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“Comparative analysis of the quality of life between groups of elite athletes with the highest academic status and without the highest academic status in Azerbaijan”

## DISSERTATION

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## **ABSTRACT**

This research is devoted to comparing the quality of life of athletes with a higher academic status and without a higher academic status in Azerbaijan. The study sample consisted of male and female athletes with at least secondary education. 108 athletes participated in the research. Of these, 57 athletes with the highest academic status, 51 athletes without the highest academic status. When analyzing the results of the quality of life of athletes, it was noted that athletes with the highest academic status have a higher quality of life in 4 out of 4 areas than athletes without the highest academic status.

## INTRODUCTION

### 1. The concept of quality of life

In general, the quality of life is the perceived quality of a person's daily life, that is, an assessment of his well-being or lack thereof. This includes all the emotional, social, and material nuances of a person's life. In healthcare, health-related quality of life is an assessment of how an illness, disability, or disorder may affect a person's well-being over time. Quality of life is the most important social category that characterizes the structure of human needs and the possibilities of their satisfaction. Some researchers, when defining the concept of "quality of life", focus much attention on the economic side, the material security of the population's life. There is also an opposite point of view, according to which the quality of life is the most integrated social indicator. A person suffers from poor quality and experiences satisfaction from a high quality of life, regardless of the sphere in work, in business and in personal life. Therefore, quality is necessary for a person constantly. A person himself strives to improve the quality of life — gets an education, works at work, strives to advance on the career ladder, makes every effort to achieve recognition in society. The quality of life for people is inseparable from the goals they set for their lives, that is, it relates to the efficiency of life in the broad sense of the word, and not only with satisfaction with their personal life, but also with satisfaction with their position in the country and in the world, which affects people's well-being. The quality of life has two sides: objective and subjective. The criterion for an objective assessment of the quality of life is the scientific standards of people's needs and interests, according to the ratio with which one can objectively judge the degree of satisfaction of these needs and interests. On the other hand, people's needs, and interests are individual and only the subjects themselves can assess the degree of their satisfaction. They are not fixed by any statistical values and practically exist only in the minds of people and, accordingly, in their personal opinions and assessments. Thus, the assessment of the quality of life comes in two forms: the degree of satisfaction of scientifically based needs and interests; satisfaction with the quality of life of the people themselves. Quality of life is not a category separated from other socio-economic categories, but unites many of them, includes them in a qualitative aspect.

## **2. High academic status**

The highest academic status is a qualification awarded to students upon completion of one of the stages of higher education in higher educational institutions. Such as bachelor's degree, master's degree, and others. The presence or absence of higher education significantly affects various spheres of a person's life, including his health. According to scientists, such research results are explained by several reasons. Firstly, the educational process significantly transforms a person's personality, his perception of the world around him. People who have studied a lot and received higher education are more inclined to logical thinking, analysis, and reflection on various situations. Education is also a means of achieving various outcomes that are important for the quality of life. Some of these results have monetary value and bring income to the person who made these investments. This means a higher level of earnings. Others have no value expression and can benefit both the individual and the whole society. Evidence suggests that those who have attended school longer or who have acquired higher education qualifications are more likely to give high marks of subjective well-being, are more actively involved in society and usually have better health. Without education, dynamic economic growth and an increase in the level and quality of life are impossible. In an information society characterized by accelerated capital accumulation, the creation of new technologies and the development of mass media, the emergence of innovations at the level of society and the individual, the future belongs to people who receive higher education and become qualified specialists. Modern society needs a person with knowledge, prepared for life, oriented in the socio-cultural space, able to provide a decent quality of life. He should become more and more capable of choosing and making complex decisions based on values, to a much greater extent than on the mechanical execution of orders received from outside, be able to work in constantly changing groups in cooperation with different colleagues. Education as a specific social institution interacts with the main spheres of society: economic, social, political, spiritual, involved in creating conditions for ensuring a decent quality of life. Education reacts to the changes taking place in these areas. The result of the interaction is a delayed change in the content of education, its technologies, goals, and objectives. The quality of life determines the quality of education, its priorities, and the main directions of development. In turn, social education determines the quality of life through its components such as the level of economic development, the quality of healthcare, the quality of culture, and social policy. A high level of quality of social education contributes to the formation of a quality of life that creates conditions

for the formation of new needs and values. To ensure a decent quality of life, a person must receive a high level of education and culture from education; developed personal qualities such as organizational skills, independence in decision-making, a sense of responsibility for their actions necessary for life in a constantly changing world; a high level of professionalism, namely, a broad outlook, a level of intelligence that allows them to solve creative tasks in various branches of activity. An increase in the level and quality of education will contribute to improving the socio-economic situation of the country and achieving a decent quality of life. The role of education in the modernization of socio-economic life is not limited to the transformation of knowledge and skills acquired by students into an economic factor. The knowledge and skills acquired in the process of education, as well as moral and ethical norms and values create the necessary conditions for everyone receiving education to become a worthy member of society, thanks to knowledge and ethical behavior, they turn him into a colleague who can become an example, an exemplary family member and citizen. Recently, the development and improvement of higher education in the world has prompted an increasing number of scientists to ask questions about the significance and impact of higher education on the quality and standard of human life. The concepts of "quality of education" and "quality of life" are directly proportional to each other: if the quality of education improves, indicators in other areas will also increase.

### **3. Problem identification**

Sport is a field of activity where retirement from professional activity is ambiguous. After retiring from big-time sports, athletes often fall into an existential crisis if they do not have an alternative field of activity. It is easier for athletes with higher education to get out of this situation. Since higher education allows you to find alternative fields of activity after leaving professional sports. It will be difficult for an athlete who does not have a higher education to find a job. While an athlete with a higher education has a specialty that he received at a higher educational institution, which will make it easier for him to find a job.

### **4. The importance of research**

A sports career is a long-term sports activity aimed at high achievements and associated with the constant self-improvement of an athlete in one or more sports. There are many aspects of sports activity that distinguish this activity from others. An early start of a professional career,

an early culmination in career growth and, most importantly, retirement from professional activity. Completion or forced withdrawal is a great stress for every athlete. Different personal qualities and different levels of perception can lead to a person falling out of society. Finding an alternative and acquiring a new goal can prevent these processes. This research is informative and indicative in nature.

We want to show athletes in Azerbaijan that athletes who have the highest academic status lead to a better quality of life than athletes who do not have the highest academic status. To show the importance of higher education and the relationship between the quality of life and the academic status of athletes in Azerbaijan. Higher academic status is important because it is related to social status in society. Athletes with a high level of education are more likely to be employed, have more employment opportunities than those who do not have a higher education and receive a higher salary, are less dependent on social assistance, are less likely to engage in criminal activity, are more active as citizens and are healthier and emotionally stable.

### **5. The purpose of research**

The purpose of this research is to compare the quality of life of athletes with a high academic status and athletes without a higher academic status.

### **6. Research question**

To what extent does high academic status affect the quality of life of athletes in Azerbaijan?

### **7. Hypothesis**

The quality of life of athletes with a high academic status in Azerbaijan is higher than that of athletes without a high academic status.

## CHAPTER I

### CONCEPTUAL FRAMEWORK

The highest academic status refers to people who have higher education. Higher education includes programs for obtaining a bachelor's degree and higher. Higher education means studying at universities, institutes, and academies. "Undoubtedly, you understand the importance of higher education. Higher education can bring many benefits, including a successful career and financial security. In the 21st century, education plays an even more important role in other aspects of your life. Getting a higher education can increase your opportunities and improve your overall quality of life"(The Importance of Higher Education in the 21st Century. 2020, October 15). The higher the level of education, the higher the quality-of-life indicators (R. I. Danilova 2009).

#### **1.1. The impact of the COVID-19 virus on the quality of life**

In 2020, the world community and the population of almost all countries of the world faced a global epidemic problem due to COVID-19 infection. This has significantly affected all vital aspects of the life of the population, changing the quality of their life. The COVID-19 coronavirus pandemic, affecting the life and health of citizens, sharply limiting the degree of satisfaction of their material, spiritual and social needs, has a direct impact on the quality of life. Measures to contain the pandemic introduced by national Governments also have a negative impact on the quality of life. First, the negative consequences of the pandemic affected one of the fundamental indicators of the quality of life, the level of income of the population and the state of the labor market. According to statistics, about half of households have experienced a significant decline in real incomes since the beginning of the pandemic. During the announced non-working days at the beginning of the pandemic, most of the able-bodied population was sent on unpaid leave, some citizens were transferred to part-time work, some lost their jobs. People are faced with serious problems related to the payment of utilities, rent payments, loan payments and other current expenses. The population that had no savings, having been reduced or lost their earnings, faced the problem of financing their primary needs. The decline in incomes of the population was mainly due to quarantine restrictions imposed by the Government and the associated increase in the unemployment rate. There was a decrease in wages in almost the entire commercial sector of the economy. This is due to a decrease in the



profit of commercial companies, and in some cases with its complete loss. In this regard, enterprises were forced to reduce the wage fund. The pandemic has significantly affected such an important indicator of the quality of life as the level of development of healthcare and education. So, during the pandemic, the population faced the problem of the unpreparedness of the health system for a high increase in the incidence of a new coronavirus infection. The enormous burden on the healthcare system began to fail even in the first wave of the pandemic: a shortage of medical personnel, overloaded hospitals, a shortage of medicines, medical equipment for seriously ill patients. The second autumn wave of the coronavirus pandemic was aggravated by the growth of seasonal viral infections, which further increased the burden on the healthcare system. The catastrophic shortage of medical personnel, the burden on medical equipment, the waiting time for emergency medical care - all this contributes to the increase in morbidity and mortality.

The pandemic also affected the field of sports and physical education. Professional athletes have changed their usual work and daily routine, besides, being at home, they could lose their athletic body shape. A decrease in the level of weekly physical activity among the population was also revealed, and its greatest decline was found in the most physically active. All events involving a significant number of people were banned. Thus, it is noted that the process of physical education is almost impossible to implement in a remote format.

