

**PERCEPTION ABOUT SPORTS AMONG PHYSICALLY
DISABLED SPORTS PARTICIPANTS**

Shifat Ahmed Khan

Bachelor of Science in Physiotherapy (B.Sc. PT)

Roll no: 1613

Reg. no: 1924

Session: 2010-2011

BHPI, CRP, Savar, Dhaka.



Bangladesh Health Professions Institute (BHPI)

Department of physiotherapy

CRP, Savar, Dhaka-1343

Bangladesh

August' 2015

We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

**PERCEPTION ABOUT SPORTS AMONG PHYSICALLY DISABLED
SPORTS PARTICIPANTS**

Submitted by **Shifat Ahmed Khan**, for the partial fulfillment of the requirement for the degree of Bachelor of Science in Physiotherapy (B.Sc.PT).

.....
Mohammad Habibur Rahman

Assistant Professor, Department of physiotherapy
BHPI, CRP, Savar, Dhaka.
Supervisor

.....
Mohammad Anwar Hossain

Associate Professor, Physiotherapy, BHPI &
Head of the Physiotherapy Department
CRP, Savar, Dhaka

.....
Ehsanur Rahman

Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

.....
Md. Shofiqul Islam

Assistant Professor
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

.....
Md. Obaidul Haque

Associate Professor & Head
Department of Physiotherapy
BHPI, CRP, Savar, Dhaka

Declaration

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent from my supervisor and Head of Physiotherapy Department of Bangladesh Health Professions Institute (BHPI).

Signature:

Date:

Shifat Ahmed Khan

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Acknowledgement

First of all, I would like to pay my gratitude to Almighty Allah who given me the ability to complete this project in time with great success. I would like to pay my gratitude towards my parents who constantly encouraged me to carry out this study.

My deepest great-fulness goes to my honorable supervisor Mohammad Habibur Rahman, Assistant Professor, Physiotherapy Department, CRP, Savar, Dhaka, for his keen supervision.

I would like to express my gratitude to my respected teacher Md. Shofiquil Islam, Assistant Professor, Department of Physiotherapy; Md. Obaidul Haque, Associate Professor & Head, Department of Physiotherapy; Mohmmad Anwar Hossain, Associate Professor, Physiotherapy, BHPI & Head of the Department, PT; Ehsanur Rahman, Assistant Professor, Department of Physiotherapy. I also like to thanks all clinical physiotherapist of Spinal Cord Injury unit of CRP Savar, Dhaka for their tired less effort with excellent guidance and support.

My special thanks to all the staffs of SCI Indoor Physiotherapy Department especially to the Head of the department for giving me the permission to collect data. I am grateful to Kazi Shoyeb, Clinical Physiotherapist, SCI Indoor Physiotherapy Department, Department of Physiotherapy, CRP, Savar, Dhaka for his excellent guidelines throughout the period of this study.

I would like to thanks all participants for helping me at the time of data collection. I would also like to thanks librarian of Bangladesh Health Professions Institute (BHPI) and their associates for their kind support to find out related books, journals and also access to internet. Finally, I would like to thanks my friends Abdullah Ibn Abul Fazal, Batia Nahar Ahsan and Imtiaz Ahmed for their kind support to complete the project and to being with me as my strength.

Acronyms

ADL : Activities of Daily Living

BHPI : Bangladesh Health Professions Institute.

BMRC: Bangladesh Medical Research Council

IRB : Institutional Review Board

QOL : Quality of Life

SCI : Spinal Cord Injury

WHO : World Health Organization

Abstract

Purpose: The purpose of the study was to explore the perception about sports among physically disabled sports participants. **Objectives:** To identify the important factors that influenced them in disability sports, to figure out the benefit they have got from sports, to determine their satisfaction level as participant. **Methodology:** Qualitative research approach was applied with open ended question form. Total number of sample was 10 spinal cord injury patient with age ranging (18-21). Seven male (70%) and three female (30%) was involved with. **Results:** Most of the participant prefer disability sports because it is an activity of daily living of rehabilitation, huge opportunity to express him/herself, publicity of sports disability sports, most of them were satisfied but not sure about the future and their life style, some of them were not satisfied earlier, most of them were confident and states increased opportunity will increase their confident level. They perceived problems like lack of opportunities to express them and lack of knowledge about disability sports among people. **Conclusion:** It can be said that ninety two percent participants are satisfied and confident to their health status. But facing a lot of obstacles and difficulties like lack of opportunities for female participants, lack of knowledge among people and other patient. So more orientation in people about disability sports is recommended. It is good news that disability sports are becoming popular for SCI patients rehabilitation in Bangladesh, but more specific guideline was needed. So more specification of about disability sports should be included.

Keyword: Perception, Disability sports, physically disabled participants.

1.1 Background

The number of people with disabilities is increasing in the world today. The overall reported prevalence is at least one person out of ten has physical disability in most countries. The loss or reduction in independence in such basic activities hampers personal freedom. Individuals have the choice of achieving optimal health within their unique circumstances. Although individual differences are more pronounced among people with disabilities than those without, all have the capacity to improve their health and personal potential through regular exercise (Ergun, 2013).

Disabled individuals must continually negotiate the relationship between body, socially constructed disability, and identity. Sport is one of the arenas in which the social struggle for control of the physical body occurs, processes of individual identity testing and formation are conducted, and multiple notions of identity are embodied. Disability sport is thus clearly an excellent context in which to investigate the relationship between identity and disabled individuals (Hung & Brittain, 2006).

Sports following Spinal Cord Injury (SCI) are beneficial aspects of community integration. For participants sports and recreation can offer numerous physiological and psychological benefits that shown in previous study (Slater & Meade, 2004).

Spinal cord injury can result from a spinal disease that can cause physical injury, hemorrhage, tuberculosis, tumors and syphilis; the most frequent causes of this injury, however, are related with urban violence, sports accidents and occupational accidents (Ducharme, 2010).

Through participation in sport, some individuals may come to define themselves, at least in part, as athletes. Athletic identity—the extent to which one identifies with the athlete role is the sport-specific portion of a multidimensional self-concept (Marsh, 2008).

Being able to practice one's favorite sport after SCI is associated with higher levels of athletic identity and better psychological adjustment. Team sport participants reported

experiencing better psychological adjustment than individual sport participants did. The findings suggest that social factors are important in the link between sport participation and psychological adjustment in people with SCI (Tasiemski & Brewer, 2011).

For promoting community reintegration, physiological and psychological benefits among persons with SCI, sports are useful. A few studies have documented demographics of participants in sports with SCI as well as common injuries and risks in this population (Slater & Meade, 2004).

The perception of disability as an undesirable personal attribute has led many disabled people to reject disability as a social identity for themselves and to become tangled up in various forms of self-oppression. So the study reveals the success in disability sport and perception about sports of disabled participants.

The purpose of this study was to gain understanding positive and negative developmental experiences in disability sport. Participants suggested their sport involvement facilitated many positive developmental experiences (Thomas & Cote, 2009).

1.2 Rationale

Now a day Spinal cord Injury is most commonly occurring disabling condition in all developing and developed countries in the world and it is increase day by day due to lack of awareness. Injuries that are affecting the spinal cord and complicated by physical damage are an important health problem in Bangladesh as they carry a high rate of morbidity and mortality. Demography of spinal cord injury is important to know as Bangladesh is a developing country and trying to develop health care delivery system. Sports for the disabled were not known to all but today have come to be recognized and known by everyone. In SCI patient's rehabilitation program or for long time management, disability sports can be a part of their daily living. This study is formulated to fill the gap of knowledge in the area of disability sports. The aim of the study is to identify the perception about sports among physically disabled sports participants. And from this study awareness is increased and may provide proper recommendation for every single risk which is helpful for participants. Beside this it is help to established proper guideline and proper technique. This study is also help to discover the lacking area of a disable participant, especially about their posture before doing any activities. So the study enhances the knowledge about disabled people, disability sports and their view towards sports. These research project is established to identify the need of continuation of recreational sports activity for disabled people. Individual with spinal cord injury have variable psychological problem even after social returns. So sports can be used in treatment purpose and study would be helpful for disabled people as treatment. From their rehabilitation and recreation if it can be be proven that sporting activity can improve psychological status and quality of life.

