

Promoting Skill-Building Programs for Adolescents and Children with Disabilities

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ABSTRACT

The paper explored the Skill-Building Program for adolescents and children with developmental disabilities, a group facing unique challenges despite the proven benefits of such activities for social, emotional, and academic development. Previous studies have found that these children can be supported with infrastructure, stigma, inadequate training for educators and coaches, and limited adaptive programs. The impact of these barriers on children and adolescents' self-esteem and inclusion, while emphasising the need for supportive environments and policies. Adolescents with disabilities face significant barriers that limit their participation in these activities. This review explores the key challenges that hinder their involvement, including physical inaccessibility, institutional and policy limitations, attitudinal barriers, financial constraints, and psychological factors. Studies indicate that inaccessible facilities, lack of inclusive policies, negative societal perceptions, and high costs contribute to the exclusion of students with disabilities from ECAs. These barriers not only restrict their opportunities for social integration but also impact their overall well-being and skill development. Despite increasing awareness of inclusive education, participation rates for adolescents and children with disabilities remain low. Addressing these barriers requires the implementation of inclusive policies, infrastructure improvements, educator training, and community support programs. Recommendations focus on inclusive legislation, technological solutions, community-based initiatives, and greater advocacy through NGOs and global frameworks like the UN Convention on the Rights of Persons with Disabilities (CRPD). This review underscores the importance of multi-sectoral collaboration to ensure equitable access to enriching extracurricular opportunities for all adolescents and children, regardless of ability. This paper noted the need for further research and policy interventions to ensure equal access to extracurricular activities for all children and adolescents', regardless of ability.

Keywords: Skill-Building Program, Adolescents, Children, Disabilities, Social Inclusion.

1. INTRODUCTION

There is an increasing need to establish an inclusive programme for typical and atypical individuals to meet the needs of these children and adolescents. Atypical development can also be referred to as a situation that presents itself as disabilities in a growing individual, this can be visible or invisible, something a person is born with or acquired at any point in life. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities. Adolescents and children with atypical development often face a significant life challenge in integrating themselves into activities, such as education, sports, travelling, arts, among others, despite the therapeutic implications it will have on their optimal growth and development. The benefits of having a holistic opportunity for social, emotional, and academic growth are of great importance. These activities are necessary for promoting social inclusion, emotional well-being, and academic development. This research addresses the critical question of why adolescents' children and adolescents' with disabilities face exclusion from extramural activities. The study, although a position paper explores the physical, social, economic, institutional, and psychological challenges these adolescents and children encounter, while examining the impact of these barriers on their overall development.

Grounded in international frameworks such as the UN Convention on the Rights of Persons with Disabilities (CRPD) and supported by case studies and literature reviews, this discussion highlights the importance of inclusive programs and policies.

This focuses on atypical children and adolescents and how they have been excluded from skill-building activities, knowing fully well that it can improve the symptoms associated with the condition. The study categorises the types most prevalent among adolescents and children, offering a contextual foundation for the topic. It then delves into global statistics and the social impact of disabilities, including stigma, exclusion, and systemic inequities. It also identifies key barriers to participation, emphasizing the role of physical infrastructure, societal attitudes, and inadequate resources. Consequently, it explores solutions for inclusion, such as adaptive tools, training programs, and legislative frameworks. Finally, it concludes with a discussion on future directions for research and advocacy.

2. LITERATURE REVIEW

The benefits of physical activity are numerous and play a significant role in physical and mental health throughout the lifespan (Penedo & Dahn, 2005; Warburton, Nicol, & Bredin, 2006). The current American and Canadian Physical Activity Guidelines for children and adolescents recommend at least 60 minutes of moderate to vigorous intensity physical activity per day (Piercy et al., 2018; Tremblay et al., 2011). Folktales, movies and artistic work can be used in the skill building programmes for children and adolescents with disabilities, that been said Akinwale and Ojajorotu (2024) in a study among typical children found that moral development can improve through the use of moral folktales for children, this can also be extended to children with needs, where an adult uses stories to teach them morals.

Additionally, exercise has been shown to improve social skills, emotional well-being, and behavioural challenges, such as reducing stereotypic and repetitive behaviours and increasing sociability in children with autism spectrum disorder (ASD) (Lai et al., 2020)

There are many contributing factors to physical activity participation (Martin Ginis, et al 2016); these can include personal preference for non-adapted activities, the severity of their disability being mild or moderate and therefore needing no or minimal accommodation, or greater understanding and accommodation within programs or facilities that they access.