Research conducted during the coronavirus pandemic concluded that during the COVID-19 virus pandemic, athletes demonstrated lower stress levels, in addition, gender differences in stress management strategies were revealed. The results of the research were published in a highly rated scientific journal "Physical Therapy, Sports Therapy and Rehabilitation". Together with a team of foreign scientists from Spain, Poland, Romania, Slovakia, Lithuania, Iran and Indonesia, Doctor of Pedagogical Sciences, Professor Evgeniy Cherepov conducted a study that showed that the success of athletes at the same level of sports skill depends on individual differences related to how they tolerate stress. The COVID-19 pandemic, which has been going on since the beginning of 2020, has affected all spheres of life, being one of the sources of stress. Scientists have concluded that the consequences of the pandemic are not associated with an increase in subjectively perceived psychological stress in athletes from countries affected by the pandemic to varying degrees. The use of maladaptive survival strategies denial, the use of psychoactive substances, the release of negative emotions, and so on can reduce

subjectively experienced stress. It was the use of these strategies that helped to reduce stress levels in athletes.

COVID-19 has affected and continues to affect the quality of life and mental health, as it damages the standard of living of people. The United Nations notes that this pandemic is increasing the number of people suffering from stress and anxiety, depression-related conditions.

### **1.2. The impact of war on the quality of life**

Military experience transforms people, changes their views and values, and often this influence is destructive for the mental makeup of those who fought and those who lost their loved ones during the war. War not only affects people's physical health, but also psychologically. The syndrome of post-traumatic stress is well known, from which veterans of the Second World War, the Karabakh War and other wars of the last decades suffer, when the participants in the battles experience emptiness, uncertainty, lose the meaning of life, lock themselves in and become a "lost generation". This also applies to athletes who took part in wars, if an athlete is injured, after which he cannot return to sports, then this can be a great stress and lead to a loss of personality from society. These are injuries that are not visible at first glance, but, over time, can turn a person's life into hell. Peaceful people who find themselves in combat conditions, both civilian and military, experience a state of shock. The loss of the stability of the world, relative security, the feeling of unreality of what is happening, the feeling of fragility of life all this leads to severe psychological consequences. The war ends sooner or later but leaves an indelible mark on the souls. Post-traumatic stress reactions are a time bomb that can go off at any moment. The body, which is constantly under stress, begins to perceive it as normal and it is very difficult to adjust to a peaceful rhythm. As a rule, after prolonged or severe stress, outside help is needed so that a person can return to society and lead a productive creative life. As a result of constant stress in the form of fears, experiences, contusion, aggression, despair, the body is trying to adapt to live in conditions of increased anxiety. Sleep, nutrition, daily routine, emotional load, habits are disrupted, performance decreases, concentration decreases, inadequate reactions to noises or sudden movements appear, nightmares, to put it briefly, the quality of life deteriorates. Over time, depression, insomnia, phobias, aggression and irritability appear, increased conflict, exacerbation of chronic and the development of new psychosomatic ailments, alcoholism develops. All the above factors worsen the perception and quality of life.

The lack of prevention and timely psychological correction lead to severe mental and physiological consequences. Since athletes often travel through competitions, they make friends from different parts of the world. Including their rivals in competitions can be their friends. Therefore, for athletes, the war affects a little more than a person who does not play sports if his field of activity is not related to travel.

## CHAPTER II

### LITERATURE REVIEW

The literature contains various concepts showing the relationship between the highest academic status and the quality of life of athletes. Also in various sources, we can see a comparative analysis between athletes and other activities, which shows the relationship between the quality of life and the type of activity. The quality of life in the city is higher than the quality of life in the countryside. From the data obtained on the admission of graduates to various educational institutions, the level of education is also higher in the city than in the village or in the village. The reasons for the higher quality of education in the city are:

- Specialists in the subjects necessary for admission usually live in cities because the city needs specialists and calls to work in the city.
- In the city there is an opportunity to directly enroll in preparatory courses at the university of interest.
- There is a monetary opportunity for parents to enroll graduates on a commercial or paid basis. There is a monetary opportunity for parents to provide graduates with tutors for admission to the university.
- Universities are usually located in cities and therefore people living in villages or districts who do not have the opportunity to move cannot start their studies.
- Accommodation and training take place in the same city, which simplifies the learning process.

The city has higher technical capabilities, such as computers, the Internet that allow you to use webinars, seminars online to prepare for exams. Usually there are very few opportunities in villages and districts to take advantage of these opportunities.

The standard of living of the population is an economic category. This is the level of provision of the population with the necessary material goods and services. The standard of living is the level of well-being of the population, consumption of goods and services, a set of conditions and indicators characterizing the measure of satisfaction of the basic vital needs of people. Scientific understanding of issues related to the development of systems of indicators of the level and quality of life of the population began during the birth of capitalism. Studies of this direction appeared in the works of U. Petit, F. Quesnay assessed the real sources of improving the standard of living of the population, A. Smith was concerned about the spread of poverty

among the working masses and considered the desire of people to increase their well-being natural. J. M. Keynes and A. Marshall made a significant contribution to the development of the theory of the formation of financial prerequisites that ensure an increase in the standard of living of the population. K. Marx also reveals the economic and social content of the category "standard of living". The quality of life is an extremely broad, multidimensional, multifaceted concept, incomparably broader than the "standard of living". This is a category that goes far beyond the economy. This is first, a sociological category that covers all spheres of society since they all contain people's lives and its quality.

At present, when the economic systems of countries are being deformed and modified, the main goal remains to implement the principle of the social orientation of the market economy by improving the standard of living of the population. The standard of living of the population of the country is determined by the state of the economy, the development of social infrastructure and the measure of state participation in it. Among the most important indicators: gross national income per capita (GNI), average wages and average incomes, the proportion of the population with incomes below the subsistence minimum, the degree of income differentiation, the ratio of average pension and average salary, the Gini index, the level of minimum wage and its ratio to the average level, the level of various social benefits and payments compared to the subsistence minimum. The average standard of living in large cities, megacities and capitals is higher than in small and medium-sized cities. The standard of living is characterized not only by the income of an individual, family, or household, but also by their expenses. According to the structure of expenditures, one can judge the standard of living and the level of development of the country as a whole: the smaller the share of expenditures on food and more on services, primarily of an entertainment nature, such as recreation, travel, or leisure, the higher the level of development of the country.



Norway, Ireland, and Switzerland topped the ranking of countries in terms of the Human Development Index, which is often called the ranking of countries in the world in terms of living standards (Table 1). The data were presented in the Human Development 2020 Report prepared by the UN. The index measures the country's achievements in terms of health status, education, and actual income of citizens, in three main areas:

- Health and longevity, as measured by the average life expectancy at birth.
- Access to education, measured by the average expected duration of schooling for school-age children and the average duration of adult education.

- A decent standard of living, measured by the value of gross national income per capita in US dollars at purchasing power parity.

Every year the final rating undergoes significant changes. This is noticeable even in the top three leading countries in terms of living standards.

Table 1

Human Development Index (HDI) Ranking							
From the 2020 Human Development Report							
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	Rank	Country	HDI value (2019)	Life expectancy at birth (years) SDG3	Expected years of schooling (years) SDG 4.3	Mean years of schooling (years) SDG 4.6	Gross national income (GNI) per capita (PPP \$) SDG 8.5
	1	Norway	0.957	82.4	18.1	12.9	66,494
	2	Ireland	0.955	82.3	18.7	12.7	68,371
	2	Switzerland	0.955	83.8	16.3	13.4	69,394
	4	Hong Kong, China (SAR)	0.949	84.9	16.9	12.3	62,985
	4	Iceland	0.949	83.0	19.1	12.8	54,682
	6	Germany	0.947	81.3	17.0	14.2	55,314
	7	Sweden	0.945	82.8	19.5	12.5	54,508
	8	Australia	0.944	83.4	22.0	12.7	48,085
	8	Netherlands	0.944	82.3	18.5	12.4	57,707
	10	Denmark	0.940	80.9	18.9	12.6	58,662

Source: Human Development Report Office 2020. • Created with Datawrapper

Azerbaijan is in 88th place (Table 2). In the Republic of Azerbaijan, since 1993, the conceptual foundations and principles of socio-economic development in the transition to market relations have been formed and developed on the initiative of national leader Heydar Aliyev. The social policy, economic and agrarian reforms implemented in the Republic, the implementation of targeted programs, and the development of the private sector are of a long-term nature and serve to improve the standard of living of the population, increase labor incomes in rural areas, increase employment, and strengthen social protection of low-income segments of the population. As a result of socially oriented measures implemented within the framework of the "State Program for Poverty Reduction and Economic Development" held in 2003-2005, the "State Program for Socio-Economic Development of the Regions of the Republic of Azerbaijan" held in 2004-2008, positive changes have taken place in the socio-economic development of the country. As a result of achieving sustainable development based on macroeconomic stability, there is an annual increase in the level of total incomes of the population, the average monthly salary, and the established average monthly pension. From this point of view, the

adoption of the State Program for Poverty Reduction and Long-term development in the Republic of Azerbaijan in 2008-2015 is of great importance in the direction of improving the welfare of the population.