1.3 Research question

What is the perception about sports among physically disabled sports participants?

1.4 Objectives

1.4.1 General objective

To identify physically disabled sports participant's perception about sports.

1.4.2 Specific objectives

1. To find out participants eagerness in sports;
2. To identify the factors influenced them to participate in sports;
3. To find out the benefits they get from sports;
4. To determine their satisfaction as sports participant.

1.5 Operational definition

Sports

Sports are all forms of usually competitive physical activity which through casual or organized participation, aim to use, maintain or improve physical ability and skills while providing entertainment to participants. Sports are usually governed by a set of rules or customs, which serve to ensure fair competition, and allow consistent adjudication of the winner.

Disability sports

While sport has value in everyone's life, it is even more important in the life of a person with a disability. This is because of the rehabilitative influence sport can have not only on the physical body but also on rehabilitating people with a disability into society. Furthermore, sport teaches independence.

Perception

Perception is the ability to see, hear, or become aware of something through the senses or the way in which something is regarded, understood, or interpreted.

The spinal cord injury can range from a mild spinal cord concussion to transitory dormancy or permanent tetraplegia. At the level of the neck vertebrae C5, C6 and C7 and at the level of the chest and back vertebrae, T12 and L1 are the most common sites of Spinal Cord Injury that affect. Organic structures and functions are compromised, resulting in limitations to perform Activities of Daily Living (ADLs), aspects that affect victims' quality of life (QOL), when the organ become injured. The World Health Organization Mental Health Division's Quality of Life Group considers QOL as the individual's perception about his position in life in the context of the culture and value systems he lives in, considering his objectives, expectations, standards and concerns (Fleck et al., 2006).

SCI patients are vulnerable to tissue rupture in all injury treatment and rehabilitation phases, ranging from the post-trauma to the community reinsertion phase. Problems that can affect these patients include pressure ulcers, which affect 35% of patients. Pressure ulcers result in severe medical and psychosocial complications, increased healthcare costs and interfere directly in individuals' QOL (Singh et al., 2010). To compensate for the limitations of disability of SCI patients, low, medium or high-complexity assistive technologies exist, according to each patient's degree of difficulties and affected performance area, with a view to helping to reach a better performance, equal opportunities, independence and improved QOL (Rodrigues, 2008).

Each member of the society deserves a good QOL despite their physical well-being or social status. However, not every member of the public is able to appreciate good level of quality of life especially physically disabled people (Gerdtham & Johannesson, 2000).

Disabled people desire similar attention and care as non-disabled. They want to be part of the local community, acquire social and self-care skills for future independence, and feel confident and respected by others. However, what these outcomes meant, the way they are prioritized, and the level of achievement expected, often differed from normal teenagers. Among the many potential psychological effects of involvement in sport is enhanced development of a sense of self. By committing to and investing in freely chosen physical

activities, people make a statement to themselves and others about who they are. Through participation in sport, some individuals may come to define themselves, at least in part, as athletes. Athletic identity—the extent to which one identifies with the athlete role (Brewer et al., 2007).

Participation in inclusive sports and recreation programming has shown to be a promising approach for improving physical and psychological outcomes for youth with developmental disabilities. More specifically, participation in sports and recreation programs has improved participants' independence, coping abilities, and teamwork skills (Patel & Greydanus, 2002) encouraged the development of friendships, creativity, self-identity, and a sense of purpose in life. Disabled people have the same right to be as active as everybody else, whether they want to make use of their local gym or become an elite athlete. But the starting point is listening to disabled people and using their response to build opportunities and increased physical strength and functioning (Burney et al, 2003).

In keeping with their self-images, people high in athletic identity tend to show greater sport involvement and participate at higher levels of competition than those low in athletic identity. For some individuals who highly identify with the athlete role, experiencing events that threaten performance of that role, such as illness, injury, and deselection (i.e., getting “cut” from a sport team) may negatively affect personal identity (Sparkes, 2009).

Consistent with several models positing that threats to the self (i.e., events that jeopardize performance of self-defining roles or diminish evaluations of oneself) precipitate depression (Pyszczynski & Greenberg, 2005), positive associations have been documented between athletic identity and psychological distress following both sport injury (Manuel et al., 2002). Athletic identity is also related to various demographic and psychological factors. For example, men tend to have higher athletic identity than women do, and athletic identity has been found to be inversely related to age and positively associated with level of sport involvement. Beginning with a pair of studies exploring measurement issues. Athletic identity has been examined in a series of investigations of persons with disabilities. Positive correlations have been documented between athletic

identity and competitiveness in a sample of female athletes with various disabilities, perceived competence in a sample of children with visual impairments (Shapiro, 2003), and quality of life in a sample of athletes with cerebral palsy (Groff et al., 2009).

An inverse relationship between athletic identity and social physique anxiety in a sample of female athletes with various. Groff and Zabriskie (2006) found that the degree of identification with the athlete role of elite Alpine skiers with disabilities was comparable to that of skiers without disabilities at similar levels of competition. In a study of 678 people with spinal cord injury (SCI), (Tasiemski et al., 2004) found that people with SCI, even those involved in competitive sport, reported lower levels of athletic identity than the normative values for athletic identity among athletes without disabilities and athletes with disabilities other than SCI. As documented in research on athletes without disabilities athletic identity was greater among males than among females and increased with level of sport involvement and amount of weekly sport participation. Athletic identity was not, however, significantly correlated with life satisfaction, anxiety, and depression (Tasiemski et al., 2004).

Athletes with disabilities increasingly compete with and against non-disabled athletes on the track, on the field, and in the pool. However, the experience of disability sport in Sub-Saharan Africa shows that the integrative trend between disabled and non-disabled athletes is not unidirectional. Modern disability sport originated in the Global North and spread to the majority world through colonialism and global capital flows. Elite disability sport competition requires expensive technological inputs in the form of sport prostheses, adapted equipment, and trained coaching, regulated by European and American institutions in the form of the Paralympic Games and the sport federations that lay the ground rules for competition. The diffusion of disability sport faces significant economic and cultural barriers in Africa. Although the existence of technology has drawn closer together those who have the economic means to access it, those who do not have such access become even more isolated, a 'disability divide,' akin to a 'digital divide,' that will grow as technology advances (Fuchs & Horak, 2008).

Despite a promising start, post-independence African countries suffered under military rule, endemic corruption, and economic mismanagement. Short of resources during the structural adjustment era after the oil crisis of the late 1970s, many African countries, strained by large debt obligations to international financial institutions, allowed disability sports organizations to wither at a time when tremendous advances in technology and human development were occurring in disability sport. Structural adjustment programs often involved cuts to social welfare programs and the institution of user fees for government services, including health services, which adversely affected persons with disabilities (Bond & Dor, 2003).

As Bourgeois (2011) notes with respect to Ghana, cuts to social welfare programs during the 1980s triggered a nascent disability rights network funded by the Danish International Development Agency and other Western donors. The donor-funded Ghana Society for the Physically Disabled, founded in 1987 at the height of economic austerity, promotes sporting activities in all of Ghana's ten regions through its Sport Wing. Reliance on international donors as the primary sponsors of disability sport increased in this era as government support contracted. The disability divide affects both recreational and rehabilitative sport as well as elite international competition, as integration at all levels of sport requires technological inputs and access to competition. Competing with a wooden leg prosthesis, American gymnast George Eyser won six medals at the 1904 Olympics in South African sprinter Oscar Pistorius qualified for his country's Olympic team using two prosthetic legs made of carbon fiber-reinforced plastic. The Victorian-era exclusionist belief that the most perfectly-formed and strongest should dominate has become one in which disabled athletes such as Pistorius are portrayed as part-machine with possible unfair advantages over non-disabled athletes (Alegi, 2010; Howe, 2011).

