2011

Attitudes of Experienced Health and Physical Education Teachers Toward the Inclusion of Females with Physical Disabilities in General Health and Physical Education Classes

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by
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A Thesis
Submitted to the Faculty of Graduate Studies
through Education
in Partial Fulfillment of the Requirements for
the Degree of Master of Education at the
University of Windsor

Windsor, Ontario, Canada
2011

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ABSTRACT

The purpose of this qualitative research study is to explore experienced health and physical education teacher attitudes toward the inclusion of students with physical disabilities, particularly females. Experienced was defined as having five or more years of experience teaching the subject. Data was collected for this study through seven semi-structured interviews and a single focus group interview. Seven participants in total, four female and three male experienced health and physical education teachers, were drawn from the Greater Essex county District School Board (GECDSB). In addition, a subtle gender bias within these classes was also evident. Key factors that may impede upon experienced teacher attitudes included dysfunctional facilities for those with physical disabilities, a lack of resources, preparedness and inadequate training. Based on these findings, it is crucial that both educators and administrators question the current general health and physical education curriculum. In particular, it is recommended that teacher education programs must include appropriate training for health and physical educators with regard to how to appropriately instruct those with physical disabilities. Furthermore, educators can also broaden the variety of activity choices they teach in order to strive toward gender equity.

ACKNOWLEDGEMENTS

My deepest thanks go out to my thesis advisor, Dr. Christopher Greig, for his constant support and guidance throughout this entire process. His encouragement and dedication have helped me tremendously along the way.

My further appreciation goes out to Dr. Vern Stenlund for his help and constructive criticisms that have made me a better writer and researcher.

To my family and friends for all of their support during this long process. Thank you for all you have done for me.

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CHAPTER ONE: INTRODUCTION

Introduction and Statement of the Problem

The Ontario Ministry of Education is committed to "promoting high levels of student achievement and reducing gaps in student achievement." (Ontario Ministry of Education, 2006, p. 2). Despite these noble and worthy aims, the marginalization of female students in general health and physical education has been, and continues to be, a significant problem in public education (Azzarito, Solmon & Harrison, 2006; Azzarito & Solmon, 2006b; Casey, Eime, Payne & Harvey, 2009; Clark & Paechter, 2007). The marginalization of female students within general health and physical education classes has resulted in lower rates of female participation and engagement compared to males, creating a gender gap (Hall, 2003, Cockburn & Clarke, 2002; Larsson, Redelius & Fagrell, 2011). This shared oppressive experience, or marginalization, may be attributed in part, to the fact that general health and physical education is well-known to be a male-dominated space (Giulianotti, 2005; Waddington, Malcolm & Cobb, 1998), and teachers often have gender biases that privileges masculinity (Bailey, Scantlebury & Letts, 1997; Lenskyj & van Daalen-Smith, 2006; Lundeburg, 1997). Within this male-dominated context, girls have reported feeling "unwelcome" (Lenskyj & van Daalen-Smith, 2006, p. 139), due in part to frequent verbal or physical harassment, nonverbal behaviour such as "leering" by male peers and, sometimes male physical education teachers and coaches (Lenskyj & van Daalen-Smith, 2006, p. 145). If one goal of Ontario educators is to promote high levels of achievement for all students, than exploring the attitudes that experienced teachers hold toward the inclusion of female students, in particular females

with physical disabilities in the general health and physical education classroom is critical.

Gender of the student plays a significant role in shaping general health and physical education classes. More specifically, gender has functioned to marginalize girls in a way that results in higher rates of inactivity for female students. In the secondary school context, girls' reluctance to engage in sport and physical activity is reflected in the pattern of dropping general health and physical education classes, at a much higher rate than males, as soon as the required credits are completed (Lenskyj & van Daalen-Smith, 2006, p. 139). Unfortunately, this pattern also has short and long term health consequences as low levels of physical activity put girls at great risk for heart disease, high blood pressure, certain types of cancer, and diabetes (Lenskyj & van Daalen-Smith, 2006). The gendering of health and physical education classes, which often leads to an overemphasis on competition, heightens the perception that females are somehow "less than" males. In this case, research shows that girls often report feeling "stupid" or physically inadequate compared to boys, leaving them feeling less confident about themselves. One other outcome, is that some teachers come to see girls as less skilled and enthusiastic about sport, (Lenskyj & van Daalen-Smith, 2006; Clark and Paechter, 2007), which also reproduces the negative perception of females "inherent weakness and fragility" (Clark and Paechter, 2007, p. 262). Moreover, in coeducational classes, girls also become "constructed as problems," as student resisters who avoid "physical education" in any way they can (Wright, 1999, p.182). This is important to keep in mind, as it is the responsibility of teachers and administrators to provide a general health and physical education program that is welcoming and rewarding for all students of all backgrounds and ability levels.

Students with disabilities have also been marginalized in schools, in particular the general health and physical education class. For example, Smith (2004) found that despite the fact that teachers displayed commitment to include students with disabilities in general health and physical education, the emphasis that teachers placed on students participating in traditional sports only served to further exclude them from the class. Students with disabilities simply could not participate fully, in the way students without disabilities could. Within the context of education, the ideal of what it is to be "normal" appears to influence greatly both how students with disabilities view themselves in relation to others and also how they are valued within general health and physical education (Fitzgerald, 2005). For example, according to Fitzgerald (2005), students with disabilities made impossible bodily comparisons between themselves and their able-bodied peers resulting in a devaluing of their own self-worth. The trouble with "normal" is that the idea rarely encompasses people with disabilities. Moreover, the marginalization of students with disabilities continued because the sports they participated in were seen by other students and teachers as not being as important. The marginalization of students with disabilities in general health and physical education remains, in part, because of teachers' attitudes toward them.

Students with disabilities have also been marginalized in schools for other complex reasons. Some possible reasons may include a lack of teacher preparedness and training (Smith & Green, 2004), inadequate resources and funding (Ammah & Hodge, 2005; Block & Obrusnikova, 2007; Folsom-Meek & Rizzo, 2002; Hodge, Ammah, Casebolt, LaMaster, Hersman, Samelot-Rivera, Sato, 2009a; LaMaster, Gall, Kinchin & Siedentop, 1998; Papadopoulou, Kokaridas, Papanikolaou & Patsiaouras, 2004; Sato, Hodge, Murata & Maeda, 2007; Smith & Green, 2004; Vickerman & Coates, 2009), little

support from school administration and personnel (Rizzo & Lavay, 2000), and accessibility issues in the gym and other fitness facilities (Arbour-Nicitopoulous & Martin Ginis, 2011; United Nations Report, 2003). Although these challenges have been mitigated to a degree (Rizzo, Davis & Toussaint, 1994), they continue to contribute to the overall conditions that marginalize students with disabilities.

For the purposes of this research, *physical disability* refers to a person that "may not be able to fully use a certain part of their body such as their legs, eyes, ears or hands" (Nova Scotia Community College Disability Services, 2007). As defined by the Ontario Ministry of Education's Equity and Inclusive Education Strategy (2009b), *inclusive education* will refer to "education that is based on the principles of acceptance and inclusion of all students" (p.4). This means that students will be "reflected in their curriculum, their physical surroundings, and the broader environment, in which diversity is honoured and all individuals are respected" (p.4). To further clarify this, Pelletier (2006) stated that "inclusive physical education consists of creating a learning climate that attempts to address the diversity of students within the class" (p.119). *General physical education* (GPE) will be used in this research to "represent the "regular" physical education classes in school settings" (p.15), as defined by Sutherland and Hodge (2001). By "regular" or "general" it is implied that general health and physical education classes are not specialized or academic in composition. The term *experienced teachers* refers to teachers who have five or more years of experience teaching general health and physical education (Katz, 1972). Finally, the term *specialized school* refers to specialized settings that "serve students with significant needs in the areas of: developmental disabilities, autism, severe physical and medical conditions" (Greater Essex County District School Board, 2008).

Researchers have shown the marginalization faced by both females and those with disabilities in general health and physical education (Azzarito, Solmon & Harrison, 2006; Azzarito & Solmon, 2006b; Casey, Eime, Payne & Harvey, 2009; Clark & Paechter, 2007; Smith & Green, 2004). This gender gap is unfortunate if schools are, indeed, responsible to "reach all children." In order to develop and establish general health and physical education classes that are based on equity and inclusiveness, it is imperative to understand the attitudes of experienced health and physical education teachers. Yet despite these facts, research on how gender and disability shape and influence experienced teacher attitudes for females with physical disabilities within the general health and physical education classroom remains virtually unexplored. This research will begin to fill that absence.

Purpose of the Study

The purpose of this study is to explore the attitudes of experienced secondary school health and physical education teachers toward the inclusion of students, in particular females with physical disabilities. In order to graduate, all students are formally obligated to participate in at least one secondary school general health and physical education class, unless previously outlined on a student's Individual Education Plan (Ontario Secondary Schools, Grades 9-12, 1999). This obligation places an increased importance on the role experienced health and physical education teacher attitudes play in influencing females with physical disabilities and their levels of achievement. Such attitudes may be contributing to the gender gap in general health and physical education (Clark & Paechter, 2007; Ennis, 1999).

Research Questions

The central research question addressed in this study was: What role does the gender of the student play in shaping experienced health and physical education teachers' attitudes toward including students with physical disabilities in their classrooms? The guiding questions shaping the study were:

a) What are the attitudes of experienced health and physical education teachers toward the full inclusion of students with physical disabilities regardless of gender in general health and physical education classes?

b) What factors do experienced teachers identify as informing these attitudes?

Theoretical Framework

Grounded in critical sociology of schooling, which suggests that education can be a force for democratic practice, the theoretical support for this study comes from the broader theoretical framework of critical disabilities and feminist studies. The following is a brief description of both perspectives.

Gender

This study views gender as a social construction and not an outcome of biology or a manifestation of an inner essence (Connell, 1995; De Beauvoir, 1952, 1989; Lorber, 1991; Lorber, 2006). As de Beauvoir recognized, this business of becoming a gendered person follows many different paths, involves tensions, contradictions and ambiguities. In other words, the social construction of gender is the concept that there are many things that people take to be 'natural' about gender, are in fact, socially situated and worked out in relations of power. People *construct* themselves as masculine and feminine through relations (Connell, 2009, p. 6). For example, Skelton and Francis (2009) posit that Western femininity is defined in opposition to masculinity. Whereas 'desirable' masculinity is based on rationality, control, strength, invulnerability, independence;

femininity is based on frailty, weakness, cooperation, and caring. This relational construction which hinges falsely on the idea that there are ‘natural’ and ‘essential’ differences between boys and girls, men and women, disadvantages females and advantages males (Fine 2010). Within the context of general health and physical education, females have long been considered inferior, weak and often lacking the skills necessary to succeed in this male- dominated field (Clark & Paechter, 2007). Roth and Basow (2004) noted that while the ideal man is seen as showing his massive physical strength and assertiveness, "the feminine ideal, on the other hand, is beautiful, small, thin, and, perhaps most importantly, weak" (p.249). Hence, the idea and ideal of femininity runs in contrast to the notion of an ideal athlete.

It is from this idea of the socially constructed notion of gender that Connell (2009) noted that gender itself has a distinct relationship with the human body. Society makes assumptions and views differences between males and females based, in part, on their body structure. In particular, the view of the body as a social construct has played a large role in the construction of masculinities and femininities within general health and physical education (Gorely, Holroyd & Kirk, 2003); particularly, men as inherently aggressive and muscular and women as graceful and fragile. Consequently, "constructions of gender-appropriate body shape and size, and the deeply sedimented notions of gender-appropriate sport and other physical activities, have important and serious consequences for the gender positions boys and girls are able to access and practice" (p.437). Therefore, by understanding the body as a social construct, it can help to deconstruct myths, provide alternatives to sport-based general health and physical education and also inform embodied experiences in more equitable and just ways (Kirk, 2002).

Gender is also performative (Butler, 1991) and is actively produced within social interactions. According to Lorber (1991), "gender is constantly created and re-created out of human interaction, out of social life, and is the texture and order of that social life" (p. 288). From my own experience participating in a general health and physical education class, a female who was good at a sport considered to be exclusively "male" in nature (i.e. football, baseball) was automatically assumed to be boyish in nature and behaving outside of the norm of how a 'normal' female should act like. For example, a female in one of my physical education classes, who was an exceptional hockey player, was the subject of various and vicious rumors that functioned to throw into question her sexuality. This patriarchal response to girls entering into traditional male domains is not surprising. When, for example, the now famous 12 year old girl Justine Blainey decided to fight against the Metro Toronto Hockey League for her right to stay and play on the boys' hockey team in 1986, a case that made its way all the way to the Supreme Court of Canada, the one thing that was constantly called into question was her sexuality (Robinson, 2002, p. 2). In short, in the face of powerful gender ideologies and messages about "ideal femininity," non-conforming girls risk being labeled lesbian and being targeted for homophobic harassment (Lenskyj & van Dallen-Smith, 2006, p. 139).

Gender is used to structure the ways of social life that often advantage males and disadvantage females. For example, most churches are run exclusively by men, most corporate wealth is in the hands of men, most big institutions are run by men, and most science and technology is controlled by men (Connell, 2009, p. 7). These gender arrangements are often legitimated by appeals to biology. Men are 'biologically' more suited to be leaders and thinkers, so the argument goes (for a recent and trenchant critique of this perspective, see Cordelia Fine, *Delusions of Gender*, 2010). Therefore, to maintain

social order in a way that preserves male advantage the distinction between genders must be clear (Lorber, 1991). Lorber uses the example of women and men at a dance at West Point Military Academy. Officials at this particular dance were disturbed by images of what looked like two men dancing together, with both parties wearing pants and having short haircuts. Signaling how gender is socially constructed and how men and women are forced to play by the appropriate gender 'rules', this prompted the officials to ban women from these dances unless they wore a skirt. In another example of how women are forced to play by the 'rules' in order to ensure there is little gender confusion, women in the Marines are ordered to wear makeup. This is precisely what Connell (2002) meant when she stated that "ideas about gender-appropriate behaviour are constantly being circulated, not only by legislators but also by priests, parents, teachers, advertisers, retail mall owners, talk-show hosts and disk jockeys," and many others (p. 4). Consequently, these ideas help to create and disseminate gender difference, by "displays of exemplary masculinities and femininities"(p. 4).

Critical Disabilities Studies

According to Devlin and Pothier (2006), the central arguments of critical disabilities studies maintain that having a disability is not just a health or sensitivity issue, but instead "is a question of politics and power(lessness), power over, and power to" (p. 2). This critical stance toward the idea of disability functions to challenge assumptions that are associated with persons with disabilities in order for them to fully engage in societal activities. This theory encompasses four main themes: "(1) language, definitions, and voice; (2) contextual politics and the politics of responsibility and accountability; (3) philosophical challenges; (4) citizenship/dis-citizenship" (p.2). According to Devlin and Pothier, there are concerns of improper language used in relation to persons with

disabilities. A variety of terminologies, for example, such as "cripple", "invalid", "handicapped", "persons with disabilities" (Devlin & Pothier, 2006; Lawson, 2001), among others, have been used to negatively describe those with disabilities. Such an assortment of terms currently employed throughout society can create difficulties. For example, many of these terms address the entire person as disabled, despite the fact that they may only have one impairment (Devlin & Pothier, 2006). In addition, according to these authors, these terms serve to target an individual as something different. Devlin and Pothier noted that politics as well has created an arena from which to view persons with disabilities with charity. This has only led to further label this group as insignificant. More specifically, the authors noted that there are structural and institutional barriers in place that determine the persons who have value and the persons who do not. Philosophically, the authors argued, society itself is not willing to "adapt, transform, and even abandon its "normal" way of doing things" (p.13) and that being a full citizen requires a person to be a productive member of society. Therefore, "if one cannot be productive, one is not worthy of full citizenship" (p.17). Aligned with these authors, Biklen (2000) noted how society often portrays and understand disability as a static notion. He uses the example of Charly in the film *Flowers for Algernon* (1966) as a perfect example of disability being seen as unchanging. Biklen stated that "Charly has the most rudimentary reading abilities, is asexual, lumbers around in a gangling, uncoordinated way, and is the brunt of practical jokes" (p.339) and following brain surgery Charly becomes the opposite of these things. Biklen (2000) also noted that "this dominant frame of disability in popular culture sets up and/or confirms pessimism toward people with disabilities, and suggests no alternative scenarios" (p.339). Even in my own life experiences growing up with a person with a disability, often these displays in

popular culture dominate societal perceptions of disability and therefore, make it acceptable to pass judgement on these people. Consequently, persons with disabilities are seen as the problem. Accordingly, "ridding society of disability, that is, ridding society of the defective and inferior other, is widely seen as understandable and perhaps socially acceptable behaviour" (Devlin & Pothier, 2006, p.11). Rather, Devlin and Pothier (2006) stated that "the challenge is to pay attention to difference without creating a hierarchy of difference" (p.12). Lastly, if society begins to recognize disability as a social construction then accountability will shift from the individual to society as a whole, perhaps creating changes in policies and practices.

