



Physical activity, quality of life, and inclusion in disability support center contexts

Actividad física, calidad de vida e inclusión en centros de apoyo a la discapacidad

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Abstract

Introduction: Physical activity has been widely associated with improvements in health and well-being; however, its relationship with quality of life among individuals with disabilities requires further analysis.

Objective: to analyze perceived quality of life in relation to physical activity among individuals with intellectual and/or physical disabilities attending support centers in Asturias and León.

Methodology: A quantitative, non-experimental, cross-sectional design was adopted, involving a sample of 143 participants recruited through Centers for Support and Integration and Specialized Care Centers. Data were collected using an ad hoc questionnaire composed of 23 items distributed across eight dimensions, and descriptive and comparative analyses were conducted.

Results: Findings indicated generally high levels of perceived quality of life, particularly in emotional well-being, self-determination, personal development, and rights, whereas lower scores were observed in socio-sport inclusion. No significant differences were found according to gender, although significant differences emerged in relation to relationship status and region, especially in physical well-being, social relationships, material well-being, and personal development.

Discussion: Favorable perceptions of sport coexisted with limited socio-sport inclusion beyond support centers. The cross-sectional design precludes conclusions about improvement or causality.

Conclusions: Participants perceive physical activity as a relevant socio-educational context linked to multiple dimensions of their quality of life; however, further efforts are required to enhance inclusion in community-based settings and to design comprehensive, context-sensitive interventions that promote meaningful participation, autonomy, and social inclusion among individuals with disabilities.

Keywords

Care institutions; persons with disabilities; physical activity; social inclusion; well-being.

Resumen

Introducción: La actividad física se ha asociado ampliamente con mejoras en la salud y el bienestar; sin embargo, su relación con la calidad de vida en personas con discapacidad requiere un análisis multidimensional.

Objetivo: analizar la calidad de vida en relación con la práctica de actividad física en personas con discapacidad intelectual y/o física asistentes en centros de apoyo en Asturias y León.

Metodología: Se adoptó un diseño cuantitativo, no experimental y transversal, con una muestra de 143 participantes reclutados en Centros de Apoyo e Integración y Centros de Atención Especializada. Los datos se recogieron mediante un cuestionario ad hoc de 23 ítems distribuidos en ocho dimensiones, y se realizaron análisis descriptivos y comparativos.

Resultados: Los resultados indicaron niveles generalmente altos de calidad de vida percibida, especialmente en bienestar emocional, autodeterminación, desarrollo personal y derechos, mientras que se observaron puntuaciones más bajas en inclusión sociodeportiva. No se encontraron diferencias significativas según el género, aunque sí en relación con la situación de pareja y la región, especialmente en bienestar físico, relaciones en el deporte, bienestar material y desarrollo personal.

Discusión: Las percepciones favorables del deporte coexistieron con una inclusión sociodeportiva limitada fuera de los centros. El diseño transversal no permite determinar causalidad ni mejoras.

Conclusiones: Los participantes perciben la actividad física como un contexto socioeducativo relevante vinculado a múltiples dimensiones de su calidad de vida; sin embargo, sigue siendo necesario reforzar la inclusión en entornos comunitarios y diseñar intervenciones integrales y sensibles al contexto.

Palabras clave

Actividad física; bienestar; inclusión social; instituciones de atención; personas con discapacidad.



Introduction

Physical activity constitutes a fundamental element for the promotion of health, personal well-being, and social participation among the population (Bondár et al., 2020; Jacob et al., 2023). In the case of individuals with intellectual disabilities, its relevance acquires a particular significance, as it is not only associated with improvements in physical condition but also with broader processes related to autonomy, social inclusion, self-determination, and quality of life (Diz et al., 2024). In recent years, scientific, educational, and societal interest in physical activity within this population has increased considerably, partly because of the consolidation of inclusive approaches and policies aimed at ensuring the participation of people with disabilities on equal terms (Diz et al., 2024; Martin Ginis et al., 2021).

