

UNIVERSITY OF EDUCATION, WINNEBA

**AN ASSESSMENT OF PARENTS' PERCEPTION ON PHYSICAL
EDUCATION FOR CHILDREN WITH DISABILITY**



DECEMBER, 2013

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EDUCATION FOR CHILDREN WITH DISABILITY**

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**A DISSERTATION IN THE DEPARTMENT OF HEALTH, PHYSICAL
EDUCATION, RECREATION AND SPORTS, FACULTY OF SCIENCE
EDUCATION, SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES,
UNIVERSITY OF EDUCATION, WINNEBA IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR AWARD OF THE MASTER OF EDUCATION IN
PHYSICAL EDUCATION**

DECEMBER, 2013

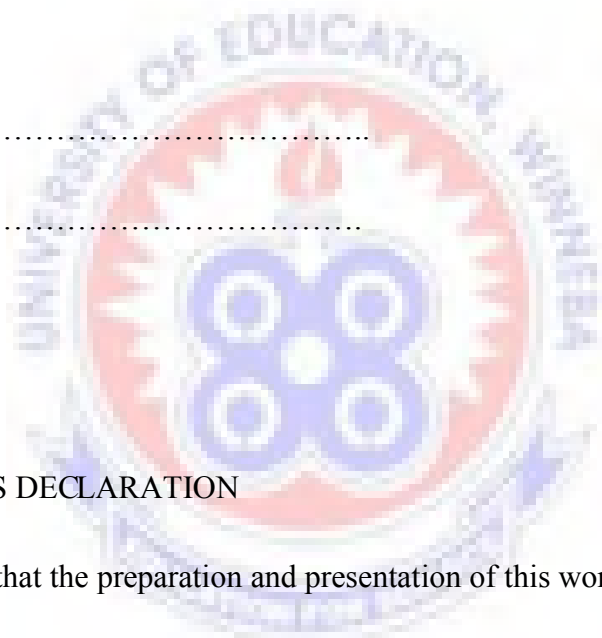
DECLARATION

STUDENT'S DECLARATION

I, Leticia Agyeiwaa, declare that this Dissertation, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

SIGNATURE:.....

DATE:.....



SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of Dissertation as laid down by the University of Education, Winneba.

NAME OF SUPERVISOR: DR. PATRICK AKUFFO

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DATE:.....

ACKNOWLEDGEMENT

I would like to express my profound gratitude to my supervisor, Dr. Patrick Akuffo, for his patience, diligence with which he guided me through this research.

My appreciation is also extended to Very Rev. Fr. Stephen KowBosomafi, Rev. Fr. James AnnorOhene, Mr. Sydney K. Baguoh, Mr. Tony Osei-Boateng and Mr. AkugiriAtoniLamisi for their prayers, guidance and suggestions. I am also indebted to Wonder KomlaGirentsi whose suggestions were indispensable.

It will be difficult for me to mention everybody who offered me help in this study. To all I say thank you. May the Almighty God bless and reward you.



DEDICATION

This work is dedicated to my mother whose prayers and motivation had made it possible for the completion of my work. May the good Lord richly bless you.



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ABSTRACT

This study aims at assessing parents' perception on physical education for their disabled children. A descriptive survey research design was adapted where a total sample of 30 parents with disabled children. The primary data was collected using structured questionnaires and as well as key informant interview guides. Consequently, both qualitative and quantitative data were collected. Research findings revealed that majority of the parents indicated that both of the parents and the disabled children should be brainstormed on the importance of engaging in physical education to motivate the disabled children will need to participate in physical education. In addition, majority of the parents have negative feelings toward disabled children engaging in physical education. In addition, majority of them strongly disagreed that it is good for disabled children to participate in physical education. Based on these findings, it was recommended that government should put in place structures that will erase negative feelings toward disabled children engaging in physical education

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Parents have been identified as fundamental partners in the organization and development of educational programmes for children with disabilities (Lytle & Bordin, 2001). Parents' input into their children's educational outcomes is imperative because the parents and their children will be most impacted by the success or failure of the educational process.

The merger of special education with regular education during the 1980s resulted from a shift from a services based educational paradigm towards a supports based paradigm (Mawer, 1996). A services based education paradigm was founded on the assumption that if students received specialized educational services (e.g., skill upgrading within a self-contained setting), provided by specifically trained teachers, they would, in time, be integrated back into the regular educational stream and ultimately the larger community. Special education classrooms, taught by special education teachers, were part of the services based educational landscape. A drawback that emerged from this paradigm was that many of the students never "earned their way out of the programmes" and thus remained in special classes throughout their school years (Grineski, 1992).

Parents and other advocates challenged the dual system of education (i.e., general education and special education) due to its fiscal inefficiencies and unfulfilled promises. The supports-based paradigm emerged. Proponents of this paradigm assumed that with

proper and adequate support, individuals with disabilities would achieve success by remaining in the mainstream environment and participate fully in family, school and community activities (Mawer, 1996). What Mawer, 1996), referred to as a supports-based paradigm has been given the label of inclusion within the context of educational programming (Henneberger, 1993). Cleland & Pearse (1995), stated that an inclusive school was “a place where everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met” (p. 3). Bowyer (1996), defined inclusion as the provision of services to students with disabilities, including those with severe impairments, in the neighbourhood school, in age-appropriate general education classes, with the necessary support services and supplementary aids (for the child and the teacher) both to assure the child’s success – academic, behavioural and social – and to prepare the child to participate as a full and contributing member of the society (p. 9).

The „inclusion“ ideology enabled many students with disabilities to achieve both social and academic success in general education environments that reflect the heterogeneous make up of society (Bailey, 2006; Williams, 1994). Prior to the full merger of general and special education, physical education was one of the first subject areas students with disabilities attended within the general educational setting (Williams, 1994). General physical education continues to be the preferred program setting for students with disabilities (Woods, & Book, 1995; Bailey, 2006). Nevertheless, successful participation in the general program requires that adaptations be made to the learning environment. For example, students who are Deaf may need the support of interpreters and students with

emotional disorders may require instructional assistants (Williams, 1992). The process of inclusive physical education has been of considerable interest to adapted physical activity researchers.

1.2 Statement of the Problem

Worldwide changes are shifting the conditions in which physically challenged students prepare for life through physical education. Moreover, a significant number of parents with physically challenged students lack the awareness and the benefits of physical education for physically challenged students. Many do not have the time and means to do exercise with their physically challenged children. World Health Organization (WHO), (2002), emphasize that many parents have a blasé attitude towards their disabled children physical activities.

Clarke & Hubball (2001), emphasized that physical inactivity is a global health problem and has been linked to many serious illness facing physically challenged children. Verderber, Rizzo & Sherrill (2003), also emphasized that such situation is a major problem for physically challenged children in the world with the parents' ignorance on the physical, social and psychological benefits of physical education. This has therefore edged the researcher to investigate the parents' perception on children engaging in physical education and assist them to understand the relevance of physical education for disabled children

1.3 Purpose of the Study

The main purpose of this study was to assess parents' perception on Physical Education for their disabled children.

