

## Assessment Of The Quality Of Life For Families Of Children With Disabilities In The City Of Jeddah

Moayyad A. Homidi

Article Info	Abstract
<p><i>Article History</i></p> <p>Received: January 03, 2021</p> <p>Accepted: April 01, 2021</p> <hr/> <p><b>Keywords:</b> Quality Of Life, Individuals With Disabilities, Parents</p> <p><b>DOI:</b> 10.5281/zenodo.4657374</p>	<p><i>The present study aimed to identify the quality-of-life levels of families of individuals with disabilities and to study the impact of the gender variables of the disabled and the type of disability that affects their quality of life; the study sample consisted of (156) parents of students with disabilities in the city of Jeddah, who were randomly selected. To achieve the study's objectives, the researcher prepared a tool for measuring the quality of life consisting of six areas with (52) paragraphs. After verifying the validity of the scale and extracting the validity and reliability indications, the researcher undertook the necessary procedures to apply it to the study sample and extract the results. The results indicated low levels in all areas of the scale, but the field of social life was the lowest with an arithmetic average (18.93), and then the field of family life with an average (19.11), the field of emotional life with an average (21.05), the field of mental health with an average (24.63), and the field of time management with an average (26.13). Finally, the field of public health got the highest average of (29.52). The results of the study also indicated that there are no statistically significant differences in the quality of life levels attributed to the gender variable and the existence of statistically significant differences in the quality of life attributable to the type of disability variable in favor of other disabilities versus mental disability and versus autism, and in favor of mental disability versus autism. Accordingly, the researcher recommended working to provide an appropriate healthy environment for individuals with disabilities, to verify opportunities to enjoy life and to remove all obstacles that prevent their integration into their societies, and work to provide family awareness programs that work to achieve the principle of well-being and a sense of contentment for families and the disabled, to ensure the quality of their lives.</i></p>

### Introduction

The concept of quality of life has received great attention in the field of psychology. The term quality of life is a relatively recent concept, where it appeared as one of the main topics in the field of positive psychology, as it is a field that focuses on the positive characteristics and strengths of the individual to help him to show positive behaviors, to reach human development according to the levels and standards of positive mental health, and thus contribute to personal and societal growth. Although psychologists in the past decades ignored the positive aspects of a person and focused on the problems he suffers from, such as depression, anxiety, pain, dissatisfaction, and the inability to get along with society, the number of studies that have examined the quality of life confirms a clear interest in this concept, researchers have dealt with it in various scientific fields, each from its specialized point of view. Perhaps the basic issue is how this term should be defined and understood and the difference between the quality of life in general and the quality of life-related to health or various disabilities in particular. And the importance of the quality of life comes to emphasize the essential role of the environment in the emergence of psychological incompatibility problems due to the frustration and threat factors it contains and the lack of self-realization opportunities among disabled individuals in particular. And also because of the psychological pressure they are exposed to, this makes the individual tense and afraid of life and increases his sense of failure while seeking to achieve himself and meet his future needs and aspirations, which affects his life and the extent of his self-acceptance (Eysenck, Payne, Santos, 2006). All aspects of life interact with each other, as the physical condition affects leisure time activities and both affect our social connections and the environment affecting all aspects of our life, and these aspects, in turn, affect the environment. (Brown and Brown, 2003).

The educational literature has emphasized that the quality of life changes with the change of the state of individuals, so everyone has his own personality and his private life, which is different from others, as the poor, for example, sees the quality of life in money, the patient finds the quality of life in health. The sterile sees the

quality of life in children, so the concept of quality of life is a comprehensive concept that includes good health, and achieving happiness and individual satisfaction with their lives and self-esteem, or the availability of mental health for them. (Cummins, 1997) and what should be noted is that the quality of life is devoted to the similar characteristics and processes that exist in all individuals. In general, it is directed to things that are important to all members of the human race, and that is why issues such as health, nutrition, housing, comfort, and social cohesion are important issues for all individuals, whether they have a disability or not, and who live in all countries through different stages in history. (Brown and Brown, 2003).

### **The Problem of the Study**

In light of the interest in the issue of quality of life in general, the quality of life for persons with disabilities is an important evidence of the quality of the material and social services provided to them, represented by the individual's satisfaction with them and his sense of happiness and desire for life, and the topic of quality of life has received research interest in it recently through studies conducted in order to improve the meaning of life and quality of life among various samples of society, but it did not appear - within the limits of the researcher's knowledge and the nature of his work, indicating that this concept is taken up by families of individuals with disabilities, in the city of Jeddah, as they are a segment that should not be underestimated in terms of numbers, capabilities, personal requirements and the roles they play, and this comes from the greatness of their role in building the infrastructure of the community in the city of Jeddah and determining its future and identity.

In light of the above, the current study problem can be identified in an attempt to identify the quality of life of families of children with disabilities in the city of Jeddah by answering the following questions:

### **The Study Questions**

The first question: What is the level of quality of life for families of individuals with disabilities in the city of Jeddah from their point of view?

The second question: Are there statistically significant differences in the quality of life for families of individuals with disabilities in the city of Jeddah due to the gender variable of the disabled?

The third question: Are there statistically significant differences in the quality of life for families of individuals with disabilities in the city of Jeddah due to the variable of the type of disability?

### **The Importance of the Study**

This study derives its importance from the importance of the concept of quality of life and its impact on the individual and his relationship with others, and the resulting benefits that indicate a positive direction towards life. More precisely, the importance of this study can be summarized in the following points:

The current study is one of the first scientific studies - within the limits of the researcher's knowledge - that examined the concept of quality of life among families of children with disabilities in the city of Jeddah.

The present study represents a starting point for Arab studies to address the concept of quality of life in all its aspects. Where researchers can benefit from it in future studies.

### **The Objectives of the Study**

1. 1- The present study aimed at identifying the quality of life of families of individuals with disabilities in the city of Jeddah from their point of view.
2. Study the effect of the gender variables of the disabled and the type of disability on the quality of life of individuals with disabilities in the city of Jeddah.
3. Creating a theoretical framework that benefits specialists, educational counselors, and families about the concept of quality of life and helps them support positive trends towards their children's lives.

### **The Study Limitations**

The limitations of the current study were limited to the following:

Spatial limits: all schools and centers of special education that students with disabilities attend in Jeddah.

Temporal limits: The study was applied, and the tool was distributed during the last four months of the year 2020 AD.

Objective limits: The generalization of the results of this study is determined by the characteristics of the psychometric quality of life scale, its validity, and its validity and reliability criteria.

Human Limits: The study sample was restricted to families of children with disabilities in Jeddah.

Hence, this study's results and the possibility of generalization are related to the previously mentioned limitations.

### **The Study terms and procedural definitions**

#### **Quality of life**

It refers to the individual feeling of psychological happiness through the different stages of his life and emanating from his positive efforts in (independence, self-sufficiency, personal growth, positive relationships

with others, and self-acceptance to achieve his goals in life. (Ryff & Keyes, 1995) Procedurally, the quality of life in the current study refers to the degree obtained by the study sample members on the scale of quality of life.

#### **Individuals with disability**

They are individuals who suffer from a condition that limits their ability to perform one or more essential functions in daily life, such as self-care or the exercise of the social relationship and economic activities, within the limits that are considered normal (Whool group, 1995). Procedurally, people with disabilities are defined as individuals who enroll in special education programs after specialists diagnosed them as suffering from a disability that limits their abilities to perform their peers' jobs.

#### **Theoretical Framework and Previous Studies**

Psychology came to care greatly and broadly in the quality of life, as the observer of this concept notes that it exists in various psychological, educational, applied, and theoretical disciplines and this is because psychology precedes other sciences in understanding and clarifying all the variables that affect the quality of individuals' lives, so the quality of life expresses the self-awareness of that quality. It also notes the interest of recent psychological studies in the concept of quality in general and quality of life for individuals with disabilities. (Al-Ashwal, 2005) Therefore, positive psychology emerged with its contributions, concepts, and skills that call and urge individuals to rise towards positivity in their lives to search for the positive traits and characteristics that they want to achieve and also to address the weaknesses that the individual is exposed to (Choucair, 2009).