Despite facing opposition to his participation in the Olympics due to his perceived advantages' on the track, Pistorius is a charismatic and highly educated white South African. While he undoubtedly shared many of the same lived experiences of exclusion as disabled athletes across the developing world, Pistorius has unique access to state-of-the-art technologies from the Global North, (until recently) sympathetic media coverage, and highly trained coaching. He symbolizes integration between disabled and non-disabled

athletes at the highest levels, and yet he personifies the disability divide on the African continent occurring in disability sport. Structural adjustment programs often involved cuts to social welfare programs and the institution of user fees for government services, including health services, which adversely affected persons with disabilities (Bond & Dor, 2003).

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The phenomenon of modern sport is almost exclusively of European origin, which spread to the world through colonialism and trade as businessmen, soldiers, and colonial officials brought their games with them. Even today, participation and governance in international sporting events requires the majority world to compete on Western terms. Unlike pre-modern sports in the majority world, modern sports are secular and rule-bound, with highly specialized roles and bureaucratic governance. The most elite of all sporting events, the Olympic Games, are among the most Western-centric of all athletic spectacles, drawing heavily on imagery from ancient Greece and governed by an enormous capitalist enterprise based on the shores of Lake Geneva (Dykens et al., 2006).

The founding of the Olympics coincided with the Victorian beliefs about strength, beauty, and domination, hailed by Olympic founder Pierre de Coubertin as a 'sporting aristocracy,' an athletic elite that possessed superior qualities over the masses. By contrast, modern disability sport had a radical ethos from its inception, with rehabilitative origins that allowed people who were otherwise excluded from competition to join. Modern disability sport was in part the product of medical advances for persons with spinal cord injuries, many of them disabled veterans, during and after World War Two. A one-in-ten survival rate before the war years became a nine-in-ten survival rate. In addition, the decline of the institutional model of disability services toward an integrative one in the 1950s, with an

increasing emphasis on government services in Europe's emerging welfare states, placed new emphasis on rehabilitation as a goal of disability assistance (Lauff, 2007).

However, radical intentions or not, modern disability sport, like all modern sports, reinforces North-to-South capital flows and the southward diffusion of athletic technology, aid, and opportunity. Colonial-era European notions of the human body infused attitudes toward disability and toward sport, as eugenics pervaded popular thinking about health and fitness (Bargielowska, 2010).

The ideology of eugenics, the belief that the genetic composition of the human race could be improved through selective reproduction, reinforced white racial superiority and the exploitive relationship between Europe and the majority world. 'Racial science' arose in the era of the Atlantic slave trade and the early decades of modern biological and human sciences which claimed to discover racial underpinnings for an exploitive power dynamic. The belief that the most perfectly formed bodies should dominate infected modern non-disabled sport well into the twentieth century, as gender and racial restrictions persisted, as did preservation of the distinction between middle class amateur sport and working class professional sport. Early modern sport was exclusive well into the twentieth century, the province of the strongest and most civilized; the Olympics themselves consciously connected the modern games to one of the earliest European civilizations, ancient Greece. This exclusionary philosophy hampered the introduction of sport to persons with disabilities. In today's culture that encourages perfection body-beautiful ideals, it is often assumed that those with disabilities suffer from psychological problems (Guthrie, 2004).

However, many studies have found that engaging in physical activity enhances self-perception and self-confidence (Blinde & Callister, 2006). Huzler and Bar-Eli (2001) reviewed self-concept and self-esteem research and concluded that there were significant positive differences in the self-concept of disabled people before and after participation in sport and between those with a sedentary life style and those who participated in sport. Some specific psychological benefits of sport for physically disabled people.

People with a disability may recognize the physical and social benefits resulting from participating in physical activity generally (including sport in particular). The phenomenon

of modern sport is almost exclusively of European origin, which spread to the world through colonialism and trade as businessmen, soldiers, and colonial officials brought their games with them. Even today, participation and governance in international sporting events requires the majority world to compete on Western terms. Unlike pre-modern sports in the majority world, modern sports are secular and rule-bound, with highly specialized roles and bureaucratic governance. The most elite of all sporting events, the Olympic Games, are among the most Western-centric of all athletic spectacles, drawing heavily on imagery from ancient Greece and governed by an enormous capitalist enterprise based on the shores of Lake Geneva (Dykens et al., 2006).

Elite disabled athletes sense more of a mind–body unity and interdependence than separation and opposition. They experience the physical and psychological empowerment that come from being skilful in the use of the body even more profoundly than able-bodied people because they are not only developing their mind–body capabilities but also challenging stereotypes related to physical disability (Guthrie & Castelnuovo, 2001).

An individual’s impairment is read, influenced, and constructed by various social, cultural, economic, and political factors, as well as by his or her own experiences. It is undeniable that impairment plays a part in determining a person’s sense of self because, “unlike other bodies marked by difference (e.g., race, gender, and sexual orientation), disabled people cannot argue that their bodies are not physiologically different from other bodies” (Promiset al, 2001). In fact, physical differences sometimes do hinder disabled individuals from “normal” functioning in the able-bodied world. On behalf of all disabled people, (Meekosha, 2005) states, “We are dis-abled. We live with particular social and physical struggles that are partly consequences of the conditions of our bodies and partly consequences of the structures and expectations of our societies, but they are struggles which only people with bodies like ours experience”.

External barriers resulting in a lack of opportunity to participate in physical activity (particularly sports) among people with a disability have been widely discussed in the literature (Tepper, 2008). Not having someone to go with to the gym or sporting facility is another barrier. This poses a greater problem for those people with a disability who need

some kind of physical, oral (help with communicating) or visual assistance or moral support.

Tepper (2008) both cite the existence of inadequately trained service providers, unsuitable activities and inflexible programs as areas of particular concern. Pauw and Gavron (2010) raise the issue of a lack of locally available facilities and lay the blame for this at cuts in funding. Poor physical access at existing facilities can present a barrier to the participation of people with a disability in sporting activities, specifically in terms of the inappropriate design of buildings, lack of aids or adaptations to equipment, the need to check beforehand that extra assistance is available, and restricted access times.

A recent survey for Sport England (Finch et al., 2001) found that young people with a disability were far less likely to take part in extra-curricular (i.e., out with normal school lessons but organized by the school) or out of school sport. For example, 16 per cent of the sample of young people with a disability had taken part in extra-curricular sport compared with 45 per cent of a general sample of young people; and 47 per cent of young people with a disability had taken part in sport at the weekend compared with 74 per cent of the overall sample of young people. The existence of disability sports clubs in the UK provided a motivation for disabled people to be involved in regular physical activity. However, others believed that the emphasis by disability sports organizations on competition may serve to discourage rather than encourage participation. Nonetheless, it seems reasonable for those considering themselves as disabled to seek the benefits of sport in a similar way to their non-disabled peers, that is, to develop friendships, release stress, and improve health and fitness, (Lockwood, 2002).

In the past, individuals with disabilities have been excluded or segregated from organized physical activity. However, in recent years, full inclusion has become a popular practice, providing participants with opportunities to engage in programming without conditions, limitations, or prejudice. Participation in inclusive sports and recreation programming has shown to be a promising approach for improving physical and psychological outcomes for youth with developmental disabilities. More specifically, participation in sports and recreation programs has improved participants' independence, coping abilities, and teamwork skills (Patel & Greydanus, 2002)

Similar to most young people, children and youth with developmental disabilities may form a strong sense of self- and social-awareness. Young people with disabilities are often aware of their personal needs, adaptability, problem-solving skills, and attitudes within different environments (Harding et al., 2009), and tend to perceive sports and recreational programs as physically and emotionally unfriendly. These perceptions are largely due to the negative attitudes and behaviors of program staff and peers. Young people with disabilities also report social and emotional constraints to participation, including different interests than their peers and an inability to control their social environment (Harding et al., 2009). Self-esteem and self-concept are important concerns for all young people, including those with disabilities. For example, a systematic review of the research found that female adolescents with cerebral palsy held a lower self-concept than their peers without disabilities in terms of physical appearance, social acceptance, athletic abilities, and academic abilities (Shields et al., 2006). Furthermore, health issues, skill deficits (i.e., physical, social, recreational), and lack of time and energy also negatively impact child and youth participation in sports and recreational programming (Mactavish & Schleien, 2004; Harding et al., 2009; Verschuren et al., 2012).

