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# A health promotion programme for young people with intellectual disabilities during the pandemic

Several dimensions of health were affected by the segregated lifestyle associated with the pandemic, such as emotional health, physical activity, and reduced social relationships, which became more pronounced in these isolated populations. In adolescence, the importance of peer relationships gradually grows, also for people with disabilities, and sustaining these bonds became increasingly problematic during quarantine. The difficulties caused by the use of infocommunication tools among young people with intellectual disabilities made it even more challenging to maintain contact.

In this study we present a good practise convenient for this purpose. The target group was adolescents in the Northern Great Plain region who were athletes with intellectual disabilities. Our goal was to continue the sports activities of young people with intellectual disabilities within the framework of the pandemic, and at the same time we wanted to maintain peer relationships in addition to physical fitness. We conducted focus group interviews among the target group, three times, with parental presence online, engaging a total of 15 young people with intellectual disabilities. The results showed that young people suffered from isolation, based on which a pilot program was launched. The project consisted of online trainings, which enabled, as an extra benefit, young volunteers studying at the Faculty of Health of the University of Debrecen to participate along with young people with disabilities. Increased social interactions emerged from online training. After six months, we repeated the focus group interviews among the research participants.

The results showed that the pandemic affected the pre-existing tight agenda for the target population, influencing all dimensions of health. In addition to maintaining physical fitness, participants improved their general well-being and adapted more easily to the difficulties caused by the epidemic.

Keywords: intellectual disability, sport, inclusion, COVID-19 epidemic, health

## INTRODUCTION

The World Health Organisation (WHO) defined health in 1948 as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”.

The definition has been criticised for being too idealistic and unrealistic to expect to be in a state of perfect well-being, and for not being a constant state of health, but rather a constantly moving and changing process. Health is a complex concept that cannot be objectively defined, as people have different perceptions of their own health (Ewles & Simnett 2003).

There are several dimensions of health. Physical health is probably the most trivial dimension, it is the physical functioning of the body, which is the state of being free from disease, and to maintain a healthy physical state it is essential to display health protective behaviour. By psychological health we mean harmony with one's self, as well as general well-being, the ability to think clearly. The social dimension of health includes adequate interpersonal contact, meaningful human relationships and intimacy, a strong social safety net in stressful situations, which is closely correlated

with socio-cultural factors; education, social position, gender, ethnicity and religion (Kopp & Skrabski 2009).

The issue of different health status of individuals belonging to different groups is becoming increasingly significant (Ewles & Simnett 2003). Socio-economic status, age, gender, disability all have an impact on the health of individuals and their access to health care (European Union Agency for Fundamental Rights 2013).

Several dimensions of health have been affected by the isolated life as a result of the pandemic. Physical health has been affected by reduced physical activity, and mental health by limited social contact. For populations already living in more isolated conditions, the change in living conditions posed a heightened threat. During adolescence, the importance of peer relationships gradually becomes more pronounced, and this is also true for people with disabilities. In their case, the maintenance of social contacts during quarantine was under increased strain, as the restrictions of institutional and all personal encounters made social life impossible for them. For young people with intellectual disabilities, the difficulties of using info-communication tools made it even more difficult to maintain relationships. The development of the “Unified Sport Online” good practice presented in this paper was primarily based on and motivated by this background. Launched during the pandemic period caused by the COVID-19 virus, the good practice was developed to support the health promotion of adolescents and young adults with intellectual disabilities.

According to the Meikirch model, health can be understood as a dynamic state of well-being, enabled by a balance between an individual's needs, performance and social and economic determinants (Bircher & Kuruvilla 2014). The model states that an individual is healthy if he or she finds a balance between life challenges and capabilities and social and environmental factors. The challenges may be physiological, environmental or psychosocial, depending on the circumstances and situation of the individual. An imbalance leads to a deterioration of health (Csizmadia 2018) We can only meet the expectations of a changing economic and social environments if we are able to innovate. The effect of the pandemic on people with disabilities, especially adolescents and young adults, often remains latent, so it is a serious professional task to fathom it and develop innovation programmes to support this social group.

## BACKGROUND

In 2019, the Faculty of Health Sciences of the University of Debrecen signed a cooperation agreement with the Hungarian Program of Special Olympics International (hereinafter referred to as SO HU). The aim of the cooperation was to support the development of positive attitudes towards people with disabilities among the students of the Faculty, to gain professional experience with the members of the population concerned and to establish a commitment to social responsibility and volunteering. For special athletes [athletes with intellectual disabilities], cooperation provides an opportunity to reduce social and societal disadvantages and increase opportunities. Participants can learn from each other and from working together in an integrated environment, which fosters social inclusion and integration. To achieve all these goals, an active professional initiative has been launched in the Faculty

in autumn 2019. One of the priority activities is the regular joint sports activities between students and special athletes.