Table 2

**Human Development Index (HDI) Ranking**  
From the 2020 Human Development Report

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	Rank	Country	HDI value (2019)	Life expectancy at birth (years) SDG3	Expected years of schooling (years) SDG 4.3	Mean years of schooling (years) SDG 4.6	Gross national income (GNI) per capita (PPP \$) SDG 8.5
	81	Armenia	0.776	75.1	13.1	11.3	13,894
	82	North Macedonia	0.774	75.8	13.6	9.8	15,865
	83	Colombia	0.767	77.3	14.4	8.5	14,257
	84	Brazil	0.765	75.9	15.4	8.0	14,263
	85	China	0.761	76.9	14.0	8.1	16,057
	86	Ecuador	0.759	77.0	14.6	8.9	11,044
	86	Saint Lucia	0.759	76.2	14.0	8.5	14,616
	88	Azerbaijan	0.756	73.0	12.9	10.6	13,784
	88	Dominican Republic	0.756	74.1	14.2	8.1	17,591
	90	Moldova (Republic of)	0.750	71.9	11.5	11.7	13,664

Source: Human Development Report Office 2020. • Created with Datawrapper

As a result, most research has found that the presence of education affects many areas of life and even what mood prevails in a person. The presence of higher education in most cases implies a higher social status of a person, standard of living and position in society.

“Does the financial situation, namely the level of earnings, affect the quality of life? The amount of earnings may be of decisive importance in conditions where a person's wealth is determined by a monthly salary. For example, in states without strong social security systems. In this example, the amount of earnings is of great importance as a factor affecting the quality of life. However, for a rather non-materialistic person who has sufficient earnings to meet his main

needs, the amount of earnings can only have a non-cardinally impact on the quality of life. In this situation, earnings will have a small effect related to the quality of life” (Felce & Perry, 1995). The education strategy developed by national leader Heydar Aliyev is currently being successfully continued and developed by President Ilham Aliyev as part of the country's sustainable socio-economic development strategy. In recent years, thanks to the attention and care of President Ilham Aliyev, serious successes have been achieved, several development programs have been approved and implemented to ensure a clear future of the national education system, and significant measures have been taken to ensure sustainable education. These measures include updating the content of education, developing new programs, textbooks and teaching aids, providing dozens of publications and educational institutions, improving education management, strengthening the material, technical and educational base of educational institutions, using modern information and communication technologies. In education, the expansion of international relations in education, improving the quality of education through the implementation of targeted programs in the education system, etc. Thanks to various sources of financing in our country, especially because of the implementation of the new oil strategy, the funds allocated for education are growing every year. Today, it ranks second among the items of the state budget in terms of funds allocated for education. Thanks to the daily care of President Ilham Aliyev, development programs based on scientific analysis in various fields of education have been approved and implemented, fundamental measures have been taken for the sustainable development of education, and the process of large-scale reforms has become irreversible. In a globalizing world, education indicators are of particular importance for assessing human development. According to a study conducted by UN experts on human development, the literacy index of the population in Azerbaijan is 99 percent. The basis of Azerbaijan's rapid integration into the world community is the high level of socio-economic progress and scientific and technical potential of the country, as well as its significant contribution to the world cultural heritage. The foundation of all the successes achieved so far was laid by national leader Heydar Aliyev. The year 1969, when Heydar Aliyev came to power, is considered a turning point in the history of Azerbaijan, the beginning of a new era. Today, this period is rightfully considered a period of revival of education, science, and culture in Azerbaijan. In accordance with the tasks set by President Ilham Aliyev for the education system, which considers education as one of the priorities of state policy, the Ministry of Education implements the adopted programs in various fields. These programs include updating the



content of education, developing new programs, textbooks and teaching aids, improving education management, strengthening the material, technical and educational base of educational institutions, using information technology in the educational process, staffing, updating preschool education, improving vocational education, education, organization of training of children in need of special care, development creative potential of gifted children and youth and other areas. Vocational education is an integral part of general education and is considered one of the leading factors of socio-economic development of the country. Measures aimed at the development of vocational education at the state level allow an active part of the population to respond to changes in the local and international labor markets. By the Decree of the President of the Republic of Azerbaijan dated July 3, 2007, the "State Program for the development of vocational education in the Republic of Azerbaijan in the period from 2007-2012" was adopted. The Ministry of Education has approved an action Plan for the implementation of the State Program. Secondary specialized education, which is an integral part of the system of continuing education, is aimed at solving two interrelated tasks - the development of various professions by young people and their general compulsory education. In recent years, the necessary changes have taken place in the structure of personnel training in secondary specialized educational institutions. Thus, in accordance with the needs of the labor market and the interests of young people in the new conditions, the training of specialists in the field of oil and energy, engineering, information, transport and communications, socio-cultural services, economics, business organization, marketing and management, economic and humanitarian specialties has increased significantly. The changes also affected the content of secondary special education. Thus, state standards of secondary special education have been applied that meet the minimum requirements for the content and level of training of junior specialists in specialties and areas of training in institutions of secondary special education, and new curricula and programs have been developed accordingly. Nowadays, the integration of education systems in European countries and the formation of a pan-European higher education space are of particular importance. The implementation of the Bologna Process is one of the most important measures taken in this regard. Azerbaijan joined the Bologna Process in 2005, thereby defining the contours of reforms in higher education. When applying this system, the experience of many foreign countries in creating a regulatory framework for this was studied, the "Model Regulation on the organization of education in credit institutions in higher education" was approved, and at the initial stage it was decided to introduce an

experimental credit system in several universities. The experiment, launched at 10 universities in the 2006-2007 academic year, has covered all specialties of 27 state universities since the 2009-2010 academic year. To accelerate the process of integration of education in our country into the world education system, especially higher education institutions in the European Higher Education area and meeting the requirements of the Bologna Declaration, President of the Republic of Azerbaijan Ilham Aliyev signed an Order dated January 31, 2008. According to the first paragraph of this decree, the "State Program of reforms in the higher education system of the Republic of Azerbaijan for 2008-2012" was prepared and approved by the Cabinet of Ministers. To ensure the implementation of the State Program, the Ministry of Education has developed an action plan. According to the relevant decision, doctoral programs were created in 19 public, 5 private higher educational institutions and the Institute of Education Problems operating in the system of the Ministry of Education.

Education is an independent system with conditional independence, education can have an effective impact on the functioning and development of society. As a branch of the public sphere, education is a process and a result, the creation of institutions and state policy in the field of education guaranteed by the Constitution. Education has always been and remains a mandatory and important sphere of human activity. Being a condition of socio-economic progress, education is among the priorities of state policy. A person as an element of the process, acting as a productive force in social production, is obliged by its qualities to correspond to the degree of progressive socio-economic formation of the state in which he lives and works. The quality of labor resources directly depends on the degree of education in countries, and, consequently, the state of the economy, industry, and production. Education is designated as the reason for the reproduction of the socio-professional structure of society. The structure of education forms a citizen, thereby exerts an influence on the political sphere of social life.

The current education is one of the means of concluding the main tasks not only of society, but also of individuals. In any country, the nature of the education system is determined by the socio-economic and political system, and in addition by the cultural, historical, and national specifics of the state. In recent decades, the importance of education in ensuring the stable socio-economic formation of the state, the growth of its competitiveness, strengthening its position in the world market and in the world economic community has been continuously increasing. At this time, the world society describes the contents of the current education, the

latest training schemes are being developed and implemented, the educational process is continuously improving. The increased competition of countries in the field of higher education is, in fact, an economic competition since education in modern criteria has become a key source of economic growth. The conditions of society for education are expressed in the system of principles of the state educational policy. The objectives of state policy in this area are to create criteria for citizens to exercise their rights to education, which in its structure and quality meets the needs of the formation of the economy and civil society. In addition, world education should meet the latest degree of production, science, culture.

In the modern world, the importance of education as the main condition for the development of a new quality of economy and society increases together with the growth of the impact of human capital. All the countries that successfully overcame the transition to modern market relations considered the sphere of higher education as a priority and proceeded from this in their investment policy. The craving for education is due not only to the desire to acquire knowledge as a guarantor of extracting material benefits, but also to the awareness of the need for a broad culture. When ranking life values, most of the population of the developed countries of the world prefers education. The processes of democratization are currently taking place in the education systems in the leading countries of the world. Its essential feature – along with accessibility, variability and differentiation, decentralization of management – is openness, continuity of all its stages. In the leading countries of the world, active attempts are being made to improve the effectiveness of education. To stimulate the relevant activities of individual educational institutions, a certain accreditation procedure is applied. In the developed countries of the world, higher education networks have expanded dramatically over the last quarter of a century. This process reflected the increasing role of higher education in economic progress, the enrichment of ideas about life ideals. The key problem of the policy of the leading countries of the world in relation to higher education is to maintain the quality of education. Analyzing the current trends in the development of education systems of leading Western countries, it can be concluded that each of these countries has certain established traditions in the field of education, which are associated with the peculiarities of their socio-economic development, historical and national conditions. But at the same time, they also have a certain similarity of the problems of education reform related to the modernization of the content of education, which leads to the unification of the efforts of the entire world community to solve these problems. One of the priorities of the modern development of education systems in developed countries is associated with the need

to bring together and harmonize national qualification frameworks aimed at removing barriers to the effective acquisition and use of knowledge and competencies due to the lack of transparency of qualifications. In many developing countries, education is the largest sector of the economy from the standpoint of the state's costs for maintaining its functioning. Poor countries invest huge sums in education for many reasons. Under the pressure of growing supply and demand, developing countries have increased spending on education many times over the past three decades: their share in the incomes of citizens and the state budget has grown rapidly. In Asia, total expenditures for these purposes tripled in the 1970s, while in Africa and Latin America they more than doubled. Spending on education increased faster than in any sector of the economy. By the end of the 1980s, many Third World countries allocated from 15 to 27% of all budget expenditures to education. Many developing countries have been able to provide many of their citizens with higher education, that is, it has become accessible to broad social strata of the population, which was not the case before. At the current stage of the development of society, because of the rapid socio-economic changes taking place in the world, the trend of transition to a new economy based on modern knowledge has been quite clearly defined. Financial capital has given way to leading positions to social and intellectual capital. Of course, these processes could not but affect the landscape of the world educational space, which has recently experienced significant transformations. The ongoing changes were mainly associated with an active increase in demand for higher education, which led to the emergence of such a global educational trend as mass education. Currently, mass higher education is a worldwide educational trend. According to some researchers, in the XXI century, more students will study in higher education institutions than have studied during the last ten centuries combined. This statement is supported by the following data provided by international researchers. According to their calculations, more than 150 million people enroll in universities worldwide every year. Over the past 10 years, this indicator has increased by 53%. Now 26% of the student-age population is receiving higher education worldwide, and in 2000 this share was only 19%. In many developed countries, the availability of higher education has exceeded 50%, and in some even 80%. Such an increase in the availability of higher education is traditionally assessed, of course, as a positive phenomenon in world educational practice due to the following factors: the strengthening of social mobility of individuals, the expansion of the knowledge economy of individual nations, the increase in the level of qualifications around the world. So, in 1995 there were approximately 68 million students in the world. By 2000, their

