




## Effectiveness of teaching physical education to learners with multiple disabilities in the Highglen district in Harare, Zimbabwe

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**Abstract**— This study explored the effectiveness of teaching physical education to learners with multiple disabilities in two special schools in the Highglen district. The study employed a qualitative approach rooted in an interpretative research paradigm. A case study was used as a research design. Semi-structured interviews, lesson observations, and focus group discussions were used as data collection tools. Twenty participants were selected using purposive sampling from two special schools in the Highglen district, Zimbabwe. Data were analysed using content thematic analysis to identify key themes. Results showed different factors affecting the effective teaching of Physical Education to learners with multiple disabilities. These include health issues, lack of support from different stakeholders, teachers' attitudes towards learners with multiple disabilities, lack of skills and knowledge, learners' attitudes toward PE, shortage of appropriate PE equipment, and the school environment. The study gave some recommendations, including holding campaigns by respective education ministries that may help correct attitudes in school heads, teachers, parents, and learners. Schools should be assisted in acquiring resources and equipment to ease the teachers' work. Teachers' professional development should be prioritised to equip them with the necessary skills and knowledge.

**Keywords:** Physical Education, Multiple Disabilities, Inclusion, Mainstream schools

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### I. INTRODUCTION

PHYSICAL Education (PE) is a subject that gives strength to the body, which is valuable for recreation and activities for daily living. It provides an opportunity for the child's total development, among other benefits. Dunn (2020) points out that a person who exercises is often active and feels better as they increase strength and endurance, improve weight maintenance, and reduce the risk of many diseases. While PE is vital for all people, learners with multiple disabilities must be allowed to participate in PE activities. The Zimbabwean government has adopted an Education for All policy. Reflection of the policy is evident through the constitution of Zimbabwe (2013) and the Education Act of 1996, which both emphasize access to education for every individual who needs it. The Zimbabwean legislation emphasizes that children with disabilities are educated in neighborhood schools (inclusion policy) and general education classrooms with PE taught wherever appropriate as one of the subjects. The Zimbabwean disability policy, called the National Disability Policy (NDP), was launched by President Emerson Mnangagwa on June 9, 2021, to address the rights and welfare of persons with disabilities. Every child has a right to education and may learn all subjects, including PE. While PE is one of the core subjects included in the curriculum, it is an integral subject that enhances and harmonizes an individual's personality's physical, intellectual, and emotional aspects (Dunn 2020). It is, therefore, crucial for the subject to be taught to all learners. In 2016, PE, sports, and mass displays became a priority and examinable subject in the curriculum (Dunn 2020).

### II. LITERATURE REVIEW

#### Attitudes of teachers and other learners

Different factors influence the negative attitude of teachers towards learners with disabilities, including teachers' low expectations of the performance of these learners (van der Straaten et al., 2021; Mukuna & Maizere, 2020). Teachers' negative attitudes toward the teaching and learning of PE to learners with multiple disabilities (MD) influence their learning (Alasim, 2020). This implies that teachers could have negative attitudes towards learners with MD as they think they may be unable to perform PE activities. In addition, literature revealed that teachers' attitude toward learners with multiple disabilities emanates from the learners' low academic achievements and how they participate in PE activities (Kasonde-Ngandu & Mandyata, 2022). In support of this, a study by Ngobeni et al. (2020) indicated that society, teachers, and other learners tend to discriminate against learners who have multiple disabilities.

Sherrill (2023) reported that PE participation helps develop a healthy self-concept. If learners are allowed to participate, they feel worthy, and their self-confidence will be boosted. PE builds confidence in learners as they participate in different activities. In support, Penston (2019) says learners with multiple disabilities need to do PE activities as they get pleasure and relaxation. Thomas (2018) identifies the general benefits of PE as enhanced well-being, improved quality of life, decreased stress level, a new sense of meaning in activities, better fitness, and opportunities to meet friends and socialize. It also enhances the sense of self, a sense of accomplishment, a sense of belonging, and a connection with one's own body to the outside world through rigorous movements.

#### Social benefits

Smith (2015) found that individuals with multiple disabilities could

improve their social lives by engaging in PE activities. In support of this, (Chapel 2017) alluded that PE is an excellent avenue for learners with multiple disabilities to gain valuable social interactions with peers and age mates as they participate in PE activities. In a study on developing recreational skills for people with disabilities, Mpofu (2021) recognized improved social skills development in which learners learn to socialize. Chapel (2017) observes that PE's greatest contribution to learners with multiple disabilities is social contact. Through such shared activities, the learner is not only able to mix with others who are disabled but also can mix with the able-bodied. Therefore, PE not only improves the physical well-being of a child with MD but also gives them a richer life and helps them adjust socially and psychologically to their disability.

