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Why does Saudi Arabia have fewer leaders with disabilities?: changing perspectives and creating new opportunities for the physically challenged in Saudi Arabia

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WHY DOES SAUDI ARABIA HAVE FEWER LEADERS WITH DISABILITIES?

CHANGING PERSPECTIVES AND CREATING NEW OPPORTUNITIES FOR THE

PHYSICALLY CHALLENGED IN SAUDI ARABIA

A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Education in Organizational Leadership

by

Sara Abdullah Kadi

March, 2018

Ronald D. Stephens, Ed.D. - Dissertation Chairperson

This dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted

to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree

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DOCTOR OF EDUCATION

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DEDICATION

To Hiyam Saemah, my grandmother. The woman who taught me my first letter and encouraged me to be a kind, strong and successful leader.

To whom I promised after her death when I was unable to attend the funeral that I will never come back home without an achievement in her honor.

My dearest Hiyam, to your soul, to your heart and to the amazing footprint you left on my like, I dedicate this work to you.

I did it granny..

ACKNOWLEDGEMENTS

To Allah (God) who put me on the right path, guided me and gave me the strength to achieve.

To Safanah, my sister. The amazing women, mother and friend. It is her story and strength that inspired this work.

To my parents.

My father. The man who supported me and stood beside me, loved me and believed in me and gave me everything in his power to make me happy.

My mother. The women who's love, prayers, encouragement and efforts saw me to the success I am in now. Because of her, I am who I am today.

To my love, my life, my everything. My husband. The man who was beside me in each and every step. You are my biggest fan, my strongest supporter and my pillar. Without you, Rami, I would have never been able to accomplish my dreams.

To my children: Mosab, Shaden and Alma. You are the apple of my eye. Thank you for your love, support and passion you gave me. It made me an educated mother and I did all this for you. I love you.

To my siblings for their love and support.

To my cohort. My i-Tribe. What a wonderful journey I will never forget.

VITA

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ABSTRACT

People with disabilities face discrimination around the world. This has a negative impact on society, individuals and the economy. In Saudi Arabia, people with physical disabilities face serious challenges. This research addressed the negative perceptions and attitudes toward disability in Saudi Arabia that resulted in discrimination against people with disabilities, create challenges for them and prevented them from participating in society equally. This mixed-method study investigated the challenges that face the physically disabled in Saudi Arabia in their personal, political, economic and professional paradigms. This research used quantitative and qualitative methods, to reflect the sentiment and impressions of both the disabled and non-disabled populations in Saudi Arabia on the topic of physical disability. There were 14 participants in the interview component of this research and 403 participated in the survey. This research identified the main challenges facing people with disabilities in Saudi Arabia as inaccessible environments, judgmental society, family and self-image, health care services and enforcement of existing laws and regulations. Furthermore, the results highlighted a number of steps needed for people with disabilities to overcome the challenges in their personal and professional lives.

Chapter One: The Problem

Overview

"More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning" (World Health Organization, 2011, p. xi). People with disabilities are normal human beings with feelings, passions and dreams. Disability is not a choice, but an obstacle placed in their way. Despite their disability, they have the right to live and contribute to society and the world. "Disability is both a human rights issue and a development issue" (United Nations, 2015, p. 2). According to the World Bank Report (2016), 15% of the world population faces some type of disability and developing countries have a higher disabled population.

According to World Health Organization (2011) and the World Bank Report (2016) people with disability around the world have more exposure to poverty, poor education, lower healthcare benefits and fewer chances in finding decent jobs compared to their non-disabled counterparts because they face many obstacles that prevent them from accessing daily life needs. In developed countries like Saudi Arabia, it is heard to be disabled or have disabled family members. Saudi Arabia is not an accessible environment and that formulates into many challenges in the path of citizens with disabilities. World Bank Report (2016) cited the legislative, social, economic and physical elements in any country could build challenges that prevent the disabled from engaging in the community. The report continues to discuss the types of challenges facing the disabled such as transportation, building accessibility, disability services and communication technology. Saudi Arabia, unfortunately, adds the challenge of encompassing a negative stereotype for people with disabilities. The Saudi Arabian society does not believe in the ambition and dexterity of disabled people, refuses to accept their differences

and thus, created a painful, ineffective stereotype against people with disabilities for three

reasons: being a judgmental society, family support and the role of law.

World Health Organization (2011), noted that it is important to empower disabled people

and take out barriers that stop them from obtaining a good education, finding satisfying jobs and

be an active part of the community.

Background

Saudi Arabia (formally known as the Kingdom of Saudi Arabia) is the biggest country in

the oil-rich Gulf region, is a founding member of OPEC, one of the top oil producing countries

in the world and it also holds one-fifth of the oil reserves of the world (Organization of

Petroleum Exporting Countries [OPEC], 2016). A country with such wealth and resources is

expected to provide its citizens with certain care and luxuries. Unfortunately, that is not the case

for people with disability.

According to the General Authority for Statistic of Kingdom of Saudi Arabia (2016), the

total population of Saudi Arabia is 31,015,999. According to Saudi National Commission for

Child Welfare (2002), many Saudi children under the age of 15 suffer from a type of physical

and mental disability. According to Japan International Cooperation Agency (JICA; 2002), one

of the main sources of disability in Saudi Arabia is caused by family intermarriage. This type of

marriage is a bigger factor than environmental causes and accidents. Finding accurate numbers

representing the state of disabilities in Saudi Arabia is quite challenging due to the lack of

research in field and scarcity of data-driven publications. Not many scholarly research

publications have been published in this field and there are no official government reports

showing such data. Al-Gain and Al-Abdulwahab (2002) explain why researchers do not have an

answer to how many disabled there are in the Kingdom of Saudi Arabia. The is because families

are embarrassed to have a disabled member and they would like to avoid any involvement in activities that may require public attention like research.

According to JICA (2002), there are no reports from the Saudi Ministry of Health containing statistics pertaining to the disabled and disabilities in Saudi Arabia. Therefore, there are no official numbers that can be relied on to study the disabled population or its geographical distribution. Professor Stephen W. Hawking (2010) noted in his forward to the 2011 edition of the World Report on Disability, local medical authorities is a necessary tool to find disabled needs and fix their problems, furthermore, it helps people understand disability and its influence on individuals and society (World Health Organization, 2011). According to Shawky, Abalkhail, and Soliman (2002) as part of the official Kingdom of Saudi Arabia [Economic] Development Movement: some studies were made about children with disabilities in Saudi Arabia, but no one has any access to those studies because they are not published or issued. One of the few resources found was a report Saudi Arabia submitted to the United Nations Children's Fund and listed a set of non-comprehensive statistical information. Saudi National Commission For Child Welfare (2002) shows that 77% of the disabled children population has delayed motor development and suffer from paralysis.

The Saudi Arabian society has a direct and clear stereotype about disability and most Saudis take it for granted. This concept defines the disabled as completely dependent, reliant on others and have little rights in living or participating society. (Al-Gain & Al-Abdulwahab, 2002)

Although the Saudi government has some efforts to help people with disability and add quality to their life, those efforts are small and negligible. According to Bouzo, Montagu and Xefos (2009), Many of the welfare programs and nonprofit organizations in Saudi Arabia ask the government to pay attention to some of the social problems like disability. Freedom House

(2012) mentioned that Saudis has no legal recourse for defending their rights even with the government effort in involving citizens with disabilities in the employment sector by considering the disabled employees in *Saudization* plan. According to JICA (2002), In the Kingdom's Seventh Development Plan (covering 2001 to 2005), the government encouraged people and organizations to help and support the disabled by creating disability centers and private clinics. Although the country's constitution contains provisions for the rights of the disabled, the government and organizations do not apply or enforce these policies (Bouzo et al., 2009). The Saudi Arabian Constitution Article 27 of Chapter 5 states that the government guarantees the rights of the disabled:

> The State shall guarantee the right of its citizens and their families in an emergency of in case of disease, disability and old age. Likewise it shall support the social security system and encourage individuals and institutions to contribute to charitable pursuits. (The Saudi Arabia Constitution - Part 5, Article 27, p. 6)

Al-Gain and Al-Abdulwahab (2002) gave examples of the efforts made by The Ministry of Labor and Social Affairs where it started some educational programs for parents of the disabled and arranged some educational TV programs. However, those efforts are not enough to change the social attitudes toward the disabled in Saudi Arabia. Although disability medical centers do exist in Saudi Arabia such as Sultan Bin Abdulaziz Humanitarian City, the King Khaled Eye Specialist Hospital and King Faisal Specialist Hospital and Research Centre, the treatment costs in these centers are prohibitively expensive and treatments are not state of the art. According to JICA (2002), many of the hospitals and disability organizations are not mature enough to provide an acceptable quality of service for the disabled and many of these organizations serve only certain classes of citizens like members or the armed forces.

Al-Gain and Al-Abdulwahab (2002) discussed that to have a proper disability plan and policy, decision makers need to put more time and effort into studying the state of people with disability in Saudi Arabia and give a comprehensive report on disability in the country and the social and economic impact it has on Saudi Arabia.

More efforts are applied toward the healthcare of the disabled, but small attention is paid to the future of the disabled such as education, employment and training. (JICA, 2002)

Creating a decent life for Saudis with disabilities is a difficult thing to do but not impossible. It requires collaboration and cooperation between government institutions, NGOs and private organizations. Al-Gain and Al-Abdulwahab (2002) suggested a comprehensive study plan to provide up to date statistics that can be used to assist the disabled with the best healthcare, rehabilitation, employment and life services.

Problem Statement

The problem of this study is the stereotype and the negative perceptions of disability in Saudi Arabia and how these negative perceptions led to attitudes and mistreatment of people with disabilities. Negative perceptions lead to clear discrimination against people with disabilities and confront them with a set of different and difficult challenges. Those challenges are stopping people with disabilities in Saudi Arabia from having a normal and equal life, and is preventing them from actively participating in society, education and the workforce.

Purpose Statement

This study aims to find the challenges that face individuals with physical disabilities in Saudi Arabia and ascertain how these challenges impact the professional and personal lives of the physically challenged.

Data about to these challenges will be collected via the qualitative and quantities research methods. The qualitative inquiry will be addressed through the collective lenses of political, economic, and psychological challenges seen by people with disabilities. The study will find using quantitative methods which people have the most influence on the career and personal development of people with disability.

This research, also, hopes to create some opportunities for the physically challenged Saudis and help guide them to a bright and successful future.

Research Questions

1. What is the state of disability in Saudi Arabia and how are people with physical disabilities perceived in Saudi Arabia?

2. What are the challenges that face people with physical disabilities in Saudi Arabia?

3. How do these challenges impact the professional lives of people with disability?

4. Who has the most impact on the personal and professional future of people with physical disabilities in Saudi Arabia?

5. What are the most promising strategies for improving services and support for individuals with disabilities in Saudi Arabia?

Hypotheses

Question (1): What is the state of disability in Saudi Arabia and how are people with physical disabilities perceived in Saudi Arabia? People with disabilities face strong types of discriminations and are improperly treated in Saudi Arabia. Generally, the Saudi Arabian culture is a materialistic culture. Saudis judge others based on the way they look and what they wear before knowing who they are and what they are capable of. The bounds of normality are defined

as the kind of people who look, walk, and talk and live like them. Anyone who does not fall within the norms and expectations is considered foreign

The perception of disability in Saudi Arabia inherently supports discrimination and stereotyping. Different social groups and communities in Saudi Arabia differ in their perception of disability. These perceptions are influenced by social and academic backgrounds of the individuals within that community and they shape the culture around people with disabilities in Saudi Arabia. The biggest factor in impacting the perception of disability in Saudi Arabia is whether individuals have a relative or a close friend who is or became disabled. Generally, many Saudis look down at disabilities and underestimate the abilities of the physically challenged and disabled. This leads society to attempt to exclude the disabled from the community and its daily facets such as schools, social gatherings, workplace and public places. The cause of these negative believes against the disabled come from the lack of knowledge in the world of disability.

Saudis don't have the capacity to distinguish between the types of disability. Physical disability, for example, is treated like a mental disability. The disabled are stereotyped as a lower form of human and they are treated with a high level of sympathy. The culture of Saudi Arabia refuses to give the disabled a chance to practice normal life and they believe there is no place for disabled in society. I believe the culture of Saudi Arabia is challenged and the Saudi society needs to be more inclusive and more educated to change their point of few of people with disability.

Question (2): What are the challenges that face people with physical disabilities in Saudi Arabia? It is expected for people with disabilities in Saudi Arabia to face challenges in the Political, Economic, Social and Psychological fronts.