number had increased to 100 million. Already in 2012, the figures reached the mark of 196 million. According to analysts' forecasts, by 2030 the global number of students will increase to 430 million people. In the member countries of the Organization for Economic Cooperation and Development (OECD) during this period, the percentage of young people in the age range of 20-29 years studying at universities increased by an average of 10%, and in some countries such as Denmark, Finland, Greece, Iceland by more than 40%. Recently, the mass education has changed the vector of orientation. It has moved from developed European countries, which have reached a very high level on this indicator, towards developing and some middle-income countries. In fact, the lion's share of the growth of the student body in the next few decades will fall on two countries - China and India. The expansion of access to primary and secondary education in China has made universities more accessible to lower social strata than in India. Now China represents 23%, and India represents about 12% of all student-age youth in the world. For example, the dynamics of changes in the number of students in China is as follows. In the early 1990s, only 3-4% of the relevant age cohort in China studied at universities or higher professional educational institutions. The second region characterized by a sharp increase in the number of university students is Latin America. And this happens even though all countries in this region have huge social inequality. For the successful socio-economic development of these countries, it is necessary to increase the number of students both at universities and those who successfully graduate from them. It should be noted that significant progress has been made in this direction over the past forty years, as the number of students has grown from 1.6 million in 1970 to 20 million in 2009. To date, the share of students among young people is about 30%, that is, this indicator has a lot to progress. In addition, the observed increase is by no means uniform in different population groups. Attention should be drawn to the fact that the sharp increase in the number of students in both Asia and Latin America was stimulated by expanding the boundaries of higher education. As one of the reasons for the emergence of this trend, it is necessary to highlight the destruction of legal and economic barriers that allowed representatives of not only the elite of society, but also lower classes to receive higher education. Nevertheless, the percentage of young people receiving higher education varies from country to country and largely depends on the level of economic and socio-cultural development. Therefore, some countries still cannot provide interested youth with the opportunity to obtain higher education, while in others the main problem is the aging of the population and the reduction of state support for education.

The problem in many developing countries is that Governments lack either the financial resources or the political will to meet the educational needs of the population. For this reason, poor parents in some low-income countries organize and pay for their children's education themselves. The chances of people from families with a low level of education to get the best education are low everywhere, however, in developing countries - especially small.

In recent years, Azerbaijan has achieved high growth rates, sustained poverty reduction and debt reduction. At the same time, the country's primary and secondary education system has significantly expanded, which has provided children and young people with wider access to education. The educational system of Azerbaijan has been reformed according to the European principle. State funding of education in Azerbaijan is relatively small. In 2018, total government spending on education amounted to only 3% of Gross Domestic Product (GDP). And of the total education budget, only 10 percent was allocated to finance higher education. Higher education in Azerbaijan is currently characterized by a low number of students and a high degree of return on tuition costs. Quotas for admission to higher education institutions are tightly controlled by the government, which limits access to higher education for many young people. Indeed, since the mid-1990s, the ratio of quotas to the number of people wishing to enroll in higher education institutions has been decreasing. And, as a result, the share of today's young generation who graduated from universities and vocational higher education institutions has decreased compared to the generation of their parents. Considering the number of years of study and the level of completed education, Azerbaijan is a highly educated country.

The Education Index is a composite indicator of the United Nations Development Program (UNDP). The index is considered as one of the key indicators of social development and is used to calculate the Human Development Index, issued as part of a special series of UN reports on human development. The index measures the achievements of a country in terms of the achieved level of education of its population by two main indicators:

- Adult literacy index 2/3.
- The index of the total share of students receiving primary, secondary and higher education 1/3.

The education level index, although it is a universal indicator, has several limitations. It does not reflect the quality of education itself, which in some cases may be very low or significantly limited. It also does not fully show the difference in the availability of education due to differences in age requirements and in the duration of training. Indicators such as the average

duration of training or the expected duration of training would be more representative, but relevant data are not available in the statistics of most States. In addition, the Index does not consider students studying abroad, which may distort data for some small countries. Data on the literacy of the world's population comes from the official results of national population censuses and is compared with the calculated indicators calculated by the UNESCO Institute for Statistics.

This section presents an up-to-date list of countries of the world and administrative territories without state status with a confirmed assessment of the level of education of their population, ordered by the Index of the level of education. Periodically updated according to the latest research results. Current data is presented as of 2019 and published in 2020. Germany is in first place with an index of 0.943. Norway is in second place with an index of 0.930. The United Kingdom is in third place with an index of 0.928. The United States is in 15th place with an index of 0.900. Azerbaijan is in 80th place in this list and our index is 0.711.

It is natural that the problems of education have always occupied an important place in the activities of any state: education is one of the fundamental means of reproduction and development of the culture of society and man, spiritual, intellectual, and professional potentials of society. Recently, marked by a transitional period for the development of society, the subject of education, due to several objective and subjective conditions, has moved into the center of public ideas and discussions, in which almost all strata and groups of the population, representatives of science from various countries, all branches and levels of legislative and executive authorities participate. The need to understand the real problems of education in modern conditions is becoming more relevant and significant. This is due not only to the reasons of the socio-economic order, but to a large extent to the change of paradigms of social development. All this, of course, affects the state and prospects for the development of education as an important part of the social sphere, a cultural phenomenon, one of the drivers of progressive social movement.

The adoption of a system with easily readable and comparable degrees, which, in turn, help its recognition, requires transparency and comparability of European higher education degrees through the real development of the overall qualifications framework. Qualification Framework is a system of professional standards, qualification profiles, organization of professional certification and coordination of the position of employers and education. Professional standards perform the function of mapping professional qualities, and the so-called

"competence matrices" describe the areas of use of competencies and the stages of their formation. The European Qualifications Framework (EQF) is an important tool that ensures transparency and comparability of qualifications of the national systems of the member States of the European Union, as well as mobility in the common labor market and multiple learning paths for citizens of the pan-European Higher education area. The European Qualification framework includes:

- A system for describing qualifications for eight levels in terms of expected educational outcomes (knowledge, skills, and personal and professional competencies).
- The system of Europass auxiliary tools is Europassport, that is, a single pan-European document in two languages, namely English and national, reflecting the main results of training and practice in the European Higher Education Area both in the country of residence and abroad and contributing to intra-European academic mobility in the field of education.
- The European Credit Transfer and Accumulation System (ECTS) is a European credit transfer and accumulation system as a student-oriented system based on the academic load of curricula and a systematic way of describing educational programs by assigning credits to all its components.
  - Ploteus database containing a list of training opportunities.
  - A system of general principles and procedures aimed at quality assurance, validation and a common understanding of key competencies, timely and effective career guidance.

The general system of description of qualification levels and the system of principles is designed to increase the individual mobility of citizens in the profession and work. The European Qualifications Framework is a meta-framework, a tool for correlating national and qualification systems and frameworks, ensuring transparency and trust, facilitating the transfer and recognition of citizens' qualifications. Different countries are guided by different approaches to describing skill levels, determining their number and indicators of learning outcomes corresponding to each level, as well as the duration and depth of each level.

One of the similar types of research in relation to ours is a comparison of the quality of life of students between two faculties. Namely, between the Faculty of Sports Sciences and Education of Akdeniz University. This article was published for the first time on the online platform "Red Flame" on July 4, 2018, then the article was published in the Journal of Education and Training Studies - (Volume 6, No. 8) in August 2018. This research was conducted during the academic year from 2017 to 2018. The sample for the study consisted of 895 students. The sample



included 448 female respondents and 447 male respondents. All respondents were students of Akdeniz University, Faculty of Sports Sciences and Faculty of Education. In this article, the authors investigate the level of quality of life of students between the Faculty of Sports Sciences and students of the Faculty of Education, as well as the difference between the quality of life of male and female students. The article is devoted to a comparative analysis between two faculties of a higher educational institution. The article is based on a comparison of the quality of life. In this article, the quality of life is considered as an area of general health, including physical and mental. The variables are based on the environment, social environment, mental environment, physical activity, general activity. After a step-by-step explanation of each factor affecting the quality-of-life results, data collection and the econometric models used are discussed. The purpose of the article is to reveal that the quality of life of students of the Faculty of Sports Sciences is higher than that of students of the pedagogical faculty, as well as to identify the difference between the quality of life of male and female students. In the introduction, the authors give a clear justification for their research. Since the concepts of physical activity and sports are also elements that have a positive impact on the quality of life. Between psychological health and physical activity, it has been recorded that moderate physical activity has a significant relationship, especially to psychological health, physical self-efficacy, and self-education. Based on gender and faculty variables, the purpose of this study is to study the quality of life of students of the Faculty of Sports Sciences who receive education under the program of intensive physical activity, and students of the Pedagogical Faculty who receive education under the program of lower physical activity compared to the Faculty of Sports Sciences. In general, this research uses relevant data found by research to substantiate its arguments, as well as to determine the perception of quality of life between faculties. A short questionnaire of the World Health Organization on the quality of life and a form of personal information created by researchers are used to survey students. The quality of life of students was assessed in accordance with the brief Turkish WHOQOL-BREF-TR questionnaire of the WHOQOL quality of life scale. WHOQOL-BREF, a shortened form of this test, which included 100 points, was developed by the same group. After that, this questionnaire was translated into Turkish. Originally consisting of 26 questions, the Turkish version of this scale consisted of 27 questions. The 27th question is national. Also, in the form of personal information, which was created by researchers, there are open age, faculty, and gender issues. The data collected because of the survey were analyzed using the SPSS program. To determine the normality of

