

**INCLUSION IN PHYSICAL AND HEALTH EDUCATION IN PRIMARY EDUCATION****\*Elvira Nikšić and Naida Ajanović Fazlagić**

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**Received** 18<sup>th</sup> October 2025; **Accepted** 27<sup>th</sup> November 2025; **Published online** 26<sup>th</sup> December 2025

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**Abstract**

Contemporary society requires changes in education that ensure equal conditions for the development of the potential and abilities of every individual. In this context, the education of students with developmental difficulties represents one of the key challenges of the modern school. Creating conditions for the inclusive education of students with developmental difficulties and their peers in mainstream schools implies the development of a child-centred school focused on individual needs. The study included N = 100 teachers working in primary education. The aim of the research was to examine teachers' attitudes towards the current state of inclusion in physical and health education in primary education. Data were collected using a questionnaire and analysed with the statistical software IBM SPSS Statistics 20. The chi-square test and analysis of variance (ANOVA) were used to examine statistical significance. The research results are presented in tables and graphs, using structured bar charts and pie charts to provide a clearer presentation of the findings. The pedagogical significance of the study is reflected in the need to improve the organisation and implementation of physical and health education when working with students with developmental difficulties in primary education. The results showed that teachers face numerous difficulties in planning, organising and delivering instruction, but also that they hold positive attitudes towards the possibilities for improving inclusive practice and the inclusion of students with developmental difficulties in physical and health education classes.

**Keywords:** Inclusion, Challenges, Physical and Health Education, Primary Education.

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**INTRODUCTION**

An education system that strives to provide quality education for all must ensure that every student has equal access to education that enables their full intellectual, emotional, social, moral, and physical development, in accordance with their age, developmental needs, and interests. In this context, inclusive education represents a cornerstone of contemporary educational policies, as it allows every student to learn, develop, and acquire high-quality and functional knowledge necessary for life in modern society. Such an approach implies respect for and appreciation of individual differences among students, strengthening their self-confidence, and preparing them for active and productive participation in society in line with their abilities (UNESCO, 2009; Booth & Ainscow, 2011). Inclusive education is oriented toward the development of each student's optimal potential through the adaptation of schools, curricula, and teaching methods to individual student needs. The education of students with developmental difficulties refers to schools, learning centers, and education systems that are open and accessible to all, without discrimination. For inclusion to be effectively implemented in practice, it is essential that teachers, schools, and the entire educational system continuously change and adapt in order to adequately respond to the diversity of students' educational needs and to enable their active participation in all aspects of school life (Ainscow, 2020). This approach also entails the systematic reduction or removal of barriers that may hinder the learning process, both within the school and in its broader environment. Physical and Health Education plays a particularly important role in achieving the goals of inclusive education, as it involves the active participation of all students in instructional activities and represents an important mechanism in combating

discrimination and various forms of exclusion from mainstream schooling. Within this subject area, it is necessary to ensure the participation of all students, regardless of whether they are typically developing students, gifted students, or students with developmental difficulties. Given that developmental difficulties are highly heterogeneous and that there are numerous classifications according to which they are categorized, Physical and Health Education requires a high level of individualization, strong professional competencies of teachers, and flexibility in planning and implementing instructional content (Hutzler, 2007). Physical and Health Education, like any other instructional process, implies "a scientifically grounded and systematically organized institutional educational activity intended for students, that is, participants of a certain age and differentiated level of education" (Višnjić *et al.*, 2004). It is based on carefully planned and goal-oriented movement processes, primarily involving children and young people, thereby contributing to their holistic development as well as to broader social and civilizational progress. Physical and Health Education represents an exceptionally important area in the upbringing and education of the younger generation. The careful selection of teaching contents and their appropriate methodological design including the assessment of students' psychophysical status, the development of programmes, their implementation, and continuous monitoring throughout the process are fundamental prerequisites for improving quality and, consequently, the overall impact of the educational process (Peršun *et al.*, 2011). Since the student is an active subject in this process, their feedback constitutes a significant contribution to a more efficient, higher-quality, and more rational implementation of teaching. Students with developmental difficulties are defined as those who are unable to achieve or maintain a satisfactory level of health and development, or whose health status and development may significantly deteriorate without additional support or