Political. The system in Saudi Arabia does not have the legislative or regulatory frameworks to protect and preserve the rights of the disabled in the workforce and in daily life. Furthermore, the current processes and guidelines that are used to assist the disabled are neither implemented nor enforced which leads to people and organizations not being accountable for any discrimination of mistreatment against people with disabilities.

Economic. Saudi Arabia lacks the facilities and programs that aim to provide a better quality of life for the disabled such as rehabilitation facilities. Although there are organizations that provide *some* services, they are either unlicensed or prohibitively expensive. Furthermore, public facilities and utilities like buildings, government facilities, restaurants and streets lack basic accessibility features. Streets, for example, don't have wide enough sidewalks, public facilities don't have ramps and there are no disabled parking spots. As a result, it is hard for the physically challenged to go to regular schools, find suitable employment and be successful. Additionally, transportation is one of the major challenges facing people with disabilities in Saudi Arabia. These challenges are presented in both public and private transportation options.

Social. The social challenges facing the disabled in Saudi Arabia can be categorized using the way society views people with disabilities. In general, there are two views:

- *The negative and judgmental point of view*. Certain social groups treat people with disabilities with less sensitivity and little to no care. They believe the disabled to be helpless, powerless, incapable, incompetent and ineffective. The main source of this negative attitude is the lack of knowledge and understanding of disabilities and what the disabled are capable of.

- *Feelings of apathy or sympathy*. Most social groups that do not treat the disabled with apathy, treat them with extreme sympathy to the level that would make the

disabled uncomfortable. This stems from a deep belief that the disabled are unable to function as a productive member of society.

Psychological. Most of the disabled in Saudi Arabia live unhappy lives with feelings of insecurity and ineffectiveness. Many of the disabled lose belief in themselves and the will to be a productive member of society. A lot of the disabled grow up in isolation with limited access to education and limited career opportunities because they surrender to what people think and the way society labels them. Few of the disabled in Saudi Arabia who get a proper education, find a job and achieve goals as they go through a very hard and stressful journey, and face a plethora of emotions. Those who break the glass ceiling need be strong fighters and have a strong support system to help them pass the daily challenges in their path.

Question (3): How do these challenges impact the professional lives of people with disability? The challenges faced by the disabled in Saudi Arabia influences their career path, education and social life. These challenges start by determining where and what kind of education the disabled could have; which consequently defines their employment options if any. Furthermore, they effect the how and when the people with disabilities can leave home and interact with the outside world. Those challenges have a major impact on the psychological wellbeing, confidence and self-esteems of people with disabilities. Effectively destroying the disabled person as a human.

Question (4) Who has the most impact on the personal and professional future of people with physical disabilities in Saudi Arabia? The family of a person with disabilities has the strongest impact in shaping the future of their family member. This impact could lead to positive or negative outcomes. Some families succumb to the pressures of a judgmental society and afflict the shame and pain imposed by the *disabled stereotype* on their disabled family

members. As a result, they attempt to hide their disabled family members behind closed doors. Unfortunately, these families adapt the stereotype and don't believe the disabled have the right or need to live and enjoy life. On the other hand, families that support their disabled members attempt to break the stereotype and encourage them to accept their disability and help them to assimilate into daily life be a productive part of society.

Also, families of people with disabilities will have the most influence on the life of a Saudi with disabilities; this influence would come from either one of the parents, a sibling or a close relative. Of course, the impact can be positive in which it supports and encourages the disabled family member and the family as a whole. Alternatively, there could be a negative impact that aims at pulling the disabled person back, but becomes a motivation that gives them the power and the drive to challenge the status quo and prove themselves to the world. In addition, there are non-family members who could impact the career of the disabled and be their role model and mentor. These mentors can be other people with disabilities who are in the public eye, or other members of society that take upon themselves the betterment of this individual like teachers, scholars, doctors and sometimes neighbors.

Question (5): What are the most promising strategies for improving services and support for individuals with disabilities in Saudi Arabia? Saudi Arabia has a big gap in disability rights and services for people with disabilities. The Kingdom does not have any accurate numbers or data people with disabilities in the country which is a byproduct of not having any laws or regulations to protect the rights of people with disabilities and there is no priority in-place to provide such services. The current economic and development plan does not include provisions to better the situation of people with disabilities or remote obstacles in their way.

The Significance of this Study

Although most of the physically challenged in Saudi Arabia face serious challenges in their daily life, few overcome those challenges and triumph. There is a lack of research data highlighting the challenges in Saudi Arabia. This hinders the ability to find and develop solutions to the problem. Due to the lack of data and associated research, many Saudis lack the skills and the experience to deal with the disabled and to understand their disability. This research is very important because it will uncover the disability challenges in Saudi Arabia as seen and experienced by the disabled themselves. Furthermore, the research aims to determine the impact of those challenges on the lives of the disabled in Saudi Arabia. This study is significant to the research in two important ways: leadership and organizational management.

Leadership. This research provides important information about the challenges that face the disabled in the Saudi Arabian society and how much it impacts their future and career. This research focuses on the leadership perspective to discuss the importance of giving individuals equal rights to become their own leaders without judgment or attitude. Moreover, this research will attempt to show the benefits the community and individuals going to get when the disabled take their rights and place in the society.

Organizational Management. This research will be helpful for Saudi organizations, Non-Governmental Organizations (NGOs), social workers and policy makers. Because one of the main focus points of this research is to discover the challenges preventing the disabled from actively engaging in public education and joining the workforce. This research will offer important information, data, ideas and suggestions for organizations. This research could help many of Saudi organizations in planning and developing programs to involve disabled in the private and public sectors more easily and make it more accessible. Additionally, this research

will help organizations by suggesting and providing training programs for employees and employers to educate them on the rights of people with disabilities.

Another goal of this research is to facilitate the formalization of the rights of people with disabilities and influence the Saudi Arabian legislators to write policy in support of the disabled, pass it into law and enforce it in both the private and public sectors. The Saudi community could use the experience and the information we will provide in this research to improve their services and develop a useful system for its disabled citizens which ensures their rights and help them live a normal life.

Definitions

- *Physically challenged:* a physically disabled person with complete mental control and function who cannot use part of their body properly due to an illness, injury, or disability.
- *Saudization:* the replacement of foreign workers with Saudi nationals in the private sector.

Limitations

There are two limitations in this body of work: First, research credibility. Second, finding the reputable statistics for in the field in disability in Saudi Arabia.

My first limitation is to find a large enough sample of people with disabilities in Saudi Arabia to participate in this study. Saudi Arabia has a limited number of people with disabilities who are accessible by researchers and because they are not part of the workforce, it is hard to reach them. Due to the social norms imposed on the disabled, it is quite hard to convince many of the disabled who are not socially active to participate in the study.

Collecting the data could be challenging for many reasons. First, Saudis with disabilities and their families may refuse to make themselves available and share their story in a documented research study. Second, it is going to be hard to get the proper permissions and authorization to interview or survey in Saudi public and private organizations. Because Saudi organizations care for their reputation and shy away from giving researchers access to their disability data as it may create a negative opinion against their organization.

The second limitation I think I am going to face in this research is the ability to extract true answers especially when surveying healthy individuals in the community. I expect participants to claim idealistic views, and pretend to be sensitive and advocate for people with disability.

Summary

This chapter focused on the problem and the purpose of this research which is investigating the challenges that face individuals with disabilities in Saudi Arabia and how these challenges impact their professional future. This study will also attempt to evaluate the impact family, society, culture, education and religion have on the life and future of the physically challenged. This chapter explained the research questions, hypotheses, definitions and limitations. The following chapter will be the literature review where the research will define disability, show the current state of the rights for people with disability and show some of the challenges the people with disabilities face around the world (Lee, 2003).

Chapter Two: Review of Relevant Literature

Overview

  The definition and classification of physical disability and impairment have changed over the years in the academic, political and social paradigms. This shift in perspectives has not always been positive. In this chapter, we will review the statistics representing the disabled population of the world and the impact on their lives as collected and reported over the years. Moreover, we will point out the challenges that face the physically disabled in different facets of their life such as society, family, education, healthcare, policy and employment. Finally, the literature review will show some of the best examples and recommendation from scholars and organizations to overcome the challenges presented by disability.

Introduction

  What do people know about disability and its impact on humanity? Disability is a remarkable part of the humanity as expressed by Charlton (1998) when discussing disability as an incomplete human condition that is a suitable topic for discourse, theories and conversation. Groce (1999) discussed that throughout the years, disability was always present in humanity in every era and locale since the age of the Neanderthals. After the Second World War, people became familiar with the concepts of integration and normalization which increased the awareness of the potential and capabilities the disabled due to the high esteem war veterans were held at (UN General Assembly, 1993). In the twentieth century, the topic of disability became a serious problem and drew the attention of intellectuals in different societies (Agovino, Parodi, & Barajas, 2014)**.** The term *handicap* was defined in the United Nations report titled World Programme of Action Concerning Disabled Persons published on December 3, 1982 as the

function of providing access to the disabled through their environment (UN General Assembly, 1993).

Peoples' beliefs about disability are always connected in their mind with negativity. Connor and Bejoian (2006) questioned whether and when society and culture will view disability as a natural part of humanity and consider the disabled as an essential part of diversity.

Defining Disability

Having a clear definition of disability is very important to understand the disabled population and how to involve them in the community (Acton, 1981). Tomei (2003) discussed that disability could take a broad spectrum of forms and has no absolute fixed shape and anyone could be considered disabled at any age or stage of their life. In addition, the World Health Organization (2011) concurred with Tomei's definition by considering disability as "an umbrella term, covering impairments, activity limitations, and participation restrictions" (p. 304).

The Americans with Disabilities Act (ADA) defined a disabled person as: "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment" (U.S. Department of Justice, 1999, p. 1). Unlike previously mentioned definitions of disability, the definition used by the ADA includes people who have been previously impaired in spite of the fact they have been recently living without a disability. Furthermore, this definition also includes people who do not have a disability but people around them perceive them as disabled. The UN General Assembly (1982) and United Nations Children's Fund (UNICEF, 2012) identified the disabled as "people who have long-term physical, mental, intellectual and sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (p. 9).

The UN General Assembly (1982) defined disability as the "restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (p. 3). Furthermore, the Centers for Disease Control and Prevention (CDC; 2016) used an inclusive disability definition: disability is characteristic of the human body or mind that influences the action and behaviors of individuals. Although disability can be perceived visually by, for example, seeing a disabled person using a wheelchair, it is hard to see it all the time.

Disability and Impairment. Several scholarly sources distinguish between disability and impairment. Barnes (1985) stated that it is important to note that if someone appeared with an impairment, that does not mean he or she are disabled. Although two people may suffer from the same functional limitations, their abilities can be completely different (Barnes, 1985). Northern Officers Groups (1999) defined impairment as a disease or physical abnormality presented from birth such an injury or illness that causes damage to a person's physiological or psychological function. On the other hand, Northern Officers Group (1999) defined disability as the diminution of access to equal activities and opportunities that a person could take and do due to social and environmental barriers.

The United Nations and the World Health Organization has three definitions for disability depending on the term used to refer to the disabled based on the health status of an individual. Acton (1981) discussed these definitions:

- *Impairment:* is any discrepancy in the function or structure of the psychological, physiological or anatomical nature of a person.

- *Disability*: the inability to perform an activity within the normal bounds of human capabilities due to impairment. This is the same definition used by the United Nations and the World Health Organization.

- *Handicap*: A disadvantage resulting from an impairment or disability that restricts fulfillment of a function that is considered normal (for the gender, age, cultural and social standing of that person).

In disability studies, scholars have different definitions for people with disability, some scholars define the disabled as a diverse group of people who are distinguished form others by different perspectives and experiences such as people who could look deaf, blind, use a wheelchair or need more time to learn (Taylor, Shoultz, & Walker, 2003).

Brodwin (1995) explained that many people chose to use the word disabled instead of impaired because they believe it a safe expression that protects them from the law. The International Classification of Impairments, Disabilities, and Handicaps (ICIDH) documented in World Health Organization (1976) changed the view people had of disability and shed light on the impact of physical, social and environmental elements facing people with disabilities while strongly influencing laws, regulations and governmental policies. Countries such as France, Italy, and Canada as examples of countries that the ICIDH impacted.

