents had always had a job, while about a good third of them (36%) reported that one of the parents was unemployed for a longer period of time. Four respondents reported a similar situation for both parents, although not simultaneously, but two respondents indicated that both of their parents were simultaneously unemployed for a longer period. All in all, the majority of the respondents live in rather good conditions, or at least they live in better than average conditions.

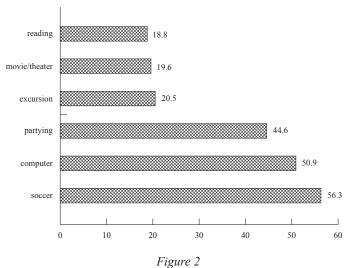
4.4. Use of free time

The favourite activities that respondents spend their free time with (*Figure 2*) can be arranged into two large groups. While reading, going to movies, theatre and excur-

⁵ If the family had a car, it received one point, if did not – logically – it received none.

⁶ If the respondents did not go on vacation, they received 0 points, if they did in Hungary, they received 1 point, if they did both in Hungary and abroad, they received 2 points, if they spent their holidays abroad, it meant 3 points.

sions were chosen by about 20% of the youth, partying with friends, playing on the computer and soccer were preferred by almost half of the respondents (45–56%). It is important to note that in addition to these activities, about half of the young people (47%) indicated other favourite free-time activities, mostly other physical exercises, such as biking, running, kayaking and canoeing, horse riding, but these activities were each pursued by only one person. There was one exception, which is rather important from the point of view of my investigation: table tennis was mentioned as a favourite free-time activity by 7%.



Favourite free-time activities of the responding youth (percentage, multiple choice)

The results of the survey revealed that a good third of the parents (36%) are still exercising regularly, whereas four fifths of them (79.3%) did so in the past.

5. Summary and conclusion

Reviewing the literature, it can be ascertained that the number of *preventive sport programs* eliminating the negative effects of peer groups is relatively low. Its presumed reasons might be the lack of steady financial support and information. The intention of this study by exploring and analysing a preventive sport program was to inform the public about such possibilities. The research was conducted in the midnight table tennis programs of different Hungarian counties. Research data included the free-time activities of responding youth, the socio-economic situation, and educational level of their families. The parents' attitude towards sport was also recorded.

The analysis revealed that the respondents' parents are rather well educated; a quarter of them attained university or college degrees. It was surprising that some of the youth did not know the educational level of their parents. Regarding their socio-economic status, it became evident that a significant majority of the surveyed youth live in households with three or more rooms. About three quarters of the respondents' families have a car. In sum, it can be stated that the surveyed young people were not coming from the poorer, more disadvantaged strata; rather they participated in the midnight table tennis clubs as children of the financially more secure middle class.

The participants of MÉSE programs live in far better circumstances and their free-time activities demonstrate a much more colourful palette than what we presumed from the North American example. From the Hungarian research results we can state that in contrast with the intentions of both the US founder and the Hungarian adapter, MÉSE does not primarily serve crime prevention among the children coming from disadvantaged, underprivileged families. Instead, it secures the safe pastime and entertainment of middle-class youth. While the security of middle-class children in the countryside is a good result in itself, it also means that the safe and healthy activities of the disadvantaged children are still to be established in the future.

References

APOR, P. (2003) 'Véd a fizikai aktivitás', Magyar Orvos 11, 35-36.

BARNA, M. (1994) 'A magyar gyermekek életmódja', Sportorvosi Szemle 35, 210–12.

FALUS, I. (2004) Bevezetés a pedagógiai kutatás módszereibe (Budapest: Műszaki).

FRENKL, R. (1997) 'Az urbanizáció kihívásai' in A. ASZMAN, R. FRENKL, A. KAPOSVÁRI & T. SZABÓ, *Felsőoktatás, értelmiség, egészség* (Budapest: Magyar Egyetemi-Főiskolai Sportszövetség) 6–14.

Handbook 2010–2011 (San Francisco, etc.: Association of Midnight Basketball League Programs), retrieved 5 June 2012 from http://www.amblp.com/AMBLP-handbook.doc.

KERESZTES, N., Zs. Pluhár & B. Pikó (2003) 'A fizikai aktivitás gyakorisága és sportolási szokások általános iskolások körében', *Magyar Sporttudományi Szemle* 4, 43–47.

KOPP, M. (1999) 'A mentálhigiénés megelőzés alapelvei', Népegészségügy 80, 4–21.

Központi Statisztikai Hivatal (KSH) (2003) *Népszámlálás 2001: 6. Területi adatok I–II.* (Budapest: KSH) retrieved 5 June 2012 from http://www.nepszamlalas2001.hu/hun/kotetek/06/00/data/nepsz06-00.pdf.

Magyarország lakosságának egészségi állapota 1999 (2001) (Budapest: Országos Tisztifőorvosi Hivatal).

MARTOS, É. (1997) 'Testedzés jelentősége gyermek- és serdülőkorban', *Sportorvosi Szemle* 38, 5–20

MÉSZÁROS, J. & T. SIMON (1994) Egészségnevelés (Budapest: Nemzeti Tankönyvkiadó).

SIMON, T. (2006) 'Az egészségérték-gazdálkodás kialakítása mint elsődleges egészségfejlesztési feladat', *Egészségfejlesztés* 47:1–2 (Jan) 2.