

IMPROVING WELLNESS OF THE PHYSICALLY CHALLENGED THROUGH SPORTS.

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Abstract

Sports and physical exercise for those with physical disabilities were not only as means of treatment, remediation and rehabilitation but also to enable them maintain good quality and wellness of life in the society like their normal counterparts. This paper therefore reviews meaning of handicap and disability, causal factors as well as apprehending predisposing factors to their wellness through sports participation. It also includes possible suggestions that will further enhance their wellness like making sporting activities part of their living.

Keywords: Handicap, Disability, Special population, physically challenged, mentally educable.

Introduction

It is no longer new that the physically challenged people in the society are given full opportunities to develop and discover their potentials through active participation in one sporting activity or the other in accordance to their nature of handicapping conditions. This opportunity would erase bad impression and negative thought people are generally having about them as worthless and bedevilled to the society. Hence, sport participation should not be seen as an exclusive responsibility of the normal population but be shared equally with the special population.

Sports and physical education have tried to change a lot of stigma and social liability experienced by the disabled ones in the society. Salami (2003) supported this impression that sports have tried to change negative views about the disabled by creating the opportunity for the society to see them as capable of excelling in many ways. They are able to jump, throw, run, climb and ride on objects against precision or criteria in competing among their peers. He further said that through active participation in sport, the disabled ones have been able to achieve social acceptability, rehabilitation, mental and physical fitness, sense of fulfilment and achievement, emotional control, opportunity to develop friendship and fun and enjoyment. Adams (1975) and Fait (1991) were of the opinion that

deaf individuals should have every opportunity to develop physically and socially to their highest degree possible in physical education through the media of sport and exercise.

In like manner, Adams (1975) and Lockwood (2010) opined that the structured physical activity programmes would improve the physical fitness, wellness, good status and motor proficiency of educable mentally retarded persons. Sports also provides opportunities for persons with disabilities to develop social skills, forge friendships outside their families, exercise responsibility roles (Mohammed, 2013).

Adams and Daniel (2009) were also of the opinion that good sport education programmes would lure physically challenged children to more activities than traditional physical education programmes. The above views serves as an impetus to the writer in finding out several ways of improving the wellness of physically challenged children through sports participation.

Handicap and Disability

Handicap refers to the problems a person with disability or impairment encounters in interacting with the environment (Gulliford, 1979, and Ekong 2006). A handicap is also any conditions which causes the person with the disability (and sometimes the family of the person) problems and inconveniences, and hinders the person from living a full normal life (Obani, 2004). Bucher (1979) sees handicapped children as those children who, because of some physical inadequacy or functional defects are unable to take part in the regular physical education programme.

While disability is seen from the other end as limitation in an individual's capacity to perform activities which are generally accepted as basic components of the daily living such as self care, social relation and economic activity according to his age, sex and social role as a result of physical or mental functional limitation, it also includes the matter of individuals adjustment to this limitation (United Nations, 1981).

Suran and Rizzo (1991) also viewed disabilities as defects in physical make-up and mal-functioning of their organs. National policy on Education (1989) equally viewed disabled children as youth having problems with different kinds of handicap conditions, such as blindness, partial sightedness, deafness, and hardness of hearing, mental retardation, social maladjustment and other disabilities due to heredity as well as some unhealthy situation during birth.

The physically challenged or the physically handicapped individuals according to Barnes (1996), are those, who through heredity, congenital, accident or prolonged illness become physically defected either, orthopedically, visually, auditorily or in speech, by way of paralysis, amputation, partially or complete deafness, blindness or dumbness. He further alludes that physical deformity might

not have much negative impact on mentality but greatly affects the psychological, social and emotional lives of the handicapped children (persons). Their inability to function and act like their able peers put on hold stigmatization, social inferiority and emotional depression. This developed into large number of illiterates, jobless, destitute, homeless etc. among them. Whichever form handicap or disability is framed, evidence of functional limitation is unfolded. This tends to see special population as being frugal and less privilege in the society.

Causal Factors

Obani (2004) gave the scientific explanation of the factors responsible for various handicapping conditions, thus.

- Accident of nature (genetic mutation) which damage or distort hereditary materials passed on from parents to offspring.
- Birth accidents, as a result of mishandling during delivery, long periods of labour, forceps delivery, etc.
- Accidents after birth, environmental poison, diseases and infections, and so on.

Other causes of handicaps are:

- Poor feeding habits of the mother during pregnancy (unhealthy dietary behaviours such as high intake of salt, sugar and fat, skipping of meals, low intake of fruits and vegetables, increased processed food consumption, low fortified foods consumption, low vitamin A and iron- rich food consumption to mention a few lead to malnutrition (Olumakaiye, 2022)
- The use and abuse of drugs including alcohol
- Cigarette smoking by the mother during pregnancy
- Poor nutrition in the child during early life (unhealthy dietary behaviour early in life is a major contributory factor to diseased conditions in later years. Only healthy individuals are productive, impact the economy positively, and do not clog up hospital services. Chen et al., 2016)
- General unsanitary living conditions may result in a handicapped child.
- Mothers who have too many children and continue to have children when they are over 35 years are at an increased risk of having a handicapped baby.