Disability from a Social Perspective. "Defining disability is complicated – and controversial" (Filmer, 2008, p. 1). Groce (1999) stated although in last ten years the medical definition of disability changed, the most valuable definition is how people define and see disability. She continues to explain that disability is a universal reality, however, the world limits the disabled with a socially, culturally, and economically biased definition. Unfortunately, people depend on superficial judgment traits and refer to the disable as a less than complete

individual intellectually, physically and psychologically (Groce, 1999). According to Bogdan and Taylor (1994), people with disabilities are seen with a different point of view in the eyes of others; some people define them as ill and in need of medical attention while others define them from a psychological perspective as people who have had different and painful experiences, on the other hand, others stigmatize them from a sociological perspective. The World Health Organization (2002) defined disability in its International Classification of Functioning, Disability and Health (ICIDH) as an umbrella term that refers to being impaired having activity limitations or participation restrictions. Taylor et al. (2003) defined the disabled as minority groups that have shared experiences. Charlton (1998) did not define disability from a medical perspective, but rather through social opinion, for example, a person is disabled only if his or her society decided to see them as disabled. The World Health Organization (2002) viewed disability as not limited to a social group or minority because any human being could face some type of decrease in their health or feel impairment. The definition of disability varies scholarly where some scholars define disability by a social construct while others defined disability by identity, label and culture (Taylor et al., 2003). Northern Officers Group (1999) referred to the disabled as people who are faced with and live with an impairment that is caused by a negative interaction with their social environment. Altman, Cooper, and Cunningham (1999) stated the definition of disability is different depending on the age, gender, financial ability and how disability is perceived by their family. This definition of disability touches on to the ability of the disabled person to have an education, occupation and their ability to contribute to household activities. Bogdan and Taylor (1994) discussed giving disability a broader definition that agrees with the medical and psychological perspectives, but go beyond that. As such, they define a field called *Disability Studies* that targets the negative view society has for people with disability and aims to

remove any challenges that face the disabled and stand in the way of them being an effective part of society.

Disability Around the World

Disability is a cause that is taken up by several governments, organizations and researchers. Although surveys, reports and statistics presented by these entities show different rates of disability in the world population, all agree that the population of people with disability is growing year-over-year. Despite this growth, there is no global unified view of disability that allows worldwide action toward the betterment of disabled lives and rights. It is hard to find any essential data about disability in developed countries because that information segment does not get the attention it requires and is not addressed and organized systematically (Filmer, 2008). World Health Organization (2011) noted that due to negligence and failure to take proper care of the disabled and the dire need to address the issue of disability, the World Health Assembly demanded the World Health Organization to use the best available information and resources to create a "World Report on Disability."

UN General Assembly (1982) reported there are around 10 million disabled around the world most of which live in developed countries and have limited access to medical facilities, technology, and disability services. The disabled population in developed countries is more likely to suffer from extreme poverty (UN General Assembly, 1993).

29 years after the publication of UN General Assembly (1982), the disabled population increased to 1 billion people according to World Health Organization (2011). Based on this estimate which was reaffirmed in the United Nations (2016) article, about 15% of the world population is considered disabled making one in every seven people a disabled person. Furthermore, the WHO (2011) report estimates between 110 and 190 million adults face serious

struggles in functioning. Five years later, the Office of the United Nations High Commissioner for Human Rights (2016) reported that more than 650 million people suffer from disability most of them live isolated from their society with no rights allowing an independent life, no access to education and work. Within the disabled population, about 100 million are children and 80% live in developing countries and 50% of the disabled overall cannot afford health care (United Nations, 2016).

World Health Organization (2016) discusses that most of the disabled population is composed of the elderly, women and children who are mostly poor. The report argues that disability is more prevalent in lower-income countries than higher-income countries. Nyombi and Kibandama (2014), for example, reported the number of people with disability in Brazil is around 45.6 million which was 23.9% of the Brazilian population at the time of the study. The total number of disabled is expected to increase over the years as result of aging, increased health conditions, unhealthy diet, environmental effects and natural disasters (World Health Organization, 2015).

Challenges Facing the Disabled

"Ever wonder what it would be like to be *disabled*? People without disabilities rarely do. I recently learned the hard way when, at age 51, I broke several bones in both of my legs while playing volleyball" (Lee, 1999, p. 1). Millions of disabled around the world live with struggle and depression because they face many challenges that impede their life physically or socially, and prevent them from obtaining equal rights and opportunities (UN General Assembly, 1982). The World Health Organization (2011) used the word *barriers* to refer to the challenges facing the disabled and noted these challenges expand beyond the physical: "Barriers are factors in a person's environment that, through their absence or presence, limit functioning and create

disability" (p. 304). These include aspects such as scarcity of assistive technologies, inaccessible environments, societal and cultural negative attitudes towards disability, lack or non-existence of systems and policies that hinder the involvement of all people with disabilities in daily life (World Health Organization, 2001).

According to Human Rights Watch (2011), almost all people with disabilities suffer from severe discrimination including denying them of simple rights like housing, transportation, education, employment and occasionally voting due to disability. This is 15% of world's population. In addition, People with disabilities suffer poverty, poor healthcare and the lowest chances in employment and education (Durham, Brolan, & Mukandi, 2014). Furthermore, Charlton (1998) mentioned that disabled are forced to go under systematic oppression by being judged and controlled by their social, political and economic powers in their community.

Most obstacles that stand in the way of people with disability are serious challenges that prevent them from living a normal life and these challenges can be impossible to overcome at times (Lee, 1999).

World Health Organization (2011) declared disability as a human rights issue because the disabled live with high levels of poverty and social discrimination. The UN General Assembly (1993) emphasized that the current disabled situation is an accumulation of 200 years of mistreatment by society due to myths, ignorance, carelessness and cultural factors. According to UN General Assembly (1982), the physical and social challenges that disabled face around the world are caused by fear, lack of awareness and carelessness, furthermore, the disabled suffer from ignorance and social inequality in their medical, education, and employment rights. World Health Organization (2011) quotes Professor Stephen Hawking: "It is very clear that the majority

of people with disabilities in the world have an extremely difficult time with everyday survival, let alone productive employment and personal fulfillment" (p. ix).

Society

The Centers for Disease Control and Prevention (CDC; 2016) points out that the social challenges facing people with disabilities are related to the conditions people are born in, live in and grow. Those factors include where and how the person with disabilities was born, the place they grow up in, where they obtained their education and occupation including the healthcare treatments they received. World Health Organization (2011) discuss the social challenges toward the disabled are any negative behavior toward a person with disabilities and are the unfortunate result of the negative perspective and the way of thinking or feeling society has toward people with disabilities. Disability is a compound phenomenon composed of the person and their social environment (World Health Organization, 2002). Stereotyping, stigma, prejudice and discrimination are *attitudinal barriers* imposed on people with disability and contribute to the societal impact on the disabled (CDC, 2016). Charlton (1998) affirmed that dealing with the disabled population with equality is a diverse and complicated problem. According to Biordi and Nicholson (2011), the perception of rejecting people with disabilities is a shared act between groups of people who could reject them because they are different. On the other hand, Turnbull and Stowe (2001) see the negative view against people with disabilities is a result of the different ways people think about disability, their background and understanding of the concepts and constructs of disability.

Social attacks against people with disability can cause a great deal of damage to their dignity and force the disabled to live in a stereotype dictated by society and deny them from living a life of their choosing (Quinn et al., 2002). In different societies, the type and severity of

a disability does not influence the life or future of a person with a disability; it is completely controlled by how society views and defines them (Groce, 1999). As a result of these negative attitudes, many of the disabled face psychological and social problems (UN General Assembly, 1982). Many able people avoid interacting or establishing relationships with disabled people which isolates them from their social and cultural community (UN General Assembly, 1982). Biordi and Nicholson (2011), for example, noted that physical functional disabilities are considered a strong social isolation factor that would impact the disabled person and their social support network such as families, coworkers and friends. Also, the way society judge disability does not impact disabled as individuals only, but it also their families (Turnbull, Beegle, & Stowe, 2001). UN General Assembly (1982) pointed out the societal view of disability denied disable of having any hope or the possibility to be in intimate relationships and have kids even if they were functionally able to do so. Biordi and Nicholson (2011), however, noted the social isolation faced by people with disabilities causes a sense of self-isolation that grows to be part of their personal identity.

Cultural Impact on Disability. Turnbull et al. (2001) discussed that multiple factors shape the different attitudes and reactions people have toward disability such as law, religion, medicine, human rights, policy, education and psychology. Palawat and May (2012) point out, some Asian and Indian cultures have a negative attitude toward people with disability because in their culture disability is synonymous with weakness and worthlessness. Furthermore, Counsell and Stanley (2005) point out that stereotyping, labeling and classifying people is not only based on physical impairments it also based on race, gender and sexuality.

Groce (1999) argued that people in different societies have different beliefs about disability and most of the time people misunderstand the needs, rights, responsibilities and the

abilities of the disabled. The author added that the sources of these social beliefs come from three cultural elements: causality, valued and devalued attributes, and anticipated adult status. The attitude against disability and the stereotypes people have against the disabled appear because of the belief that people with disability are sick or impaired due to a miserable tragedy, a disease that must have a treatment, a punishment of doing something wrong, or a result of bad quality and unhealthy life (Centers for Disease Control and Prevention, 2016). On the other hand, Quinn et al. (2002) argued that labeling disabled is part of a *social construct* that does not recognize human diversity as natural phenomenon or believe that differentness must be shown through labeling others. Silverstein, Julnes, and Nolan (2005) discussed people's views with respect to violence against people with disability and pointed out that in some countries the definition of the term human does not include the disabled and many people do not see acts of discrimination against the disabled as false action.

Dunn and Andrews (2015) argued that the definition of the word *disability* is one of the challenges that face people with disabilities and varies based on culture, language and society. Taylor et al. (2003) confirmed it is not logical to refer to a diverse group of people using the expression *disabled* because members of that group vary physiologically and physically. The expression "*disabled*" is just a result of how society views and labels different people (Taylor et al., 2003). In Uganda, for example, the country uses a united term to refer to the disabled: Persons with Disabilities (PWDs; Nyombi & Kibandama, 2014). While many of human rights advocates recommend referring to disabled by as *people with special needs* instead of *people with disabilities* to emphasize that society is what disables a person and not the disability itself (Quinn et al., 2002). Connor and Bejoian (2006) claim that media plays an important role in the negative perception society has against the disabled.

Counsell and Stanley (2005) argued that using the word *disabled* to refer to people with disability, does not necessarily mean those individuals chose willingly to be part of that social group. Because –the authors affirmed– their disability is a result of physical differences outside their control.

Women with Disabilities. "We women with disabilities should be looked at as people. We may have a disability, but our minds work," said Filda, a landmine survivor, Gulu district, Uganda (Human Rights Watch, 2010, p. 9). Disabled women, especially in developed countries, are more likely to face more discrimination than disabled men due to their gender; at the same time, society strictly prevents them from accessing disability services (UN General Assembly, 1982). The UN report continues to mention that if a family has a disabled member, society orders women to be the main caregiver for that disabled person. Being a woman and having a disability are the worst combination a woman could have (Fine & Asch, 1988).

Deegan and Brooks (1985) called women and disability: *the double handicap*, and used the phrase *disadvantaged group* to refer to disabled women and other people who face different types of discriminations in society such as the elderly, and racial and ethnic minorities. United Nations (2006) pointed out disabled women who are abused due to gender and impairment are categorized as *multiply disadvantaged*. The US Agency for International Development (USAID; 2016) described prejudice against disabled women as *double discrimination*.

It is worth mentioning that Deegan and Brooks (1985) talked about many changes that happened in the 20 years before publishing the paper to increase awareness and evolve policies to protect the rights of women and the disabled. Unfortunately, in the 21st century and decades after Deegan and Brooks (1985) published their work, disabled women are facing serious discriminations around the world due to gender and disability (Human Rights Watch, 2011). The

Human Rights Watch report emphasized that disabled women are more likely to be abused physically, sexually and face many other challenges like adhering to strict roles that isolate them from society. Additionally, the report continued, the treatment of disabled women depends on the stereotype they have within their community, societal beliefs, and myths about their abilities and rights to be mothers and have sexual relations. USAID (2016) pointed out that many disabled women do not get any type of reproductive healthcare and most of the time their families force them to be sterilized.

A survey conducted by United Nations (2008) gave an example of abused disabled women from Orissa, India (now called Odisha, India). The results of UN survey show that:

- 25% of disabled women with intellectual disabilities are raped.

- 6% of disabled women get raped, unwillingly and forcibly sterilized

- Almost all disabled women get beaten in their homes.