#### **Enhancement of other skills**

Auxter and Pyfer (2017) pointed out that PE develops prerequisite motor skills for participation in self-fulfilling social activities and self-help skills required for independent living. Sherril (2018) states that PE teaches individuals how to communicate effectively, the significance of teamwork and cooperation, goal setting, self-discipline, respect for others, and the importance of rules (Sherril, 2018). PE helps learners with MD acquire social skills they may lack (Chrispen, 2016), share responsibilities and obligations, and exercise leadership (Mpofu, 2021). Through socialization, PE learners with MD may develop skills they can apply in other aspects of their lives (Sherril 2018). Groove (2014) states that PE guides learners with MD as to how they may best spend their leisure time. Apart from promoting socialization, Mpofu (2021) highlighted that stigma may be reduced or eliminated as learners with MD engage in PE activities with others. As learners with MD get to participate and display their ability in PE, stereotypes and negative perceptions about them may be reduced (Borich, 2017). Grooves (2017) confirms that by participating in PE activities, learners with MD gain recognition as valuable to their overall development as individuals and as members of society.

#### **Psychological benefits**

Gratty (2019) noted that participating in PE has psychological, intellectual, health, and social benefits. Psychological studies recognize improved emotional stability and self-control as part of the psychological benefits of PE (Gould 2013). Participation in PE enhances personal development by improving psychological and mental functioning and giving rise to feelings of psychological competence. PE creates a more equitable and empowering environment for learners with MD, giving them the confidence to pursue goals in other areas of life. In addition to the above sentiments, Gould (2013) suggests that energies that are expected in strenuous PE activity seem to play a most useful role in offsetting the stress and frustrations of everyday life. Gratty (2019) says PE activities are enjoyable and can increase personal resistance to stress.

Most motor activities in PE contain cognitive components, so learners with MD may develop their minds through these activities and stimulate the body process (Sherrill, 2018). Improved intellectual functioning, memory, and perception-enhanced academic performance are part of intellectual benefits (Gould 2013) and enhancement of cognitive performance (Chrispen, 2016). Research points out that there is a relationship between physical activities, brain development, and cognitive performance (Smith 2015). Children with disabilities identify psychological benefits as an improved sense of humor, perceived quality of life, and positive outlook on life as significant benefits (Edington, 2014). Some other benefits reiterated by other researchers include a reduction in depression and anxiety, anger reduction, reduced confusion, hostility, and tension, improved sense of freedom, self-actualization and appreciation of nature, and positive social interaction (Chrispen, 2016).

#### **Physiological benefits cardiovascular**

Benefits such as reduction /prevention of hypertension, increased lung capacity, reduction in body fat mass, and increase in muscle strength have been reported among people with MD disability (Fait and Dunn, 2016).

Generally, PE activities help people of all ages and abilities in the reduction and prevention of hypertension, increased lung capacity, reduction in body fat mass, and increased muscle strength. An individual who develops well-rounded exercise or training is active and feels better. Blauwet (2016) highlighted that the benefits of PE activities for individuals with MD include increased strength and endurance, better weight maintenance, and reduced risk of diseases. Smith (2015) acknowledges that PE is important in maintaining fitness for daily living, reducing functional limitations, facilitating independent living, preventing dependency on fitness bone metabolism, and increasing functional independence.

PE increases one's mobility and reduces chronic diseases and secondary complications Fait and Dunn (2016). PE lessons provide an opportunity whereby, through conventional gymnastics, each child can be helped to come to terms with his/her body limitations and to explore his/her potential. PE activities reduce healthcare costs by increasing productivity and creating a healthier physical and social environment (WHO, 2022). PE improves the neuromuscular system, thereby improving the overall physical fitness of learners. Winnick (2019) states that positive correctional can be established between muscular strength and industrial work performance in pupils with multiple disabilities.

