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**Burhan M. Hamadneh**   
Najran University, Kingdom of Saudi Arabia

**Wael N. Almogbel**   
Najran University, Kingdom of Saudi Arabia

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## The Level of Well-being of 6-12 Year Old Children with Disabilities from the Point of View of Parents

Burhan M. Hamadneh, Wael N. Almogbel

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### Abstract

Well-being is a balanced way for a disabled child to interact with himself and others and feel comfortable and happy in the activities of his daily life. It also indicates the safety of the mentally disabled child, and that he is free from mental disorders and diseases. This achieves high levels of compatibility, and adaptability to his life quality. Therefore, this study aimed to reveal the level of well-being of children aged 6-12 years with disabilities from the point of view of their parents. Also, it attempted to show any statistical differences in them according to the variables of the disabled child's gender, the type of disability, and the severity of the disability. The descriptive survey method was used. The questionnaire was used as a tool for collecting data. It was applied to a purposive sample of 295 parents of children aged 6-12 years with disabilities in Najran region, southern Saudi Arabia, in 2022. The results showed a weak degree of well-being level for children aged 6-12) years with disabilities from the point of view of the study sample. The results also revealed statistically significant differences in the level of well-being among children aged 6-12 years with disabilities due to the gender of the disabled child in favor of males, the type of disability in favor of learning disabilities, and the severity of disability in favor of the simple disability. The study suggested multiple recommendations focusing on engaging disabled children in extracurricular activities, providing psychological support programs for them, and directing future research to work on identifying ways to confront the difficulties that hinder the progress of disabled children toward acceptable levels of well-being.

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### Introduction

Well-being is a balanced way of interacting with others and being able to respond appropriately to feelings and emotions. It is an important and essential aspect of the development of the individual and his personality (Robeyns, 2017). Well-being is a good indicator of an individual's understanding of his abilities and needs in communicating with others, knowledge, management of feelings, and internal emotional experiences to achieve a high level of compatibility, adaptation, and quality of life (Forgeard et al., 2011). Hence, all members of society need care and

attention in the areas of well-being to achieve psychological, emotional, and social growth in a balanced manner (Dodge, 2012).

Well-being refers to a high level of psychological well-being and freedom from mental disorders in an individual. It is evidence of the individual enjoying a psychological state of a good emotional and behavioral levels. From the point of view of positive psychologists, in general, the well-being of the individual appears through the ability to enjoy life and create a balance between life activities and their requirements, which leads to psychological resilience. Thus, well-being is vital for individuals who can invest all their potential and energies to the fullest extent possible. They can also deal with and adapt to the different demands and problems of life (Summaka et al., 2021).

Well-being is a term that refers to the extent of an individual's psychological compatibility with himself and the surrounding world, his ability to face and address problems, achieve maximum happiness, optimism, life satisfaction, social competence, positive behavior in facing and accepting life (Dong & Bouey, 2020). Well-being is an active and important factor in an individual's life, mainly related to an individual's optimism and positive outlook for the future. It is mainly related to positive expectations related to a particular situation and determines the individual's methods to achieve his goals (Mannix, Fedman, & Moody, 2009). The importance of the manifestations of well-being in individuals is to help them raise their self-esteem to practice daily activities normally and improve social efficiency and mood (Rand, 2009).

Disability is a common phenomenon in societies. There is hardly any community free of it. It has received attention from different sides, whether individuals, institutions, associations, or international organizations. It also has different forms such as hearing impairment, visual impairment, autism spectrum disorders, learning disabilities, motor disabilities, and mental disabilities (Al-Rousan, 2010). Disability is defined as "a condition that limits an individual's ability to perform one or more of the functions that are essential in daily life, such as self-care, or practicing social relationships and economic activities, within the limits that are considered normal" (Al-Feel & Al-Sayed, 2016). The contemplator on the lives of people with disabilities will notice that disability has negative effects on various aspects of life for individuals with disabilities of all ages. Some of them are related to their disability, the family environment to which they belong, their economic and social status, the educational environment in which they learn, or their cultural aspects. All of this would affect the well-being of these individuals (Emerson & Giallo, 2014). Among the manifestations of the well-being of people with disabilities is freedom from excessive self-blame, calm and tranquility, social independence, ego strength, confidence in one's abilities, and possession of acceptable levels of body image. They also include practicing a motor activity that suits his level of motor synergy and a mental and academic activity that suits his mental abilities and having the ability to focus attention, emotional and activity control.