Human Rights Watch (2011) as well gave another example that reflects the abuse and discrimination against disabled women: a female in Northern Uganda with physical disabilities was raped and beaten by her neighbor and when she reported him to the police, he was arrested for one day only and did not suffer any other consequences. "In the camp, people told me: 'You are useless. You are a waste of food.' People told me I should just die so that others can eat the food," said Charity, a woman with a physical disability, Amuru district, Uganda (Human Rights Watch, 2010, p. 9).

Challenges for Disabled Children and Families

Challenges Facing Disabled Families. The research talked about disabled families around the world. Families of the disabled go through a very challenging journey through judgmental societies face serious struggles financially, socially and emotionally. According to

World Health Organization (2011), families with disabled members are more likely to face economic and social abuse than families with able members. Altman et al. (1999) affirmed that families of people with disabilities are exposed to a great deal of pressure socially, financially (through healthcare costs) and mentally.

Altman et al. (1999) indicated that most of the disabled families are in a big need for help and support to take care of their disabled family members. In many countries, the disabled rely on their families and need their help and support. World Health Organization (2016) noted that around 20 - 40% of the disabled around the world–including high-income countries–cannot participate in the daily life activities without assistance. The World Health Organization report continues to document that in the United States of America, around 70% of disabled adults use the assistance of their family and friends in everyday activities. According to Lewis, Craig, Mearns, McCafferty, and Goyder (2004), many parents of the disabled struggle to find the balance between working and taking care of their disabled children. On the other hand, U.S. Equal Employment Opportunity Commission (2007) reported that with all the efforts by the commission, many U.S. families with disabled members are not fully protected and do suffer dissemination. Additionally, Time is now on your side, (2003) point out that in the UK mothers with disabled children are given more flexible working schedule, however, there is no law that would legally ensure this right and protect them. In addition, Lewis et al. (2004), point out the high cost of childcare and special needs healthcare are major struggles for families of the disabled. Furthermore, Coleman (2005) point out, disabled parents as employees need more that a flexible working schedule; they need supportive working system. For example, allowed parents to work from home or during the weekend, and offer paid hours for emergency to make up for family care time.

Challenges Facing Children with Disabilities. According to UN General Assembly (1982), about 10% of the world children are disabled. Many years later the number of disabled children increased, for example, Human Rights Watch (2011) reported around 120 to 150 million children with disabilities worldwide – most of which are under the age of 18 – are denied of simple children rights like attending schools and are physically abused. Furthermore, World Health Organization (2015) reported there are around 93 million disabled children who suffer from a moderate or severe disability worldwide. This means that for every 20 children in the world there is one disabled child; most of them under 15 years old.

UN General Assembly (1982) noted rejection as one of the major problems facing children with disabilities. The UN report classified rejection into two categories based on who is rejecting them: children rejected by society and children rejected by their own families. The report continues to add that attitudes against disabled children prevent them from developing, growing and isolates them from participating in the daily life activities. World Health Organization (2015) argued that the single most need for disabled children is access to assistive technologies that most of them cannot afford. These assistive technologies will allow disabled children to be active participants in daily life and can bring more common ground with non-disabled children. Due to the lack of assistive technologies, only 5 - 15% of disabled children in low-income countries could afford assistive technologies (World Health Organization, 2015).

Children with disabilities face a great deal of violence and abuse throughout the years. United Nations (2008) reports that for every one child who died in wars across the world there are three children that are hurt and live with a permanent disability. Violence against disabled children is not isolated to war zones, as reported by United Nations (2006); children with disability see around 1.7 times more violence and abuse than none disabled children. In contrast,

six years later, World Health Organization (2012) reported that violence against disabled children increased over three times. The WHO report continues to point out that disabled children experience *different types* of violence more than non-disabled children at a rate that is 3.7 times higher, *physical* violence is experienced by disabled children 3.6 times more than their non-disabled counterparts, and are 2.9 times more likely to experience *sexual abuse*. Disabled children are the most underestimated and casted children in the world (World Health Organization, 2015). Children with disabilities are more likely have more health problems, bad education and little chances in having a bright and successful future compared to other children. Continuing the discussion on children, the WHO reported emphasized that most disabled girls face an extra level of discrimination than disabled boys because of their gender and their impairment depends on the social group or cultural tradition.

In addition, Turnbull et al. (2001) discussed that judgmental opinions against disabled children has a strong impact on the way families of children with disabilities deal with their children and these negative opinions impact their actions in different ways such as liberty, harmony, safety, autonomy, unity and integrity. Turnbull et al. (2001) pointed out that the way families treat their kids depend on their culture and what the culture thinks about disabled independence, dreams, work options and what kind of life a disabled person could have. For example, Palawat and May (2012) noted that Asian cultures believe that people with disabilities bring shame and embarrassment to their families and they are expected not to appear or be presented in public or to the community. Groce (1999) provided another example where families in South Africa and Europe keep their disabled family members hidden from the world.

Acting with discrimination against disabled children depends on their gender, age, ethnicity, religion, language, social level and environments conditions of the (World Health

Organization, 2015). Altman et al. (1999) note an interesting observation: due to cultural influences, some families care less about the needs of their disabled kids and give more attention to older disabled family members even if they both have similar needs.

Disabled Children Challenges in Education. CDC (2016) reported that only 11.10% of disabled children in the US completed high school at the age of 25. The challenges facing disabled children in education received quite a bit of attention from scholars. Most of the presented challenges face children in under-developed countries. Children with disabilities in under-developed countries are in many cases denied their rights to education and when they make it to school, they face many barriers (World Health Organization, 2015).

According to Florian et al. (2006), people's views on disability and education around the world vary per country. UN General Assembly (1982) discussed that the majority of disabled children who live in developed countries do not get an education because of their special needs and lack of accessible facilities. World Health Organization (2015) stated that only 10% of the disabled children population attends schools in low-income countries. In these countries, disabled children are more likely not to attend school compared to non-disabled children (World Health Organization, 2016). In Indonesia, for example, only 6 out of 10 disabled children complete primary school whereas one out of 10 do in India (The World Health Organization, 2016). Filmer (2008) points out that in developed countries disabled children have no chance to get an education because their countries lack the policies that care or protect the educational rights of the disabled. A special report (Human Rights Watch, 2014) looking into disabled children in China, found they were not allowed to attend classrooms until the children obtained proof they are capable of adjusting to the schools.

Florian et al. (2006) discussed that in some countries, the classification system for disabled groups determents their chances of having a special or normal education. Human Rights Watch (2014), for example, documented that Japan has more than 34,075 abandoned children who live in childcare institutions. The report stated that most of these children are disabled male and they all face numerous difficulties.

Inclusive Education. The educational challenges that faced disabled children were addressed in the research under the umbrella of *inclusive education*. According to UNESCO (2008), inclusive education refers to the process of including all types of children with different age, ethnic, disability or others in schools or any learning organization. Furthermore, UNICEF (2012) extended the definition of inclusive education to "requires that all children, including children with disabilities, not only have access to schooling within their own community, but that they are provided with appropriate learning opportunities to achieve their full potential" (p. 10). For example, Forlin, Chambers, Loreman, Deppeler, and Sharma (2013) discussed inclusive education and considered it a disability issue. Although Australia put a great deal of effort in providing equal opportunities for people with disabilities, most Australian school districts insist on separating students with disabilities in their own institutions. On the other hand, Madan and Sharma (2013) described inclusive education in India as recent education method that is hardly accepted in the community and it required a clear understanding of the definition of inclusion. World Health Organization (2015) argued that although treating disabled children with love, respect and equality does prepare them to be a valid and productive member in their community, most disabled children around the world are struggling to survive on daily biases. These struggles, says the WHO (2015), are at times with their own families.

Disabled Environment Challenges

Inaccessible environments are a crucial problem that resulted from ignorance and lack of concern for people with disabilities, although this specific type of barrier could be avoided by accurate planning and organization (UN General Assembly, 1982). "You quickly learn to look at sidewalks from a different perspective; you learn to identify obstacles you never before considered" reported Lee (1999, p. 1) who got disabled at age 51 while playing volleyball.

Scholars and researchers focused on the environmental factors and paid a great deal of attention to the challenges the environment could impose on the life of the disabled. Environmental factors in the literature come in different categories such as transportation, buildings, entrances, bathrooms, street, sidewalks and access to healthcare. Centers for Disease Control and Prevention (2016) defined the environment challenge as physical barriers that challenge disabled from moving free and in an independent way; those barriers could be natural or created by human such as challenges facing wheelchair riders from accessing a building, crossing the street or access to sidewalks. The World Health Organization (2011) emphasized that inaccessible environments are sometimes considered *the* disability for the disabled themselves because they pose enough of a challenge in the disabled life to stops them from functioning as a member of society. According to UN General Assembly (1982), handicap is a result of a bad relationship between the disabled and their environment. Handicap appears when a person with disabilities faces some economic, cultural, physical or social challenge that prevents them from having equal opportunities as other citizens (UN General Assembly, 1982).

World Health Organization (2011) pointed out there are three types of environment challenges that are capable of decreasing or increase the participation of disabled in their community: *physical*, *social*, and *attitudinal*. UN General Assembly (1982) noted that many

disabled people avoid participating in social activities because they are unable to enter the premises of these activities because they are neither accessible nor provide proper accommodations for people with disabilities such as wide doors, ramps, accessible bathrooms or lights switches that are low enough to use. World Health Organization (2011), for example, discussed that disabled people in Russia stay at home most of their lives because most buildings do not have elevators and the inaccessible Russian society prevents people with disabilities disable from going to school, workshops and access to transportation. According to Lee (1999) finding an elevator in a building is trouble more times than not: they tend to be small or uncomfortable.

In the 1970s, the United States went through some political and economic changes that played an important role in shaping the rights of people with disabilities Gilderbloom and Rosentraub (1990). On the national stage, in the 1970s also, the United Nations embraced the concept of human rights for persons with disabilities and equalization opportunities in the Declaration on the Rights of Disabled Persons (United Nations, 2003).

Research often uses stories for people with disabilities who have real struggles like when Lee (1999) described multiple challenges he faced in his wheelchair while accessing sidewalks: "The roads have sloped surfaces making the process of controlling and navigating the wheelchair much more difficult, accessing sidewalks is physically painful" (p. 1). World Health Organization (2011) talked about a 16-year-old boy from Nepal with a physical disability named "Amman" who attends school riding tricycle pushed by his mother and crawls through the school entrance to reach his classrooms. Amman cannot use the bathroom at school between the hours of 10 a.m. and 4 p.m. unless someone calls for his mother for him.

Public transportation is yet another source of frustration specifically for wheelchair users. It is hard, for example, not to have access to buses and trains because they are unequipped with wheelchair lifts says Lee (1999). Centers for Disease Control and Prevention (2016) points out that not having appropriate transportation can prevent the disabled from being carried out properly. At the same time. Lee (1999) mentions that drivers of vehicles with the proper equipment lack the knowledge to operate it safely and Taxis are also a challenge due to the difficulty of transferring from a wheelchair to the car and in most cases, these cars can't fit all wheelchair types. World Health Organization (2011) argued that transportation options that can accommodate the needs of people with disabilities do cost higher than standard public transportation and are not always available.

Having an accessible environment benefits both able and disabled people in the community at the same time, for examples, ramps help people with disabilities who use wheelchairs and helps parents with children in strollers (World Health Organization, 2011). Although many countries worldwide called for removing environments barriers faced by the disabled, the change is considered limited (UN General Assembly, 1982).

Healthcare. According to World Health Organization (2016) although people with disabilities have the same health needs as non-disabled people, most of the time they get less healthcare attention due to social restrictions and poverty. WHO (2016) continues to point out many of the people with disabilities are unable to access any healthcare or rehabilitation services. Furthermore, Centers for Disease Control and Prevention (2016) explains that for many of people with disabilities healthcare challenges are caused by failing to deliver effective disability healthcare programs. CDC (2016) continues to argue that many people with disabilities find it extremely hard to keep with scheduled appointments, not having enough time for medical

examinations, using inaccessible equipment in hospitals and finding healthcare specialists who lack the understanding and temperament needed to work with people with disabilities.

Developing countries have approximately 80% of the world's disabled population (United Nations, 2003). Since most of these countries suffer from poverty, lack of resources, and services such as rehabilitation, many treatable illnesses increase in severity and develop into near fatal diseases or disability. Human Rights Watch (2011), for example, mentioned that women in Kenya face *obstetric fistula*[1] which leads to a life of disability because Kenyan women do not get access to emergency obstetric care and they cannot afford the expense of postpartum care. World Health Organization (2016) empathized that rehabilitation increases the chances of a person with disabilities becoming independent and it is unfortunate that most of the world's disabled population does not have access to these services. World Health Organization (2016) notes that four countries in Southern Africa show only 17 - 37% of people with disability have access to assistive devices such as prostheses, hearing aids, wheelchairs whereas rehabilitation services are only provided to 26 - 55% of disabled person population.