Disability interweaves with gender, culture, ethnicity, religion, socioeconomic status, and sexuality in complex ways. In general, disability, much like the others, can produce instances of discrimination and degradation. These socially constructed ideologies can reproduce certain stereotypes of these groups (Bailey & Gayle, 2008). For example, society has constructed the idea that persons with disabilities should be viewed with pity and charity (Devlin & Pothier, 2006) as well as constructed the idea that pity should be given to the poor. Therefore, understanding what being socially constructed means, may serve to change these stereotypes and reduce instances of marginalization and discrimination.

Importance of the Study

Some research has explored the gender gap in participation and engagement in general health and physical education. In addition, the attitudes of health and physical education teachers toward students with disabilities within these classes has also been investigated. Since females are considered to be oppressed within the general health and physical education classroom (Azzarito, et al. 2006; Clark & Paechter, 2007; Ennis,

1999), females with physical disabilities may be more disadvantaged when participating in general health and physical education. Yet, virtually no research has been conducted to study the gender gap in general health and physical education as it relates to females with physical disabilities. The ways in which females in general and students with disabilities are marginalized is particularly problematic, given that schools are obligated to ensure all classrooms are equitable and inclusive. Therefore, in order to achieve a degree of equity and inclusiveness in general health and physical education classes, it is essential to question and understand the attitudes of experienced health and physical education teachers because these attitudes may directly shape behaviours which can lead to an inequitable classroom environment.

Teachers stand to benefit from the results of this study as it will begin to help educators address issues of equity in order for all children to learn. As a function of this research, teachers may encourage greater participation for female students by creating a more inclusive environment that addresses issues of gender and disabilities. Females with physical disabilities themselves also stand to benefit from the results of this research. If the teachers involved in this study can recognize areas within their own teaching that they can change in a way that creates a more equitable environment, more females with physical disabilities can begin to feel engaged in general health and physical education and participate more frequently if they feel that their teachers support and encourage their development. Administrators can benefit because they will be able to see the areas within general health and physical education that are beneficial to females with physical disabilities, as well as areas that need constant monitoring and improvement. By doing so, the administrators may foster a more collaborative environment within the school so that

the teachers instructing these students can be given more resources, while feeling more adequately prepared and supported in teaching females with physical disabilities.

Without a new approach to how gender and disability are treated within a general health and physical education class, old ideas will prevail and females, in particular differently-abled females will remain marginalized. My hope is that school boards and possibly lawmakers will be able to draw on this research to improve standards of teacher education programs in order to more adequately prepare future teachers, specifically those who will teach classes that may include females with physical with disabilities. In addition, using this research may prompt school boards and policy makers alike, to create and distribute more resources for current experienced health and physical education teachers in general health and physical education classes to support and prepare them for inclusive practices.

Scope/Limitations of the Study

Given limited resources, only experienced secondary health and physical education teachers employed by the Greater Essex County District School Board were sampled. Sampling teachers within this board would assure that costs and materials would be kept to a minimum. In addition, given these same resource restrictions the sample size ($N = 7$) is limited.

While this study attempted to collect pertinent information on the attitudes of experienced health and physical education teachers toward the inclusion of females with physical disabilities, the findings could not be generalized outside of the scope of this sample of teachers.

The participants recruited for this study taught and lived in the Windsor, Ontario area which is also where I attended both elementary and secondary school. Therefore,

some of the participants were previously known to me. This previous relationship may cause the participant to answer questions differently than they might have if they did not know me previously, therefore potentially skewing the results of this data.

CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter reviews the relevant literature relating to inclusion and gender within the context of general health and physical education. The review is divided into three sections. The first section contextualizes inclusion in general health and physical education by reviewing the significant literature on inclusion in general. It highlights special education in Ontario, which includes a focus on government funding as well as the benefits and concerns of inclusive education. The second section contextualizes health and physical education teacher attitudes toward inclusion. It highlights some of the factors that affect these teacher attitudes which include lack of preparation, resources, and training. Lastly, the third section reviews the literature on gender and inclusion.

Inclusion

The significant shift to place all students with disabilities in the regular classroom, a practice known as inclusion, has become a key feature within education. The concept of inclusion has its roots in special education, where the separation of those with disabilities was debated as a failure to meet basic human rights (United Nations Educational, Scientific and Cultural Organization, 2005). It is from these roots that the concept of mainstreaming first began, but when it was discovered that it failed to change the organizational structure of the schools, inclusion was created (United Nations Educational, Scientific and Cultural Organization, 2005). Papadopoulou, et al. (2004) noted that in recent years, "the idea of inclusion has become the most important topic in the field of special education" (p. 104). The growing enthusiasm among educators for inclusion has been fuelled by the belief that " a separate education is not an equal education" (Winnick, 2005, p. 12). In defining inclusion, Rizzo, Davis and Toussaint (1994) highlighted how education by separation of students with disabilities is not an

equal education. Separating students with disabilities in general health and physical education classes, will deny them the opportunity to compete with their peers or recognize their ability to contribute to a team (Kozub & Porretta, 1996). It is for these reasons that Rizzo, Davis and Toussaint (1994) argued that students with disabilities should be educated with their nondisabled peers in regular classes. In addition, Kozub and Porretta (1996) argued that "opportunities to develop leadership capabilities, teamwork, and work ethics need to be given to persons with disabilities through interaction in athletic programs" (p. 20). These opportunities can aid in the overall well-being of students with disabilities as well as the success of inclusion within general health and physical education.

The growing importance of special education is being reflected in Ontario schools. In Ontario, the number of students requiring some form of special education is nearly ten percent of the entire population (Ontario Ministry of Education, 2010). Despite the projected decline in enrolment for the 2010-2011 school year (Table 1), the grant for special education across the Greater Essex County School board continued to increase, rising steadily from eight years ago (Table 2a, Ontario Ministry of Education, 2010). Further, not only has the grant for special education increased within the Greater Essex County School Board, it has been steadily increasing across the province since the year 2002 (Ontario Ministry of Education, 2010), as shown in Table 2b. Reflecting the province's growing emphasis on inclusion, the Ontario Ministry of Education in 2009 created an Equity and Inclusive Education Strategy (Ontario Ministry of Education, 2009b) in an effort to help create more equitable school communities throughout the province. Of course, in order for inclusion to be fully successful, research on experienced teacher attitudes toward females with physical disabilities is needed.

Table 1.

Student Enrolment in Secondary Schools Within the Greater Essex County District School Board from 2002-2011 (Ontario Ministry of Education, 2010)

Year	Enrolment
2002/2003	12,250
2003/2004	11,685
2004/2005	11,983
2005/2006	12,322
2006/2007	12,355
2007/2008	12,395
2008/2009	12,405
2009/2010	12,480
2010/2011 (Projections)	11,958

Table 2a.

Special Education Grant for the Greater Essex County District School Board from 2002-2011 (Ontario Ministry of Education, 2010).

Year	Special Education Grant	% Increase
2002/2003	29,418,710	
2003/2004	32,129,161	9.0
2004/2005	32,154,225	.08
2005/2006	33,599,514	4.5
2006/2007	34,123,563	1.6
2007/2008	35,517,101	4.1
2008/2009	36,361,634	2.4
2009/2010	37,695,959	3.7
2010/2011 (Projections)	38,459,474	2.0

Table 2b.

Special Education Grant for the Province of Ontario from 2002-2011 (Ontario Ministry of Education, 2010)

Year	Special Education Grant	% Increase
2002/2003	1,624,805,781	
2003/2004	1,836,999,359	13.1
2004/2005	1,853,789,176	1.0
2005/2006	1,968,483,409	6.2
2006/2007	2,003,504,920	1.8
2007/2008	2,098,595,740	4.7
2008/2009	2,176,709,590	3.6
2009/2010	2,246,547,783	3.2
2010/2011 (Projections)	2,312,009,410	2.9

Researchers have shown the positive effects and benefits for students through inclusion in a secondary school physical education setting. These benefits include being able to "learn life skills and enjoy opportunities to grow up with their peers in the dynamic environment that a meaningful, high-quality, physical education program can provide" (Tripp, Rizzo & Webbert, 2007, p. 33). Ammah and Hodge (2005) advocated for an inclusive classroom as it provided students with disabilities greater social acceptance among the greater student population. Kozub and Poretta (1996) pointed out that inclusionary practices have benefits in a wide variety of areas including fostering more positive team dynamics and greater social acceptance between and among students. Students with disabilities are aware of the advantages that inclusion brings. Coates and Vickerman (2008), for example, have noted that students with disabilities are cognizant of the social and psychological benefits derived from being included in physical education classes. More specifically, when students with disabilities are included in general health and physical education classes they have more positive experiences generally, in large part because they begin to feel accepted among their peers (Coates & Vickerman, 2008). While inclusive education offers a vast array of benefits for students with disabilities

within general health and physical education, without proper support inclusion will not be a success.

Evidence clearly shows that attempts at inclusion will fail if they do not have proper institutional and individual supports. For example, the failure to support inclusion through adequate funding contributes to students with disabilities being marginalized. Shanker (1995), for instance, believed that children with disabilities placed in general classrooms should be receiving specialized services and supports to help them succeed academically. However, given that these services are expensive, it is unlikely that they will be provided in a general health and physical education class. In addition, Bennett and Wynne (Ontario Ministry of Education, 2009a) pointed out that the role of a school's administration including the principal is “pivotal” for promoting inclusive school cultures and instructional programs (p. 2) Yet, despite this evidence, research on schools has found that health and physical education teachers felt little support from school administration and personnel when it comes to fostering inclusion (Rizzo & Lavay, 2000; Block, 1999). Shanker (1995) also noted that without these supports inclusion can be harmful for students with or without disabilities because the teachers themselves have little to no training in dealing with students who have severe disabilities.

Research shows that additional teacher-training in the area of special education is an important component to ensuring classrooms are inclusive and equitable. Yet, Smith and Green (2004) found that the absence of training for teachers currently being educated, and for those teachers continuing their professional development, "was perceived to be one of the most constraining influences upon their practice" (p. 598). Further, Block (1999) attested the lack of support staff may be creating resentment on behalf of the health and physical education teachers and, in addition, this support staff, most of whom

are not trained in general health and physical education, often place more strain on teachers (Thomas & Smith, 2009). Since integrating students with disabilities is now commonly implemented and encouraged, it seems remarkable that teachers are not trained adequately while in their teacher preservice programs, or through ongoing professional development.

However, when proper supports are in place, inclusion has been shown to be successful. Lieberman, Dunn, van der Mars and McCubbin (2000) discovered, for example, that supports in general health and physical education can lead to an increase in physical activity levels for students with physical disabilities. In this study, 4 female and 4 male deaf students were matched one-on-one with a trained peer tutor. It was found that these interactions with the peer tutors contributed to an increase in the levels of physical activity for the 8 deaf students in general health and physical education. In addition, Block and Zeman (1996) studied the effects on non-disabled children of including students with disabilities. They found that when a student with severe disabilities had support in the general health and physical education classroom, those children could be included without taking anything away from the experience of children without disabilities. Therefore, research has shown that having the proper supports in place can help to create more positive experiences for students with and without disabilities in general health and physical education (Ontario Ministry of Education, 2006).

Yet, having proper support does not always guarantee success. Sometimes social exclusion of students with physical disabilities occurs within general health and physical education classes, whereas it might not happen in other subject areas. Holt (2004) found that while students with disabilities were rarely removed from subjects such as Mathematics or English, they were often removed from general health and physical

education classes, especially if they were using a wheelchair. In addition, Hodge and Place (2001) studied three females with physical disabilities and nineteen of their classmates, both male and female, without disabilities regarding the social inclusion of students with physical disabilities in a general health and physical education class. Not surprisingly, the researchers found “more often than not, no interaction occurred between students with and without disabilities” (p. 399). Noteworthy as well, the only praise and positive feedback observed was between the students with physical disabilities themselves, rather than between those with or without the disabilities (Hodge & Place, 2001). Unfortunately, social exclusion continues to be a problem for students with disabilities in general health and physical education.

Accessibility issues in the gym and other school facilities may be an additional problem. According to a United Nations Report (2003), "children and youth with disabilities face a host of barriers to education, starting with an inaccessible school environment" (p. 36). Perhaps reflecting the broader social attitudes toward people with disabilities, Arbour-Nicitopoulos and Martin Ginis (2011), who examined 44 fitness and recreational facilities in Ontario that were identified as accessible for those with mobility disabilities, found they were limited to one degree or another in terms of accessibility.

In addition to the aforementioned problems, other problems remain within the context of general health and physical education. These include assumptions by Block (1999) that general health and physical education programs were: 1) already using individualized instruction in their high-quality programs; 2) that the size of the classes were the same as a regular class size; and 3) that most students in general health and physical education wanted to be there and were motivated to be there. Unfortunately, general health and physical education class sizes are larger than regular class sizes and

there are many issues with classroom management (Block, 1999). Block and Obrusnikova (2007) found that the major problem of including students with disabilities in general health and physical education "seems to be the ability of the GPE teachers to accommodate students with disabilities, which in turn reflected in negative experiences of students with disabilities in inclusive GPE settings" (p.119). Assumptions made by these authors about the quality of the general health and physical education program continue to overlook the deep underlying issues.

Unfortunately, it is not only teachers that feel challenged by the inclusion of physically disabled children. Able-bodied students themselves have doubts about how the system is working and whether or not it is truly beneficial for all involved. Goodwin and Watkinson (2000) looked at the perspectives of students in grades five and six with physical disabilities in a general health and physical education classroom. According to these researchers, children with physical disabilities experienced good days and bad days. Bad days were characterized by their competence in general health and physical education being questioned, restricted participation, and social isolation because they had a disability that other students perceived as preventing them from their full potential and participation (Goodwin & Watkinson, 2000). More importantly, participants in this study indicated that they "were aware that their bodies were sometimes perceived as objects of attention that further isolated them from their classmates" (Goodwin & Watkinson, 2000, p. 152). In addition, Blinde and McCallister (1998), had twenty participants with physical disabilities between the ages of ten and seventeen speak about their experiences in general health and physical education. The most common responses by the participants produced the following two outcomes: " a) limited participation in activities and b) negative emotional responses" (p. 6). In addition, most of the participants were angry that

they were kept from participating by the teacher in certain activities due to their disability (Blinde & McCallister, 1998). Despite the problems that teachers face, the students with disabilities themselves are also facing serious problems with inclusion.

Students with disabilities are more at risk for serious health problems. Hogan, McLellan and Bauman (2000) studied students with a self-reported disability. The most common self-reported disabilities to emerge from this study were physical disabilities, sensory disabilities and learning disabilities. It was discovered in this study that students with disabilities were more likely to abuse alcohol and cigarettes, experience a variety of health problems such as obesity and admit to being less self-confident and lonely. Similarly, Longmuir and Bar-Or (2000) in their study of youths ages six to twenty living in Ontario, Canada found that "youths with visual impairment or physical disabilities, specifically cerebral palsy and muscular dystrophy, have significantly lower levels of habitual physical activity, consider themselves less fit relative to their peers and report more limitations for physical activity participation" (p. 47). These health constraints have continued to widen the gap between those students with disabilities and those who are non-disabled.

Inclusion in general physical education is difficult to implement, in part, because many secondary school educators do not feel adequately prepared to teach students with disabilities (Block, 1999; Block & Obrusnikova, 2007). Lienert, Sherrill and Myers (2001) found that in general, "teachers reported much uncertainty about day-to-day demands and worry about their competence to meet these demands" (p. 13). Also, many health and physical education teachers feel that teaching students with disabilities is not their job (Block, 1999). Also, health and physical education teachers often do not ask the right questions related to the topic of inclusion (Rizzo & Lavay, 2000). This lack of

preparation could be attributed to the fact that many people saw inclusion as morally right, but “the problem was, no one was studying specific techniques, staffing models, and training protocols needed to make inclusion work more effectively” (Block, 1999, p. 32). Unfortunately, while the overall concept of inclusion may be morally just, without proper implementation it may be doing more harm than good for students with disabilities.