Patel et al. (2020) stated that intellectual disability is characterized by the presence of significant limitations in intellectual functioning and adaptive behaviour, manifested in conceptual, social, and practical skills. This contemporary understanding shifts the focus from a perspective centred exclusively on limitations to one based on supports, opportunities for participation, and the development of capacities (Dakopolos et al., 2024). From this standpoint, physical activity and sport can act as privileged contexts for fostering experiences of competence, interaction, decision-making, and social belonging (Ocete-Calvo et al., 2025).

The scientific literature has consistently indicated that individuals with intellectual disabilities tend to exhibit lower levels of physical activity compared to the general population (Bossink et al., 2017). This situation may be associated with multiple factors, including difficulties in accessing sports facilities, a lack of adapted programs, dependence on family or institutional support, financial constraints, limited transportation, insufficient professional training, and certain social attitudes that restrict participation (Jacinto et al., 2021). These barriers not only reduce opportunities for engaging in sport but may also increase the risk of sedentary behaviour, social isolation, and functional decline (Burns et al., 2024).

Jacob et al. (2023) state that regular physical activity has been associated with significant benefits for individuals with intellectual disabilities. At the physical level, it can contribute to improvements in cardiorespiratory fitness, weight management, motor coordination, muscular strength, and the prevention of chronic diseases (Farías-Valenzuela et al., 2022). At the psychological level, it has been linked to enhanced emotional well-being, self-esteem, motivation, perceived competence, and personal satisfaction. Furthermore, from a social perspective, participation in sports can promote the development of interpersonal relationships, cooperation, a sense of belonging, and engagement in community settings (Diz et al., 2024).

However, although the general benefits of physical activity have been widely documented, it remains necessary to further examine its relationship with the quality of life of individuals with intellectual disabilities from a multidimensional perspective. Quality of life cannot be understood solely as the absence of disease or as physical well-being, but rather as a broad construct that integrates personal, social, and contextual dimensions (Franco et al., 2023; Ocete-Calvo et al., 2025). In this regard, aspects such as emotional well-being, relationships with others, self-determination, personal development, social inclusion, material well-being, and the effective exercise of rights are essential for understanding the real impact of physical activity on the daily lives of this population.

Recent research also addresses these dimensions. Floriano Rodriguez et al. (2025) examined physical, emotional, social, and inclusion-related aspects of quality of life among young people with disabilities participating in an inclusive sports programme in Peru. This provides a relevant contextual comparison for studying perceived quality of life, although the population, programme, and instruments differ from those examined here.

From this perspective, Hassett et al. (2024) indicate that sport and physical activity should not be analysed exclusively as health-related practices, but also as spaces for participation, recognition, and the exercise of citizenship. The possibility of choosing an activity, participating with peers, receiving support from professionals, attending sporting events, using appropriate equipment, or feeling respected in decisions related to physical practice are elements that directly connect with a comprehensive conception of quality of life (Fraser et al., 2025). Therefore, it is relevant to study not only whether individuals with intellectual disabilities engage in sport, but also how they experience such participation, what

types of support they receive, which barriers they encounter, and which dimensions of their well-being are most positively influenced.

The international and national regulatory framework has progressively reinforced this inclusive orientation. The Convention on the Rights of Persons with Disabilities recognizes the right of this population to participate in recreational, leisure, and sporting activities on equal terms (Kiuppis, 2018). Benito-Colio et al. (2026) stated that in the Spanish context, recent sports legislation also incorporates the need to promote the inclusion of persons with disabilities across different sporting environments. However, the existence of favourable legal frameworks does not in itself guarantee effective participation, making it necessary to generate empirical evidence that allows for assessing how such participation is realized in real-world contexts.