Positive psychology has a large and important role in improving and developing the behavior of children with disabilities, as human behavior is what contributes to achieving or not achieving the quality of the environment around a person and the services provided to him, in other words, the quality of human behavior greatly contributes to achieving quality of life (Muharram, 1994).

The modern approach to special education focuses on the positive touch that includes quality of life and the importance of a positive outlook on life. It is known that good conditions have an important role in raising children with disabilities, knowing that much of what they suffer from harsh breeding or inappropriate conditions makes them more challenging to their disabilities and exploiting their available capabilities. Through this, they develop good skills for adaptation (Coping Strategies). Thus, the meaning of life appears, and the reason for this is that most members of society use defensive pessimism. When exposed to the pressures of life, thinking about the positive aspects of life raises severe anxiety for them because negative thinking is the one that dominates the majority of people. (Al-Fangary, 2006).

What is worth noting is that the quality of life is constantly changing from day to day and from year to year, and any planned events or not can make a difference in the quality of a person's life, also, with time, the individual's priorities, needs, and outlook towards the same things change, and accordingly, the individual's quality of life varies according to the different factors that contribute to achieving the quality of his life over time. Brown and Brown, 2003).

#### **Definition of quality of life**

It is noted that there is great difficulty in finding a specific definition of the concept of quality of life as it is considered a relatively complex concept due to its overlap with a wide range of emotional, cognitive, and psychological factors. The difficulty in defining the quality of life can be summed up as one of the modern concepts in terms of an accurate scientific approach. Also, the use of many sciences for this concept in different areas of life increases the difficulty of finding a unified definition for it (Al-Ashwal, 2005) as it is used to express the sophistication of the social and material services provided by institutions to individuals in society, it is also used to express the ability of community members and the extent to which their basic needs are satisfied from these services. Likewise, the concept of quality of life is not related to one branch of science, but rather is used widely, as it is one of the concepts that have been distributed among scholars of different specialties, and it is worth noting that every researcher in a particular specialty thinks that he is most entitled to use this concept (Kathem and Al-Bahadli, 2006). The quality of life is a personal concept. Although the quality of life is directed towards all individuals' similar processes, this similarity changes when each individual makes his choices and responds to his unique needs. That is why the quality of life means something different for each individual, and there is a unique interaction between the individual and the characteristics of his environment and this interaction is what determines the quality of life, and understanding this uniqueness and effective intervention is the key to helping to understand the quality of life. Brown and Brown, 2003).

#### **The concept of quality in linguistic terms:**

Quality has the origin of the triple verb (good), and good, according to Ibn Manzur, is the opposite of bad, and he found something good. Thus, this concept is related to quality, distinction, consistency, and obtaining predetermined standards and levels (Kazem and Al-Bahadli, 2006). In short, quality means conforming to specific requirements or specifications (Taameya, 2006).

#### **The concept of quality of life from a psychological point of view**

Quality of life is defined as "having the right opportunities to achieve meaningful goals" (Goode, 1990). The World Health Organization has defined it as the individual's perception of their social position in life in the context of the society's culture and values and its relationship to their goals, expectations, standards, and interests, in addition to physical and psychological health, level of independence, social relationships, personal beliefs and their relationship to prominent environmental features. (Whool group, 1995).

Al-Arif Billah (1999) believes that the quality of life is the overall structure that consists of a set of variables that aim to satisfy the basic needs of the human being, so that this satisfaction can be measured by objective indicators that measure the potentials flowing to the individual, and subjective indicators that measure the amount of satisfaction achieved by individuals.

The quality of life is defined as the individual's feeling of psychological happiness through the different stages of his life and emanating from his positive efforts in (independence, self-sufficiency, personal growth, positive relationships with others, and self-acceptance to achieve his goals in life (Ryff, et al., 2006). It is defined as the degree of satisfaction or dissatisfaction that an individual feels about the various aspects of life and the extent of his happiness with human existence; it includes an interest in personal experiences of life situations. It also includes internal factors related to an individual's thoughts about his life and external factors such as those that measure social communication behaviors, activities, and the extent of their achievement of situations (Jassam, 2009).

Both Abdel-Fattah and Hussein (2006) believe that the quality of life: is the degree of enjoyment of the material conditions in the external environment, a sense of well-being, the satisfaction of needs and satisfaction with life, as well as the extent of the individual's awareness of aspects of his life and his sense of the meaning of life in addition to positive physical health and compatibility with the prevailing values in the society.

Al-Ansari (2006) indicates that the term quality of life has been associated with two other concepts: leisure and well-being, as well as its association with other concepts such as Evolution "The expansion of multiple options that include human rights, and these options are considered essential for human well-being." And improvement and fulfillment of needs, "which is the feeling of satisfaction, comfort, and security when fulfilling needs and motives."

#### **Quality of life and its relationship to disability**

It is axiomatic that all societies contain a group of individuals with disabilities. It is one of the most exposed groups in one way or another to complex problems and situations in their daily life. There is almost agreement that most of the disabled are predominantly affected by poor emotional and social compatibility due to unfavorable perceptions of themselves, poor self-confidence, their sense of fear, insecurity, and their sense of shyness due to fear of how people look at them. Consequently, they - most of the time - try to distance themselves from other members of society to face problems in acquiring skills that help them achieve responsibility and self-independence. Hence, the individual with a disability feels satisfied or dissatisfied or by his feeling of acceptance and agreement in his surrounding community or the opposite feeling of rejection and ostracism from society in general or the family, in particular, affecting the perception of the quality of life of the disabled people who share a strong desire to be involved in their societies and live independently and the desire to be seen and treated as normal individuals, and the desire to build relationships with others and form a family, all of this determines their perception in one way or another about the quality of life. (Good, 1994).

Perhaps the great concern when talking about the quality of life is usually focused on the psychological state of the child, as the child's psychological safety clearly contributes to giving him most of the needs he needs and any difficulties or obstacles the child suffers from having a great impact on making his life more complicated, and this forced researchers to review the types of care provided to children with disabilities and try to increase the efficiency of the services offered to them (Hoff, 2002).

The concept of quality of life is evident as providing the best possible health, physical and psychological aspects for children with disabilities, and providing a clean and appropriate environment, achieving physical sufficiency, emotional and material well-being, satisfaction with life, building and elevating the concept of a positive self, enhancing personal meaning and enjoying life, improving social and environmental conditions, and satisfying needs, by providing them with appropriate services such as educational services, communications, and transportation services, health services, social justice, the right to provide services for social integration, the spread of love, acceptance and optimism among these children, as well as helping them to look positively and raise their morale. Brown and Brown, 2003) and the quality of life of individuals with disabilities include their sense of psychological satisfaction, security, and love (El-Gamil, 2008), which leads them to meet social and psychological integration. This integration leads to their ability to create positive social relationships through their dealings with friends, family, and the external environment (Ebersole & Devogler, 1986).

#### **Indicators for measuring quality of life for children with disabilities:**

Fallowfield (1990) summarizes indicators for measuring quality of life in children with disabilities as follows:

First: Social Indicators: It indicates the ability of children with disabilities to build successful personal relationships and children to play with their peers and get along with activities.

Second: Psychological indicators: They are manifested by a child with a disability feeling anxious or depressed about his life, and on the other hand, other children feel in harmony with the surrounding environment, happiness, contentment, and coexistence with the disability.

Third: Physical indicators: Here, it is necessary to mention the importance of a child with a disability feeling satisfied with his health and physical abilities, as it is necessary to pay attention to the ability of this child to cope with pain, sleep, appetite in eating and dealing with the impotence imposed on him by his disability.

Fourth: Occupational indicators: These are the child's satisfaction with the tasks assigned to him and his love for them, the ease of carrying out the orders and tasks required of him, and his ability to complete the tasks quickly and accurately. (Fallowfield, 1990) It remains to be said that the relative contribution of these indicators depends on the individual's level of awareness of the importance of each indicator in his life.

Given these indicators, they are important in measuring the quality of life and can be widely used when preparing objective studies and measures in this field.