The use of sporting activities to promote inclusiveness is now embraced globally and in the world of sport, such that we now see atypical adolescents competing in sporting activities. Although it may require serious supervision in team sports may further require significant modifications for those with moderate or severe disabilities, and these opportunities may not exist. This is supported by the two most reported barriers, both of which relate to environments or programs not being adapted to the nature of the child's or adolescent's disability or needs. The third most reported impediment was that the participant or their caregiver was concerned about them being able to keep up during physical activity. This also highlights the need for developing and encouraging physical activity options for children and adolescents with disabilities that do not require group-based structured programming or specific adapted equipment.

It is understandable to see more documented evidence of adolescents' participation in sport than children; however, this is not to discredit them from participating in physical activity unless they have been exposed to it at a more tender age. Studies of children and adolescents without disabilities have documented a decline in physical activity during adolescence (Farooq et al., 2020; Sember et al., 2020). This is concerning for both the short- and long-term physical and mental health of this population. Research has also shown that children without disabilities who participate in regular physical activity are more likely to continue participation into adolescence and adulthood (Huotari et al., 2011; Telama et al., 2005).

It is important for parents and caregivers to be involved in the direct supervision of atypical children in extracurricular activities. Parental monitoring, encouragement, and physical activity levels can all positively influence the physical activity of individuals with disabilities (Bradley, McRitchie, Houts, Nader, & O'Brien, 2011). Self-determination can be improved by teaching choice-making and self-advocacy (Algozzine, Browder, Karvonen, Test, & Wood, 2001). Burden of care could also determine if a parent would be available to supervise and monitor the activities of the children and adolescents whenever they are involved in activities outside their home. Parental marital status was found to significantly influence participation in physical activity, as households with married or common-law partnerships were associated with increased physical activity. This is likely secondary to parents and caregivers being able to 'share the load' both in terms of time, support, and financial contributions. Consequently, parenting styles and modes of parenting can also affect how these children accept and appreciate skill-building programmes. If the parent shows interest in such activities, the likelihood is there that the child irrespective of their disabilities will connect with the programme, Akinwale, and Israel, (2022) in a review noted the challenges of parenting in the 21st century and pointed to the fact that parent must play a significant role in guiding the children because the society is not living up to its task, thereby putting pressure on the parents in all areas of childhood and adolescent development.

This study highlights the importance of considering the well-being of the whole family, as dissolution of marriages and having only one primary income earner in a household can have significant negative consequences on children's physical activity participation. The study was completed in a single, primarily urban, geographic area; therefore, the results may not be generalisable to other regions or to those who reside in rural areas. A Canadian study by Grandisson et al. (2012) suggested that adapted equipment helps to make physical activity more accessible, whilst increasing the number of programme instructors can enhance physical activity participation through greater provision of one-on-one support (Cleary et al, 2019). A qualitative study by Steves et al (2017) conducted in Glasgow, indicated that confidence in adolescence with intellectual disabilities can be improved through skill development. This can lead to high self-efficacy, described as an individual's belief about their capabilities to succeed in a task (Bandura, 1997), towards physical activity.

Children and adolescents with disabilities are a vulnerable population group and, as a result, require special support and protection (Brown & Guralnick, 2012). The United Nations Convention on the Rights of the Child (CRC) is one of several international treaties in which children's rights are embedded. Children and adolescents with disabilities tend to engage in activities, especially outside the family, to a lesser extent than their peers without disabilities (Almqvist & Granlund 2005).

From this evidence, children and adolescents with disabilities may experience barriers to participation that need to be identified (Brown & Guralnick, 2012). Some of the barriers included a lack of knowledge and skills, personal preferences, fear and stigma associated with being disabled, behaviour of parents, infrastructure and programme challenges (lack of transport, facilities, staffing), as well as financial challenges (Shields et al.

2012).

Personal barriers included the children's and adolescents' perceptions of their ability; the children and adolescents experienced limitations in body function, hindering their involvement in different activities. The children and adolescents also described fear of getting injured when participating in different activities (Bantjes et al. 2015; Columna et al. 2015; Conchar et al. 2016; Frantz et al. 2011).

The children and adolescents experienced negative emotions about the physical limitations of their bodies, feeling uncomfortable and vulnerable, lacking in sporting spirit. Some children and adolescents did not want to be watched by others whilst participating in physical activities (Conchar et al. 2016). The children and adolescents were disappointed if they were excluded, felt embarrassed and ashamed of appearing physically inept. Social barriers were described as hindrances in the children's and adolescents' social lives that prevented them from participating in everyday life.