1.4 Objectives of the Study

The objectives include;

1. To determine the value parents placed on physical education for their disabled children
2. To assess the meaning parents ascribed to their disabled children's physical education experiences
3. To determine parents attitude towards their disabled participation in physical education

1.5 Research Questions

1. What value do parents placed on physical education for their disabled children?
2. How parents do ascribe their disabled children's physical education experiences?
3. What is parents' attitude towards their disabled participation in physical education

1.6. Significance of the Study

The objective of every study is to have some invaluable benefits and contributions to the users of the documents. This study is of no exception. It was therefore expected that, the

study was to help reduce disabled children social isolation, develop their social behaviours, and to improve attitudes toward physical activity. Also helped to improve physical fitness disabled children, and becoming acquainted with community resources for recreation. Again the study was used to help enhance perceptual motor function and sensory integration, and increased creativity in movement and thought to promote their life-styles and helped to improve the overall well-being, develop concept-based skills and to help to promote the physical well-being and health of disabled children

1.7 Delimitation

The study was delimited to;

1. Senior High Schools in the Sunyani Municipality and Sunyani West District.
2. The subjects of the study were parents whose children are physically challenged.

1.8 Limitation

The study had the following limitations;

1. The researcher used ten Senior High Schools in the Municipality and the District because some of the schools were not having students who are physically challenged.
2. Small sample size was used due to uncooperative nature of some of the parents especially the fathers.

3. The researcher was also constrained by time and finance and that she had to confine the study to the Sunyani Municipality and the Sunyani West District of the Brong Ahafo Region.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0. Introduction

This chapter will review the existing literature relevant to the topic assessment of parents' perception on Physical Education for children with disabilities. This chapter is a review of topics including:

- 2.1 Social Model of Disability
- 2.2 The Nature of Physical Education
- 2.3 Physical Education at School Level
 - 2.3.1 Challenges
- 2.4 Anticipated Learner Development Contributions
- 2.5 Social and Psychological Factors
- 2.6 Inclusive Physical Education
- 2.7 Goals of Physical Education
- 2.8 Inclusion and Physical Education
- 2.9 Attitude of Parents towards Teaching Physical Education to Students with Disabilities

2.1. Social Model of Disability

The social model is an attempt to redefine traditional discourse, to further expand and challenge the perception about the ability of people who have impairments in society today. Society today is quick to apportion labels to people that they feel deviate from the

„norm“. Consequently, these labels have a permanent effect as they serve to emphasize the status quo, rather than challenge the established discourse. *‘Categorization allows for overgeneralization and under expectation.* (DePauw & Gavron, 1995, p.11)

An individual’s concept of „normality“ has derived from history and is culturally located (Di Lauro, 2008). Davis (1997), believes that the problem does not reside with the person with impairment. Rather, it is a result of the way that normalcy is construed, thus creating the perceived „problem“ with impairments (Di Lauro, 2008). These attitudes are continually reinforced through the procedures, policies and practices of public service (Kretchmar, 2008)). The social model contends that the restrictions faced are due to societal constraints that are translated through the socio- cultural framework of beliefs and norms that are embedded in society (DePauw & Gavron, 1995).

It has been documented that these attitudes are not exclusive to able-bodied people. In research conducted by Davis (1997), it was recorded that people with an impairment who had previously been the subject of negative perceptions, can exhibit the socially constructed attitude towards people that they perceive to be more severely impaired than themselves. This gives a clear indication of how deeply entrenched negative perceptions of people with impairment are in society discourse.

Any barriers can be considered significantly more daunting when immersed in a competitive sports environment where the implication of an unaccommodated disability could be magnified (Davis, 1997).

Physical activity and more specifically, Physical Education, is an imperative for the total education of school learners. It helps them to realize mind-body-soul unity (Holdstock, 199). It also capacitates the child with the ability to seek victory while managing defeat and to become citizens of the world without foregoing their citizenship of their own country.

By nature, Physical Education encourages learners to explore and find their own solutions to their physical movement and physical activity problems. This type of exposure to problem solving activities will assist learners in becoming problem solvers, as they engage in the development of their own solutions, defend their uniqueness and maintain their sense of individuality. Engaging in the problem solving process builds character, as well as boosts the self-image and self-esteem of the individual (Wuest& Bucher, 1995).

Two components of Physical Education, namely, physical activity and physical movement, are valuable and essential components to the educational experience, as they make a positive contribution to the lives of people. Physical activity and physical movement ensure that while learners are involved in intellectual pursuits, the necessary balance for them to realize their full potential as human beings is provided, as these two components provide the learners with their all-important physical experiences.

Therefore, as a consequence of what Physical Education has to offer the nation, as part of its commitment to the transformation and development of education and its commitment to the holistic development and growth of the country's children, needs to re-examine its

education system. The country needs to introduce the concepts of development, growth and education through Physical Education. Physical Education must not be seen as an obscure entity whose meaning and identity must either be searched for, or extracted, from another body of knowledge. Rather, a clearly defined approach will assist the subject matter in developing its own profile and legitimacy, and prevent it from either being replaced, or becoming the marginalized educational component, which is happening currently.

2.2. The Nature of Physical Education

The broader education system at school focuses on the growth, development and experiences of the whole child. At the same time, according to Wuest and Bucher (1995), “Physical education is an educational process that has as its aim the improvement of human performance and enhancement of human development through the medium of physical activities selected to realize this outcome”.

Wuest and Bucher (1995), go on to suggest that Physical Education is the only area of the school curriculum that promotes the development of motor skills and fitness, and that no other curricular area contributes to development in the psychomotor domain. Williams (1989:1), states that the “educational potential” of Physical Education “will of course only be realized if a well-planned, broad and balanced curriculum is offered”.

According to Kirk and Tinning (1990), “Another response may be that the main criteria for the inclusion of physical education is to serve purposes such as maintaining students’ fitness and health, providing them with leisure-time skills for adulthood or with

sports skills for elite performance”. Also, the Department of Education and Science (1991) advises: “Schools will need to include equal opportunities considerations among the criteria by which they select the content of physical education programmes, so that all children have the opportunity to experience a range of physical activities”.

Based on the previously stated assertions and advice, it could be argued that Physical Education adds to the quality of health and well-being of the learner. It could further be argued that learners will feel fitter and fresher, develop more energy, possess more vigour and vitality, as well as be sharper and clearer minded, and therefore become more effective and efficient in their activities, learning and daily lives, if Physical Education is implemented optimally.

Moreover, education through the medium of Physical Education has the potential of contributing to a successfully integrated, multi-disciplinary, educational curriculum. For example, Physical Education can be utilized to explain examples like the functioning of the respiratory system in Biology, the lever systems and the laws of motion in Physical Science, as well as the lymphatic system in Health Education. Hence the reason it can be said that Physical Education concerns itself with the growth and enrichment of the individual’s life and performance. In addition, children naturally indulge in physical movement and physical activity like crawling, walking and playing. In this way they discover more about the world around them and gain confidence as a consequence of the number of successful experiences that they encounter via these activities and life

processes. Physical Education can therefore be interpreted as the foundation of the human being's lifelong, physical, learning processes and experiences (Wuest & Bucher, 1995).

People with a disability are often categorized based upon their level of functional ability to carry out everyday tasks. However, this does not necessarily equate to their level of disability in a physical education environment, especially whereby adaptations can be made (Hardy, 1997).

Socialization allows for assimilation of beliefs through primary socializing agents, influencing interests and aspirations. Physical education can play an important role in influencing the lives of people in society (Modell & Imwold, 1998). It has the ability to build confidence and self-esteem as well as providing direction and purpose in life making it a positive experience (Hardy, 1997)

However, physical education embraces the concepts of competition and dominance, as seen through the survival of the fittest theory, which is predominant in society (Modell, & Imwold, 1998). Physical education strives to determine and demand elite perfection through a series of physical tests regarding speed, strength and endurance. Consequently, elite physical educationists highlights and admires total physical perfection, which given society's perception of elite physical education, when combined with people with a disability, proves to be abhorrent to some people (Davis, 1989). Hardy(1997), continues this theme with the contention that „*Physical education stars carry our dreams while disabled people carry our fears*’’. However, physical education is also governed by fair

play, respect for others, sportsmanship, and etiquette. These aspects are often overlooked in the pursuit of winning, but are still considered to be an integral part of physical education.