There are often implications beyond the improvement of physical health when young people with disabilities are regularly involved in sport in the community. Sport has a positive impact on the development of skills, the socialisation process, and a meaningful use of leisure time (Barabás & Jávorné 2021).

A series of observations in special sports work and in special education suggest that, in addition to providing the disabled athlete with sporting skills, each sport has an additional developmental effect. Gyöngyvér Herczog (2002) summarises the community-building power of sport and concludes that it “can prevent the development of deviant behaviours, give purpose and meaning to the everyday lives of athletes.”

The pandemic that peaked in Hungary in the spring of 2020 and the quarantine imposed as a consequence, also put a stop to the above-mentioned activities, but the social experiences and events that had been organised so far had forged a community among the participants. This enabled professionals to identify a serious problem: the isolation of special athletes.

## RESEARCH METHODS

We worked with qualitative methods. Focus group interviews were carried out on three occasions with a total of 15 young people with intellectual disabilities and their parents to explore the problem. The interviews were conducted online. The target group was not only special athletes participating in university events, but also a broader group of adolescent youth with intellectual disabilities playing sport in organised settings in the Northern part of the Great Plain region. Recruitment of young people beyond special athletes was carried out with the involvement of civil organizations. In terms of gender, boys were over-represented. In terms of age group, the largest number of participants were in the 11-13 age group (*Table 1*). Of the participants, 11 are certified athletes of the SO HU and 4 play sport in a club setting. Special athletes are involved in swimming, judo, athletics and skiing. The interviews were conducted online under the guidance of a special needs teacher and a special needs teacher specialising in the pedagogy of learning disabilities. An accessible communication methodology was used during the interviews. Data processing was done using the content analysis method.

TABLE 1 PRESENTATION OF THE FOCUS GROUP SAMPLE

Presentation of the focus group sample (main) N=15			
Age	Boy	Girl	Total
8-10 years	2	1	3
11-13 years	4	2	6
14-16 years	2	2	4
17-19 years	1	1	2
Total	9	6	15

## RESULTS

The focus group results showed that isolation is a burden for both young people and their families in many areas of life. The interviews revealed that the primary problems are changes or irregularities in daily routines, lack of exercise, lack of social contact, but a deeper exploration of the context exposed that these underlying problems cause a number of other difficulties or negative changes in the lives of the young people concerned, which may even affect their personal development and their mental and social health. The changes in daily life have had an impact on leisure activities, which have shifted from active to passive activities for young people who were previously active in sport. After only a week or two, the reduced social contacts led to a noticeable reduction in communication skills, talkativeness and the need for social contact. At the same time, the interviewees reported feelings of loneliness and monotony of days spent at home.

## PRESENTATION OF THE “UNIFIED SPORT ONLINE” PROGRAM AS A GOOD PRACTICE

The results of the focus group interview highlighted the need for the programme, which led to the launch of a pilot programme to continue the sporting activities of young people with intellectual disabilities. The pandemic curfew did not allow for the continuation of the previous face-to-face training sessions, so the common sport activity was planned in an online setting. The “Unified Sport Online” good practice was intended to respond to the problems identified during the interviews, so in addition to physical fitness, there was a strong emphasis on facilitating peer relationships, transferring social experiences into an online space, maintaining the social and communication skills of the young people concerned, and offering useful leisure activities.

To organise the online training, we mapped the information and communications technology (hereinafter referred to as ICT) skills and equipment of the participants. Thanks to the supportive background, all participants had the appropriate equipment to access the programme, but not all young people with disabilities were able to participate in the training sessions independently. We enabled them to do so with the help of mentors. The mentors were university students who had previously been involved in training with the special athletes, so they had experience of working together and had acquired knowledge of the principles of effective communication with people with disabilities. In order to ensure effective communication, the basic principles of easy-to-understand communication, i.e. the use of the language level designed for the target group, the involvement of intellectually disabled people in the planning process, and the simple and understandable transfer of information were given an emphasis. The mentors' task was to increase the ICT skills of the special athletes they mentored, in order to engage them and to make them use ICT to participate in events created online.

## IMPLEMENTATION PHASE OF THE PROGRAM

The online training sessions were conducted in a closed group on the Facebook community site on a weekly basis for 5 months (20 sessions in total). The average duration of training sessions was 60-90 minutes. The professionals who conducted the training sessions were qualified special educators and movement therapists. The technical background was provided by the continuous support of mentor students who also helped the participants to check in. The training sessions focused on exercises that could be done with the participants' own body weight and with equipment available in their homes, as well as on skill and joyful exercises, while also emphasising the other objectives of the programme in addition to physical fitness.

