

# Analysis of Problems and Challenges in Teaching Sports, Health and Physical Education to Students with Disabilities

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**Abstract**—Children living with various disabilities have the ability to maximize their potentials when they receive adequate attention and treatment according to their needs. Therefore, this research aims to analyze the problems and challenges in teaching Sports, Health and Physical Education to students with disabilities. Data were descriptively obtained through interviews, observation, and documentation and using data triangulation for its validity. The collected data were further analyzed through reduction, presentation, and conclusion. This study showed that there are two (2) components of problems in teaching Sports, Health and Physical Education to students with disabilities, namely: 1) learning tools and 2) evaluation instruments. Meanwhile, the challenges of teaching this subject are associated with psychological preparedness of educators towards the different types of disabilities mixed in one class. The result showed that the process and outcome of teaching this subject are not optimal due to these components of problems and challenges. It is, therefore, recommended that educators need to apply standardized learning tools and evaluation instruments in teaching Sports, Health and Physical Education to students with disabilities.

**Keywords**—disabilities, children living, physical education

## I. INTRODUCTION

Fulfilling the needs of people with disabilities, especially in education, is still far from being fulfilled. The community's hope for children with special needs aims to get regular education like children in general and do not discriminate. It tailored to their individual needs through inclusive education. It did not necessarily have to be located in remote villages, villages, cities, or SLB A (blind) B (deaf) C (mentally disabled) and D (disabled). But still, continue their education through inclusive education. Following Law, no: 20 of 2003 and Law No: 8 of 2016 [1], regarding the national education system, the tuition for Indonesian citizens with disabilities/disabilities can be held inclusively in public schools or the form of select education units or special schools. Since then, inclusive education has been developed in Indonesia in a structured and massive manner. With inclusive schools, the

level of care and friendliness towards people with disabilities/disabilities is getting higher.

Education for persons with disabilities/disabilities or special education is an evolution of the system; a) segregative, b) integrative, and c) inclusion [2]. This evolutionary process is not mutually exclusive, instead of complementary because each has advantages and disadvantages. Both segregative and integrative system removed from the particular education policy is unnecessary. In contrast, it gives people the freedom to choose according to their needs and comfort in following the existing education system [3]. The inclusive education system is a general education system that includes children with particular disabilities such as gender, culture, economy, skin color, geography, and disabilities/disabilities. It aims to study together with other students in general by facilitating and accommodating any shortcomings and adjusting their needs. Thus the curriculum design must adapt to a child's condition, not the other. It is way around that students adjust to the demands of the school curriculum. Inclusive education requires identifying and assessing the students as a basis for accommodating the curriculum, learning models/media, and assessment, but not selection and labeling to get a proper education in these schools. Inclusive education is education that is friendly to students who have a level of special needs. Slowly but surely, the growth and development of inclusive education are growing and developing positively and encouragingly. The growth and development that encourages inclusive education in public schools or the form of select education units or special schools do not mean that it does not have problems and challenges in providing education and teaching.

The diversity (heterogeneity) of students' deficiency needs creates a unique challenge in developing academic unit's/learning devices: learning media, learning models, learning strategies, learning infrastructure, and learning evaluation [4]. There are some developments and problems, including academic units, learning devices, teaching media, learning models, learning strategies, learning infrastructure,

and learning evaluation facilities. It appears inside of the inclusive education system in public schools or the form of select education units or outstanding schools that research is necessary. Thus, concrete and real steps need to be taken to see problems in the field by conducting surveys directly or indirectly. Because in the inclusive education system in public schools or the form of select education units or outstanding schools and there are so many subjects or courses. The research was carried out related to "Analysis of Problems and Challenges in Teaching Sports and Health Physical Education (PJOK) for Students with Disabilities. at the Special Education Unit or Special School (SLB) in Bali Province."

#### A. *The Child with Special Needed*

Children with special needs can be classified into three parts, namely [5]: 1) physical disabilities, abnormalities that exist in one or more organs of the human body, which results in the malfunctioning of these organs commonly. The malfunctioning of body organs as in:

1) *Sense of sight (blind)*: These are some following identifies children with visual impairments: a) unable to see, b) unable to recognize people at a distance of 6 meters, c) real damage to both eyeballs, d) often groping / tripping while walking, e) having difficulty picking up small objects nearby, f) the black part of the eyeball is cloudy / biopsy / dry, g). the eyes continued to shake.

2) *Speech organs (speech impaired)*: Identification of children with hearing loss: a) unable to attend, b) delayed language development, c) frequent use of signs in communicating, d) less / not responsive when speaking, e) unclear speech, f) strange sound quality / monotonous, g) often tilts the head in an attempt to hear, h) a lot of attention to vibrations, i) pus comes out of both ears, and j) there is an organic abnormality of the ears.