### **Previous Studies**

The concept of quality of life has received great attention in the educational field, and to identify the quality of life of persons with disabilities of various disabilities, many studies have been conducted in various countries of the world. However, the studies conducted in our Arab world are still very limited and relatively recent, and in the next part, we will review some of those studies:

The study of Abu Al-Rub and Al-Ahmad (2013) aimed to identify the level of quality of life for hearing-impaired and non-disabled persons in Saudi Arabia in the fields of (quality of public health, quality of family and social life, career life, quality of emotions, quality of mental health, quality of time occupation and management), and to achieve the objectives of the study; the two researchers built a tool to measure the quality of life. The sample of the study consisted of (90) hearing-impaired and (90) non-disabled persons; the study results indicated that there is a statistical significance between the disabled and non-disabled in all dimensions of the quality of life, as well as according to all the independent variables of the study for the benefit of non-disabled persons. It was also found that there are statistically significant differences according to the educational level in favor of university graduates and in the marital status in favor of married couples, and there were no statistically significant differences attributed to gender except in the dimension of feeling satisfied and in favor of males.

As for Al-Shirawi's study (2013), it aimed to find out the correlation between adaptive behavior and quality of life among mentally disabled people at the Shafiullah Centre in the State of Qatar, as well as predicting the quality of life through the dimensions of adaptive behavior, and the study sample consisted of (24) students who were mentally disabled with a slight degree, their ages ranged between (6-20) years. To achieve the objectives of the study, the Adaptive Behaviour Scale and the Quality of Life Scale were used. The results indicated that the correlation between the dimensions of adaptive behavior and the dimensions of quality of life is positive and high in nature. However, the statistically significant correlations are limited to adaptive behavior dimensions, namely autonomic functions, physical growth, economic activity, and mental development. The study also found that the degree of quality of life for mentally disabled women can be predicted through the dimensions of adaptive behavior, as there is a statistically significant relationship between the dimensions of adaptive behavior and the dimensions of quality of life, and this means that the more students have the skills of adaptive behavior, the level of quality of life for them is high.

Within the framework of experimental studies in the context of quality of life, the study of Al-Jawalda (2013) aimed to investigate the effectiveness of an educational program based on the theory of mind in improving the quality of life for children with developmental and intellectual disabilities, where the sample of the study consisted of (74) mentally disabled individuals. The study designed an educational program based on the theory of mind that was applied over a period of two and a half months, the researcher also prepared a scale of quality of life as perceived by the home environment. The results of the study indicated that there are statistically significant differences in the measure of quality of life on the dimensional performance. There were differences in favor of males in the quality of life scale in the post-application, and there were no differences in the interaction between sex and the program. Accordingly, the study recommended the need to pay attention to people's quality of life with disabilities. The study (Haimour & Abu Hawash, 2012) aimed to explore the quality of life for parents of disabled children in Saudi Arabia. The study sample consisted of (306) parents of children with disabilities. The study sample was divided into four groups according to the type of disability, and to achieve the study objectives, the Arabic version of the World Health Organization's Quality of Life Scale was used. The results revealed that the environmental domain received the highest rate of influence on the quality-of-

life levels, while the spiritual domain was the least influential. With regard to the type of disability variable, the results indicated that there are significant differences in the quality of life depending on the type of disability the child has for the benefit of parents of children with learning difficulties (the most positive), followed by a sample of parents of children with physical disabilities, then mental disability, and finally, parents of children with autism spectrum disorder who have the lowest degree of quality of life, they are the least positive and the most negative, compared to other samples.

Al-Sartawi, Al-Mahiriya, Al-Zeyoud, and Abdat (2011) conducted a study to identify the quality of life of disabled and non-disabled persons in the United Arab Emirates. The researchers constructed a scale of quality of life that consisted of the fields (quality of public health, quality of family and social life, career life, quality of emotions, quality of mental health, time occupation, and management). The sample of the study consisted of (150) persons with disabilities and (150) non-disabled persons, according to the variables of the study (type of disability, educational level, income level, marital status, and workplace). The results indicated statistical significance between the disabled and non-disabled in all dimensions of quality of life in favor of non-disabled persons. Accordingly, the study recommended providing appropriate programs and services to reduce the gap in the quality of life between disabled and non-disabled persons. As for the study (Susan et al., 2010), it was conducted to verify the levels of quality of life for disabled children and individuals with life-threatening diseases, provided that the reasons for their low quality of life are summarized by the failure of this group to obtain the necessary health services and equipment for them, especially in rural areas far from the main cities, as well as the lack of health awareness and education for their relatives. The study also indicated that the quality of life of persons with disabilities could be improved by increasing their participation in daily life activities and providing them with special skills to alleviate the impact of disability problems.

In the same context, Kandil (2010) conducted a study aimed at verifying the effectiveness of a counseling program in developing self-independence skills (self-awareness, problem-solving, decision-making, and self-defense) and to verify the extent of the impact of developing those skills on their quality of life; the study sample consisted of (8) students from mildly mentally disabled adolescents. The study found the counseling program's effectiveness in developing self-independence skills and thus improving their quality of life.

As for (Karande & Kulkarni, 2009), their study aimed to verify the quality of life and family relationships among parents of children with autism spectrum disorders, and the study sample consisted of (45) parents, of them (18) parents of children with autism, their children ages ranged between (3-6) years, and the results showed that parents of children with autism spectrum disorder have less feeling of quality of life than the sample of parents of normal children, the results also showed that their relationships with their children are less than the relationship of ordinary parents with their children, and the results of the study also indicated that parents of children with autism suffer from higher levels of stress and lower levels of well-being compared to parents of ordinary children.

And each of (Gerber, Baud, Giroud & Galli, 2008) conducted a study aimed at monitoring the quality of life in adults with developmental and intellectual disabilities and achieving the study's objectives; the sample was divided into three groups. A tool was used to measure their quality of life. The results indicated that there were statistically significant differences between the three groups in favor of the group exposed to the developmental program, followed in order by the group exposed to traditional programs. Then the group that suffers from severe behavioral disorders of those with developmental and intellectual disabilities, and at the end of the program, it was found that there was an improvement in the quality of life for the three groups in the raw scores on the scale. Still, it was statistically significant in favor of the group that was exposed to the developmental program.

The study (Brewin, Renwick, & Schormans, 2008) found that the quality of life of individuals with Asperger syndrome is affected by the extent of awareness available to this syndrome in society and the quality of social interaction available to them, as well as the role of the educational staff and specialists in addition to the role of educational services and programs available to them.

As for the study (Podjarny, 2007), it aimed to analyze the quality of life of families of children with learning difficulties and to study the effect of cognitive and social characteristics on the quality of life of (150) parents of children newly diagnosed with learning difficulties and to achieve the objectives of the study, the World Health Organization's Quality of Life Scale was used in six domains (physical and psychological, level of independence, social relations, environment, and spirituality). The results revealed that four areas (psychological, social relations, environment, and spiritual) contributed to the overall degree of quality of life. The study emphasized the importance of these areas to improve parents' quality of life with learning difficulties.

(Nota, Ferrari, Soresi & Wehmeyer, 2007) Conducted a study to examine the relationship between personal characteristics, self-esteem, and social abilities and between the quality of life of individuals with mild, moderate, and severe mental disabilities. The study sample consisted of (41) mentally disabled persons whose ages ranged between (16-65) years, and the most important results indicated that social skills, adaptive behavior, degree of intelligence, self-esteem, and social affiliation are all predictors of the quality of life for individuals

with mental disabilities. The results also indicated that the level of self-esteem and social abilities varies according to the severity of the disability. The disabled with severe mental disabilities are the lowest in the levels of self-esteem, social abilities, and quality of life.

And in the same context, Fawqia and Muhammad (2006) study the family, school, and community factors that predict the quality of life for children with learning difficulties as an attempt to uncover the differences in the quality of life for children with learning difficulties and normal children. The study sample consisted of (50) normal children and (50) children with learning difficulties in Beni Suef Governorate, Egypt. The sample also included (100) fathers and mothers. The results showed that there were differences in the quality of life between children with learning difficulties and normal children and that there was no difference in the quality of life for children with educational difficulties depending on the gender variable, and the most important factor of the family, school and community factors that predict the quality of life of children with learning difficulties is the quality of family life, followed by the factor associated with the available community support sources.