Strong external support systems refer to emotional, institutional, and instrumental support from the community at large, including community government and schools. These support systems shape each young person's values and support the development of positive coping strategies (King et al., 2006). Successful inclusive sports and recreation programs forge partnerships among families, practitioners, and other community-based organizations to promote the health and wellness of young people and their families (Murphy & Carbone, 2008). Administrators, teachers, family members, youth, and the larger community are involved in the inclusion process such that everyone collaboratively develops the program's philosophy, goals, staff responsibilities, and evaluation processes (Block & Conatser, 2002).

Providing supportive relationships for young people with disabilities is vital in inclusive sports and recreation programming; however, without encouragement from adults, peers often show low acceptance of their peers with disabilities (Favazza et al., 2000). Providing structured play time for young people with and without disabilities has shown to improve

young people's attitudes toward their peers (Favazza et al., 2000). While this approach is unlikely to be successful with older children and youth, inclusive sports and recreation programs successfully encourage the development of these relationships with peer companion programs, or match youth with disabilities to trained peers without disabilities (Brannan et al., 2000; Miller et al., 2009). One form of peer companion programs, peer tutors, trains non-developmentally challenged students to assist their peers and provide support and interaction during program activities (Block & Conatser, 2002; Block et al., 2007). The success of these programs, however, is dependent on the availability of training for young people on how to best support their peers with disabilities (Miller et al., 2010).

Tasks within each activity may be broken into smaller steps (Brannan et al., 2000), and games developed specifically for inclusive programs can be implemented into daily programming. Low-organized games are an example of such an activity. Low organized games, or active group games, are designed to promote social, emotional, cognitive, and physical learning as well as foster a trusting environment between participants. These games allow youth to participate at their own developmental level, which ensures they are appropriate for young people with and without disabilities (White et al., 2004).

Disabled people's motives for participation are similar to those of non-disabled people, for example, using after-sport social activities to seek acceptance from others. Whilst Taub and Greer (2006) concur, their interviews with disabled athletes revealed that the nondisabled respond to disabled people's participation in sport with disbelief about their physicality and with a clear lack of knowledge about their physical capability. One interviewee with cerebral palsy said, 'they [non-disabled people] want to be so nice to people, but they don't really know what they're doing. So they give you the wrong kind of support, either paternalistic or the wrong type of information'. They found that disabled athletes did not internalize these negative responses, believing that sport made them feel (a) more capable and (b) that they had not yet reached their full physical potential.

The relationship between disability and sport has been described by Steadward (2002) as 'contradictory and complex', as disability is associated with individual weakness, whereas sport is associated with strength, aggression and power over an opponent – characteristics rarely attributed to disabled people. This perspective helps to explain disabled people's

participation in sport is an attempt to emulate non-disabled values and an example of disabled people's struggle for acceptance in a predominantly able-bodied world. Disability sport is merely an imitation of non-disabled sport in which disabled people are encouraged to accept a set of non-disabled values. Much of the literature surrounding the study of sport for disabled people has focused upon the attempts to adapt nondisabled people's activities for individuals with impairments. It seems that physical education and sport for a disabled person are normally adapted versions of those originally designed for non-disabled people. However, to start from the premise that sport should be adapted and made appropriate for the disabled individuals confirms and reinforces the hegemony of able-bodied sport. Clearly, sport and physical activity are widely accepted and actively encouraged for athletes with disabilities; however, when training, one must consider the etiology and implications of the individual's disability (Richter, et al, 2001). The position statement of the American Academy of Orthopaedic Surgeons warned that when participating in sport, individuals with physical disabilities may need to take precautions. However, these precautions should be appropriate and without needless restrictions.

There has been considerable confusion over the medical aspects of an athlete's disability and their implications on sport. Some of this has been due to a lack of research. However, important facts are emerging which sport medicine professionals, coaches, and athletes need to know. The benefits of physical activity and sport participation for people with disabilities are also significant. Physical activity and sport participation for individuals with disabilities prevents health problems by reducing the risk of developing heart disease, controlling weight, building lean muscle, reducing fat (Kannus, 2003).

The most common injuries were strains and muscular injuries of the upper extremity. Many of these injuries are understandable. Because hands are used continuously for propulsion, blisters of the fingers and thumbs may develop. Overuse entrapment syndromes may occur, although their risk does not seem to be high when compared with their occurrence in non-athletes with disabilities (Boninger et al., 2009).

A major concern is overuse injury cumulative trauma disorders, particularly of the shoulder. Wheelchair propulsion is increased by increasing the speed and force of the impulse supplied to the hand rim. Wheelchair design changes (lowering the seat height to

allow for a low center of gravity) may contribute to more injuries because the decreased seat height may place the elbow and upper arm in contact with the wheel, where a friction burn can occur. Fractures of the metacarpals and phalanges are possible from falls and collisions with other wheelchairs that may occur in sports such as wheelchair basketball. Researchers have estimated that although stroke technique may vary, the hands of some athletes are in contact with the hand rim for 270 degrees (Gehlsen et al., 2000).

The rotator cuff is vulnerable from overuse injuries, which result in tendinitis or impingement syndrome. Many of these injuries may be prevented through the use of not only reasonable training programs with appropriate progression and periodization, but also special attention to the balance of the shoulder girdle musculature. In wheelchair athletes the anterior musculature often needs to be stretched, and the posterior musculature, especially the external rotators and the scapular adductors, need to be, strengthened (Burnham et al., 2001).

By the nature of wheelchair propulsions, the wheelchair athlete tends to overdevelop the anterior musculature with a relatively weak posterior musculature. Therefore, exercises that strengthen posterior musculature, such as a rowing machine, may be beneficial in preventing this injury from occurring. The benefits of physical activity and sport participation for people with disabilities are also significant. Physical activity and sport participation for individuals with disabilities prevents health problems by reducing the risk of developing heart disease, controlling weight, building lean muscle, reducing fat and preventing osteoporosis (Kannus, 2003).

3.1 Study design

Qualitative research approach was used to find out perception of physically disabled sports participants in disability sports. Perception, believe, fear attitude cannot be described in quantitative method. So qualitative research method is used to find out perception of physically disabled sports participants.

3.2 Study site

The SCI registered unit of physiotherapy department of at the Centre for the Rehabilitation of the Paralysed (CRP) in Bangladesh which is the largest spinal cord injury rehabilitation Centre for the patient with spinal cord injury in Bangladesh was selected. At first the standard questionnaire was developed and then collected data from SCI registered unit.

3.3 Population

The target population are the patient with Spinal Cord Injury who were admitted at CRP spinal cord injury unit, Savar, Dhaka.

3.4 Sample

The target sample were about 10.

3.5 Sampling procedure

Purposive sampling technique was used to collect sample.

3.6 Inclusion criteria

1. Both male and female both were included. As there may be different opinion among male and female.
2. Spinal cord injury patients admitted into CRP.
3. Willingness to participants. Participant's positive and negative view and interest in sports.

3.7 Exclusion criteria

1. Complete tetraplegia patient.
2. Patients with decubitus ulcer.
3. Patients with other metabolic diseases.

3.8 Data collection

The base of any study is data collection. This study has followed all rules of data collection including method of data collection, materials used for data collection, duration and procedure of data collection.

3.8.1 Method of data collection

Data was collected by the researcher herself. The questionnaire form are completed or filled up in front of the researcher. Face to Face interview technique by the researcher were held by providing a semi structured questionnaire form. A tape recorder was used to aid data collection. It was helpful to record the interview like, when the participants gave the answer of the questions the researcher might not be able to memorize all the words that the participants had said. After the interview the researcher easily transcribe the interview without any trouble and error. The other equipment used are note book, pen.