the distribution of variables, the Kolmogorov-Smirnov criterion was investigated. It was found that the distribution ( $P > 0.05$ ) was normal. To determine the differences between the average scores of life qualities and socio-demographic characteristics of the participating students, the T-test of the Stand was applied for independent samples. The significance level was determined as  $P < 0.05$ . During the study, it was found that there was no statistically significant difference between the scores received by students on the quality-of-life scale in the field of physical health, mental health, social sphere and environment. Students of the Pedagogical Faculty have similar scores with students of the Faculty of Sports Sciences according to the results of the quality-of-life scale. According to the total quality of life scores, students of the pedagogical Faculty have similar indicators with students of the Faculty of Sports Sciences. Only in the sub-scale of general health, students of the pedagogical faculty do not have similar indicators with students of the Faculty of Sports Sciences. In the sub-scale of the physical area, mental area and social area, students of the Faculty of Education have similar indicators with students of the Faculty of Sports Sciences. In the sub-scale of the environmental field, students of the Pedagogical Faculty and other faculties have higher average indicators compared to students of the Faculty of Sports Sciences. Tahir Kilic, Nazmi Bikerse, Kyvyldzhym Kaplan uses the relevant data obtained during the above-mentioned studies to substantiate its arguments, as well as to determine the perception of the quality of life between faculties. This study reviewed several sources from 2005 to 2016. The article also relies on basic theoretical data (Oliver, M. 1997) and others. The relevant data is used appropriately. This research is descriptive in nature and is based on a scanning model.

In meta-analytical research conducted (Netz et al. 2005), a link was found between psychological health and physical activity in older people. This study showed that moderate physical activity has a significant relationship with the characteristics of psychological health, physical self-efficacy, and self-perception in older people.

According to research (Vuillemin et al., 2005), the quality of life of women and men who participated in physical activity at the proposed levels was determined to be higher compared to the group that did not participate.

According to research (Savcı et al. 2006), it can be noted that the level of physical activity of students of the Faculty of Sports Sciences is higher than that of students of other faculties.

According to research (Telatar, 2007), it was found that men working in industrial enterprises and performing constant physical activity have a positive effect on the quality of life, such as a

positive overall perception of health, regular physical activity, walking, an increase in daily sleep time, an increase in monthly wages, friendships without regard to gender.

## **CHAPTER III**

### **METHODOLOGY**

There are many questionnaires and questionnaires that assess the quality of life. Indicators of the quality of life in different states may differ from each other, as they largely depend on the stage of economic development. There are many ways of assessing the quality of life in the world, among which quality of life indices, official statistics on social phenomena in the country, sociological surveys and integral indicators characterizing an individual assessment of the quality of life are especially common. Among especially popular questionnaires, many respected researchers emphasize the following.

#### **3.1. Description of the WHOQOL questionnaire**

World Health Organization (WHO) is an international institution specially established within the framework of the UN, which today includes 194 participating states. The key task of WHO is to solve international crises related to the spread of diseases and the health sector in general. WHO started its work as a full-fledged international organization in 1948 with headquarters in Geneva, Switzerland. However, the organization officially emerged in accordance with the program decision of the International Conference on Healthcare, held in New York in 1946. The WHO Charter was adopted on 07.04.1948. Since that time, this date has been celebrated in the international calendar as "World Health Day". The declarative goal of WHO is: "creating a healthy future for all mankind and the next generations." WHO's tasks include not only methods for combating the spread of various infectious diseases, but also countering key challenges and the main causes of mass mortality. Today, first, these are: HIV, covid, cancer and cardiovascular diseases. Based on the World Health Organizations Quality of Life (WHOQOL) questionnaire, an effective evaluation algorithm for calculating the objective quality of life of the population was created within the organization, regardless of the demographic, socio-cultural and political context of the states of their residence. All language versions of the questionnaire were comprehensively tested for validity and compliance with the understanding of the target audience. The WHOQOL questionnaire has been created for 5 years in 15 of the most common languages at once. It covers the population in all regions of the globe, considering the local level of economic development and the specifics of socio-cultural traditions. At the same time, all questionnaires are built according to a universal and unified methodology. Today, the test

includes 100 diverse questions that have been carefully selected and systematized from one and a half thousand options. During the filtration sampling of test materials, special attention was focused on the opinion of the interviewed patients themselves. The sample was conducted on 4,500 people from all regions of the world. The current version is dated 2003. Along with this, WHO has written an abridged version of the questionnaire of 26 questions. The initial 2 of them are considered in isolation, and the remaining 24 are divided into 4 thematic scales. The abridged WHOQOL questionnaire was created to accelerate the acquisition of independent data on the current state of people's quality of life without reference to their socio-cultural, political, and demographic context in everyday life. According to the WHO definition, the quality of life is the cumulative perception of each person of his individual position in life and society in accordance with local cultural values and everyday context, based on the expectations, goals, concerns and norms that have developed steadily over the interviewee's life. The level of quality of life is determined based on a combination of current physical, emotional, psychological, mental, and social factors in a person's life that have an important and sometimes decisive influence on him. In simple words, the quality of life determines the degree of a person's comfortable existence both within his own personality and within the society surrounding him. At the same time, it is important to understand that the estimated category of quality of life is not identical to the standard of living. However, in its calculations, it also includes the necessary factors for the standard of living. For example, these are living standards, since a variety of income indicators are a mandatory calculation criterion for the quality of life of any person. Based on the interpretation from the UN, the quality of life as a social assessment category includes 12 parameters. The main and most important of them is health. Based on this, the EU Economic Commission systematized 8 main social indicators of the quality of life in relation to human health. Health here should be evaluated as a person of a key integral characteristic, including the physical, social, and mental functioning of a healthy relative to a sick individual, based on a person's subjective perception of the surrounding reality. The WHO questionnaire has a completely transparent structure. That is, it consists of direct, understandable, and non-variable interpretation of questions. Its value lies in the possibility of obtaining reliable data on the subjective self-perception of a person and his place in society. The concept of self-perception is interpreted by WHO as an evaluative vision of a person's life in the context of the surrounding system of socio-cultural values, based on his own life goals, standards, preferences, expectations, and concerns. The data considered in the presented papers refers

to the main version of the questionnaire consisting of 100 questions, which cover all spheres of human activity WHOQOL-100. Along with this, WHO has simultaneously developed several specific modules aimed at measuring the quality of life based on responses from specific areas. For example, the presence or absence of various mental deviations, professional deformations, etc. A hundred questions of the questionnaire allow you to comprehensively assess the degree of a person's quality of life in 6 main areas.

- Physical.
- Psychological.
- Spirituality.
- Social activity.
- Independence.
- Environment

Each of the 6 main spheres of human activity assessed in the questionnaire is divided into several "sub-spheres". For example, the Physical sphere is divided into Discomfort and physical pain, and Vital activity is divided into Energy and fatigue, Rest, and sleep. It, in turn, includes both physical and mental health, as well as psychological. The quality of life is based on the area of general health. It, in turn, includes both physical and psychological health. The calculated variables for calculating the level of quality of life are based on indicators of the environment, mental and social environments, physical and general activities. For example, the degree of socialization.

Thus, the quality of life of athletes is assessed based on an abbreviated target questionnaire WHOQOL-BREF, based on the WHOQOL-100 quality of life scale. The WHOQOL Quality of Life scale is a development of the WHOQOL Group. The abridged version of the WHOQOL-100 questionnaire is called WHOQOL-BREF and consists of only 26 items. The reliability and validity of the scale were tested by the Eseretal Group of companies in 1999. The structure of the WHOQOL BREF questionnaire is based on 4 domains:

- Physical health.
- Psychological.
- Social relationships.
- Environment.

Let's look at all domains and their aspects (Table 3).

Table 3

Domain	Facets incorporated within domains
1. Physical health	1.1 Activities of daily living 1.2 Dependence on medicinal substances and medical aids 1.3 Energy and fatigue 1.4 Mobility 1.5 Pain and discomfort 1.6 Sleep and rest 1.7 Work Capacity
2. Psychological	2.1 Bodily image and appearance 2.2 Negative feelings 2.3 Positive feelings 2.4 Self-esteem 2.5 Spirituality / Religion / Personal beliefs 2.6 Thinking, learning, memory, and concentration
3. Social relationships	3.1 Personal relationships 3.2 Social support 3.3 Sexual activity
4. Environment	4.1 Financial resources 4.2 Freedom, physical safety and security 4.3 Health and social care: accessibility and quality 4.4 Home environment 4.5 Opportunities for acquiring new information and skills 4.6 Participation in and opportunities for recreation / leisure activities 4.7 Physical environment (pollution / noise / traffic / climate) 4.8 Transport

### 3.2. Description of the QOLS questionnaire

The Quality-of-Life Scale (QOLS) was developed in the United States in the 1970s by John Flanagan to measure quality of life. Flanagan's QOLS is one of the most extensively used quality of life assessments, used preferably in the healthcare sector. As Flanagan mentioned, "The purpose of using regional samples and different groups was not to get accurate estimates of frequencies, but rather to provide a representation of different points of view and types of experiences." While developing QOLS, Flanagan began by collecting answers to interview questions from 3,000 Americans representing a wide range of ages, races, and backgrounds. At the same time, he sought to establish a definition of the quality of life, since it is attributed to various spheres of human life. The initial indicators of quality of life contained 15 items representing 5 conceptual areas of quality of life (Table 4).