Teacher Attitudes

There are many factors that influence teacher attitudes toward students with disabilities. Some of these factors include age of the teacher, student grade level, severity of disability, teacher experience, the gender, social class, race, and ability of the teacher, and how teachers feel about their own competency level (Elliott, 2008; Rizzo & Kirkendall, 1995; Rizzo & Vispoel, 1991). Researchers have also identified teachers’ beliefs about the ‘fairness’ and acceptability of inclusion in schools as an important factor in shaping positive teacher attitudes toward inclusion. Hodge, Ammah, Casebolt, LaMaster & O'Sullivan (2004), for example, looked at the beliefs and behaviors of secondary health and physical education teachers toward inclusion and found that teachers desired to teach students with disabilities because of their "underlying favorable beliefs" (p. 411) about inclusion. For these teachers, their beliefs were guided by the notion that "doing so was a professional responsibility that was socially acceptable"(p. 411). Moreover, Bennett and Wynne (Ontario Ministry of Education, 2006), noted that teachers in general have a ‘positive attitude toward inclusion that is informed by the belief that all students can achieve and the conviction that the classroom teacher can make a difference to student achievement” (p. 2). Unfortunately, the acceptance and integration of students with various disabilities continues to be a problem (Tripp & Sherrill, 1991).

Teacher attitude is an important variable when it comes to studying the inclusion of students with disabilities. According to Folsom-Meek and Rizzo (2002), “assessing beliefs, underlying attitudes and social expectations provides an understanding of the tenets about teaching students with exceptionalities” (p. 142). Hodge et al. (2004) also found that beliefs of health and physical education teachers do have some bearing over their practice. Similarly, Singleton (2006) noted that other research in the area of general health and physical education “indicates that the values held by the teachers may affect their pedagogical practice in the gym” (p. 26). Analyzing teacher attitudes is important as it will help to gain a better understanding of teachers' underlying values and beliefs about inclusionary education in general health and physical education.

Teacher attitudes toward students with disabilities are shaped by a tendency to want to help this particular population. Hodge et al. (2009a), for example, when studying beliefs of general health and physical education teachers cross-culturally, found that “most teachers were intrinsically motivated to teach students with disabilities” (p. 410). A similar study by Hodge et al. (2004) found “the attitudes of teachers in our study were mostly favorable toward inclusion and teaching students with disabilities in their GPE classes” (p. 411). However, despite these facts, questions of fairness remain. Butler (2005) found that "many teachers ultimately teach how they were taught, and remain unaffected by the four years of teacher education they received" (p. 226). Further, Smith and Green (2004), stated that teachers tend “to feel more comfortable with and, consequently, to replicate the kinds of PE that they themselves had experienced” (p. 598). Unfortunately, the tendency among health and physical education teachers to replicate a certain kind of general health and physical education program that has in the past failed to provide an inclusive classroom, ensure that students with disabilities continue to be

disadvantaged. In addition, while teachers were motivated to teach students with disabilities in their classes, many felt limited by what they could do.

Central to this limitation was the idea of control. Teachers felt restricted by how little control they had over things such as their ability to individualize instruction (Hodge, et al., 2009a). This is unfortunate for students with disabilities, as "given adequate control over such teaching behaviors, teachers are likely to carry out their intentions to teach students with disabilities who are included in their classes" (p. 413). A lack of control can lead to uncertainty and frustration for some teachers. According to Morley, Bailey, Tan & Cooke (2005), teacher perceptions of their control over how to instruct students with disabilities directly impacts upon how challenging they perceive inclusion to be. Further, the research shows that despite certain barriers, teachers viewed inclusion as a progressive process where using more planning time for example, could give them the increased sense of control they required for more positive attitudes toward inclusion.

Unfortunately, teacher attitudes toward inclusion remain inconsistent at best and at worst, are often negative (Block & Obrusnikova, 2007). Much of this inconsistency and negativity comes from a documented lack of preparation on the part of the physical educators' themselves (Ammah & Hodge, 2005; Block & Obrusnikova, 2007; Hodge, 1998; Hodge et al., 2009a; Folsom-Meek & Rizzo, 2002; Papadopoulou et al., 2004; Rizzo & Kirkendall, 1995; Sato et al., 2007; Smith & Green, 2004; Vickerman & Coates, 2009). Further, health and physical education teachers, "regardless of how effective or experienced they might be, were inadequately prepared to cope with the challenges of inclusion, and they understood and felt that lack of preparation" (LaMaster et al., 1998, p. 78). Unfortunately, how prepared teachers are for working with children with disabilities is one of the variables most strongly related to their attitudes (Rizzo & Kirkendall, 1995).

The inadequacy of teacher education programs (Welch, 1996) then, may be what is driving these negative attitudes. Hardin (2005) discovered that health and physical education teachers "take few adapted courses and have little practical experience working with students with disabilities" (p.44). It appears that the lack of teacher preparation stemming from ineffective teacher education programs may play a significant role in these negative teacher attitudes.

Teachers' perceived competence for working with students with disabilities is another variable strongly related to attitude (Rizzo & Kirkendall, 1995) as was age and past experiences of the teacher. These authors studied what affects the attitudes of future health and physical education teachers toward students with mild disabilities and found "experience with individuals with disabilities had a significant and positive correlation with perceived competence" (p. 213). Past experiences also led to more favourable attitudes toward inclusion (Hodge, 1998). Of significance, Rizzo and Vispoel (1991) found that younger teachers typically had more favourable attitudes toward individuals with disabilities than older teachers. Therefore, younger teachers, favourable past experiences as well as teachers that have more experience teaching students with disabilities can lead to overall positive attitudes for teachers. Yet, despite these facts, other factors can affect experienced teacher attitudes in a negative way.

The teachers themselves feel that the lack of time, equipment and resources, daily demands and larger class sizes take away from the individualized instruction that a student with disabilities requires to be successful in a general health and physical education classroom (Ammah & Hodge, 2005; Hodge et al., 2004; Hodge et al., 2009a; LaMaster et al.,1998; Leinert et al., 2001; Sato et al., 2007). In Hodge et al. (2009a) teachers expressed specific concerns about large classes and small instructional space that

they perceived as affecting their ability to teach students with disabilities effectively. In a cross-cultural study involving teachers from both Germany and the United States of America, Leinert et al., (2001) found that teachers from both countries worried about the daily demands placed on them regarding inclusion and whether or not they had the abilities to meet those demands. American teachers in this study had "little support in meeting the challenges of integration" (p. 14). They also felt they had little opportunity to foster relationships with other teachers and often felt alone with a large class. Similarly, LaMaster et al., (1998) noted the difficulties related to resources for students who have been fully included. Unfortunately, most of the teachers identified a lack of these resources even being in good schools.

Students with more severe disabilities also have an effect on teacher attitudes (Block & Obrusnikova, 2007; Hodge et al., 2004; Sato et al., 2007; LaMaster et al., 1998; Lienert et. al., 2001). Brown and Evans (2004) noted that "PE teachers are implicitly recruiting potential PE teachers and athletes "in their own image" (p.64) and, according to LaMaster et. al. (1998), the success in general health and physical education for students with disabilities can vary according to the type of disability they have. More recently, Ammah & Hodge (2005) studied two health and physical education teachers who taught students with mild to severe disabilities in their classes. These teachers noticed that other students engaged in name calling toward students with severe disabilities and the students with severe disabilities placed a greater demand on teacher instruction. Hodge et al. (2004) found similar results when interviewing health and physical education teachers. They found that "perceived behavioural control toward teaching inclusive swim classes was much more favourable for students with mild disabilities compared to students with

severe disabilities" (p. 412). These attitudes, however, may be different for male and female health and physical education teachers.

The gender of the health and physical education instructor has an impact on teacher attitude as well (Hodge, 1998). Hodge (1998) noted that when teachers do have experience with inclusion in their own classrooms, female health and physical education teachers have "significantly more favorable attitudes toward teaching students with disabilities than did their male peers" (p. 71). In addition, Papadopoulou et al. (2004) discovered that "female educators expressed more positive attitudes toward the benefits that both children with and without disabilities can have in their classes compared to males" (p.109). This may be because women have a naturally calm demeanor and are more tolerant than males (Fakolade, Adeniyi & Tella, 2009). However, there has been some evidence to the contrary. Hodge & Jansma (2000) studied the attitudes of health and physical education majors toward teaching students with disabilities and found that while females were less negative than their male peers, both female and male health and physical education majors were not favourable toward teaching students with physical disabilities. For the purposes of this research, it is important to note that the variable of the student with disabilities being female has been virtually unstudied.

Gender and Inclusion

Historically, gender discrimination has shaped the schooling experiences of girls. For example, in the elementary school years boys continually speak out of turn and are answered, yet girls who do the same are admonished (Sadker, Sadker & Zittleman, 2009). Further, according to these authors, in secondary school, women who are seen as intelligent are often not popular because the assertiveness of what it takes to be smart often conflicts with the passive, feminine ideal. Even in higher education, women are

discriminated against. According to Sadker and Sadker (1994), while women in the 1800's revolutionized careers and entry into universities, women in the 1900's and beyond conformed to the ideal and saw post secondary education as a means to find a husband. According to the authors, currently, women are underrepresented in fields like engineering and continue to be overrepresented in education. In addition, the fallout from this discrimination may be affecting females and females with physical disabilities in other, more complex ways.

From the beginning of their lives, females with disabilities experience discrimination (Miles, 2002). According to some researchers, there has been a history of neglect for women with disabilities in disability research, and the feminist movement (Traustadottir, 1990). In addition, research also shows that women with disabilities are viewed as being asexual in nature while at the same time being at a very high risk for sexual abuse (Traustadottir, 1990). Therefore, in addition to their disability, disabled girls face the sexual discrimination that plagues women in general on a regular basis (Habib, 1995). Unfortunately, Habib (1995) argued that "this double discrimination means that disabled women's experiences are profoundly different from those of disabled men" (p. 50). The double discrimination present in society may have negatively influenced already existing gender biases within the general health and physical education classroom.

Some research has been conducted to determine how the physical body is perceived in general health and physical education and how this affects girls (Azzarito & Solmon, 2006a, 2006b; Satina & Hultgren, 2001). Satina and Hultgren (2001) discussed how the primary goal of a health and physical education teacher is to help the students become knowledgeable about their own bodies. "The embodied nature of physical education, in which students are actively learning by moving their bodies while

developing deeper understandings of the ways in which they affect such movement, has the potential to provide meaningful learning experiences" (p. 524). Unfortunately, women and girls in general health and physical education classes have not had these meaningful experiences due to "cultural messages that bodily competence is not recognized nor valued for them" (p. 524). Conversely, Azzarito and Solmon (2006b) found that boys in general health and physical education classes are often encouraged to put their masculine prowess on display whereas "girls' participation in physical activity is constrained by gendered discursive constructs; this last is not formed through, but in opposition to, the display of physical prowess, muscularity, and enthusiasm for sport" (p. 92). These researchers also noted that even without a physical disability in general health and physical education classes, many girls do not feel comfortable with their bodies as they did not conform to the feminine ideal. Part of the problem is that general health and physical education classes, and sport in general, have long been seen as belonging to males. Clark and Paechter (2007) stated "girls and women have long been excluded from sport and physical activity due to perceptions of their inherent weakness and fragility" (p. 262). Similarly, Azzarito, et al. (2006) stated that "sport as a site of masculine appropriation and acculturation has contributed to the exclusion of women from physical activity and sport and the trivialization of women's bodies" (p. 223). Consequently, females who participate in general health and physical education classes lack engagement in sports.

The lack of girls' participation in and engagement in sport has implications for girls' overall health. According to Azzarito and Solmon (2005), there is a growing trend in society of low individual engagement in physical activity especially for girls. In addition, this may be contributing to health problems among women such as heart disease

and obesity. Unfortunately, these health problems may be a direct result of the gender stereotyping that has pervaded the general health and physical education curriculum because girls are avoiding participation in the program.

Ennis (1999) stated that "no curriculum in physical education has been as effective in constraining opportunities and alienating girls as that found in co-educational, multi-activity sport classes" (p. 32). Two major themes emerged when Azzarito et al. (2006) examined the ways secondary school students either participated or resisted in general health and physical education. They found that girls generally enjoyed general health and physical education classes but they made choices to either participate in one activity and not another "through their negotiations of gender relations" (p. 227). In addition to this, Clark and Paechter (2007) studied experiences of girls who participated in football at two schools in England. Many girls who enjoyed participating in football felt that they were not permitted to do so because it was not feminine behaviour and they felt excluded by their male peers. Similarly, Azzarito et al. (2006) found that the girls in their study "viewed their choice to participate in physical activity as constrained by institutionalized gender discourses" (p. 227). Gender as a societal construct has created a general health and physical education program that has successfully alienated girls and their activity choices, consequently reducing female participation and engagement.

Gender as a social construct has also tainted the views of the health and physical education teachers of this program, perhaps even without their realization. Azzarito et al. (2006) found the gender stereotyping in general health and physical education classes was apparent for the females in this study, but often not for the teachers who felt as though there were equal opportunities for both genders in general health and physical education. One of the teachers in this study felt that the boys in her class would not behave

appropriately so she used a physical game of basketball as an incentive for proper behaviour. In fact, "the teacher and students perpetuated a gender dynamic already established in physical education classes at the school" (p. 233). The results of this study "indicate that if teacher educators and physical educators are to improve girls' status in physical education classes, awareness of gender stereotypes and girls' perceptions of gender barriers to their participation is important" (p. 237). Despite the evident gender stereotyping felt by females in these classes, health and physical education teachers continue to ignore and perhaps perpetuate these gender biases within general health and physical education.

It appears that despite being ignorant about gender stereotyping, teachers do characterize behaviours as being male in nature or female in nature. A study conducted in Finnish secondary school general health and physical education classes found that the notion of good manners is often accentuated when both females and males are taught within the same general health and physical education class (Berg & Lahelma, 2010). The authors used the examples of dance classes and females adept at participating in males' games as the point at which discourse on good manners within the classroom was introduced. The authors also discussed the persistence of gender segregation within the general health and physical education classroom. They discovered that "teaching girls and boys separately constructs gender as dichotomic and hierarchical, placing higher value on boys' ability. Only those few girls who are good at ball games can be ranked as highly as the boys" (p. 42). Perhaps not surprisingly, they found that "...maintaining such segregation and hierarchies is also an active practice in which male and female teachers construct gender" (p. 43). Unfortunately, it appears as though gender stereotyping continues to remain a problem within general health and physical education.

Conclusion

Today's schools, Bennett and Wynne (Ontario Ministry of Education, 2006) point out, "bring us face to face with the reality that we, as educators, are expected to deal with more diverse student populations than ever before" (p. 1). Within this diverse group are over 300 000 students that require some sort of special education intervention (Ontario Ministry of Education, 2006); yet research shows that full inclusion is still rarely developed and fostered in our schools. In addition, despite the rise of female athletes as role models, females continue to refrain from participating fully in general health and physical education. This may be due to the fact that gender stereotyping in both society and general health and physical education classrooms, remain. While there has been some research on teacher attitudes toward the inclusion of students with disabilities, much of it fails to take into consideration issues of gender. Further research is needed to examine how females with disabilities are viewed by physical educators within the general health and physical education classroom in order to address the educational needs of all students.

CHAPTER 3: METHODOLOGY AND PROCEDURES

Description of the Study

This study employed qualitative research methods. According to Marshall and Rossman (2010), qualitative research commonly 1) occurs in naturalistic settings; 2) uses a variety of methods that respect the participants involved in the study; 3) focuses on substance; 4) is constantly developing and changing; 5) is centrally explanatory. These particular characteristics fit this research because the study was conducted within a naturalistic setting for participants (their respective schools) and three methods were used (demographic survey, semi-structured interview and focus group interview). In addition, working with qualitative methods, this study employed theoretical frameworks which were used as the basis for making sense of the data, therefore making it explanatory in nature (Gratton & Jones, 2010). This approach was also chosen because it is exploratory rather than confirmatory, and it seeks to identify themes or categories, rather than prove relationships or test hypotheses. Further, this study focused on the meaningful quality of the data and was constantly changing as research questions and probe questions for the interviews were constantly edited as the data collection continued.

