



Bsport+

**WHITE PAPER
ON STAKEHOLDERS
ALBANIA**

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INTRODUCTION: SCOPE AND PURPOSE

Regular physical activity is proven to help prevent and manage noncommunicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being. Research shows that physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, depression, dementia and Alzheimer's disease. WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure.

Popular ways to be active include walking, cycling, wheeling, sports, active recreation and play, and can be done at any level of skill and for enjoyment by everybody. The promotion and development of physical and sports activities for all, and particularly for people with disabilities (PwDs), is on the agenda of all EU Member States, although the specific objectives to which each country aims seem to vary slightly. According to the Healthy People 2010 report, 56% of adults with disabilities do not engage in any leisure-time physical activity compared to 36% among adults without disability. Promoting moderate levels of physical activity among people with disabilities is an important goal for public health and public policy, as regular physical activity improves well-being and contributes to the prevention or delay of chronic disease. Little is known about why the majority of people with disabilities fail to integrate regular physical activity into their lifestyle. It has been suggested that an understanding of potential barriers and facilitators that affect participation by people with disabilities could provide important information necessary for developing interventions that have a greater likelihood of success.

There is an urgent need to establish new models that integrate children and adults with a disability into the corpus of evidence-based programs and emerging new programs in physical activity. For long-term sustainable health improvements to occur, communities should provide people with disabilities with the necessary supports (e.g., transportation, trained staff, accessible information and facilities, universally designed exercise equipment, socially engaging physical activity environments) that will allow them to engage in self-managed physical activity with other community members. The purpose of this document is to deduce information and research in collaboration with stakeholders regarding PwDs and physical activity and to design successful strategies.

NATIONAL CONTEXT

Over the past few decades, the definition of disability has changed radically, by changing the focus from the notion of "handicap" straight to the notion of environmental barriers that individuals face during their experience, therefore considering a disability as a *"negative interaction between the person with a disability and the environment"*. Under the Convention on the Rights of People with Disabilities (2008) as "individuals with physical, mental, intellectual impairments or sensory ability which in interaction with various barriers can hinder the participation of their complete and effective in society just like the other part of society. Definition of people with a disability is based on legislation and on social protection programs. Law no. 9355, article 4, with "People with disabilities" means the individual to whom it belongs disability, as a result of physical injury, sensory, intellectual, psycho / mental, by birth or acquired during life by accidents, temporary illness or permanent, which do not come from causes that related to employment.

Considering the limits of this definition, which considers disability, related to diseases and the person's inability to work, The National Strategy for Persons with Disabilities expands the definition towards a contemporary grounded notion in the barriers that individuals encounter in daily life as a result of restrictions. According to this strategy „People with Disabilities“ are those individuals who physical functions, mental capacity or psychological condition tend to avoid apart or more than six months from the typical age condition, which in turn limits their participation in social life. Law no. 93/2014 defines that: "Persons with disabilities" are individuals, who have long-term physical, mental impairments, intellectual or sensory, injuries which, in interaction with various obstacles, including environmental and residential ones, may impede full participation and efficient of these persons in society, unequal conditions with others.

The study shows that health conditions do not prevent PwDs, mainly focusing on children who suffer from diabetes, to participate in sport activities. Most of them stated that they feel comfortable with their life and have a healthy lifestyle. The results indicated that they feel quite confident on ICT skills but still they use technology every day. Most of the respondents are motivated to do sport activities and they mostly do multiple sport activities, such as leisurely walking, bicycling, skating swimming, light gardening and housework, dancing or other moderate exercises, running, weight training and only a few of them do not do any sport activities.



They stressed that they are mostly motivated by intrinsic motivation and personal beliefs, family and friends influence, doctor and health professional, adequate infrastructure and accessibility. Also, they stated that some of the reasons for lower participation were lack of time, family and friends' influence, appropriate facilities, transportation problems, financial constraints, lack of interest, lack of confidence, illness and other reasons. The main factors that can make easier their participation to sport activities are family and friends' support, personal assistive devices, facilities and infrastructure, mobile health and sports, the role of the organizations and policies, and other reason. Pandemics affected their lifestyle by affecting their psychological and physical state. Association of children and youth with diabetes has occasionally taken initiatives by organizing hiking with young peoples with diabetes, but research shows that there are no such initiatives for children with diabetes. In 2014 was carried out a project and the main goal was to inform and educate children and youth with diabetes about how to best manage diabetes during different activities with their peers. We are willing to incorporate HEPA in everyday life for the children and young people with diabetes.

INCLUSIVE EDUCATION AND SPORT PARTICIPATION FOR PwDs

Rehabilitation and treatment services offered in Albania are limited to number and varieties, inaccessible to most people with disabilities and / or dysfunctional, especially for children with disabilities. Most people with disabilities should be addressed to private service providers. People with Mental health disorders may

have access to rehabilitation services and treatment in

- Community Mental Health Centres (MCCS), which provide service outpatient.
- National Centre for the Upbringing, Development and Rehabilitation of Children in the plant offers 0-6 years of service (NAP, 2015).