At this point, care, support, and integration centres play a particularly important role. These settings constitute everyday environments in which many individuals with intellectual disabilities engage in educational, occupational, social, and sporting activities. Analysing physical activity practices in these contexts allows for an examination of real-life experiences, rather than relying solely on idealized or highly structured sports programs (Diz et al., 2024). Moreover, it facilitates understanding how personal and contextual variables influence the perception of quality of life associated with sport.

Despite existing advances, several limitations can still be identified in previous research. On the one hand, a substantial proportion of studies have focused on physical disabilities, Paralympic sport, or athletic performance, often relegating individuals with intellectual disabilities to a secondary position (Puce et al., 2023). On the other hand, many investigations have approached physical activity primarily through general health indicators, without sufficiently incorporating the subjective and social dimensions of quality of life (Ocete-Calvo et al., 2025; Vancampfort et al., 2022). Furthermore, studies examining differences based on variables such as gender, relationship status, or geographical origin remain relatively scarce, even though these factors may shape both the sporting experience and opportunities for participation (Henríquez et al., 2023).

Consequently, there is a need to develop research that addresses the relationship between physical activity and quality of life in individuals with intellectual disabilities from an applied, multidimensional, and context-sensitive perspective. Such an approach enables the identification of specific strengths and needs, as well as the design of future socio-educational and sports interventions aimed at enhancing participation, autonomy, and overall well-being within this population.

Within this framework, the present study aims to analyse perceived quality of life in relation to physical activity among individuals with intellectual and/or physical disabilities attending Centres for Support and Integration in Asturias and Specialized Care Centres in the province of León, examining different dimensions including physical well-being, emotional well-being, relationships with others in sport, self-determination, material well-being associated with sports practice, personal development, socio-sport inclusion, and rights, and analysing possible differences according to gender, relationship status, and region of origin, in order to obtain a more precise understanding of the factors that may influence the sporting experience and the quality of life of participants.

Method

According to León and Montero (2020), the study adopted a quantitative, non-experimental, cross-sectional design with a descriptive and comparative approach, examining variables in their natural setting at a single point in time. A quantitative approach was considered appropriate because it enables the objective measurement and statistical analysis of participants' perceptions regarding quality of life associated with physical activity. The non-experimental nature of the study was justified by the impossibility and ethical inappropriateness of manipulating participants' personal, social, or contextual characteristics, as these variables already existed within the support and care centre environments. A cross-sectional design was selected because data were collected at a single moment in time, providing a snapshot of participants' perceived quality of life and allowing the identification of patterns and group differences without requiring longitudinal follow-up. Finally, the descriptive component made it possible to characterize the levels of quality of life across different dimensions, whereas the comparative approach facilitated the examination of potential differences according to gender, relationship status, and

region of origin. Conducting the study in real service settings also enhanced its ecological validity, as the findings reflect participants' experiences within their everyday contexts.

Participants

The sample consisted of 143 participants ($n = 143$) from Asturias and the province of León (Spain), recruited through Centers for Support and Integration (CAI) and Specialized Care Centers (CAE) using a non-probabilistic purposive convenience sampling strategy.

As shown in Table 1, the sample included 52.4% men ($n = 75$) and 47.6% women ($n = 68$); 54.5% had a partner ($n = 78$), while 45.5% did not ($n = 65$). Geographically, 65% were from León ($n = 93$) and 35% from Asturias ($n = 50$).

Table 1. Sample characteristics

Variable	Category	Frequency	Percentage
Sex	Men	75	52.4
	Women	68	47.6
Partner	No	65	45.5
	Yes	78	54.5
Region	Asturias	50	35.0
	León	93	65.0
Total		143	100

Inclusion criteria required participants to reside in the selected regions, have a formally recognized intellectual and/or physical disability, attend a CAI or CAE, and be currently or previously engaged in sports. Participants were recruited in real service contexts, enhancing the ecological validity of the study by reflecting authentic conditions and experiences related to sports participation.

Procedure

The study was conducted through a collaboration between the University of Oviedo and the University of León.