Socializing agents have a responsibility to acknowledge the importance of physical education, as it is perceived as an equalizer in society (DePauw & Gavron, 1995). However, the attitudes of the medical model serve to restrain possible opportunities for participation in physical education due to the fear of being hurt or being incapable of taking part in the activity. This is detrimental, especially when socializing agents hold these ideals. DePauw & Gavron (1995), identified through research that, society's attitude towards people with a disability was a significant barrier to participation. Sherrill (1998), extends this idea to include the notion of cultural norms as aiding marginalizing people with a disability in society. DePauw & Gavron (1995), continued this theme by further exploring potential ways of overcoming the barriers. They identified that by addressing the concerns of parents about participating in disability physical education, including those parents of children without a disability, this could possibly overcome this barrier. Soder (1995), asserts that „*A precondition for normalization of children and adolescents with disabilities is extended socialization*”. An important part of this process includes the independence experienced through participating in physical education and physical activity.

Research indicates (McGregor & Vogelsberg, 1998), that movement through physical activity can become a product of free choice and can be creative in interpreting the

capabilities of individual bodies by pushing the boundaries of limitations, whether these are self or externally imposed. The boundaries experienced by being wheelchair bound can be overcome by changing the perspective of the wheelchair despite the limitations of your environment. McGregor & Vogelsberg(1998), highlighted this point in research into wheelchair dance for young people with a disability by showing that the utilitarian function of a wheelchair can be expanded to include creative elements.

Society has a deeply established hierarchy based upon the survival of the fittest theory. If people with a disability, who have always been perceived as of lesser ability in everyday activities including physical education, start challenging this hierarchy, this will disturb the foundations that perpetuate society.

In 1998, Casey Martin, a golfer with a disability, was not allowed to compete on equal terms with his peers. The US PGA maintained its rule that no-one should be exempt from walking the five miles necessary to participate in golf tournaments. This is a competitive rule and not one practiced in non-competitive golf. Casey's disability meant that he had to use a golf cart to perform (Davis, 1989). Davis (1989) contends that the issue was not of fairness in competition, but of the possibility that a person with a disability might perform at a higher level than his able-bodied peers. Modell & Imwold (1998), believe that discourse dictates trends that are still dominated by professional people without a disability and this perpetuates a world of sport that is based on non-disabled terms (Davis, 1989). In a sense anyone with a disability who participates in physical education could be perceived as taking a defiant stance against cultural hegemony due to the social

construction of physical education as an able-bodied activity (Modell & Imwold, 1998). Organizing physical education, so that people with a disability can fully participate, requires an understanding and empathy of the differences between people with disabilities and the different capacities that individuals can hold (Davis, 1989).

2.3. Physical Education at School Level

Generally, the current education system in the country guards against the implementation of rigid and regimental Physical Education. The accepted approach to the subject matter is to ensure that the learner feels comfortable, free and natural. In this way a more conducive learning environment is established, thus providing extra space for greater creativity, lateral thinking and less inhibited responses on the part of the learner.

According to society (Modell, & Imwold, 1998) Physical Education is not teacher-centered, but learner-centered and experiential. This is a direct shift from the traditional teaching methods of the past. The role of the physical education teacher now shifts from that of a trainer, to that of an educator and facilitator. The educator-cum-facilitator as part of the learning process educates the learners by using creative and stimulating teaching methods and as such guides the learners in their activities. This approach stands in direct contrast to the days when the teacher trained the learners in the learning process mainly through the talk-and-chalk, do-as-I-do and do-as-I-tell-you-to-do teaching methods. With these methods the learners were expected to be either passive listeners, or robotic followers, or both (Davis, 1989).

Physical Education assists with the development of the child's motor skills. It gets the child to recognize that the body moves as a whole and not as individual parts. This then can develop children to a point where they understand and appreciate the movement procedures of their bodies, and where they can move and do their activities in a co-ordinate, rather than a disjointed manner. Physical Education also involves self-evaluation and peer-evaluation. Learners are now given the opportunity to correct themselves, thus creating the opportunity for them to observe how they have developed as individuals. This leads to self-appreciation and positive self-esteem. In addition, peer evaluation allows learners to develop an appreciation for the potential and skills of others. Through their observations and evaluations they learn from their peers and grow as a result.

Equipment and apparatus play a significant role in the delivery of many Physical Education activities. Working with these resources requires the learner to follow various safety precautions. The appreciation of space, the appropriateness of apparatus, as well as equipment utilization and accessibility also come into effect. Having to be aware of what is happening and what is needed, as well as the taking of responsibility, adds to the further growth and development of the learner's experience, knowledge and life skills. There are the schools that are fortunate to have the necessary equipment, apparatus and facilities for the true potential of Physical Education to be delivered and executed. Secondly, there are varying degrees of less fortunate schools, which range from not-so-poor to extremely poor. Generally, depending on how poor they are determines the type of resources that exist at these schools. For example, some schools have a lack of

equipment and apparatus, others have a lack of dedicated practice and playing facilities, and then there are those plagued by vandalism, abuse and theft of equipment and apparatus. These examples emphasize the unequal distribution of resources, as well as the unfair legacy left behind by the previous apartheid system. The varying circumstances that prevail at schools, probably also perpetuate the unequal growth of Physical Education at these institutions.

2.3.1. Challenges

Children becoming healthy, holistically developed, active adults must be one of the guiding forces that carry a nation through the twenty-first century. Generally, children have the potential to lead healthy and active lifestyles. Therefore, one of the country's visions should be to ensure that its learners are capacitated with the necessary knowledge, skills, values and attitudes, as well as commitment that will enable them to effectively embrace the ethos of lifelong activity and healthy living. Hence, Ghana teachers should assist in creating the necessary environment for the country's learners to develop positive attitudes to life, so that these learners can be brought closer to the realization of their true potential. One way of ensuring that learners appreciate the ethos of lifelong activity and healthy living, is to capacitate them through the medium of Physical Education.

Wagner (1983) informs all education authorities that the elimination of Physical Education from the school curriculum may be detrimental to the health and learning of the children. Children must be provided with opportunities to engage in physical activity and be taught to make positive choices. Strengthening basic knowledge about Physical Education is critical to the health and academic performance of individuals.

A nation future and its prosperity are dependent on the health and welfare of its people. Many significant social and health problems exist amongst the country's population, with a number of these problems stemming from the types of lifestyles led, for instance, a high percentage of a country lead lifestyles fraught with deficiencies and dependency. Amongst others, they do not follow a healthy diet, there is a lack of physical activity and movement, they indulge in alcohol and substance abuse, and they exhibit reckless and careless sexual behaviour.

In a recent survey entitled Sustainable Coastal Livelihoods Study, it is stated that there is disease, a lack of infrastructure, education and skills, and a cyclical nature of poverty, crime and violence, as well as insufficient health care (Department of Environmental Affairs & Tourism, 2002:11). However, negative, destructive and self-destructive lifestyles, as well as the consequences that are brought about by them, can to a large extent be overcome, avoided and prevented.