Table 4

Conceptual Category	Scale Item
Physical and Material Well-being	Material well-being and financial security Health and personal safety
Relations with other People	Relations with parents, siblings, other relatives
	Having and raising children
	Relations with spouse or significant other
	Relations with Friends
Social, Community, and Civic Activities	Activities related to helping or encouraging others
	Activities related to local and national government
Personal Development and Fulfillment	Intellectual development
	Personal understanding
	Occupational role
	Creativity and personal expression
Recreation	Socializing
	Passive and observational recreational activities
	Active and participatory recreational activities

Although Flanagan conceptually defined 5 main categories into which 15 points of his scale could be placed, the work on factor analysis has never been published to confirm these categories. After several studies in which respondents with chronic diseases were interviewed about their perception of the quality of life, the questionnaire was updated and another item was added: independence, the ability to do for yourself. Thus, QOLS in its current format contains 16 items. QOLS has been used in studies of healthy adults and patients with rheumatic diseases, chronic obstructive pulmonary disease, gastrointestinal disorders, heart disease, spinal cord injury, psoriasis, stress urinary incontinence, post-traumatic stress disorder and diabetes. QOLS has a stable factor structure across samples that are diverse in health, culture, and gender. QOLS is a reliable and valid tool for measuring areas of quality of life that are



important for patients in different groups and cultures. This questionnaire is adapted for use in groups of chronic diseases and is not particularly suitable for athletes.

### **3.3. Description of the SF-36 questionnaire**

Short Form-36 (SF-36) is a non—specific questionnaire for assessing the quality of life of a patient, widely used in conducting quality of life studies. In Europe and the USA, studies of individual groups of people were conducted and the results were obtained according to the norms for a healthy population and for patients with various chronic diseases. The SF-36 Health Assessment questionnaire is one of the most common methods of measuring health-related quality of life. The questionnaire reflects the general well-being and the degree of satisfaction with those aspects of human life that are affected by the state of health. The questionnaire reflects the general well-being and the degree of satisfaction with those aspects of human life that are affected by the state of health. The International Quality of Life Assessment (IQOLA) project was formed in 1991. The purpose of IQOLA was to translate the SF-36 Health Survey and verify, normalize, and document the translations needed for their application at the international level. The SF-36 was designed to meet the minimum psychometric standards required for group comparisons. The eight health concepts measured in SF-36 were selected from dozens included in the Medical Outcomes Study (MOS) and represent the most frequently measured concepts in widely used medical examinations that have been shown to be influenced by illness and treatment. Items SF-36 in addition represent a variety of operational attributes of health, including functions and dysfunctions, disorders and well-being, objective reports and subjective assessments, as well as both favorable and unfavorable self-assessments of general health. The main task in creating the SF-36 was to achieve high psychometric standards. The test recommendations were taken from recommendations recommended for use in testing psychological and educational measures by the American Psychological Association, the American Association for Educational Research, and the National Council on Measurements in Education. Significant psychometric testing was initially conducted on SF-36 in the United States and was subsequently conducted in other States. Due to the positive results of tests for our time, almost all studies used the method of summarized estimates and standardized SF-36 evaluation algorithms, described in other sources, to evaluate the eight SF-36 scales. The shorthand of SF-36 was achieved by focusing exclusively on eight of the 40 health concepts studied at MOS and measuring each concept using a short

scale. The reliability of the SF-36 content was compared with the reliability of the content of other widely used general medical examinations. Systematic comparisons show that SF-36 includes the eight most presented health concepts.

SF-36 consists of 36 questions and consists of 11 sections, the results are presented in the form of scores on 8 scales, compiled in such a way that a higher score from 0 to 100 indicates a better quality of life. The following indicators are quantified. The scales are grouped into two indicators "physical component of health" and "psychological component of health" (Table 5).

Table 5

Physical health - PH	
<i>Physical Functioning (PF)</i>	Physical functioning, reflecting the degree to which health limits the performance of physical activities (self-care, walking, climbing stairs, carrying weights, etc.).
<i>Role-Physical (RP)</i>	The influence of physical condition on role functioning (work, performance of everyday activities).
<i>Bodily Pain (BP)</i>	The intensity of pain and its effect on the ability to engage in daily activities, including housework and outside the home. And
<i>General Health (GH)</i>	General state of health - assessment of the patient's current state of health and prospects of treatment.
Mental Health - MH	
<i>Vitality (VT)</i>	Vitality (implies feeling full of strength and energy or, on the contrary, exhausted).
<i>Social Functioning (SF)</i>	Social functioning is determined by the degree to which a physical or emotional state restricts social activity (communication).
<i>Role-Emotional (RE)</i>	The influence of an emotional state on role functioning involves assessing the extent to which an emotional state interferes with the performance of work or other daily activities (including an increase in time spent, a decrease in the amount of work performed, a decrease in the quality of its performance, etc.).
<i>Mental Health (MH)</i>	Self-assessment of mental health, characterizes mood (the presence of depression, anxiety, a general indicator of positive emotions).

SF-36 was developed based on a major research of disease outcomes by Medical Outcomes Study, which was conducted in the USA in the 80s. The author is John E. Ware. The questionnaire included in the study was compiled based on the General Psychological Well-being Index, the Health perception questionnaire, and some other factors. As a result, a 40-factor questionnaire containing 149 items was compiled. This questionnaire was called the Functioning and Well-being Profile of 149 items. As a result of the validity study of the 149-item Functioning and well-being profile, 8 quality of life factors were identified, the most frequently measured, and the most strongly changing in the population under the influence of disease and treatment. Thus, it was assumed that these factors reflect the most general and non-specific parameters of the quality of life and the questionnaire based on them will be suitable for the widest medical and sociological research. Questions related to these factors made up the modern version of SF-36. Further research of the questionnaire confirmed its validity. SF-36 is a set of general, consistent, and easily manageable indicators of quality of life. These measures are based on the patient's self-report and are now widely used for regular monitoring and evaluation of the results of treatment of adult patients.

The SF-36 Quality of Life Questionnaire, also called the Health Survey, is a universal abbreviated health survey that covers 36 questions. SF-36 is a general coefficient of health status, unlike other questionnaires, SF-36 is focused on a certain age, disease, or treatment group. Accordingly, SF-36 proved useful for comparing general and specific population groups, assessing the conditional burden of various diseases, differentiating the health benefits provided by a wide range of different treatment methods, and screening certain patients. The advantage of this questionnaire is that it can be used to assess the quality of life for any diseases. Assesses the quality of life of patients comprehensively, including social and psychological disorders. The disadvantages of this questionnaire are that it requires a license for commercial use, as well as the difficulty of transcoding data and counting scales. And in this questionnaire, there is no single indicator for determining the minimum significant changes on standardized scales. The SF-36 questionnaire, as well as QOLS, is designed for a group of patients with certain diseases, and not for athletes.

### **3.4. Description of the EQ-5D questionnaire**

The EQ-5D questionnaire (EuroQol Research Foundation) is a questionnaire consisting of five questions about subjective feelings of a person's physical and mental health. Initially, this

questionnaire was called "The EuroQol Instrument" and then it was renamed "EQ-5D" in 1995. The questionnaire was written simultaneously in five languages: Dutch, Finnish, Norwegian, Swedish, and English. The EQ-5D questionnaire was designed to describe and assess health conditions in a wide range of disease areas. They are also often used in research on the health of the general population. The questionnaire is used to measure the health status of patients, provide evidence of cost effectiveness, and survey the population in order to study the health of the population. The main advantages of using EQ-5D, unlike other general quality of life questionnaires, is that the final data represent a single point assessment of the respondent's health, and the questionnaire is universally used both for extended population surveys and for specific groups of patients. The EQ-5D questionnaire has various variations. Namely EQ-5D-3L, EQ-5D-5L, EQ-5D-Y and EQ-HWB.

The EQ-5D-3L is a three-tier version of the EQ-5D. This version of the questionnaire was presented in 1990 by the EuroQol group. The EQ-5D-3L includes the following five divisions: mobility, self-care, routine activities, pain, discomfort and anxiety, depression. Each division has 3 levels: no problems, some problems, and extreme problems. The patient is asked to indicate his state of health by ticking the box next to the most appropriate statement in each of the five dimensions. This solution results in a 1-digit number that expresses the level selected for this measurement. The numbers for the five dimensions can be combined into a 5-digit number describing the patient's health status. The EQ-5D-5L is a five-level version of the EQ-5D. This questionnaire was presented by EuroQol Group in 2009. To increase the sensitivity of the device and reduce ceiling effects compared to EQ-5D-3L. EQ-5D-5L surpasses EQ-5D-3L in various measuring properties, which makes it possible to increase the sensitivity and accuracy of health measurement. In general, there is not much difference between EQ-5D-3L and EQ-5D-5L except for the following points.

- The number of perceived problem levels per measurement has been changed from 3 to 5, increasing sensitivity and reducing the ceiling effect.
- The strictest label for measuring mobility has been changed from "bedridden" to "unable to walk", which has increased its applicability and sensitivity to measuring mobility.
- The instructions for the EQ VAS task have been simplified, making it easier to complete the task and easier to evaluate.

EQ-5D-Y was introduced by EuroQol Group in 2009 as a more suitable questionnaire for children and adolescents. EQ-5D-Y is based on EQ-5D-3L and essentially consists of 2 pages:

the descriptive system EQ-5D and the visual analog scale EQ (EQ VAS). EQ-5D-Y differs significantly in spelling, but not in wording with EQ-5D-3L. For example, the heading "Mobility" now includes "Walking" to make it easier for children to understand. Or "Anxiety or depression" was replaced by "A feeling of anxiety, sadness or unhappiness". This questionnaire has been adapted for children and adolescents to better understand the questions. EQ-5D-Y is currently available in more than 100 languages, while EQ-5D-5L And EQ-5D-3L are already available in 150 languages.