A mentally healthy individual does not irritate quickly and can connect with reality. The individual has a sense of identity and does not intend to be in opposition to anything, has freedom from a feeling of aggression and not excessive stubbornness and resistance, and accepts the suggestions of others (Sulaiman & Lais, 2012). However, children and youth with disabilities are more at risk of experiencing lower levels of social and emotional well-

being than their normal peers. They are more likely to be bullied and harassed. They have a limited number of friends and engage in extracurricular activities at school, not at the level of their natural peers (Resch, Benz, & Elliott, 2012).

Also, children with disabilities are at “higher risk” socially and emotionally. Parey (2021) conducted to find out parents' views on the well-being of children with disabilities in Trinidad and showed that children with disabilities are significantly deprived of basic needs such as Love and kindness, weakness in the provision of care, health and treatment services to them, transportation, and integration into a regular school. Hence, this affects the level of their well-being. The results also showed a low level of well-being among disabled children, especially the female category compared to males, and the multiple and severe disabilities categories compared to other groups.

Therefore, disabled children should be provided with the necessary support to achieve their well-being. The well-being of the disabled child achieves high levels of happiness, good social relationships, positive work performance, and high-quality life satisfaction (Cabo, 2015). Hence, this study was conducted to find out the aspects of well-being among children aged 6-12 years with disabilities from the point of view of parents in the Kingdom of Saudi Arabia. The study also linked the differences in parents' views according to demographic variables such as the child's gender, type of disability, and severity. This gives the study more cognitive diversity and a deeper understanding of the phenomenon.

### **Statement of the Problem**

The well-being of the child is important to realize his potential, adapt to normal stressful situations, participate in work productively, and be an effective member of his society (Rand, 2009). Therefore, the characteristics of the disabled child and the presence of obstacles around him may lead to a set of frustrations and challenges that stand in the way of his satisfaction with himself and his actions. This may reflect negatively on his integration into society and lead to unacceptable levels of well-being (Parey, 2021). Therefore, it is important to intensify the efforts of those in charge of caring for disabled children and their families towards paying attention to aspects of well-being.

Children with disabilities have poor interactions with a school and social environment in which the focus is on the child's "failures" rather than appreciation and reinforcement, resulting in crisis and high levels of social and emotional distress (Samadia, McConkeya, & Bunting, 2014). To confirm this result, a pilot study was conducted on a sample of 30 participants from parents of children with disabilities in the age group 6-12 years. The results showed a clear deficiency in the well-being aspects of children aged 6-12 years with disabilities from the point of view of the exploratory sample. They were represented in a weak sense of satisfaction with oneself and others, low levels of ability to meet the demands of life, and poor psychological safety.

Therefore, the problem of this study emerged and was formulated by answering the following questions:

1. What is the level of well-being of children aged 6-12 years with disabilities from the point of view of parents?

2. Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the point of view of parents due to the gender of the disabled child?
3. Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the parent's point of view due to the type of child's disability?
4. Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the parent's point of view due to the severity of the child's disability?

### **Significance of the Study**

The significance of this study comes from understanding the level of well-being of children aged 6-12 years with disabilities from the point of view of parents. This understanding contributes to assisting psychologists and special education, psychologists, special education teachers in schools, guidance counselors, and workers in special education centers in developing plans and policies that can provide targeted opportunities to provide well-being to children with disabilities at good levels. It also works to reduce the possibility of marginalization for them in the surrounding society, face the problems they face efficiently and competently, and enjoy life and its requirements in a balanced manner. This study will give a perception for officials of education and care centers for children with disabilities about the level of well-being of children aged 6-12 years with disabilities, which may contribute to the development of advising programs to improve the well-being of these children.

