Biological Forum – An International Journal **7**(1): 1919-1923(2015)

ISSN No. (Print): 0975-1130
ISSN No. (Online): 2249-3239

Is Physical Activity and Sport play an important role in leisure time among Disabled University Students Male?

Kasbparast Jr. Mehdi, Mahvash Noorbakhsh, Abbas Khodayari and Ali Zareie
Department of Sport Injury and Biomechanics,
Faculty of Physical Education and Sport Sciences Karaj branch, Islamic Azad University, Alborz, IRAN

(Corresponding author: Kasbparast Jr. Mehdi)
(Received 02 April, 2015, Accepted 18 May, 2015)
(Published by Research Trend, Website: www.researchtrend.net)

ABSTRACT: This study is conducted with the aim of investigating the leisure time among disabled students that they study at University. The method of this study was that the questionnaire was distributed among students with disabilities and analyzed the obtained data. It is a descriptive study using data obtained from the results of the following answers to the questions in the questionnaire; to evaluate the status of the disabled people is a nationwide Leisure Islamic Azad University. The results showed that the leisure time situation among disabled students is not good. Also showed that, disabled students have considerable leisure time, but sport a special place among the group does not fill the leisure time. Most of the leisure time among most of disabled students is between 14 to 16 hours a week approximately. They interested to some sport activity that the, soccer is the most popular sport among disabled students. Also there are number of problems about leisure time for them the main problem for the most efficient use of leisure time is financial hardship. Other problems for students with disabilities to exercise are transportation, fear of injury, lack of suitable places for the exercise, physically problems, inaction, lack of motivation, thinking of others and distance (α =1%).

Keywords: Physical Activity, Disabled, leisure time

INTRODUCTION

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime. Disability affects hundreds of millions of people all over the world. According to the World Health Organization (WHO), around 10% of the total world's population, roughly 650 million people, live with a disability. Most of these people do not have access to health, rehabilitation, social support, income programs, education, leisure, and employment, among others. some possible causes of physical disability in children are juvenile idiopathic arthritis, spina bifida and neuromuscular diseases. All of these diagnoses have in common that they cause functional limitations in daily life. Because of these functional limitations the course of development of children with a physical disability is different from that of their typically developing peers. Children with more severe physical restrictions have more problems in functioning in daily life, including problems with mobility. The majority of young people with physical disabilities1 experience restrictions in their daily functioning due to conditions that are present from birth. With a prevalence of 2.5 per 1000 live births Cerebral Palsy (CP) is the most common cause of physical disability (de Klerk 2007, Kerr *et al*., 2007, Palisano *et al.,* 2003, Smits *et al.,* 2011, Johnson, 2002).

Of course; the disabled have a relatively large amount of free time at their disposal, because the majority of them are occupationally inactive. The lack of employment leads to resignation from social and cultural life, and even from socializing. Therefore, investigations about their free time are of special importance concerning their activity: low activity leads to a passive attitude which becomes pathological. Opening-up to the disabled, understanding of them, including recognition of their needs during leisure time, provide a good opportunity to incorporate them into the sphere of social functioning. Free time in the lives both of the disabled and able bodied is the time for leisure, recovery, and entertainment. It allows the regaining of strength, restoration of physical and mental balance, after the completion of personal, family-household and occupational duties. It fulfils many functions, such as rehabilitation, compensation, recreational and cultural. The disabled utilize more energy and strength for everyday functioning, compared to the able bodied; therefore, an adequate managing of the leisure time they have is of great importance. Inability to fill this leisure time in an attractive way, through lack of habits shaped in this direction, leads to boredom, frustration, multiplied discouragement, and escape in a world of seeming values. Some studies conclude that participants with disabilities in leisure activities play a role in constructing social acceptance (either proactively or reactively) within inclusive leisure contexts and obtain an increase in their physical and emotional health (Denive and Lashua 2002, Wilhite and Shank 2009).

Also some researchers mentioned that when people with disabilities participate in leisure experiences, they obtain benefits on a par with their non-disabled counterparts. However, most of these previous studies on disability and leisure have traditionally focused on sport and active physical activity rather than leisure per se, or have analyzed this relationship between disability and leisure from a contextual framework or qualitative point of view. During leisure time, the participation in motor activities occupies an important position (Johnson, 2002, Kirenko *et al.*, 2008, Denek, 2006, Denive and Lashua 2002, Wilhite and Shank 2009, Stumbo *et al.*, 2011, Toye *et al.*, 2004, Cocchiarella *et al.*, 2001).

