The study of self-perceptions in young people with Down syndrome (DS) is an underdeveloped area of research in Portugal and there are no findings for perceived competence and social acceptance.

The purpose of the present study is to evaluate the dimensions of perceived competence and social acceptance in young people with Down syndrome and to assess in which way age; gender and sport play an important role in these dimensions. To reach these goals a Portuguese version of the Pictorial Scale of Perceived Competence and Social Acceptance in Young Children (Harter & Pike, 1984) was used.

Participants were 47 institutionalised individuals with Down syndrome, 21 females and 26 males, age between 8 and 20 years. From the lot, 28 practice sports frequently.

Results suggested that perceived competence become more positive with age. The subscales means for both groups were positively skewed. All male subjects outstood the female ones in all subscales.

INTRODUCTION

The study of selfperceptions in special populations is reduced and the evidences concerning the perceived ability and the social acceptance of children and young people with Down Syndrome are not very expressive either.

Considering the importance of selfperceptions it was our goal to carry an investigation in this area for there is not national data on this issue.

With this work it is intended to evaluate the dimensions of perceived competence and social acceptance of children and young people with Down Syndrome; to ascertain in what way gender, age and sports play an important feature
on those dimensions, as well as to survey to what extent children and young people with Down Syndrome are self-aware as regards their own competence and acceptance, compared to other fellow children of other studies with the same syndrome. To reach these goals we used the *Pictorial Scale of Perceived Competence and Social Acceptance in Young Children* (Harter & Pike, 1984), adapted for Portuguese.

We use the PSPCSA (Harter & Pike, 1984) because it offers the greatest potential for assessing the self-concept of children with Down Syndrome (Begley & Lewis, 1998).

**MATERIALS AND METHODS**

The sample consisted of 47 individuals (21 females; 26 males). Their age ranges between the 8 and 20 years, an average of 14.70. There were three age groups: 8 to 12 years (N=12), 13 to 17 years (N=27) and 18 to 20 years (N=8). All subjects attended special schools for pupils with intellectual disability. From the lot, 28 practice sports outside the institution.

The Preschool – Kindergarten version of the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children was used. This 24-item instrument is made up of four subscales comprised of ten items each: Cognitive Competence, Physical Competence, Peer Acceptance, and Maternal Acceptance. Each answer has a 4-point response format.

Two illustrations are presented for each item, typically, a child who is very good at the task(s) depicted and a child who is not very good at the task(s). The child is read two brief statements, one positive and one negative, for each of the pictures. The child is then asked to choose which of the children from the two statements is most like him or her. After the respondent identifies with one of the children, the interviewer asks whether she or he is a lot like that child or a little like that child.

Procedures and purpose of the study were explained to the participants and the instruments were administrated by the same researcher using standardized instructions, in quiet room conditions.
RESULTS

As we see on table 1, subjects had high self-perceptions scores for each domain.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>sd</th>
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</thead>
<tbody>
<tr>
<td><strong>Academic competence</strong></td>
<td>2,64</td>
<td>0,61</td>
</tr>
<tr>
<td><strong>Peer acceptance</strong></td>
<td>2,84</td>
<td>0,49</td>
</tr>
<tr>
<td><strong>Physical competence</strong></td>
<td>2,80</td>
<td>0,63</td>
</tr>
<tr>
<td><strong>Parents acceptance</strong></td>
<td>2,85</td>
<td>0,34</td>
</tr>
</tbody>
</table>

Comparing sex differences, tests revealed that males had higher self-perceptions scores than female pupils. Mann Whitney U tests didn’t revealed significant differences.

Results show that the oldest pupils (age group 18 at 20 years) had higher perceived competence scores than other groups. On social acceptance, younger group had higher scores.

There were significant differences on perceived competence, for p ≤ 0,05: Academic and physical competence increased across the three age groups.

Spearman’s correlation coefficient revealed that there are relationship between perceived competence and age (p>.01).

Sport participants had higher self-perceptions scores at social acceptance and lower perceived competence. No significant differences were found.

DISCUSSION
The most considerable result was that subjects view themselves positive, as we can see on table 2. This table also presents the results of researches that use the Pictorial Scale (Harter & Pike, 1984). Additionally we set the results of Harter & Pike study, using children without special needs.

Table 2 – Pictorial Scale mean scores in different studies

<table>
<thead>
<tr>
<th></th>
<th>Academic Competence</th>
<th>Physical Competence</th>
<th>Peer acceptance</th>
<th>Parental acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
<td>Mean</td>
<td>sd</td>
</tr>
<tr>
<td>Present study (2005)</td>
<td>2.64</td>
<td>0.61</td>
<td>2.80</td>
<td>0.63</td>
</tr>
<tr>
<td>Glenn &amp; Cunningham (2001)</td>
<td>3.95</td>
<td>0.14</td>
<td>3.90</td>
<td>0.28</td>
</tr>
<tr>
<td>Begley (1999)</td>
<td>3.47</td>
<td>-</td>
<td>3.52</td>
<td>-</td>
</tr>
<tr>
<td>Cuskelley &amp; de Jon (1996)</td>
<td>3.60</td>
<td>0.55</td>
<td>3.60</td>
<td>0.54</td>
</tr>
<tr>
<td>Harter &amp; Pike (1984)</td>
<td>3.50</td>
<td>0.43</td>
<td>3.30</td>
<td>0.43</td>
</tr>
</tbody>
</table>

As Begley and Lewis (1998) assumed, the assessment of these children’s self-concept is important because firstly, this aspect is likely to be neglected by researchers and secondly there are many evaluation contexts in which is reasonable to include.

These results suggest that it is possible that children with DS may not be at a high enough cognitive level to make judgments about their abilities. It is possible that this type of cognitive functioning emerges with age, so that as children with DS get older, their self-evaluations become more accurate (Cuskelley & de Jon, 1996).
We came across statistically significant differences on some variables studied: on academic competence and on physical competence subscales for age. Results suggested that perceived competence of people with Down Syndrome become more positive with age. The subscales means for both groups (male and female) were positively skewed. We can point out that all male subjects outstood the female ones in all subscales. The correlation patterns show that there is a connection social acceptance and perceived competence in the different groups.

CONCLUSION

We can conclude that students with DS are capable to respond about their selfperceptions.

Feelings of competence and competence expectations are good predictors for active participation in treatment or educational process. Also more knowledge can be obtained of the child’s expectations and of its future behaviour. However, ongoing work on validity is necessary, especially searching for a valid measure to establish the external validity of adaptations of Perceived Competence Scales for children with special needs (Čurdová et al., 2001).

This study represented a small population and while some interesting results were revealed, the conclusions must be interpreted carefully and generalization is limited. Further research is needed to investigate these concepts in different context.

SELECTED REFERENCES


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