### **Delimitations of the Study**

The topic of this study was limited to examining the level of well-being of children aged 6-12 years with disabilities from the point of view of their parents. The study was applied to parents of children aged 6-12 years with disabilities in Najran region, southern Saudi Arabia, in 2022. Therefore, the results of this study are generalizable to similar societies. Also, the generalization of the study results depends on external validity. That is the psychometric properties of the study tool (the properties of validity and reliability). Since the study tool is not one of the codified tools, so the results depend on the accuracy in extracting the indications of validity and reliability of the tool, and the objectivity and seriousness of the responses of the study sample members.

### **Methods**

The descriptive survey approach was used in this study because it is the most appropriate for the nature of this study in terms of collecting quantitative data and answering its questions using descriptive statistics methods. The study tool (the well-being questionnaire for disabled children) was distributed to the study population of parents after the tool was converted into an electronic image using "Google Drive". Then, the electronic questionnaire link was published on social media to obtain the study sample. This was done in cooperation with principals and teachers in schools and special education centers in Najran region in the south of the Kingdom of Saudi Arabia.

### **Population and Sample of the Study**

The study population of parents of children aged 6-12 years with disabilities in the Kingdom of Saudi Arabia was so difficult to define. Therefore, the researchers resorted to selecting a purposeful sample of 295 individuals from parents of children aged 6-12 years of people with disabilities in Najran region in the south of the Kingdom of Saudi Arabia in 2022. The participants initiated to agree and participate in the study due to their sense of its importance in achieving important aspects of psychological and social support for their children with disabilities. The study sample was distributed according to its characteristics on the following demographic variables: the gender of the disabled child, the type of the child's disability, and the severity of the disability. Table 1 shows the results.

Table 1. Distribution of the Study Sample based on Variables

Variables	Categories	Freq.	%
Gender of the disabled	Male	163	55.3
	Female	132	44.7
Type of disability	Visual	48	16.3
	Hearing	39	13.2
	Motor	45	15.3
	Autism	31	10.5
	Mental	36	12.2
	Learning difficulties	53	18.0
	Multiple disabilities	43	14.6
Severity of disability	Simple	106	35.9
	Moderate	88	29.8
	Severe	101	34.2
	Total	295	100.0

### **Instrument of the Study**

For collecting the necessary data to achieve the study objective, the study tool (the questionnaire) was developed concerning the theoretical literature and previous studies that dealt with the well-being of children with disabilities. The tool consisted of two sections. The first section included the sample's demographic data in terms of the gender of the disabled child (male, female), the type of child's disability (visual, hearing, motor, mental, autism disorders, learning disabilities, multiple disabilities), and the severity of the disability (simple, moderate, severe).

The second section consisted of 20 items that measure the level of well-being of children with disabilities between the ages of 6-12 years from the point of view of parents. The tool items were distributed equally in four areas: feeling comfortable with oneself, feeling comfortable with others, being able to face life's demands, and psychological safety. To interpret the responses to the second section of the tool a five-point Likert scale was used (very high, high, medium, low, very low). The scores (5, 4, 3, 2, 1) were given to calculate the scores of the respondents. The following grading was adopted for the degree of achievement of the study tool items and the

total score for the classification of means: 1.00 - 1.80= a very low degree, more than 1.80 - 2.60= a low degree, more than 2.60 - 3.40= a medium degree, more than 3.40 - 4.20= a high degree, more than 4.20-5.00= a very high degree.

### **Validity and Reliability**

The validity of the study tool was verified by presenting it in its initial version to ten experts from specialists in well-being, psychology, and special education. They are faculty members in some Saudi universities. They were asked to ensure the suitability of the tool to achieve the objectives of the study. The experts reported the validity of the tool for what it was prepared to measure. Accordingly, the tool was approved in its final version, consisting of 20 items.

Also, the reliability of the tool was verified using the test-retest method. The tool was applied to an exploratory sample selected from outside the study sample and consisted of 30 individuals from parents of children with disabilities who are registered in special education centers in Najran region in Saudi Arabia. The tool was re-applied to the same sample after two weeks, and then the Pearson correlation coefficient was calculated between the two applications. The reliability coefficient of the tool was 0.88, a high and appropriate coefficient for the reliability of the tool and its results.