A country quality of life can definitely be improved if its people can make informed choices. The country's learners must be provided with the necessary and relevant learning experiences and at least a basic knowledge of the benefits of a healthy way of life. Therefore, given its potential and multi-faceted nature, Physical Education should definitely form part of the holistic development of the learner and be included at all the relevant educational levels. The fields of study and activities of Physical Education include physical movement and awareness of the body, personal and perceptual motor development, as well as gross-motor and affective development. Individually and

collectively, these fields of study and activities will all contribute to the improvement, growth and development of our learners, as well as in time, our country.

Physical Education extends, applies and transmits knowledge, skills, attitudes and values about, and through, physical activity and physical movement, in order to enhance the quality of life of all human beings. This capacitates the learner to cope with issues like the rigours and pressures of formal schooling, work, national service, recreation and sport.

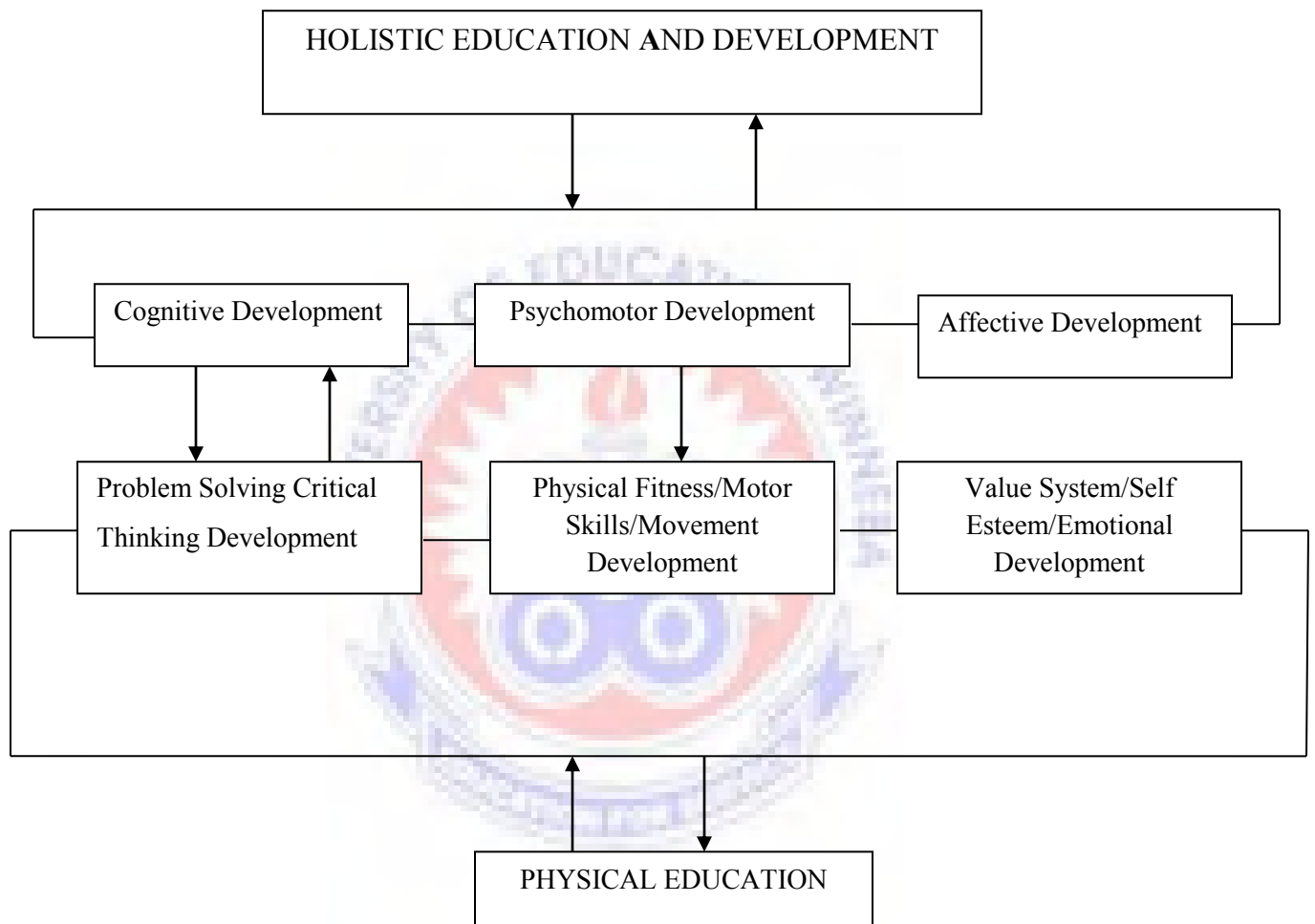
2.4. Anticipated Learner Development Contributions

The nature of Physical Education is such that it addresses more than just the development of a healthy body in a healthy mind. Instead, Physical Education addresses the educational needs of the child, in a holistic manner.

In explaining the related educational growth of the child, I have developed the following diagram, Figure 1, to depict the type of process that is involved. Figure 1 diagrammatically explains how Physical Education plays a major role in the holistic education and development of children. It shows how Physical Education impacts on the critical thinking and intellectual, physical and motor, as well as the emotional and spiritual competence of children, thus assisting with their cognitive, psychomotor and affective development. Consequently, the children are developed in a holistic manner and this improves their overall performance levels, and in so doing, the levels of their skills improve. In addition, their levels of performance regarding Physical Education improve

and with this improvement, their overall skills improve further. Also, in this way the process of development continues cyclically.

Figure 2.1: The Nature of Physical Education



Adapted from(Hendricks, 2003)

When focusing on the cognitive development of the learner, teachers concern themselves with the critical thinking and intellectual skills of the child. Through the medium of Physical Education, teachers can impart knowledge and understanding for participation in movement activities, in a healthy and safe manner and environment. Also through the

medium of Physical Education, teachers can strive to impart knowledge and understanding relating to the function and development of the human body. For the development of the physical and motor skills of learners, teachers can utilize Physical Education activities. These Physical Education activities will assist learners with the realization of an acceptable level of physical fitness. Furthermore, when developing the physical and motor skills of learners, the main focus areas must include aerobic efficiency, muscular strength, flexibility and endurance. It is the intent of Physical Education to provide learners with a broad variety of physical skills, thus enabling them to participate in a wide range of activities.

Embedded in the nature and scope of Physical Education, is the promotion of socially acceptable behavioural patterns. To improve the social skills of the learner, Physical Education focuses on interpersonal relationships such as teamwork, fair play, camaraderie and leadership. It also encourages the child to participate in positive physical, recreational and leisure activities. Physical Education further concerns itself with the emotional skills of the learner. It promotes the appreciation of recreational, creative and competitive activities. In addition to this it motivates positive attitudes towards health, exercise, recreation, education, spirituality and generally, lifelong activity and healthy living (Wuest& Bucher, 1995).

2.5 Social and Psychological Factors

Participation in physical by people with a disability is dependent upon a number of social and psychological factors. The choice of activities that they can participate in is often

restricted due to the lack of variety in the opportunities available. These activities are determined and organized by the local authority of the area in which they reside. Welk(2008) asserts that the attitudes and perceptions are continually reinforced through the practices of local authorities; this includes segregated clubs and activities (Beart, Hawkins, Kroese, Smithson & Tolosa, 2001).