This study also drew on a wide variety of sources including scholarly journals, Ontario Ministry of Education documents, school board policy documents, popular books, newspaper articles and academic conference papers. These sources were read before and after conducting both the face-to-face and focus group interviews in order to triangulate data. Seven face-to-face one-hour interviews were conducted to elicit the thoughts, attitudes and experiences of experienced health and physical education teachers regarding inclusion, disabilities and gender. This was done to investigate how gender shapes teachers' decisions with respect to inclusion. To determine what motivates

individual choices is complex, and thus qualitative interviews allow for an examination of the subtleties of the choices they make. The interviews were semi-structured with experienced health and physical education teachers being asked open ended questions, for example, to talk about themes such as challenges they faced teaching general health and physical education, specifically challenges with females and females with disabilities, and the level of engagement and participation between males and females in general health and physical education. When it came to developing follow-up questions during an interview, I made a strong effort to build subsequent questions on an ongoing, moment to moment basis, based on what participants told me. The adoption of this technique is not surprising as semi-structured interviews, according to Wengraf (2001) are specifically created with a "number of interviewer questions prepared in advance but such prepared questions are designed to be sufficiently open that the subsequent questions of the interviewer cannot be planned in advance but must be improvised in a careful and theorized way" (p. 5).

Following the use of individual semi-structured interviews, three participants from the semi-structured interviews were asked to return to participate in a follow-up focus group interview. My aim of using focus group interviewing for this qualitative study was to gather a small group of people together, to deepen, extend and develop already established themes (Krueger & Casey, 2009). An attempt was made to create a non-threatening, comfortable environment where all of the participants were free to share their opinions (Krueger & Casey, 2009). By doing this, the focus group interview conducted in this study allowed for a deeper and more meaningful small group discussion between the experienced health and physical education teachers and their peers.

Participant Selection

The participants in this study were experienced secondary school health and physical education teachers from the Greater Essex County District School Board (GECDSB) who have taught the subject for five years or more. The participants ranged in age from 33-60; four male and three female. The selection of these teachers was based on three measures. First, only experienced secondary school health and physical education teachers were selected because teachers in the secondary school panel have specialized in general health and physical education, whereas teachers in the elementary school panel have not. Second, all participants were drawn from the Greater Essex County District School Board. This approach was used in order to maintain a reasonable level of feasibility of the study. Third, the participants had to have at least five or more years of experience teaching physical and health education. Five years was used as the cut off, because by this stage in their careers, teachers have likely come to terms with themselves in their profession and can ask themselves deeper and more abstract questions such as "can schools change societies?" (Katz, 1972, p. 53).

Purposeful sampling (Creswell, 2005) where "researchers intentionally select individuals and sites to learn or understand the central phenomenon" (p. 204) was the method employed to recruit participants. More specifically, I used snowball sampling to recruit participants. To recruit participants for this study, two sources were used: 1) previously known contacts within the Greater Essex County District School Board and; 2) contacts suggested by known teachers and professors. When each of the seven participants had demonstrated interest, informed consent was provided and participation was requested in order to continue with the demographic survey, semi-structured

interviews and focus group interview. All seven of those who had demonstrated interest became participants in the study and remained in the study for the duration of the data collection.

The Participants

Three of the participants John, Sara and George are currently teaching at a specialized secondary school within the Greater Essex County District School Board. John is 55 years of age, George is 41 and Sara is 60. George is the department head in general health and physical education at his school and he and John have both been teaching the subject for over ten years. They have also been teaching partners at their current school for most of their teaching careers. Sara has been teaching for over twenty years and has extensive experience teaching females with physical disabilities. In addition, both George and Sara have Special Education qualifications.

Lucy, Donald and Jessica are also teaching at the same secondary school within the Greater Essex County District School Board. Lucy is 42, Donald is 33 and Jessica is 51 years of age. Lucy and Donald do not hold any Special Education qualifications. Donald is the Student Success teacher at his school, while Jessica is heavily involved in extracurricular school sports.

Dan is currently teaching at another secondary school within the Greater Essex County District School Board. He is 48 years of age and has been teaching general health and physical education for over twenty years. Like George, Dan is also the department head in general health and physical education at his school. Dan is also active within the school community. Throughout his teaching career he has been a coach for numerous school sports teams including Basketball and Track and Field. Table 3 contains summative information on the study participants.

Table 3.

Summary of Demographic Data from Study Participants

Name*	George	John	Sara	Lucy	Jessica	Donald	Dan
Age	41	55	60	42	52	33	48
Highest Degree Earned	Bachelor of Education	Bachelor of Education	Bachelor of Education	Educational Diploma	Bachelor of Education	Bachelor of Education	Bachelor of Education
Special Education Qualifications	Special Education Part II	No	Special Education Part I	No	No	No	No
Experience	10 + years	10+ years	20 + years	10+ years	20+ years	5+ years	20+ years
Specialized Training	2 half day or less workshops	College or university course	5 full day workshops and college or university course	None	Full day workshops and college or university course	College or university course	None
Experience Teaching Females with Physical Disabilities	Yes	Yes	Yes	Yes	Yes	No	No

Data Collection

In order to collect the data, I used multiple methods: demographic surveys, semi-structured interviews and a focus group interview. These methods were important because they allowed for a more effective triangulation of the data which provided a clear picture of experienced health and physical education teacher attitudes toward inclusion (Davidson, 2005). Data was collected over a period of eight weeks from February 7, 2011 to April 6, 2011. Following is a more detailed account of the procedures undertaken in this study.

Demographic Survey. According to Lodico, Spaulding and Voegtle (2010), "demographics are descriptors that provide detailed information about participants in the study"(p.208). In addition, these authors also outlined specific guidelines for creating a demographic survey. Some of these include that the demographic information 1) should be created based on the literature review and; 2) used only for a specific purpose. Seven surveys were completed, one for every participant in the study and the survey used in this study consisted of mainly close-ended questions (see Appendix A). The participants filled out and returned these surveys prior to the commencement of the semi-structured interviews and after all of the necessary consent forms were obtained. Anonymity was guaranteed as only the number assigned to the participants were present on the completed survey. In addition, the demographic survey was entered into an SPSS database following the focus group interview.

Semi-Structured Interviews. A semi-structured interview is a less rigid type of interview that allows the researcher more freedom to ask a variety of questions (Cooper, 2011). Further, according to Schensul, Schensul and Lecompte (1999), the questions in this type of interview "are preformulated, but the answers to those questions are open-ended, they can be fully expanded at the discretion of the interviewer and the interviewee, and can be enhanced by probes" (p. 149). In this study, I met with each participant individually at a place of their choosing. In all cases, the participants chose to be interviewed at their respective schools once the school day had concluded. I brought with me a set of preformulated open ended questions, a notebook for field notes, consent forms, a list of local mental health agencies to distribute following the interview, digital audio recorders and the demographic survey. Initially, to make the participants feel more comfortable I asked questions relating to their career and why they chose to be a health and physical

education teacher. Once the participants felt more comfortable, I would ask them deeper and more difficult questions. If, for example, I did not get enough information from participant responses, I would note additional questions in my notebook and ask them to expand on what they meant.

Semi-Structured Interviews

In this study, seven semi-structured interviews were conducted. I used six guiding questions to direct the interview and these guiding questions led to other open-ended and probe questions. Probe questions are "made by the interviewer to the respondent to obtain additional information to a question when the initial answer appears incomplete" (Bradburn, Sudman & Wansink, 2004, p. 359). Examples of such questions may include," 'What do you mean?' or 'In what way?" (p. 359). All of the interviews lasted approximately 45 minutes. Prior to conducting the interviews, participants were asked to read the Letter of Information (Appendix B) and sign the Consent to Participate in Research (Appendix C) and Consent for Audio Taping forms (Appendix D). Both of these forms were specific to the semi-structured interviews. All of the participants were informed that they could withdraw at any time during the duration of the interview. After all of the documents had been completed and signed by the participant, I began to audio tape the interview. Questions were asked relating to various themes such as gender and inclusion within the general health and physical education classroom in order to understand experienced teacher attitudes (Appendix E). I took extensive field notes during the interview in order to return to a particular question or topic if needed. Following the interview, participants were given a list of local mental health agencies should they feel any discomfort whatsoever from the questions asked (Appendix F)

Focus Group Interview. According to Edmunds (2000), focus groups are able to give the researcher a deeper understanding of participant opinions. Focus groups are also exploratory in nature and tend to be constructed using those participants who potentially may offer the richest data. With this in mind, three participants that took part in the semi-structured interviews were chosen to return for the focus group interview based on the richness of data they provided in their initial individual interviews. The aim of this particular focus group was to build upon the themes that were present in the various semi-structured interviews. The focus group interview lasted over seventy minutes. The focus group questions are provided in Appendix G. Prior to the start of the interview, all of the participants were asked to sign a Consent to Participate in Research form (Appendix H) and a Consent for Audio Taping form (Appendix I) specific to the focus group interview. They were also informed of their right to withdraw from the focus group at any time, and were also informed that because this was a group interview the tape could not be stopped nor could any information they presented earlier be erased from the tape. In addition, the researcher is knowledgeable in conducting focus group interviews and collecting and transcribing data from these interviews. The instruments used in this study were digital audio recorders with microphones, observation notes, transcription kit and chart paper.

Data Analysis and Procedures

The semi-structured interviews and the focus group interview were recorded on a digital audio recorder and then transcribed upon completion. Following this, the researcher used an inductive open coding method , where the categorizations of teacher attitudes toward gender and disabilities were generated from my immersion in the data, rather than being pre-assigned before data collection (Akerlind, 2005). To generate emerging categories, early readings of the data was approached with a high degree of openness to possible new

meanings and interpretations. According to Babbie (2010), open coding starts with a certain part of a text and seeks to uncover central concepts within that piece of text. Babbie states, "the result of open coding is the identification of numerous concepts relevant to the subject under study" (p. 427). In addition, some of the filler words present in participant responses such as the word "umm" were removed to establish clarity. However, I was careful that responses were not distorted as a result of this removal.

Methods

In order to have a more robust data set for this study, data analysis began with seven semi-structured interviews of experienced health and physical education teachers. Individual interviews were useful for this type of study because a wider variety of questions could be asked than those in the focus group (Creswell, 2005). Semi-structured interviews were chosen specifically to give me the chance to ask both open-ended and close-ended questions (Creswell, 2005). These interviews were audio-recorded and transcribed using a computerized transcription device following the interview and then an open-coding method was used to identify broad themes.

Data analysis of the single focus group interview used the suggestion of a systematic approach (Krueger, 1998). This systematic approach analysis of focus group interviews uses audio recorders and field notes followed by the coding of the data. Much the same as the semi-structured interviews, the audio recordings of the focus group were transcribed using a computerized transcription device and following this data analysis, the broad themes in the research were identified by using an open-coding method.

In this particular case, the demographic data from the participant survey was entered into a database using Statistical Package for the Social Sciences (SPSS). SPSS is a computer software program that allows for data to be analyzed statistically (Flinders

University, 2009). Using this type of statistical program gave "in-depth data access and preparation, analytical reporting, graphics and modeling" (2009).

Ethical Considerations

In order to protect the anonymity of the participants, each participant was assigned a number and only that number was used on the demographic survey, transcription documents, data analysis or publications of the data. Only their first names were used during both the focus group interview and semi-structured interview. In addition, those names used for the participants and the schools in the writing of this thesis were changed in order to protect the anonymity of the participants.

All documents related to this study were kept in a locked filing cabinet and seen only by myself and/or my research advisor. If a participant wished to withdraw from the semi-structured interview or focus group interview, they could do so at anytime. However, the participants of the focus group were informed that the audio tape could not be stopped and any previous information they had given during the focus group could not be erased as it was a group interview. Transcriptions of the focus group and semi-structured interviews will be kept up to five years after the last use of the data for any subsequent publications or presentations that may result from this study.

Prior to the commencement of this study an author's declaration of originality as well as a non-exclusive license to the University of Windsor will be submitted. In addition, approval was sought and granted from both the University of Windsor Research Ethics Review Board and the Greater Essex County District School Board. In addition, a letter of information was given to the participants in order to inform them of the nature of the research. An audio consent form for both the semi-structured interview and the focus group interview was given to the participants. Further, there were two separate consent to

participate in research forms that were collected from the participants who agreed to partake in the semi-structured interviews and focus group interview. In addition, all participants were given a list of local mental health agencies to consult if they wished to do so. All data collected from the participants will maintain confidential at all times in order to protect the identity of the individual participants. All the information, both written and verbal, will use appropriate and understandable language.

Reflexive Practice: Locating Myself in the Research

As a means to address why I am interested in this type of research it is important to discuss my own schooling experiences. I was raised and attended both elementary and secondary school in the Windsor-Essex County area. And, at the age of four I began playing tennis at a local tennis club. My commitment to the sport grew and over time I was competing at the provincial, national and international level for Junior Team Canada. Between the ages of 12 and 14, I had the opportunity to compete in tournaments in a variety of countries around the world including England, France, Czech Republic and the Netherlands which helped me to develop as a young adult.

These experiences propelled me into college tennis in the United States where, following my junior tennis career, I enrolled as a scholarship athlete at the University of Michigan. As the first person to graduate university in my family, it was a recognized and celebrated event when I completed my course of study.

Gender played a role in shaping my life in tennis. Initially, before I even started the sport, my parents gave me a handful of options of sports that I could enter into. For example, I was on a waiting list for gymnastics, did ballet and was given the option of entering into a tennis training program. Now looking back, I can see that all of those options are what is deemed an 'acceptable' sport for females to enter into. In addition, my

college experience in tennis was quite different even from the men's tennis team at the same school. They always had record crowds at their events and the women's tennis team was struggling for average attendance to our matches. Using a critical gender lens, I can see that this is perhaps because females are still not accepted as real athletes compared to men. However, being a person who was considered 'normal' physically did give me some benefits that differently- abled people did not have. For example, if I was a person with a physical disability, I could never have been given a scholarship to a Division I school to pursue a sport.

As a female participating in both single-gendered and co-educational class formats I never saw a physically disabled student in any of my classes. In addition to the absence of students with disabilities in general health and physical education, I can recall seeing only one or two within the entire school in my secondary school career. Much like many of the participants in this study, this was either because they were in a separate program within the school such as Life Skills or S.T.E.P.S. (Skills to Enhance Personal Success) or because they were in a separate school entirely. Thinking back to my own secondary school experiences and the absence of students with disabilities was what sparked my interest in whether inclusion was truly equitable.

My own experiences with gender in school highlighted my deep interest in this subject. Within general health and physical education especially, I did feel there was a distinct difference in the importance placed on the value of male participation versus female participation in general health and physical education. In my experience being a female enrolled in this subject, more often than not, all male classes were based around the idea of competition. Often, the male teachers would participate in games of basketball, football, etc. with the boys in the class. In an all female class the instructor

would almost never participate, especially if it was a male teacher, and there was also a lot less emphasis on competitive sports. Further, I can remember only a handful of instances where the activities we participated in were activities such as yoga and aerobics. This is unfortunate because as the research has shown, these are the activities that many females are interested in.

I am the oldest of two children, and both of us are female. My sister, Jordan, was born with severe Cerebral Palsy. She does not have the use of her arms or her legs and therefore, is in the care of my parents full time. She attended a Life Skills program at a secondary school in the Windsor Essex Catholic District School Board, from which she graduated in 2010. Growing up with a person with a disability has given me the opportunity to see how society views and oftentimes, judges these people. With my sister being a person with a physical disability, I watched her attend secondary school without participating in general health and physical education. In Jordan's case, her disability was viewed as too severe. However, there were others in her program that did participate, albeit not in any fully inclusive way. Her schooling experiences have troubled me, and at the same time raised questions about issues of equity and schooling. It is from all of these experiences that the concept for my thesis was born.

Conclusion

According to Bennett and Wynne (Ontario Ministry of Education, 2009a), teachers tend to have positive attitudes toward the idea of including students with disabilities. Yet, the acceptance of this population within general health and physical education continues to be a problem (Smith, 2004). It is important to note that the social constructs of both gender and disability may impact the attitudes of health and physical education teachers. In addition, there is a critical need to understand these attitudes as

they may also impact gender and disability stereotypes within general health and physical education. By employing a variety of research methods in this study as well as analyzing the data through the lens of critical disabilities and gender theory, these attitudes were critically examined and discussed.