(Schalock et al., 2005) conducted a study aimed at identifying the cultural and general characteristics of forming the concept of quality of life among the mentally disabled, as well as assessing the importance and subjective use of indicators of quality of life (emotional well-being, social relationships, material well-being, personal growth and development, health and social inclusion, and freedom of will) and the study sample consisted of (787) mentally disabled persons in different regions and from different countries such as America, Spain, China, and others. The results of the study indicated that there are differences in the importance of the concept of quality of life according to the environment of geographical groups. The results indicated the existence of a statistically significant correlation between indicators of quality of life and the services and aids provided to them and the existence of a significant correlation between the emotional well-being index and the social dimension of the study sample.

Lynda (2005) conducted a study aimed at assessing the quality of life of mentally disabled people. A sample was selected, and a scale was applied to it distributed on four dimensions: physical, social, and emotional. And the results of the study concluded that attention should be paid to creating a climate that produces well-being while achieving the quality of life for this group of individuals, the results also reached the need to pay attention to all areas of life for these individuals and the study recommended that the quality of life be addressed in the broader context of evaluation processes.

The study (Verdugo, 2005) aimed to identify the factors affecting the quality of life of a sample of adolescents with visual impairment in Spain. The results indicated that the visual impairer's perception of the quality of life depends in large part on physical health, and the belief in the principle of compensation between the senses, because their four senses may have a degree of safety and efficiency that exceeds what the five senses represent in ordinary individuals.

Schalock (2004) indicated in his study that improving the quality of life for the disabled depends mainly on spreading the concept of quality of life among all members of society and that improving the quality of life is a realistic goal that can be achieved for all disabled individuals. This may lead to overcoming obstacles and difficulties, and reducing some of the contradictions between the disabled individual and his environment improves his life quality.

Lee, Bonnie, Jane & Susan (2004) also carried out a study aimed at determining the dimensions of the quality of life for the mentally disabled, and evaluating the quality of life for them from the point of view of their mothers, the sample of the study consisted of (30) mothers of mentally handicapped individuals whose ages ranged between (18-25) years. The results of the study indicated that (73%) of mothers believe that recreational activities and the practice of hobbies are among the components of the basic quality of life for their children that help them achieve Social communication and a sense of happiness.

As for the study of (Michael, 2003), it tried to identify the factors that affect the concept of quality of life for individuals with disabilities in order to build a tool for measuring the quality of life, and the results indicated that community services and social support received by individuals with disabilities play a decisive role in their quality of life. The level of quality of life that a disabled individual perceives is related to emotional development and his ability to control negative emotions, and his quality of life is affected by the extent of independence he feels in his life.

A study conducted by Seltzer and Krauss, 2001, aimed to examine the quality of life of adults who live with their families and suffer from congenital disabilities and mental disabilities. In order to achieve the objectives of the study, measuring tools were designed, including observations within the home environment of fathers and sons and the semi-standardized interview for parents. The study concluded that there is a need for a set of services and support in order to achieve quality of life for persons with disabilities, the results also showed the existence of significant differences between age groups in the measure of quality of life. The existence of differences attributable to the type and severity of disability and the results also indicated statistically significant differences between those who live with their families and those who live in housing prepared for the disabled. The study (Grant & Whittell, 2000) aimed to identify differences in the quality of life of individuals

with mental disabilities according to different age groups, specifically preschool children, young adults of school age, and the elderly mentally disabled. The results of the study indicated that parents of children with mental disabilities of school age were less confident in their abilities to deal with situations, and they often used coping mechanisms to alleviate their stress (such as crying, eating, and smoking) while the parents of the mentally disabled youth focused on problem-solving techniques, and were more comfortable in dealing with the demands of daily life.

The study of (Banham, 2000) aimed to identify the relationship between emotional and social compatibility and quality of life among visually impaired individuals, as the study sample consisted of (112) visually impaired adolescents. The study results indicated a positive correlational relationship with statistical significance between emotional balance and emotional and social compatibility, which confirms the role of emotional balance as a basic dimension of the concept of quality of life for visually impaired individuals. The study (Wehmeyer & Schwartz, 1998) aimed to identify the role of self-determination and freedom of will in achieving quality of life in mentally disabled individuals. The results indicated that people who enjoy a greater degree of self-determination have a higher level of quality of life, meaning a positive correlation between freedom of will and self-determination and quality of life.

As for the study of (Browne & Bramston, 1998), it aimed to verify the stress and its relationship to quality of life among parents of adolescents with disabilities, and the study sample consisted of (102) parents of whom almost half were parents of children with disabilities, and to achieve the objectives of the study, the researchers used two measures, the first is the stress scale. The second is the quality of life scale, and the results showed that families of individuals with mental disabilities appeared to have much more stress compared to the other sample, and the study confirmed that the decrease in the quality of life of their children increases their feelings of stress.

#### **Commenting on previous studies**

**First:** It is evident from previous studies the importance of the concept of quality of life for individuals with disabilities in general, as its presence at high levels improves their communicative, emotional, social, and psychological fields. Quality of life is the best way to achieve a high quality of enjoying life for these individuals. And this is confirmed by all the previously mentioned studies. Also, knowing the elements of quality of life for the families of individuals with disabilities will help build appropriate treatment and counseling programs for them to ensure that the members of this group live effectively in their societies. The quality of the programs provided to them represents an important and effective input to the concept of quality of life, and thus work to achieve greater flexibility in response and adaptation to changes in the requirements and needs of individuals with disabilities with the least amount of spending and effort. (Schalock et al., 2005) (Lynda, 2005).

**Second:** The external conditions such as the quality of public health, the quality of family and social life, the job life, the quality of emotions, the quality of mental health, the quality of time occupation and its management, the facts and events experienced by the disabled individuals and the access of this group to the necessary health services and equipment for them increase or reduce their quality-of-life levels, and this has been confirmed by most previous studies. (Abu al-Rub and al-Ahmad, 2013); (Al-Sartawi, Al-Maharya, Al-Zeyoud and Abdabat, 2011); (Susan et al., 2010) (Fawqiya & Muhammad, 2006); (Shalock, 2004) (Lee, Bonnie, Jane & Susan, 2004) (Michael, 2003); (Seltzer and Krauss, 2001); (Banham, 2000); (Schalock et al., 2005) (Lynda, 2005).

**Third:** The quality of life is determined by many self-indicators of disabled individuals, such as happiness, satisfaction with oneself and with others, positive social relationships, awareness of the feelings of others, control of emotions, personal responsibility and social responsibility, optimism, and personal, social, health, family and professional harmony. (Brewin, Renwick, & Schormansm, 2008); (Podjarny, 2007); (Michael, 2003); (Banham, 2000); (Verdugo, 2005).

**Fourth:** It is possible to improve the quality of life of persons with disabilities by increasing their participation in daily life activities and providing them with special skills to alleviate the impact of disability problems. (Susan et al., 2010) (Smith, 2002); (Karande & Kulkarni, 2009); (Schalock, et al, 2005) (Lee, Bonnie, Jane & Susan, 2004) (Michael, 2003).

**Fifth:** The previous studies differed in the scales they used to assess the levels of quality of life in persons with disabilities, as some studies used the World Health Organization's scale of quality of life (Haimour & Abu Hawash, 2012). (Podjarny, 2007), including those who used a scale prepared by researchers, as is the case in most studies.