Sports for the Disabled

Disabled Sport encompasses sport initially designed with a selected disability group in mind, e.g. wheel chair sport for the athletes with lower limbs impediments, and those requiring little or no modifications to allow individuals with disabilities to participate e.g. track and field, swimming and dancing (De Pauw and Gavron, 1995).

According to Scruton (1998), origin of sport for the disabled could be traced to 1888 when the sport club for the deaf was formed in Berlin. Since then, several sporting activities have been organized all over the world for the physical and visual handicaps. This indicates that there are a variety of exercises and sports activities for disabled persons in the society.

Therefore, the sport and games of the Paralympics games include archery, athletics, basketball, cycling, fencing, goal ball" gymnastic, shooting, snooker, soccer, swimming, table tennis, tennis, volleyball, wrestling and yachting. The first Paralympics games competition was held in 1948 and has since been a regular feature till today. The Paralympics is for the elite athletes with physical and visual impediments all over the world.

These games are usually organized to the taste and specification of the nature of different handicapping conditions. It may include modification of the rules and regulations, adjustments of the facilities, and supplies just to suit their purpose and interest.

Wellness of the Physically Challenged through Sports

Participation in sporting activities by people in the physical disabilities has accrued them with better quality of life buoyancy. Abang (2000) asserted that sports participation is essential for improving health and wellbeing for the achievement of the Millennium Development Goals. Consequently, participation in sporting activities is an effective method of disease prevention for normal individuals, the disabled and for the nations, which is a cost effective way to improve public health (Mohammed, 2013). There are countless benefits to their involvement in physical activity, some of these include:

- Better functioning of heart, lungs, muscles and bones
- Increased flexibility, mobility, coordination and balance
- Maintenance of ideal body composition
- Arrest of limb atrophy/muscle hypertrophy
- Improved sense as well being
- Social interactions/improved self esteem practice in use of prosthesis in activity.
- Strengthen awareness and advocacy of activities of people using prosthetics.

Oyewusi (1986) highlighted the following as benefit of sport participation to man, including special children, sport cater for National Health which include physical, mental, and emotional health, sports is a political weapon and it is used in achieving National Policy, Publicity and Solidarity.

According to NUTRISTRATEGY (2010) involving special people in regular physical exercise and sports would help to:

- Prevent heart diseases and stroke by strengthening the heart muscles and lowering blood pressure
- Reduce body fat by building muscle mass
- Control body weight and prevent obesity
- Prevent back pain by increasing muscles strength, endurance, flexibility and posture.
- Reduce depression often suffered by special people and assist to manage stress and
- Improve your mood the way you feel about yourself (self concept).

Whereas, Fait (1991) earlier emphasized the following reasons for involving special people in sports, exercise and recreation programmes.

- i) Development of Physical Fitness and Wellness. Physical fitness is very important to the handicapped boys and girls as it is for normal children. Although the fitness level of physically challenged may be lower but the body efficiency can be improved through regulated activities. Strength, endurance, flexibility and recovery from exercises are important factors of fitness. An increase in these factors results in a more efficient body (Okunrotifa, 2011).
- ii) Development of Skills in basic motor movements. Exercise serves as prophylactic (prevention) to certain disease e.g. Ulcer, diabetes and Coronary diseases. Orthopaedic difficulties such as stiff neck, back pain, shoulder pain, headaches are common in these individuals who do not participate in exercise (Ihenacho, 1999).
- iii) Improved basic motor skills increases ability to perform certain sports skills with greater success. As he becomes more skilled in executing motor skills in game situation, he spends less time than others (Barton, 1993).
- iv) Improved body awareness, leads to development of kinesthetic sense that is certain parts of the body are in relation to other parts. (Akinsanmi, 1995).
- v) Give him feelings of value handicapping conditions with respect to team work and cooperation, goal-setting, self-discipline, respect for others, and importance of rules (Adima, 1999).

Apart from the above, involvement of disabled ones in sports activities would result in weight loss and muscle development. Strength training in handicapped persons also helps in building their self-confidence, increase physical function, lowers-medical complications and decreases stress.

In corroborating this, research also indicates regular physical activity has been variously said to promote long life and to prevent osteoporosis, heart problems, type II diabetes mellitus, migraine, head aches among many other infirmities (Lieberman, 2020).

Conclusion

It is glaring that participation in physical activities and sports by the physically challenged individuals in the society will not only improve their wellness but as well equate them with their normal counterparts in the society with sense of belonging and societal approval. Their involvement in sporting activities will reduce drastically the bad impression and thoughts of the society from disgruntled element to responsible, viable and productive citizens.