Centers for Disease Control and Prevention (2016) summarized the factors that affect the health of disabled person population in Figure 1.

World Health Organization (2016) indicates that people with disabilities do not get proper healthcare services at a rate of three times more than able people and people with disabilities are four times more likely to be dissatisfied with their healthcare experience while around half of disabled the disabled population cannot afford healthcare compared to one-third of the able population. Centers for Disease Control and Prevention (2016) noted that many

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[1] Obstetric fistula is an abnormal hole between the vagina and rectum or bladder caused by a long-obstructed labor.

people associate disability with bad health whereas people with disabilities share the same

healthcare needs and requirements of their able counterparts.
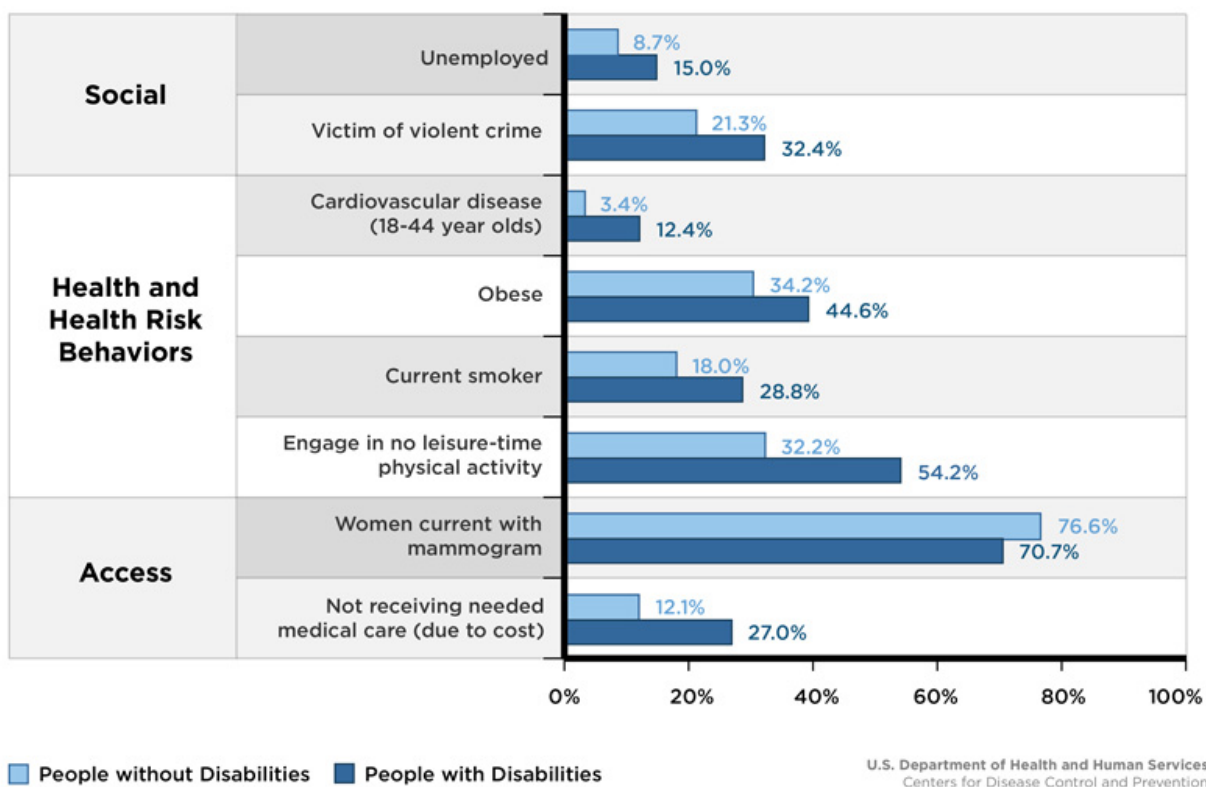
Figure 1. Comparing the factors that affect the health of people with disabilities and without

disabilities. From "Common Barriers to Participation Experienced by People with Disabilities,"

by Centers for Disease Control and Prevention, 2016

(https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html). In the public domain.

Policy. Many researchers linked discrimination against people with disabilities to the law

and cited government regulations and policies as the reason responsible for encouraging people

to abuse and discriminate against people with disabilities. UN General Assembly (1982) stated

that legislation is the tool to secure the rights of people with disabilities their communities and

set policies to curb discrimination against disabled citizens. According to Centers for Disease

Control and Prevention (2016), the main cause of disability challenges is policy and policy must increase awareness and educate people about the rights, laws and regulations concerning people with disabilities. Turnbull et al. (2001) argued that people active negatively against people with disabilities because of the lack of enforcement.

Furthermore, Quinn, et al. (2002) believed that in many countries the main cause of disability problems is the lack of protections for people with disabilities, and countries look at the rights and needs of people with disabilities as objects instead of subjects. Silverstein, Julnes, and Nolan (2005), for example, point out in some countries law enforcement does not stop any violence against people with disabilities even when they ask for help in situations of abuse or are victimized. Another example cited by United Nations (2006) discussed a study made in 2004 in the UK where most of the time police do not offer any legal protection for people with disabilities when they face violence.

Human Rights Watch (2011) described discrimination against disabled as a violent act that takes away the disabled freedom. Quinn et al. (2002) and Human Rights Watch (2011) believe most discrimination against people with disabilities turn them invisible with no law to protect their rights. According to World Health Organization (2011), the world lacks the data and the process to developed policies, protect and provide the disabled with their rights. Centers for Disease Control and Prevention (2016) point out that not implementing a disabled policy could take many forms such as not allowing qualified people with disabilities access to government funded program and services and prohibiting the disabled from participating in disabled services by setting an inaccessible physical challenge. UN General Assembly (1982) used developed countries as an example of countries that have no legislation to benefit people with disabilities because people are more likely look down on the disabled abilities and potential.

At the same Centers for Disease Control and Prevention (2016) states that policies could impact disabled employees when it does not support or encourage the work environment to accommodate and facilitate the inclusion of people with disabilities. Human Rights Watch (2010) used, as an example, Uganda's government hiding any support programs from their disabled citizens (such as government livelihoods support programs) in favor of their able population. Human Rights Watch (2011) stated that many countries consider people with disabilities unequal citizens and are denied civil and political rights just because of their disability.

Quinn et al. (2002) gave an example of intentional discriminations against people with disabilities where many people with disabilities around the world are denied their voting rights because there are no accessible voting stations irrespective of their actual rights documented in their respect constitutions. Human Rights Watch (2012) mentioned that Peru is an example of such countries although it was one of the first countries to join the Convention on the Rights of Persons with Disabilities (CRPD) in 2008.

World Health Organization (2011) point out some factors that impact the creation and implementation of a disabled policy framework:

- Lack of financial support,

- Lack of proper execution techniques

- Lack of awareness and training for architects, construction engineers, planners and designers.

- Limited access to state of the art research in the field

- Geographic and climate constraints.

Quinn et al. (2002) believes that establishing a law to protect people with disabilities is an easy step to do, however it will be heard to accomplish a level of equality and achieve fair accommodations for people with disabilities. Turnbull et al. (2001) discussed that to create a law that supports disability it must be comprehensive and includes legislation, regulations and evaluations to ensure the rights of people with disabilities education, support programs, healthcare, etc.

World Health Organization (2011) argued that discrimination against people with disabilities is not always intentional, but the system eliminates people with disabilities from having their rights by not giving enough attention to their needs. World Health Organization (2016) affirms that many countries around the world worked on changing the lives of their disabled population, however, more change is required.

ADA Disadvantages. The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990 to protect the right of all people with disabilities. The ADA is one of the few laws that protect and care for the rights of people with disabilities. Since the ADA started, it faced criticism from researchers and has been amended since its introduction into law. (U.S. Department of Justice, 1999)

Murphy (2010) discussed that in the United States of America, the ADA is one of the first law that protected the rights of people with disabilities in the workforce. With all its protections, Snyder (1993) argued that the ADA has some disadvantage, for example, the law takes a long time and the process its takes to determine disability becomes difficult at times which results in some disabled employees not being able to use the protections of the ADA unless they prove they are qualified individuals with disability. Levy (1999) discussed that the America Disability Income Plan in the United States stipulates that every month a person with

disabilities deserves between $2,000 and $3,000 in benefits, however, people with disabilities do not receive this income because these benefits are under their Disability Income Plan and candidates must be an active working member and under 60 years old.

Koenig (1998) argues the definition of disability in the ADA was not detailed or descriptive enough to cover all type disability which sometimes cause problems for some people with disabilities because it limits disability to what appears as a disability. Moreover, Lee (2003) and Greenwald (2006) point out that disabled rights in the ADA are different depending on individual's state because certain rights fall under the state non-discrimination laws. Greenwald (2006) notes, for example, that in California a person cannot go under the definition of disability and have the protections provided to people with disabilities in the state unless they illustrate cretin physical traits for a long time.

Employment

Discrimination against people with disability is a rich research topic. Scholars used different expressions to refer to workplace discrimination against people with disability. For example, Organisation for Economic Co-operation and Development (OECD; 2010) called for reforms to disabled employment policy tackle the problem of discrimination in the workplace. Bressler and Lacy (1980) described the outcome of discrimination against people with disabilities in the hiring process as the *disability unemployment problem*. Although OECD (2010) and Bressler and Lacy (1980) used different terminology to describe the employment problems faced by people with disabilities, both sources affirm that discrimination against people with disabilities in the workforce is a major social and economic problem in many countries.

People with disabilities have a harder time finding jobs than non-disabled people, for example, the overall worldwide the employment rate for non-disabled men is 65% and 30% for

non-disabled women while disabled men are employed at the rate of 53% and 20% for disabled women (World Health Organization, 2016). The WHO report continues to note the employment gap between people with disability and non-disabled people in OECD countries[2] is bigger with non-disabled employment rate at 75% and 44% for people with disability. It is usually hard for people with disabilities to be employed and most of the time they handle humble low-wage jobs (UN General Assembly, 1982). Unfortunately, that is still the fact although most people with disability can move freely without the help of others (Wittmer & Wilson, 2010). Barrett (2010) affirmed that people with disability are a disadvantaged group and have limited employment opportunities.

Pilling (2002) argued that in the US and UK, people with disabilities have a smaller chance of getting a job compared to non-disabled people. Also, Wittmer and Wilson (2010) point out in the US, disabled employees have unequal working opportunities and a 62% unemployment rate. The authors also argued that the number of unemployed people with disabilities is increasing due to injured soldiers coming back from war. In contrast, Murphy (2010) point out that in the US the ADA provides full protection for disabled employees, and due to the national unemployment problem at the time of publication, jobs cannot be given to the disabled if they have the skills and the ability to perform the job. According to the United States Office of Disability Employment Policy (ODEP, 2017), the latest disability employment statistics published in January 2017 for people in age 16 and up shows the percentage of people who participate in the labor force and have disabilities are 19.5% while for the number of people without disabilities is 68.2%. Although the unemployment rate for people with disabilities is 11.0%, the unemployment rate for people without disabilities is 4.9%.

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[2] List of OECD countries: http://www.oecd.org/about/membersandpartners/list-oecd-member-countries.htm

Reasons of Work Discriminations

Stereotyping is the most damaging attitude a person with disabilities could face in the workplace, especially when they get judged by their leaders (Cubero, 2007). Bressler and Lacy (1980) described discrimination against disabled employees as prejudices which results from using unfair standards and comparing the performance of disabled employees with that of the non-disabled regardless of the work quality and the efficiency. Although having disabled employees in an organization brings many advantages, many organizations refuse to hire disabled employees due to negative attitudes toward them (Wittmer & Wilson, 2010). On the other hand, Murphy (2010) believes Disabled employees face work discriminations only because they get judged based on their individual abilities and qualifications. Bressler and Lacy (1980) affirm that the disabled suffer from a high level of discrimination in society due to the lack of knowledge on the capabilities of people with disability and therefore stopping people with disabilities from getting equal job opportunities.

Wittmer and Wilson (2010) discussed how business leaders believe in disability myths and use these false stereotypes as an excuse not to hire disabled employees. In their discussion of dispelling these myths, the authors listed some of them:

- People with disabilities are not able to perform quality work.

- Employees with disabilities are more likely to quit the jobs.

- Business leaders have a fear of being sued by their disabled employees.