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specialized services in the fields of healthcare, rehabilitation, education, social welfare, and other forms of support (Lazor *et al.*, 2008). Such support encompasses integrated health, social, and educational services provided to the student with the aim of ensuring full social inclusion and optimal progress. It implies measures and interventions aimed at overcoming social, physical, and other barriers that hinder everyday functioning and are of crucial importance for participation in the educational process, active involvement in community life, and successful development. A fundamental characteristic of the life situation of students with developmental difficulties is the limitation of their activity, which may result from health problems, insufficient stimulation, sensory or intellectual impairments, as well as other developmental disorders (Maksimović, 2015). Accordingly, the development of students with developmental difficulties occurs with specific characteristics that distinguish them from their peers without developmental difficulties and therefore requires an individualized and systematic approach in educational practice. When discussing the role and importance of Physical and Health Education, it is necessary at the outset to emphasize that it represents “an active process of learning and empowering the individual and the community to use knowledge about psychological and social health” (Pedagogical Lexicon, 1996). In this regard, the initial phase of Physical and Health Education consists of an individual and collective assessment of the value of health as an irreplaceable and most significant factor of the general and biological life process of both the individual and society as a whole. Consequently, Physical and Health Education classes represent a combination of activities and experiential learning that enable students to gain control over factors that influence their own health as well as the health of others. The significance of Physical and Health Education is reflected in the preservation and improvement of overall health, the development of motivation and the formation of work habits, the recognition of fatigue and overexertion, as well as the appreciation of the need for relaxation and rest. Furthermore, it contributes to strengthening self-confidence and self-esteem, developing a sense of collectivism and cooperation, and acquiring knowledge and skills related to personal and collective hygiene, as well as the hygiene of the environment in which one lives. Moreover, Physical and Health Education enables the acquisition of knowledge and skills related to proper nutrition, the correct perception and avoidance of situations, places, and objects that may pose a risk to a child’s physical integrity, the development of spatial orientation abilities, and the acquisition of self-help skills and responsible behavior in everyday life situations. Inclusion in Physical and Health Education implies a systematic and pedagogically designed approach that respects the individual needs of each student, rather than the application of universal solutions (Fierro-Saldaña *et al.*, 2024). Research indicates that adapting teaching activities, applying flexible didactic and methodological models, and encouraging social interaction constitute the foundation of successful inclusive practice in physical education (Maksimović *et al.*, 2022). However, many teachers point out that their initial education is not sufficiently focused on developing competencies for working with students who have special educational and health needs, which represents a significant barrier to quality inclusion (Celestino *et al.*, 2024). Therefore, inclusion in Physical and Health Education is increasingly viewed as an issue of educational equity and professional responsibility, requiring continuous professional development of teachers and coordinated action at the level of

the school as a whole (Nikšić&Bukva, 2024; Utvić *et al.*, 2025).

## MATERIALS AND METHODS

### Participants

The study included a sample of N = 100 primary school classroom teachers working in primary education. The participants were recruited from elementary schools at the level of Canton Sarajevo. The research was conducted in accordance with the recommendations of the Helsinki Declaration, and participation was voluntary.

### Research Design

Data were collected using a scaling method. A teachers’ attitude scale was used to determine their attitudes toward the current state of inclusive physical and health education in primary education. The scale was constructed exclusively for the purposes of this study and consisted of 13 statements, through which teachers were able to express positive, neutral, or negative attitudes.