Ethical approval was granted by the Scientific Integrity Committee of the University of León (Reference: ETICA-ULE-093-2025), and the study was conducted in accordance with the ethical principles established in the Declaration of Helsinki. All participants, or their legal guardians when required, provided informed consent for the use of their responses for research purposes. Institutional guidelines were followed throughout the process, ensuring the confidentiality, anonymity, and appropriate ethical handling of all data.

Following ethical approval, an ad hoc instrument was developed, and data collection was carried out in Specialized Care Centers (CAE) in León and Centers for Support and Integration (CAI) in Oviedo (Asturias).

After obtaining the necessary permissions and informed consent, the questionnaire was administered individually by the researchers, in one-to-one sessions, to ensure comprehension and response validity, given the characteristics of the population. Data collection took place between July 2025 and March 2026, with an average administration time of approximately 15 minutes.

Once collected, responses were digitized using Microsoft Excel and analysed with IBM SPSS Statistics (version 29). Data handling followed standardized procedures to ensure consistency across contexts and compliance with data protection regulations.

Instrument

Data were collected using an ad hoc questionnaire entitled Quality of Life in Relation to Physical Activity in People with Disabilities, developed for this study to assess perceived quality of life in relation to sports practice. The instrument comprises 23 items organized into eight dimensions: physical well-being (3 items), emotional well-being (2), relationships with others in sport (4), self-determination (2), material well-being and sports participation (3), personal development and sports practice (3), socio-sport inclusion (3), and rights (3). Items were rated on a four-point Likert scale (1 = never to 4 = always).



In the present sample, overall internal consistency was acceptable (Cronbach's $\alpha = 0.781$). The Kaiser-Meyer-Olkin index (.738) and Bartlett's test of sphericity ($\chi^2 = 742.308$, $df = 253$, $p < 0.001$) indicated that the item correlation matrix was suitable for factor analysis. These indicators do not, by themselves, establish construct validity or confirm the proposed eight-dimensional structure; the overall alpha coefficient should not be interpreted as evidence of reliability for each dimension.

Given the characteristics of the target population, the questionnaire was linguistically adapted following easy-to-read principles for people with intellectual disabilities. Items were written using simple and direct language, short sentences, familiar vocabulary, and concrete expressions, while avoiding technical terminology, subordinate clauses, and abstract concepts. These adaptations aimed to improve accessibility, comprehension, and the validity of participants' responses.

The instrument was designed for participants with intellectual and/or physical disabilities attending support centres and with current or previous sports experience. Its content addresses concrete experiences involving peers, family members, coaches, transport, equipment, and decisions about sports participation. The easy-to-read wording and individual administration described above are particularly relevant when intellectual disability may affect comprehension, while the focus on everyday sports experiences also allows participants with physical disabilities to report their perceptions. The questionnaire assesses perceived experiences and opportunities related to sport, rather than objectively measuring physical activity or providing a diagnostic assessment of quality of life. Its use in this heterogeneous sample should therefore be considered exploratory; separate validation across disability profiles and support needs is required before assuming equivalent measurement properties.

The full questionnaire is available in Table 2 to facilitate access and potential replication; item-level descriptive statistics are presented in Table 3.

Table 2. Quality of Life in Relation to Physical Activity in People with Disabilities questionnaire

