

Social and Psychological Determinants of Sports Participation among Athletes with Special Needs in Abuja

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Abstract

This study examined social and psychological determinants of sports participation among athletes with special needs in Abuja. The research design employed for the study was descriptive design of the survey type. The population of the study comprised 320 athletes with special needs in the Central and Satellite Towns from Area Councils, Abuja. 275 respondents were sampled for the study using purposive sampling technique. The instrument used for the study was researcher structured Questionnaire titled: Athletes with special needs questionnaire. The instrument used for data collection was validated by three experts in the Department of Human Kinetics Education, University of Ilorin and tested for reliability using Pearson's Product Moment Correlation. Co-efficient of 0.78 was obtained. The postulated NULL hypotheses were tested with the use of influential statistics of Chi-square (χ^2), at 0.05 alpha level. The result revealed that; Stigmatization, Self-esteem and Facilities have significant influence on sports participation among athletes with special needs in Abuja with ($231.00 > \text{crit.value } 25.00 @ df = 15$), ($120.01 > \text{crit.v } 25.00 @ df = 15$) and ($264.00 > \text{crit.v } 16.92 @ df = 9$) respectively. It was concluded that; stigmatization, self-esteem and facilities have significant influence on sports participation among athletes with special needs in Abuja. The recommendations were that, the general public should be sensitized on the need to accommodate and treat the people with special needs as the able individual by withdrawing any form of social segregation. The special needs athletes need to stand up to their potentials and overcome any emotional obstacle that could limit their goal achievement in life, the government should provide standard facilities that suit the nature of athlete's disability.

Keywords: Stigmatization, Self-esteem Sporting Facilities, People with Disabilities

Introduction

Participation in sports is a means of providing consistent physical activity and training which could lead to improved physical and mental health for the participants. Paralympic sports which provide opportunity for individuals with any form of disability to become amateur or elite athletes with the potential to fulfill his/her goals in the society

ensured the right to be healthy and to access basic opportunities to participate in physical fitness and exercise. Regardless of race, ethnicity, gender, religious preference, sexual orientation, disability, health among others.

Paralympic movement originated from rehabilitative treatment, provided at Stoke Mandeville hospital in Aylesbury, England from the mid-1940s (Brittain, 2010). At Stoke, sports were used as part of the rehabilitative programme administered to servicemen returning from World War II with spinal cord injuries. Today, the International Paralympic Committee (IPC) is the governing body for the Paralympic Movement, whose roles include organizing the Paralympic Games IPC (2010a).

Paralympic sports is a quadrennial global sports competition for athletes with specific impairments who compete in a selection of disability sport events. International Paralympic Committee (2010b) stated that the Paralympics are elite sports events for athletes with a disability. They emphasize, however, the participants' athletic achievements rather than their disability. (IPC, 2010). The Paralympic sports is a nexus at which the social constructs of elite sport and disability intersect. Both elite sport and disability can be envisaged as social constructs because these social phenomena exist within culturally specific social interactions and communities.

Disable athlete is one who has impaired mental or physical functions that limit his or her participation in daily life activities. People with disabilities are classified according to the type of disability they have, namely, hearing and auditory disabilities, visual disabilities, mental disabilities, physical disabilities, and various types of chronic disease (Jones & Howe, 2015).

Sports opportunities for athletes with disabilities range from recreational to highly competitive to elite Paralympic sport. Athletes in FCT Abuja are classified or categorized by degree of impairment to ensure equitable competition. For example, athletes with visual impairment compete in three classes which vary in the amount of residual sight. Athletes with physical impairments such as spinal cord injury, cerebral palsy, or amputation, are evaluated and placed in a sport specific classification for competition. For competition, many sports, such as swimming, wheelchair basketball and table tennis, use functional or integrated systems which allow athletes with a variety of disabilities to compete with each other. Some sports such as athletics, soccer, and cycling rely on disability specific classification systems which evaluate both function and etiology of disability (Page, O'Connor & Peterson, 2014).

Guthrie and Castelnovo (2011) reported that the number of people with disabilities is estimated at over a billion worldwide, and 110 million to 190 million people with disabilities face significant barriers in their daily lives. As people with disabilities are considered as a significant group that can equally contribute to life in the modern world, they should have an equal chance to live a happy life without experiencing social discrimination (Hilvoorde & Landeweerd, 2008).