Suggestions

In the light of the above, the following suggestions are advanced:

- Efforts should be made by governments to ensure enrolment of physically challenged children in special schools and encourage them in active involvement in physical activities and sports.
- Both parents and guardians should be encouraged to allow their children and wards to show genuine interest in sporting activities.
- Adequate fund and qualified personnel should be made available government and philanthropists to facilitate/ active participation of the special population in sports.
- Public enlightenment and sensitization on the awareness of accrued benefits in sports participation by handicapped be emphasized
- Trained teachers should place emphasis on physical activity and strength training for people who are handicapped.

References

- Abang T.B. (2000). *Handbook of Special education for Educator in Developing Countries*. Lagos. Andrex Press.
- Adams, R.C and Daniel, A.N. (2009). *Games Sports, Physical Exercise for Physically Disabled, Lea and Febiger*, Philadelphia, 27-35.
- Adams, R.C. (1975). The Physical Fitness of Youngsters with spinal neuromuscular conditions. *Adapted Physical Activity Quarterly* 10, 37-51.
- Adima, E.E. (1999). Handicapping the handicap in Nigeria: With the Paradox end? *Journal of Special Education* 4, 51-60.
- Akinsanmi, T. (1993). The Role of Exercise in Promoting Health as Perceived by Health Related Professionals. *Journal of Research in behavioural Sciences*, 1 (2).
- Barnes, C. (1996). Theories of disability and the origins of the social oppression of the disabled people in western society in Barton, L (ed.) (1996): *Disability and Society emerging issues and insights*. London: Longman Press.
- Barton, L. (1993). Disability, empowerment and physical education; in J. Evans (ed.), *Equality Education and Physical Education*, London: The Falmer Press, pp. 4354.

- Bucher, C.A. (1979). *Foundation of Physical Education* (8th ed). C.V. Mosby Company, London.
- Chen, X., Zhao, D., Mao, X., Xia, Y., Baker, P.N., Zhang, H. (2016). Maternal Dietary Patterns and Pregnancy Outcome. *Nutrients*, 8 (6), 351, <https://doi.org/10-33901/nu8060351>.
- De Pauw, K. P. and Gavron, S.J (1995). Disability and Sport Campaign. II. *Human Kinetics*.
- Ekong, E.E. (2006). *Sociology of Health and Medicine*. Dove Education Publishers, Uyo.
- Faith. H.F. (1991). *Special Physical Education, Adapted, Corrective Developmental*, Saunders Colleges, Publishers Washington. D.C. 71-85.
- Gulliford R. 91979). *Special Educational Needs*: Routedge and Kyan Paul Ltd, London.
- Ihenacho, J.I. (1999). *Introduction to Special Education in Nigeria. Historical, Sociological Perspective*. Jos: Division Printing Press.
- Lieberman, L.J. (2020). Fitness for individuals who are usually impaired, Blind and Deafblind. Retrieved on 15/3/20 from my NCPAD: ncpad@uic.edu/rss.
- Lockwood, R. (2010). Physical Education and Disability. *Australian Council for Health, Physical Education and Recreation*, Parkside S.A. Australia 27-42.
- Mohammed, U.S. (2013): improving the quality of life of the physically challenged persons through sports participation. *Journal of Sports Management and educational Research*. (JOSMER), 3 (1) 74-78.
- National Policy on Education (1989), *Disabled Children and Education*. Abuja National Printing Press.
- NUTRISTRATEGY, (2010). Health Benefit of exercise. Retrieved from www.nutristrategy.com/health.htm.
- Obani, T.C. (2004). *HANDICAP, Disability and Special Education, what Parents and Teachers want to know*, Book builders, Ibadan, 1-6, 39-43.
- Okunrotifa, E.B. (2011). Exercise, sports and wellness for Special People. *Journal of Physical Education and Research*. Xvi(1).
- Olumakaiye, M.F. (2022). Smart Teens Understand the ‘Magic bullet’ to break Malnutrition Cycle. Journey to the World of Adolescent Nutrition. Inaugural Lecture Series 359 at Obafemi Awolowo University, Ile-Ife, Nigeria, on 8th of March, 2022.
- Oyewusi, J.A. (1986). *Towards A Hitch-free Sports organization at the University Level in Nigeria; in proceeding of Guinness NUGA' 86 Sport Clinic Ibadan*: URI. Press.
- Salami, L.A. (2003). Tapping Abilities from disabilities, contribution of Sport to life of the Disabled. *West African Journal of Physical and Health Education*, 7, 119-124.

- Scruton, C.S. (1998). *Stroke Manderille. Road to Paralympics Aglesburg*, England; The Peterhouse Press.
- Suran, E.T. and Rizzo, I.H. (1991). Adapted Bowling Device for Severe Disabled Individuals. *The forum of Sports and Physical Education for the Disabled Children* 8(1) 28-41.
- UN (1981). Disability, prevention and rehabilitation. *Report of the WHO Expert Committee on Disability Prevention and Rehabilitation*.