The second part of the questionnaire in all three versions of the EQ-5D includes a standard vertical 20-centimeter VAS, which is calibrated from the "worst health you can imagine" score of 0 at its base to the "best health you can imagine" score of 100 at its top. Respondents are asked to "mark on the scale to show how your health is *today*" and write this number in the allotted field. This process allows respondents to provide an assessment of their overall health on the day of filling out the questionnaire. With a certain disease, you can compare how the treatment process is going. Let's say a patient can assess his current state of health as 35 points on a scale before starting treatment, but after medical intervention, the patient's rating may be 55 points. Thanks to this, we can see that the patient's health has improved significantly. And the latest EQ-HWB (EQ Health and Wellbeing instrument) was developed as a standardized indicator of aspects of health and well-being and currently includes 25 items. Also, in parallel with EQ-HWB, a short version called EQ-HWB-S (EQ Health and Wellness Short version) was developed. Now, EQ-HWB-S includes 9 items. The EQ-HWB is not a replacement for the EQ-5D. As a result, it is being developed as an assessment of a range of consequences, including the impact on the health and well-being of health care recipients and caregivers. EQ-HWB is only available to research staff.

### **3.5. Methods**

To compare the quality of life between groups of athletes, the WHOQOL-BREF questionnaire was used. The quality of life of athletes was assessed in accordance with the WHOQOL-BREF short questionnaire of the WHOQOL quality of life scale. The WHOQOL questionnaire was chosen for the following reasons. This questionnaire was developed by the World Health Organization and is a standard for assessing the quality of life. The WHOQOL questionnaire has been adapted and translated into Azerbaijani. The WHOQOL-100 Quality of Life Assessment was developed by the WHOQOL Group together with fifteen international field

centers simultaneously to develop a quality-of-life assessment that would be applicable in different cultures. The WHO initiative to develop a quality-of-life assessment is driven by the need for a truly international dimension of quality of life and a commitment to further promote a holistic approach to health and medical care. The WHOQOL questionnaire covers all aspects of quality of life. The questionnaire considers 4 domains of quality of life, namely physical, psychological, social, and the environment. The questionnaire is a WHO standard and has been adapted in all countries of the world, including Azerbaijan. The questionnaire is the most reliable. If we had to work with other questionnaires, we would have to take several questionnaires for each aspect of quality of life to see the full picture. The questionnaire covers all aspects of quality of life, unlike other questionnaires. The WHOQOL-BREF questionnaire, unlike others, can be used not only on sick respondents. The EQ-5D, SF-36 and QOLS questionnaires are mainly designed to compare the quality of life of respondents with certain diseases. To compare the quality of life of respondents during the treatment of any diseases at different stages of the disease, as well as after recovery. While WHOQOL and WHOQOL-BREF assesses the quality of life not depending on the degree of health of the respondent.

The WHOQOL-BREF questionnaire was entered into Google's online survey form. The Google form was written in 3 languages, namely Azerbaijani, Russian, and English. On the first page, we introduced ourselves and provided respondents with information about why they are filling out this survey. There was also a paragraph stating that the data provided by the respondents would be used for processing scientific purposes, and all data was confidential and would not be published anywhere. In the first stage of the questionnaire there were questions that later helped us to distribute respondents between groups. Such as gender, year of birth, sport, and the main question is the level of education. In the second stage, the WHOQOL-BREF questionnaire itself was used to assess the quality of life of respondents. Also, two additional questions were added to the Google form regarding the war in Ukraine and the COVID-19 virus, which led to a global epidemic. The question was whether these two factors influenced your answers. These two questions were added because these two factors could reduce the quality of life of respondents and thereby affect the result of the test. The instructions of the WHOQOL-BREF questionnaire say that how do you think your life has been for the last four weeks. Therefore, the question whether the war in Karabakh affected your answers was not added to the questionnaire.

To conduct the survey, we sent an email to the sports federations of Azerbaijan with a request to conduct this research. After the permission of the federations, a link to our questionnaire with instructions was posted on the official pages of social networks, as well as in groups of national sports federations to attract respondents.

We also interviewed specialists who are coaches of the Azerbaijani national team. Interviews were conducted with some specialists online, and with some individually. The interview was structured consisting of 3 questions.

- a) What is the difference between an athlete with a higher academic status and without it?
- b) Where can an athlete work after completing his career if he does not have a higher academic status?
- c) How does the highest academic status affect the quality of life of an athlete in Azerbaijan?

## CHAPTER IV

### FINDINGS

In total, 108 respondents participated in the research, of which 57 have a higher academic status and 51 without a higher academic status. As mentioned earlier, the Highest academic status is a qualification awarded to students upon completion of one of the stages of higher education at a university or academy. Such as Bachelor, Master and above. Since 17 athletes are still bachelor's degree students, they belong to the group of athletes without higher academic status because they have not completed their studies to the end. The research involved athletes who are members of the national team of Azerbaijan, as well as those athletes who are not part of the national team of Azerbaijan. 69 male athletes and 39 female athletes took part in the survey. The athletes were randomly selected regardless of the sport, gender, or age, except for the fact that the athletes had to reach the age of majority. The research involved respondents aged 18 to 57 years. The respondents are athletes of such sports as judo, sambo, wrestling, boxing, kickboxing, athletics, weightlifting, swimming, gymnastics, cycling and football. The survey was attended by athletes who continue or have completed their studies at such higher educational institutions as Azerbaijan State Academy of Physical Education and Sport (ASAPES), National Aviation Academy (NAA), Azerbaijan State University of Economics (ASUE), Azerbaijan State Oil and Industry University (ASOIU), Baku State University (BSU), Azerbaijan State Pedagogical University (ASPU), Ganja State University (GSU), Western Caspian University (WCU). In addition to higher educational institutions of Azerbaijan, athletes who continue or have completed their studies abroad, such as Kyiv National University (KNU), Kharkov State Academy of Physical Culture (KSAPC), National University of Ukraine on Physical Education and Sport (NUUPES), Moscow State Medical University (MSMU).

The data were analyzed in the online calculator WHOQOL-BREF. All the athletes who took part in the survey were entered into a calculator to count all 4 domains. Subsequently, the data was entered into the Excel program to calculate the total score for all 4 domains, as well as to plot graphs. After that, the data were divided into groups with and without higher academic status. Since the number of respondents in the groups was not the same, we took the average value for all 4 domains from both groups.

From the table number 6, we see that for 1 domain, and this is the physical health component, athletes who do not have a higher academic status scored 61.61% out of 100 possible. While

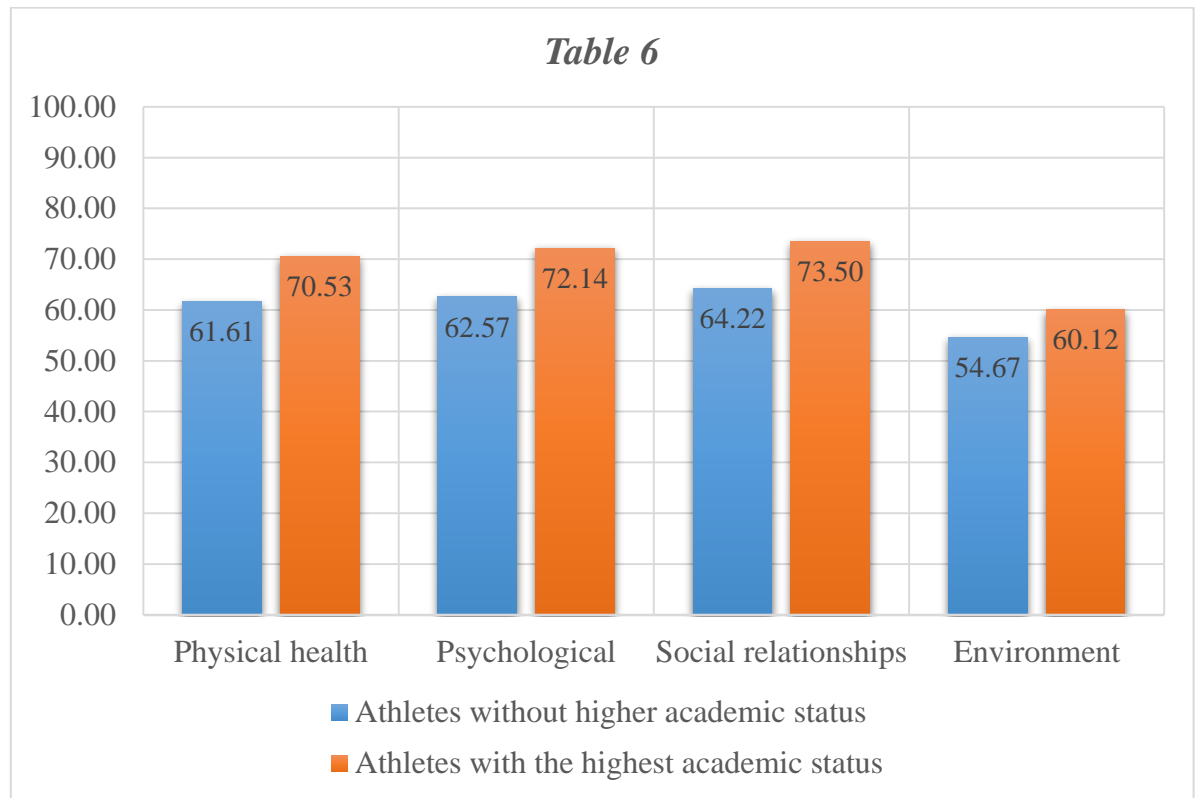


athletes with the highest academic status scored 70.53%. This suggests that athletes with a higher academic status scored 8.92% more in terms of physical health than athletes with a higher academic status.