CHAPTER FOUR: FINDINGS AND ANALYSIS

The results of the data indicate that there are a number of key factors that shape the attitudes of experienced health and physical education teachers toward the full inclusion of female students with physical disabilities in their classes. Working with the data, three main themes emerged from participant responses in both the semi-structured and the focus group interviews that impacted experienced teacher attitudes: 1) Gender Politics: The General Health and Physical Education Experience; 2) Experienced Teacher Knowledge, Training and Confidence and; 3) Analyzing Facilities, Resources and Supports. I lay out and examine the themes in the following section.

Gender Politics: The General Health and Physical Education Experience

Connell (2002), noted that "people construct themselves as masculine and feminine" (p. 4). It may be said that these constructions have a profound impact on how people view the notion of gender, especially within the context of athletics. It can be argued, then, that these views influence how a health and physical education teacher perceives a male or a female student within their classroom.

When asked whether they believed males and females learned differently, all of the participants from the regular secondary school in this study noted differences between the two genders. Jessica, a health and physical education teacher at a regular secondary school, had this reflection:

> Oh totally (laughter). Oh my gosh (laughter). I'm just gonna like, help me out here, so most of my grade 12 open phys. ed. classes are mostly male, it's hard to have them sit down and copy something. And not that they can't, they'd rather be moving. Their attitude is I'm in ... Physical Education so I could be *moving* and playing things. I'm not sitting down and taking a note or learning this or learning that. Whereas the girls are more structured and less physically active but there's definitely a difference.

Reflected in Jessica's comments is the idea that gender is an outcome of biology. She is emphasizing that women are naturally more structured and less physically active than

men who are viewed as naturally more active. Not only does this view fail to recognize how boys adopt and perform a gender identity that is based on active, physical masculinity (Connell, 1995), but this view also fails to recognize the way women have been historically socialized to adopt a passive performance of gender, invoking the idea that girls should be 'prim and proper.' By viewing gender as biological in nature she is continuing to position women in a way that is incongruent with fully engaged participation in health and physical education class.

Not surprisingly, given the already broadly assumed 'natural' differences between males and females, Jessica went on to note that in "grade 12 open Phys. Ed classes are mostly male." This difference in enrolment is derived in part from the continuous marginalization that women face in general health and physical education classes (Azzarito et al., 2006; Azzarito & Solmon, 2006b; Clark & Paechter, 2007) which consequently may lead them to feel less engaged in the program itself. Donald, one of Jessica's colleagues at the regular secondary school, initially suggested that males and females do not learn differently. Yet, upon reflection he stated later in the discussion that he in fact did observe specific differences between males and females within the general health and physical education classroom:

> I think in Phys. Ed. when we're actually participating in a sport and if it's a co-ed sport boys are a little bit more advanced I guess you could say in Phys. Ed., strength, power, speed. Fundamentals, no. Fundamentals I mean I've had girls that can dribble a basketball much better than most of the boys or have a great jump shot, but I'm in terms of, like I said, strength, power, speed boys are a little bit more advanced.

Much like Jessica's earlier comments, Donald is viewing gender as biological in nature, whereas in this study gender is seen as a social construction (Lorber, 1991). Donald is noting here that men have more strength, power and speed than women which, therefore, makes them better equipped to participate in general health and physical

education. According to Mayeda (2009), "the conflation of gender identity with biological sex has also had the effect of ensuring the continued marginalization of women" (p.197). Therefore, once again, by viewing the differences between males and females in this way, Donald is continuing to marginalize females within the general health and physical education curriculum.

Some teachers from the specialized school also held particularly gendered beliefs, whether conscious or not, about females in the context of a general health and physical education class. Sara noted, for example, that along with areas of strategy and development, where she believes there are differences, she did not think that this meant boys and girls learn any differently. It is true, according to Wilmore, Costill and Kenney (2008) that there are developmental differences between males and females. Females, for example, tend to have more fat in their hips and thighs due to an increase in estrogen as well as a shorter growth phase. However, evidence suggests that the differences within gender are greater than the differences between gender. For example, Romaine (1999) stated, "when girls are exposed more often to spatial tasks, the gender difference declines sharply" (p. 42). This is important, according to the author, because if it is in fact true that these differences were simply biological in nature, no amount of training would improve these spatial skills. Or, in another example, Romaine (1999) recalled the belief of many that girls are not as good in math as boys. However, she noted that in advanced math classes in the state of Hawaii, "non-Caucasian girls... outperformed and outnumbered boys" (p. 42). However, despite these facts, gender stereotypes continue to be a problem for both teachers and students alike.

Teachers' attitudes toward females often drew on worn out stereotypes. Sara, for example, noted that some females may not be "feeling great" perhaps because of

menstrual cramps. While it may be true that some women may not feel well while participating in general health and physical education on any given day, this comment "sends powerful messages both to male and female students about what it means to be female and male" (Wright, 1999, p. 185). In other words, according to the author, these messages continue to label "femaleness as weak and unskilled" (p. 185). One other outcome of these comments is that teachers may come to see females as less skilled and enthusiastic about sport, (Lenskyj & van Daalen-Smith, 2006; Clark and Paechter, 2007), which can also reproduce the negative perception of females "inherent weakness and fragility" (Clark and Paechter, 2007, p. 262). Further, according to Sara, the females in general health and physical education lean more towards gossip and drama than do their male counterparts in these classes. This, in fact, is another highly gendered statement. According to Fraser and Burchell (2001), negative gender stereotypes often define women as being over-talkative and more likely to engage in gossip than males. For example, by saying that they are more involved in "gossip and drama" Sara is playing into gender stereotypes of females while also clearly differentiating them from male participants in general health and physical education. In essence, she is continuing to marginalize them by placing them all in a homogenized group of overdramatic, gossip-driven females.

When it came to gender, some participants claimed not to notice it . All of the participants in the focus group, for example, suggested that they were oblivious to gender within general health and physical education. George remarked: "...perfectly blunt and honest, a student's a student. I don't notice gender I notice student." Bailey, Scantlebury and Letts (1997) found that teachers may be gender-blind to the gender-role stereotypes they have. Evidence points to the fact that not only are teachers conscious of gender but

that there is a pervasive gender bias within schools and particularly within general health and physical education. to gender remains prevalent in these classes (Waddington et al., 1998). In addition, opportunities within these classes are few and far between for females (Ahmed, 2005) and this gender discrimination is especially obvious for females with a disability (Miles, 2002). However, Sadker and Sadker (1994) noted that within the confines of the classroom, "teachers interact with males more frequently, ask them better questions, and give them more precise and helpful feedback" (p. 1), therefore continually rendering female students invisible. According to Lentillon, Cogerino and Kaestner (2006), the general health and physical education program "is generally perceived as having failed to deliver gender equality" (p. 334) which may be why stereotyping according to gender remains prevalent in these classes (Waddington et al., 1998). However, Lundeberg (1997) noted that while gender biases often exist in schools, educators themselves may not be conscious of it. Davis (2003) stated that "one obstacle in achieving gender equity is proving to teachers that they treat girls and boys differently" (p.56). According to Brown and Evans (2004), it is male teachers who often perpetuate these gender biases in general health and physical education. However, in this study, only one male participant appeared to relay his own personal gender biases throughout the interview process.

When asked whether the gender of the health and physical education teacher made a difference in their response to teaching a female with a physical disability, once again, the overall sentiment was that it was completely an individual issue. George commented, "... it's so individualistic on the individual, the relationship you have with that student, the building of bridges you have done along the way so that there's that trust involved that they can come and talk to you." However, research would suggest that George's

comments are not the norm. Hodge (1998) discovered that the gender of the health and physical education instructor does have an impact on teacher attitude. And, female health and physical education teachers have "significantly more favorable attitudes toward teaching students with disabilities than did their male peers (p. 71). In addition, Papadopoulou et al. (2004) discovered that "female educators expressed more positive attitudes toward the benefits that both children with and without disabilities can have in their classes compared to males" (p.109).

Teachers' understandings of gender also shaped their attitudes toward co-educational general health and physical education classes. While Sara, Jessica, Donald and Dan mentioned that they enjoyed teaching both co-educational and single-sex general health and physical education, George and John preferred a co-educational environment. On his preference for co-educational over single-gendered classes, George noted:

> [Co-education] allows you to offer a more varied curriculum if it was just a male class offering yoga wouldn't be something that they would, initially take to but when you add the females in it's something that they like, then the males kind of tie in with it. Since I've become the department head all of our Phys. Ed. classes are co-ed.

Implicit in this statement is the belief that females and males are interested only in those activities that are considered socially acceptable for their gender. This quotation also raises questions about hetero-normativity and its impact on gender within the general health and physical education classroom. In other words, girls are being used to 'lure' boys into non-traditional male sports such as yoga which has implications for females. Cockburn and Clarke (2002) stated that within general health and physical education "it is highly unlikely that girls can achieve being both physically active *and* (heterosexually) desirable, so they are often obliged to choose *between* these images" (p. 661). Further, in their possible reasons as to why gender patterns remain stable in general health and

physical education, Larsson, Redelius and Fagrell (2011) stated that "gender patterns are intertwined with hetero-normativity, and that girls' and boys' behaviour can be interpreted as a sign of a cultural demand to be normal, i.e., straight" (p.69).

Many teachers stated that the maturity level of boys as being a negative factor in coeducational classes. These participants felt that with boys and girls in the same class during a sex education unit, for example, laughter and inappropriate behaviour from the boys would certainly emerge. This kind of male behaviour would disrupt and distract other students in the class and prevent learning. The problem is that the teachers ascribe the poor behaviour to a lack of maturity, rather than recognizing how boys perform their gendered identity in a way that allows them to secure temporary status with other boys (Willis, 1977). More specifically, for some boys, disrupting and acting out in class, in particular within the context of a sex-education class, can be viewed as a public performance where their heterosexual identity is proclaimed (Connell, 1995). Lucy, however, also had issues with immaturity in the classroom, which is why she preferred a single-gendered class. She believed that it is better for everyone involved to be part of a single-gendered classroom in order to reduce instances of immaturity and gain more student focus. She said, " at the introductory level, like at 9 and 10 and even 11, individual or single-gendered is better. For the student and for the teacher". Asked whether she meant that she preferred teaching an all-female class or all-male class she continued:

> I wouldn't say that I like them more, but I think it's better for the student, easier for the teacher to teach one gender in 9,10 and 11. Simply because they're growing and not tied into the health units with puberty and all that. You get their undivided attention when they're separated from each other. I've done co-ed in grade 11 recently, and when I first started teaching and it was basically the same findings. Prefer it separate.

Derry & Phillips (2004), noted that coeducational general health and physical education may not help all students achieve the appropriate skills if these classes are taking place during specific developmental stages in their growth. In their study, females in particular participated more in single-gendered classes perhaps because they perceived the environment as less intimidating. According to writings from Isobel Keinman (1999), teachers often run into instances of immaturity from male students when they begin to introduce activities that females enjoy, such as dance for example. According to the author these activities can become strenuous for teachers because the males in the class "show their distaste in a variety of unpleasant ways, and cause discipline problems that even the most able teachers have no ability to correct and no desire to tolerate (p. 11). Therefore, by teaching more of the traditional sports in coeducational classes, teachers are essentially pleasing the males and reducing the expressions of immaturity from them. Doing this though, continues to marginalize the females in the class and contributes to their lack of engagement in general health and physical education.

Female Participation

Gender shaped the level of participation between the sexes in a general health and physical education class. The level of participation in this study was defined as level of intensity and the willingness to comply with teacher instructions. Indeed, six out of seven participants believed that differences existed. Initially, George noted that with a more varied curriculum, including activities that students have probably never participated in such as yoga, the willingness to participate is about equal. However, as the discussion continued he seemed to contradict himself. He continued, "my experience in this setting traditional sports more males tend to participate more, with more effort in. The non-traditional sports are pretty much equal in terms of participation." Asked whether that

meant that he believed females participate in more non-traditional activities like yoga he continued, "I tend to find that the yoga, the fitness room, yeah I would say the females initially are more participatory in those types of activities. The males are more in your traditional historically Phys. Ed. classes." Lucy, Dan and Donald all agreed with George. Lucy stated: "some guys would just be all over this one sport when the girls were like, "I don't wanna play co-ed basketball with them because they're just too aggressive, too competitive." It may be implied here that females like to participate in traditionally 'female' activities where the female form is seen as fragile, feminine, and petite in order to protect their femininity (Azzarito et al., 2006; Cockburn & Clarke, 2002). While males on the other hand, may wish to exert their masculine prowess in activities that are more aggressive and require more strength to compete successfully (Hill & Cleven, 2005).

Research has shown that "girls' social relationships and networks played an important role in shaping their involvement in and enjoyment of lessons" (Hills, 2007, p. 318). Aligned with this, many participants in this study identified female participation as more of a social occurrence (Casey, Hime, Payne & Harvey, 2009) whereas male participation within the general health and physical education classroom was viewed as more competitive, more aggressive and perhaps, more important. Jessica, for example, noted that "girls like to get along and guys like to win." This view has been reported by other researchers (Azzarito et al., 2006; Azzarito & Solmon, 2006b; Casey et al., 2009; Clark & Paechter, 2007; Wright, 1996) as significant in impacting female participation within general health and physical education.

The findings of this study also suggest that some teachers view female students as part of a broader classroom management strategy. Donald, for example, suggested that "it's good to have the girls in there because I think again, the calming effect with the boys,

it kind of calms them down in their games, and also just interact. Yeah, it's a good thing." By suggesting that girls can be employed as a way to manage some boys' poor behaviour, Donald's comment reflects the way in which some teachers use females in their classes as a classroom management strategy. Of course, employing this strategy continues to perpetuate the degradation of females in general health and physical education (van Daalen, 2005) as it positions boys learning as more important than girls.

Perhaps these comments are due to the gendered culture that has pervaded general health and physical education (Giulianotti, 2005; Waddington, Malcolm & Cobb, 1998).Whereas Azzarito and Solmon (2006b) found that in their particular study, "the hegemonic male culture was promoted by the physical education teacher who believed that all boys could become "men" by participating in sports and fitness practices such as weightlifting (p.219). In addition, Jessica also felt that differences in participation can be evident, if the teacher allows it to happen.

> Sitting out is not an option in my class. And I don't care what your reason there's always some way we can modify your level of participation. So, we don't always feel great today, we do what we can to the best of our ability. And that's what it is. So we write that day off and try to get some physical activity in there and develop some skills and tomorrow's a better day.

While much is positive about Jessica's comments, they also ignore the fact that perhaps females in her classes do not want to participate because they feel disengaged. They may feel this way because they recognize the physical education as largely a masculine institution (Giulianotti, 2005; Waddington, Malcolm & Cobb, 1998) which privileges boys over girls; therefore, females choose not to participate in activities that produces marginalization.

Perhaps as a reflection of the gendering of the general health and physical classes, some participants viewed females as having less confidence in this program. They also

felt challenged in getting females to understand that they are not being judged on athletic ability. Jessica noted:

> I think that we, and I think working here this year [track and field team at a local university], we really underestimate how suppressed the female group is in terms of self-confidence. I see it. In terms of winning and being your best. I think they lack a lot of self-confidence. They don't want to be made fun of. Because they think people are looking at them.

Indeed, females may lack self-confidence in general health and physical education because it is generally seen as a masculine institution (Hopwood & Carrington, 1994). Further, females may feel they are doing something anti-feminine by participating in sports (Clark & Paechter, 2007) and therefore, according to Azzarito et al. (2006), feel "constrained by institutionalized gender discourses" (p.227). Similarly, George, when asked what his biggest challenge was about teaching females in general health and physical education stated:

> Initially it is for them to be comfortable in knowing that they're not being judged on athletic ability. It's all about participation and bettering one's health. Once you get past it's not a skill environment, it's an activity-based environment then things tend to come around, but initially, they feel they're always going to be judged [by teachers and other students] on skill level.

This is consistent with previous research from van Daalen, (2005) which claimed that the females in her study resented evaluation based on their athletic abilities. Further, those females also felt deep feelings of inadequacy with regard to general health and physical education which impeded on their competence and their overall enjoyment in the subject. Perhaps these females feel inadequate because they recognize general health and physical education as hegemonic in nature (Giulianotti, 2005; Waddington, Malcolm & Cobb, 1998) and they may feel as though their participation in the subject is not as important because they are female.