Physical Well-being	1	2	3	4
1. I do sports outdoors.				
2. I sleep well when I do sports.				
3. Doing sports helps me maintain a healthy weight.				
Emotional Well-being	1	2	3	4
4. When I do sports, I feel good.				
5. I like taking part in sports events.				
Relationships with other people in sport	1	2	3	4
6. I do sports with my classmates from the center.				
7. I do sports with people from other centers.				
8. I do sports with my family.				
9. I do sports with my partner.				
Self-determination	1	2	3	4
10. Sport is important to me.				
11. I follow the rules when I do sports.				
Material Well-being and Sports Participation	1	2	3	4
12. I have suitable clothes for doing sports (tracksuit, trainers, etc.).				
13. I have enough money to buy sports clothes.				
14. I have transport to go to sports activities outside the center.				
Personal Development and Sports Practice	1	2	3	4
15. When I do sports, I try to improve.				
16. When I do sports, I like my coach to tell me what I do well.				
17. If I have a problem with a teammate, I know how to solve it.				
Socio-sport inclusion	1	2	3	4
18. I do sports with people without disabilities.				
19. I take part in sports events with people from other centers.				
20. When I go to sports events, people interview me.				
Rights	1	2	3	4
21. When I do not want to do sports, my coach respects my decision.				
22. I decide which sports activities I want to take part in.				
23. The educators at the center know about my health before I do sports.				



Data analysis

Data analysis was conducted using IBM SPSS Statistics in two phases. First, descriptive analyses were performed, including frequencies, percentages, means, standard deviations, and internal consistency and factorability indicators (Cronbach's alpha, KMO, and Bartlett's test). Second, comparative analyses examined differences according to gender, relationship status, and region (León vs. Asturias). Due to the ordinal nature of the data, non-parametric tests were applied, specifically the Mann-Whitney U test, reporting U, Z, and p-values. Effect sizes ($r = |Z|/\sqrt{N}$, where N is the number of observations included in each comparison) were calculated to assess the magnitude of differences, interpreted as small (0.10), medium (0.30), and large (≥ 0.50). Statistical significance was set at $p < 0.05$. Comparisons are interpreted as exploratory because multiple dimensions were tested at the nominal significance level.

Results

Descriptive analysis

Table 3 presents the descriptive statistics for the 23 questionnaire items by dimension.

Table 3. Descriptive statistics of the questionnaire items by dimension

Dimension	Item	n	Min	Max	Mean	SD	Variance	Median	Sum
Physical well-being	Item 1	143	1	4	2.97	0.956	0.915	3.00	425
	Item 2	143	1	4	3.41	0.842	0.709	4.00	488
	Item 3	143	1	4	3.57	0.698	0.487	4.00	510
Emotional well-being	Item 4	143	2	4	3.61	0.682	0.465	4.00	516
	Item 5	143	1	4	3.38	0.971	0.943	4.00	484
	Item 6	143	1	4	3.36	0.961	0.923	4.00	481
Relationships with other people in sport	Item 7	143	1	4	2.53	1.288	1.659	2.00	362
	Item 8	143	1	4	1.96	1.061	1.125	2.00	280
	Item 9	143	1	4	1.82	1.124	1.262	1.00	260
Self-determination	Item 10	143	1	4	3.64	0.667	0.444	4.00	520
	Item 11	143	1	4	3.42	0.843	0.710	4.00	489
Material Well-being and Sports Participation	Item 12	143	1	4	3.71	0.577	0.333	4.00	531
Personal Development and Sports Practice	Item 13	143	1	4	3.08	0.996	0.993	3.00	441
	Item 14	143	1	4	3.23	1.053	1.108	4.00	462
	Item 15	143	1	4	3.53	0.749	0.561	4.00	505
Socio-sport inclusion	Item 16	143	2	4	3.78	0.505	0.255	4.00	541
	Item 17	143	1	4	2.87	0.936	0.877	3.00	410
	Item 18	143	1	4	2.22	1.135	1.288	2.00	318
Rights	Item 19	143	1	4	3.09	1.106	1.224	4.00	442
	Item 20	143	1	4	1.70	0.957	0.916	1.00	243
	Item 21	143	1	4	3.22	0.897	0.805	3.00	460
	Item 22	143	1	4	3.27	0.978	0.957	4.00	467
	Item 23	143	1	4	3.52	0.804	0.646	4.00	503

Participants reported favourable experiences in emotional well-being, self-determination, personal development, and rights. Positive feedback from the coach and access to suitable sports clothing were particularly highly rated. In contrast, lower scores concerned practising sport with family members or a partner, participating with people without disabilities, and being interviewed at sports events. This pattern points to stronger perceived support within structured sports settings than to wider social participation.