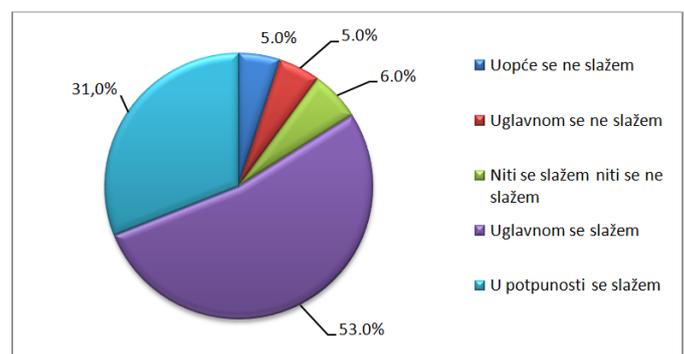
### Statistical Analysis

All data collected in the study were processed using descriptive statistical procedures. Within the scope of descriptive statistics, frequencies and percentages were calculated. Data analysis was conducted using the statistical software package SPSS for Windows, version 20.0.

## RESULTS AND DISCUSSION

### Interpretation of the Results of the Teachers’ Survey

Presentation of the frequency of teachers’ opinions regarding the current state and challenges in the implementation of inclusive physical and health education in primary education.



**Figure 1. Teachers’ opinions on whether students with developmental difficulties have problems actively participating in physical and health education classes**

First, we aimed to determine teachers’ opinions on whether students with developmental difficulties experience problems actively participating in physical and health education classes. An analysis of the graphically presented results (Figure 1) shows that slightly more than half of the total number of respondents stated that they mostly agree that students with developmental difficulties have problems actively participating in physical and health education classes (53.0%).

**Table 1. Teachers’ opinions on whether students with developmental difficulties have problems actively participating in physical and health education classes depending on years of teaching experience**

Years of Work Experience	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Up to 10 years	3 10.7%	2 7.1%	3 10.7%	14 50.0%	6 21.4%	28 100.0%
From 11 to 20 years	1 2.4%	2 4.9%	2 4.9%	20 48.8%	16 39.0%	41 100.0%
Over 20 years	1 3.2%	1 3.2%	1 3.2%	19 63.3%	9 29.0%	31 100.0%
<b>Total</b>	<b>5 5.0%</b>	<b>5 5.0%</b>	<b>6 6.0%</b>	<b>53 53.0%</b>	<b>31 31.0%</b>	<b>100 100.0%</b>

$\chi^2 = 6,841$      $df = 8p = 0,554$      $C = 0,253$

**Table 2. Teachers’ opinions on whether students with developmental difficulties have problems actively participating in physical and health education classes depending on the level of education**

Level of education	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Higher School	1 5.3%	1 5.3%	0 0.0%	14 73.7%	3 15.8%	19 100.0%
Bachelor’s degree	3 5.5%	3 5.5%	4 7.3%	26 47.3%	19 34.5%	55 100.0%
Master’s academic studies	1 3.8%	1 3.8%	2 7.7%	13 50.0%	9 34.6%	26 100.0%
<b>Total</b>	<b>5 5.0%</b>	<b>5 5.0%</b>	<b>6 6.0%</b>	<b>53 53.0%</b>	<b>31 31.0%</b>	<b>100 100.0%</b>

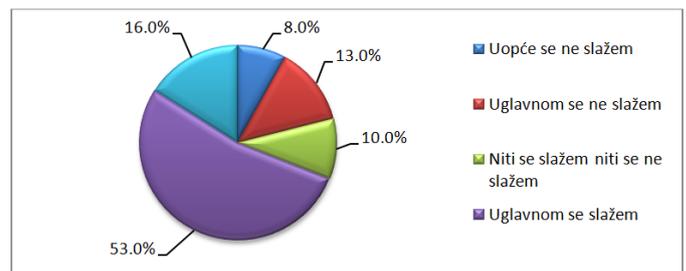
$\chi^2 = 5,271$      $df = 8p = 0,728$      $C = 0,224$

This is followed by almost one third of respondents who completely agree with this statement (31.0%). A considerably smaller proportion of respondents neither agree nor disagree with the statement (6.0%). Finally, an equal percentage of respondents (5.0%) completely disagree or mostly disagree with the claim that students with developmental difficulties have problems actively participating in physical and health education classes. These results indicate that a very high percentage of respondents believe that students with developmental difficulties face problems in actively participating in physical and health education classes. Additionally, we sought to determine whether there is a statistically significant difference in teachers’ opinions regarding this issue depending on their years of work experience. The obtained results are presented in a tabular form (Table 1).

