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Sports – Means of Social Inclusion for Down’s Syndrome Patients

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Abstract

Sports represent a contemporary social reality which has a strong relationship to other possibilities of the physical exercises. Within the physical activities, the feeling of belonging to a group and the capacity of the self-assessment is developed. Down’s syndrome patients who attend sport programmes can gain a series of these specific competences which help them on their way to social integration. Our paper is based on a questionnaire and it is written using the answers of disabled people. Also we used our experiences through activities with these people as well. At the beginning we tested our questionnaire on a few subjects. After modifying and adapting it we could apply our questionnaire on 140 people suffering from Down’s syndrome. These subjects were members of a NGO, practiced different sports and also attended sport competitions.

Finally we can state that the influence of the attendance of different sport activities is beneficial and it’s result - the social inclusion- is obvious.

Keywords: *Down’s syndrome patients; social inclusion; sport; questionnaire.*

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Introduction

Sports are a contemporary social reality and has a strong relationship to other possibilities of the physical exercises.

Sport, as a mode of human manifestation, proved it's worth of facilitating the socialization and social integration of the people who practice it in it's different forms. Lately, the forms have diversified more and more and both the challenged and non-challenged people have the possibility of practicing together their favourite sport in different ways of the organization of the activity. These ways are connected to the physical and psychic possibilities of the people who practice the sports and determine them 'to respect the behaviour rules and have the attitude of acceptance towards others without any discrimination' (Teodorescu, Bota, Stănescu, 2007).

Winneck (2005) talks about an organizational framework of sport practice by both challenged and non-challenged people which is based on 'the degree of the challenged person's integration (competitor or teammate)' and 'the type of sport (adapted or regular)':

- Segregated adapted sport - where only disabled people attend;
- Integrated adapted sport - where challenged and non-challenged people attend, but both categories respect the same rules (basketball in the wheelchair – (Teodorescu, Bota, Stănescu, 2007);
- Regular and adapted sport - where challenged and non-challenged people attend. The disabled people benefit of some modified rules which facilitate the practice of the sport discipline (in a tennis competition, the ball can touch the field twice in comparison to the rule for the non-challenged people, where the ball can touch the field only once – (Teodorescu, Bota, Stănescu, 2007);
- Adjusted regular sport - where challenged and non-challenged people attend the game and the disabled people benefit of the assistive devices which compensate for their deficiency;
- Regular sport - where challenged people attend different sorts of sports whose rules are identical with those for non-challenged people.

Through this organizational framework the challenged and non-challenged people can attend and compete together in different physical activities.

Hence sport has become a mean of social integration of disabled people. Moreover sport facilitates the social inclusion. Thus, the challenged and non-challenged form one team, compete and strive together for the

success of their highlights the abilities and knowledge of the disabled and not their deficiency.

The disabled people benefit by the multiple positive influences reflected in the life quality level due to the important achievements which occur during and after practicing different sport disciplines.

Methodology

Our paper is based on a questionnaire which we wrote ourselves. It is based on our experiences in activities with challenged people and other questionnaires which were applied by other specialists on these people as well.

At the beginning we tested our questionnaire on a few subjects. After modifying and adapting it we could apply our questionnaire on 140 people suffering from Down’s syndrome. These subjects were members of a NGO, practiced different sports and also attended sport competitions.

The questionnaire consisted out of 18 questions: seven of them had the closed answers and two questions had alternative responses. The rest were questions with free responses because ‘we wanted to add the different pieces of information which we obtained in other circumstances’ (M. Epuran, 2005, p. 225).

The questionnaire was administered directly by an operator. This operator was either a parent or the social assistant of the Down’s syndrome patient. We choose this manner of interview because we wanted the person who administered the questionnaire to know the Down’s syndrome patient well and understand them.

By doing this, we wanted to identify the perception of the children and young people with Down’s syndrome regarding the advantages of sport practicing, the manner in which sport practicing improved their image and the manner in which they could interact with other people and be integrated in society with the help of sport.