Comparative analysis

In this section, results are analysed based on global mean scores for each dimension, allowing for a comprehensive comparison between groups. Dimension-level comparisons are presented in Tables 4–6. No statistically significant gender differences were found in any dimension (Table 4), and the reported effect sizes were small or negligible.

Table 4. Comparative analysis by gender

Dimension	Gender	n	M	SD	U	W	Z	p	r
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Physical well-being	Female	68	3.265	0.597	2295.5	4641.5	-1.048	0.295	0.09
	Male	75	3.369	0.571					
Emotional well-being	Female	68	3.471	0.668	2422.0	4768.0	-0.568	0.570	0.05
	Male	75	3.520	0.659					
Relationships with others in sport	Female	68	2.327	0.642	2188.0	4534.0	-1.475	0.140	0.12
	Male	75	2.500	0.687					
Self-determination	Female	68	3.522	0.556	2465.0	4811.0	-0.375	0.707	0.03
	Male	75	3.533	0.622					
Material Well-being and Sports participation	Female	68	3.348	0.591	2539.5	4885.5	-0.044	0.965	0.00
	Male	75	3.338	0.573					
Personal Development and Sports Practice	Female	68	3.417	0.525	2376.5	5226.5	-0.730	0.465	0.06
	Male	75	3.373	0.486					
Socio-sport inclusion	Female	68	2.402	0.738	2343.5	5193.5	-0.844	0.398	0.07
	Male	75	2.280	0.675					
Rights	Female	68	3.293	0.647	2233.5	4444.5	-0.894	0.371	0.07
	Male	75	3.383	0.637					

Note. n = group size in the overall sample; M = mean; SD = standard deviation; U = Mann-Whitney statistic; W = Wilcoxon rank sum; Z = standardized statistic; r = effect size. Nominal significance level: $p < 0.05$.

Participants with a partner reported higher physical well-being and more relationships with others in sport than those without a partner (Table 5). The corresponding effect sizes were small ($r = 0.21$) and medium ($r = 0.35$), respectively. No statistically significant differences were found in the remaining dimensions.

Table 5. Comparative analysis by relationship status

Dimension	Partner	n	M	SD	U	W	Z	p	r
Physical well-being	Yes	78	3.436	0.516	1931.5	4076.5	-2.492	0.013	0.21
	No	65	3.179	0.632					
Emotional well-being	Yes	78	3.603	0.530	2216.5	4361.5	-1.417	0.156	0.12
	No	65	3.369	0.777					
Relationships with others in sport	Yes	78	2.641	0.644	1496.5	3641.5	-4.244	<0.001	0.35
	No	65	2.150	0.602					
Self-determination	Yes	78	3.596	0.528	2230.5	4375.5	-1.348	0.178	0.11
	No	65	3.446	0.650					
Material Well-being and Sports participation	Yes	78	3.355	0.540	2532.0	5613.0	-0.013	0.990	0.00
	No	65	3.328	0.627					
Personal Development and Sports Practice	Yes	78	3.462	0.504	2090.0	4235.0	-1.878	0.060	0.16
	No	65	3.313	0.496					
Socio-sport inclusion	Yes	78	2.355	0.645	2395.5	4540.5	-0.572	0.567	0.05
	No	65	2.318	0.778					
Rights	Yes	78	3.284	0.636	2130.0	4980.0	-1.320	0.187	0.11
	No	65	3.405	0.646					

Note. n = group size in the overall sample; M = mean; SD = standard deviation; U = Mann-Whitney statistic; W = Wilcoxon rank sum; Z = standardized statistic; r = effect size. Nominal significance level: $p < 0.05$.

Participants from León reported higher material well-being and personal development than those from Asturias, with small effect sizes ($r = 0.19$ and 0.26 , respectively; Table 6). The remaining regional comparisons were not statistically significant.