Females may also be lacking in confidence in themselves because the pervasive gender ideologies which maintain normative ideals of the ideal femininity. The discourse

of embodiment within general health and physical education has been well documented (Azzarito & Solmon, 2009; Garrett, 2004; Satina & Hultgren, 2001; Whitehead, 1990). Therefore, perhaps not surprisingly, of those participants that felt that females were less motivated to participate in general health and physical education, they suggested appearance and/or choice of dress as a potential contributor to this issue. Other participants also noted the emphasis females place on appearances in general health and physical education as one of their biggest challenges. Donald stated:

> Like in grade nine like I said we, we join classes sometimes and sometimes you see girls just sitting there not doing much. I think too with the girls if it's a, and again, it's the stereotyping but, if it's like an early class they don't want to necessarily get all sweaty and then go to class for the rest of the day, right?

Donald's comments point to the issue of patriarchy with general health and physical education and how it affects girls. According to Brown (1999), "hegemonic power actively situates other forms of masculinity and femininities in positions of subordination, marginalization or complicity, to sustain ideological dominance" (p.143). Perhaps these females are internalizing feelings of inadequacy related to their participation in general health and physical education because girls feel both pressure to have beautiful bodies and be good at sports (Evans, 2006). In addition, females are also viewed as prioritizing beauty and appearance over participation in sport. This result is confirmed by Olafson (2002), who suggested that some females believe the notion of sweating and how it may impact their personal appearance (i.e., a red face), could take away from their femininity.

Female Motivation

Female motivation in general health and physical education was a point of interest in the semi-structured interviews, members of the focus group were asked whether or not they believed that a female with a physical disability felt less motivated to participate in

general health and physical education due to her disability. All of the participants agreed that it depended on the individual. George, who was met with agreement by the others, stated:

> It's individual. You might get uh, a couple in one class that you find don't want to participate as much because they're worried about what others think but then you'll have three or four more in another class that are right in the middle of the action and they're, they're not gonna be denied any opportunities. So it-it's, a lot for me is based on the individual student themselves and, and they're experiences in the past, their self-esteem. And to some degree a little bit the acceptance of the other. If, if they feel a warm environment when they come in for the first couple times I, I find that they're gonna be right in the middle of it.

In his comments, George is essentially attributing disability as an individualist issue (Devlin & Pothier, 2006). These participants did not seem to notice any differences whatsoever between including males with physical disabilities and females with physical disabilities. In addition, no differences in the level of motivation for females with physical disabilities was reported. These findings are in contrast with research by Barron (1997), who found that the females with physical disabilities did not feel supported by their teachers and viewed themselves as a problem. On the other hand, the males with physical disabilities felt that their teachers did not view them as disabled. It appears that although the participants in this study did not identify differences between males and females with physical disabilities, females with physical disabilities continue to feel powerless in school.

Interestingly, while the participants in this study did not seem to notice differences between males and females with physical disabilities, they noted differences between male and female able bodied students in terms of motivation. Sara and George felt that in their particular specialized school environment, the females are in fact more motivated than the males. George stated:

> Right now at Jackson* our best, most motivated students are our female students. Oh they are leading our class and the guys are starting to follow now because they're, they're getting shown up and they've gotta save a little bit of face and it's, if you can have that situation it's great cause now they're motivating each other instead of us having to be the cheerleader.

George's comments about the males in the class having to "save a little bit of face" illustrates how a socially constructed view of gender may impact gender relations. Since people are still constructed based on society's views of gender (i.e. a person identifies a pink blanket with a female baby), anything out of that constructed view of gender is looked at as strange (Lorber, 1991). In this case, society thinks of boys as competitive and sporty so if females in a general health and physical education classroom are more motivated to participate than the boys, boys have to "save face" in order to protect their masculinity. In addition, according to Klomsten, Marsh and Skaalvik (2005), society has created a gender separation between certain activities in general health and physical education that impacts the choices and activities both men and women choose. Males are more likely to choose sports that display their strength and masculinity such as soccer and ice hockey whereas conversely, women choose sports that make them appear more feminine and graceful. It appears in this study that while most of the participants emphasized that males do gravitate to the more "traditional male sports" such as basketball and football , the teachers at the specialized school noted that they taught a wider array of activities in their classes such as yoga, aerobics and archery that both males and females participated in.

Experienced Teacher Knowledge, Training and Confidence

All of the participants in this study credited a previous role model (Armour & Jones, 1998) for getting them interested in the teaching as a health and physical education

*** Names have been changed**

teacher profession. In addition, they loved sports (Smith, 2000; Smith & Green, 2004) and enjoyed being physically active themselves. Jessica stated:

> I wanna have fun while I work (laughter). Yeah I think, I've always been physically active, always engaged in sports and there were only a few things in life I really ever aspired to do. One was teach physical health education.

George continued:

> I had a really good role model, John Doe*, you probably know him. I thought he had the greatest job in the world. He coached, or taught, Phys. Ed. and then coached hockey at night so, that's the job I wanted, and tried to do it.

Researchers have shown that health and physical education teachers most often attempt to "replicate the kinds of PE that they themselves had experienced" (Smith & Green, 2004, p. 598). This type of replication, unfortunately, does nothing to reduce the hegemonic culture that is present within these classes. Rather, it may be a contributing factor to the continuation of marginalization for females and females with physical disabilities and, perhaps a reason why so many lack the appropriate knowledge and preparedness to instruct these students.

Particularly for the experienced teachers in this study, despite their apparent love of teaching and sports, they felt they were lacking in the appropriate professional knowledge and preparedness to instruct students with physical disabilities. This is consistent with previous research (Ammah & Hodge, 2005; Block & Obrusnikova, 2007; Folsom-Meek & Rizzo, 2002; Hodge et al., 2004; Hodge et al., 2009; LaMaster et al., 1998; Papadopoulou et al., 2004; Sato et al., 2007; Vickerman & Coates, 2009) In addition, some participants did not feel they were lacking completely, however, they admitted to never being fully knowledgeable or prepared. When asked if he felt

*** Names have been changed**

adequately prepared to instruct students with physical disabilities, George stated:

> After 18 years, no. I learn everyday. Everyday something comes up. A student has a suggestion, another adult has a suggestion, you're never adequately prepared. You do the best you can, you try to think things out and it'll always fail and you problem solve.

This again illustrates the ignorance of society toward those with disabilities. Devlin and Pothier (2006) use the example of growing cities that "are increasingly designed on the basis that people can drive, but if one cannot drive because of his or her eyesight, society is creating barriers for that person to get to work, to buy food, or to play" (p. 7). In much the same way, those in power within the educational system continue to create and develop teachers without taking students with disabilities into consideration. Bachelor of Education programs continue to produce teachers who are lacking in knowledge and preparedness and therefore are doing nothing to challenge established structural barriers for these students. Sara, a teacher with over 20 years of experience, also commented:

> And I think because of my generation, you know, 60's and 70's that, or sorry, yeah 70's (laughter) that, we really were trying to be inclusive, always. I think we still had not a clear picture of what it meant to include all disabilities. To what extent. Sometimes it verged on patronizing.

It may be implied by Sara's comments that those in power are not making students with disabilities, and more specifically, females with physical disabilities, a priority in general health and physical education. This is aligned with Devlin and Pothier (2006), who believed that the "responses to the needs of persons with disabilities have oscillated between charity on one hand and welfarism on the other" (p.1). In addition, the authors noted that these ways of thinking have created a political, economical, legal, social and cultural system that has deeply embedded prejudices against persons with disabilities, thus, giving persons with disabilities unequal citizenship. Thus, not only are females with physical disabilities marginalized within general health and physical education simply because they are female, but now they face a double discrimination (Habib, 1995) within

this program that marginalizes them for their disability as well. By not making females with physical disabilities a priority within general health and physical education, those in power are actively telling them that they are not important.

Jessica, however, felt that the lack of knowledge to teach students with physical disabilities comes from the inability of teachers to share their own ideas:

> And you know why we don't do well? Because here's someone who, like we don't provide ability for us to get together and throw ideas out. Learn from him, learn from me, learn from you, let's chit chat about an issue. What you do, what you do, what you do, unless we work together and so you're stuck with the group you work with, right? And we don't do enough of us sharing out what we do.

Perhaps this is also a reflection of the ignorance in society toward people with disabilities. The inability of these teachers to share their ideas about how best to teach these students may speak more to the fact that these teachers simply do not care enough about making inclusion successful. This way of thinking again places structural barriers in the way of a successful experience in general health and physical education for students with disabilities. And, "the pervasive impact of ableist assumptions, institutions, and structures that disadvantage persons with disabilities" (Devlin & Pothier, 2006, p. 13) continues to be the real barrier to success.

In terms of acquiring the knowledge they would need to be properly prepared, most of the participants felt that they gained the knowledge on the job. Sara felt that acquiring knowledge this way was simply an overall concept in education. She stated:

> I just want to address about are you ever you know, 100% able to handle everything that comes your way? It's really true you know you just, sometimes you wing it and sometimes you just, for some reason some brilliant strategy happens that works. But I would say that's overall in education.

By admitting that knowledge is often acquired by trial and error, Sara, perhaps unknowingly, continues to constrain females and particularly, females with physical disabilities in general health and physical education. Perhaps this is because society has

not truly changed the way they think about disability. If society had moved past thinking about disability as an individualist issue, the responsibility becomes shared (Devlin & Pothier, 2006). In this case, if Sara had accepted that disability does not just lie within the individual, but rather it was also her shared responsibility to be as educated and knowledgeable as possible to best educate them, she would not have to "wing it" and come up with various strategies that might work.

Moreover, when asked if these teachers knew where they could go to acquire the knowledge they would need to appropriately instruct students with physical disabilities, most teachers in this study were not entirely confident. Aside from Additional Qualifications courses like Special Education, both Lucy and Jessica felt that it was the teacher's responsibility to do the research on what to do beyond that. Despite the fact that both women have instructed females with physical disabilities in the past, they felt that they have never been in a position where they have had to do their own research. Jessica stated, "...I'm not afraid to ask for assistance. It doesn't make me less of a teacher. So that's not a big deal." Later on in the discussion she continued, "... I could probably take Special Ed Part one, Part two, Part three. ...maybe I haven't had the right students to have to force me to have to do that." It seems here that these experienced teachers simply have not felt motivated enough to change their usual pattern of doing things. Of note here, is also the fact that these comments were made by female teachers. In my own general health and physical education experience, female teachers usually instruct only female students, unless it is a coeducational class. This is important because it is obvious from these comments that the double discrimination (Habib, 1995) for females with physical disabilities is in full effect. If these teachers are not motivated to learn the knowledge

required to teach females with physical disabilities, then it would seem that, again, they are viewed as 'less than' everyone else. In addition, Devlin and Pothier (2006) stated "the biggest challenge come from mainstream society's unwillingness to adapt, transform, and even abandon its 'normal' way of doing things" (p.13). Therefore, until this way of thinking has changed for teachers, females with disabilities will continue to be marginalized with the context of general health and physical education.

It appears as though teacher knowledge and preparedness is not a priority within the general health and physical education program. Most participants in this study admitted that they were first made aware that they had a physically disabled student in their class when they called attendance on the first day. As John, an experienced teacher at the specialized school, recalled, "It's, difficult at first because when you don't know what you have until you call attendance and then you go okay and then you realize the kid can't see well." Perhaps this is due to the underlying belief that having a disability means being less of a citizen (Devlin and Pothier, 2006), and therefore, persons with disabilities are of less importance within the context of the general health and physical education classroom. According to these authors, "substantive equality necessitates taking difference into account in order to both identify the systemic nature of inequality and pursue solutions tailored to the goals of full inclusion and participation" (p. 12). Indeed, in order for the concept of inclusion to promote equity for all students, teachers and those in positions of power need to make the teacher knowledge and preparedness a priority.

Teacher Training

When asked whether they had specific training to properly instruct and accommodate for students with physical disabilities all of the respondents in this study either could not remember such a course existing, or admitted that they had nothing more

than a short introductory course on the subject. This is aligned with previous research (Lienert et al., 2001; Smith & Green , 2004). Smith and Green (2004) found that the complete absence of training for teachers currently being trained and also for those continuing their professional development "was perceived to be one of the most constraining influences upon their practice" (p.598).One respondent, Jessica, stated that in her undergraduate degree at the Faculty of Human Kinetics she did have one course specific to the subject but did not have one in her Faculty of Education. Similarly, George also commented, "I don't remember anything to dealing with teaching in Phys. Ed. I remember taking some classes in teaching at the faculty, in teaching disabilities, but never specific to Physical Education." Sara, agreed, "It was a dabbling." Perhaps emphasizing further how little training existed in this area was Jessica's comment, "do you know what? I have a textbook now that you say that. I did, and it was part of my Faculty of Education training, so I did have a good textbook to flip through..." Further, in perhaps the most significant comment illustrating the inadequacies of teacher training in this area was one made by George and agreed upon by all in the focus group:

> I don't think coming out of the faculty they're really well prepared for that type of environment and what is out there. So we've done them a disservice by putting them [teachers] into the field without the proper education. I think they do the best they can with the situation they have and they try to manage and get through it.

Once again, the unimportance of those with disabilities is magnified within the context of general health and physical education. According to Rocco (2005), "Critical disability theory maintains that discrimination against people with disabilities is so ordinary that it is invisible" (para. 4). Therefore, she argued that to be invisible does not mean that consideration is not given to persons with disabilities but rather, they are not thought of at all. This also presents other challenges for females with physical disabilities. Not only is

general health and physical education viewed as a hegemonic institution (Giulianotti, 2005; Waddington et al., 1998) that has been known for "constraining opportunities and alienating girls" (Ennis, 1999, p. 32), but it is also a program that continues to alienate females with disabilities as well. By not training those who will be instructing these females properly, it is essentially telling them that they should not be participating in the program anyway, as they do not belong there.

Notably however, both Lucy and Donald did their teacher training in the United States and both felt that they had the training required in order to accommodate and include disabled students, particularly female students. Further, they also felt they were trained to create an inclusive classroom. Donald stated:

> Through that course that I took we did a whole, you know, how to best educate these guys in phys. ed., right?...we went out to classes with students with disabilities in those classes. ...and it was kinda neat because it was the ones that we went to were kids that were totally in a wheelchair and maybe, you know, very low functioning in a wheelchair up into students that could do most things. So it was really, it was neat to see.

The view of these teachers may be due to the fact that the United States educational system has adopted a different view of how best to implement inclusion compared to Canadian schools. According to Artiles, Waitoller & Neal (2010), although the idea of inclusive education encompasses a vast area "including the redesign of entire educational systems' philosophies and practices for *all* students" (p. 216), the view of inclusive education in the United States "implicitly indicates a concern with students with disabilities and their placement in general education classrooms" (p. 216). With this concept of inclusion in mind, perhaps schools in the United States have a better idea of how best to implement inclusion and how to train teachers appropriately for including students with disabilities, and females with physical disabilities in particular, within general health and physical education.

Teacher Confidence

Considering the little training for teachers coming into the field of general health and physical education in terms of instructing females with physical disabilities, the researcher expected that this would have an effect on teacher confidence. However, when asked how confident they were instructing females with physical disabilities, all of the focus group participants said that they felt completely confident in their ability to provide proper instruction to students and to include them successfully in classroom activities. George noted:

> I feel confident enough that I know I can include them, I can give them some strategies to improve, I can alter and accommodate the games to give them an opportunity to participate, but having said that, I can always learn more and come up with new and better ways of doing things. So I'm not at all stressed, at all worried when I see a student with a disability, a female student with a disability come into my class. I know I can provide a sound educational environment for them. But like I said, I can always learn more.

George's comments are aligned with previous research (Hardin, 2005; Hodge, 1998) which found that teaching experience was associated with a greater level of confidence with regard to teaching individuals with disabilities. Since the participants in this study were all experienced teachers it can be reasonably assumed that this experience was in fact, associated with their level of confidence in teaching students with physical disabilities. However, these feelings of confidence may also be because these participants view disability as an individualist issue (Devlin & Pothier, 2006), and therefore the responsibility to succeed, educate and empower lies with the student.