One of the many barriers that people with a disability have to contend with is that of their self-confidence and self-image (Welk, 2008). This results in conflict between the constant portrayal in society regarding the dominant view of perfection and ability versus individual self-esteem. McKenzie (2007) documents that people with a disability are prone to low self-esteem (Welk, 2008). The continuous reinforcement in the media of the success achieved by elite athletes can act as a deterrent for people with a disability who want to participate in sport. This is exacerbated by the fact that participating in sport increases the visibility and highlights any physical differences, which will have led to low self-esteem (McKenzie, 2007)

Bedini (2000) contends that society's perception is more influential in explaining why people with a disability do not participate in physical education in public rather than because of their disability (McCormack, 1997). McKenzie (2007) proposed that individuals internalize societal messages regarding their perception of normal, which in turn leads them to police themselves in order to conform. This results in a power struggle between internal and external catalysts in order to resist subjectification (McCormack, 1997). The research indicated that surveillance occurs between able-bodied and people

with a disability and this effect's individuals levels of self-confidence and self-perception. However, this is not confined to the above-mentioned groups, it also occurs with people with a disability, thus re-enforcing discourse. It also highlighted the possibility of using physical education to challenge traditional attitudes and resistance towards people with a disability (McCormack, 1997)

The idea of dependency is also a potential barrier to participation in society. People with a disability face a constant struggle to alter the way that they are perceived in society. Those individuals, who require some support in everyday life, are at risk of feeling as if they have become a burden to society (Coleman, 1999). When you compound this with societies perception that people with a disability are a non-productive element in society (McCormack, 1997) this serves to reinforce negative feelings of self-esteem and self-worth. Guilt is also a primary concern that could potentially lead to people with a disability to stop asking for support in specific tasks. This was initiated from the onset of the survival of the fittest theory, which establishes the ability, to perform at a set standard, as defined by the „strongest group“ in society, as a prerequisite to succeed in society.

Self-perception is a huge notion that affects everyone and their perceived ability when participating in sport. A person's first encounter with physical education has the power to shape individuals attitudes, beliefs and ability regarding physical activity. The majority of young people rarely translate their physical education experience into future commitment (Fox & Biddle, 1988). This could be a result of a bad experience, which might lead to

low self-confidence regarding their ability. Many people with a disability do not have an abundance of opportunities to participate in quality sport and physical activity from a young age. McCormack (1997) believes that the reason why many people with a disability do not become involved in physical education is based on self-perception as learned through previous interactions with able-bodied people. Consequently, this leads to low self-confidence and negative self-image regarding their capabilities. Fox & Biddle (1988) reaffirm this belief that self-perception is a key barrier to those contemplating participating in physical education. If young people are provided with more opportunities to learn physical education-related skills, this may encourage future active involvement (Kasser, Collier & Solava, 1997).

Physical education, as a socially constructed phenomenon, was designed to accommodate the able-bodied population. Physical education is therefore a prime example of how deeply embedded the medical discourse is within society (McCormack, 1997) and also of the power struggle that underpins the structure of social society. Consequently, this causes people with a disability to define their roles in society as dictated to by the dominant structure (McCormack, 1997) The medical model of disability and the nature of physical education appear to complement the others ideals.

2.6. Inclusive Physical Education

Inclusive physical education benefits many students (Block, 1999; 2000). According to professional opinion, students with disabilities have an opportunity to learn social skills in a more natural environment, to make new friendships with peers without disabilities,

and to improve self-esteem (Suomi *et al.*, 2003). Students without disabilities can learn about disabilities and come to a better understanding of individual differences (Block, 1999). Inclusive physical education is a process whereby all students share their differences and learn to respect each other's limitation and unique abilities (DePauw & Doll-Tepper, 2000). Block (2000) states social objectives, including appropriate cooperation and tolerance for varying abilities, can be enhanced through physical education. Goodwin (2001), described inclusive physical education as a learning environment that provides all students with disabilities the opportunity to participate in regular physical education with their peers, with supplementary aides and support services as needed to take full advantage of the goals of motor skill acquisition, fitness, knowledge of movement, and psycho social well-being, toward the preparation of students for an active lifestyle appropriate to their abilities and interests. (p. 15)

2.7. Goals of Physical Education

Physical education programs provide a planned sequence of activities to improve students' motor and cognitive skills, physical and motor fitness, and feelings of self-worth (Block, 2000; Gallahue, 1996; Kirchner & Fishburne, 1995). The affective, psychomotor, and cognitive domains frame the goals of physical education. Affective domain goals are designed to strengthen self-concept and body image, to reduce social isolation, develop social behaviours, and to improve attitudes toward physical activity. Psychomotor domain goals include learning fundamental motor skills and patterns and their application to physical activity environments, developing physical fitness, and becoming acquainted with community resources for recreation. Finally, the cognitive

domain goals focus on the learning of play and game behaviour, enhanced perceptual motor function and sensory integration, and increased creativity in movement and thought (Grineski, 1993; Sherrill, 1998). The goals of physical education are;

- to develop positive attitudes toward physical activity,
- to promote life-styles oriented to overall wellbeing, and
- to develop concept-based skills.

Ultimately, the overall aim of physical education is to promote the physical wellbeing and health of all students (Sherrill, 1998).

Knowledge of the goals and objectives of the physical education program is necessary for maximizing student learning (Davis, 1989; Sherrill, 1998). Goals guide a person's activity and allow the instructor to measure performance (Bar-Eli, Hartman, & Levy-Kolker, 1994). Grineski (1993) states goal-directed programs motivate children to become physically fit, skillful, and knowledgeable. Goal utilization in instructional planning directs decision making about assessment and helps professionals and what instruments to administer to describe present level of performance (Davis, 1989; Sherrill, 1998). Davis (1989) suggested the establishment of individualized goals in physical education, specific to students with disabilities, is essential for effective teaching and learning in physical education. Identifying goals and objectives is also important for the individualization of instruction.

2.8. Inclusion and Physical Education

Prior to the inclusion movement, children with disabilities were educated in separate physical education classes, regular physical education and adapted physical education (APE) classes. Children with disabilities were educated in adapted physical education classes because they could not be appropriately educated in physical education classes with the use of supplemental aids, assistance, and services. After the full inclusion movement, the “delivery of physical education services to students with disabilities” would change (Rizzo & Vispoel, 1991). That change would consist of moving away from separate physical education classes to including all children with disabilities in regular physical education classes (Rizzo & Vispoel, 1991). An important facet of including children with disabilities in physical education comes from the definition of special education. IDEA 1997 defines special education:

The term special education means specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings, and instruction in physical education. (Cited by Block, 1999)

Block (1999) explains that general physical education, regular physical education, special physical education, and education in separate facilities are all a part of the physical education services that are defined in the law. General physical education services provide all children with disabilities with a free and appropriate public education. Regular physical education services provide students with or without disabilities with the

opportunity to participate in a regular physical education program. Special physical education is when the child with a disability specifically requires a special physical education program. In this case, the school system is required to provide such services. Education in separate facilities is when a child with a disability is being educated in a separate facility. Even though the child is being educated in a separate class, the school system must still insure that the child receives a free appropriate public education and services to meet their goals in physical education. Physical education is an essential part of the educational program for children with and without disabilities. Children with disabilities may require related services (such as physical therapy, occupational, or recreational therapy) to provide extra support to help them benefit from physical education but, at no time can the related services replace physical education.

2.9. Attitude of the Parents Towards Teaching Physical Education to Students with Disabilities

Over the past years, attitudes toward persons with disabilities have been the focus of much research in the field of physical education (Corbin, 2002; Biddle & Mutrie, 2001). Literature in the 1970s suggested that negative attitudes were held by parents, students in education, and rehabilitation counsellors toward individuals with disabilities (Beck & Kosnik, 2002; Sonnenburg, 1992). Surveys in the 1980s provided an initial descriptive base of information about the attitudes of parents toward teaching individuals with disabilities in the regular classroom setting. Research conducted during the 1980s indicated that attitudes of parents toward individuals with disabilities (Patterson & Faucette, 1990), the individuals' type of disability (Sonnenburg, 1992) and the grade

level of pupils taught (Pangrazi & Darst, 1997) are all factors of unfavorable attitudes. This information from the 1980s was predominantly obtained through the use of one survey instrument called the Parents Attitudes toward Teaching the Handicapped (PATH) survey (Rizzo & Vispoel, 1991).