Table 6. Comparative analysis by region

Dimension	Region	n	M	SD	U	W	Z	p	r
	León	93	3.348	0.544	2218.5	3493.5	-0.459	0.646	0.04



Physical well-being	Asturias	50	3.267	0.652					
Emotional well-being	León	93	3.435	0.652	1910.5	6281.5	-1.926	0.054	0.16
	Asturias	50	3.610	0.672					
Relationships with others in sport	León	93	2.446	0.676	2238.5	3513.5	-0.369	0.712	0.03
	Asturias	50	2.365	0.660					
Self-determination	León	93	3.527	0.568	2261.0	6632.0	-0.296	0.767	0.02
	Asturias	50	3.530	0.634					
Material Well-being and Sports participation	León	93	3.419	0.568	1800.5	3075.5	-2.287	0.022	0.19
	Asturias	50	3.200	0.579					
Personal Development and Sports Practice	León	93	3.480	0.514	1628.0	2903.0	-3.072	0.002	0.26
	Asturias	50	3.233	0.448					
Socio-sport inclusion	León	93	2.326	0.778	2176.0	6547.0	-0.638	0.523	0.05
	Asturias	50	2.360	0.554					
Rights	León	93	3.344	0.621	2215.5	6310.5	-0.154	0.878	0.01
	Asturias	50	3.333	0.683					

Note. n = group size in the overall sample; M = mean; SD = standard deviation; U = Mann-Whitney statistic; W = Wilcoxon rank sum; Z = standardized statistic; r = effect size. Nominal significance level: $p < .05$.

Discussion

The findings indicate that participants perceive physical activity as a positive and meaningful experience, particularly in dimensions such as emotional well-being, self-determination, material conditions for sports practice, personal development, and rights. These perceptions are consistent with a role for sport as a context for personal growth, autonomy, and social participation, although the present design cannot demonstrate that physical activity caused improvements in quality of life.

The descriptive results show generally high scores across most dimensions, especially those related to emotional well-being, decision-making, and perceived support. This is consistent with previous research highlighting the psychological and social benefits of physical activity for individuals with intellectual disabilities (Bondár et al., 2020; Diz et al., 2024; Hansen et al., 2023; Jacob et al., 2023). In particular, the high values associated with feeling good during sport, receiving positive feedback, and having adequate resources suggest that structured sports contexts can foster motivation, confidence, and a sense of competence (Sakalidis et al., 2023). From a multidimensional perspective, these findings support the idea that sport may function not only as a health-related practice but also as an educational and social environment that promotes agency and personal development (Olvhøj et al., 2022).

However, lower scores in some items related to relationships with others in sport and socio-sport inclusion indicate that participation may still be limited beyond structured or centre-based contexts. Specifically, aspects such as practicing sport with a partner or being visible in public sports settings obtained lower ratings (Ristevski et al., 2024). Thomson et al. (2021) state that although access to physical activity may be ensured, full inclusion in broader social and community environments remains a challenge. In this sense, participation appears to be more consolidated within protected or institutional settings than in open community contexts (Harada et al., 2011). This finding aligns with perspectives that emphasize the need to understand sport not only as a health-promoting activity but also as a space for participation, recognition, and citizenship (Hassett et al., 2024; Kiuppis, 2018).

In Spain, Fernández-Zamarro et al. (2025) identified visibility, promotion, resources, and professional training as relevant issues for inclusive rugby through the views of club representatives. Their findings support considering community clubs and professional preparation when interpreting the participation barriers discussed here, while their informants and sporting context differ from those of the present study.

Regarding gender, no statistically significant differences were found across any dimension. Within the studied contexts, these findings provide no evidence of gender differences in the measured perceptions; they do not establish equivalence between groups. Although slight differences in mean scores were observed, these were small and not statistically meaningful. This result may reflect relatively equitable

conditions in access and participation within the centres. However, it should be interpreted with caution, as previous studies have identified gender-related differences in physical activity patterns, access opportunities, and perceived barriers (Ascondo et al., 2023; Franco et al., 2023; Moreno-Llamas et al., 2022). Therefore, further research is needed to explore gender from a more nuanced perspective.