However, it should be kept in mind, that for them this participation is considerably hindered. It is a welcome fact that the recent relevant literature provides the results of studies concerning the participation of the disabled in various forms of motor activities. The performance of motor activities considerably facilitates the regaining of efficacy (Smith, 1987, Murray and Sproats 1990, Spinhoven *et. al.* 2004, Bekesi *et al.*, 2011, Buzinde and Yarnal 2012, Van Tulder and Koes 2003, Mannion *et al.*, 2001).

In the last decade, American and European researchers have undertaken many studies, the results of which show the determinants of the participation of disabled children in free time activities, and their relationship with the quality of life of the participant. American, Canadian, Dutch and Italian children and adolescents with cerebral palsy experience many limitations, also pertaining to participation in recreational activities. Although the possibilities of participating in recreation are determined by age, gender, own limitations, family preferences, motivations, coping, environmental resources, and possibility to obtain support, they contribute to the improvement in daily life functioning (Shikako-Thomas *et al.*, 2008, Shikako-Thomas *et al.*, 2012, Palisano *et al.*, 2011, Bult *et al.*, 2011).

MATERIALS AND METHOD

The aim of this study was to answer to this question that: Is Physical Activity and Sport an important role in leisure time among Disabled University Students Male? Also, the other aim was: how many of the people in his life and in his leisure time to engage in physical activity and sport? The leisure time in this study was the time that they are not doing forced labor such as: studying, sleeping, eating, the study was conducted by the method of a diagnostic survey, using a self-designed questionnaire developed by the team of researchers engaged in the research project. The questionnaire was completed during an interview with the respondents. The study group was selected by the method of stratified random sampling. It is a descriptive study using data obtained from the results of the following answers to the questions in the questionnaire (α=1%); to evaluate the status of the disabled people is a nationwide Leisure. The method of this study was that the questionnaire was distributed among 1073 students with various disabilities and all of them have been able to do physical activity and were 24.5±1.92 years old. The subjects were collected from 11300 disabled students via determining sample size for research activities (Morgan *et al.*, 1970).

RESULTS

Our results indicate the variation in the aspects of managing and organization of free time according to respondents. The data obtained were illustrated in the form of figures with detailed descriptions, and percentage values were subjected to descriptive analysis. The details of our results relating to type of disabilities indicated in Fig. 1.

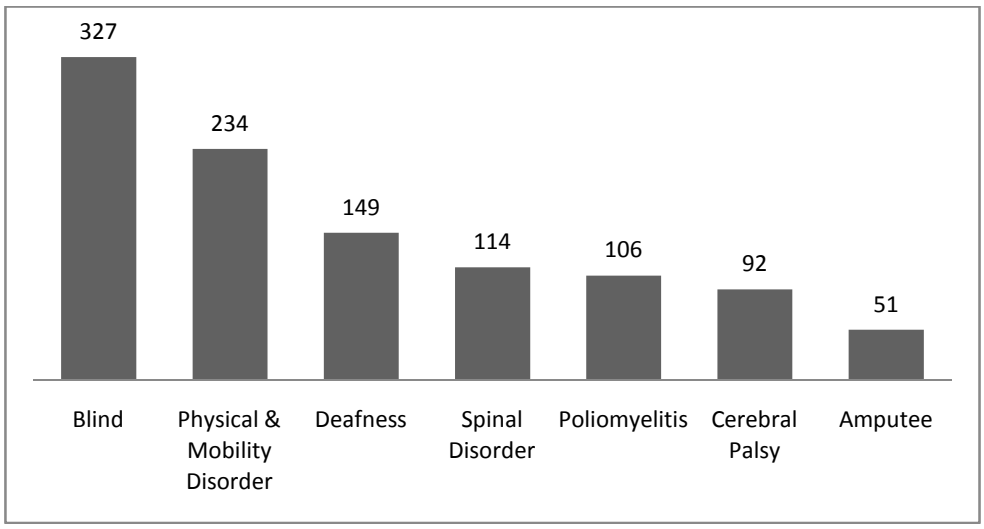

Fig. 1. The type of disabilities among university students male.

Also, our results indicate that the most number of disabled students have a 14-16 hours free time per week. Total of information about amount and percentage of leisure time per week showed in Table 1.

Table 1: Frequency and percentage of leisure time among disabled students.

