



Psychosocial effects of reverse-integrated basketball activity compared to separate and no physical activity in young people with physical disability

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ABSTRACT

The purpose of this study was to examine the impact of participation in different sport modalities on quality of life (QOL) and perceived social competence (PSC) in young people with physical disability. Ninety participants (33 females and 57 males) were monitored across four conditions: competitive separate physical activity (COSPA), recreational separate physical activity (RESPA), reverse-integrated basketball activity (RIBA), and no physical activity (NOPA). QOL and PSC questionnaires were administered at the beginning and the end of the study's duration of six months. ANCOVA corrected for functional independence and gender revealed significant group effects for pre to post change values of QOL and PSC, with greater positive change in the RIBA compared to all other groups. In addition, one-way ANOVA on pre to post change values with LSD post hoc revealed significant differences. RIBA change values for QOL with 8.77%, and for PSC with 9.98% change were significantly higher ($p < .001$) than in all other groups (ranges -0.18 through 1.36% for QOL, and -2.31 through 2.34% for PSC). These outcomes demonstrate a favorable outcome of the RIBA on participants. Low functional ability did not constrain the effects of sport participation.

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1. Introduction

Young people¹ with disability often do not have access to social participation opportunities that many other young people take for granted. The restrictive and limiting effects of developmental disability on participation in social activities have been reported for young people with disability in general (e.g., Law et al., 2006; Law, Petrenchik, King, & Hurley, 2007). In studies concerning young people with specific disabilities including cerebral palsy (CP: Breslau, 1985; Center & Ward, 1984; Sillanpaa, 1987) and with spina bifida (SB: Lord, Varzos, Behrman, Wicks, & Wicks, 1990; Tew & Lawrence, 1985; Thompson, Kroenenberger, Johnson, & Whiting, 1989; Tin & Teasdale, 1984), participants have demonstrated poorer social activity and adjustment, and fewer inter-personal skills than typically-developing young people.

Leisure time physical activity is an area where the social participation of young people with a disability is particularly low compared to peers without a disability (Longmuir & Bar-Or, 2000; Rimmer, 2001). The low participation rate is linked to perceived barriers as well as to reduced opportunities for sport activity in a group, which, has been reported to facilitate

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¹ Due to the variable terminology referring to age spans across childhood, youth, and adolescence, in this study we will use the term *young people*, accepted by the World Health Organization (WHO) and related agencies, covering the terms youth and adolescence, and referring to age spans starting at 10 with a range of up to 24 years (WHO, 1989).

young people developing a sense of belonging, accomplishment, and popularity, and in achieving cooperation skills (Kolt et al., 1999). Therefore, participation in physical activity and sports has been strongly encouraged in young people with disabilities for developing their psychosocial skills, performance, and competence (Craven, Blauwert, & Farkas, 2006, chap. 3; Hellison, 2003; Sherrill, 2004).

Introducing and promoting the participation of persons with disabilities in sport activities are possible within service delivery modalities ranging from totally separate to completely integrated environments (Block, 2004; Sherrill, 2004). Having a separate sport environment for participants with disability is typically motivated by safety issues, task specificity, and supervisor's attention, while integrated sport environments are expected to enhance social participation and interaction aspects of the sport activity ((Hutzler & Sherrill, 2007; Sherrill, 2004). Integrated physical activity environments have been studied, with lower rates of academic learning time and social interaction with peers being reported during the physical activity of young people with disability, when compared to typically-developing children (Block & Obrusnikova, 2007). Furthermore, in-depth interviews with participants in such environments have revealed ambiguous findings, some suggesting empowering, but others restricting and disempowering psychosocial outcomes (Goodwin & Watkinson, 2000; Hutzler, Fliess, Chacham, & Van den Auweele, 2002).

Reverse integration (RI) is a unique modality of an integrated environment, where persons with disability are the majority and able-bodied participants the minority (Schoger, 2006). RI may increase the base of recruitment for recreational activities (Schlein, Green, & Stone, 1999) and establish an environment that is both cooperative and competitive, facilitating the development of positive self-identity, which is crucial for lifelong participation (Brasile, 1992). Brasile (1992) has recommended including an RI environment in wheelchair basketball, which is one of the most popular sport and recreational activities for adults and young people with disability (IWBF, 2010). However, past research with this modality has focused only on the experiences and attitudes of the non-disabled participants (Schoger, 2006; Lundberg, Zabriskie, Smith, & Barney, 2008).

The purpose of this study is to examine the contribution of an RI framework in wheelchair basketball compared to other types of participation in sport activity or no sport activity, to selected psychosocial attributes, namely quality of life (QOL) and the perception of social competence (SC) in young people with disability. QOL is conceived as a multifaceted concept, and is mostly a matter of subjective judgment (Taylor & Bogdan, 1996). It is typically determined through the congruency between subjective expectations and objective social life circumstances (Reiter, 1999). An important aspect of QOL is SC, generally described as effective functioning within social contexts (Cavell, 1990), or as the ability to achieve personal goals in social interaction while simultaneously maintaining positive relationships with others (US Department of Justice, 2010).

2. Methods

A prospective cohort study was performed, monitoring QOL and SC in a sample of young people with developmental disabilities over a period of six months. Cohort studies have been proposed as an appropriate procedure for studying rare exposures, where randomization is impossible due to practical or ethical reasons (Euser, Zoccali, Jager, & Dekker, 2009). The cohort groups were classified based on the major sport environment in which they were involved.

2.1. Participants

A convenience sample of 100 young people (34 females and 66 males) with physical disability enrolled in this study. Ten participants dropped out due to transport problems and difficulties in combining the school load with physical activity training. Therefore, the final sample included 90 (33 females and 57 males) participants. About two thirds (64.5%) of the participants attended school, with 28 (31.11%) in special education and 30 (33.33%) in regular education. Twelve participants (13.33%) worked at a sheltered environment and 20 (22.22%) worked in the open market or studied in a higher education environment. All participants but one had a congenital disability.

Because it is not permitted to receive participant lists from schools and/or the social security data bases, participants were recruited through two modalities: (a) letters sent to parents of students in the schools and education districts that had authorized the study and (b) letters sent to the homes of individuals based on lists available in the only two sport centers for young people with disability in Israel. The inclusion criteria were: (a) age 12–25 years, (b) self-locomotion with or without assistive devices, and (c) capable of answering questions and complying with questionnaire instructions. Individuals who had undergone surgery or other major medical interventions during the six months prior to the study were excluded from the cohorts.

2.2. Instrumentation

2.2.1. Personal questionnaire

This questionnaire retrieved information regarding the participant's age, gender, disability, use of mobility aids, and actual participation in physical activity. Details about participation in physical activity were assessed by means of open-ended questions relating to leisure-time physical activity, based on the questions used by Longmuir and Bar-Or (1994). The five items addressed in the questions were: whether the participant was taking part in leisure-time physical activity; the type, duration, and intensity of the activity; and the activity's organizational setting (e.g., individual, group, etc.).

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