The number of people with special needs in the Abuja, FCT has greatly increased, people with disabilities constitute an important population segment that contributes equally

to life in the modern world and they should be accorded the same treatment as able bodied people so they can live happily and without any discrimination from other social groups. Howe (2016) submitted that athletes with special needs suffer from a lack of physical, sensory, or mental deficiencies and these deficiencies may be caused by an injury or genetic disease that leaves these individuals unable to undertake various activities in their daily lives, thereby generating the need to provide them with special care. A measure of the level of civilization is the way a society cares for individuals with disabilities (Paralympic committee of Federation of Saudi Disabled Sports. (2010).

In some countries like US, Canada, France and so on, athletes with disabilities have succeeded in being seen for their abilities, rather than their disabilities. While in most African countries such as Nigeria, people suffer from social stigma associated with their disability. Stigma consists of unfounded stereotypes, inaccurate assumptions, negative perceptions and prejudice. In many communities, stigma is deeply rooted (Cox & Davis, 2013). Many of the discriminatory practices and policies that are barriers to persons with disabilities arise from stigma. Stigma is what causes some athletes to refuse to participate in sports events, teachers should avoid asking what a student with a disability can do (Cox & Davis, 2013), and employers refusing to hire a person with a disability because they believe they are inferior to persons without disabilities should as well avoid such.

Stigma against people with disabilities often includes stereotyping based on misperceptions. A stereotype is a form of social typing which has the potential to be misleading, as it does not acknowledge variability (Burton & Naylor, 2011). Misperceptions of people with mental illness examples include that it is shameful to be mentally ill, that people with mental illnesses are violent and dangerous, or that people with mental illnesses cannot live with the rest of society. Person is stigmatised as others make harsh judgments about him/her based on their beliefs about the nature of illness and not about the person's abilities, personality or unique traits" (Mastro, Burton, Rosendahl & Sherrill, 2015).

Stigmatization has internal and external consequences. It impacts on peoples' quality of life and social and psychological well-being. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Burton & Naylor, 2011).

People who perceive themselves as stigmatized may internalize stigmatizing ideas (Burton & Naylor, 2011). Stigma coping mechanisms include (1) avoidance-withdrawal (2) education and (3) secrecy. Social embarrassment can result in people isolating themselves. Denial and pretence can be a means of self-protection but can also lead to reduced supports as help may not be sought or offered (Burton & Naylor, 2011).

Negative societal perceptions of disability can have a devastating impact upon the self-confidence and self-image of people with disabilities. The idea perpetuated through the

perceptions of disability embedded in the medical model discourse, that people with disabilities are incapable of doing things for themselves, clashes with the need of human beings to feel a sense of independence within their own lives (Nixon, 2015).

Nixon (2015) further submitted that people with disabilities do perceive themselves to be a burden may have its origins in the fact that many societies, particularly western industrialized societies, are constructed on the Darwinian premise of ‘survival of the fittest’ where any request for help or assistance is perceived as a sign of weakness. Any requests for help or ‘acts of charity’ as they may be perceived by some, can lead to a major lowering of self-esteem or even depression. Given the confidence and self-belief necessary to reach the very top in modern day elite sport this can have a major impact on how successful a prospective disabled athlete may become.

Paterson and Hughes, (2010) properly defined self-esteem as the feelings an individual has about one self that affect the way the individual views him herself. These views include self-observations, perceived feelings of an individual and self-knowledge. High self-esteem is dependent on attitudinal factors. This differs from self-concept in that self-esteem addresses feelings and emotions. Additionally, while self-concept tends to be a construct that varies little over time, self-esteem can ebb and flow throughout an individual's lifetime. This change can be influenced by varying circumstances and life events.

Individuals with high self-esteem have a clear intellect of what their private qualities are, they think well of themselves, have appropriate goals, use feedback mechanism to enhancing themselves (Gucciardi, Gordon & Dimmock, 2008) and they gain successfully with difficult situation. People with low self-esteem, on the other hand over, have less understandable self-conceptions, think poorly of them because they often go for unrealistic goals or shy away from goals overall, tend to be negative about the future, remember their negatively past experience.