The most prominent researcher in the area of physical education on parents' attitudes toward teaching students with disabilities is Terry Rizzo. He developed the PATH survey and has investigated parents' attitudes toward teaching the handicapped (Rizzo & Vispoel, 1991).



CHAPTER THREE

METHODOLOGY

3.0. Introduction

This chapter presents the research methodology applied in this study. The discussions in this chapter include; research design, study area, population of the study, sample and sampling techniques, research instruments, and data analyses techniques.

3.1. Research Design

According to Fraenkel & Wallen (2003), a research design is “a plan or a blue print of how a researcher intends to conduct a study”. This involves plans for data collection, the instrument for gathering information, how information gathered would be processed and analyzed to give meaning to a research finding. The essence of a research design is to guide the researcher on the type of data to collect how to collect process and analyze them in order to answer the research problem.

The study used a descriptive research design because of the nature of the variables that were at hand, to produce data, required for qualitative analysis and to allow simultaneous description of views, perceptions and beliefs at any single point in time. On the other words, this study used naturalistic inquiry to elicit data related to parents’ perception on physical education for their disabled children.

3.2. Population

Asika (2000: 39), defines the population of a research as “all conceivable elements, subjects or observations relating to a particular phenomenon of interest to the researcher”.

A research population according to Cohen & Manion (1989), relate to the total universe of units from which the sample is to be selected. The target population of the present research comprised all parents whose children are in the participated school.

3.3. Sample and Sampling Technique

Maxwell (2005), defines a sample as “a sub-set of a population which must have properties which make it representative of the whole”. Similarly, Gay (1996), refers to samples as the population that is selected for investigation. Samples involve collecting information from a portion of the larger group, and on this basis, infer something about the larger group (population).

The respondents of the study included parents whose children are disabled in the selected school. Purposive sampling method was used to select 30 parents to participate in the study. Purposive sampling was used because those respondents were the participants that can offer the rich data for the study, and moreover, the study concerns them.

3.4. Instrumentation

Data collection is the process of gathering relevant information about the subject from research participants. According to Leedy and Ormrod (2005), the data gathering process

may vary from relatively simple observation at a specific location to an extensive survey of large corporations across the world.

Data collection instrument is a survey, questionnaire, test, scale, rating or tool designed to measure the variables, characteristics or information of interest. It is often a behavioural or psychological characteristic. There are a number of methods that can be used to gather information and the researcher used written questionnaires.

3.4.1. Questionnaires

According to McMillan & Schumacher (2001: 257), questionnaire is the most widely used technique for obtaining information from subjects. A questionnaire is relatively economical, has the same questions for all subjects and can ensure anonymity. Questionnaires can use statements or questions but in all cases the subject is responding to something written for specific purposes.

A survey questionnaire was used to collect data from the parents in the present study. The research questionnaire was divided into two sections. Section A sought demographic information from the parents. Section B comprised questions that enabled the researcher to assess the parents' attitude towards their disabled children's experiencing. The items were measured on a (4) point Likert scale with anchors, "strongly agree" (4), "Agree" (3), "Disagree" (2), "Strongly disagree" (1). The questions were developed by the researcher from reviewed literature. The questions were short and simple to understand in

line with the recommendations of Howell (2004), that a short and simple questionnaire is preferred because it yields a high response rate.

3.4.2 Validity and Reliability of the Instrument

The validity of research instruments was ensured by assessing the questionnaire items during their construction. Questions were discussed with the supervisor for verification. This was to clear any lack of clarity and ambiguity. The content related validity of the questionnaire was determined and strengthened through an extensive review of the literature.

Shaughnessy and Zechmeister (1997) refer to reliability as “the ability of an instrument to produce similar results at different times with the same group of respondents”. The reliability of the scales used in the study was measured using Cronbach’s alpha. Struwig and Stead (2001) describe Cronbach’s alpha as a measurement of how well a set of items measure a single one-dimensional talent construct.

3.5. Administration of the Instrument

After the items in the questionnaire had been vetted, they were then distributed to the selected parents. The questionnaire was distributed to respondents by the researcher. Respondents were briefed on the purpose of the exercise and how to go about answering the questionnaire. This was to keep respondents within the confines of the exercise and to prevent any possible external influence.

A one week period was used in collecting the data. The researcher guided the parents on responding to the questionnaire for respondents but those parents who can read and write.

3.6. Data Analysis Procedure

Data from the questionnaire was entered in a computer and Statistical Package for Social Scientists (SPSS) version 16.0 programme used to analyze the data. The percentage number of respondents according to their demographic variables were computed and presented using tables. The questionnaire was analyzed using frequency and percentages while qualitative data was organized according to themes identified from research questions and analyzed using content analysis.

3.7. Ethical Consideration:

Parents' perception on their disabled children engaging in physical education is still a sensitive topic for parents to talk and discuss. Parents' perception on their disabled children did not want other people their perception with regard to their disabled children. They required me not use their real names, so all names used in my study are pseudonyms. Ensuring privacy, confidentially obtaining informed consent and discussing benefit to the respondents were all ethical issue that I needed to work on during my fieldwork and my study.

Obtaining knowledge through survey research requires public trust. Thus, this researcher adhered to ethical practices and principles (Gilman, 2008). Each participant was helped to understand the nature and purpose of the questionnaire, what was expected of them if

they participate, the expected length of time necessary for them to complete the survey, how the data would be used and their right to confidentiality. With such information, the participants were able to make an informed decision on whether or not to participate. No names or identifying labels were found on the questionnaire, and confidentiality and anonymity were assured. The surveys were password protected thus assuring anonymity of the respondents.

The respondents were informed that they could skip questions or stop the at any time. No consequences related to their participation have been reported nor will their lack of participation affect, their involvement with the University now or in the future.

The questionnaire had a potential risk that respondents may have felt threatened. By providing answers to questionnaire items, they may fear appearing incompetent or as not following guidelines of their profession or practice sites, especially if a response could be linked to them and made known to others. It was hoped that by clarifying to all respondents that all responses were unable to be linked to their identity, this risk was minimal. The potential benefit of this study was the opportunity to gain knowledge about their perception on their disabled children engaging in physical education. The respondents were offered the opportunity to be contacted on the findings of the study if they provided their email address.

CHAPTER FOUR

RESULTS/FINDINGS AND DISCUSSIONS

4.0. Introduction.

This chapter is divided into four major sections. The first section provides the demographic characteristics of the respondents. The second section presents the answers to the study research questions, while the third section addresses the results of the proposed hypotheses for the study while the fourth section provides the discussion of the findings of the study.

4.1 Demographic Characteristics of the Parents

Table 4.1 below shows the age group of the parents. The dominant age group of the parents ranged between 31 – 40 years representing 11 (36.7%), followed by 41 – 50 years representing 10(33.3%) whereas less than 30 years made up the smallest group, representing 2 (6.7%) of the parents.