**Sixth:** The types of disabilities that previous studies tried to study, such as mental disability, differed (Al-Shirawi, 2013). (Al-Waladah, 2013); (Nota, Ferrari, Soresi & Wehmeyer, 2007); (Schalock et al., 2005) (Lynda, 2005) (Lee, Bonnie, Jane & Susan, 2004) (Seltzer and Krauss, 2001); (Grant & Whittell 2000);

(Wahmeyer & Schwartz, 1998), hearing disability as a study (Abu al-Rub and al-Ahmad, 2013), autism as a study (Karande & Kulkarni, 2009), and learning difficulties as a study (Podjarny, 2007); (Suprematism and Muhammad, 2006), visual impairment as studies (Verdugo, 2005), (Banham, 2000), Asperger's syndrome as a study (Brewin, Renwick, & Schormansm, 2008), and disability in general as a study (Haimour & Abu Hawash, 2012); (Al-Sartawi, Al-Maharya, Al-Zeyoud and Abdabat, 2011); (Michael, 2003); (Browne & Bramston, 1998).

**Seventh:** The previous studies were distinguished in their methodology, as some of them followed the quasi-experimental method, such as the studies of both (Al-Waladah, 2013). (Qandil, 2010); (Gerber, Baud, Giroud & Galli, 2008) and some of them followed the descriptive survey method, such as the studies of both (Haimour & Abu Hawash, 2012). (Al-Sartawi, Al-Maharya, Al-Zeyoud and Abdabat, 2011); (Grant & Whittell 2000); (Browne & Bramston, 1998); (Susan et. Al, 2010) (Brewin, Renwick, & Schormansm, 2008) and the relational approach (Al Shirawi, 2013); (Banham, 2000); (Podjarny, 2007); (Nota, Ferrari, Soresi & Wehmeyer, 2007).

**Eighth:** The levels of quality of life for individuals with disabilities differ according to several variables such as age group (Grant & Whittell 2000); (Seltzer and Krauss, 2001) and the type and severity of disability (Nota, Ferrari, Soresi & Wehmeyer, 2007); (Al-Sartawi, Al-Mahayriya, Al-Ziyoud and Abdat, 2011), and they differ according to gender (Abu Al-Rub and Al-Ahmad, 2013) (Al-Waladah, 2013); (Haimour & Abu Hawash, 2012); (Faqih and Muhammad, 2006) and varies according to their ability to self-determination (Wahmeyer & Schwartz, 1998) and adaptive behavior (Al-Shirawi, 2013), and it varies according to the level of self-esteem and social capabilities (Nota, Ferrari, Soresi & Wehmeyer, 2007). The concept of quality of life differs according to the geographical environment (Schalock et al., 2005). Likewise, community services and social support received by individuals with disabilities play a critical role in their quality of life (Michael, 2003).

It should be noted that the current study was distinguished from all previous studies in that it studied a category that was not covered by scientific research, which is the disabled group in the city of Jeddah, and the research did not stop at a specific group but rather included most of the disabilities of multiple degrees. It also focused on the quality of life of these individuals' families, from their point of view.

## **Methodology and Procedures**

### **The Study Methodology**

In light of the nature of the current study, the researcher used the descriptive survey approach due to its relevance to the study's objectives that it sought to achieve. It relied on studying the quality of life of families of individuals with disabilities. It was expressed qualitatively by clarifying its characteristics and a quantitative expression as a numeric to clarify their levels and the extent to which it relates to the variables of gender and type of disability.

### **Members of the study**

This study was conducted on a random sample of parents of students with disabilities in the city of Jeddah, amounting to (156) parents from the fathers of mothers of children with disabilities, after the researcher distributed the study tool to most of the families in the city of Jeddah, whose number is about (200) families out of (320) families. The final sample consisted of (156) male guardians. Table No. (1) shows the distribution of the study sample according to the study variables for parents:

**Table 1: Distribution of the study sample according to the study variables for parents of children with disabilities**

<b>variable</b>	<b>Variable levels</b>	<b>Repetition</b>	<b>percentage</b>
<b>Gender</b>	Male	84	60.7
	Female	72	39.3
<b>Type of Disability</b>	Mental disability	40	26.8
	Autism	66	37.5
	Other disabilities	50	35.7
<b>Total</b>		156	%100

### **The Study Tool**

To achieve the study's objectives and to know the quality of life for families of children with disabilities in the city of Jeddah, the researcher developed the quality-of-life measure by surveying the previous literature on the topic to derive the paragraphs that express the quality of life. (Al-Shirawi, 2013); (Abu al-Rub and al-Ahmad, 2013); (Al-Sartawi, Al-Maharya, Al-Zeyoud and Abdabat, 2011); (Susan et al., 2010) (Lynda, 2005) (Lee, Bonnie, Jane & Susan, 2004) (Michael, 2003) and the researcher was able to count (60) paragraphs

that express the quality of life by (10) paragraphs for each field. The scale was presented in its preliminary form to (10) arbitrators with experience and specialization in special education. The arbitrators recommended merging four paragraphs and deleting four paragraphs to be repeated. The scale in its final form consisted of two parts: The first includes demographic information related to the study variables, which are: the gender of the disabled child at two levels (male and female) and the type of disability according to three levels (mental disability, autism, and other disabilities), while the second part is in its final form of (52) paragraphs according to six areas: The field of public health (10 paragraphs), the field of general social life (8 paragraphs), the field of emotional and general emotional life (8 paragraphs), the field of family life (7 paragraphs), mental health (9 paragraphs), and time management (10 paragraphs). And the use of the five-point Likert scale (always, often, sometimes, rarely, never) and the scale contained positive and negative paragraphs, the results of which were reflected in the statistical analysis.

#### **The Validity of the Study Tool**

Regarding the indications of the validity of the quality-of-life scale, the apparent validity was verified by presenting it to (10) arbitrators with a doctorate degree in special education, rehabilitation sciences, and psychology Hashemite University and the University of Jeddah. And this is to judge the appropriateness of its paragraphs in terms of the paragraphs' appropriateness to the fields and their linguistic formulation and make any proposals they deem appropriate. Some amendments have been made regarding the language of some paragraphs of the study tool, deleting four paragraphs for repetition, and merging four paragraphs with other paragraphs based on the arbitrators' opinions and recommendations. Most of the paragraphs that the arbitrators agreed upon were retained with an agreement of more than (90%), and the scale in its final form consisted of (52) paragraphs to become suitable for the study sample of parents of students with disabilities.

#### **The Reliability of the Study Tool**

Concerning the reliability of the study instrument, the researcher extracted the Cronbach alpha internal consistency coefficient, which reached 0.89 for the scale as a whole, a reliability coefficient that can be trusted for scientific research purposes. Table (2) shows the values of the stability coefficients that were reached using the Cronbach-alpha equation for each field in addition to the total reliability.

**Table 2: The reliability coefficients values for the quality-of-life scale using the Cronbach - alpha equation**

<b>Field</b>	<b>Reliability coefficient</b>
The field of public health	0.81
The field of public social life	0.89
The field of public emotional life.	0.84
The field of family life	0.92
The field of mental health	0.81
The field of time management	0.91
The tool as a whole	0.89

#### **The Study Procedures**

After verifying the validity of the scale in its final form and extracting the tool's validity and reliability indications, the researcher took the necessary procedures to apply it to the study sample of parents of students with disabilities in the city of Jeddah. The researcher confirmed to the study sample the confidentiality of information before applying the scale. The researcher was able to apply the study tool to a random sample of (156) parents of individuals with disabilities. Then the data were tabulated, coded, and entered into the computer. Then the data were statistically treated using the Statistical Packages for Social Sciences (SPSS) program, and the researcher analyzed the data and extracted the results.

#### **The Study Results and its Discussion**

##### **Results of the first question:**

To answer the first study question, which states: "What is the level of quality of life among families of individuals with disabilities in the city of Jeddah from their point of view?" The arithmetic averages and standard deviations of the quality-of-life scale paragraphs were extracted according to the fields as shown in the tables (3,4,5,6,7,8).