In addition to overall sense of self-esteem, individuals hold specific evaluation of our abilities in particular area. One may think well of herself generally but may know that she is not very diplomatic and not very talented artistically. Another person may generally think poorly of himself but know that he is organized and a good pianist. Two dimensions that are central to self-esteem are self-competence and self-liking, which is evaluation of oneself as capable and personal fondness for the self (Hue, 2011). The importance and value to be attached to these more specific self-views also influence global feeling of self-worth that is, people are selective about the domains on which they base their self-worth. For one self, being gorgeous might be meaningful; for another self, being smart might be more important (Gucciardi, Gordon & Dimmock, 2008).

At the international level, the social and emotional well-being of people with disabilities is promoted through participation in sports and provision of specially designed sports facilities and equipment that allow them to enjoy different kinds of sports and

exercise. The Paralympics Games is one of the remarkable international events in which disabled people from 125 countries participate in special athletic contests (Paterson & Hughes, 2010). However, the participation of people with disabilities in sports was found to be relatively low because of the level of their social integration.

The cost and availability of adapted equipment for use by athletes with a disability can have a major impact upon their participation. A racing prosthetic for a below the knee amputee with fitting costs just under £5,000 and a top of the range Invacare Top End Eliminator OSR Racing Chair costs just under \$7,000 (Paterson & Hughes, 2010).

Statement of the Problem

A study on people with disabilities showed that, globally, the number of people with disabilities has increased alongside the general population growth (WHO, 2011). This large increase in the number of people with disabilities entails an increase in the obstacles and problems faced by them, particularly in their participation in sports. Only few studies have been conducted on the participation of disabled athletes in sports and studies showed that the negative attitude and lack of both interest and self-confidence of people with different levels of disability could be factors that lead to their low participation rate in sports and recreational activities.

The researcher observed that, although opportunities and information for individuals with disabilities interested in playing sports are growing, they still do not equal those of able bodied athletes in Nigeria. Factors such as lack of transportation, inadequate resources to buy equipment and inaccessible equipment for rental or purchase can also be classified as lack of opportunity for participation.

Various personal factors can be barriers to sport participation as well. Illness, disability characteristics, secondary conditions, wheelchair complications, or poor body image may deter participation because of the fear of failure or public exposure, lack of motivation and energy, negative attitudes, decreased self-esteem or confidence, decreased social acceptance, and ultimately, greater dependence on others for daily living can also be attributed to non-participation. These studies also indicated that participation in physical activities for leisure has become an area of growing interest in recent years. Researchers have also begun to recognize the significance of participating in sports and physical activities for people with disabilities

Research Questions

The following questions were raised to guide this study;

- 1.How does stigmatization act as a determinant in sport participation among people with special needs in Nigeria?
2. How does self-esteem act as a determinant in sport participation among people with special needs in Nigeria?

3. How do facilities act as a determinant in sport participation among people with special needs in Nigeria?

Research Hypotheses

The following hypotheses were tested;

1. Stigmatization does not significantly determine sports participation among athletes with special needs in Nigeria
2. Self-esteem does not significantly determine sports participation among athletes with special needs in Nigeria
3. Facilities does not significantly determine sports participation among athletes with special needs in Nigeria

Methodology

275 respondents were selected for the study from the population of 320 athletes with special needs in the Central and Satellite Towns from Area Councils through multi-stage sampling procedure. Purposive sampling technique was used to select disable sports club in FCT, Abuja. Special needs athletes in FCT was stratified to (Para-soccer, deaf and dumb, Blind, Mentally retarded and Dwarf), Special need athletes were selected through cluster sampling method. 275 respondents were selected for this study.

The research instrument for this study was researcher self-structured instrument which was designed to collect relevant information pertaining to the hypotheses formulated for the study. The Questionnaire was divided into two sections; Section "A" obtained information on demographic data while Section "B" consisted specific items to elicit responses on social and psychological determinants of sports participation among athletes with special needs in Abuja. The research instrument for this study was validated by three experts in the Department of Human Kinetics Education. A test-retest method of reliability was employed for the pilot study. Twenty of the instruments were administered at two-week interval; the test was analyzed with inferential statistic of Pearson's Product Moment Correlation (PPMC) at 0.05 alpha level and a coefficient of 0.78 were gotten which shows that the instrument was reliable. The researcher, with the aid of three research assistants administered the Questionnaire to the respondents. The administered Questionnaires were collected back to ensure that all the necessary information was duly entered by respondents. The information obtained through the administered Questionnaires and the data collected in the study was analyzed using percentages, and Chi-square (χ^2) was used to test the hypotheses postulated at 0.05 alpha level.

