

## PHYSICAL ACTIVITY IS A KEY TO THE ACTIVE LIVES OF DIFFERENTLY- ABLED PEOPLE: A CRITICAL DISCUSSION

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### Abstract

People with disabilities are vulnerable because of the many barriers we face: attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment—and never get the chance to shine. -----Stephen Hawking

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### INTRODUCTION

Disability is a broader concept of life with many socio-economical dimensions attached to it. It has been outlined that prejudiced attitudes and stereotypical beliefs toward people with disabilities impact their professional inclusion in the workplace, despite legislation promoting equal rights.

People with disabilities, already have to deal with their medical impairments in everyday life and the attitude of people with no disabilities make their existence more complex and challenging. There have been many observations made by various researches at a national and international level in the last decade, projecting changes in people's perception towards people with disabilities but still prejudice and discrimination exists in our society. There is a broad spectrum of attributes interconnected with the attitude of people towards a disability, namely education, employment, personal relationships, understanding between people with disabilities and no disabilities, gender discrimination (within the scope of disability i.e. men versus women with disabilities) and government welfare initiatives, but in this study the authors have decided to concentrate on employability factors.

Although this research focuses on employability barriers faced by people with disabilities, it would lack important interrelated fundamentals if the social, economical, political and ideological domains do not touch upon. Björnsdóttir and Traustadóttir categorically emphasized that a wider approach must be adopted while exploring the concept of disability as this cannot be "studied in isolation, without acknowledging historical, social, and cultural contexts experienced by" people with disabilities (1-3).

Critical reflection on the importance of shaping disability-friendly – or disability-inclusive congregations has enjoyed increasing attention in the field of practical theology in recent years (4-9). Nevertheless, we would be mistaken to assume that practical theology has been alone in drawing attention to the needs and experiences of people with disabilities (hereafter PWDs). On the contrary, the nascent academic discipline commonly referred to as disability theology is very much a multidisciplinary affair, drawing on biblical studies, systematic theology, moral theology, church history and practical theology, as well as disciplines outside the field of

theology, such as sociology, ethics, education, psychology and philosophy (8). Broadly defined, the term 'disability theology' denotes:

[The] attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability. (8)

Today, the idea of people with a disability being able to participate in sport and physical activity is not so uncommon. In many countries, opportunities exist at the grassroots level through to elite competition for people with a disability to showcase their abilities in the domain of sport and physical activity. However, this is not uniform around the world and whilst there has been a progressive and positive change in the quality of life for people with disabilities in many developed countries, often this progress is not reflected in developing countries.

People with a disability in developing countries face major barriers that limit their access to and participation in sport and physical activity. Within a development context, these barriers impact on both the building up activity pathways for people with disabilities in developing countries and also on the use of sport and physical activity programmes for wider development goals.

The World Health Organisation estimates that six hundred and fifty million people live with disabilities of various types, and the number is increasing due to the rise of chronic diseases, injuries, car crashes, falls, violence and other causes such as ageing. Of this total, 80% live in low-income countries; most are poor and have limited or no access to basic services, including rehabilitation facilities.

Based on 2010 population estimates – 6.9 billion, with 5.04 billion 15 years and over and 1.86 billion under 15 years – and 2004 disability prevalence estimates (*World Health Survey* and *Global Burden of Disease*) there were around 785 (15.6%) to 975 (19.4%) million persons 15 years and older living with disability. Of these, around 110 (2.2%) to 190 (3.8%) million experienced significant difficulties in functioning. Including children, over a billion people (or about 15% of the world's population) were estimated to be living with a disability (10).

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. In an era where 'inclusive development' is being emphasized as the right path towards sustainable development, focussed initiatives for the welfare of disabled persons are essential. This emphasizes the need for strengthening disability statistics in the Country (11).

This rising incidence of disability, particularly in developing countries has the potential to place further burdens on governments and health care systems. Sport can be a low-cost and effective means to foster positive health and well-being, social inclusion and community building for people with a disability.

The present research based article critically discussed the importance of physical activities to minimize the degree of disabilities and leading towards active life.

#### **WHAT IS DIFFERENTLY ABLED OR DISABILITY?**

Disability is a complex dynamic, multidimensional and contested. Over recent decades, the

disabled, people's movement (12,13)- together with numerous researchers from the social and health sciences (14, 15) – have identified the role of social and physical barriers in disability. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a "medical model" to a "social model" in which people are viewed as being disabled by society rather than by their bodies (13).

The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition (16). A balanced approach is needed, giving appropriate weight to the different aspects of disability (17, 18).

The terms *Disability and Disabled* are words undergoing change due to disability rights movements. The word "disabled" means having a physical or mental disability, unable to perform one or more activities because of illness, injury, etc. The word "disabled" came to be used as the standard term in referring to people with physical or mental disabilities in the late 20th century, and remains the most accepted term in both U.K. and U.S. English.