**Table 3: The arithmetic averages and standard deviations of the public health paragraphs from the scale of quality of life for families of persons with disabilities**

<b>The field of public health</b>	<b>Arithmetic average</b>	<b>Standard deviation</b>
My son has frequent colds	3.29	1.14
My son is disturbed by the side effects of the medications he is taking	2.92	1.04
My son sleeps well	2.29	1.34
My son has a very weak immunity	3.54	1.33
My son is always taking medication	3.36	1.62
My son suffers from constant health problems and body aches	4.59	0.73
My son stays in the hospital more than he does at home or in the center	2.46	1.04
My son's illness is a great burden on the family	2.43	1.02
My son has a sense of vigor and vitality	2.89	1.32
The diseases that he suffers from are the same diseases that afflict others	2.39	0.98
Total	29.52	4.39

It is evident from the above table that the field of public health has obtained a relatively small arithmetic average (29.52) with a standard deviation of (4.39). It is also noticed that the sixth paragraph (my son suffers from health problems and pain in his body permanently) has obtained the highest arithmetic average (4.59) and standard deviation (0.73) while the third paragraph (My son sleeps well) got the lowest mean (2.29) with a standard deviation of (1.34).

Perhaps the one who examines the results of this field will find it logical that the health field and the integrity of the body are the main headings of the quality of life, as the higher the health levels, the greater the activity and the greater the vitality, and consequently the fewer cases of fatigue, exhaustion and disease, all of which increase the levels of quality of life. This result intersects with the study's findings (Susan et al., 2010), which emphasized that the reasons for the low quality of life of individuals with disabilities are summarized by the failure of this group to obtain the necessary health services and equipment for them. It was also similar to the study results (Lynda, 2005), which emphasized the importance of the physical and health aspects and the need to pay attention to creating a climate that produces well-being and achieves quality of life. It also intersected with the Verdugo study results (2005), which indicated that the visually impaired's perception of quality of life depends in large part on physical health.

**Table 4: The arithmetic averages and standard deviations of the paragraphs of the social life field from the measure of quality of life for families of individuals with disabilities**

<b>The field of social life</b>	<b>Arithmetic average</b>	<b>Standard deviation</b>
My son has a good friendship	2.18	0.90
My son is socially engaged	1.50	1.06
My son is socially acceptable	2.46	1.13
My son is happy with his social life	4.43	1.02
My son shares social events with others	1.61	0.82
My son is socially neglected	2.16	1.07
My son is not satisfied with his social life	2.14	0.98
My son is interested in saving time for social activities	2.46	1.36
Total	18.93	3.36

It is evident from the above table that the social life field obtained a relatively low arithmetic average of (18.93) with a standard deviation of (3.36). It is also noticed that the eighth paragraph (My son is interested in saving time for social activities) had the highest arithmetic average (2.46) and a standard deviation (1.36), while the second paragraph (My son is socially engaged) got the lowest arithmetic average (1.50) with a standard deviation of (1.06). These results are convincing, especially if we know that most disabilities have problems of a social nature, and the deficiencies in the social aspect have become a test for diagnosing most disabilities, and their absence is an explicit indication in most cases of the existence of behavioral and psychological problems.

These results intersect with the results of a study (Brewin, Renwick, & Schormansm, 2008), which indicated that the quality of life in individuals with Asperger syndrome is affected by the extent and quality of social interaction available to them. And these results are similar to the study (Nota, Ferrari, Soresi & Wehmeyer, 2007), which indicated that social skills, adaptive behavior, self-esteem, and social belonging are all predictors of quality of life for mentally disabled individuals. It was also similar to the study (Michael, 2003), which indicated that community services and social support received by individuals with disabilities play a critical role in their quality of life. Suppose we assume that the levels of social life indicate the adaptive behavior of an individual with a disability. In that case, this result also intersects with Al-Shirawi's (2013) study, which emphasized the correlation between the dimensions of adaptive behavior and the dimensions of quality of life and that it is a positive relationship and high.

**Table 5: Arithmetic averages and standard deviations of the items of the field of the public emotional life of life from the scale of quality of life for families of individuals with disabilities**

<b>The field of public emotional life</b>	<b>Arithmetic average</b>	<b>Standard deviation</b>
My son is difficult to excite emotionally	2.18	1.08
My son feels sad for no apparent reason	1.82	1.05
My son feels good about his love life	2.04	1.06
Need continuous emotional support	2.93	1.32
I am proud of his calmness	2.57	1.22
My son is crying for the most trivial reasons	3.57	1.06
My son can control his emotions	2.68	1.53
My son controls his emotions	2.27	1.20
Total	21.05	5.15

It is evident from the above table that the field of emotional and emotional life has obtained a relatively low arithmetic average (21.05) with a standard deviation of (5.15), and it is also noticed that the sixth paragraph (My son cries for the most trivial reason) has obtained the highest arithmetic average (3.57) and standard deviation (1.06) whereas the second paragraph (my son feels sad for no apparent reason) got the lowest arithmetic average (1.82) with a standard deviation of (1.05). And perhaps the logic that applies to the social side is the same on the emotional side, as both are two sides of the same coin, and the decline in the paragraphs of this field is logical since the deficiency in the emotional side is one of the features of disability in general. Emotional growth is an explicit indication of the quality and well-being of life. This result is similar to what was indicated by the study (Schalock et al., 2005) that there is a significant correlation between the emotional well-being index and the quality of life among the mentally disabled. It was also similar to the study (Michael, 2003), which emphasized that the level of quality of life perceived by the disabled individual is related to emotional development and his ability to control negative emotions. It was also similar to the study (Banham, 2000), which indicated a positive correlation between emotional balance and emotional and social compatibility, which confirms the role of emotional balance as a basic dimension of the concept of quality of life for disabled individuals in general.

**Table 6: The arithmetic averages and standard deviations of the paragraphs of the field of family life from the scale of quality of life for families of individuals with disabilities**

<b>The field of family life</b>	<b>Arithmetic average</b>	<b>Standard deviation</b>
My son always gets emotional support from his family	2.57	0.87
My son feels he belongs to his family	2.82	0.77
He feels happy when he meets his brothers	2.79	1.06
My son suffers from neglect from family members	2.86	0.92
I feel that my son does not trust any of his family members	2.00	0.93
He rarely plays with his brothers	2.86	1.14
I feel that he is far from his parents and his family	3.21	1.16
Total	19.11	3.30

It is evident from the above table that the field of family life has obtained a relatively low arithmetic average (19.11) with a standard deviation of (3.30). It is also noticed that the last paragraph (I feel that he is far from his parents and his family) has got the highest arithmetic average (3.21) and a standard deviation (1.16) whereas, the fifth paragraph (I feel that my son does not trust any of his family members) got the lowest average (2.00) with a standard deviation of (0.93). Perhaps the apparent decline in the paragraphs of this axis is somewhat convincing, especially if we stop at the deficiencies in the emotional and social aspects of children with disabilities as reasons for the lack of trust between the disabled and his family members, but the family remains the first circle that embraces the child and provides him with warmth, tenderness, and what he needs in terms of psychological support and this is confirmed by the study (Seltzer and Krauss, 2001), which indicated that there are statistically significant differences between those who live with their families and those who live in dwellings prepared for the disabled far away for their families in favor of the first category. So, family relations and the family sphere are the first influence on the quality of children's lives, and this was confirmed by a Fawqiat and Muhammad study (2006), which indicated that family factors are the most influential on the quality of life, followed by factors related to the available community support sources. Perhaps the quality-of-life index for parents is only a reflection of their children's quality of life, as they are, if we can express it, two sides of the same coin. Hence, this result intersects with the study (Haimour & Abu Hawash, 2012), which indicated that parents' family life is below the average in terms of their quality of life. These results also intersect with the findinstudy's findingsnde & Kulkarni, 2009), which indicated that the relatirelationshiprents of children with autism spectrum disorder with their children are less than the relationship of ordinary parents with their children. Likewise, it intersected with a study (Browne & Bramston, 1998), which confirmed that the decrease in the quality of life for disabled children increases families' feelings of stress.