- Disabled employees need special and expensive accommodations.

- Hiring employees with disables will impact the worker compensation rates and will scare the customers away.

Types of Discrimination. Disability discrimination takes different types and comes at different levels. Pilling (2002), for example, discussed in her study that workplace discrimination is different based on the gender of the person with disabilities. The study found that disabled males are less likely to struggle in finding a job than their female counterparts. Another example of discrimination discussed by Mello (1993) appears during the interview process where candidates need to answer job application questions that show their disability. Ayres-Williams and Graves (1998), provided another example of a 26-year-old communications major who struggled in finding full-time job due to a mild case of cerebral palsy. UN General Assembly (1982) noted that the disabled are the first target for force reduction in the case of economic distress and among the last to get hired. Therefore, Pilling (2002) affirms, it is very difficult for people with disability to maintained their jobs. There are four types of discrimination against employees with disabilities outlined by Nolan (2014):

- Direct discrimination by referring to their disability directly.

- Indirect discrimination by asking for work that hard for disabled to achieve.

- Victimizing people with disability when they complain about any mistreatment.

- Harassing people with disability and providing uncomfortable work conditions.

Furthermore, Nolan (2014) discussed that certain policies and behaviors are also considered discrimination such as:

- Employers that do not attempt to remove any discrimination employees with disabilities are exposed to

- Employers who do not facilitate the workplace to become disabled-friendly.

At times, improper job placement of a person with disabilities would be considered discrimination says Mello (1993) when they are in a position that does not fit with their talents

which in turn reduces their chances of promotion even when they have an excellent work performance. It is important to call for equal employment rights for people with disability, however, there are some countries that have succeeded in providing proper working opportunities for the disabled populations (Acton, 1981).

Benefits of Hiring Employees with Disabilities. Many scholars discussed the benefits of hiring disabled employees to organizations and their local economies. Wittmer and Wilson (2010) validated the point that having disabled employees in an organization will reduce the level of employee turnover because disabled employees are more likely to be loyal and passionate about their work. OECD (2010) encouraged employing people with disabilities for many reasons:

- Decreases the level of poverty in society.

- Allow people with disabilities to be an integral part of their community.

- Reduce dependence on disability benefits and public assistance.

People with disabilities are a great asset to their work environment and they contribute to promoting a healthy and effective leadership style (Cubero, 2007). Companies that offers equal job opportunities for disabled is more likely getting the privilege of income tax benefits to cover any expenses to accommodate their employees (Wittmer & Wilson, 2010; Zimmerman & Kohl, 1994).

People with disabilities are an untapped resource in many economies where at times have trouble finding qualified workers. People with disabilities that are unemployed around the world depend mainly on government assistance via disability benefits and those benefits became a heavy weight on the shoulders of their countries economy (OECD, 2010). Nyombi and Kibandama (2014) point out that Uganda has serious discrimination against people with

disabilities in the workforce during the same time they face major economic struggles and many of their cities suffer from poverty. Ignoring the disabled working population is wasting more than 10% of society's workforce and the community stands to lose great talents and skills (Acton, 1981).

Opinions, Recommendations, and Suggestions

       Protecting People with Disability in the Literature. Scholars throughout the years addressed the state of people with disabilities around the world and proposed different recommendations that offered many solutions to change and improve the lives of people with disabilities. Some researcher focused on the environment, others focused on the legal system while some believed that the people's perspective and attitudes must change. According to UN General Assembly (1982), the most basic need for people with disability is equalization, they need to have every right to access all services offered to their community and take advantage of all facilities including housing, transportation, health services, education, employment, sports, recreation, cultural and social events. The recommendations proposed in the literature were overarching and diverse and addressed many of the challenges that face the disabled in wide-ranging fields.

       Collaboration Recommendations. Earlier in this chapter, we discussed how disability is part of the human condition and therefore a problem that should be addressed at a similar scale. Many researchers encouraged collaboration between the different parties responsible for the betterment of the lives of the disabled. Research pointed out that proper collaboration between disability experts, healthcare professionals, policy makers, communities and international organizations in the fields of education, research, healthcare will result in a plethora of

advancements in lives of people with disabilities. In this section, we will discuss these recommendations.

Research collaboration. The UN General Assembly (1982) encouraged developing countries to use the experience and resources from developed countries to improve the lives of their disabled population. Their belief in the power of research has in changing the lives of the disabled, Tregaskis and Goodley (2005) suggested that both disabled and non-disabled researchers should collaborate and use their collective experiences to develop useful data sets that are focused on the challenges facing people with disability and assist in offering future opportunities for them. Palawat and May (2012) emphasized, as well, the importance of using disabled professionals to improve the lives of people with disability. Their research suggested that family members and disabled professionals must unite their work and effort to develop a useful program that fits the needs and abilities of each disabled individual. Groce (1999), for example, pointed out that healthcare professionals in some countries have an effective role in the lives of people with disability and not only in improving their medical condition, but they also attach them to society. Furthermore, Groce (1999) suggested the creation of a *Disability Lead Group* where healthcare professionals collaborate to help the disabled be noticed by society and make their voice heard and their needs presented. The mission of the Disability Lead Group is to work side-by-side with the disabled and their families to help them become strong individuals who claim their rights on their own without the need for someone to speak on their behalf. On the other hand, Gilderbloom and Rosentraub (1990) encouraged a strong collaboration effort from the community to improve the lives of people with disability. In 1985 Houston, for example, a group of citizens and government agencies created a task-force composed of community-based organizations to evaluate the accessibility of housing and transportation in the

city. The mission for this task-force was to develop a unified plan and a program to make

Houston, Texas an accessible city (Gilderbloom & Rosentraub, 1990).

Policy as a Tool for Collaboration. When the collaboration between communities and

research result in a meaningful change at the local or regional level, the means of enforcing this

change and assist in its uniform adaption becomes more affluent.

The UN General Assembly (1982) report suggested that governments must increase

recognition of the disabled and their needs in the political, social and economic spheres.

Moreover, World Health Organization (2011) referred to the Convention on the Rights of

Persons with Disabilities (CRPD) safety protections for the rights of people with disability, as

great example of providing the disabled with safety nets in some countries like Albania,

Bangladesh, Brazil, China and Romania where they developed programs to focus on the needs of

the disabled. UN General Assembly (1982) asked disability organizations to collaborate with

governments by reporting their needs and offering suggestions to some problems they face in

assisting their disabled citizens. Additionally, Centers for Disease Control and Prevention (2016)

supported the collaboration model and strongly recommended *Disability Inclusion*. Disability

Inclusion is the process of including disabled participants in their community's daily activities.

Disability Inclusion must be introduced with appropriate policy changes to ensure the disabled

are tightly integrated into their community. World Health Organization (2011) presented

Malaysia as a good example of a country that changed their laws to provide more inclusion for

its disabled population. In 2008, Malaysia introduced the Persons with Disabilities Act that aim

to ensure the rights of disabled people to accesses all public facilities. Also, the Malaysian

government invited young designers to collaborate and develop accessible and modern buildings.

The conclusion of World Health Organization (2011) suggested including the disabled more in

their community and making life possible for them outside of their homes and health institutions. The government should provide the disabled with assistive services like home assistance and day care. UN General Assembly (1982) recommended establishing organizations that represent people with disability in their communities and provide disabled citizens with opportunities to participate and defend their rights. Silverstein, Julnes, and Nolan (2005) pointed out that it is important for policymakers to show support for the disabled and ensure that policies touching the lives of people with disability are designed to allow them to live independent lives, participate in their communities and make them self-sufficient economically.

World Health Organization (2011) as well recommended governments to provide the disabled who are unfortunate with funding, services and encourage them to collaborate and integrated into their communities in the housing, health, and social sectors to improve the services provided for the disabled. People with disability are different in their type of disability and needs, therefore, services provided to them cannot be of the "one size fits all" kind, but rather the disabled should cater to themselves the services they need. Silverstein et al. (2005) named policies that were implemented in the United States offering people with disabilities protections and coverage in healthcare, civil rights, income and tax policy and other policies pertaining to developmental support. Although World Health Organization (2011) discussed how policy makers are responsible for ensuring that rehabilitation services are available and accessible to people with needs, it emphasized on the important of making rehabilitation an essential part of all legislation and regulations in fields of employment, education, health, and social services.

Action Plan as a Tool for Collaboration. Creating an organized comprehensive action plan was one of the most agreed upon recommendation in the all the reports and scholarly

research on the subject. World Health Organization (2016) called on governments to assists their disabled by taking the current legislation and regulatory framework enacted in the country and compare them with the CRPD to create comprehensive disability action plan. In World Health Organization (2011), the authors pointed out that creating a clear and organized plan could provide the disabled with community assistance services which could be monitored and controlled under financing measures such as tax incentives for small businesses that service a specific need for the disabled community. Additionally, World Health Organization (2016) listed a few action items on disability that should be the guidance for a national plan to improve the lives of the disabled population:

- Support people with disability in getting essential services.

- Increase public awareness to better understand and accept disability.

- Support specific disability programs.

- Improve the diversity of employment and training to include people with disability

- Support disability studies and research.

- Use the research as a basis to develop disability policy and a national action plan.

Education as a Tool for Collaboration. Researchers suggested different recommendations to improve and facilitate education for people with disabilities. One of the popular recommendation was to develop an educational action plan to help improve the education system for people with disabilities. It is better to develop an effective action plan that benefits disabled children than to have a legislation policy that ensures equal education quality for disabled non-disabled children (World Health Organization, 2011).

The topic of disabled education in was addressed in the literature under the umbrella of *inclusive education*, the process of including all types of children in education regardless of their background and abilities. Researchers have shown the benefits communities get when implementing an equal education system. United Nations Children's Fund (UNICEF; 2012) discussed some advantages of implementing inclusive education with both disabled and non-disabled children. The UNICEF (2012) report continued to argue that inclusive education allows disabled children to make use of a wider education curriculum not always available in special-needs schools and help reduce discrimination and stereotyping against people with disability by teaching non-disabled children acceptance and respect for others who are different. On the other hand, Madan and Sharma (2013) talked about inclusion-based education in India and argued that the only way to achieve a successful inclusive education system is by considering inclusive education a political matter and a right for disabled children. Along the same lines, United Nations Educational, Scientific and Cultural Organization (UNESCO; 2008) elaborated on the point that the idea of creating an inclusive education system is not a popular idea in a lot of societies, and requires a lot of effort not only from educators. The UNESCO (2008) report emphasized that the prerequisite to inclusive education is *building consensus* among families, educators and the community. UNICEF (2012) extended the requirements for building a successful inclusive education system: changes in the education framework and in the personal values of the educators who deliver to the children. Example changes – as iterated in the report – include enhancements to the values of equality and belonging, encouraging the participation of children in the educational process, and developing effective relationships between schools and their communities.

World Health Organization (2011) discussed other recommendations that focused more on the development of the schools and facilities such as removing physical barriers that come in the way of disabled children in schools, enforcing building standards and assist disabled students by offering a special-needs teacher or classroom assistants.

The International Collaboration. Throughout the years, multiple organizations around the world have researched the topic disability and worked hard to provide equal and dignified lives for people with disability. Human Rights Watch (2011), for example, actively engaged with individuals and disability organizations around the world to protect disability rights and raise awareness. Human Rights Watch describes itself as one of the most experienced and productive organizations that called for the rights of people with disability around the world and illustrated that by its efforts in more than 25 countries like Russia, Nepal, Uganda Libya, Peru and others (Human Rights Watch, 2011).

UN General Assembly (1982) suggested a disabled change plan and recommended designing a customized change plan for different nations based on their needs and the individual requirements for each country depending on their resources, socio-economic development status and their cultural traditions. The World Health Organization published the WHO Global Disability Action Plan 2014-2021 which is an excellent example of how a disabled action plan aims to provide better health for all people with disabilities. The target of this action plan is all disabled people young and old it has three objectives as outlined in (World Health Organization, 2015):

- Remove obstacles and make health services and programs more accessible.
- Support and enhance services such as assistive technologies, rehabilitation, assistance and support for community-based rehabilitation.

- Support disability research data collection and facilitate comparable data internationally.

On the other hand, World Health Organization (2011) recommended a *mid-level training program* to overcome the global lack of rehabilitation professionals epically in developing countries. These mid-level training programs target rural areas that lack rehabilitation professionals, and recruit and train new professionals with competitive compensation.

USAID (2016) outlined another program developed by USAID in 2012 to which it invited a group of disabled women leaders to meet from different countries around the world like Asia, Africa, Middle East, Eurasia, and Latin America. The purpose of the meeting was to empower disabled women and girls, increase leadership skills, provide a bright hope and to develop an inclusive international development program.