### **Procedures of the Study**

First, the study problem and its components were identified. Then, the previous studies related to the topic of the study were reviewed and analyzed, and the items that are suitable as a tool for the study (the questionnaire) were extracted. After that, the study tool was prepared in its initial version, and its validity and reliability were verified. Fourth, ethical approval for the application of the study tool was obtained from the Deanship of Scientific Research at Najran University to facilitate the task of researchers for data collection. Fifth, the sample was selected following the purposeful sampling technique from the parents of children with disabilities in cooperation with the directors and teachers of special education centers and schools. Then, the questionnaire was applied electronically after it was converted to Google Drive. The electronic link was published using social media. Sixth, the data were collected and checked for completeness. Next, the data was corrected, checked, and entered into the computer. After that, the statistical package (SPSS) program was used to analyze the data. Finally, the results were extracted, discussed, and interpreted, and recommendations were written.

### **Results**

**First Research Question:** What is the level of well-being of children aged 6-12 years with disabilities from the point of view of parents?

To answer this question, the means and standard deviations of the study sample's responses about the level of well-being of children aged 6-12 years with disabilities were extracted. Table 2 displays the results.

Table 2. Means and Standard Deviations of the Study Sample's Responses about the Level of Well-being among Children Aged 6-12 Years with Disabilities

No	Domain	Mean	Standard deviation	Rank	Degree
3	Ability to face life's demands	2.49	0.94	1	Low
2	Feeling comfortable with others	2.46	0.97	2	Low
4	Psychological safety	2.41	0.95	3	Low
1	Feeling comfortable with oneself	2.32	0.86	4	Low
	Total	2.42	0.85		Low

Table 2 shows that the level of well-being of children aged 6-12 years with disabilities from the parent's point of view came with a mean of 2.42, a standard deviation of 0.85, and a small degree. The areas of well-being for children aged 6-12 years with disabilities came in the following order: (the ability to face life's demands, feeling comfortable with others, psychological safety, and feeling comfortable with oneself) with means, respectively: 2.49, 2.46, 2.41, 2.32. All of them had low degrees of appreciation.

**Second Research Question:** Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the point of view of parents due to the gender of the disabled child?

To answer this question, the means and standard deviations of the study sample's responses about the level of well-being among children aged 6-12 years with disabilities were calculated due to the variable of the gender of the disabled child. The t-test was also used to show the significance of statistical differences according to the gender variable of the disabled child. Table 3 depicts the results.

Table 3. t-test for the Significance of Differences in the Level of Well-being among Children Aged 6-12 Years with Disabilities from the Parents' Point of View due to the Child's Gender)

Domain	Gender	No.	Mean	Standard deviation	t	df	Sig.
Feeling comfortable with oneself	M	163	2.68	.670	8.958	293	.000
	F	132	1.88	.870			
Feeling comfortable with others	M	163	2.94	.820	11.180	293	.000
	F	132	1.87	.800			
Ability to face life's demands	M	163	2.94	.820	10.676	293	.000
	F	132	1.94	.770			
Psychological safety	M	163	2.85	.830	10.215	293	.000
	F	132	1.87	.800			
Total	M	163	2.85	.700	11.671	293	.000
	F	132	1.89	.710			

Table 3 shows statistically significant differences at 0.05 in the means of the responses of the study sample members about the level of well-being among children aged 6-12 years with disabilities in all areas (Feeling comfortable with oneself, Feeling comfortable with others, Ability to face life's demands, Psychological safety). These differences came on the total degree and were attributed to the variable of the gender of the disabled child in favor of males.

**Third Research Question:** Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the parent's point of view due to the type of child's disability?

To answer this question, the means and standard deviations of the responses of the study sample about the level of well-being among children aged 6-12 years with disabilities were extracted according to the variable of the type of child's disability. Table 4 shows the results.