#### **learners with multiple disabilities' challenges facing the PE**

In the process of learning or acquiring new knowledge, there are many problems one can encounter. Learners with MD face challenges in PE activities due to their conditions. Smith (2015) confirms that these learners lag in many activities compared to their normal counterparts. Bauman (2015) says PE can be difficult for learners with MD. Its very nature as an active subject often focuses on performance and competition, presenting various challenges to pupils. With the same sentiment, Grooves (2017) advocates that learners struggle to regulate their conduct and channel their energies positively. Latto (2022) suggested that learners with MD may not understand the dimensions of the task, no matter what teaching method the teacher uses. Due to their mental challenges, learners may not understand the instructions needed in PE. Borich (2017) pointed out that challenges arise when learners fail to perform tasks or skills because they have not mastered the instructions.

Bornman and Rose (2010) noted that most PE activities contain cognitive components that may tax learners with MD to a great extent. Grooves (2017) observed that the level of communication and frustration of exclusion from games led them to withdraw from participation in PE activities. Borich (2017) noted that some learners with either physical or intellectual disability are withdrawn and have difficulties in relating with others, and sometimes their play becomes defensive and aggressive. Briggs (2022) says learners with multiple disabilities are often excluded from various physical education and sports on the grounds of their condition without due regard to their abilities and psycho-social needs. Gratty (2019) pointed out that some learners with multiple disabilities are excluded from some activities because they express the element of fear, hostility, and aggression. Due to some learners having multiple disabilities, they feel inferior and tend to devalue themselves as they suffer withdrawal and regression in performance. Smith (2015) mentioned that these learners have challenges performing basic tasks such as running and walking, so they may face problems in jumping, throwing, and dribbling in PE. Therefore, the instructor must be aware of and apply methods that put an individual in a position that gives him/her balance and enjoyment of the games or activities.

### **III. OBJECTIVES OF THE STUDY**

This study explores the effectiveness of teaching physical education to learners with multiple disabilities in special schools in the High Glen district in Harare, Zimbabwe.

#### IV. METHODS

##### Research approach

The qualitative study focused on how people view the world in different beliefs, views, and ways of interacting with the surrounding environment (Creswell, 2024). The researcher focused on the situation where people live and work to understand the context. The meaning was constructed considering the research participants' views of their world concerning teaching and learning PE of learners with MD.

##### Research paradigm

Considering the nature of the study, the interpretive research paradigm was considered suitable to guide the study. The interpretivism paradigm focuses on trying to understand the views of the focal group through communication and interaction (Open University, 2021). The researcher was interested in interacting with teachers to understand the teaching of PE activities to learners with MD.

##### Research design

The case study research was adopted as a research design to investigate the effectiveness of teaching PE to children with multiple disabilities in the Highglen district in Harare. Case studies are well-known for providing in-depth analyses of single or limited units in real-world contexts and offer rich qualitative insights (Cherry, 2022).

##### Participants

Two schools in Highglen were the target population. Target population refers to the entire group of people, events, or things of interest that the researcher wishes to investigate (Sekaran and Bougie, 2006, cited in Naseri, 2021). The study used purposive sampling to develop a sample size of twenty participants. According to Etikan et al. (2016), the purposive sampling technique allows the researcher to decide what needs to be known. It sets out to find people who can and are willing to provide information through knowledge or experience (Etikan et al. 2016).

##### Data collection

##### Semi-structured interviews

The study employed semi-structured interviews to gather data. Semi-structured questions were used in the interviews as teachers gave more information on how PE was taught, which allowed the researcher to collect as much data as possible. Interviews were chosen for flexibility and involved open-ended questions to obtain detailed responses. To ensure data reliability, all interviews were audio-recorded for accurate transcription and analysis. Field notes were taken to provide further insights and assist in result triangulation (Stake and Visse, 2023). By combining audio recordings and field notes, the study aimed to capture the richness of participant responses and enhance the credibility of the findings.

##### Observations

Observation was employed to gather data. Observation is a systematic process of watching, recording, describing, interpreting, and analyzing people's behaviors, actions, and interactions in a particular setting (Stake and Visse, 2023). As Cherry (2022) notes, direct observation allows the researcher to witness interactions and behaviors unfolding naturally, offering an in-depth understanding of the participants' experiences. Through observations, the researcher can access aspects of the social setting that might not be apparent to outsiders, providing rich information. Four lessons were observed, two from each school, and the observations helped the researcher gather first-hand data about the teaching and learning of PE to learners with MD. This helped identify some challenges learners face and provided insights into possible solutions to improve their learning experience. Observations also allow the researcher to observe unscheduled events and spontaneous moments that may lead to new questions and insights (Creswell, 2024).