Impediments also occur within the family where some of these children and adolescents did not feel loved and supported by their immediate family. It could be because mothers found it difficult to deal with a child or adolescent with a disability, and thus, the child or adolescent did not receive any assistance from home. In some cases, the father did not feel comfortable when the child or adolescent participated in the family activities (Bantjes et al. 2015; Frantz et al. 2011; Hansen et al. 2014; Hui et al. 2018; Mizunoya et al. 2018; Nelson et al. 2017).

Children and adolescents reported lacking bonds of friendship in their peer networks and were sometimes bullied or were targets of verbal insults in place of friendship. Some children and adolescents were also harassed by others when participating in physical activities (Bantjes et al. 2015). On a more general level, some felt that they were regarded as slow and incompetent, and other people made decisions on what they as persons with disabilities, should do (McConkey et al. 2013). Concerning the service systems, there was a lack of support and care from medical professionals (Nelson et al. 2017). Environmental barriers were described as the lack of opportunities and resources within the environment, or the lack of activities for children and adolescents with disabilities to choose from.

Children and adolescents with disabilities were also excluded from physical activities in school relating to sports and health classes because of a lack of suitable equipment and because there were not enough children and adolescents with a similar disability to form a team. Instances where a school did not have space to accommodate additional sport facilities, and had problems accommodating children and adolescents with disability were also cited as barriers (Bantjes et al. 2015b; Conchar et al. 2016; Hansen et al. 2014; Vosloo 2009). Barriers in the environment were described as inadequate public transport, poor roads and infrastructure, a busy traffic system and the lack of ramps for wheelchairs.

Another problem was that the communication style did not adapt to the needs of the children and adolescents with a disability: the inability to communicate in sign language rendered a situation where the other children and adolescents were not able to communicate (Conchar et al. 2016; Vosloo 2009). Financial burdens for the family were a constraint as they needed to care for the children and adolescents at home who were unable to earn money (Hansen et al. 2014). It was also expensive to care for a child or adolescent with a disability, and the families often lacked resources to buy proper equipment and hire specialised staff (Bantjes et al. 2015; Columna et al. 2015).

Policy and programme barriers: Findings from this review highlighted that there were insufficient policies in place. One example was an inclusion policy that allowed children and adolescents with disabilities to attend mainstream school without the policy stating any requirements for the school to adjust to ensure equal participation for all children and adolescents (Vosloo 2009). Challenges with the transportation system for atypical children serve as a major impediment to assessing public transport. There must be a working policy to support these children because most of them are immobile, and some who are mobile walk at an extremely slow pace compared with typical children. A study reported that this classification system stratified athletes with similar disabilities into groups, which made the groups too small to compete, along with the lack of space to accommodate additional sporting facilities (Bantjes et al. 2015b).

However, in this study, physical activity was something that troubled the children and adolescents with disabilities because they were often divided into groups depending on the kind of disability they had, and when the groups were too small to constitute a complete team, their participation was denied (Wilson & Clayton, 2010). The inclusiveness of the team may be more important than the size, as described by the children and adolescents in a study by Spencer Cavaliere and Watkinson (2010). The children and adolescents indicated that they would feel more inclined to engage in a physical activity if features relating to gaining entry like any other legitimate participant were provided and having friends (Spencer-Cavaliere & Watkinson 2010).

3. GLOBAL STATISTICS OF ADOLESCENTS AND CHILDREN WITH DISABILITIES

Prevalence: The World Health Organisation (WHO) estimates that over 1 billion people worldwide live with some form of disability, including approximately 190 million children and adolescents under 18. Regional Variations differ for disability, as higher in low- and middle-income countries due to factors like malnutrition, inadequate healthcare, and conflict-related injuries.

UNESCO reports that 1 in 3 children with disabilities are out of school, with adolescent girls being particularly disadvantaged. Adolescents with disabilities face a global unemployment rate of over 80% as they transition to adulthood. Adolescents with disabilities often have limited access to healthcare, increasing their vulnerability to secondary conditions and poorer health outcomes. Adolescent girls with disabilities are at higher risk of violence, abuse, and exclusion compared to boys.