In contrast, relationship status emerges as a relevant variable. Participants with a partner reported significantly higher scores in physical well-being and relationships with others in sport. This suggests that interpersonal relationships may play an important role in promoting both participation and positive experiences in physical activity (Chen et al., 2024). In children with multiple sclerosis, Yoo et al. (2024) examined social networks in relation to physical activity; this evidence concerns a different population and should not be directly generalized to the present sample. Moreover, the presence of a partner may contribute to greater opportunities for shared activities and emotional reinforcement, which can positively influence adherence and satisfaction. These findings are consistent with research highlighting the role of social networks in sustaining physical activity among individuals with disabilities (Burns et al., 2024; Jacinto et al., 2021). Interpretation of the relationships dimension also requires caution because it includes practising sport with a partner (Item 9), which overlaps with the grouping variable.

The results also reveal regional differences. Participants from León show significantly higher scores in material well-being and personal development, which may reflect better access to resources, more structured programs, or stronger institutional support within the analysed centres. Conversely, participants from Asturias show slightly higher, although non-significant, scores in emotional well-being and socio-sport inclusion. These differences suggest that contextual and institutional factors may influence how physical activity is experienced, pointing to the importance of considering local conditions, organizational practices, and resource availability when interpreting results (Rachele et al., 2024; Rio & Saligan, 2023). In this regard, physical activity should be understood as a situated practice, shaped by the specific characteristics of each context (Mckenzie et al., 2021).

Conclusions

The findings of this study indicate that participants report favourable perceptions of several quality-of-life dimensions in relation to physical activity among individuals with intellectual and/or physical disabilities attending support and care centres. Participants reported high levels of emotional well-being, self-determination, personal development, and perceived rights, highlighting the role of sport as a meaningful socio-educational context. However, lower scores in aspects related to socio-sport inclusion suggest that, although participation in structured environments is well established, inclusion in broader community contexts remains limited. In addition, differences according to relationship status and region point to the influence of both interpersonal and contextual factors in shaping the experience of physical activity.

Several limitations should be considered when interpreting these results. Non-probabilistic sampling restricts generalizability, and the cross-sectional design prevents establishing causal relationships or changes over time. Self-reported data may be affected by response biases, and the study did not include frequency, type, or intensity of physical activity. The ad hoc questionnaire requires further validation: overall internal consistency and factorability do not establish the reliability of each dimension, the eight-dimensional structure, or measurement equivalence across intellectual and physical disabilities. Scores may also reflect opportunities to participate; for example, practising sport with a partner depends on relationship status, and being interviewed at sports events is a specific aspect of visibility rather than a comprehensive measure of inclusion. Multiple exploratory comparisons additionally increase the risk of chance findings. These limitations should inform interpretation and future instrument development.

Future research should address these limitations by employing longitudinal and mixed method designs that allow for a deeper exploration of participants' experiences. It would also be relevant to include variables related to the characteristics of physical activity, as well as to analyse the influence of institutional contexts, professional support, and social networks.

From an applied perspective, the findings underline the importance of promoting physical activity as a socio-educational tool within support centres. Programs should not focus exclusively on physical outcomes but also on fostering autonomy, social interaction, and meaningful participation (González-García



et al., 2025). Particular attention should be paid to strengthening socio-sport inclusion beyond the centre, facilitating access to community-based activities and increasing visibility and recognition. This implies moving from a model centred on participation within protected environments toward a more inclusive approach that promotes engagement in diverse social contexts (D'Amours et al., 2025).

Physical activity should be understood as a key socio-educational resource for improving quality of life among people with disabilities, not only in terms of health, but also as a means of fostering inclusion, participation, and citizenship.

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