The amount of hours per week	Number	%
0-2	54	5
2-4	42	3.9
4-6	117	10.9
6-8	105	9.8
8-10	98	9.1
10-12	124	11.6
12-14	143	13.3
14-16	156	14.5
16-18	98	9.1
18-20	87	8.1
20 and More	49	4.6

The favorite sport activities among disabled students were soccer, handball, running, volleyball, cycling, table tennis, basketball, bodybuilding and swimming. The most number was volleyball (N= 218) and the less one was handball (N= 9). On the other hand there are some problems for physical activity in disabled student such as physical limitation, transportation. The details of problems showed in Fig. 2.

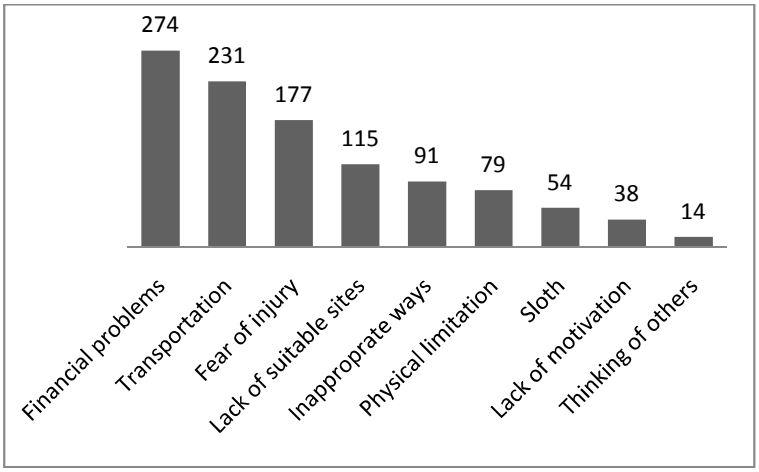

Fig. 2. Some problems for physical activity among disabled stude.

DISCUSSION

Frequency of participation in leisure activities for university students with physical disabilities is associated with a variety of variables. The results of international studies show the factors which directly determine the participation of disabled in free time activities. These factors are: physical efficacy, happy temperament, younger age, female gender, and family support. This study, also has demonstrated that there are different disabilities (Blind, Physical & Mobility Disorder, Deafness, Spinal Disorder, Poliomyelitis, Cerebral Palsy and Amputee) among university students that they couldn't have physical activity the same as others but they were very interested to participate to the physical and sport activities during their free times. This study showed financial problem, transportation, fear of injury, lack of suitable sites, inappropriate ways, physical limitation, and sloth, lack of motivation and thinking of others to be the most important variables.

Our results showed and confirm that the pattern to participation to the activities for leisure time among students that they told thinking of others is the problem for them, more culturally determined than related to physical disability. In fact these factors are the problems for participation to the leisure time. Of course, participation in leisure activities is complex and not easily explained by simply a few factors. Reasons for not being able to engage in those activities were the lack of facilities, too much cost involved, and people could not get to facilities and the lack of specific gear. In rehabilitation care, participation is one of the main outcomes of treatment and it is considered one of the more important outcomes for parents and youth. Improving participation in leisure activities should be undertaken by the whole rehabilitation team and treatment gains will probably only be reached through interventions aimed concurrently at the level of health condition, body functions, personal factors, and environmental factors. Another important finding in this study is that the disabled university students have lot of time as a free time.14.5% of total students (n=156) have 14-16 hours free time per week it seems too much, having concluded To fill their leisure time should be planned. As mentioned before disabled students interested and participated to the some sport activity during free time. Participation in these types of activities plays a key role in a student's development (Vargus-Adams, 2010, Larson and Verma 1999, Mahoney *et al.,* 2002). Children and youth with disabilities; however, are often more restricted in their participation than are their typically developing peers. Factors such as presence of other health conditions, abilities, skills and preferences may influence participation; however, the environment also plays a unique role (King *et al.,* 2010, Engel *et al.*, 2010, Law, 2011, WHO, 2001, King, *et al.,* 2003).

Studies conducted among the disabled also emphasize the role and benefits from performing physical exercises. It is increasingly more commonly adopted that among many activities on behalf of a greater activity of the disabled in daily life, the participation in motor activities plays an important role (Van Tulder *et al.,* 2003, Mannion *et al.,* 2001,
Shikako-Thomas *et al.,* 2012, Gassaway *et al.,* 2011, Dahan-Oliel *et al.,* 2012).