4. CONCEPTUALIZATION OF DISABILITIES IN CHILDREN AND ADOLESCENTS

Adolescents and children with disabilities are individuals between the ages of 3 and 19 who experience physical, intellectual, sensory, developmental, or psychological impairments that may limit their ability to fully participate in activities or social roles typical for their age group. These disabilities may be congenital or acquired, temporary or permanent. Disability is a broad concept, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which they live. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

The measurement of disability often differs within and across countries. Among the surveys and censuses used to provide population estimates, questions may differ in terms of the wording of instructions and response categories on questionnaires. Some surveys are restricted to assessing physical disabilities, such as difficulties related to mobility, sight and hearing, while others may include intellectual impairments or mental health issues. Moreover, measures of disability (and associated response rates) may differ across countries due to varying cultural interpretations of disability. Concerns over differing cultural interpretations can be reduced through assessing difficulties in completing specific activities or functions, rather than direct reference to disabilities.

Neurodevelopmental Disorders

Neurodevelopmental disorders (NDs) are a group of disorders with onset in the developmental period (0-18 years). These disorders typically manifest early in development, often before the child starts school, and are characterised by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. There are many types of Neurodevelopmental disorders, including Intellectual disability, autism spectrum disorder (ASD), Attention-deficit hyperactivity disorder (ADHD), Communication disorders, Specific learning disorder and Motor disorders (DSM-5, American Psychiatric Association, 2013).

Intellectual disability

Intellectual disability is a lifelong condition that affects a person's intellectual skills and their behaviour in different situations. It can include difficulties with reasoning, problem solving, planning, abstract thinking, academic learning, judgment and learning from experience. Intellectual disabilities can range from mild to severe and may be present from birth or acquired later in life. Global developmental delay is diagnosed when an individual does not meet expected developmental milestones in several areas of intellectual functioning. However, it is unable to undergo systematic assessments of intellectual functioning (i.e. children who are too young to undergo testing).

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder, commonly known as 'ASD', impacts how people communicate, interact with others and make sense of the world. The term 'spectrum' emphasises that children and young people will experience autism differently. Autism is a developmental condition often diagnosed before children start school; however, it can be diagnosed at any stage of life.

Attention deficit hyperactivity disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is classified as a neurodevelopmental disorder with an onset typically before 12 years of age. Symptoms include difficulties with attention and/or hyperactivity and impulsivity, which are inconsistent with a person's age or developmental level and interfere with their family life or participation in the community. ADHD is the most common neurodevelopmental condition in children and adolescents. However, ADHD can be diagnosed for the first time in adulthood. A person with ADHD may have one or more other neurodevelopmental, mental health, or medical conditions that make diagnosis and treatment more complex. Careful assessment of possible co-occurring or alternative

conditions is required.

Physical Disability

A physical disability is a physical condition that affects a person's mobility, physical capacity, stamina, or dexterity. Examples of physical disability include Multiple Sclerosis, Muscular Dystrophy, Chronic Arthritis, Cerebral Palsy, Chronic Fatigue Syndrome, Fibromyalgia, Spina Bifida, Loss of limbs and Spinal Cord Injury. A person with physical disability may have difficulties moving and coordinating parts of their body for everyday life. The difficulties and barriers a person may face will depend on the type of physical disability and other environmental factors. Acquired brain injury (ABI) refers to any damage to the brain that occurs after birth. Disabilities related to ABI are often complex and may cause limitations in many areas of life. Common causes of ABI include accidents, stroke, brain tumours, poisoning, lack of oxygen and degenerative neurological disease. ABI-related disability can affect cognitive, physical, emotional and independent functioning. Neurological disability, also known as neurological disorder, describes damage to a person's nervous system that affects their mental or bodily functions. As the brain, spinal cord, and complex nervous system can all be affected, the impact of neurological disability varies greatly between people, and can even change on different days and over the course of life.

5. IMPLICATIONS OF DISABILITIES IN ADOLESCENTS AND CHILDREN

Adolescents with disabilities often face social stigma, negative stereotypes, and exclusion from community activities. They may encounter bullying and isolation in school or social settings, impacting mental health and self-esteem. Barriers to participation in sports, arts, and recreational activities limit opportunities for social integration and skill-building.

Cultural norms in some societies may marginalize individuals with disabilities, restricting their visibility and inclusion.

Many adolescents with disabilities lack access to inclusive education due to inadequate resources, inaccessible infrastructure, or a lack of trained teachers. Limited educational opportunities hinder skill development and future employment prospects.

Families of adolescents with disabilities often face financial strain due to medical expenses, assistive devices, and reduced earning capacity. Poverty exacerbates the challenges of accessing healthcare, education, and social services.