##### Focus Group Discussions

Focus Group Discussions (FGDs) were used to gather data from learners with MD. FGDs were conducted with questions to explore the effectiveness of teaching PE to learners with MD. FGDs allow participants to interact and share their experiences, providing valuable

insights into how PE is taught. This method is advantageous because it allows for the collection of diverse perspectives quickly, promotes group discussion, and enhances the richness of the data (Stake and Visse, 2023). Ultimately, FGDs helped the researcher understand the effects of teaching PE to learners with MD from the learner's viewpoints.

Triangulation was used as a key data collection procedure, combining various data types to answer the research questions (Creswell, 2024). The main goal of triangulation was to enhance the study's depth, breadth, and richness, offering different perspectives and helping to provide a more comprehensive understanding of the topic. Using triangulation increased the credibility and validity of the study as it reduces bias.

##### Data analysis

Data were analyzed using a thematic approach following six phases of Braun and Clarke 2006, revised 2022. The data obtained from interviews, observations, and FGDs were transcribed, and units were identified and grouped into categories and themes to be used as research findings. Codes were prepared from the responses given by participants to each question and the notes taken during observation. The categorized data were then encoded, and themes were ready. The anonymity of participants was ensured in the study. A comparison was made, and descriptive conclusions were reached regarding teaching PE activities to learners with multiple disabilities.

##### Ethical considerations

Ethical considerations were adhered to in this study. Informed consent and assurance of confidentiality were given to the participants. Participants adhered to principles of respect so that they would feel comfortable sharing their experiences. Before conducting the study, ethical clearance was obtained from the appropriate authorities. Participants were provided consent forms outlining their voluntary involvement and the right to withdraw without explanation. Selected schools were given dates for data collection to give participants time and avoid disappointment. A triangulation approach was employed to enhance the credibility and validity of the data.

#### V. RESULTS AND DISCUSSION

Table 1: Biographic results of participants

Participants	Age	Gender	Types of disability	Grade Level	Schools
Learner 1	9	Male	Cerebral Palsy, Autism	Grade 4	School A
Learner 2	10	Female	Down syndrome, Emotional behavioural disorder	Grade 5	School A
Learner 3	9	Male	Intellectual disability, ADHD	Grade 4	School B
Learner 4	10	Female	Spina Bifida, Hearing Impairment (MILD)	Grade 5	School B
Learner 5	10	Male	Autism, cerebral palsy	Grade 4	School A
Learner 6	10	Female	Intellectual disability, ADHD	Grade 5	School A
Learner 7	10	Male	Visual impairment, Down syndrome	Grade 4	School B
Learner 8	11	Female	Cerebral palsy, ADHD	Grade 5	School B
Learner 9	10	Male	Autism, intellectual disability	Grade 4	School A
Learner 10	10	Female	Spina Bifida, Visual Impairment	Grade 5	School A
Learner 11	10	Male	Intellectual disability, cerebral palsy	Grade 4	School B
Learner 12	10	Female	Down syndrome, ADHD	Grade 5	School B
Learner 13	10	Male	Intellectual disability, spina bifida	Grade 4	School A
Learner 14	10	Female	Muscular dystrophy, Autism	Grade 5	School A

Participants	Age	Gender	Highest qualifications	Teaching experience	Schools
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Teacher 1	35	Female	Bachelors in PE	10 years	School A
Teacher 2	42	Male	Master's in special education	15 years	School B
Teacher 3	30	Female	Bachelors in PE	5 years	School C
Teacher 4	45	Male	Master's in special education	20 years	School D

Participants	Age	Gender	Education Level	Teaching experience	schools
Administrator 1	48	Female	Master's in education	18 years	School A
Administrator 2	53	Male	Master's in education	22 years	School B

### Health issues

Findings indicated that most learners with MD did not appear to be doing physical education activities due to health issues. Many respondents pointed out the delicate nature of the learners with MD as they pointed out that engaging them in different activities would culminate in straining them, especially those with asthma as pointed out.