**Table 7: Arithmetic averages and standard deviations of the mental health field items from the scale of quality of life for families of persons with disabilities**

<b>The field of mental health</b>	<b>Arithmetic average</b>	<b>Standard deviation</b>
My son feels psychologically alone	2.00	0.94
My son is satisfied with his mental health	2.07	0.85
My son feels safe	2.18	1.08
He needs continuous support to raise the level of his mental health	3.86	1.14
My son considers himself a psychopath	3.46	0.91
Others see him as psychologically unbalanced	2.55	1.04
My son feels permanently anxious	2.54	1.09
My son is very nervous	2.98	1.12

My son feels depressed	2.98	1.27
Total	24.63	3.02

It is clear from the above table that the mental health field has obtained a relatively average arithmetic average (24.63) with a standard deviation of (3.02), and it is also noticed that the fourth paragraph (needs continuous support to raise the level of his mental health) has obtained the highest arithmetic average (3.86) and a deviation Standard (1.14) whereas, the first paragraph (my son feels psychologically alone) got the lowest arithmetic average (2.00) with a standard deviation of (0.94). This result can be explained by the apparent decline in the emotional, social, family, and health fields. And all of them will necessarily lead to an imbalance in the aspect of mental health, which is a picture that the individual does not see with a disability himself. Still, by others who impose their standards, although it is a bit biased among parents since they see their children as an extension of them and see the success and failure of the responsibility they bear towards their children, however, they can distinguish between normal and the wrong by simply comparing this child to his siblings or his peers. Perhaps the clear decline in mental health is a clear indication of the problems that these children suffer from and thus a decrease in their quality of life. These results intersect with the study's findings (Shalock, 2004) that reducing the contradictions between the individual with a disability and his environment improves his quality of life.

**Table 8: The arithmetic averages and standard deviations of the time management paragraphs from the measure of quality of life for families of persons with disabilities**

The field of time management	Arithmetic average	Standard deviation
My son can invest his time well	3.39	1.19
My son is able to control his time	3.61	1.22
My son needs help organizing his time	1.93	1.14
He has a long void time	2.43	1.19
My son doesn't know how to invest his time	2.21	1.49
My son engages in many unhelpful activities	2.43	0.99
Time is not important to him	1.82	0.94
Time management is very difficult for him	2.82	1.34
My son has the power to make appropriate decisions	2.82	1.44
My son has no free time	2.66	1.38
Total	26.13	4.76

It is evident from the above table that the time-management field has obtained a relatively small arithmetic average of (26.13) with a standard deviation of (4.76), and it is also noticed that the first paragraph (my son can invest his time well) has got the highest arithmetic average (3.39) and a standard deviation (1.19) while the seventh paragraph (the time factor is not important to him) got the lowest arithmetic average (1.82) with a standard deviation of (0.94). If we can say that the skill of time management is only a reflection of the skills of freedom of will and self-determination, then the present result intersects with the results of a study (Wahmeyer & Schwartz, 1998), which indicated that people who enjoy a greater degree of self-determination have a higher level of quality of life. , And that there is a positive correlation between freedom of will and self-determination, and quality of life.

#### **Results of the second question:**

To ascertain the existence of differences in the quality of life and its statistical significance, the (T) test was used to study the differences between the averages according to the gender variable of the child with a disability, as shown in Table (9).

**Table 9: (T) test results for the differences in the quality of life attributable to the gender variable of the child with disability**

The gender of the child with a disability	Arithmetic average	Standard deviation	(T)Value	Degrees of freedom	The level of significance
Males	140.3529	11.12432	0.848	54	0.345
Females	137.8182	10.58587			

It is noticed from the above table that the value of t is (0.848) in statistical significance (0.345), which indicates that there are no statistically significant differences in the quality of life due to the gender variable of the child with a disability. This result is similar to the results of the study of Abu al-Rub and al-Ahmad (2013), and similar to the results of Fawgeht and Muhammad study (2006), which confirmed that there is no difference in the quality of life for children with learning difficulties depending on the gender variable.

#### Results of the third question:

To answer the third study question, which states, "Are there statistically significant differences in the quality of life for families of individuals with disabilities in the city of Jeddah due to the variable of the type of disability?"

A single analysis of variance (ANOVA) was used to study the significance of the differences between the averages according to the variable of the type of disability as shown in Table (10).

**Table 10: A single analysis of variance (ANOVA) to study the significance of differences between average quality of life according to the type of disability variable**

	Sum of squares	Degrees of freedom	Average squares	of P value	Statistical significance
Between groups	4918.647	2	2459.323	18.645	.000
Within groups	6990.782	53	131.902		
Total	11909.429	55			

It is noticed from the above table that there are statistically significant differences between the average levels of quality of life due to the variable of the child's disability type at ( $\alpha = 0.05$ ) and to determine the direction of the differences, the Schiff test was used to study the dimension differences, as it pointed out that there are differences in the quality of life levels attributed to the type of disability variable in favor of other disabilities versus mental disability and versus autism, and in favor of mental disability versus autism. That is, autism is the lowest in the levels of quality of life from the point of view of their parents, and this was confirmed by the apparent differences in the arithmetic means of the quality of life as the average for individuals with autism spectrum disorder was the lowest by a large difference, and to explain this result there are reasons that summarize the characteristics and features of this group, which revolve mostly in the orbit of lack of communication and living in isolation that parents cannot overcome in most cases, so this result is logical and convincing and it is similar to what the study found (Haimour & Abu Hawash, 2012) which revealed large differences in the quality of life according to the type of disability the child has in favor of parents of children with learning difficulties (the most positive), followed by a sample of parents of children with physical disabilities and then mental disability and finally parents of children with autism spectrum disorder who have the lowest degree of quality of life, they are the least positive and most negative, compared to other samples. Likewise, it is similar to the results of Seltzer and Krauss (2001) study, which showed significant differences attributed to the type and severity of the disability. In terms of the different levels of quality of life for families of children with disabilities according to the type of the child's disability, it intersects with a study (Browne & Bramston, 1998) however, it differs with it at the same time as it showed that families of individuals with mental disabilities appeared to have much more stress compared to other samples.

#### Recommendations

Based on the results of the current study, the researcher recommends the following:

- Work to provide a healthy and appropriate environment for individuals with disabilities, verify opportunities to enjoy life, and remove all obstacles that prevent their integration into their societies.
- Design supportive educational and psychological programs concerned with the quality of life of individuals with special needs, just like the rest of society.

- Designing social programs for ordinary individuals will build positive attitudes towards individuals with disabilities to ensure their positive communication with all society segments.
- Work to provide family awareness programs that work to achieve the principle of well-being and sense of contentment for the disabled, and work to achieve high levels of personal enjoyment in order to ensure the quality of their lives.
- Work to provide the basic necessities of life in all aspects of life that are important in the life of a person with a disability.
- Conducting more scientific studies on the components of quality of life, ways to increase its levels and ways to support it for individuals with disabilities and their families.