6. BARRIERS TO THE PROMOTION OF SKILL-BUILDING PROGRAMS

Adolescents with disabilities face several challenges that hinder their full participation in sports and arts. These barriers can be broadly categorized into physical, social, economic, institutional, and psychological factors.

7. PHYSICAL AND STRUCTURAL BARRIERS

Many Skill-Building Programmes, such as sports fields, arts venues, or community centers, are not physically accessible for adolescents with disabilities. Lack of ramps, accessible restrooms, or adaptive sports equipment creates exclusionary environments. Some disabilities may cause pain, fatigue, or physical limitations, making it difficult to engage in rigorous activities without accommodations. Limited funding for adaptive equipment, specialized programs, or facility modifications can prevent the creation of inclusive extracurricular activities. Schools and local organizations may not have the financial resources to implement the necessary changes. Families with limited income may prioritize other needs over extracurricular activities for their children with disabilities.

Stigma and misconceptions about disabilities often lead to social exclusion. Adolescents with disabilities may face peer discrimination or assumptions that they cannot participate in activities at the same level as their peers. Many teachers, coaches, and peers are not equipped with the knowledge or skills to support adolescents and children with disabilities. This lack of training on inclusive practices can result in missed opportunities for participation. While international agreements like the CRPD exist, some countries lack strong policies or enforceable legislation to ensure that extracurricular activities are inclusive of adolescents with disabilities. Without legal mandates, the implementation of inclusion is often left to the discretion of individual organizations.

8. PSYCHOLOGICAL BARRIERS

Low Self-Esteem: Adolescents with disabilities may internalise negative stereotypes, leading to self-doubt about their abilities in sports or arts. Many of these adolescents are struggling with identity development, and as postulated by Erikson (1960), a good number are not aware of themselves and are confused about what to make out of life. The fear of being seen as a failure often creates setbacks for them; they are afraid of being judged, or failing in public can discourage participation. Many prefer to live in isolation or past experiences of exclusion can create anxiety in group settings like sports teams or art classes.

9. ROLE OF THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

The UN Convention on the Rights of Persons with disabilities, adopted in 2006, is a pivotal international human rights instrument aimed at promoting the rights and dignity of persons with disabilities. Its core mission is to ensure that people

with disabilities have the same opportunities as others to participate fully in society, including in areas like education, employment and recreational activities.

The CRPD has several relevant provisions that directly relate to the inclusion of adolescents with disabilities in extracurricular activities. Article 24 of CRPD states that parties must recognize the right of persons with disabilities to education and lifelong learning. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities to their fullest potential. Article 30 of CRPD states that parties recognize the rights of persons with disabilities to take part on an equal basis with others in cultural life and shall take all appropriate measures to ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities, and, to this end encourage the provision, on an equal basis with others, of appropriate instruction, training and resources.

Also ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities. The CRPD requires countries to adopt legislative and policy measures to protect the rights of persons with disabilities. Substantially, the CRPD is central in promoting the inclusion of adolescents with disabilities in extracurricular activities by establishing legal and social frameworks that guide governments towards ensuring equal access, opportunity and participation for all.

Non-governmental organizations (NGOs) play a critical role in promoting the inclusion of adolescents with disabilities in extracurricular activities globally. Many NGOs are focused on advocating for the rights of persons with disabilities, providing direct support, and raising awareness about the importance of inclusive recreational activities.

NGOs raise awareness about the importance of including adolescents with disabilities in extracurricular activities by lobbying governments, international organizations, and communities. They help shift public perceptions about disabilities and promote inclusive policies. NGOs often develop and implement programs designed to provide inclusive extracurricular opportunities. These programs may include adaptive sports leagues, arts festivals, and leadership training, offering adolescents with disabilities the chance to develop skills, build confidence, and interact with peers. NGOs may also offer training to teachers, coaches, and community leaders on how to create inclusive environments for adolescents with disabilities. These capacity-building efforts ensure that communities and educators are equipped with the knowledge and tools to support

disabled youth in extracurricular settings.

Many international NGOs lead global initiatives that promote inclusion through collaboration with local governments and community organizations. For example, initiatives might focus on building inclusive play spaces, adapting sports facilities, or providing funding for accessible recreational programs. Special Olympics: Provides year-round sports training and competition for children and adults with intellectual disabilities, promoting inclusion and self-confidence. Global Partnership for Education (GPE): Partners with governments and NGOs to ensure the right to inclusive education, which includes extracurricular activities for adolescents with disabilities.