A main finding was that physical activity is safe and effective for people with disabilities. It is important to keep in mind that participation in more activities is not necessarily better (Forsyth & Jarvis 2002, Henry, 1998). For example, a student might choose to participate in fewer activities but may have intense involvement in these activities. Another student might be involved in several activities, but participate in them very infrequently. The important consideration is whether students are able to participate in the recreational and leisure activities in which they would like to be involved. Finally, it should be concluded that the positive effect of recreational exercises on the improvement of physical psychological and social health of the disabled is increasingly more commonly perceived. Future research is therefore needed among more diverse populations of students with physical disabilities (e.g., with spina bifida, congenital limb deformities, etc.) to obtain a more comprehensive view of the determinants of participation in specific diagnostic groups before a definitive answer can be given also Further research into university student characteristics and Psychological aspects related to the development of preference in students with a physical disability is needed.

REFERENCES

Bult MK, Verschuren O, Jongmans MJ, Lindeman E, Katelaar M. (2011). What influences participation in leisure activities of children and youth with physical disabilities. *Res Dev Disabl.* **32**(5): 1521-1529.

Bekesi A, Torok S, Kokonyei G, Bokretas I, Szentes A, Telepóczki G. (2011).European Kidscreen Group. Health-related quality of life changes of children and adolescents with chronic disease after participation in therapeutic recreation camping program. *Health Qual Life Outcomes.* **14(**9):43.

Buzinde CN, Yarnal C. (2012). Therapeutic landscapes and postcolonial theory: a theoretical approach to medical tourism. *Soc Sci Med.* **74(**5): 783-387.

Cocchiarella AJ, Sperling RA, Bates JF, Schacter DL, Rosen BR, Albert MS. (2001). Encoding novel face-name associations: a functional MRI study. *Hum Brain Mapp*. **14**(3): 129-39.

de Klerk M. (2007). Meedoen met beperkingen. Rapportage gehandicapten. 14 Den Haag*: Sociaal en Cultureel Planbureau.*

Denek K. (2006). Pedagogiczne aspekty czasu wolnego. Lider. **12**: 8-14.

Denive M, Lashua B. (2002). Constructing social acceptance in inclusive leisure contexts: the role of individuals with disabilities. *Therapeutic Recreation Journal*. **36**: 65-83.

Dahan-Oliel N, Shikako-Thomas K, Majnemer A.(2012). Quality of life and leisure participation in children with neurodevelopmental disabilities: a thematic analysis of the literature. *Qual Life Res*. **21**(3): 427-439.

Engel-Yeger B, Hanna Kasis A. (2010). The relationship between Developmental Co-ordination Disorders, children perceived self-efficacy and preference to participate in daily activities. *Child: Care, Health & Development.* **36(**5): 670-77.

Forsyth, R., & Jarvis, S. (2002). Participation in Childhood. *Child: Care, Health and Development.* **28:** 277-279.

Gassaway J, Dijkers M, Riders C, Edens K, Cahow C, Joyce J.(2011). The SCIRehab project: treatment time spent in SCI rehabilitation. Therapeutic recreation treatment time during inpatient rehabilitation. *J Spinal Cord Med*. **34**(2): 176-185.

Henry, A.D. (1998). Development of a measure of adolescent leisure interests. *American Journal of Occupational Therapy.* **52**: 531-539.

Johnson A. (2002). Prevalence and characteristics of children with cerebral palsy in Europe. *Developmental Medicine and Child Neurology*. **44**(9): 633-640.

Kirenko J. Zasoby Odpornościowe Osób Niepełnosprawnych Jako Predykatorich aktywności życiowej. W: S. Guz, T. Sokołowska-Dzioba,A. Pilecki (2008). (2008). Wielowymiarowo, aktywnoci i aktywizacji. Wyzsza Szkoza Pedagogiczna TWP Warszawa. 263-270.

Kerr C, McDowell B, McDonough S. (2007). The relationship between gross motor function and participation restriction in children with cerebral palsy: an exploratory analysis. *Child: Care, Health and Development.* **33**(1): 22-27.

King G, Law M, King S, Rosenbaum P, Kertoy MK, You ng NL.(2003). A conceptual model of the factors affecting the recreation and leisure participation of children with disabilities. *Physical Occupational Therapy in Pediatrics.* **23**(1): 63-90.

King G, Law M, Hurley P, Petrenchik T, Schwellnus H. (2010). A Developmental Comparison of the Out-?of--School Recreation and Leisure Activity Participation of Boys and Girls With and Without Physical Disabilities. *International Journal of Disability Development and Education*. **57**(1): 77-107.