The calculated value of  $\chi^2 = 6.841$  with  $df = 8$  and  $p = 0.554$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers’ opinions regarding whether students with developmental difficulties have problems actively participating in physical and health education classes depending on their years of work experience. On the other hand, the obtained value of the contingency coefficient  $C = 0.253$  is lower than its maximum value  $C_{max} = 0.707$ . This shows that there is no statistically significant association between teachers’ years of work experience and their opinions about whether students with developmental difficulties have problems actively participating in physical and health education classes.

At the same time, we also sought to determine whether there is a statistically significant difference in teachers’ opinions regarding whether students with developmental difficulties have problems actively participating in physical and health education classes depending on the level of education. The results obtained are presented in tabular form (Table 2).

The calculated value of  $\chi^2 = 5.271$  with  $df = 8$  and  $p = 0.728$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers’ opinions regarding whether students with developmental difficulties have problems actively participating in physical and health education classes depending on the level of education. On the other hand, the obtained value of the contingency coefficient  $C = 0.224$  is lower than its maximum value  $C_{max} = 0.707$ . This indicates that there is no statistically significant association between teachers’ level of education and their opinions about whether students with developmental difficulties have problems actively participating in physical and health education classes.



**Figure 2. Teachers’ opinions on whether students with developmental difficulties are motivated to participate in physical and health education classes**

We also aimed to determine teachers’ opinions on whether students with developmental difficulties are motivated to participate in physical and health education classes. The obtained results are presented graphically (Figure 2). By examining the results presented graphically (Figure 2), it can be observed that slightly more than half of the total number of respondents stated that they mostly agree with the claim that students with developmental difficulties are motivated to participate in physical and health education classes (53.0%).

**Table 3. Teachers’ opinions on whether students with developmental difficulties are motivated to participate in physical and health education classes depending on their years of work experience**

Years of Work Experience	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Up to 10 years	3 10.7%	5 17.9%	3 10.7%	13 46.4%	4 14.3%	28 100.0%
From 11 to 20 years	3 7.3%	4 9.8%	5 12.2%	23 56.1%	6 14.6%	41 100.0%
Over 20 years	2 6.5%	4 12.9%	2 6.5%	17 54.8%	6 19.4%	31 100.0%
Total	8 8.0%	13 13.0%	10 10.0%	53 53.0%	16 16.0%	100 100.0%

$\chi^2 = 2,457$ df = 8p = 0,964; C = 0,155

**Table 4. Teachers’ opinions on whether students with developmental difficulties**

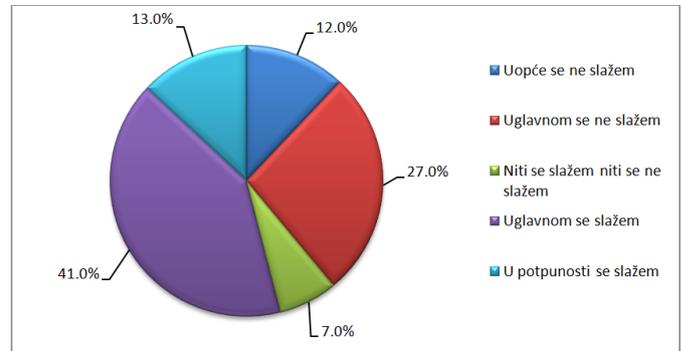
Level of education	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Higher School	2 10.5%	2 10.5%	2 10.5%	9 47.4%	4 21.1%	19 100.0%
Bachelor’s degree	3 5.5%	6 10.9%	6 10.9%	33 60.0%	7 12.7%	55 100.0%
Master’s academic studies	3 11.5%	5 19.2%	2 7.7%	11 42.3%	5 19.2%	26 100.0%
Total	8 8.0%	13 13.0%	10 10.0%	53 53.0%	16 16.0%	100 100.0%

$\chi^2 = 4,268$ df = 8p = 0,832; C = 0,202

This is followed by respondents who completely agree with this statement (16.0%), and then by respondents who mostly disagree with the statement (13.0%). A total of 10.0% of respondents stated that they neither agree nor disagree with the claim that students with developmental difficulties are motivated to participate in physical and health education classes, while those who completely disagree with this statement account for 8.0%.