Environmental Recommendations

Researchers had many recommendations about facilitating the environment for people with disabilities, most of the recommendations focused on transportation, new construction and technology. Creating an accessible environment is required to combat negative attitudes, increase public awareness and enables professional training programs for construction, design, architecture, informatics, and marketing. The report continues to discuss that for better results in establishing an accessible environment it is necessary to be aware of external limitations such as cost, knowledge, technology and culture directness. It is easier to build a *culture of accessibility* and remove barriers to prepare the community for the changing process. (World Health Organization, 2011).

Transportation. Creating an accessible transportation system for people with disabilities acquired a great deal of attention in the literature. World Health Organization (2011), for

example, emphasized the importance of making public transportation more accessible and recommended consulting with disabled customers and service providers and allow them to report their needs and challenges. World Health Organization (2011) laid out some recommendation to create an accessible public transportation system for people with disability:

- Enhance public awareness by designing effective educational programs to devolve the quality of transportation services.

- Facilitate access to public transportation services and infrastructure for people with disabilities.

- Develop a private transportation service for people with disabilities

World Health Organization (2011) encouraged governments to develop a private transportation service for people with disability at no cost to them.

The success of privately owned and managed transportation services for the disabled was discussed in Fox (2009). The author found that the partnership between the private agency and local organizations resulted in about 500 million disabled people around the world having access to transportation. The study affirms that the most success was found in rural areas and countries like Botswana, Namibia, South Africa, Victoria Falls and Mozambique. In Washington DC, a local corporation started an experiment program where they put around 20 wheelchair accessible vehicles to serve disabled commuters allowing them to have equal transportation services (Waters, 2015).

Building Codes and Regulation. World Health Organization (2011) discussed that creating an accessible environment for people with disabilities requires removing barriers from buildings and develop mandatory minimum standards implemented by legislation. Furthermore, the WHO (2011) report suggested developing an organized plan to make public buildings more

accessible using local resources and targeting new developments and ensuring they are built to the accessibility standards by adding only an addition 1% to the cost of the development. On the other hand, World Health Organization (2011) argued that in some countries it is hard to create accessible environments for people with disabilities due to the high cost of implementing accessibility standards. World Health Organization (2011) suggested using affordable universal design concept such as:

1. Improve illumination of street lights.

2. Remove turnstiles doors from entrances

3. Attempt to make the first steps in staircases low

4. Install handrails on bus entrances

5. Provide priority seating for the disabled in public transportation.

6. Level the sidewalks with the public transportation loading pads.

World Health Organization (2011) further emphasized the importance of having *Accessibility Standards* that fit the needs of people with disability. Some of the standards specified in the report are:

1. Ensure building entrances are accessible.

2. Ramps must be designed with curb cuts

3. Building paths must be accessible, especially the ones leading to public facilities like bathrooms.

Technology. "For most people, technology makes things *easier*. For people with disabilities, technology makes things *possible*" Mary Pat Radabaugh (1988; as cited in National Council on Disability, 1993, p. 1). Per World Health Organization (2015), the use of assistive technology plays a significant role in the lives of people with disability, especially for children

with disability. Assistive technologies could change the direction of their future and give

disabled children access to equal rights and opportunities while allowing them to live

independent and respectful life without others help (World Health Organization, 2015). Table 1

shows examples of assistive technologies available for people with different types of disability.

Gilderbloom and Rosentraub (1990) recommended taking advantage of assistive

technologies in transportation, for example, increase accessibility of planes and cars. It is not

enough to remove the physical environmental challenge that faces people with disabilities, it

more important to focus on the negative attitudes against the disabled because negative attitudes

could be the source of most if not all the challenges facing the disabled (World Health

Organization, 2011).

Table 1

Examples of Assistive Technologies

Category	Assistive Technologies
Mobility	Walking stick, crutch, walking frame
	Manual and powered wheelchairs, and scooters
	Artificial limbs, hand splints, leg braces
	Corner chair, supportive seat, standing frame
	Adapted cutlery, cooking utensils and feeding robots
	Shower seat, toilet commode, toilet frame and dressing sticks
Vision	Magnifier glasses and magnifying software, screen readers
	White cane, GPS-enabled navigation device
	Braille reading and writing systems, and Braille enabled games and tools
	Audio recorders and players.
Hearing	Hearing aids, amplified phones and hearing loops

Changing Perspectives

Many researchers talked about changing negative perspectives against people with disabilities. They described it as an important tool for effective change and recommend an action plan while others recommend a change thinking model for others to help judgmental people change their perspectives against people with disabilities, but all agreed that there is a need to change the why people talk, act and treat people with disabilities. UN General Assembly (1982), for example, argued that the increase of awareness and public education on disability will have a substantial impact on reducing negative attitudes against people with disability. Quinn et al. (2002) agreed as well on the importance of raising public awareness to change perspectives about disability. The study by Quinn et al. (2002) continued to recommend a change plan that aims to:

- Educate the public on the values and international human rights for people with disability and define the need to change perspective on disability,

- Help people with disabilities free themselves from negative attitudes and overcome the challenges they face in their own society.

World Health Organization (2011) add the following recommendations to the ones presented by Quinn et al. (2002):

- Combating negative attitudes against people with disabilities

- Increasing awareness of the abilities and struggles the disabled have and face.

- Create a healthy and accessible environment for people with disability.

 Some authors had recommended other ways to change the public's perspective, for example, Turnbull et al. (2001) suggested five models of thinking to help in shaping opinions about disability. The proposed five conceptualizations that can help in shaping opinions and

disability policy are human capacity, public, culture, ethic and philosophy, and technology. Furthermore, Turnbull (2014) explained the use of each model in some detail:

1. Human development: include medical, education and physiological elements.

2. Public studies: includes law, economics, social welfare, demographics and they are the public contacts for a person with disabilities and their families.

3. Culture: this is concerned with stigma, self-esteem and how the culture sees and deals with disability.

4. Ethics and philosophy: it deals with what is the right and wrong thing to do?

5. Technology: includes hard and soft technologies to assets the disabled and benefit them.

Turnbull (2014) discussed how these models shape disability by: "bringing the five models together will create [a] better way of conceptualizing disability and responding to it" (para. 9).

In 1992, the United Nations International Day of Persons with Disabilities (IDPD) made December 3 the annual celebration day for people with disability around the world (United Nations, 2016).

On the other hand, Quinn et al. (2002) argued that a big part of changing the negative perspective against people with disability is to treat disabled people as subjects rather than objects. This is required to give people with disabilities the rights, freedoms and guarantees to be an essential part of their community and live a good life. The IDPD is a good example of a way to achieve equality, participation and freedom for the disabled via changing perspectives (Acton, 1981). IDPD 2016 falls on the 10-year anniversary of the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) international treaty. The theme of the IDPD 2016

was: "Achieving 17 Goals for the Future We Want," Most of the 17 goals focus on providing a more inclusive and equitable world for persons with disabilities (United Nations, 2016).

On the other hand, World Health Organization (2011) talked about the negative attitudes against people with disabilities especially from healthcare professionals. The WHO report emphasized that changing the attitudes of healthcare professionals is crucial and necessary to get better health services for the disabled. The report also suggested the involvement of people with disability in the training programs to change the perspectives about disability and empower the disabled.

Disability Treatment and Language. Changing perspectives requires changing the negative actions against people with disabilities from their non-disabled counterparts. Freidig (1999), for example, pointed out that it is important to make the disabled feel respected and comfortable when interacting with them. Quinn et al. (2002) outlined simple needs required by people with disabilities and the fulfillment of these needs show a change in the perspective the community has of the disabled. These needs are dignity, autonomy, equality and solidarity. Quinn et al. (2002) noted that changing the way people treat people with disability disabled will allow them to have respectful and comfortable lives.

Freidig (1999) suggested some etiquette tips when dealing with the physically disabled:

1. When talking to a person with disabilities, people should have direct verbal and eye contact.

2. It is important for someone who is having a conversation whit a person in a wheelchair to be at the same level.

3. Paying attention to the words and language used to describe people with disability, for example, a person should say: "a person who uses a wheelchair"

rather than "someone who is wheelchair bound," and use: "person who is blind"

instead of "blind man."

Many scholars stressed on the fact the language has great power when speaking to

people with disabilities. Dunn and Andrews (2015), for example, gave special attention to the

use of language talking and referring to people with disabilities and explained the importance of

educating the community on the best language to use when conversing or referring to a person

with disabilities. Dunn and Andrews (2015) argue that the best way to refer to a person with

disabilities is by using the word or title that disabled individuals feel comfortable defining

themselves with. Fox (2009) agreed with many scholars on the sensitivity of the langue people

use to refer to people with disability and suggested the use of the word *accessible* Instead of

handicapped.

Employment

Mello (1993) pointed out that some of the discrimination people with disability see at

work come directly from their managers, therefore, he suggested a training program specialized

for managers. The training program should achieve the following goals:

- Train managers to protect their disabled employees from discriminations and

  ensure they have a comfort working environment.

- The program must go beyond the definitions and limitations of disability policy

  and reflect on the manager's deep beliefs and perspectives of the ability and

  equality and people with disability.

On the other hand, Nyombi and Kibandama (2014) suggested that to fight discriminations

at work against disabled; governments must have an inspection program to make sure people

with disability have better treatment in the workplace. The paper suggested that inspector

responsibilities include: informing the government of any inequality against people with disability in the workplace and raising awareness to educate organizations and employees on the rights of people with disabilities and the government laws governing them.

Hiring people with disabilities is a smart and pontifical thing to do for a business unlike what some people believe that it is a charity or a noble act to hire them (Wittmer & Wilson, 2010). The authors encouraged organizations to hire people with disabilities and had suggested collaboration between local organizations that aim to create training programs and workshops to prepare disabled individuals for work. UN General Assembly (1982) as well, suggested designing a special training and employment program to create jobs opportunities for disabled to involve them in the working sectors

OECD (2010) had a different recommendation to ensure the rights of disabled at work and give them an opportunity to live an independent life:

1. Encourage countries to start evaluating the working abilities of people with disabilities instead of focusing on their disability.

2. Replaced disability financial support benefits with offering part-time job opportunities.

OECD (2010) referred to Switzerland as a good example of dealing with a country's disabled population. Switzerland offers rehabilitation for their unemployed disabled citizens before giving them any disability-based financial aid and benefits. UN General Assembly (1982) also encouraged under-developed countries to increase job opportunities for people with disabilities especially in their urban areas. Offering jobs for people with disabilities and including them in a comprehensive domestic change will only develop and improve the community.

Hernández (2007) recommended using *disability insurance* to help protect employees in the case they suffer an accident and become disabled.

Conclusion

This chapter discussed the definition of physical disability from different research perspectives and discussed disability in the forms of physical challenges and impairment. In addition, this chapter reviewed the statistics around the world's disabled population and disability trends in developing countries. After that, the chapter discussed the challenges that face the disabled in their professional and personal lives, and explained the causes and impact each of these challenges have on the disabled. This includes the challenges seen specifically by women and children. Furthermore, this chapter discussed some recommendations and future opportunities to improve the lives of people with disabilities.

Violence and discrimination against disabled people could cause serious challenges for many countries. Discrimination and exclusion against people with disabilities hurts democracy, damages societies and impacts economic development (UN General Assembly, 2006). Dealing with the challenges that face people with disabilities requires a serious change in the social and environmental landscape of individual communities (World Health Organization, 2016). World Health Organization (2011) argued that improving the environment around people with disabilities makes a big change to their lives. To achieve change people must focus on environment barriers and the needs of people with disabilities such as designing assessable buildings, improving disabled policy, and increasing disabled services in education, rehabilitation and healthcare.

Finally, a number of scholars recommended *disability studies* as the future of disability research. Bogdan and Taylor (1994), for example, suggested the use of disability studies because

it addresses the problems of the disabled as individuals within the disability social groups in their society. Additionally, Bogdan and Taylor (1994) continue to point out that disability studies are a useful tool to improve the present and future lives of the disabled. Disability studies is important for people with disabilities because it grows through the years and uses the theories and experiences of the disabled in improving stance of people with disabilities in policy, economy, education, women issues, culture and social studies. Disability studies provide people with disabilities with the proper tools to create a rich and useful body of research and establish fair disabled law and policy.