Results

Table 1: Chi-square analysis showing stigmatization on sports participation among athletes with special needs in Abuja

ITEMS	SA	A	D	SD	ROW TOTAL	df	CAL. VALUE	TABLE VALUE	REMARK
1	150 (54.5%)	107 (38.9%)	11 (4.0%)	7 (2.5%)	275				
2	136 (49.5%)	125 (45.5%)	10 (3.6%)	4 (1.5%)	275				
3	158 (57.5%)	75 (27.3%)	22 (8.0%)	20 (7.3%)	275	15	231.00	25.00	Ho Rejected
4	129 (46.9%)	102 (37.1%)	21 (7.4%)	23 (8.4%)	275				
5	194 (70.5%)	58 (21.1%)	22 (8.0%)	1 (0.4%)	275				
6	134 (48.7%)	130 (36.6)	9 (3.3%)	2 (0.7%)	275				
	901	597	85	47	1650				

P < 0.05 alpha level

Table 1 showed that calculated Chi-square value is 231.00 and the table value is 25.00 with the degree of freedom of 15 at 0.05 alpha level. The calculated value is greater than the table value, the null hypothesis was rejected. This means that stigmatization has significant influence on sports performance of athletes with special needs in Abuja.

Table 2: Chi-square analysis showing self-esteem on sports participation among athletes with special needs in Abuja

ITEMS	SA	A	D	SD	ROW TOTAL	df	CAL. VALUE	TABLE VALUE	REMARK
1	135 (49.1%)	135 (49.1%)	2 (0.7%)	3 (1.1%)	275				
2	133 (48.4%)	125 (45.5%)	6 (2.2%)	11 (4.0%)	275				
3	222 (80.7%)	50 (18.2%)	3 (1.1%)	0 (0%)	275	15	120.01	25.00	Ho Rejected
4	105 (38.2%)	130 (47.3%)	24 (8.7%)	16 (5.8%)	275				
5	130 (47.3%)	127 (46.2%)	16 (5.8%)	2 (0.7%)	275				
6	141 (51.3%)	128 (46.5%)	5 (1.8%)	1 (0.4%)	275				
Total	866	695	56	35	1650				

P < 0.05 alpha level

Table 2 showed that calculated Chi-square value is 120.01 and the table value is 25.00 with the degree of freedom of 15 at 0.05 alpha level. The calculated value is greater than the table

value, the null hypothesis was rejected. This means that self-esteem has significant influence on sports performance of athletes with special needs in Abuja.

Table 3: Chi-square analysis showing the influence of facilities on sports participation among athletes with special needs in Abuja

ITEMS	SA	A	D	SD	ROW TOTAL	df	CAL. VALUE	TABLE VALUE	REMARK
1	166 (69.4%)	103 (37.5%)	5 (1.8%)	1 (0.4%)	275				
2	198 (72.0%)	55 (20.0%)	12 (4.4%)	10 (3.6%)	275				
3	156 (56.7%)	102 (37.1%)	8 (2.9%)	9 (3.3%)	275	9	264.00	16.92	Ho Rejected
4	135 (49.1%)	123 (44.7%)	2 (0.7%)	15 (5.5%)	275				
Total	655	383	27	35	1100				

P < 0.05 alpha level

Table 2 showed that calculated Chi-square value is 264.00 and the table value is 16.92 with the degree of freedom of 9 at 0.05 alpha level. The calculated value is greater than the table value, the null hypothesis was rejected. This means that facilities have significant influence on sports performance of athletes with special needs in Abuja.

Discussion of Findings

The tested hypothesis one on Table 1 revealed that stigmatization has significant influence on sports participation among athletes with special needs in Abuja, FCT. This finding supports the view of Burton & Naylor, (2011) who stated that stigmatization has internal and external consequences. It impacts on peoples’ quality of life, and social and psychological well-being could be damaging. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Burton & Naylor, 2011). Mastro, Burton, Rosendahl and Sherrill (2015) also submitted that stigmatization can leave people marginalized and excluded from their own community.