Table 4. Means and Standard Deviations of the Study Sample's Responses about the Level of Well-being among Children Aged 6-12 Years with Disabilities according to the Variable of the Type of Child's Disability

Type of disability	No.	Feeling comfortable with oneself		Feeling comfortable with others		Ability to face life's demands		Psychological safety		Total	
		M	SD	M	SD	M	SD	M	SD	M	SD
Visual	48	2.05	0.79	2.51	1.02	2.45	0.97	2.27	0.92	2.32	0.84
Hearing	39	2.29	0.89	1.92	0.76	1.91	0.76	1.95	0.77	2.02	0.68
Motor	45	2.12	0.88	2.35	1.07	2.39	1.11	2.38	1.10	2.31	1.013
Autism	31	2.48	0.79	2.58	0.92	2.58	0.92	2.45	0.90	2.52	0.86
Mental	36	2.20	0.84	2.41	0.89	2.54	0.84	2.46	0.91	2.40	0.82
Learning disabilities	53	3.03	0.63	2.93	0.87	2.96	0.76	2.86	0.92	2.94	0.65
Multiple disabilities	43	2.00	0.74	2.38	0.95	2.47	0.87	2.44	0.87	2.32	0.78
Total	295	2.32	0.86	2.46	0.97	2.49	0.94	2.41	0.95	2.42	0.85

M= Mean, SD= standard deviation

Table 4 shows apparent differences between the means of the responses of the study sample members about the level of well-being among children aged 6-12 years with disabilities in all areas (feeling comfortable with oneself, feeling comfortable with others, ability to face life's demands, psychological safety) and the total score due to the type of child's disability. To show the significance of the differences between the means, a one-way analysis of variance was used. Table 5 shows that.

Table 5 shows statistically significant differences at 0.05 for the responses of the study sample members about the level of well-being among children aged 6-12 years with disabilities in all areas (feeling comfortable with oneself, feeling comfortable with others, ability to face life's demands, psychological safety) on the total degree attributed to the type of child's disability. To show the statistically significant differences, multiple comparisons were used following the Scheffe method. Table 6 shows the results.

Table 5. One-way Analysis of Variance for the Significance of the Differences about the Level of Well-being among Children Aged 6-12 Years with Disabilities due to the Type of Child's Disability

Domain	Source	Sum of squares	df	Sum of squares	p	Sig.
Feeling comfortable with oneself	Between groups	37.675	6	6.279		
	Within groups	182.803	288	.635	9.893	.000
	Total	220.478	294			
Feeling comfortable with others	Between groups	24.615	6	4.103		
	Within groups	253.582	288	.880	4.659	.000
	Total	278.197	294			
Ability to face life's demands	Between groups	25.718	6	4.286		
	Within groups	235.280	288	.817	5.247	.000
	Total	260.997	294			
Psychological safety	Between groups	19.984	6	3.331		
	Within groups	245.951	288	.854	3.900	.001
	Total	265.934	294			
Total	Between groups	22.622	6	3.770		
	Within groups	190.714	288	.662	5.694	.000
	Total	213.335	294			

Table 6 shows statistically significant differences at 0.05 for the responses of the study sample members about the level of well-being among children aged 6-12 years with disabilities in all areas (feeling comfortable with oneself, feeling comfortable with others, ability to face life's demands, psychological safety) and the total degree attributed to the type of child's disability. The differences were between the category of learning disabilities and each of the categories of visual, auditory, motor, and multiple disabilities in favor of the category of learning disabilities.

Table 6. Multiple Comparisons using the Scheffe Method on the Type of Child's Disability

Disability (I)	Disability (J)	Domain 1		Domain 2		Domain 3		Domain 4		Total	
		Mean difference	Sig.								
Learning disabilities	Visual	.976*	.000	.416	.552	.512	.236	.586	.124	.623*	.025
	Hearing	.734*	.005	1.010*	.000	1.049*	.000	.908*	.002	.925*	.000
	Motor	.911*	.000	.582	.159	.571	.141	.479	.369	.636*	.024
	Autism	.549	.162	.348	.847	.382	.745	.411	.693	.422	.511
	Mental	.826*	.001	.523	.357	.418	.599	.401	.672	.542	.151
	Multiple	1.031*	.000	.547	.237	.497	.308	.419	.559	.624*	.033

**Fourth Research Question:** Are there statistically significant differences in the level of well-being of children aged 6-12 years with disabilities from the parent's point of view due to the severity of the child's disability?

To answer this question, the means and standard deviations of the responses of the study sample about the level of well-being of children aged 6-12 years with disabilities were extracted according to the disability severity. Table 7 shows the results.

