

The role of physical activity in the life and social integration of people of limited physical fitness

The problem of functioning of the disabled is the subject for interest of many specialists of various spheres of life whose aims is to ensure the place in the society on the basis of integration¹.

It has been estimated in Poland that the people with the dysfunction of motor organ constitute over the half of the disabled². The last National Census shows that lubelskie voivodeship is inhabited by 407 843 disabled people where 188683 are men³. The social dimension of disability requires sensible actions concentrated both on people as well as the environment in which it exists. The aim of these actions is to limit the results and adjust the environment to the needs of the disabled⁴. Good physical fitness as well as physical activity are the basic factors conditioning man's health and compensating for his psychophysical fitness⁵.

The results presented here are a part of the research that has been conducted for a few years which concerns the problems of life and the motifs to take up physical activities by the disabled.

The major objective was to indicate the usefulness of good physical skills in life and social integration on the example of people with the dysfunction of motor organ. In order to do it, the following scientific questions were asked:

1. How do the disabled assess their physical activity?
2. What is their point of view on usefulness of good physical skills in social integration?

¹ A. Ostrowska, J. Sikorska, Z. Sufin, Sytuacja ludzi niepełnosprawnych w Polsce. IFiS PAN, Warszawa 1994, s.9.

² A. Ostrowska Badania nad niepełnosprawnością w Polsce 1993. IFiS PAN, Warszawa 1994, s. 22; A. Ostrowska, J. Sikorska, Syndrom niepełnosprawności w Polsce. Bariery integracji. IFiS PAN, Warszawa 1996, s.8.

³ National Census 20th May 2002. The disabled according to the degree of disability, GUS, Warsaw 2004.

⁴ T Maszczak, Rola aktywności ruchowej w pomnażaniu szans życiowych niepełnosprawnych , Wychowanie Fizyczne i Sport, 1997 nr 1-2, s. 225.

⁵ K. Milanowska, Znaczenie zwiększonej aktywności ruchowej osób niepełnosprawnych jako czynnika kompensującego ich sprawność psychofizyczną. [W:] Sport szansą życia niepełnosprawnych pod red. J. Śliżyńskiego, PSON, Kraków 1997, s.30.

3. How do they assess environmental integration?
4. Which factors, in their opinion, limit their participation in various organized forms of movement?

The research was conducted in the years 2006-2007 in the towns of second level of local government administration of lubelskie voivodeship characterizing with similar social infrastructure, namely, Biała Podlaska, Kraśnik, Tomaszów Lubelski, Ryki. The research was done in the group of 184 people with the dysfunction of motor organ, having the official certificate of their disability, aged between 18-46. The examined were representatives of particular societies.

Methods and techniques

The major used method was a poll. Two kinds of interview were chosen as research techniques, that is to say, environmental and thematic. The tool was a questionnaire with 35 questions. They allowed to get to know the facts and opinions on possibilities of functioning of the disabled in the local societies on the basis of integration, as well as determining the range of services done for the disabled by governmental and non-governmental institutions in the area of physical activity and finding out the motifs to take up such actions. The interviews were conducted individually with each respondent. The respondents were frequently asked why they had chosen the indicated option.

The results of research

Owing to the fact that the respondents represented various environments a general characteristics was made according to general social-demographic features that allowed to define their social status. The analysis showed that the group is consistent in terms of disability, social status, but it is diverse in terms of sex, the reasons of disability, the way of moving, professional activity, and financial situation.

The average of age at the moment of research was 30,8. Male sex was represented by 102 men (55.4%), whereas female sex was represented by 82 women (44,6%). In the case of over 2/5 of respondents (79 people – 42,9%) , mainly men, the main reason of disability was an injury. At the same time, more frequently women became disabled as a result of an illness (65 people – 35,3%). The rest were circa about 1/5 of the whole number of respondents who were born with congenital lower limbs defect (40 people – 21,8%). Almost half of the group of all respondents, namely 82 people (44,6%) move by means of rehabilitation equipment whereas 37 people (20,1%) move by a wheelchair. Only 65 people (35,3%) move on their own with

limited physical capability. Over 3/5 of respondents are professionally passive (137 people - 74,5%) regardless of sex, age, and the place of inhabiting. Most of them live in very poor conditions, either with their parents or with their families and children that have to be supported. At the same time, the others are people who are professionally active (47 people- 25,5%).