3.8.2 Questionnaire

For data collection a semi structured questionnaire are used to find out the perception of physically disabled sports participants. Which includes close ended question in part-1 to obtain socio-demographic information and open ended question in part-2 to find out the perception of disabled participants.

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3.8.3 Data analysis

Data was analyzed by themes. After completing the data collection researcher made some themes based on the response of the participant. From the interview questions, some categories were constructed. Under these categories the content analysis was used.

Ethical consideration

The ethical guideline of WHO (World Health Organization), IRB (Institutional Review Board) & BMRC (Bangladesh Medical Research Council) was strictly followed. The research proposal was submitted to the ethical review committee of Bangladesh Health Professions Institute (BHPI) for approval & to CRP's ethical committee for getting permission for data collection. After the proposal was approved to carry on with the study the researcher had moved the study.

All the participants and authority were informed about the purpose of the study. All the interviews were taken in a comfort feeling and confidential place. Researcher ensures the confidentiality of participants and share the information only with research supervisor.

Participants for the interview were explained clearly about the study and verbally informed that their information would be published but their name and address would not be used in any means in the study project. The interview notes and recording words would not be shared or discussed with others. The study would not harm or embarrasses her or him in order to participate in the study. Participants also ensure that their participation were voluntary and they can reject or withdraw from the study any time.

4.1 Sociodemographic information at a glance

Age range

Analysis revealed that among the 10 participants of 20-30 years of old 2, 31-40 years of old 7 and 41-50 years of old participants were 1.

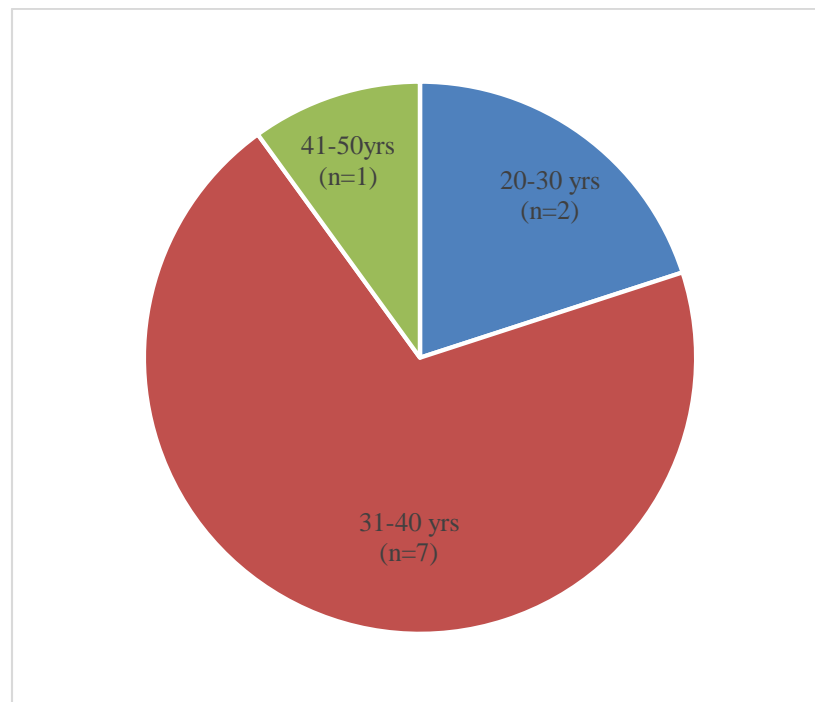


Figure 01: Age Range

Sex

Among 10 participants approximately 7 were male and 3 were female. Here result showed that female is more affected than the male.

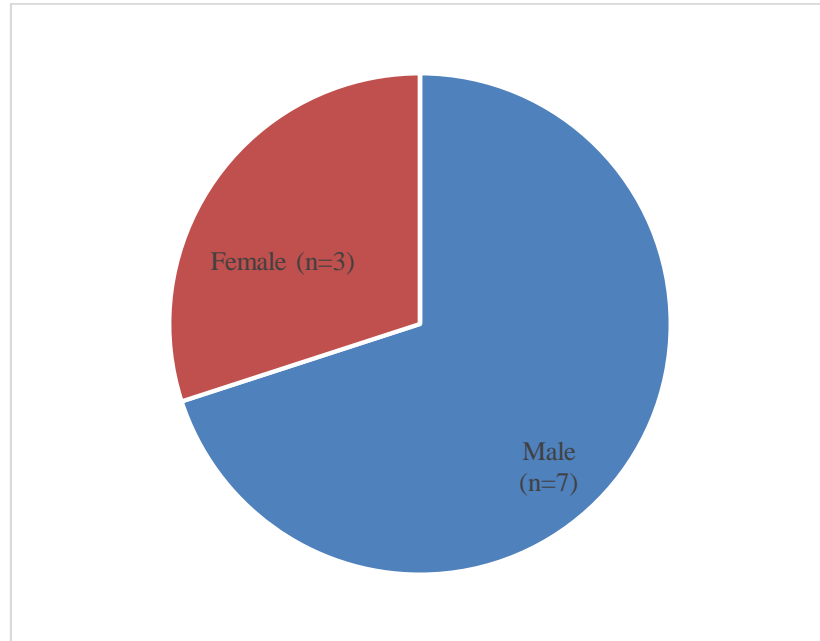


Figure 2: Sex of the participants

Occupation of the participants

In this study 3 of 10 participants were housewife, 2 of 10 participants were day labour, 3 of 10 participants were student, 2 of 10 participants were farmer.

| Occupation | Number | Percentage (%) |
|-------------------|---------------|-----------------------|
| Farmer | 2 | 20 |
| Day labour | 2 | 20 |
| Housewife | 3 | 30 |
| Student | 3 | 30 |
| Total | 10 | 100 |

Table-1: Occupation of the participants

Marital Status

In total participants, approximately 4 of 10 were married and approximately 6 of 10 were unmarried.

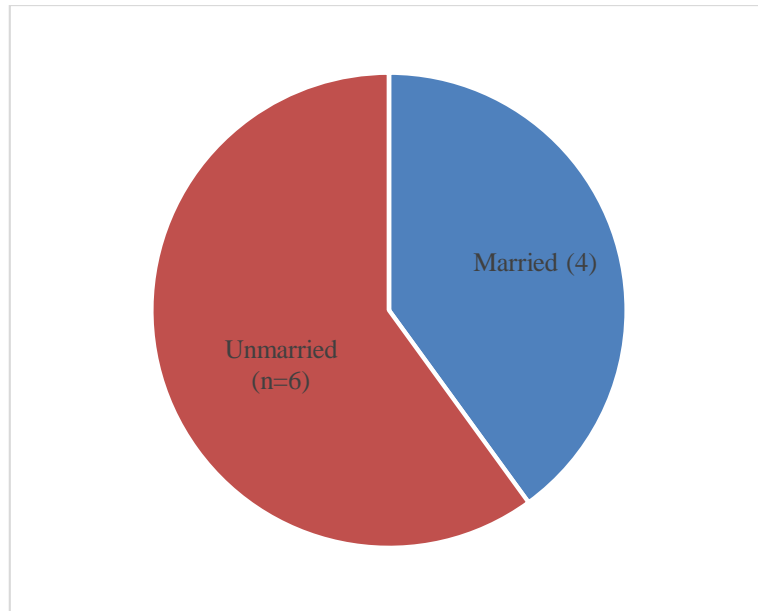


Figure 3: Marital status of participants

Educational status

In this study among all the participant approximately 1 of 10 participant was no formal schooling, 3 of 10 were primary level, 3 of 10 were JSC completed, 3 of 10 were S.S.C pass.