*Learners with asthma may go into an attack while teachers have neither any first aid kit nor medication to assist the learners. Some teachers do not have enough background information about the learner and would not want to face the consequences in any eventuality (Teacher 6)*

Teacher 5 mentioned that,

*Some learners with multiple disabilities have heart problems, so doing physical education activities would be dangerous as one would not know whether they could have taken their medication before the session and whether the type of exercises suited the learner.*

Teacher 10 revealed that,

*During physical education activities, the risks are greater than in other lessons. There is no reason to jeopardize learners who are already disadvantaged and have permanent natural restrictions.*

With the same sentiment, one learner with MD who has epilepsy and often had seizures indicated that:

*I am restricted from engaging in physical education activities as I could experience an attack at any time.*

From the responses mentioned above, rejections by some teachers through over-protection, fear of constricting the conditions of learners with multiple disabilities who have other conditions, and careless, stumpy protests hinder them from participating in physical education activities. The results show that learners with multiple disabilities are not participating in physical education due to different illnesses. Overprotection seems to emanate from what Barton (2020) called the charity model of disability, in which people with disabilities are pitied and patronized as they cannot do some activities on their own. For this reason, many teachers have pointed to the delicate conditions of learners as a reason for not participating in physical education activities.

### Support

The results showed that teachers are not getting enough support from different stakeholders, including parents and administrators, to effectively teach PE to learners with MD. The following excerpts illustrate this.

The response from Teacher 3 was,

*The support that we are getting from the administration is not enough for us to effectively teach PE to learners with MD. Apart from having multiple disabilities, some of these learners also have health issues that need the support of health personnel. However, health personnel like physiotherapists and psychologists are not always available.*

*The funds received per term or year are insufficient to purchase the required equipment. The government should increase the money because some resources needed are expensive.*

Teacher 5 mentions that,

*For me to teach PE activities to learners with MD, there is a need for support regarding resources like assistive devices and PE materials that would help them in some activities. In addition, we need support from parents to understand these learners and their capabilities.*

From the above sentiments, teachers are not receiving enough

support from stakeholders to effectively teach PE to learners with MD. Parents must collaborate with teachers to provide emotional and psychological support (Peresuh, 2019). In addition, Peresuh (2019) acknowledges that the notion of parental involvement is based on a set of premises that parents are experts on their children to know their capabilities. However, it has been found that parents are not fully supporting teachers in teaching learners with MD, as indicated by Kochung Report (2023), and that support services from parents are lacking in the education system. Many teachers recommended that the school administration ensure that all the necessary support services for learners are availed effectively to enhance their performance. In addition, support services from other stakeholders like health personnel were seen to be lacking. These services are essential for the well-being of learners with multiple disabilities.

### PE equipment

Findings indicated that learners with multiple disabilities can be excluded from physical education activities because of the lack of equipment and the nature and type of school facilities, as shown in the following excerpts.

*There is no adequate equipment in schools for physical education activities; hence, we are not doing the activities. The equipment seems expensive, so schools do not have enough money to buy it. The administrators prioritize other items over physical education equipment (Teacher 9).*

*The school does not have enough money to buy the material I need to teach PE to these learners. The funds received per term or year are insufficient to purchase the required equipment. The government should increase the money because some resources needed are expensive (Teacher 7).*

From the above responses, it can be deduced that the scarcity of PE materials is affecting the teaching of PE to learners with MD. As these children are unique, they also need different equipment that might be expensive. However, results indicated that funds are insufficient to buy the required materials. However, Johnson (2019) suggested that schools are not offering special educational facilities that meet the unique needs of learners. This could be because of limited resources, facilities, and the government's lack of strong political will. Yet, overlooking the developmental needs of people with disabilities from programs that directly benefit them can be one of the most dramatic forms of exclusion people with disability can face (Chapel, 2017).

### Teacher's competency

Responses from respondents showed that some teachers have little knowledge of handling children with multiple disabilities. The following excerpts indicate this.

Teacher 5's response was

*Dealing with learners with MD is not easy for me. I have little knowledge and skills in handling them, yet I am still teaching them PE. I was trained as a special needs teacher, but the training did not focus much on learners with multiple disabilities.*

Teacher 8 added that.

*I do not have adequate skills to handle such children. Hence, there is a need for workshops and services for teachers like us. I am not sure what these children can do, so I am afraid of doing many activities.*

The above sentiments indicate that teachers are not trained enough to deal with learners with MD. Their lack of knowledge and inadequate skills are affecting the teaching of PE to these learners. The interview results show that most teachers lacked the necessary skills because they did not undergo special training. This implies that most teachers may not have sufficient depth to properly teach and facilitate adapted PE activities for learners with MDs. The other reason might be a lack of proficiency in modifying the curriculum to suit the needs of these learners. This makes teaching learners with MD and PE lag (Sherrill, 2023). Creating a good learning situation requires knowledge, training, and special qualities of character and personality (Kanhukamwe & Madondo, 2013).