Participation in social life consists in both participation in various organized groups (family, marriage, professional work, social life, organizations, and so on) as well as certain level of physical abilities involving an active participation in social life. Reaching a certain level of physical abilities as well as physical fitness in the case of disabled people requires systematic participation in various forms of movement⁶. In the table the authors of this paper presented a self-assessment of physical abilities that allow the disabled for an active life;

TABLE 1. A self-assessment of physical abilities

CATEGORY	BIAŁA PODLASKA		KRAŚNIK		TOMASZÓW LUBELSKI		RYKI	
	N	%	N	%	N	%	N	%
VERY GOOD	-	-	-	-	-	-	-	-
GOOD	12	26,1	11	22,0	12	25	9	22,5
AVERAGE	15	32,5	16	32,0	20	41,7	16	40,0
POOR	19	41,4	23	46,0	16	33,3	15	37,5
ALTOGETHER	46	100,0	50	100,0	48	100,0	40	100,0

The conducted analysis shows that over ¾ of respondents assessed their physical activity negatively as “average” or “poor”. The authors of this opinion were both women and men at different age regardless of place of inhabiting who have problems with moving usually outside their house and some of them inside their house owing to the lack of suitable orthopedic equipment (an artificial limb) or rehabilitation equipment (crutches, wheelchair). The others, although have some problems deriving mainly from environmental barriers, are active in their life and profession. They have been disabled from the moment they were born. They possess better physical fitness owing to systematical work which helped them to acquire higher education or preparations to trade.

The literature shows that integration of the disabled in local societies undergoes in different ways in various parts of our country. The way the respondents perceive this phenomenon is presented in table 2.

⁶ W.Dega, K. Milanowska, Rehabilitacja medyczna, PZWL, Warszawa 1994, s.21.

TABLE 2. The assessment of the process of integration in the opinion of the respondents.

CATEGORY	BIAŁA PODLASKA		KRAŚNIK		TOMASZÓW LUBELSKI		RYKI	
	N	%	N	%	N	%	N	%
POSITIVELY	13	28,3	12	24,0	12	25,0	4	10,0
NEGATIVELY	7	12,2	16	32,0	14	29,2	20	50,0
OTHER-„Occurs too slowly”	26	56,5	22	44,0	22	45,8	16	40,0
ALTOGETHER	46	100,0	50	100,0	48	100,0	40	100,0

One should state that the process of integration in the place of inhabiting was estimated positively merely by $\frac{1}{5}$ of respondents. The authors of this opinion were people with decreased dysfunction of motor organs who are professionally active. On the other hand, there were many more opinions that the process of integration “Occurs too slowly” which was expressed by respondents of considered local societies. The worst negative assessment was made the respondents representing Ryki. (20 people-50,0%).

Most of the examined shared the opinion that better physical skills would let them have better social contacts, find a job, and social integration. This belief was expressed by 92,9% of all respondents, namely, 171 people. The major reason of limited physical activeness and low physical fitness is a difficult financial situation of many disabled people as well as the lack of suitable rehabilitation and orthopedic equipment. Moreover, the situation in health service has dramatically changed which resulted in unavailability to rehabilitation services and a small number of non- public medical facilities providing such kind of services and poor access to information. The earlier mentioned opinions of respondents confirm all-Poland research⁷.

Conclusions

The material gathered for research purposes entitles to draw the following conclusions:

1. According to respondents’ belief better physical abilities allow the disabled for quicker social integration. People with better fitness are more active in their lives and profession. They socialize easier and quicker with other people and the environment.

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A Ostrowska, , Badania nad niepełnosprawnością w Polsce 1993..., wyd. cyt., s 27.

2. Over $\frac{3}{4}$ of respondents assessed their physical activity negatively claiming it was “average” or “poor”. The factors that thwart them in participating in organized forms of activeness as well as social integration are the following:
 - difficult financial situation
 - lack of suitable rehabilitation and orthopedic equipment
 - a small number of non- public medical facilities dealing with fitness improvement.
3. The belief that social integration “occurs too slowly” was dominating among the examined respondents.

References:

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