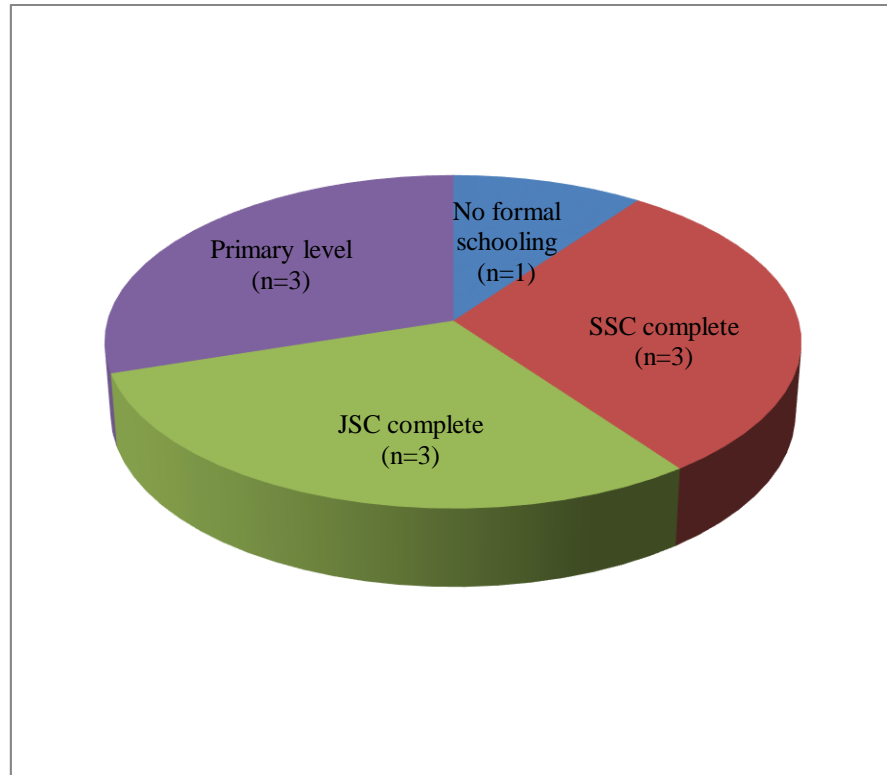


Figure 5: Educational Status of participants

Type of injury

Among all participants approximately 8 of 10 were complete paraplegia and 2 of 10 were incomplete paraplegia.

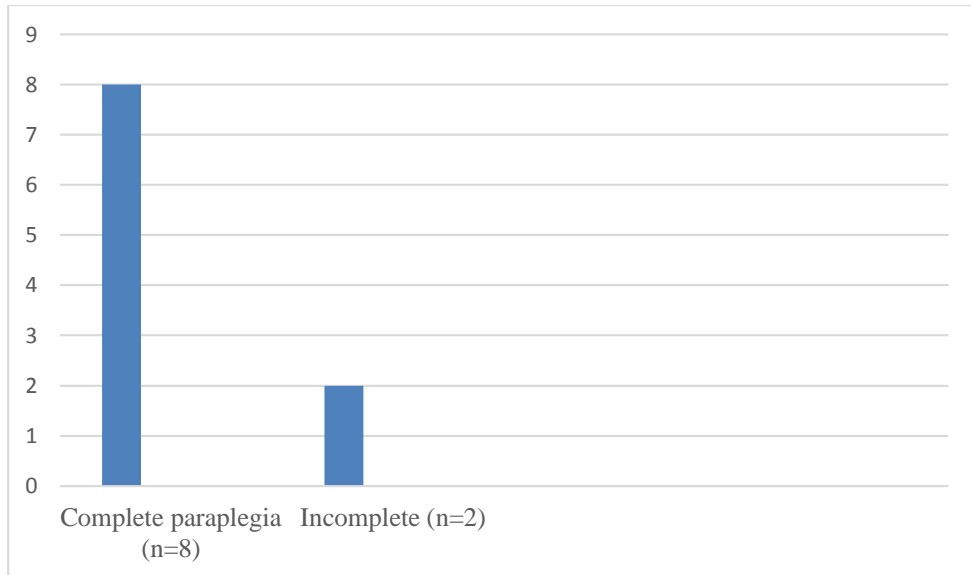


Figure 6: Type of injury

Causes of injury

Among all participants approximately 9 of 10 injury was traumatic cause and 1 of 10 injury was non traumatic cause.

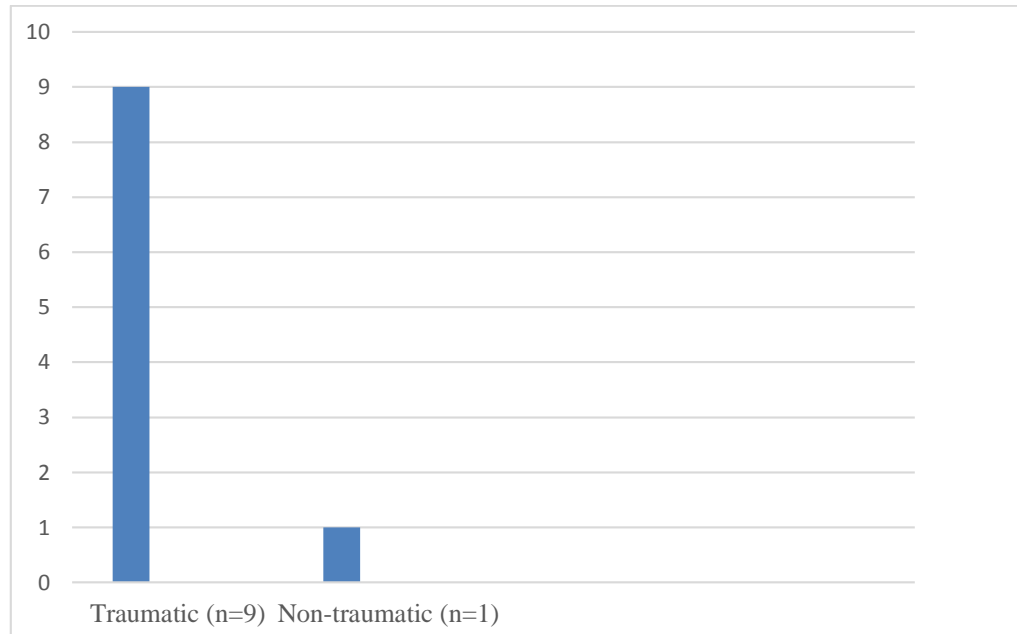


Figure 7: Causes Of injury

Data analysis

The aim of the data analysis was to find meaning from the information collected. Data analysis is the process of systematically arranging & presenting information in order to search for ideas. In the study all the participants were asked the same questions through semi-structured phone call recording interview. After transcribing the entire interview the data was organized according to interview questions. All transcripts were several times to gain the themes and find out what the participants wanted to say.

Thematic coding

The central idea of indexing is that the researcher applied a uniform set of indexing categories systematically and consistently to their idea. Recommended in order to avoid the generation of multiple of codes. The researchers should initially apply codes relating to the themes and purpose of the study, whilst at the same time keeping an open mind about unexpected themes within the data.

Categories of the interview

1. Participants involvement in sports before injury

The researcher wants to find that participants involvement in sports before their injury. Maximum participants were involved in sports activity and they preferred to play football, cricket.

Most of the participants said that: *Yes, I used to play before injury. Sometimes I used to play cricket, football.*

8th participants said that: *Yes I liked to play sports. I used to play kanamachii, bouchi.*
9th and 10th participants said that: *No I have no idea about sports.*

2. Participants would like to play now

Researcher wanted to find that whereas participants are not able to play sports as before, but are they would like to play disabled sports. Most of the participants appreciate with it.

1st, participant said: *Yes. Now I would like to play. Because now my health condition is not as earlier day, so I can't play football. But still I can play another sports.*

3rd participant said: *No. I don't like to play. Because I can't lead normal life as before.*

Most of the participants said: *Yes. I like sports for time passing. It gives me refreshment. I enjoy sports. Because to fill up our lacking's sports is very important for us. I have much more feelings about sports. Feel better when played all together. Good for entertainment. Because it works like therapy of my hand. I feel energetic.*

3. Type of sports they would like to play

Researcher wanted to find that which type of sports give much more benefit and recreation among participants. Most of the participants have chosen basketball.