In order to strengthen communication and social relationships, each session included a warm-up or warm-down session led by a pair of youngsters with and without intellectual disabilities. Feedback was considered important, so reflection on the training or on themselves, their life situations and their feelings was part of the programme after the training sessions.

In addition to the trainings, the participants also had the opportunity to take part in online competitions launched by the SO HU. These opportunities allowed participants to try their hand at sports in which they had no previous experience and helped young people to learn new sports and disciplines. This initiative also functioned as a virtual sport selection event. Participants were also invited to take part in online dance classes supported by Special Olympics Austria.

## THE USEFULNESS OF THE GOOD PRACTICE

The average number of participants in the 20 online training sessions was 14.05. The training with the lowest number of participants was attended by 8 people, and the training with the highest number of participants by 17 people (*Figure 1*)

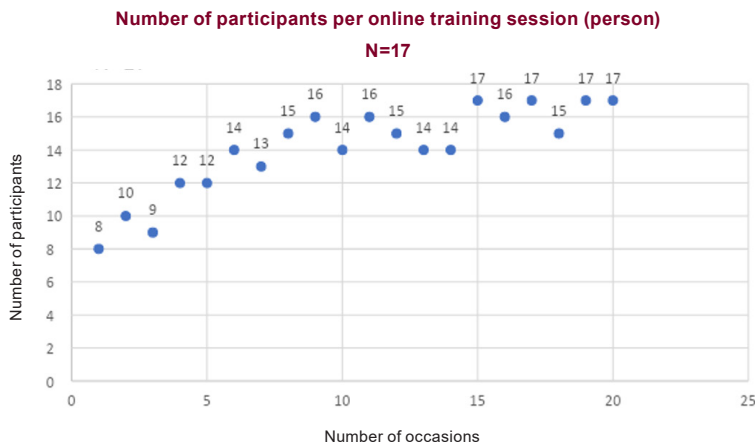


FIGURE 1 NUMBER OF PARTICIPANTS PER ONLINE TRAINING SESSION (OWN EDITING)

The age range of young people participating in the online training courses was 8-19 years. The young people who participated in the focus group interview were joined by two others, a 9-year-old girl and an 18-year-old boy, who also played sport in an association setting. When looking at the participants who successfully completed the programme, i.e. participated in at least 70% of the programme series (20/14), this indicator is 82.35%.

At the end of the five-month online training series, we once again interviewed the special athletes and their parents in a focus group. The same people participated in the focus group interviews before and after the project. The usefulness of the training series was confirmed and evaluated positively by all. The reports indicated that all the objectives set by the programme had been achieved.

The changes in daily life caused by this confinement caused serious frustration for young people with disabilities, which neither they nor their families had the means to overcome. The disjointed, previously tight daily routine, loss of familiar routines, lack of friends, lack of physical activity had a cumulative effect on all dimensions of health, and in more than one case, parents also experienced a decline in individual abilities. The good practice described above was an appropriate response to these difficulties.

The benefits of the training were evident, of course, in terms of physical fitness and activity, but participants also reported a number of other positive impacts, suggesting that all dimensions of health were affected.

The regularity has brought routine back into everyday life, creating a sense of order in the lives of the participants. At the same time, the parents reported that, while maintaining their physical condition, the participants' general well-being improved and they were able to adapt more easily to the difficulties caused by the epidemic situation. The new activities offered by the programme increased the young people's resilience in the face of unknown or unpredictable events. Interviewees reported that the opportunity to try new sports and to be part of an international programme was a special sense of achievement for them. They all react with anxiety to new situations and challenges. The dance lessons in the online space increased the participants' confidence and sense of competence.

Peer support can be interpreted as a protective factor in the management of the difficult living conditions created by the pandemic (ed. Horn & Bartal 2022). The peer support provided in the good practice presented in the study counteracted the frustration caused by isolation as a threatening factor and served as a protective factor.

An additional benefit of the project was that the online training sessions led to new social interactions. The ability to use ICT tools has improved among special athletes, and online forms of communication, such as texting, have been mastered or developed.

## CONCLUSION

Overall, we found that the programme enabled the development of community links despite the isolation caused by the pandemic. New participants, young people with and without intellectual disabilities joined the programme.

The project's implementation in an online space enabled participants to maintain the exercise habits they had started, thus supporting and improving their health habits. Social contacts were not limited to the time spent online, and the young people used online communication to keep in touch with each other outside the training sessions.

The focus group interviews conducted before and after the programme showed that parents and young people demand useful time with peers. The negative effects of isolation were magnified for people with intellectual disabilities, as their tight daily schedules were disrupted and they found it harder to navigate the online space, making their daily lives even more isolated than their peers without disabilities.

The series of programmes has been evaluated as a success and will serve as a starting point for the development of further programmes, and an online programme for other areas of health literacy is being developed.

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