Table 4.1: Age Distribution of Parents

Age (Years)	Frequency	Percentage
Less than 30	2	6.7
31 – 40	11	36.7
41 - 50	10	33.3
51+	7	23.3
Total	30	100.0

The sex distribution of the parents indicated differences with 17 male representing 56.7% and 13 female representing 43.3%. Table 4.2 below illustrate this relationship

Table 4.2: Sex Distribution of Parents

Sex	Frequency	Percentages
Male	17	56.7
Female	13	43.3
Total	30	100.0

In terms of the parents education status, table 4.3 below indicates that 10 of them representing 33.3% reported illiterate, 8(26.7%) indicated to have had basic education, 23.3% had secondary education while 5 of them representing 16.7% were degree holders. Table 4.3 below illustrate this relationship

Table 4.3: Distribution of Parents Educational Status

Educational Status	Frequency	Percentage
Illiterate	10	33.3
Basic education	8	26.7
Secondary education	7	23.3
Tertiary education	5	16.7
Total	30	100.0

With regard to the parents family size, Table 4.4 below indicates that 9 of the parents representing 30% reported that less than 3, 16 of the parents representing 53.3% indicated

to have had family size between 3 to 5, while 5 of them representing 16.7% indicated that they have 6 and above.

Table 4.4: Parents Family Size

Family Size	Frequency	Percentage
Less than 3	9	30.0
3 – 5	16	53.3
6 and above	5	16.7
Total	30	100.0

The data in Table 4.5 below shows that 19(63.3%) of the parents resided in rural areas while 11 of them representing 36.7% resided in urban areas.

Table 4.5: Parents Area of Residence

Area of Residence	Frequency	Percentage
Rural	19	63.3
Urban	11	36.7
Total	30	100.0

With regard to the parents' marital status, Table 4.6 below indicated that 20 parents representing 66.7% were from intact homes, whereas 10 of the parents representing 33.3% were from single or divorced homes.

Table 4.6: Parents Marital Status

Marital Status	Frequency	Percentage
Married/Intact	20	66.7
Single/Divorced	10	33.3
Total	30	100.0

4.2 Analysis

Research Question One - What value do parents placed on physical education for their disabled children?

This question was designed to determine the value or importance the parents with children with disability placed on physical education. Before the researcher analyse the core idea of this research question, the she asked the parents understanding of physical education and their responses were categorized and presented in Table 4.7 below.

Table 4.7: Parents perception on the meaning of physical education

Responses	Frequency	Percentages
Sports and Games	10	33.3
Playful entertainment	5	16.7
Physical activity	15	50.0
Total	30	100.0

Table 4.7 above reveals majority of the parents who participated in the study (i.e., 15) representing 50% reported that physical education is physical activity, 5 of them

representing 16.7% refers physical education as playful entertainment, while 10 of the parents representing 33.3% indicated that physical education is sports and games.

On the question of what value do parents placed on physical education for their disabled children, Table 4.8 below presents the parents' responses.

Table 4.8: Value Parents placed on physical education for their disabled children

Responses	Frequency	Percentages
Improve physical fitness levels	7	23.3
Lead healthy lifestyle	10	33.3
Health fitness and health benefits	8	26.7
Have cognitive change	5	16.7
Total	30	100.0

With respect to the value the parents placed on physical education for their disabled children, Table 4.8 above reports that physical education for their disabled children lead healthy lifestyle had the highest percentage 41(24.1%), followed by health fitness and health benefits 8(26.6%), while have cognitive change had the lowest percentage 5(16.7%).

Research Question two - How do parents ascribed their disabled children’s physical education experiences

This research question was meant to determine how the parents ascribed their disabled children’s physical education experiences. This question was further to identify if the parents see any reason of disabled physical education. In the first place, the parents were asked if they see any reason of engaging disabled children in physical education and their responses were presented in Table 4.9 below.

Table 4.9: Reason for engaging children with disability in Physical Education?

Responses	Frequency	Percentages
Yes	25	83.3
No	5	16.7
Total	30	100.0

Table 4.9 above shows that, 25 of the parents representing 83.3% saw the need or reason of engaging disabled children in physical education while 16.7% did not see the need of engaging disabled children in physical education.

The 25 of the parents who saw the need of their disabled children to engage in physical education reasons were themed and presented in Table 4.10 below.

Table 4.10: Reasons of engaging disabled children in physical education

Reasons	Frequency	Percentages
Enhances social status	8	32.0
Improves their education	4	16.0
It reduces their stigmatization	13	52.0
Total	25	100.0

Table 4.10 above reveals, 8 of the parents representing 32% reported that physical education enhances disabled children social status, 4(16%) also claimed that physical education improves disabled children education, while 13 of them representing 52% indicated that physical education reduces disabled children stigmatization. They further explained that physical education had positive impact in the children lives. One of them stated that: *‘Physical Education enhances social, physiological and psychological development of children’*. Another stated that: *‘Physical Education leads to the maintenance of physically active lifestyles’*.

With regard to the parents who spoke against disabled engagement in physical education, claimed that physical education is for fit or strong people or children. One of them stated that:

‘Physical education is physical activities which is for police and soldiers why physically challenged children, is not good’

The researcher further wanted to determine the kind of motivation do you think these disabled children will need to participate in physical education and parents responses were illustrates in Table 4.11 below.

Table 4.11: Motivation children with disability will need to participate in Physical Education

Responses	Frequency	Percentages
Provision of free physical education facilities	6	20.0
Brainstorm both parents and children on the importance of engaging in physical education	16	53.3
Encouraging inclusive education	8	26.7
Total	30	100.0

Table 4.11 above represents the parents' perceptions on the kind of motivation they think the disabled children will need to participate in physical education. 6 of the parents representing 20% reported on the provision for free physical education facilities, 16 of them representing 53.3% indicated that both of the parents and the disabled children should be brainstormed on the importance of engaging in physical education, while 8 of them representing 26.7% reported that there should be encouragement of inclusive education.

Research Question Three - What is parents' attitude towards their disabled participation in physical education?

This section asked the parents to rate their level of agreement or disagreement with a number of statements related to their attitude towards their children engaging in physical activity on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree. The intent was to determine their attitude towards their disabled children participation in physical education. Their responses were presented in the table 4.12 below.

Table 4.12: Attitude of Parents towards their disabled children participation in Physical Education

Statements	Strongly Disagree Freq.(%)	Disagree Freq.(%)	Agree Freq.(%)	Strongly Agree Freq.(%)
1. It is good for disabled children to participate in physical education.	11(36.7)	7(23.3)	8(26.7)	4(13.3)
2. I feel ashamed when my disabled child is participating in physical education.	--(--)	5(16.7)	10(33.3)	15(50)
3. Physical education is useful to the disabled children and the society.	--(--)	6(20)	14(46.7)	10(33.3)
4. I have negative feelings toward disabled children engaging in physical education.	--(--)	3(10)	10(33.3)	17(56.7)
5. Physical education is suitable only for able children.	--(--)	6(20)	11(36.7)	13(43.3)
6. Physical education increases disabled children self-confidence.	--(--)	9(30)	10(33.3)	11(36.7)

Source: Fieldwork, 2013

As table 4.12 above shows, parents with disabled children were asked to agree or disagree as to whether it is good for disabled children to participate in physical education and majority of them i.e. 11(36.7%) strongly disagreed to this statement, 7(23.3%) disagreed, 8(26.7%) agreed, while 4 of them representing 13.3% strongly agreed.

The parents were further asked to agree or disagree if they I feel ashamed when my disabled child is participating in physical education. With this statement, 15 of them representing 50% strongly agreed, 10(33.3%) agreed while 5(16.7%) strongly disagreed to that statement.