Most of the participants said: *I would like to play basketball here.*

6th participants said: *I would like to play carom board.*

8th and 10th participants said: *I would like to play ball throw.*

9th participant said: *I would like to play dutch throw.*

4. Participants view towards sports:

Researcher wanted to find that what their view about sports was. Most of the participants view toward sports is positive. Some participants are negative about sports due to their present condition.

Most of the participants said: *Sports is very important for health. It brings mental satisfaction. And it is easy to do any task when we feel better in our mind. Sports can bring joy in mind. During playing sports I feel better. It's better for time passing. People who are disabled like us, sports is very important to maintain fitness. And in this condition, we are not able to do every task. So sports is a part of our activity of daily living. When we played sports, we are become free from another tension.*

3rd and 7th participants said: *I just like sports. Nothing else. Everybody like sports.so I am not the exception.*

8th and 10th participants said: *It seems good. Feel better mind, become relief from mental pressure.*

9th participants said: *I didn't play sports. So I don't know anything about sports.*

5. Participants wants to continue sports

Researcher wanted to find that are participants eager to continue sports here. Most of the participants are eager to continue sports here.

1st and 2nd participants said: *I would like to play sports. And in this condition I have to face many physical problem. So sports is an another better way for my health condition. And in leisure time I couldn't feel better. It is difficult to pass leisure time. My mind become refresh when I play sports.*

3rd participant said: *No. I don't like to play same sports all time. I would like to play different sports in several time.*

Most of the participants said: *I just like sports. Feel relax after playing sports at the end of the day.*

9th participant said: *If I feel better I would like to play sports. And here it's a rule, so I used to play. When I play, it gives me away from mental pressure.*

6. Participants get benefit from sports

Researcher wanted to find that are participants got any benefit from sports. If yes, then which type of benefit they have got.

Most of the participants said: *Feel better. Whereas all time I spent leisure hour, so sports can help me to move my body. To maintain body fitness sports is important. I feel better than earlier. It reduces my mental pressure. I feel independent. Reduces mental pressure. Also give therapy to my hand and trunk.*

8th and 9th participant said: *Feel better, forget pain. But have not so much beneficial effect on my health. But when I used to play, I feel better.*

Findings from the interview

Theme-1

Participants involvement in sports before there injury

Theme-2

Participant's eagerness about sports

Theme-3

Perception about sports

Theme-4

Influencing factor in sports

Theme-5

Physical and mental benefit from sports

Theme-1:**Participant's involvement in sports before their injury**

The meaning of the theme is that how many participants were involved in sports activity before their injury that can be helpful for their future performance. Participants who were involved with sports, it is easy for them to cope up with their present condition. Maximum participants were involved in sports. So it is easy for them to involve in disabled sports for their affection in sports activity.

Theme-2:**Participant's eagerness about sports**

Most of the participants are eager about sports. Specially male participants are eager to play sports. Some participants are disappointed for their present health condition, so they have minimum eagerness about sports. Participants who were involved in sports activity before their injury, some of them are disappointed to thinking about that, they cannot play as before. So they have shown tiny affection toward sports.

Theme-3:**Perception about sports**

Most of the participants have positive perception about sports. Some participants have no idea about sports because of their social environment. Specially female participants have no idea about sports. It's seem to some participants that sports is very important for their health condition. It work as their activities of daily living. As they are not as same physical condition as before, so sports has become a part of their life.

Theme-4:**Influencing factor in sports**

Maximum participants said that they like sports from childhood. It's a natural affection. But some participants said that the unity, leadership, excitement, audience support, winning of the game are the main factor which influence them toward sports. Some participants have no feelings about sports for their disability.

Theme-5:**Physical and mental benefit from sports**

To maximum participants, sports is important to maintain body fitness. They feel independent, relief from mental pressure and feel better than earlier. It works like a therapy and exercise, improved muscle power and balance. Mobility function works in sports. Can pass leisure time during playing sports.

The respondent described different reasons of practicing sport. From their comment, they like it very much. It also help to maintain a good physical condition and improve the upper body strength. These are the most important factors for practicing sports. So they were more active than before to do other activities. Bengston, (1990) studied the most important reason given for practicing sport was to improve health.

Also had freshness all time in mind. That is why they can enjoy their work. They also learn to co-operate with each other, give assistance to each other, where they could lead a group. As it was recreation for them all of them enjoyed the sports activity and enjoy their life in different way. It made their life easier to live. They were much better now than before. It also increase the strength of their mind. They become more confident about themselves, their future and their work.

After spinal cord lesion the participants had treated themselves for better outcome. But they could not become well. They become disabled and used different types of supportive aids to move from one place to another place. It makes them depressed that they would not be able to walk again or can move like a fit person. It makes them to do any type of work. When they were at home, they were always neglected, avoided. Higher frequency of sports activity in spinal cord lesion showed better psychological status especially reduction of depression and trait of anxiety and increase in vigor (Barton, 1993).

The participants cannot live with their relatives. They had to depend on other family member to do their daily activities. In this condition they can't even think about sports to play. When they rehabilitate here they got many opportunities. With those opportunities they are also given chance to play for recreation. This makes them free from tension and depression about themselves. It took them far from painful thinking and sorrows.

Sports make the participants mind fresh and they were happy to play, enjoy the sports so much. In sports, competition made them thrilled and give them enjoyment when they win in the game they were happy and felt joy. When they loose in the game it made them sad.

Loosing made them stronger to win in the next game, which proved that they also got benefit psychologically by playing sports.

By being disabled, the community peoples feeling is that they have lost all capacities to be involved in the community activities. As these participants had to do different types of works to lead their life independently and had to earn money, so they need to be active. After a few time of working they become tired, lost the energy and strength to do works.

The respondents also lost their motivation to go forward and do some purposeful activity. They did not get any support from their family. They had to live alone in this rehabilitation center. They had to be independent and need to found the sources of income, that they need to be more functional and active.

When they played in leisure time it was exercise for them and it helped them to move their limbs. It increase the strength of body and made their functional ability more strong and they had to walk for playing the sports. Playing the sports the participants co-operate with each other and assist but also they become competitive. The enjoyment of practicing sport is competition and improved self-esteem (Sherill, 1997).

In this way they helped each other and their feelings and communications with each other improved. Sports activity made them sympathy to other participants to help in any way. Games provide factual information, develop skill in decision making and problem solving and improve the interpersonal relationship. The participants also expressed that recreational sports activity

Social interaction depends on support of other people in the community. However, it also requires a degree of self-esteem. So disabled people are interested and feel worthy to form relationship with other people. When a person neglected, he/she may lost their strength of mind, might had negative thought about other people and society. In this research project 5% of participants were complaining about the negative attitudes of others. Overall in our society this percentage is not low. This negative perception made the disabled coping difficult in the community life (Kleiber & Krishnit, 1991).

As it is first time research so maybe there are some mistake that overlooked by the researcher. Sample selected from one place but it need to select those samples from different place and organizations to make the results more valid and reliable. There was no international research available about perception about Sports among Physically Disabled Sports Participants. This is the first one in Bangladesh. Research about perception on other countries was not latest. Time was too short to conduct study. For better results it would take more time.

Conclusion

The aim of the study was to find out the perception about disability sports among physically disabled sports participants. Though the study had some limitations but identified some further step that might be taken for the better accomplishment of further research. The duration of the study was short, so in future wider time would be taken for conducting the study. Proper equipment/instrument of sports should be provided. Need to motivate these participants to be positive about themselves and others. Ensure that everybody participate in the recreational sports activity. Provide an instructor or trainer for teaching them new sports. Only 10 participants as the sample of this study, in future the sample size would be more. This study only find out the perception about sports but in further study could be carried out to find out the barrier in participation and also the valuable effect of disability sports among the participants. In this study, took the participants only from the one selected area of Bangladesh as a sample for the study. So for further study investigator strongly recommended to include the participants from all over the Bangladesh to ensure the generalize ability of this study.