George's comments, however, point to a glaring problem in terms of females with physical disabilities in general health and physical education. For example, George states that he feels "confident enough" in his ability to include them and that he is "not at all worried". This view is problematic because most of the participants previously admitted they are lacking in knowledge, preparedness and training to do so. In addition, according

to Hodge et al. (2004), the self-efficacy of teachers was negatively impacted if they did not have proper professional preparation, especially when faced with students who have severe disabilities.

As such, the researcher expected that the severity of a disability would impact both the perceived difficulty of teaching students with physical disabilities as well as teacher confidence levels. While Lucy expressed that it would be more difficult to teach students with more severe disabilities, Dan and Donald both did not feel that it was difficult for them. Donald stated:

> I think it, obviously it takes a little bit more patience. It take a little bit, you gotta kinda slow everything down in the curriculum. But I mean, they're out there, hopefully they're gonna try their best. And so for me it's not that difficult, I could see how it could be difficult for some teachers because well for me, you want to get them involved in everything, right? And if they are in a wheelchair, it's gonna be tough to get them involved in say, a game of basketball. But, it's not impossible.

In addition, none of the participants in the focus group believed that the severity of the disability impacted on their confidence to teach females with physical disabilities specifically. George stated:

> Severity is always a factor. The more severe, the more concern, the more risk. So there's more thought put into the process. ...I don't think it'll affect my confidence I just think it raises my awareness of dangers, and you're a little bit more alert.

In contrast to the findings in this study, Casebolt and Hodge (2010) found that secondary general health and physical education teachers do feel that teaching those students with severe disabilities is rigorous. In addition, Hodge, Sato, Samalot-Rivera, Hersman, LaMaster, Casebolt and Ammah (2009b) found that the teachers in their study felt less confident teaching students with severe disabilities than they did with a mild disability.

Perhaps the experienced teachers in this study felt as though they could not admit the females with severe physical disabilities posed a significant problem for them because

society today is much more careful about being 'politically correct'. While it may be admirable to believe that inclusionary practices are a reality both inside and outside of the school, this may not necessarily be the case. For example, the representatives for the parties currently in the Canadian Federal Election would show otherwise. All of the party leaders are white, non-disabled men. Dan, for example, stated, "...I don't know if there's more sensitivity [toward people with disabilities] or there's more reluctance to be honest about [people's] feelings." Thus, Dan feels as though people have not really changed how they think about disability, they just say they have because the acceptance of disability has become such a large issue for school boards, governments and businesses. Therefore, according to Maudlin (2007), society will not fully accept those with disabilities until they completely change the way they think about disability and "question the hegemony of normal" (p. 127).

Facilities, Resources and Supports

There were three key areas that were a constant source of frustration for teachers who were making efforts toward inclusion: facilities, resources and supports. Out of all three key areas, facilities were mentioned repeatedly as an area to which major improvements should be made. For example, all three participants in the focus group voiced their concerns that the gym and other school facilities specifically, were inadequate to accommodate those with physical disabilities appropriately. For Jessica, this was especially difficult:

> Our gyms are on the second floor. Ok? Cause I have a, a male who's actually coming in my class this week, wheelchair bound, Cerebral Palsy, wheelchair bound in my leadership class, second floor gyms, one elevator, way off in the back boonies and not one of our doors, not *one* of our doors at our school has an electronic device to open and close. So they have to be going the right direction to be able to go through. And we've got lots of kids in wheelchairs and I just go, *why* do we not have doors in, you know, in terms of independence, and we're talking about allowing a student, I mean, high-functioning in terms of intelligence, but in a wheelchair.

George had a similar sentiment:

> Even Jackson* which is spec ed, known for special education, we have our issues facility-wise. If we wanna go out to the back field for an activity, the wheelchairs have to go all the way around the school to come out. And you're centering them out. Even there, it's not about total inclusion and them being a part of things because they still have to separate themselves from the group and they join up three, four minutes later when they can.

This is again a question of those in power deciding what is valued and what is not (Devlin & Pothier, 2006). Again, structural barriers are preventing females with disabilities from fully being a part of the general health and physical education environment. In this particular case, the lack of appropriate facilities for females with disabilities is a blatant message that they are not valued within the confines of the gym. If these students are to be truly included in these classes, appropriate facilities must be provided for them in order for equity to exist.

In certain cases this centering out simply was unsafe for the student with the physical disability. Jessica referred to one particular instance when a fire drill occurred in her school while she was teaching a general health and physical education class on the second floor. In this case, a student with a physical disability was also taking part in her class. Jessica recalled:

> When we had a practice fire drill and I said so, and the one boy was in a wheelchair and I said so we're on the second floor in this classroom right now, we had an elevator but you're not supposed to take elevators in fire, what do I have to do with you to get you out safely? He says, I was appalled (laughter), the policy is he goes right to the kinda common area on the second floor. He stays there because they know that he, the school has in place in their plan that so many students are identified as wheelchair, they need to be brought down by the fire department. And I said, "are ya kidding me? Wouldn't I just throw ya on my back and take ya down? Wouldn't we take four guys here, and we'd just carry you down? Are ya kidding me?". So that's how fire evacuation was. And I was just, sick to my stomach.

Therefore, not only do females with physical disabilities face challenges from the general health and physical education curriculum itself, but they also continue to be marginalized

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*** Names have been changed**

by a lack of the facilities needed to properly accommodate them. Oliver (1996), uses the example of non-walkers and non-flyers. The author argued that billions of dollars are spent so that non-flyers are accommodated with large airplanes and airports in order to minimize any problems they may have. Non-walkers on the other hand, are punished by society with environments that are designed to exclude. Indeed, it appears that for many of the participants in this study, the facilities at the schools continued to centre out females with physical disabilities, regardless of how much effort the participants put in to ensure that this would not happen.

Further, the participants in the focus group were asked what they would do to improve facilities for those who have physical disabilities. Interestingly, the participants felt that in order to accommodate these students fully, the schools would ultimately have to be torn down and designed again. From Jessica's perspective, those students with physical disabilities would have to have input into the design. Jessica stated, "well I think they'd have to be sitting on the design board. If you're building a school. ...they're the only ones that know best." George agreed:

> You'd have to start from the bottom up. Even the water fountains are inaccessible. All of the doors are not accessible. Entryway into some of the classrooms. Desks within the classroom. If you're in a health unit or something you're trying to make desks for people.

Without having proper facilities in place for females with disabilities, and particularly females with physical disabilities, it is again telling them that they do not really belong. According to Devlin and Pothier (2006), "if the sign says that all are welcome, then gender or race is not an absolute barrier to getting in the door, but a set of stairs is an absolute barrier for a wheelchair user" (p.12). In other words, by continuing to have inadequate facilities that cannot properly accommodate females with disabilities, 'inclusion' does not truly equate to equity for these students.

Resources and Supports

Despite budgets for special education steadily increasing every year since 2002 (Ontario Ministry of Education, 2010), six out of seven teachers in this study noted a lack of resources as being a problem for them. John's remarks summarized the feelings of most participants in this study:

> Lack of resources is an issue because the first time we ran into a wheelchair student here that could barely move anything we were stuck. We didn't know what to do. And originally I thought ok, I'm gonna get her some things she can move her hands, tennis balls, and she can just roll it back and forth on her and then we end up calling an agency and she said she'll be more than happy to come in and work with her. So that was a good thing. And I learned what we were doing was actually wrong.

According to Griffiths, Mannan and MacLaughlan (2009), "a lack of resources allocated to disability can be considered to be an economic barrier, often preventing people with disabilities from reaching their full potential" (p.114). In line with this is the belief of Devlin and Pothier (2006), who stated that "issues of disability are not just questions of impairment, functional limitations, or enfeeblement; they are issues of social values, institutional priorities, and political will" (p.9). Many participants, however, believed that money and politics were a huge problem preventing them from obtaining the resources they required. Sara commented:

> I'm not going to deny that I don't think we could do better because I *really* do think we could. I mean you know it always comes down to money. And it also comes down to how on board your administrator is so there's a whole lot of politicking and diplomacy skills that need to be in play and if you're a smart teacher you get right on board with 'I'm gonna do what I have to do to get what these kids need'.

Again, it would seem that those in power, whether it be the school administration or otherwise, are preventing those with disabilities from truly succeeding in general health and physical education.

Thus, as most participants recognized, administrative supports and otherwise, play a vital role in getting what so many of these teachers need to instruct females with

physical disabilities appropriately. Encouragingly, most of the participants in this study felt that if they did need resources, they could go to someone within their own schools for help. Jessica stated, "I usually go to what's available within my school first... makes sense." Moreover, while all of the teachers in this study felt that the administrators at their particular schools were supportive of them and their needs, the support from higher levels of administration, such as the school board itself, was not felt by all of the participants. Jessica was angered by the fact that the swimming pool that was once a unique part of her school is not being used at all. She stated:

> Yeah our brand new director stood in front of all of us at the casino and said how important one of his number one goals was to provide daily physical activity for all our students. We are in a society where fitness, physical fitness needs to be a priority and we know that because of our inactivity and obesity rates and all, our health, all the health issues down the road with all these young kids. Yet...you (pounds table) you will not spend the money to repair something that we have at, like our disabled students have total access because we have a specialized dressing room they built maybe 15 years ago? Big door into the pool, ramp to get down you know, lift to get in and we can accommodate, but it's defunct, we're not even gonna utilize that. What a waste.

Researchers have shown that a lack of administrative supports and support staff within the gym is a source of frustration and concern for teachers (Hodge et al., 2009; Morley et al., 2005). This again shows the political value that is placed on females with disabilities, and specifically, females with physical disabilities (Devlin & Pothier, 2006). According to these authors, because these students are not considered to be productive individuals, value is placed elsewhere where better results can be produced.

However, the participants believed that they did not have the power necessary to improve upon these issues. Many of the participants felt that it is important for parents to recognize that more needs to be done. They realized that the power of parental advocacy and support can create change within the system. Jessica asserted, "yeah, it comes down, I think it really comes down to parents. *A lot*." Sara continued, "and only parents will be able to get the retro fit dollars because those are *big* dollars when you're retro fitting any

facility. So they have quite a fight on their hands." Sara explained later in the conversation:

> But parents, some parents have to be educated on these things too. I mean some parents trust that we are providing everything possible *all* the time and if they don't understand that no we aren't, we're just doing what we're directed to do. *You* need to, …well you need to be your child's voice...

It appears as though no one wants to take responsibility for fighting against the injustices our society has created for females with physical disabilities. According to Devlin and Pothier (2006), if society can begin to recognize the notion of disability as being socially constructed then the responsibility too, will shift back to society itself.

Conclusion

This chapter contained the analysis of results from this study . This analysis depicted that the hegemonic culture within general health and physical education remains as subtle gender biases from experienced health and physical education teachers continue to exist. In addition, the inclusion of females with physical disabilities continues to be marred by inadequate facilities and a lack of resources, preparedness, knowledge and training on behalf of the experienced health and physical education teachers themselves. This may be a reason why females and females with physical disabilities particularly, are less motivated to participate and are lacking engagement in general health and physical education.

CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

The discussion section will address the main question in this study: What are the attitudes of experienced health and physical education teachers toward the females in general and females with disabilities in particular? The answers to the sub-questions will be summarized toward the end of this chapter. This chapter concludes by offering recommendations on how health and physical education teachers can address issues of gender and disabilities in order to create inclusive classrooms. I end with providing some suggestions for future research.

Dominant understandings of gender and disability continue to shape the general health and physical education classroom. It would seem that subtle gender biases continue to exist within general health and physical education often perpetuated by the experienced health and physical education teachers themselves. Despite the possibility of portraying these biases unknowingly, they still have a profound impact on sustaining the pervasive marginalization of females within general health and physical education classrooms.

Not surprisingly, many of the experienced teachers claimed they were oblivious to issues of student gender. The claim by teachers to being gender blind, however, is problematic for female students. Although it was clear that teachers who adopted the attitude of gender blindness tended to view it as act of equality in that it involves the beneficial, deliberate avoidance of privileging any one gender over the other. The problem with a gender blind approach is that it functions as an indirect act of discrimination in that it involves overlooking the privileges that come with being a male. In order to address issues of gender discrimination in thoughtful and sophisticated ways teachers need to 'see' gender as a key factor in shaping not only student achievement, but student lives.

Teachers in this study did note gender differences within general health and physical education between males and females in the areas of participation and motivation. In terms of gender differences in participation, the majority of experienced teachers in this study viewed female participation as lacking. In addition, experienced teachers believed that males were more aggressive, competitive and more interested in traditional sports whereas females participation in general health and physical education was viewed as more of a social occurrence. This may be because the general health and physical education curriculum is generally comprised of traditional sports, whereas a more varied curriculum could impact females in more a positive way. Experienced teachers also felt as though potential contributors to lower participation for females was a lack of self-confidence, fear of being judged on athletic ability and making their appearance a priority.

Additionally, despite participants from the specialized school noting female motivation in able-bodied students as being higher than those of their male counterparts, no differences in motivation between males with physical disabilities and females with physical disabilities were reported. Further, experienced teachers believed that motivation for a female with a physical disability was an individual issue, and therefore, could not be attributed to the entire group.

There were challenges to the successful implementation of inclusion for females with physical disabilities for these experienced teachers. The experienced teachers in this study believed they were lacking in resources and the appropriate knowledge and preparedness needed to implement inclusion effectively. They also noted that they had inadequate training on how to properly instruct students with physical disabilities and that facilities for these students were not functional for them. However, many experienced

teachers had the mentality that learning on the job was a cornerstone in education. In addition, politics and diplomacy were named as reasons for why improvements to these areas have not yet been made and parental advocacy was stated as potential way to improve these areas. Yet, despite these comments, the teachers felt completely confident in their ability to instruct females with physical disabilities. In general, teachers noted that severity of the disability was not difficult for them and did not impact upon their confidence, but did increase their awareness.

It appears that the current general health and physical education classroom, as examined in this particular study, remains a masculinized context. While there appears to be more awareness of the marginalization of females and the physically disabled within these classes, it may be implied that the culture of this program must be changed in order to meet the needs of these students effectively. More research is required on how to help teachers and administrators create a more relevant and appropriate curriculum for females and particularly, females with physical disabilities.

A Way Forward

This study emphasizes the need for educators and administrators to question the current general health and physical education curriculum. The findings from the present study have implications regarding the success of females and females with physical disabilities in general health and physical education. Any females would benefit from the complete reformation of the general health and physical education curriculum. The current general health and physical education curriculum is structured in a way that continues to marginalize women and empower men. Educators can begin to change this curriculum by broadening the variety of activity choices they teach in order to appeal to both male and female students. For example, more health and physical education teachers

can incorporate activity choices such as yoga and aerobics into their curriculum in order to increase female participation and engagement.

In terms of females with physical disabilities particularly, teacher training programs must include appropriate training for health and physical educators with regard to how to appropriately instruct those with physical disabilities. If these programs begin to train teachers adequately for inclusion, then more teachers will feel better prepared and confident in their ability to include females with physical disabilities appropriately. In addition, administrators should hold various teacher training workshops and events that will help health and physical education teachers continue their professional development in order to better serve females with physical disabilities. Not only will these workshops increase the comfort level of health and physical education teachers, but it will also keep administrators informed on inclusive issues within the school. Also, educators can organize sharing sessions for one another in order to share strategies and ideas that may have been successful for them. In addition, these programs can act as a support group for health and physical education teachers.

Although a miracle solution does not exist, these strategies may begin to help those in power implement a more engaging and equitable general health and physical education curriculum for all students.

Directions for Future Research

The present research is one of the few to study the attitudes of experienced health and physical education teachers toward females in general and specifically, females with physical disabilities within general health and physical education. More studies within this topic area would help in order to establish consistency of results and provide educators with a deeper understanding of gender, disabilities within the health and

physical education. One direction researchers could take would be to examine a larger population of teachers and therefore, have the ability to establish more statistically significant results.

Future studies might attempt to explore more deeply the idea of gender blindness amongst health and physical education teachers in general health and physical education and its relationship to the continuing marginalization of females, especially females with physical disabilities, in this program. As mentioned previously, gender blindness in general health and physical education is likely a large contributor to the success of females in this area. In order to better understand this relationship, perhaps a cross sectional study could be implemented to investigate whether a significant number of health and physical education teachers display gender blindness in general health and physical education. If this is found to be true, it can be investigated further.

Future studies might also attempt to study the attitudes of beginning teachers in order to compare the results of this group to the experienced teachers in this study. This analysis would test whether age and experience effect the attitudes of health and physical education teachers toward females in general and females with physical disabilities in general health and physical education.