Larson RW, Verma S. (1999). How children and adolescents spend time across the world: Work, play, and developmental opportunities. *Psychological Bulletin.* **125**(6):701-36.

Law M, Anaby D, ematteo C, Hanna S. (2011). Participation patterns of children with acquired brain injury. *Brain Injury.* **25**(6): 587-95.

Mahoney JL, Schweder AE, Stattin H. (2002). Structured after-school activities as a moderator of depressed Mood for adolescents with detached relations to their parents. *Journal of Community Psychology.* **30**(1): 69-86.

Murray M, Sproats J. (1990). The Disabled Traweler: Tourism and Disability in Australia. *J Tour Stud.* **1**: 9-14.

Mannion AF, Muntener M, Taimela S, Dvorak J. (2001). Comparison of three active therapies for chronic low back pain: results of a randomized clinical trial with one-year follow-up. *Rheumatology.* **40**(7):772-778.

Morgan DW, Krejcie RV. (1970). Determining sample size for research activities. *Educational and Psychological Measurement,* **30**: 607-610.

Mannion AF, Muntener M, Taimela S, Dvorak J. (2001). Comparison of three active therapies for chronic low back pain: results of a randomized clinical trial with one-year follow-up. *Rheumatology.* **40**(7): 772-778.

Palisano RJ, Tieman BL, Walter SD, Bartlett DJ, Rosenbaum PL, Russell D, Hanna SE. (2003). Effect of environmental setting on mobility methods of children with cerebral palsy. *Developmental Medicine and Child Neurology.* **45**(2), 113-120.

Palisano RJ, Orlin M, Chiarello LA, Oeffinger D, Polansky M, Maggs J, Gorton G, Bagley A, Tylkowski C, Vogel L, Abel M, Stevenson R. (2011). Determinants of intensity of participation in leisure and recreational activities by youth with cerebral palsy. *Arch Phys Med Rehabil.* **92**(9): 1468-1476.

Smits DW, Ketelaar M, Gorter JW, van Schie P, Dallmeijer A, Jongmans M, Lindeman E. (2011). Development of daily activities in school-age children with cerebral palsy. *Research in Developmental Disabilities.* **32**(1), 222-234.

Stumbo NJ, Wang Y, Pegg S. (2011). Issues of access: what matters to people with disabilities as they seek leisure experiences? *World Leisure Journal*. **53** (2):91-103.

Smith WR. (1987). Leisure of Disabled Tourist: Barriers to Participation. Ann Tur Res. **14** : 376-89.

Spinhoven P, Ker Tuile M, Kole-Snidjers AMJ,et.al. (2004). Catastrophising and internal pain control as mediators of outcome in the multidisciplinary treatment of chronic low back pain. *Eur J Pain.* **8**: 211-219.

Shikako-Thomas K, Majnemer A, Law M, Lach L. (2008). Determinants of participation in leisure activities in children and youth with cerebral palsy: systematic review. *Phys Occup Ther Pediatr.* **28**(2):155-69.

Shikako-Thomas K, Dahan-Oliel N, Shevell M, Law M, Birnbaum R, Rosenbaum P, Paulin C, Majnemer A. (2012). Play and be happy? Leisure participation and quality of life in school-aged children with cerebral palsy. *Int J Pediatr*. 7 pages.

Shikako-Thomas K, Dahan-Oliel N, Shevell M, Law M, Birnbaum R, Rosenbaum P, Paulin C, Majnemer A. (2012). Play and be happy? Leisure participation and quality of life in school-aged children with cerebral palsy. *Int J Pediatr.* 7 pages.

Toye C, Kristjanson LJ, Coleman ME, Maltby H, Jackson G.(2004). Psychometric testing and refinement of the Support Needs Inventory for Parents of Asthmatic Children. *JNurs Meas.* **12**(3):179-93.

Van Tulder M, Koes B. (2003). Low back pain and sciatica (chronic). *Clin Evid.* 1260-1276.

Vargus-Adams JN, Martin LK. (2010). Domains of importance for parents, medical professionals and youth with cerebral palsy considering treatment outcomes. *Child: Care, Health & Development.* **37**(2), 276-281.

Van Tulder M, Koes B. (2003). Low back pain and sciatica (chronic). *Clin Evid.* 1260-1276.

WHO. International Classification of Functioning, (2001). Disability and Health. Geneva: WHO.

Wilhite B, Shank J. (2009). In praise of sport: Promoting sport participation as a mechanism of health among persons with a disability. *Disability and Health Journal.* **2**: 116-127.