Furthermore, we aimed to determine whether there is a statistically significant difference in teachers’ opinions regarding whether students with developmental difficulties are motivated to participate in physical and health education classes depending on their years of work experience. The results obtained are presented in tabular form (Table 3). The calculated value of  $\chi^2 = 2.457$  with  $df = 8$  and  $p = 0.964$  is lower than the critical values at significance levels 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers’ opinions regarding whether students with developmental difficulties are motivated to participate in physical education and health classes depending on their years of work experience. On the other hand, the obtained contingency coefficient value  $C = 0.155$  is lower than its maximum value  $C_{max} = 0.707$ . This shows that there is no statistically significant association between teachers’ years of work experience and their opinions about whether students with developmental difficulties are motivated to participate in physical education and health classes. At the same time, we also aimed to determine whether there is a statistically significant difference in teachers’ opinions about students with developmental difficulties being motivated to participate in physical education and health classes depending on their level of education. The results we obtained are presented in tabular form (Table 4). The calculated value of  $\chi^2 = 4.268$  with  $df = 8$  and  $p = 0.832$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers’ opinions regarding whether students with developmental disabilities are motivated to participate in physical and health education classes depending on their level of education.

On the other hand, the obtained value of the contingency coefficient  $C = 0.202$  is lower than its maximum value  $C_{max} = 0.707$ . This indicates that there is no statistically significant association between teachers’ level of education and their opinions on whether students with developmental disabilities are motivated to participate in physical and health education classes.



**Figure 3. Teachers’ opinions on whether students with developmental disabilities receive the necessary support from their peers to participate in physical and health education classes**

Based on the graphically presented results (Figure 3), it can be observed that slightly less than half of the total number of respondents stated that they mostly agree with the claim that students with developmental disabilities receive the necessary support from their peers to participate in physical and health education classes (41.0%). Interestingly, this is followed by respondents who mostly disagree with the statement that students with developmental disabilities receive the necessary peer support to participate in physical and health education classes (27.0%), while they are followed by respondents who fully agree with this statement (13.0%). Furthermore, 12.0% of respondents stated that they completely disagree with the claim that students with developmental disabilities receive the necessary peer support to participate in physical and health education classes, while the smallest proportion of respondents were those who neither agree nor disagree with this statement (7.0%).

**Table 5. Teachers' opinions on whether students with developmental disabilities receive the necessary support from peers to participate in physical and health education classes depending on years of teaching experience**

Years of Work Experience	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Up to 10 years	4 14.3%	7 25.0%	2 7.1%	10 35.7%	5 17.9%	28 100.0%
From 11 to 20 years	4 9.8%	11 26.8%	3 7.3%	18 43.9%	5 12.5%	41 100.0%
Over 20 years	4 12.9%	9 29.0%	2 6.5%	13 41.9%	3 9.7%	31 100.0%
Total	12 12.0%	27 27.0%	7 7.0%	41 41.0%	13 13.0%	100 100.0%

$$\chi^2 = 1,498 \text{ df} = 8 \text{ p} = 0,993; C = 0,121$$

**Table 6. Teachers' opinions on whether students with developmental difficulties receive the necessary peer support to be included in physical and health education classes, depending on the level of education.**

Level of education	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Higher School	2 10.5%	5 26.3%	2 10.5%	9 47.4%	1 5.3%	19 100.0%
Bachelor's degree	3 5.5%	17 30.9%	4 7.3%	22 40.0%	9 16.4%	55 100.0%
Master's academic studies	7 26.9%	5 19.2%	1 3.8%	10 38.5%	3 11.5%	26 100.0%
Total	12 12.0%	27 27.0%	7 7.0%	41 41.0%	13 13.0%	100 100.0%