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APPENDICES

Appendix A- Demographic Survey

DEMOGRAPHIC SURVEY

THIS SECTION WILL BE FILLED IN BY THE PRINCIPAL INVESTIGATOR.
Participant Number: _____ Date: _____

Please answer the following questions. Doing so will help assist the researcher to know more about who is participating in this study.

1. What is your gender? (please circle your answer)
   a) Male

   b) Female

   c) Transgendered

2. Please provide your birthdate (month and year only)

   _____

3. How many years have you taught general health and physical education?

   a) 5-10 years

   b) 10-15 years

   c) 15-20 years

   d) More than 20 years

4. As an experienced health and physical education teacher, have you taught females with physical disabilities?

   a) No.

   b) Yes (if yes)

      i. Approximately how many females with physical disabilities have been in your general health and physical education classes over the years? _____

5. What is the highest level of university degree you have earned?

   a) Bachelor or Education

   b) Masters degree (in what discipline?) _____

please turn over --->

c) Ph.D. or Ed.D. (in what discipline?) _____

6. Do you have Special Education Qualifications?

a) No

b) Yes (if yes, please circle the highest level attained)

i.) Special Education Part I

ii.) Special Education Part II

iii.) Special Education Specialist

iv.) Other (please describe)

_____

_____

7. Have you had any specialized training related to teaching students with physical disabilities? (circle all that apply)

a. Half-day or less workshops (approximately how many?) _____

b. Full-day workshops (approximately how many?) _____

c.) College or university course specific to teaching students with physical disabilities

d.) Other (please describe)

_____

_____

Comments:

Thank you!

Appendix B- Letter of Information for Consent to Participate in Research

LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Exploring Gender and Disabilities in Health and Physical Education Classes.

You are asked to participate in a research study conducted by Kara Delicata, a graduate student from the Faculty of Education at the University of Windsor. The results of this study will be contributed to a graduate thesis. If you have any questions or concerns about the research, please feel to contact Kara Delicata (delicat@uwindsor.ca or Dr. Christopher Greig (cgreig@uwindsor.ca; 519-253-3000 ext. 3819).

PURPOSE OF THE STUDY

The purpose of this study is to investigate experienced health and physical education teachers' attitudes toward the inclusion of females with physical disabilities in general health and physical education classes. For the purposes of this research, experienced teachers from the secondary school panel will be researched. The researcher will examine experienced health and physical education teachers' attitudes toward females with physical disabilities and explore the similarities and differences between these attitudes. These attitudes will be examined in order to better understand the relationship between gender, (dis)abilities and general health and physical education classes with a view to addressing the perceived gender gap in general health and physical education.

PROCEDURES

If you volunteer to participate in this study, the researcher would ask you to do the following things:

1) Complete a very short demographic survey that will help the researcher to understand who is participating in the study.

2) Attend and participate in one semi-structured interview lasting approximately 30 minutes. You will arrange with the researcher when and where to meet for this interview at your convenience.

3) Following this semi-structured interview, you may be asked to participate in a single focus group meeting lasting no longer than one hour. This focus group will be comprised of 3 experienced health and physical education teachers that will be held on one evening at the James L. Murphy Learning Centre at the Faculty of Education, University of Windsor.

POTENTIAL RISKS AND DISCOMFORTS

While there are no significant physical or psychological risks to you, it is possible that you may feel uncomfortable discussing your personal attitudes and experiences with regard to females with physical disabilities. However, your honesty on this subject will be encouraged and supported.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Having a student with a physical disability in your general health and physical education classroom can be difficult at times. The researcher thinks that you might be interested to hear about your colleagues experiences and to hear about the similarities and differences of these experiences. This may help you in gathering resources and support. Since this area of attitudes toward females with physical disabilities has been virtually unexplored in research studies, the researcher believes that this research will undoubtedly contribute valuable information to the field of education and educational policies.

PAYMENT FOR PARTICIPATION

You will not receive payment for your participation in this study.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

In order to ensure that your confidentiality is protected further, only your first name will be used during the focus group interview. You will also be asked not to discuss the content of the discussion within the focus group once the meeting has finished with anyone in attendance. Each person participating in the semi-structured interview and the focus group will be assigned a number and only that number will be used to identify you on all transcription materials, surveys, data analysis or publications of the data. However, the focus group itself is not completely confidential as it is a group meeting and therefore everyone in the

meeting can heard by everyone in attendance. Audiotapes and any materials related to the study will be placed in a locked filing cabinet and seen only by the principal investigator and research advisor involved with the study. Transcriptions of the focus group will be kept up to five years after the last use of the data in publications or presentations that may result from this study.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer on the demographic survey, semi-structured interview and the focus group interview and still remain in the study. However, if you choose to leave the focus group interview, the audio recording of this focus group cannot be stopped and any information that you have already contributed to the interview cannot be erased as it is a group interview. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

A brief summary of the initial findings will be available at the following website after April, 2011:

Web address: www.uwindsor.ca/reb

SUBSEQUENT USE OF DATA

It is possible that this data may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____ _____

Signature of Investigator Date

Revised February 2008

Appendix C- Consent to Participate in Semi-Structured Interviews

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: **Exploring Gender and Disabilities in Health and Physical Education Classes**

You are asked to participate in a research study conducted by Kara Delicata, a graduate student from the Faculty of Education at the University of Windsor. The results of this study will be contributed to a graduate thesis. If you have any questions or concerns about the research, please feel to contact Kara Delicata (delicat@uwindsor.ca) or Dr. Christopher Greig (cgreig@uwindsor.ca; 519-253-3000 ext. 3819).

PURPOSE OF THE STUDY

The purpose of this study is to investigate experienced health and physical education teachers' attitudes toward the inclusion of females with physical disabilities in general health and physical education classes. For the purposes of this research, experienced teachers from the secondary school panel will be researched. The researcher will examine experienced health and physical education teachers' attitudes toward females with physical disabilities and explore the similarities and differences between these attitudes. These attitudes will be examined in order to better understand the relationship between gender, (dis)abilities and general health and physical education classes with a view to addressing the perceived gender gap in general health and physical education.

PROCEDURES

If you volunteer to participate in this study, the researcher would ask you to do the following things:

1) Complete a very short demographic survey that will help the researcher to understand who is participating in the study.

2) Attend and participate in one semi-structured interview lasting approximately 30 minutes. You will arrange with the researcher when and where to meet for this interview at your convenience.

POTENTIAL RISKS AND DISCOMFORTS

While there are no significant physical or psychological risks to you, it is possible that you may feel uncomfortable discussing your personal attitudes and experiences with regard to females with physical disabilities.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Having a student with a physical disability in your general health and physical education classroom can be difficult at times. The researcher thinks that you might be interested to hear about your colleagues experiences and to hear about the similarities and differences of these experiences which may help you in gathering resources and support. Since this topic has been virtually unexplored in research studies, the researcher believes that this study will undoubtedly contribute valuable information to the field of education and educational policies.

PAYMENT FOR PARTICIPATION

You will not receive payment for your participation in this study.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

In order to ensure that your confidentiality is protected further, only your first name will be used during the focus group interview. You will also be asked not to discuss the content of the discussion within the focus group once the meeting has finished with anyone in attendance. Each person participating in the semi-structured interview and the focus group will be assigned a number and only that number will be used to identify you on all transcription materials, surveys, data analysis or publications of the data. However, the focus group itself is not completely confidential as it is a group meeting and therefore everyone in the meeting can heard by everyone in attendance. Audiotapes and any materials related to the study will be placed in a locked filing cabinet and seen only by the principal investigator and research advisor involved with the study. Transcriptions of the focus group will be kept up to five years after the last use of the data in publications or presentations that may result from this study.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer on the demographic survey, semi-structured interview and the focus group interview and still remain in the study. However, if you choose to leave the focus group

interview, the audio recording of this focus group cannot be stopped and any information that you have already contributed to the interview cannot be erased as it is a group interview. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

A brief summary of the initial findings will be available at the following website after April, 2011:

Web address: **www.uwindsor.ca/reb**

SUBSEQUENT USE OF DATA

It is possible that this data may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study **Attitudes of Experienced Health and Physical Education Teachers Toward the Inclusion of Females with Physical Disabilities in General Health and Physical Education Classes** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Name of Subject

_____ _____
Signature of Subject Date

Please indicate whether you would be willing to participate in one focus group lasting no longer than one hour: ____ (If yes, check here)

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____ _____
Signature of Investigator Date

Revised February 2008

Appendix D- Consent for Audio Taping of Semi-Structured Interviews

CONSENT FOR AUDIO TAPING

Research Subject Name:

Title of the Project: Exploring Gender and Disabilities in Health and Physical Education Classes

I consent to the audio-taping or procedures of semi-structured interviews involved in this study.

I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that the taping be stopped. I also understand that my name will not be revealed to anyone and that taping will be kept confidential. Tapes are filed by number only and store in a locked cabinet for up to five years.

I understand that confidentiality will be respected and that the audio tape will be for professional use only.

_____ _____

(Signature of Parent or Guardian) (Date)

Or

_____ _____

(Research Subject) (Date)

Appendix E- Semi-Structured Interview Questions

1) How has the general health and physical education curriculum changed in terms of inclusion and inclusive practices since you began teaching?

2) How easy or difficult is it for you to teach students with physical disabilities? (adapted from Ammah & Hodge, 2005). By physical disabilities I mean that the student might have limited or no use of certain parts of their body including their hands, eyes, ears or legs.

3) What do you feel is the most challenging aspect to including students with physical disabilities in general health and physical education? By challenging I am referring to things like a lack of resources and/or knowledge about instructing students with physical disabilities, lack of supports in place to properly instruct students with physical disabilities or challenges directly related to instructing these students in general health and physical education classrooms.

4) Do you find coeducational general health and physical education more or less enjoyable than single-gendered health and physical education classes? By single-gendered I mean any combination of males and females that are participating in one class.

5) Do you feel there is a difference in level of participation between male and female students in general health and physical education? By level of participation I mean in intensity and willingness to comply with your instructions as the health and physical education teacher.

6) What do you feel is most challenging about teaching females in general health and physical education?

Appendix F- List of Local Mental Health Agencies

List of Local Mental Health Agencies

1. Canadian Mental Health Association- Windsor-Essex County Branch

CMHA Windsor-Essex County Branch
1400 Windsor Avenue
Windsor, Ontario, Canada
N8X 3L9
Telephone: (519) 255-7440

2. Regional Mental Health Care

875 Ouellette Ave, 2nd Floor
Windsor, Ontario
N9A 4J6
Telephone: (519) 254-3486

3. Windsor Regional Hospital
Community Mental Health Clinic
1453 Prince Rd,
Windsor, Ontario
N9C 3Z4
Telephone: (519) 257 -5125

4. Community Crisis Centre of Windsor and Essex County
Hotel-Dieu Grace Hospital
1030 Ouellette Ave,
Windsor, Ontario
N9A 1E1
Telephone: (519) 973 – 4411 ext 3003
Crisis Phone: (519) 973 - 4435

Appendix G- Focus Group Interview Questions

1) What do you find is most rewarding about teaching general health and physical education?

2) "To what degree, if any, are you motivated to comply with inclusion practices in your general health and physical education classes?" (Ammah & Hodge, 2005, p. 43)

3) Do you feel adequately prepared to instruct students with physical disabilities? Why or why not? (adapted from Papadopoulou, et al., 2004)

4) Do you find including females with physical disabilities more or less difficult than including male students with physical disabilities in general health and physical education?

5) How is instructing females with physical disabilities different than teaching males with physical disabilities in general health and physical education?

6) How confident do you feel instructing females with physical disabilities in your general health and physical education classes? (adapted from Ammah & Hodge, 2005)

Appendix H- Consent to Participate in the Focus Group Interview

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: **Exploring Gender and Disabilities in Health and Physical Education Classes**

You are asked to participate in a research study conducted by Kara Delicata, a graduate student from the Faculty of Education at the University of Windsor. The results of this study will be contributed to a graduate thesis. If you have any questions or concerns about the research, please feel to contact Kara Delicata (delicat@uwindsor.ca) or Dr. Christopher Greig (cgreig@uwindsor.ca; 519-253-3000 ext. 3819).

PURPOSE OF THE STUDY

The purpose of this study is to investigate experienced health and physical education teachers' attitudes toward the inclusion of females with physical disabilities in general health and physical education classes. For the purposes of this research, experienced teachers from the secondary school panel will be researched. The researcher will examine experienced health and physical education teachers' attitudes toward females with physical disabilities and explore the similarities and differences between these attitudes. These attitudes will be examined in order to better understand the relationship between gender, (dis)abilities and general health and physical education classes with a view to addressing the perceived gender gap in general health and physical education.

PROCEDURES

If you volunteer to participate in this study, the researcher would ask you to do the following things:

1) Participate in a single focus group meeting lasting no longer than one hour. This focus group will be comprised of 3 experienced health and physical education teachers that will be held on one evening at the James L. Murphy Learning Centre at the Faculty of Education, University of Windsor.

POTENTIAL RISKS AND DISCOMFORTS

While there are no significant physical or psychological risks to you, it is possible that you may feel uncomfortable discussing your personal attitudes and experiences with regard to females with physical disabilities.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Having a student with a physical disability in your general health and physical education classroom can be difficult at times. The researcher thinks that you might be interested to hear about your colleagues experiences and to hear about the similarities and differences of these experiences which may help you in gathering resources and support. Since this topic has been virtually unexplored in research studies, the researcher believes that this study will undoubtedly contribute valuable information to the field of education and educational policies.

PAYMENT FOR PARTICIPATION

You will not receive payment for your participation in this study, however you will be compensated for parking on campus at the University of Windsor.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

In order to ensure that your confidentiality is protected further, only your first name will be used during the focus group interview. You will also be asked not to discuss the content of the discussion within the focus group once the meeting has finished with anyone in attendance. Each person participating in the semi-structured interview and the focus group will be assigned a number and only that number will be used to identify you on all transcription materials, surveys, data analysis or publications of the data. However, the focus group itself is not completely confidential as it is a group meeting and therefore everyone in the meeting can heard by everyone in attendance. Audiotapes and any materials related to the study will be placed in a locked filing cabinet and seen only by the principal investigator and research advisor involved with the study. Transcriptions of the focus group will be kept up to five years after the last use of the data in publications or presentations that may result from this study.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer on the

demographic survey, semi-structured interview and the focus group interview and still remain in the study. However, if you choose to leave the focus group interview, the audio recording of this focus group cannot be stopped and any information that you have already contributed to the interview cannot be erased as it is a group interview. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

A brief summary of the initial findings will be available at the following website after April, 2011:

Web address: **www.uwindsor.ca/reb**

SUBSEQUENT USE OF DATA

It is possible that this data may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study **Attitudes of Experienced Health and Physical Education Teachers Toward the Inclusion of Females with Physical Disabilities in General Health and Physical Education Classes** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Name of Subject

_____ _____
Signature of Subject Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____ _____
Signature of Investigator Date

Revised February 2008

Appendix I- Audio Consent to Participate in the Focus Group Interview

CONSENT FOR AUDIO TAPING

Research Subject Name:

Title of the Project: Exploring Gender and Disabilities in Health and Physical Education Classes

I consent to the audio-taping or procedures of the focus group interview involved in this study.

I understand these are voluntary procedures and that I am free to withdraw at any time. However, I also understand that by participating in the focus group interview I cannot request that the tape be stopped or request that any information I contributed previously to the audio tape be erased as I am part of a group interview. I also understand that my name will not be revealed to anyone and that taping will be kept confidential. Tapes are filed by number only and store in a locked filing cabinet for up to five years.

I understand that confidentiality will be respected and that the audio tape will be for professional use only.

_____ _____

(Signature of Parent or Guardian) (Date)

Or

_____ _____

(Research Subject) (Date)

VITA AUCTORIS

Kara Delicata was born in Windsor, Ontario, in 1985. She studied Psychology at the University of Michigan (Ann Arbor) from 2003 to 2007. Following the completion of her undergraduate degree she enrolled at the University of Western Ontario (London, Ontario) and completed a Bachelor of Education degree in 2009. Presently, she is an employee of the Greater Essex County District School Board and both a Graduate and Research Assistant at the University of Windsor (Canada). She is currently completing her Master's degree in Education at the University of Windsor.