The right to education for all children in Albania, including children with disabilities, it is guaranteed by a variety of laws and regulations as well as objectives socially defined in the constitution. The law on pre-university education sets out principles that guide the education of children with disabilities, specifically for the development of their physical and intellectual potential, improving the quality of life and ensuring their full integration into society and the labour market. The law promotes the concept of inclusive education, emphasizing that involvement in specialized educational institutions it is temporary and that involvement in kindergartens and general schools is important primary.

There are reported 6 elementary schools for children with special needs in Albania.

- Special School for Children with Disabilities, Durrës
- Special School "Zëra jete", Elbasan
- 'Luigj Gurakuqi' Special School, Tiranë
- Special School, Vlorë

With exercise, kids can gain better coordination, balance, strength, and endurance. Exercise can increase energy levels, too. Better response to insulin and better blood sugar control. Exercise makes insulin work better in the body, which helps someone with diabetes keep their blood sugar levels in a healthier range.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

Referring to the data of the online questionnaire and in the communications we had with stakeholders and the target group „young people with diabetes“ we have identified that the greatest needs are capacity building to positively affect the physical and psychological well-being is their involvement in the community. Many feel excluded from society as a result of the lack of information and

education about health issues, as well as the lack of sports clubs or specifically trained professionals. All educational services are closely linked to hospital contexts and their interests. They feel very little and not at all represented by institutions, including schools, sports clubs, etc. The study shows that health conditions do not prevent PwDs, mainly focusing on children who suffer from diabetes, to participate in sport activities. Most of them stated that they feel comfortable with their life and have a healthy lifestyle. The results indicated that they feel quite confident on ICT skills but still they use technology every day.

Most of the respondents are motivated to do sport activities and they mostly do multiple sport activities, such as leisurely walking, bicycling, skating swimming, light gardening and housework, dancing or other moderate exercises, running, weight training and only a few of them do not do any sport activities. They stressed that they are mostly motivated by intrinsic motivation and personal beliefs, family and friends influence, doctoral and health professional, adequate infrastructure and accessibility.

Also, they stated that some of the reasons for lower participation were lack of time, family and friends' influence, appropriate facilities, transportation problems, financial constraints, lack of interest, lack of confidence, illness and other reasons. The main factors that can make easier their participation to sport activities are family and friends' support, personal assistive devices, facilities and infrastructure, mobile health and sports, the role of the organizations and policies, and other reason. Pandemics affected their lifestyle by affecting their psychological and physical state. Based on the findings of the study it is recommended:

- Raising awareness on sports benefits and existing possibilities to participate on sports activities;
- Organising more sports activities and trying to be more inclusive
- Better conditions in order to increase sport participations
- Organising different training session in order to develop technology skills
- Offering online psychological session to support them during the pandemics

RECOMMENDED POLICY ACTIONS

There is an urgent need to establish new models that integrate children and young people with diabetes into the corpus of evidence-based programs and emerging new programs in physical activity. For long-term sustainable health improvements

to occur, communities should provide people with diabetes with the necessary supports (e.g, trained staff, accessible information and facilities, universally designed exercise equipment, socially engaging physical activity environments) that will allow them to engage in self-managed physical activity with other community members. Evidence-based physical activity strategies and programs established on the general population must be adapted and tested on children and young with diabetes in real-world settings. Disability and non-disability service providers must work together to form inclusive health coalitions that represent the physical activity needs of community members with diabetes. Programs that successfully promote inclusion in physical activity across policies, systems, and environments must be captured, translated, and disseminated to other organizations and communities using technology to readily and effectively connect to key stakeholders. Policies must be established that require staff training in physical activity inclusion for people with diabetes in all sectors (e.g., schools, workplaces, health care facilities, fitness centers). Health care providers must be trained and encouraged to counsel people with diabetes on appropriate and effective strategies for increasing physical activity. University-based exercise science programs must add additional content across the curriculum in disability and physical activity.

CONCLUSIONS

It is already clear that practicing sports is good for our health, both physically and mentally. At the one hand, the government and policy makers should provide solid infrastructure and facilities to practice sports and make people aware of the benefits of a sporty lifestyle. They should also give financial support to sport clubs or people who experience difficulties when practicing sports or recreational activities, like PwDs. At the other hand, stakeholders should also encourage people to practice sports more and to promote a healthy lifestyle. Given the pandemic situation and social distancing, clubs can also be built online. Clubs for the purpose of educating and informing young people about the benefits of physical activity and special diets, and how to use them to their advantage by consulting a professional and sharing opinions and feedback. Clubs with focus on training and motivation for interactions in sports and physical activity.

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