Results

After processing and analysing the responses, we could claim that:

- we add 140 responses from Down’s syndrome patients, 66 girls and 74 boys;
- their aged were (table 1):

Table 1. The Down's syndrome persons aged

Under 10	11-12	13-15	16-21	22-25	26-29	Above 30
14	19	21	20	22	17	27

- the latest school graduated (table 2):

Table 2. The latest school graduated

Primary special school	Secondary special school – 8th	Secondary special school – 10th	Professional school	Others
21	52	15	28	24

We mention that we received 24 responses out of our range of compulsory answers. Thus nine Down's syndrome patients of our subjects attended regular school, three of them did not attend any school and twelve of them did not answer;

- for the question regarding how many of the patients practiced a sport we added 104 positive responses and 39 negative;
- the most practiced sport disciplines were aquatics, athletics, gymnastics, basketball, badminton, table tennis, bocce, football, cycling, dancing, karate, sky. When we asked our subjects to choose the sport they liked most we noticed that the team games were on the first place, followed by aquatics and athletics. The Down's syndrome patients stated as arguments for their choice the following: they liked that sport discipline, felt better when they practised it, gave them the opportunity to move more, they were happy, it amused them, they were an active person, they wanted to win, they were much healthier, they were with their friends, a.o. We believe that they based their opinion on the fact that they mentioned the sport branches that they practiced frequently because they practiced ball games at their school and at the NGO where an important part of them were affiliated. At the same time the subjects had that choice because they practiced ball games frequently in all their forms. And these games involved more people moving who collaborated and communicated together for realising the specific motor tasks of those sport activities;
- the next question wanted to express how our subjects felt, what they did better since they practiced sport. They answered that they were

more sociable people and made new friends quickly, were amused, were happier when they were successful, communicated better with challenged and non-challenged people, a.o.;

- when they were asked the next question through which we wanted to highlight the manner in which the Down’s syndrome patients saw themselves in comparison to the other people with whom they had practiced sport, we received the following responses: They were equal with the others, had higher self-esteem, were healthier, were merry, they felt they were special and communicated with the others, they felt stronger than the others;
- through the next step we tried to show whether they succeeded in making new friends while practicing sport. We received 116 positive responses and only 24 negative ones. More of them made new acquaintances in their town or area where they lived. They could connect with the others at the meetings for the activities organized by their NGO and with help of the modern communication means (phone, net or social networks). These means were used to keep in touch with the acquaintances from other towns. Other possibilities of meeting were the sport competitions. These activities made it possible for them to travel to other towns and geographical areas of the country, know new people, communicate with them and socialize;
- our subjects liked practicing sports with their teachers that they had at NGOs. At the same time they preferred to practice sports with their colleagues (50 persons) or friends (24 persons). Fewer chose parents, brothers / sisters or grandparents;
- our subjects said that they enjoyed the sports classes all the time, but others said that they only partially liked it (warm-up, the games with the ball, the throwing of the ball, the jumps, physical exercises, a.o.). Other subjects said they liked the teachers who taught them, the possibility of meeting their colleagues, the playfulness during the activity or the chance to be together with other people. They appreciated the attitude of the teachers and the fact that the teachers helped them to learn new skills;
- the next step meant that the challenged people were asked to point out if they learnt more about themselves ever since they practiced sport. 61% answered positively and sustained their opinion with positive arguments saying that they learnt new things, socialized, they

- felt included, felt the positive endearment of the others towards them and made friend;
- the last question we asked our subjects was their opinion of what their parents thought about their progress and results in practicing sports. 68% of the parents saw an all-round improvement in their behaviour and their body constitution. However, we received some responses suggesting that the relationship between the child and parent didn't show any significant improvement.

Conclusions

The role of sports as a means of social inclusion can be summarized in the responses given by the subjects to our questionnaire. The Down's syndrome patients who attended sport programmes could learn a set of specific competences which could help them in their social inclusion. During the activities, they could improve their feeling of belonging to a group and their capacity of self-assessment.

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Biodata



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