Table 7. Means and Standard Deviations of the Responses of Study Sample about the Level of Well-being of Children Aged 6-12 Years with Disabilities according to the Disability Severity

Type of disability	No.	Feeling comfortable with oneself		Feeling comfortable with others		ability to face life's demands		psychological safety		Total	
		M	SD	M	SD	M	SD	M	SD	M	SD
Simple	106	2.74	.680	3.17	.730	3.14	.720	3.02	.770	3.01	.600
Moderate	88	2.20	.890	1.99	.860	2.10	.840	1.96	.890	2.07	.760
Severe	101	1.99	.840	2.12	.850	2.14	.860	2.17	.830	2.11	.800
Total	295	2.32	.860	2.46	0.97	2.49	.940	2.41	.950	2.42	.850

M= Mean, SD= standard deviation

Table 7 shows apparent differences between the means of the responses of the study sample about the level of well-being of children aged 6-12 years with disabilities in all areas (feeling comfortable with oneself, feeling comfortable with others, ability to meet life demands, psychological safety) and the total score due to the severity of the child's disability. To show the significance of the differences between the means, a one-way analysis of variance was used. Table 8 shows the results.

Table 8. One-way Analysis of Variance for the Significance of the Differences in the Responses of the Study Sample Members about the Level of Well-being among Children Aged 6-12 Years with Disabilities due the Severity of the Child's Disability

Domain	Source	Sum of squares	df	Sum of squares	p	Sig.
Feeling comfortable with oneself	Between groups	30.278	2	15.139	23.242	.000
	Within groups	190.200	292	.651		
	Total	220.478	294			
Feeling comfortable with others	Between groups	83.689	2	41.845	62.818	.000
	Within groups	194.508	292	.666		
	Total	278.197	294			
Ability to face life's demands	Between groups	69.601	2	34.800	53.092	.000
	Within groups	191.397	292	.655		
	Total	260.997	294			
Psychological safety	Between groups	62.435	2	31.218	44.794	.000
	Within groups	203.499	292	.697		
	Total	265.934	294			
Total	Between groups	58.322	2	29.161	54.931	.000
	Within groups	155.014	292	.531		
	Total	213.335	294			

Table 8 shows statistically significant differences at 0.05 for the responses of the study sample members about the level of well-being among children aged 6-12 years with disabilities attributed to the variable of the severity of the child's disability. To show the statistically significant differences, multiple comparisons were used by the Scheffe method. Table 9 presents the results of the analysis.

Table 9. Multiple Comparisons by the Scheffe Method on the Severity of the Child's Disability

Domain	Disability severity	Mean differences	Sig.	
Feeling comfortable with oneself	Simple	Moderate	.534*	.000
		Severe	.742*	.000
Feeling comfortable with others	Simple	Moderate	1.175*	.000
		Severe	1.043*	.000
Ability to face life's demands	Simple	Moderate	1.033*	.000
		Severe	.993*	.000
Psychological safety	Simple	Moderate	1.055*	.000
		Severe	.845*	.000
Total	Simple	Moderate	.949*	.000
		Severe	.906*	.000

Table 9 shows statistically significant differences at 0.05 in all domains (feeling comfortable with oneself, feeling comfortable with others, ability to face life's demands, psychological safety) and the total degree of the level of well-being among children with ages 6-12 due to the severity of the child's disability between the mild disability severity category and the moderate and severe disability severity category. The differences were in favor of the simple disability category.

## Discussion and Conclusion

### Discussion of the First Research Question

The results of this question revealed that the total degree of the study sample members' responses to the level of well-being among children aged 6-12 years with disabilities was low. This result indicates that children aged 6-12 years with disabilities had low levels of well-being, which are educationally and psychologically unacceptable. This result can be explained by the fact that a disabled child often suffers from various psychological disorders resulting from the presence of a disability. He is more susceptible to psychological disorders such as psychological loneliness, anxiety, depression, and aggression, which result from his isolation from the group and his fear of integration into society, in addition to his limited abilities, which leads to a decline in the level of well-being compared to his peers without disabilities (Parey, 2020).