### Teachers' attitudes

Results of the research revealed that some teachers have a negative attitude towards children with intellectual disabilities. The following

excerpts illustrate this.

*Lack of knowledge and skills makes us not enjoy teaching PE to learners with MD. I struggle to handle these learners and have a negative attitude towards teaching them* (Teacher 5).

*Learners with multiple disabilities seem not capable of doing physical education activities. This is because some have fragile bones, such as those with muscular dystrophy, which needs a lot of attention, so teaching them PE activities is becoming difficult for me* (Teacher 10).

From the above sentiments, the negative attitude of teachers in teaching PE to learners with multiple disabilities emanates from a lack of knowledge and skills and a lack of teaching materials. Due to a lack of knowledge and skills, teachers treat learners with multiple disabilities with pity, seeing them as incapable of doing anything. Nelson Mandela 2010 in Martin, (2020), teachers and schools are making minimal efforts to maximize physical education activities. Instead of doing something that benefits these children, they just look at them with pity, protectiveness, or admiration, as Longoria and Marini (2016) found out. However, Duchaine, Leung, and Coulter-Kern (2018) suggest that favorable attitudes can be cultivated by providing teachers with appropriate coursework, incentives, and positive experiences working with children with disabilities.

#### **Learners' Attitudes and capabilities**

Findings indicated that learners with multiple disabilities are being deprived of what they want to do. They enjoy PE, but because of the limitations given to them by guardians and teachers, they are not included, as indicated by the following excerpts.

*My parents told me not to do physical education activities because I am sick, though I like to do light activities. I feel comfortable outside when given a lot of work to write in the classroom* (Learner 4).

*I end up watching others as I am not allowed to participate due to my disability. They will say I cannot do those activities, but I would want to try* (Learner 5).

*I feel like my participation is restricted, and the teachers do not let me play; my abilities are not seen, as my teacher thinks I cannot do it; I feel socially isolated and rejected* (Learner 7).

Findings indicated that learners liked outdoor games more than in class. Some learners have noted the importance of physical education activities as they provide leisure and are a welcome relief from the monotony of desk work in the classroom. The motivation toward PE classes can help lead to increased leisure physical activity of learners, despite any bad experiences they might have (Trigueros et al., 2019). Learners are not motivated or given enough time to fully participate in physical education activities. Some are restricted to different activities by their parents as they are told what to do and what not to do, and some are not allowed to participate.

#### **Environment**

##### **Poor Grounds**

Results from the study showed that the environment contributed to the lack of effective teaching of PE to learners with MD. This is shown by the excerpts below.

Teacher 5 explained that,

*Some learners are hyperactive and have different individual requirements to learn physical education activities. They need a good environment that is not harmful to them when playing.*

Teacher 2 mentions that.

*He grounds that the use of PE is not safe, considering that these learners do have multiple disabilities. A good environment is important for children with multiple impairments when learning physical education activities.*

From the above sentiments, it can be deduced that Physical Education activities need to be done in a conducive environment. Learners with MD need enough space to do PE activities, which must be safe for them. Poorly prepared grounds were also mentioned to hinder learners' participation with MD in PE activities. Schools are often mainly inaccessible in most areas because of poorly maintained surroundings, making them unsafe for learners (Ahuja, 2014). The unsafe physical environment is dangerous to learners with MD as they may lack balance and awareness of some obstacles that may hurt them

and may not be inspired to feel comfortable (Nasifiro, 2015).

## **VI. CONCLUSION**

The basic assumption in this research was that physical education teaching was effectively done to learners with MD. It was then noted that there is a need to address the issue and the gap in how learners with disabilities are handled. The results of the study showed that some aspects should be followed to successfully implement effective teaching of physical education to learners with MD. The research shows that physical education activities have not been successfully taught to learners with MD. The main failings in terms of teaching physical education to these learners have been identified as the following: Inadequate resources, lack of knowledge and skills, poor grounds, and negative attitudes of some respondents. Against the above background, it can be concluded that there were limitations in how physical education activities were done in schools. The empirical research findings provide guidelines on how these shortcomings can be overcome.

## **VII. RECOMMENDATIONS**

The researcher has the following recommendations. There should be campaigns held by respective education ministries that may help correct attitudes in school heads, teachers, parents, and learners. Schools should be assisted in acquiring the necessary resources and equipment to support the teaching of PE to learners with MD. Teachers' professional development should be prioritized to equip them with the necessary skills and knowledge.

## **VIII. CONFLICTS OF INTEREST**

There are no conflicts of interest.

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