### **INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH**

The International Classification of Functioning, Disability and Health is more commonly known as the ICF and it provides a standard language and a framework for the description of health and health-related states. The first version was published in 1980 and was updated in 2002. The latest version puts the notion of health and disability in a new light by acknowledging that every human being can experience a decrement in health and thereby experience some disability. This is not something that happens only to a minority of humanity.

In the ICF, the term *functioning* refers to all body functions, activities and participation, while *disability* is similarly an umbrella term for impairments, activity limitations and participation restrictions. In ICF disability and functioning are viewed as outcomes of interactions between *health conditions* (diseases, disorders and injuries) and *contextual factors*. Among contextual factors are external *environmental factors* (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); and internal *personal factors*, which include gender, age, coping styles, social background, education, profession, part and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual.

### **BENEFITS OF ACTIVITY/FITNESS FOR PEOPLE WITH DISABILITIES**

The statements at the opening of this digest are common misunderstandings held by people on the topic of exercise and fitness for persons with disabilities. The fact of the matter is: individuals with disabilities, for the most part, can gain very similar benefits from physical activity and the accrued physical fitness as people without disabilities.

People with disabilities can enhance the functioning and health of their heart, lungs, muscles and bones in most cases through regular physical activity. Flexibility, mobility and coordination can be improved, lessening the negative effects of some conditions or slowing the progression of others. Besides, participation in physical activity can be fun and provide a chance to meet people and make new friends. Since physical activity contributes to the maintenance of health, by exercising, people actually build stamina that makes the demands of daily living easier, thus leaving extra energy at the end of the day for additional social activities. While there may be

some minor discomfort by anyone at the beginning of a physical activity program after being sedentary, there is no evidence that appropriate activity, done correctly will aggravate most conditions. It is important to know how one's body responds to different conditions and to plan activities accordingly.

Some people with 'disabilities hesitate to be active for fear of falling. Anyone can fall and activity actually improves balance and coordination to the extent that injury is less likely among people who exercise on a daily basis. People or entities who own facilities where activity programs are conducted are no more liable for injuries to people with disabilities than they are for injuries sustained by any other consumer given that the facilities and equipment are properly maintained and appropriate instruction and supervision are provided.

When a community is planning to develop or modify facilities for activity, people with disabilities should be involved before programs are implemented. No one sees the obstacles to access like someone in a wheelchair who cannot reach the restroom door, get their chair under the drinking fountain or wheel up a grade to reach the outdoor education classroom. Health care providers should also be as supportive of physical activity for individuals with disabilities as they are anyone else, encouraging them to incorporate regular activity into their daily lives. Most importantly, schools should provide high quality, preferably daily physical education for grades K-12 that is accessible to students with disabilities. This is where children develop their lifestyle behaviors and learn skills that serve them throughout the lifespan.

### **DISABILITY SPORT**

Disability sport is a term that refers to sport designed for, or specifically practiced, by people with disabilities. People with disabilities are also referred to as athletes with disabilities. Deaf sport is distinguished from other groups of people with disabilities and in some countries deaf people prefer not to label deafness as a disability. The rules of deaf sport are not altered, only instead of whistles and start guns, athletes and officials communicate through signs, flags and lights. In many developing countries deafness are still considered a disability.

### **ADAPTED PHYSICAL ACTIVITY (APA)**

Adapted physical activity is the profession, the scholarly discipline or field of knowledge, and the service delivery, advocacy and empowerment systems that have been created specifically to make healthy, enjoyable physical activity accessible to all and to assure equal rights to sport instruction, coaching, medicine, recreation, competition and performance of persons with disabilities. According to the International Federation of Adapted Physical Activity (IFAPA), Adapted Physical Activity (APA) means:

- A service-oriented profession
- An academic specialisation or field of study
- A cross disciplinary body of knowledge
- An emerging discipline or subdiscipline
- A philosophy or set of beliefs that guides practices
- An attitude of acceptance that predisposes behaviours
- A dynamic system of interwoven theories and practices
- A process and a product (i.e. programmes in which adaptation occurs)

An advocacy network for disability rights to physical activity of participants with disability.

## CONCLUSION

With the view of the above discussion the following suggested steps can be taken to minimize the degree of disabilities to to focus the disabled person in the mainstream of the society.

1. Promotion of Physical literacy,
2. Selection of activities depending upon the disabilities,
3. Promoting Inclusive education,
4. Promoting the scope of fun and enjoyment,
5. Advocacy of adapted physical education,
6. Other health conditions should be taken into consideration,
7. Shifting the paradigm from training to activity,
8. Psychomotor behavioral therapy,
9. Proper motivation,
10. Ample opportunity of recreation,
11. Routine followup.

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