Children with disabilities are at increased risk of experiencing well-being difficulties. They may not be recognized as a community at risk in the design of school-based prevention and intervention efforts against the risk of developing low levels of well-being (Cabo, 2015). Perhaps, the negative impact of disability leads to a lack of social experiences for the disabled child as a result of the isolation in which he lives, and the lack of participation

in family and social life activities. This leads him to doubt his abilities and capabilities. This may result in poor self-confidence and the need to seek help from others and rely on them a lot, which leads to a lower level of well-being compared to non-disabled peers (Sulaiman & Laiss, 2012). Here, it is worth noting the importance of the family, the caregivers of children with disabilities, and the community to effectively communicate with children with disabilities well. As a result, they can achieve normal well-being like their peers without disabilities and acceptable levels of feeling comfortable with themselves and others, the ability to practice the demands of daily life, and psychological safety.

### **Discussion of the Second Research Question**

The results of this question revealed statistically significant differences in the responses of the study sample about the level of well-being of children aged 6-12 years with disabilities due to the gender of the disabled child in favor of males. This result may be due to the deprivation of females from the opportunity to integrate into society, social marginalization, and the lack of permission to exercise freedom in social activities compared to males. Hence, their chance of interacting with society is less, which leads them to failure, anxiety, stress, and consequently a decrease in levels of well-being (Parey, 2021). From the researchers' point of view, males may have more opportunities than fathers may interact with society and the freedom to engage in some social activities and attend social events with fathers. Thus, they reach acceptable levels of well-being compared to females.

### **Discussion of the Third Research Question**

The results of this question revealed statistically significant differences in the responses of the study sample about the level of well-being of children aged 6-12 years with disabilities due to the type of child's disability in favor of the learning difficulties category. This result can be explained by the fact that the disability of learning disabilities had less impact on the disabled child compared to other disabilities. It is considered one of the hidden disabilities in which it is difficult to distinguish the child from other normal children.

Likewise, people with learning disabilities usually face problems in some psychological processes such as attention, perception, and memory, but they can deal with them, and therefore do not feel very helpless. Also, children with learning disabilities are more able to integrate and adapt in regular classes compared to other categories of disabilities and can reach good degrees of psychological, social, and academic adjustment. Hence, he can obtain appropriate and good experiences, which contribute to the development of his well-being to an acceptable degree (Hamadneh, 2017).

On the other hand, the multiple academic, environmental, and economic factors and obstacles that surround people with disabilities (visual, hearing, mental, motor, autism, and multiple disabilities) interact to lead to a lower level of well-being. These groups suffer greatly from educational and social deprivation and a sense of social isolation. This constitutes a real source of well-being being affected and declining because of their poor access to the opportunity to integrate into school and society and thus going through frustrating experiences that lead them to anxiety, tension, and psychological pressure that affects their well-being (Cabo, 2015).

### **Discussion of the Fourth Research Question**

The results of this question revealed statistically significant differences in the responses of the study sample about the level of well-being among children aged 6-12 years with disabilities due to the severity of the child's disability in favor of the simple disability. This result can be explained in the sense that children with simple disabilities are less likely to have academic, educational, and social problems compared to those with moderate and severe disabilities. They also have more opportunities for social interaction and access to educational opportunities and experiences than those with moderate and severe disabilities. Therefore, they have fewer behavioral, psychological, and emotional problems and disorders compared to those with moderate and severe disabilities, leading them to better levels of well-being (Parey, 2021).

### **Recommendations**

In light of the study results, a set of recommendations were proposed. The most important one is the involvement of disabled children in extracurricular activities because of its impact on their integration academically, socially, and psychologically. This, in turn, improves their levels of well-being, which is represented in a sense of satisfaction with oneself and others, the ability to practice the demands of life, psychological safety, and freedom from diseases and mental disorders.

The study also recommends the establishment of specialized counseling units in regular schools and special education centers in the Kingdom of Saudi Arabia to deal with this category, with a focus on females with disabilities, and children with moderate and severe disabilities. These centers work to educate and help them in their academic and social life to achieve acceptable levels of well-being. In addition, there is a need to provide comprehensive training programs at the level of the Kingdom of Saudi Arabia. They focus on training administrative and technical staff in regular schools and special education centers to deal with children with disabilities to provide them with an opportunity to integrate into society, adapt to it, and reach reasonable degrees of well-being.