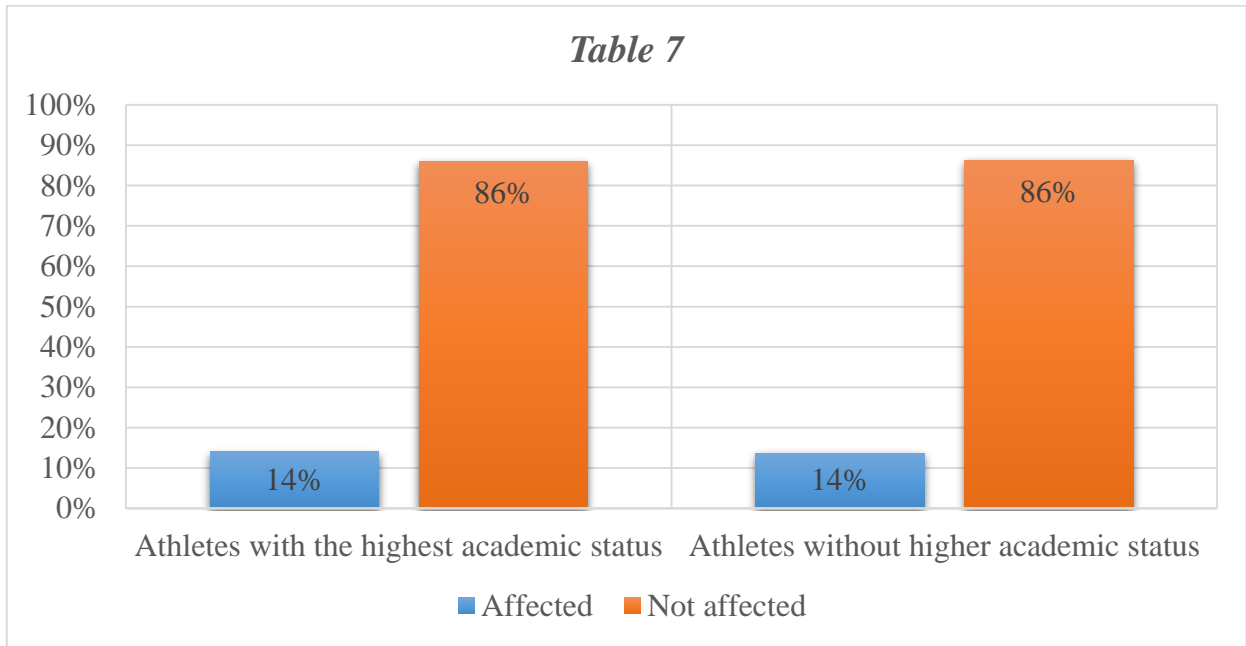
According to the 2nd domain, and this is the psychological component, athletes without a higher academic status scored 62.57% out of 100. While athletes with the highest academic status scored 72.14% out of 100. This suggests that athletes with the highest academic status scored 9.57% more in psychological terms than athletes without the highest academic status. This suggests that athletes with higher academic status are more psychologically stable and stress resistant.

According to domain 3, which is a social relationship, athletes without a higher academic status scored 64.22% out of 100. While athletes with the highest academic status scored 73.50% out of 100. This suggests that athletes with the highest academic status in the social relationship scored 9.28% more than athletes without the highest academic status. It means that athletes with higher academic status are more open to new acquaintances and sociable.

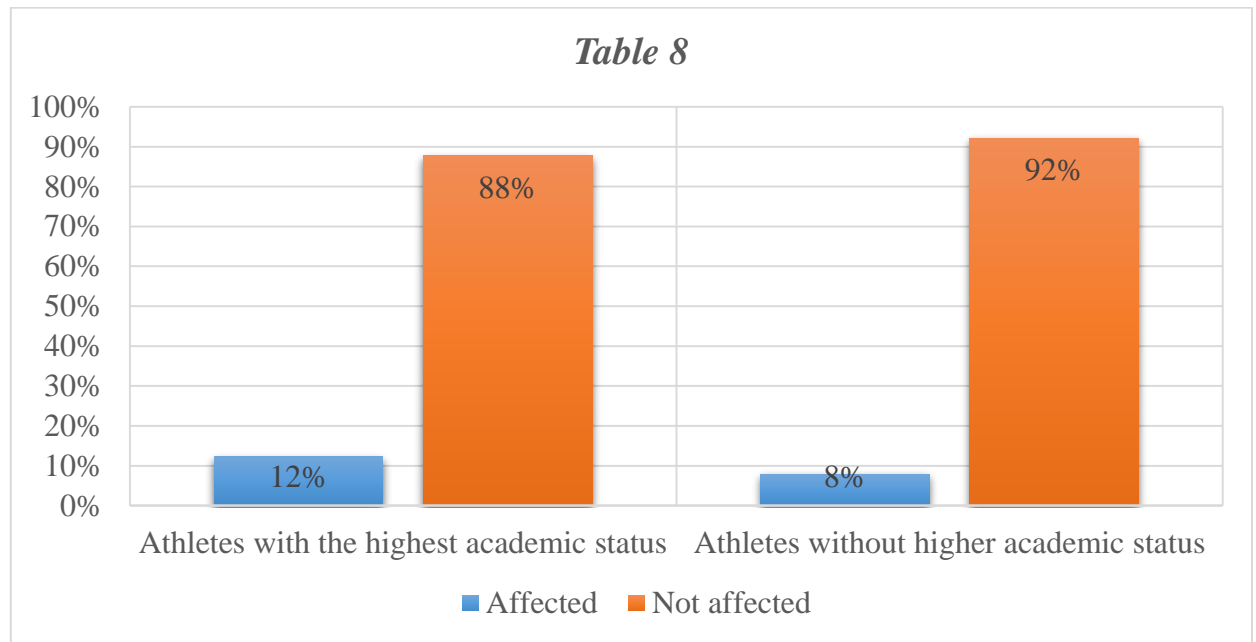
For 4 domains, and this is the environment, athletes without a higher academic status scored 54.67% out of 100. While athletes with the highest academic status scored 60.12% out of 100. This suggests that athletes with the highest academic status in the environment scored 5.45% more than athletes without the highest academic status. (Table 6).



To the question “Has the COVID-19 epidemic affected your survey responses?” two options were allocated “Affected” and “Not affected”. The data was analyzed in EXCEL. Of the 57 athletes with the highest academic status, only 8 responded that COVID-19 affected their responses, which is 14% out of 100. While 49 athletes responded that COVID-19 did not affect their responses, which is 86% out of 100. Out of 51 athletes without a higher academic status, 7 said that COVID-19 affected their responses, which is 14% out of 100. While 44 athletes responded that COVID-19 did not affect their responses, which is 86% out of 100 (Table 7).



To the question "Did the War in Ukraine affect your answers in the survey?" there were two options "Affected" and "Not affected". Out of 57 athletes with the highest academic status, only 7 answered that this event influenced their answers, which is 12% out of 100. While 50 athletes responded that this event did not affect their responses, which is 88% out of 100. Out of 51 athletes without a higher academic status, 4 said that this event affected their answers, which is 8% out of 100. While 47 athletes replied that this event did not affect their responses, which is 92% out of 100 (Table 8).



#### 4.1. Results of interviews with coaches

According to the results that we received from the interview, experts claimed that there is a difference between athletes with and without higher academic status.

To the question "What is the difference between an athlete with a higher academic status and without it?" the experts answered the following: That athletes with the highest academic status have more prospects in life. They can find a better-paying job. That athletes with the highest academic status understand the methodology of sports better. Athletes without a higher academic status are more immersed in training, because this is one of the few opportunities to achieve a better life. According to one of the coaches, an athlete should be developed not only physically. 50% physical strength for 50% intelligence. Usually, athletes simply do not pay enough time to study and completely concentrate on training. And, if an athlete does not use the 50% that are associated with intelligence, it is unlikely that he will turn out to be an elite-level athlete. Perhaps a more educated person will better understand the rules of sports, guidelines and, perhaps, it is easier to learn them.

To the question "Where can an athlete work after completing his career if he does not have a higher academic status?" Basically, everyone had the same answer. Almost all coaches mentioned that athletes without higher education can work as security guards in any enterprises. One of the specialists added that in addition to the guard, they can stay after the

army and work as a sergeant. Sometimes athletes stay in the same federations and start coaching practice. Although here the quality becomes questionable, because without certain knowledge it will be difficult despite the experience gained as an athlete. After completing their careers, some athletes take several fitness courses and start working in the fitness industry.

To the question "How does the highest academic status affect the quality of life of an athlete in Azerbaijan?". Athletes with higher academic status have a more expanded outlook. They feel more confident in competitions and in training. It is easier for them to find a job in their specialty. More chances to get a job with a high salary.

Experts also noted that athletes without a higher academic status are prone to criminal activity.

## DISCUSSION AND CONCLUSION

According to the results of this research, it was noticed that the quality of life of athletes with the highest academic status is higher in all 4 areas.

It was found that there is a statistically significant difference between the scores received by athletes on the quality of life in the field of physical health, psychological, social relationships, and the environment. According to the overall quality of life score, athletes with the highest academic status had higher scores in all 4 domains than athletes without academic status, according to the results of the WHOQOL questionnaire. In the light of the above information, there is evidence that the highest academic status has a positive impact on the quality of life. However, in theory it is observed that the quality of life can be influenced by other factors not related to higher academic status, which has a positive impact on the quality of life.

In conclusion, it should be noted that one of the main limitations of our study was Covid-19 and the obstacles created by the pandemic situation, since many athletes were not available. That is why it was decided to conduct a survey through the Google form.

Covid-19 also prevented him from meeting with the coaches of the national team in person. Also, the main limitation was that the number of athletes did not allow us to fully confirm our hypotheses. For further work, we plan to attract athletes from other sports, as well as athletes from other countries. We want to look at the relationship between sports and the impact of academic status on the quality of life.

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