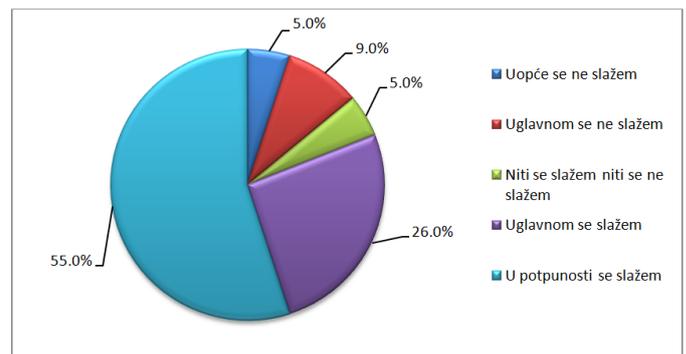
$$\chi^2 = 10,070 \text{ df} = 8 \text{ p} = 0,260; C = 0,302$$

These results indicate somewhat divided opinions, given that nearly one-third of respondents expressed a negative stance on this issue; however, respondents who mostly agree that students with developmental disabilities receive the necessary peer support to participate in physical and health education classes are still in the majority. Additionally, we sought to determine whether there is a statistically significant difference in teachers' opinions regarding whether students with developmental disabilities receive the necessary peer support to participate in physical and health education classes depending on the number of years of their teaching experience. The obtained results are presented in tabular form (Table 5).

The calculated value of  $\chi^2 = 1.498$  with  $\text{df} = 8$  and  $\text{p} = 0.993$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers' opinions regarding whether students with developmental difficulties receive the necessary peer support to be included in physical and health education classes, depending on the number of years of their teaching experience. On the other hand, the obtained value of the contingency coefficient  $C = 0.121$  is lower than its maximum value  $C_{\text{max}} = 0.707$ . This indicates that there is no statistically significant association between teachers' years of teaching experience and their opinions on whether students with developmental difficulties receive the necessary peer support to be included in physical and health education classes. At the same time, we also aimed to determine whether there is a statistically significant difference in teachers' opinions regarding whether students with developmental difficulties receive the necessary peer support to be included in physical and health education classes, depending on the level of education. The results obtained are presented in tabular form (Table 6). The calculated value of  $\chi^2 = 10.070$  with  $\text{df} = 8$  and  $\text{p} = 0.260$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference in teachers' opinions regarding whether students with developmental difficulties receive the necessary support from their peers to be included in physical and health education classes, depending on the level of education.

On the other hand, the obtained value of the contingency coefficient  $C = 0.302$  is lower than its maximum value  $C_{\text{max}} = 0.707$ . This indicates that there is no statistically significant association between the teachers' level of education and their opinions regarding whether students with developmental difficulties receive the necessary support from their peers to be included in physical and health education classes.

Finally, we also sought to determine teachers' opinions on whether students with developmental difficulties receive the necessary support from teachers in order to be included in physical and health education classes. The obtained results are presented graphically (Figure 4).

**Figure 4. Teachers' opinions on whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes**

By examining the results presented graphically (Figure 4), we can observe that slightly more than half of the total number of respondents stated that they completely agree that students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes (55.0%). This is followed by respondents who mostly agree with the statement that students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes (26.0%), and then by respondents who mostly disagree with this statement (9.0%).

**Table 7. Teachers' opinions on whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes depending on years of work experience**

Years of Work Experience	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Up to 10 years	2	3	1	6	16	28
	7.1%	10.7%	3.6%	21.4%	57.1%	100.0%
From 11 to 20 years	2	3	3	11	22	41
	4.9%	7.3%	7.3%	26.8%	53.7%	100.0%
Over 20 years	1	3	1	9	17	31
	3.2%	9.7%	3.2%	29.0%	54.8%	100.0%
Total	5	9	5	26	55	100
	5.0%	9.0%	5.0%	26.0%	55.0%	100.0%

$$\chi^2 = 1,822 \text{df} = 8 \text{p} = 0,986; C = 0,134$$

**Table 8. Teachers' opinions on whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes, depending on the level of education**