The parents were also asked to agree or disagree on whether physical education is useful to the disabled children and the society and majority of them 14(46.7%) agreed, 10(33.3%) strongly agreed, while 6 of them representing 20% disagreed that physical education is useful to the disabled children and the society.

Concerning whether the parents have negative feelings toward disabled children engaging in physical education, 17of the parents representing 56.7% strongly agreed, 10(33.3%) agreed, while 3 of them representing 10% disagreed to that statement.

When the parents were asked to agree or disagree if physical education is suitable only for able children, majority of them 13(43.3%) strongly agreed, 11(36.7%) while 6 of them representing 20% disagreed to that statement.

Table 4.6 above further shows the responses of the parents' perceptions on whether physical education increases disabled children self-confidence. With this statement, 11of

them representing 36.7% strongly agreed, 10(33.3%) agreed while 9 of them representing 30% disagreed.

4.3 Discussions

The first objective of this study was to determine the value parents placed on physical education for their disabled children. The value parents placed on physical education for their disabled children were looked at in term of parents understanding of physical education and the importance of physical education identified by the parents. The revealed that majority of the parents referred physical education to physical activities and also believed that physical education lead disabled children to healthy lifestyle and can there lead to enhancement of disabled children social, physiological and psychological development. This finding was consistent with that of Placek& Silverman (1983) who emphasized that that physical education could assist in the rendering of a high quality of teaching; good arrangement of the physical environment, maintaining certain rules and procedures and monitoring pupils behaviour. He further claimed that the right attitude of physical education teachers could lead successfully in the formation of a healthy attitude on the part of students. Moreover, emphasized that physical education teachers are also be in a position to help students discover in a wise manner the sense of life, the great adventure and a unique opportunity to become real.

To assess the meaning parents ascribed to their disabled children's physical education experiences, the study revealed that majority of the parents indicated it to mean physical activities which is in support with that of O'Sullivan(1990) who claimed that physical

education is a human movement phenomena. They further suggest that physical education is the only area of the school curriculum that promotes the development of motor skills and fitness, and that no other curricular area contributes to development in the psychomotor domain. This implies that physical education assists with the development of the child's motor skills. It gets the child to recognize that the body moves as a whole and not as individual parts. This then can develop children to a point where they understand and appreciate the movement procedures of their bodies, and where they can move and do their activities in a co-ordinated, rather than a disjointed manner.

The third objective of determining parents' attitude towards their disabled participation in physical education, it was found out that parents have negative feelings toward disabled children engaging in physical education and further strongly disagreed that it is good for disabled children to participate in physical education. This revelation was contrary to that of Hardy (1994) who found out that physical education addresses more than just the development of a healthy body in a healthy mind but addresses the educational needs of the child, in a holistic manner.

He further emphasized that by focusing on the cognitive development of the learner, teachers concern themselves with the critical thinking and intellectual skills of the child and that through the medium of physical education, and teachers can impart knowledge and understanding for participation in movement activities, in a healthy and safe manner and environment. Also through the medium of Physical Education, teachers can strive to

impart knowledge and understanding relating to the function and development of the human body.

Wright (1996) on the other hand argued that for the development of the physical and motor skills of learners, teachers can utilize Physical Education activities. These Physical Education activities will assist learners with the realization of an acceptable level of physical fitness. Mawer(1996) claimed that when developing the physical and motor skills of learners, the main focus areas must include aerobic efficiency, muscular strength, flexibility and endurance and concluded that it is the intent of Physical Education to provide learners with a broad variety of physical skills, thus enabling them to participate in a wide range of activities. Armstrong and Welsman(1997) on the other hand share similar view that physical education assist with the education and development of the whole child, develop the child in a holistic, collective, well-balanced and integrated manner and also educate the whole child, his heart and will must be reached, as well as his mind.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This chapter presents a summary of the major findings of the study, which looks at the impact of motivation on graduate teachers' retention. This chapter includes the summary of the research findings, and conclusions from the results recommendations and finally suggestions for further studies.

5.1. Summary of Findings

The study attempted to assess parents' perception on physical education for disabled children and to suggest motivational strategies that could help improve disabled children in participation in physical education. The study which is cross-sectional in design utilized the descriptive method using qualitative research approach.

The following were the findings arrived at in the present study:

- Majority of parents who participated in the study refers physical education a reported that physical education is physical activity
- The value the parents placed on physical education for their disabled children was that physical education lead disabled children to healthy lifestyle
- Majority of the parents saw the need or reason of engaging disabled children in physical education because to them physical education reduces stigmatization and enhances social, physiological and psychological development of children

- Majority of the parents indicated that both of the parents and the disabled children should be brainstormed on the importance of engaging in physical education to motivate the disabled children will need to participate in physical education
- Majority of the parents have negative feelings toward disabled children engaging in physical education. In addition, majority of them strongly disagreed that it is good for disabled children to participate in physical education.

5.2. Conclusion

This study highlights many significant features of the parents' perception on physical education for their disabled children. These include:

Majority of parents who participated in the study did not understand the concept of physical education but believed that physical education lead disabled children to healthy lifestyle and also reduces stigmatization and enhances social, physiological and psychological development of children. Despite all these benefits of physical education, parents have negative feelings toward disabled children engaging in physical education strongly disagreed that it is good for disabled children to participate in physical education.

5.3. Recommendations

Considering the major findings from the research, the following recommendations are made for consideration. These recommendations, if implemented, will help disabled children to participate in physical education to improve social and physical lives.

In the first place, since most of the parents have negative feelings toward disabled children engaging in physical education and strongly disagreed that it is good for disabled children to participate in physical education, government should put in place structures that will erase these negative thoughts.

It is also recommended that physical education teachers should improve their teaching methodology to meet the physical education needs disabled children.

5.3.1 Recommendations for Future Research

The areas suggested by the study for further research include:

1. A study to assess the barriers to providing Physical Education for disabled children.
2. Perceived Barriers to disabled Student Participation in Physical Education
3. A Study of Barriers and enablers to disabled students participation in quality physical education

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APPENDIX A

SECTION A

PARENTS BACKGROUND INFORMATION

1. Gender: () Male () Female

2. Your area of residence: () Urban () Rural

3. What is your level of education?

Illiterate () Basic education () Secondary education () Tertiary education ()

4. Family Size: Less than 3 () 3 – 5 () 6 and above

5. Marital Status: Married/Intact () Single/Divorced ()

SECTION B - ATTITUDE SCALE (AS)

This part consists of Attitude Scale (AS) items. Please read each item and mark your response by putting an “x” under one of the following five response categories (the scale categories):

Strongly Agree (SA) Agree (A) Disagree (D) Strongly Disagree (SD).s

Statements	Strongly Disagree	Disagree	Agree	Strongly Agree
1. It is good for disabled children to participate in physical education.				
2. I feel ashamed when my disabled child is participating in physical education.				
3. Physical education is useful to the disabled children and the society.				
4. I have negative feelings toward disabled children engaging in physical education.				
5. Physical education is suitable only for able children.				
6. Physical education increases disabled children self-confidences.				

APPENDIX B

PARENTS INTERVIEW GUIDE

Purpose of the Interview:

The Purpose of this interview is to gain an understanding of parents' perspectives of their disabled children's experiences in physical education.

Questions asked:

1. In your opinion, how do you understand physical education?

.....
.....

2. Do you see any reason of engaging disabled children in physical education?

Yes []. No []

3. Could you please explain your answer.....

.....

4. How do you assess the impact of physical education in the life of disabled children?

.....

5. What type of motivation do you think these disabled children will need to participate in physical education.....

How do you facilitate engagement of disabled children in physical education.....

.....