3) *Motor tools (disabled)*: Following is identifying children who have abnormal limbs/body movements: a). limbs are stiff or weak / paralyzed, and unable to move at all, b) movements are not perfect, not flexible/uncontrolled, c) there are parts of the limbs that are incomplete/imperfect / smaller than usual, d) there are defects on stems, e) fingers are stiff and unable to squeeze or grasp, f) difficulty standing, walking, sitting, and showing abnormal posture.

4) *Hyperactivity*: Hyperactive is not a disease but a symptom or symptom. (Batshaw & Perret, 1986: 261). Symptoms occur due to brain damage factors, an emotional disturbance, a hearing deficit, or mental retardation. Today many medical circles still refer to hyperactive children as attention deficit disorder (ADHD).

5) *Mental disorders (super stock)*: Identification of gifted children or children who have extraordinary intelligence and abilities; a) read at a younger age, b) read faster and more, c) have a broad vocabulary, d) have an intense curiosity, e) has general interest, also in adult problems, f) has initiative and

can work on his own, g) shows authenticity (originality) in verbal expressions, h) gives right answers, i) can provide many ideas, j) flexible in thinking, open to stimuli from, k) the environment, have a sharp observation, can concentrate for a long time, especially on a task or area of interest, k) think critically, also to yourself, l) like to try new things, m) have a high power of abstraction, conceptualization, and synthesis, n) Enjoy intellectual activities and problem-solving, o) quickly grasp causal relationships, p) behave directed p there is a goal, q) has a strong imagination, r) has many hobbies.

6) *Mental disorders in the sense of being deficient (subnormal/mentally disabled)*: Identifying children classified as mentally retarded through the following indications: a) unbalanced physical appearance, for example, the head is too small/large, b) cannot take care of themselves according to age, c) speech or language development is late, d) lack of attention to the environment (blank vision), e) lack coordination of movements (movements often uncontrolled), and f) Frequent saliva (fluid) from the mouth (drooling) [6].

7) *Emotional or behavioral disorder*: Shows The Following Components [2]:

- Being unable to learn is not due to intellectual, sensory, or health factors.
- Being unable to interact with friends and teachers.
- Behaving or feeling out of place.
- In general, they are always pervasive and depressed.
- Feel pain or fear related to people or problems at school.

#### B. *Sports and Health Physical Education Learning for children with special needs*

Providing educational services for children with special needs is not the same as normal children. Learning on children's conditions with special needs requires unique approaches and strategies in learning [7]. With a particular method and design, it is expected; 1) can accept their current condition, 2) socialize well, 4) struggle according to their abilities, 5) realize that they are also part of the community, which can generate and increase motivation. The basic principles in the development of education for children with special needs are; 1) compassion, 2) individual service, 3) readiness, 4) diversity, 5) motivation, 6) learning and working in groups, 7) skills, and teaching and refining attitudes.

In planning the learning or education process for children with special needs, they must find and fulfill each individual's unique educational needs [6]. Modifying learning can provide the fulfillment of the participation of all students. Modifications that can be made are:

- Curriculum (total or partial),
- Learning strategies (adjusted),

- Materials and tools (media),
- Classroom monitoring (teaching techniques), and
- Environment (architecture of physical facilities).

Basically and fundamentally, the fulfillment in the learning process can be grouped into 3 (three), namely; 1) classes, 2) programs, and 3) services. 1. Classroom: the design of a classroom / LAB takes the principle of providing flexibility, safety, and effectiveness of learning achievement/success. 2. Program: the design and development of plans must be based on the previous field assessment's needs. By conducting an evaluation, it is found "what is owned, not owned and what should be owned," making it necessary for education. 3. Services: designed according to the needs, characteristics, level of disability, and ability. This design includes; type, where / place, when, and how long the service takes and how the service is provided. In this case, the role of schools, teachers, parents, and a team of experts is vital to support children's success in the learning process.

## II. DISCUSSION OF RESEARCH RESULTS

Qualitative descriptive research data were obtained by interviewing, observing, and documenting and using data triangulation for their validity, which was then continued by analyzing the data by reducing, presenting, and concluding. The results of this study indicate that there are two components of the problem of teaching sports and health physical education to students with disabilities, namely **learning tools** and **evaluation instruments**. While the challenges of learning sports and health physical education to students with disabilities are; **patience** due to various disabilities in one class.

### A. *Learning Tools* [8]

Obstacles and challenges in learning Sports Health Physical Education for children with disabilities need to make adjustments / adaptive programs to actualize educational services of the same quality to all students. The adaptation/adaptation of the Sports Health Physical Education Learning program must be comprehensive (comprehensive) and designed to find and solve problems in the psychomotor realm. The diversity of characteristics of students with disabilities affects educational services, curricula, learning materials, learning strategy program models, and resources needed to learn children with disabilities. Especially in Bali Province, education for children with disabilities already exists in each district and city. The following analysis can be illustrated in the learning device:

1) *Learning methods*: The application and process of learning methods cannot refer to the regular education of students, based on the results of surveys, interviews, and documentation; The diversity of the use of forms or the combination of the application of learning methods is prevalent because the limitations of students in one class have a very high level of difference. Students who have physical

limitations cannot apply the same learning methods as children who have mental restrictions and social behavior limitations. Children who have physical limitations are still divided into several categories, such as; limitations in the functioning of the body organs in the sense of hearing (deaf), the sense of sight (blind), speech organs (speech impaired), motor organs (disabled). For example, the modification of learning tools for students with physical limitations (hearing/hearing impairment) makes modifications by using body language/pictures. The teacher can't use sounds (whistles/commands from lips, etc.) because of their hearing impairment. Likewise, with body language/pictures, this method will not be possible with children who have physical limitations (sense of sight / visual impairment) because they cannot see body language/pictures shown. Still, they tend to use sign language with sound (whistles/speech, etc.). Children who have physical limitations (speech/speech impaired organs; the provision of learning methods tends to be more flexible because students cannot express what they have to convey through voice. But children with these limitations can still see, hear, and feel what the teacher says. Meanwhile, children who have physical limitations (motor / physical disabilities) are more likely to be mentored because all communication can be captured. It's just that students with motor limitations cannot perform movements as expected, so they need assistance from other parties. Likewise, with children who have mental limitations, they need help in actualizing themselves if they are late in acceptance or are too active in responding to the teacher's stimuli. As well as restrictions on social behavior, assistance is essential to support a child's behavior is accepted by their social environment and does not harm the educational parties or students in it.

2) *Learning activities*: In implementing learning materials for children who have all the limitations that are very heterogeneous, in principle, they can carry out learning activities, but the models, ways, and ways of conveying them must be different because students who have limitations will get facilitation by using appropriate learning methods with the types of constraints that students have.

3) *Learning tools and resources*: The use/use of teaching tools and resources is, of course, different, according to the abilities students have, for example: deaf; use body language in the form of an invitation or visual image/video, blind people; use any voice that is easily understood, mute; more flexible because they have no problems seeing, hearing and feeling it, disabled; they also tend to be more flexible because they need assistance in actualizing their motor skills. Learning tools and resources for children with cognitive and social behavior limitations do not significantly differ. In terms of receiving the stimulus, they can receive various learning tools

and resources. It's just that in implementation, they need assistance.

4) *Assessment evaluation instruments:* To measure students' level of success in carrying out the learning process, it is necessary to make an assessment evaluation instrument as a measure of the learning outcomes that have been carried out. Because for children who have all physical, mental, and social limitations, the determination of the evaluation instrument is slightly different according to the learning planning indicators based on the methods, activities, and learning tools/resources previously used. Thus the assessment system implemented must be comprehensive and flexible. Assessment of learning outcomes is adjusted to the competence of each child, including those with special needs. The flexible review has two models: the data can be quantitative and qualitative; for example, in a portfolio portrait. This opportunity can be used to carry out a process of education, learning, and evaluation that is friendly to every learner because the learning process always refers to each student's needs and characteristics. And it is crucial to carry out a continuous assessment, starting from the involvement of the child administratively in school, characterizing the attention, seriousness of handling the different characteristics of students. The results of this assessment process are used as a reference for making the next curriculum implementation. In carrying out research activities, several things must be observed [9], namely;

- The assessment process is carried out as an integral part of the learning process.
- The learning strategy developed should encourage and strengthen the assessment process as a reflection (this is reflected in the learning experience).
- A variety of assessment strategies should be undertaken based on diversity to provide different types of information about student learning outcomes.
- Accommodating the unique needs of students.
- Development of recording models and more variety in evaluating student learning observations.
- Decision making must be based on the system and the results of previous evaluations.

### III. CONCLUSION

Previously carrying out the learning process like with special needs, it was necessary to conduct an assessment (assessment) to get initial information such as; screening and identification, children's educational needs exploration, and instructional planning and evaluation. This initial information provided a design for implementing learning based on the needs of students.

Strategies that can be carried out in developing learning can be described in the following table 1:

TABLE I. STRATEGIES THAT CAN BE CARRIED OUT IN DEVELOPING LEARNING CAN BE DESCRIBED

Limitations	The strategies/methods that can be modified and developed
Deaf	Deductive, inductive, expository, heuristic, classical, group, individual, cooperative, and behavior modification.
Blind	Expository, heuristic, one teacher and team, classical, small group, and individual. Face to face, and through the media
Supernormal/gifted	Colored with speed and level of complexity, taking into account emotional and intellectual intelligence, oriented to modification of processes, content, and products
Mentally disabled	Individualized, cooperative, and modify the level of behavior.
The disabled	Integrated, separate, and structured learning environment
Tunasels	Biogenetic, behavior, psychodynamic, and ecological models
Hyperactive	A pleasant atmosphere, do not allow children to learn by themselves, develops social attitudes, cares with advice and becomes a child as an example to their friends

Based on table 1 the design of strategies/methods that can be modified and developed, it will impact 1) learning activities that can be done, 2) learning tools and resources, 3) evaluation instruments.

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