Level of education	Strongly disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Strongly agree	Total
Higher School	2	0	1	7	9	19
	10,5%	0,0%	5,3%	36,8%	47,4%	100,0%
Bachelor's degree	3	5	3	8	36	55
	5,5%	9,1%	5,5%	14,5%	65,5%	100,0%
Master's academic studies	0	4	1	11	10	26
	0,0%	15,4%	3,8%	42,3%	38,5%	100,0%
Total	5	9	5	26	55	100
	5,0%	9,0%	5,0%	26,0%	55,0%	100,0%

$$\chi^2 = 14,347 \text{df} = 8 \text{p} = 0,113; C = 0,354$$

Finally, an equal percentage of respondents completely disagree and those who neither agree nor disagree with this statement (5.0%). Here, we observe that a very high percentage of respondents expressed a positive opinion regarding the provision of support to students with developmental difficulties by teachers when being included in physical and health education classes. Additionally, we wanted to determine whether there is a statistically significant difference in teachers' opinions regarding whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes depending on their years of work experience. The results obtained are presented in tabular form (Table 7). The calculated value of  $\chi^2 = 1.822$  with  $df = 8$  and  $p = 0.986$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference between teachers' opinions regarding whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes, depending on the number of years of their work experience. On the other hand, the obtained value of the contingency coefficient  $C = 0.134$  is lower than its maximum value  $C_{max} = 0.707$ . This indicates that there is no statistically significant association between teachers' years of work experience and their opinions about whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes. At the same time, we aimed to determine whether there is a statistically significant difference in teachers' opinions regarding whether students with developmental difficulties receive the necessary support from teachers to be included in physical and health education classes, depending on the level of education. The results obtained are presented in tabular form (Table 8). The calculated value of  $\chi^2 = 14.347$  with  $df = 8$  and  $p = 0.113$  is lower than the critical values at the significance levels of 0.05 and 0.01 (15.507 and 20.090), which indicates that there is no statistically significant difference between teachers' opinions on whether students with developmental disabilities receive the necessary support from teachers to be included in physical and health education classes depending on the level of education.

On the other hand, the obtained value of the contingency coefficient  $C = 0.354$  is lower than its maximum value  $C_{max} = 0.707$ . This shows that there is no statistically significant association between the teachers' level of education and their opinions regarding whether students with developmental disabilities receive the necessary support from teachers to be included in physical and health education classes.

## Conclusion

The results of the conducted research point to the complexity and multidimensional nature of inclusion in physical and health education in primary education. Teachers' attitudes clearly show that students with developmental disabilities encounter objective difficulties in actively participating in teaching activities, although, according to teachers' perceptions, they are largely motivated to take part in classes. These findings confirm that student motivation is not the decisive limiting factor of inclusion; rather, the key barriers are related to the organization of teaching, adaptation of content, material and technical conditions, and systemic support. The research showed that there are no statistically significant differences in teachers' attitudes with regard to years of work experience and level of education, which indicates that the challenges of inclusive practice are perceived universally, regardless of professional experience or formal educational level. A particularly significant finding is that the majority of teachers believe that students with developmental disabilities receive adequate support from teachers, while opinions regarding peer support are considerably more divided. This result points to the need for the systematic development of social inclusion and peer support as integral components of physical and health education. The pedagogical significance of the research is reflected in emphasizing the need to improve teachers' competencies through continuous professional development, strengthening interdisciplinary cooperation (teacher – professional associates – parents), and improving working conditions in schools. Inclusion in physical and health education cannot be viewed solely as the individual responsibility of teachers, but rather as a systemic process that requires the support of educational institutions, clear

educational policy guidelines, and available resources. In conclusion, the research results confirm that teachers generally hold positive attitudes toward inclusion and clearly recognize its importance, while at the same time indicating the need for further improvement of organizational, methodological, and institutional prerequisites for high-quality and sustainable inclusive practice in physical and health education in primary education.

**Acknowledgements:** The authors would like to thank every participant for their effort and time.

**Funding** - No sources of funding were used to assist in the preparation of this manuscript.

**Conflicts of interest** - The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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