10. SOLUTIONS FOR INCLUSION

Governments must prioritize inclusive policies by enacting laws and providing funding for accessible extracurricular programs. They should also establish accountability mechanisms to monitor the implementation of these laws, ensuring that all adolescents, regardless of disability, have equal access to recreational opportunities. Strengthening and enforcing policies such as the UN Convention on the Rights of Persons with Disabilities (CRPD) is a key solution. Governments should implement and monitor laws that mandate accessibility and inclusivity in extracurricular activities, ensuring that schools and communities provide equal opportunities for all adolescents. Innovative technologies, such as assistive devices (e.g., modified sports equipment, communication aids) and virtual platforms for online participation, can break down barriers. For instance, virtual programs can provide opportunities for adolescents with mobility challenges to engage in extracurricular activities remotely, while adaptive tools make physical participation possible.

Providing teachers, coaches, and peers with regular training on inclusivity, disability awareness, and adaptive methods for supporting diverse learners can foster a more accepting and supportive environment. Sensitization programs can reduce stigma and create stronger social bonds between adolescents with and without disabilities. Local community efforts, such as inclusive sports leagues or arts programs, play a crucial role in breaking down barriers. These initiatives help raise awareness, provide inclusive opportunities, and bring together people from diverse backgrounds. Communities should support grassroots initiatives that create welcoming spaces for adolescents with disabilities.

Encouraging family involvement and creating peer mentorship programs can ensure that adolescents with disabilities have the support they need to participate in extracurricular activities. Parents and peers are key advocates in reducing stigma and offering practical assistance.

By combining efforts across these sectors, we can ensure that adolescents with disabilities have the same opportunities as their peers to engage in enriching extracurricular activities.

Participation in sport at an early age is good for children's and adolescents' development, fostering a healthy lifestyle. The benefits of an active lifestyle could improve feelings of inclusion and the children's and adolescents' self-esteem (Wilson & Clayton 2010)

11. DISCUSSION

Most often, it was the attitudes of others that influenced whether the children and adolescents with disabilities participated or not. Often, people around the child and adolescent were not aware of the children's rights under the UN Convention. Some people had a perception that the children could not participate, and they found it difficult to conceive what kind of changes were needed to make it possible for the children and adolescents with disability to participate.

This research underscores the urgent need for greater inclusivity and equity in extracurricular activities for adolescents with disabilities. The synthesis of the literature reveals the multifaceted challenges these adolescents face, such as inaccessible infrastructure, societal stigma, inadequate policy implementation, and economic barriers. These challenges hinder their ability to access opportunities that are essential for their social, emotional, and cognitive development.

A key takeaway is the importance of understanding that barriers extend beyond physical limitations; attitudinal and systemic issues often play an even more significant role in exclusion. For example, the lack of training for teachers and coaches, coupled with limited community awareness, perpetuates environments that fail to accommodate diverse needs. Additionally, economic constraints and the intersectionality of gender and disability create layers of disadvantage, particularly for adolescent girls with disabilities.

What we can learn from this write-up is the critical role of multi-sectoral collaboration in addressing these barriers. The involvement of governments, NGOs, communities, and families is vital for creating sustainable, inclusive programs. Policies like the UN Convention on the Rights of Persons with Disabilities (CRPD) provide a strong foundation but require robust implementation, monitoring, and local adaptation to achieve meaningful change. Moreover, this research highlights the need for innovative solutions, such as adaptive technologies, inclusive training, and community-based initiatives, to ensure that extracurricular activities are accessible to all. It also points to the importance of longitudinal research to evaluate the long-term impacts of inclusive participation on adolescents' overall well-being.

12. CONCLUSION

While much of the research focuses on barriers in developed countries, less is known about the unique challenges faced in low- and middle-income regions, where resources and advocacy for inclusive practices are scarce. Additionally, there is a need for longitudinal studies that evaluate the long-term impact of inclusive extracurricular programs on adolescents with disabilities. Few studies also explore the intersectionality of gender and disability, particularly how adolescent girls with disabilities face compounded disadvantages. This research addresses these gaps by synthesizing global evidence, examining the barriers to participation, and analyzing the effectiveness of existing interventions. By critically evaluating the role of policies, such as the UN Convention on the Rights of Persons with Disabilities (CRPD), and contributions from NGOs, this paper offers actionable insights. Ultimately, it aims to advocate for innovative, sustainable, and inclusive solutions that ensure equitable access to extracurricular opportunities for all adolescents, regardless of ability.

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