The tested hypothesis two on Table 2 revealed that self-esteem has significant influence on sports participation among athletes with special needs in Abuja. The result of this study is in line with the works of Nixon (2015) who submitted that people with disabilities do perceive themselves to be a burden, may have its origins in the fact that many

societies, particularly western industrialized societies, are constructed on the Darwinian premise of ‘survival of the fittest’ where any request for help or assistance is perceived as a sign of weakness. Any requests for help or ‘acts of charity’ as they may be perceived by some, can lead to a major lowering of self-esteem or even depression.

In addition to overall sense of self-esteem, many disabled people hold specific evaluation of their ability in a particular area. A specially challenged individual may think well of him/herself generally but may know that he/she is not very diplomatic and not very talented artistically. David may generally think poorly of himself but know that he is organized and a good pianist. Two dimensions that are central to self-esteem are self-competence and self-liking, which is evaluation of oneself as capable and personal fondness for the self (Marshall & Milne 2003).

The tested hypothesis three on Table 3 revealed that facilities have significant influence on sports participation among athletes with special needs in Abuja. The result of this study corroborated with Koca and Henderson (2011) who reported that facilities and equipment are primary factors in determining the choice of sports participation among athletes of any sports programme. For, the lack of a suitable facility can make it impossible to participate in some selected sports.

At the international level, the social and emotional well-being of people with disabilities is promoted through participation in sports and provision of specially designed sports facilities and equipment that allow them to enjoy different kinds of sports and exercise (Special Olympics Healthy Athletes, 2005).

Conclusion

Based on the finding of this study, the following conclusions were drawn:

Social and psychological factors such as stigmatization, self-esteem and facilities influenced sports participation among athletes with special needs in Abuja.

Recommendations

Based on the submission above, the following recommendations were made:

1. The sports personnel such as coaches, trainer and sports psychologist should sensitized the general public on the need to accommodate and treat the people with special needs as the able individual by withdrawing any form of social segregation.
2. The special athletes needs to believe in themselves and show interest in sports to stand up to their potentials and overcome any emotional obstacle that could limit their goal achievement in life

3. All Local, State and Federal government should provide standard facilities that suit the nature of athlete's disability in other to enable the athletes with special needs participate more in sports

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Appendix A

Questionnaire: Social and Psychological Determinants of Sports Participation among Athletes with Special Needs in Abuja

Please tick (✓) the option that represent your appropriate response
 SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree).

A	STIGMATIZATION AND SPORTS PARTICIPATION	SA	A	D	SD
1	Inaccessible environments create limitation by causing barriers to participation and inclusion in sports				
2	Stigma is often an internal barrier, causing persons with disabilities to question their own worth in society				
3	society perceived disability as a load of burden which brings low quality of life for the disabled individuals and their families				
4	Low preference are given to Paralympic sports by the society which discourage most athletes from participating in sports				
5	There is more attention given to able sports than disables sports in terms of facilities provision.				
6	The level of care provided to people with disabilities varies among communities and				

	depends on the level of social development				
B	SELF-ESTEEM AND SPORTS PARTICIPATION				
7	Athletes with special needs should value and appreciate him/her self-worth as to participate in sports				
8	Self-esteem is the evaluation that make the degree to which athletes perceive him/herself positively or negatively				
9	Low self-esteem is characterized by the feeling of inadequate social inhibition				
10	One of the motivational factor for Paralympics athletes is to possess self-realization				
11	Many of the discriminatory practices and policies that are barriers to persons with disabilities arise from self-worth and acceptance.				
12	Self-concept influence interest and performance in athletes with special needs.				
C	AVAILABILITY OF FACILITIES AND PARTICIPATION IN SPORTS				
13	Athletes with special needs required special sports materials which are not available for sports participation				
14	Availability of current equipment is needed by the by athletes in order to discharge his /her duty and motivation towards participation in sports.				
15	Availability of special sports facilities for different forms of disabilities is not available in order to motivate in sports participation by the athletes with special needs.				
16	Little facilities available are not in a good state of condition for use by athletes with special needs				