## References

- Abdel Fattah, F. & Hussein, M. (2006), Family and School Factors Predicting the Quality of Life for Children with Learning Difficulties in Beni Suef Governorate, the Fourth Scientific Conference of the College of Education in Beni Suef "The Role of the Family and Civil Society Institutions in the Discovery and Care of People with Special Needs, 3-4 May.
- Abu alrub, M. & Al-Ahmad, F. (2013), Quality of life among the hearing-impaired compared to non-disabled people in the Kingdom of Saudi Arabia, *Specialized International Educational Journal*, Volume (2), Issue (5).
- Al-Ansari, B. (2006) Strategies to improve the quality of life for the prevention of mental disorders, proceedings of the symposium on Psychology and Quality of Life (17-19 December), Sultan Qaboos University, Sultanate of Oman.
- Al-Arif Billah, M. (1999) The method of problem-solving and its relationship to the quality of life, the Sixth International Conference: Quality of life, a national trend for the twenty-first century (82\_66), Center for Psychological Counseling \_ Ain Shams University, Egypt.
- Al-Ashwal, A. (2005). Quality of life from a social, psychological and medical perspective. Proceedings of the third scientific conference: The psychological and educational development of the Arab person in light of the quality of life (pp. 3-11). Zagazig University- Egypt, 15-16 March.
- Al-Fangary, H. (2006). Happiness between Positive Psychology and Mental Health, Al-Ikhlaf Foundation for Printing and Publishing, Benha, Egypt.
- Al-Jamil, N. (2008) Quality of life and its relationship to self-acceptance among university students, unpublished PhD thesis, College of Education for Women, University of Baghdad, Iraq.
- Al-Jawalda, F. (2013) The Effectiveness of an Educational Program Based on Theory of Mind in Improving the Quality of Life for Children with Developmental and Intellectual Disabilities, *Journal of Studies for Educational Sciences*, University of Jeddah, Volume 40, Appendix 1.
- Al-Sartawi, A., Al-Muhairi, A., Al-Zeyoudi, M. & Abdal, R. (2011). Quality of life for persons with and without disabilities in the United Arab Emirates, Emirates Foundation for Social Benefit, Dubai, United Arab Emirates.
- Al-Shirawi, M. (2013) Adaptive behavior and its relationship to quality of life among students with slight intellectual disabilities in the State of Qatar, *Arab Childhood Journal*, Volume Fourteen, Issue (54), pp. 67-97.
- Choucair, Z. (2009) Standard for Diagnosing Quality of Life Standards for the Ordinary and the Extraordinary, Al Falah Library. Cairo Egypt.
- Jassam, S. (2009) Effectiveness of a rational and emotional counseling program to improve the quality of life and some associated variables with it for a sample of elderly people, unpublished PhD thesis, College of Education, Al-Mustansiriya University.
- Kandil, I. (2010) The effectiveness of a counseling program in developing autonomy skills to improve life among a sample of mentally disabled adolescents who are able to learn. *Journal of the Faculty of Education*, 81, Benha University, Egypt.
- Kazem, A., & Al-Bahadli, A. (2005). Quality of life among Omani and Libyan university students - a comparative cultural study, *Arab Open Academy Journal*, Denmark, pp. 67-87.
- Muharram, A. (1994): Entrances and Dimensions of Quality. Proceedings of the Change Strategies Conference. Quality of Life Center Sultan Qaboos University - Muscat.
- Tamiya, R. (2006), Total Quality in Education between Excellence Indicators and Accreditation Standards Foundations and Applications, Dar Al-Masirah, Amman: Jeddah.
- Ibertini, G. (2004) Quality of Life of Persons with Intellectual Disabilities an On-Going Study, *Journal of Intellectual Disability Research*, Vol. 48, PP.464- 499.
- Banham, L., (2000) The Role of Emotional Stability in The Process of Adjustment to Visual Impairment, *Dissertation Abstracts International*, Vol.63 (4-C), PP.866.

- Brewin, B., Renwick, R., & Schormansm A. (2008). Parental Perspectives of the Quality of Life in School Environments for Children with Asperger Syndrome, Focus on *Autism and Other Developmental Disabilities*, Vol. (23)4, December, PP. 242-252
- Browne, G. & Bramston, P. (1998). Stress and the quality of life in the parents of young people with intellectual disabilities. *Journal of Psychiatric and Mental Health Nursing*, 5,415-421.
- Brown, I., Anand, S., Isaacs, B., Baum, N., & Fung, W. L. (2003). Family quality of life: Canadian results from an international study. *Journal of Developmental and Physical Disabilities*, 15(3), 207-230.
- Cummins, R.A. (1997). *Assessing quality of life for people with disabilities*. In: R.I. Brown (Ed.). *Quality of Life for Handicapped People*. Second edition. Cheltenham, England: Stanley Thomas, pp.116-150.
- Ebersole, P. & De Vogler, K. L. (1986). Meaning in life of the eminent and the average. *Journal of Social Behavior and Personality*, 1(1), 83-94.
- Eysenck, M., Payne, S., Santos, R., (2006): Anxiety and Depression: Past, Present And Future event, *Journal Of Cognition and Emotion*, 20, (2), Feb., 274-294.
- Fallowfield, L. (1990). *The quality of life: the missing measurement in health care*. London: Souvenir Press Ltd.
- Gerber,Baud,Giroud, Galli. 2008. Quality of life of adults with pervasive developmental disorders and intellectual disabilities, *Autism Dev Disord Epub.*;38(9):1654-65.
- Goode, D. (1990). *Thinking about and discussing quality of life*. In R.Schalock & M. J. Bogale (Eds.), *Quality of life: Perspectives and issues* (pp. 41-58). Washington, DC: American Association of Mental Retardation.
- Good, D. (1994) Quality of life for persons with disabilities; international perspectives and issues; in Michel. d ,(1997) book review, *journal of intellectual Developmental disability* ,vol.22 (1) pp.63\_75.
- Grant, G. & Whittell, B. (2000). Differentiated coping strategies in families with children or adults with intellectual disabilities: the relevance of gender, family composition and the life span. *Journal of Applied Research in Intellectual Disabilities*, 13,256-275.
- Haimour. A, Abu-Hawwash, R. (2012) Evaluating Quality Of Life of parents having a child with disability, *International Interdisciplinary Journal of Education* - March 2012, Volume 1, Issue 2
- Hoff, E. (2002) Quality of Life for Persons with Disabilities, *Journal Of the American Medical Association*, Vol. 280 (6), PP. 716-725
- Karande, S. & Kulkarni, S. (2009) Quality of life of parents of children with newly diagnosed specific learning disability. *Journal of Postgraduate Medicine*, 55(2), 97-103.
- Lee, M., Bonnie R., Jan, B., & Susan, S. (2004). Quality of life for young and adults with severe Intellectual disability: Mother's thoughts and reflections. *Journal of Intellectual and Developmental Disability*, 29, (2), 131-146.
- Lynda Crane. 2005. Quality-of-Life Assessment for Persons with Mental Retardation. *Assessment for Effective Intervention*, 30, (4), 41-49.
- Michael R. (2003). The quality-of-life instrument, *Clinical Nursing Research*, Vol. (12)2, PP. 246-257.
- Nota, L., Ferrari, L., Soresi, S., & Wehmeyer, M. (2007). Self-determination, social abilities and quality of life of people with intellectual disability. *Journal of Intellectual Disability Research*, 51 (11), 850-865.
- Podjarny, G. (2007). Perceptions of parent-child relationships quality in parents of children with and without Autism, *Carleton University*, Ottawa, Ontario.
- Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology* 69(4), 719-727
- Ryff,C, Love,G., Urry,H., Muller, D., Rosen\_Kranz.M., Friedman.E., Davidson. R, & Singer.B.(2006). Psychological Well-Being and Ill-Being: Do They Have Distinct or Mirrored Biological Correlates?*Psychotherapy Psychosomatics*, 75, 85-95.
- Schalock, R. L., Verdugo, M. A., Jenaro, C., Wang, M., Wehmeyer, M., Jiancheng, X., et al. (2005). Cross-cultural study of quality-of-life indicators. *American Journal on Mental Retardation*, 110, 298-311.
- Seltzer, Krauss. (2001). *Quality of life of adults with mental retardation/ developmental disabilities who live with family*. Waisman Center and School of Social Work, University of Wisconsin, 1500 Highland Avenue, Madison, WI 53705, USA.
- Susan K. R, Carlos F. Gomez, Philip Carpenter, Jean Farley, Debbie Holson, Miriam Markowitz, Brian Rood, Karen Smith & Peter Nigra (2010). Quality of Life for Children With Life-Limiting and Life-Threatening Illnesses: Description and Evaluation of a Regional, Collaborative Model for Pediatric Palliative Care, *American Journal of Hospice and Palliative Medicine*, September.
- The WHOQOL-Group (1998). *The World Health Organization Quality of Life Assessment (WHOQOL): Development and general psychometric properties*. *Social Science Medicine*, 46,1569.
- Verdugo, M., (2005) factorial Structure Of The Quality Of Life Questionnaire In A Spanish Sample Of Visually Disabled Adults, *European Journal Of Psychological Assessment*, Vol.21 (1) PP. 44-55.

Wehmeyer, M., & Schwartz, M. (1998). The relationship between self determination and quality of life for adults with mental retardation. *Education and Training in Mental Retardation and Developmental Disabilities*, 33, (1), 3-12.

---

**Author Information**

---

**Dr. Moayyad A. Homidi**

Associate Professor of Special Education, College of  
Education, University of Jeddah, Saudi Arabia

---