Recommendation

The overall concepts of this research project was enhancement of quality of living by introduction of recreational sports activity. In conclusion it can be said that ninety percent sports participants of are satisfied about disability sports. Participants are eager to play sports. But there is some problem in facing a lot of obstacles and difficulties, like lack of confidentiality for performance, lack of knowledge among people about disability sports and other. Some participants are disappointed about their future, so there have some negative view in participants toward disability sports. They thought about their past life of independency. So they couldn't find any positivity in disability sports. So it is necessary to improve confidence level among participants. It should be ensure that sports is not only for recreation or entertainment, it also for mental, physical and for social welfare.

So more orientation in people about disability sports is recommended. It is good news that disability sports is included in health policy of Bangladesh, but there is need more specific guideline about working area in disability sports. So more specification of about sports should be included in health policy.

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APPENDIX I: CONSENT FORM (English)

CONSENT FORM (English)

(Please read out to the participant)

Dear Sir,

Assalamualaikum, my name is Shifat Ahmed Khan. I am conducting this study for a B.Sc in Physiotherapy project study dissertation titled, “**Perception about Sports among Physically Disabled Sports Participants**” under Bangladesh Health Professions Institute (BHPI), University of Dhaka. I would like to know about some personal and other related information regarding spinal cord injury. You will answer some questions which are mentioned in this form. This will take approximately 10-20 minutes. The objectives of this study is to explore perception of disability sports as participants

I would like to inform you that this is a purely academic study and will not be used for another purpose. The researcher will not directly related with, so your participation in the research will have no impact on your present or future treatment in this area (Spinal Cord Injury unit). All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous and also all information will be destroyed after completion of the study. Your participation in this study is voluntary and you may withdraw yourself at any time during this study with any negative consequences. You also have the right to answer a particular question that you don't like or do not want to answer during interview.

If you have any query about the study or your right as a participant, you may contact with me, researcher and/or **Mohammad Habibur Rahman**, Assistant Professor, Department of Physiotherapy, CRP, Savar, Dhaka.

Do you have any questions before I start?

So may I have your consent to proceed with the interview?

Yes:

No:

Signature of the participant _____

Signature of the Interviewer _____

সম্মতিপত্র

আসসালামুআলাইকুম/ নমস্কার,

আমার নাম সিফাত আহমেদ খান, আমি এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশনাল ইন্সটিটিউট (বিএইচপিআই)-এ পরিচালনা করছি যা আমার ৪র্থ বর্ষ বি এসসি ইন ফিজিওথেরাপী কোর্সের অধিভুক্ত। আমার গবেষণার শিরোনাম হল- শারিরিক প্রতিবন্ধীদের মধ্যে ক্লীড়া সম্পর্কে উপলব্ধি। আমি এক্ষেত্রে আপনাকে কিছু ব্যক্তিগত এবং আনুষঙ্গিক প্রশ্ন করতে চাচ্ছি। এতে আনুমানিক ২০ মিনিট সময় নিবো।

আমি আপনাকে অনুগত করতে চাচ্ছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্য কোন উদ্দেশ্যে ব্যবহৃত হবেনা। গবেষক সরাসরি এই অধ্যয়নের সাথে অন্তর্ভুক্ত নয়। তাই এই গবেষণায় আপনার অংশগ্রহণ বর্তমান ও ভবিষ্যৎ চিকিৎসায় কোন প্রকার প্রভাব ফেলবেনা। আপনি যেসব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে। এই অধ্যয়নে আপনার অংশগ্রহণ সেচ্ছা প্রণোদিত এবং আপনি যে কোন সময় এই অধ্যয়ণ থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও কোন নির্দিষ্ট প্রশ্ন অপছন্দ হলে উত্তর না দেয়ার এবং সাক্ষাৎকারের সময় কোন উত্তর না দিতে চাওয়ার অধিকারও আপনার আছে।

এই অধ্যয়নে অংশগ্রহণকারী হিসেবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা /এবং মোহাম্মদ হাবিবুর রহমান, সহকারী অধ্যাপক, ফিজিওথেরাপী বিভাগ, সিআরপি, সাভার, ঢাকা-১৩৪৩-তে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে আপনার কি কোন প্রশ্ন আছে?

আমি আপনার অনুমতি নিয়ে এই সাক্ষাৎকার শুরু করতে চাচ্ছি।

হ্যাঁ

না

১। অংশগ্রহণকারীর স্বাক্ষর.....

২। সাক্ষাৎগ্রহণকারীর স্বাক্ষর.....

APPENDIX II: Questionnaire (English)

Title: Perception about Sports among Physically Disabled Sports Participants

Part-1: Sociodemographic information

A. ID No:

B. Name:

C. Age:

D. Sex:

1. Male

2. Female

E. Marital status:

1. Married

2. Unmarried

3. Divorced

4. Widow

F. Educational level:

1. No formal schooling

2. Less than primary school

3. Primary completed

4. JSC completed

5. SSC completed

6. HSC completed

7. Graduate completed

8. Masters completed

9. Others completed

G. Occupation:

1. Farmer

2. Electrician

3. Housewife

4. Student

5. Service holder

6. Day Labor
7. Businessman
8. Driver
9. Others

H. Residential area:

1. Urban
2. Rural

I. Date of injury:

J. Date of admission:

K. Date of data collection:

L. skeletal level of injury:

1. Cervical
2. Thoracic
3. Lumber
4. No

M. Neurological level:

1. ASIA scale-A
2. ASIA scale-B
3. ASIA scale-C
4. ASIA scale-D
5. ASIA scale-E
6. Normal

N. Type of injury:

1. Complete paraplegia
2. Incomplete paraplegia
3. Complete tetraplegia
4. Incomplete tetraplegia

O. Cause of injury:

a. Traumatic:

1. Road traffic accident
2. Fall from height

3. Fall of overloading
4. Shallow diving
5. Motor vehicle
6. Motor cycle
7. Bicycle
8. Gunshot injury
9. Bomb blast
10. Others

b. Non traumatic

**Part-2: This part is designed to explore perception about Sports among
Physically Disabled Sports Participants**

1. Did you play sports before your accident? Yes/No. If yes which type of sports you played?
2. Do you like to play now? Yes/No. Why?
3. Which type of sports would you like to play?
 - Wheel chair basketball
 - Table tennis
 - Weight lifting
 - Volleyball
4. Do you like to continue sports here? Yes/No
 - Yes-why?
 - No-why?
5. What do you think after playing sports?
6. Do you want to continue sports?
 - Yes-why?
 - No-why?
7. Are there any important factor in sports that influenced you? Please describe.
8. Do you think that sports is being beneficial for you? Please explain it.
9. Which factor seemed important to you during playing sports? Please explain it.

প্রশ্নপত্র

১। আপনি কি আঘাত পাওয়ার পূর্বে খেলাধূলা করতেন? হ্যাঁ/ না

হ্যাঁ- কোন ধরনের খেলা খেলতেন?

২। আপনি কি এখন খেলতে পছন্দ করবেন? যদি-

হ্যাঁ- কেন?

না- কেন?

৩। কোন ধরনের খেলা খেলতে পছন্দ করবেন?

- বাসকেটবল
- ওয়েট লিফটিং
- টেবিল টেনিস
- ভলিবল
- চাকতিনিক্ষেপ

৪। আপনি কি এখানে খেলা চালিয়ে যেতে চান? হ্যাঁ/ না

হ্যাঁ- কেন?

না- কেন?

৫। খেলার পর খেলাধূলা সম্পর্কে আপনি কি মনে করেন?

৬। আপনি কি খেলাধূলা চালিয়ে যেতে চান? হ্যাঁ/ না

হ্যাঁ- কেন?

না- কেন?

৭। এখানে কি কোন গুরুত্বপূর্ণ ব্যাপার বা ঘটনা আছে যা আপনাকে প্রভাবিত করে? থাকলে একটু বর্ণনা করুন।

৮। আপনি কি মনে করেন খেলাধূলা আপনার জন্য উপকারী হয়েছে? হ্যাঁ/ না

হ্যাঁ- কেন?

না- কেন?

৯। খেলার সময় কোন ব্যাপারটা আপনার কাছে গুরুত্বপূর্ণ মনে হয়েছে? আপনি কি তা বর্ণনা করবেন?