Furthermore, continuous psychological and social support and programs must be provided for children with disabilities to enable them to overcome the psychological obstacles and barriers they face as a result of disability, with the importance of benefiting from successful international studies and experiences in the field of well-being for the disabled. Concerning future research, more studies are suggested on a large scale in the Kingdom of Saudi Arabia and the Arab Gulf states on the role of the family and the teacher in promoting the well-being of disabled children. Qualitative studies that look at ways to confront the difficulties and challenges faced by disabled children that affect their well-being are also recommended. In addition, research on the prevention of mental disorders in children with disabilities, identification of early signs of anxiety and depression, suicide risk, and assessment of the quality of life and work is suggested. By this, a reasonable choice of psychosocial rehabilitation methods is ensured with the participation of those close to the disabled child to increase the level of tolerance towards children with disabilities in society.

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## **References**

- Al-Feel, H., & El-Sayed, H. (2016). Psychology of special groups. Bustan Al-Maarifa Bookstore.
- Al-Rousan, F. (2010). Introduction to mental disability (2nd Ed.). Dar Al Fikr Publishers.
- Cabo, E. (2015). *Measuring Well-being in Children with Disabilities: The use of the two continua model* [Master Thesis]. School of Education and Communication, (HLK) Jönköping University.
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222–235.
- Dong, L., & Bouey, J. (2020). Public well-being crisis during COVID-19 pandemic, China. *Emerging Infectious Diseases*, 26 (7), 1616.
- Emerson, E., & Giallo, R. (2014). The wellbeing of siblings of children with disabilities. *Research in Developmental Disabilities*, 35(9), 2085-2092.
- Forgeard, M. J. C., Jayawickreme, E., Kern, M., & Seligman, M. E. P. (2011). Doing the right thing: Measuring wellbeing for public policy. *International Journal of Wellbeing*, 1(1), 79–106.
- Hamadneh, B. (2017). Conceptual approach to learning difficulties and the role of the teacher and the family. Dar Al-Rushd Publishers.
- Mannix, M., Fedman, M., & Moody, K. (2009). Optimism and Health Related Quality of Life in Adolescents with brain Cancer. *Health's Development*, 35(4), 482-480.
- Parey, B. (2020). Using Sen's capability approach to assess wellbeing among working-age persons with disabilities in Trinidad. *Social Indicators Research*, 151(3), 1129–1148.
- Parey, B. (2021). Parents' Perspectives on Wellbeing among Children with Disabilities in Trinidad: Using Sen's Capability Approach and Mixed Methods. *Child Indicators Research*, (14), 1635–1651.
- Rand, K. (2009). Hope and of atomism: Latent Stint Stricture and in fluencies on Grade Expectancy and Academic performance. *Journal of personality*, 77(1), 231 -262.
- Resch, J. A., Benz, M. R., & Elliott, T. R. (2012). Evaluating a dynamic process model of wellbeing for parents of children with disabilities: A multi-method analysis. *Rehabilitation Psychology*, 57 (1), 61–72. <https://doi.org/10.1037/a0027155>.
- Robeyns, I. (2017). *Wellbeing, freedom and social justice*. The capability approach re-examined. Open Book Publishers.
- Samadia, S., McConkeya, R., & Bunting, B. (2014). Parental wellbeing of Iranian families with children who have developmental disabilities. *Research in Developmental Disabilities*, 35 (7), 1639-1647.
- Sulaiman, S., & Lais, I. (2012). Well-being and its relationship to emotional intelligence among students with special needs in the intermediate stage in the schools of Tabuk region. *Journal of Human and Social Sciences*, (9), 1-24.

Summaka, M., Zein, H., Naim, I., & Fneish, S. (2021). Assessing the psychological impact of COVID-19 outbreak and its related factors on Lebanese individuals with physical disabilities. *Disability and Health Journal*, 14(3), 101073.

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### Author Information

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**Burhan M. Hamadneh**

 <https://orcid.org/0000-0001-9625-1696>

Department of Special Education

Faculty of Education

Najran University

Kingdom of Saudi Arabia

Contact email: [joman2015h@gmail.com](mailto:joman2015h@gmail.com)

**Wael N. Almogbel**

 <https://orcid.org/0000-0002-5398-9655>

Department of Special Education

Faculty of Education

Najran University

Kingdom of Saudi Arabia