Chapter Three: Methodology and Procedures

Overview

  Problem Statement. The problem of this study is: the stereotype and the negative

perceptions of disability in Saudi Arabia and how these negative perceptions led to attitudes and

mistreatment of people with disabilities. Negative perceptions lead to clear discrimination

against people with disabilities and confront them with a set of different and difficult challenges.

Those challenges are stopping people with disabilities in Saudi Arabia from having a normal and

equal life, and is preventing them from actively participating in society, education and the

workforce.

  Purpose Statement. This study aims to find the challenges that face individuals with

physical disabilities in Saudi Arabia and ascertain how these challenges impact the professional

and personal lives of the physically challenged.

  Data pertaining to these challenges will be collected via the qualitative and quantities

research methods. The qualitative inquiry will be addressed through the collective lenses

of political, economic, and psychological challenges seen by people with disabilities. The study

will find using quantitative methods who are the people who have the most influence on the

career and personal development of people with disability.

  This research, also, hopes to create some opportunities for the physically challenged

Saudis and help guide them to a bright and successful future.

  Research Questions.

   1. What is the state of disability in Saudi Arabia and how are people with physical

    disabilities perceived in Saudi Arabia?

2. What are the challenges that face people with physical disabilities in Saudi

    Arabia?

3. How do these challenges impact the professional lives of people with disability?

4. Who has the most impact on the personal and professional future of people with

    physical disabilities in Saudi Arabia?

5. What are the most promising strategies for improving services and support for

    individuals with disabilities in Saudi Arabia?

Research Methodology

This research uses a mix research method designed to investigate the challenges that face

the physically disabled in Saudi Arabia and how those challenges impact their personal and

professional lives. The reason for choosing this type of research is to use both qualitative and

quantitative finding to provide a more robust dataset to support this research. According to

Creswell (2013), the mixed methods approach is a type of research that researchers use to

address their research questions while they collect, analyze, and integrate data in different fields

like social, behavioral and health sciences. Creswell continued to discuss that data analysis and

collection will be using quantitative data (closed-ended) questions and qualitative data (open-

ended) questions which follows a convergent parallel mixed research design pattern. Creswell

(2013) stated that qualitative and quantitative results will work in tandem to support the research

with the required data. He also described some situations where researchers use a mixed

research method:

- If using qualitative or quantitative methods are not enough by themselves to

    understand the problem.

- If the researcher needs to talk to people to explain the statistical research finding, result, or need to increase their experience

- If the researcher needs time to explore before managing new instruments or they need to develop new research instruments.

In this body of work, the use of the mix research methods is going to be the tool used to reflect the current situation of people with disabilities in Saudis Arabia and report what needs to change in the Saudi community and government to overcome the challenges faced by the physically challenged.

This mixed research method will be used to investigate the rights of people with disabilities using two instruments: interviews and surveys. The first component of the qualitative inquiry will be achieved by targeting the population using in-person and phone interviews while surveys will be used for quantitative analysis.

This research will report the views and opinions of the general public, people with disabilities and their families and able citizens. Participants are people who live and experience the daily challenges of people with disabilities and their opinions will be reported as part of the advice to improve the future of the physically challenged in Saudi Arabia. The sample population and the data collection will be explained in more detail in the following section.

Population and Participants

The target population for this study is to invite up to 300 participants to take the survey with 100 expected responses. The sample population for the interview portion of the study will be around 10 participants. The participants are expected to be a large and diverse sample of the Saudi community. The research will target members of the community who are not considered to be disabled, the physically challenged, their families and some leaders who have a disability.

The research will target participants in academic organizations such as universities, private corporation, and some non-profit organizations that are focused on the cause of people with disabilities.

Data Collection Procedures

The data for each research component will be collected separately starting with the quantitative data. The surveys will be sent to participants, after that, we will start conducting interviews. Creswell (2013) pointed out that data should be collected and compared to represent different types findings and to include the different points of view of the participants because the combined results would lead to the same conclusion. There are two instruments used in this research to collect the data: surveys and interviews. Research assistants will be used as a supplemental instrument to assist with the two main instruments.

Research Assistants. Due to the absence of organizations that support the rights and causes of people with disabilities in Saudi Arabia and the lack of coordinators that could facilities collecting data, this research plans to start by conducting focus groups studies. Focus group members are going to be around four to five people picked from the population of university faculty, college students, private sector employees and members of organizations that support people with disability. The focus group will help in gathering the data and ensure that the participants full the survey questions. Focus groups will also help in suggesting and recommending people for the interviews.

Surveys. The quantitative data for this research will be collected through a survey. The survey will reflect and describe the different trends, opinions and attitudes by studying a sample of the population (Creswell, 2013). The reason for choosing the survey to be the instrument for this process is to allow us to understand the relationship between different variables as

mentioned by (Creswell, 2013). Additionally, survey questions will cover a wide range of the Saudi population in a short period. The purpose of this survey is to understand the opinions and attitudes of the Saudi community toward people with disabilities. Furthermore, the survey – due to its anonymity – will ensure more truthful answers and more accurate results away from hypocrisy and courtesy. A random sample of the population will be used.

 A custom template of the survey will be developed and posted online using an online surveying tool such Survey Monkey or Qualtrics. The survey will be passed to the participants using different ways. It will be posted online and made available via social media and messaging platforms used in Saudi Arabia such as Facebook, Twitter, WhatsApp and SnapChat. Using social media is critical because it is a powerful platform in Saudi Arabia and is the easiest way to reach a big and diverse audience.

Some of the participants will receive a copy of the survey through email and will be completing the survey that way. After a few weeks, a gentle email reminder or a follow-up email as (Creswell, 2013) suggested will be sent again to participants to make sure they participate. Because many participants (including the disabled and their families) may not be well-informed or educated and may not have access to online surveys, a survey coordinator will work with them on establishing a focus group and get their insights on the survey topics via the focus group method. Survey participants will be a random sample targeting disabled and non-disabled population including Saudi university faculty, college student, employees, members of nonprofit organizations. The survey will take about 10 - 15 minutes to complete all the questions.

There are two versions of the survey. The first one is targeted toward the disabled members of the population while the other one is aimed at the non-disabled participants. Both versions of the survey will start with introductory information about the study such as the

purpose of the research, problem statement and a discussion of the value the participant's opinion will add to the study.

Survey for People with Disabilities

The survey is comprised of four sections. The first section will ask personal and demographic questions while the second section will inquire about the health, healthcare services and level of activity and accessibility the person with disabilities sees in their daily life. After that, in section three, we will measure the emotional state and level of discrimination the person sees in their daily life. Finally, the last section of the survey will ask questions related to the employment state and financial well-being of the person taking the survey. Each section has several questions all of which are either multiple choice or yes-no questions. Appendix A shows the survey for people with disabilities.

Survey for Non-Disabled Participants

An important aspect of this research is to measure the attitudes and public norms associated with disability. Therefore, I created a separate survey to assess the point of view of the non-disabled members of society and how they see disability.

There are three sections in this survey. The first section will collect demographic information about the participant to gain a better understanding of where they stand within society. The second section will ask the participant questions to see whether they have any standing relationships with the disabled community. Finally, we will measure the social norms and attitudes the participant has toward the disabled population. The survey consists of several questions all of which are multiple choice, *yes* or *no* and agreement-type questions. Appendix B shows the survey for non-disabled participants.

Interviews

This research instrument will be used to collect qualitative data. The interview is an important part of the data collection process because it allows the researcher to direct and control the flow of questions (Creswell, 2013). While collecting data, the interviewer will have more flexibility, for example, to ask extra questions and get more a detailed answer from a participant based on their particular area of insight or expertise. The data that will be collected from these interviews will provide more support and context to the survey questions. The interview questions will include unstructured and mostly open-ended questions, and the answers will report the opinions of the participants based on their knowledge, their personal and professional experiences (Creswell, 2013).

The first step in collecting data using the interview instrument is determining the number of interviewees. The expected number of the participants is ten people and their sampling will be based on their knowledge and experience with disability in Saudi Arabia. It is worth mentioning that most if not all interviews will be conducted in the Arabic language because it is the native language of the participants. The sample aims to include Saudi's who are physically challenged and in leadership positions, and other non-disabled citizens with disabled family members. The total the number of participants depends on who agrees to participate. Some of the interviews will be in-person while others will be over the phone. Also, in some cases the interview questions will be recorded and sent to participants via WhatsApp and their answers are expected to be recorded as well. This option will only be exercised if we were unable to meet the interviewee in person or arrange a phone conversation. Follow-up questions will be entertained using the same medium. The interview medium will be determined based on the participant's

convince and schedule. This provides flexibility for caregivers and others who would rather not display their disability or discuss it in public.

The data will be collected by taking notes and –if the interviewee allows it– the interview audio will be recorded. The interview will be guided through an interview protocol and checklist as suggested by Creswell (2013):

Before starting the interview.

- Determine the time and place for the interview.

- Researchers must have clear permission from the participants to participate in the interview.

- Participants must be aware that they will be recorded and be aware that the reason for recording their conversation is to transcribe their answers in a precise and accurate manner.

- Test the recording equipment.

During the interview.

- Checklist for the interview questions must be used to make sure all the question been asked and answered.

- Be prepared with follow-up questions to get more details and explanations for the participant's answers.

- Take notes while recording to ensure the main points are covered.

- Conclude with asking for recommendations on other people with experience in the problem who can be interviewed.

- End the interview with warm thanks.

The interview questions will start with simple questions to break the ice followed by the main questions. The interview consists of seven main questions and are supported with extra follow up questions. The interview process will take around 30 minutes.

Interview Questions

1. Tell me what do you think about disability and what does disability mean to you?

    a. How do you define a person with disabilities?

    b. Do you consider yourself (or your child) disabled?

    c. Do you prefer another word to describe you?

2. What are the biggest challenges that face people with disabilities in Saudi Arabia?

    a. If you were to rank these challenges, which would be the top three?

    b. Do you think there is another challenge that impacts the disabled in Saudi Arabia?

    c. Could you give an example of a personal challenge you faced personally?

3. In your opinion, what is the root cause for these challenges?

    a. Who is responsible for discrimination against people with disabilities?

    b. Do you think the law and regulations of Saudi Arabia increase those challenges?

        i. Could you be more specific?

    c. Do you think the judgmental society affects people with disability? Can you elaborate and provide some examples from your experience?

    d. Do you think if there was a law against discrimination for people with disability that discrimination will decrease?

4. If the interviewee is disabled:

    a. Who had the biggest impact on your life and career?

    b. How does your family see your disability?

        i. What kind of support and you get from your family?

    c. Who had the worst influence on your disability or played a role in holding you back?

5. If the interviewee has a disabled family member:

    a. As the support system of your disabled family member, what kind of support have you provided?

    b. Who were the good and bad influences on your disabled family member's life?

    c. Who is the role model for your disabled family member?

6. In your experience, what are possible solutions for some of the challenges facing people with disabilities in Saudi Arabia?

    a. How could disabled rights be ensured in education, work opportunities and access to public facilities?

7. In your opinion, how long it is going to take Saudi Arabia to change the negative perspective and combat discriminations against people with disability?

    a. What is needed to make Saudi Arabia more accessible?

8. Do you have any further recommendations or comments?

Data Analyses Process

This research will analyze the data using the Creswell (2009) side by side comparison approach. Follows are the steps used for the analysis:

I. Data Collection. The process starts by collecting the data, organize them and prepare the data for analysis.

Analysis of the survey data.

- Creswell (2013) recommended a checklist to track the number and the names of participants who received the survey and make it easier to know who completed and submitted the survey for processing.

- The survey sheets will be collected and the data will be tallied electronically to report the results either in a spreadsheet or a database to complete the analysis process.

  - The main data points will be presented in the form of tables, charts and figures to illustrate and compare the results. As part of reporting the results, we will show data pertaining to the population that participated in the study such as the mean age and gender of the participants.

Analysis of the interview data.

- Transfer the audio interview to a written transcript

- Analyze the quantitative data from that transcript.

- Compare the audio transcript with the written notes.

- Review, organize and code the results to highlight the key points from the interviews and create relating themes.

- The coding process should describe and place data into categories to have clear explanations that distinguish the different tones, opinions and impressions of the interviewee.

II. Report Survey Statistics and the Interview Findings. It is important to collect data and conclusions from both research instruments, organize them and prepare them for the next step in the data analysis process.

III. Compare Results from Both Instruments.

- Study the data and reflect on the meaning of the results

- Discuss the interpretation of this data such as information, words, details or actions

- Create a conclusion that describes the place, situations, people and attitudes.

- State the research data in the final report.

IV. Mixing Results from Two Research Methods. The last step in the data analysis process in correlating the data from the two research methods. After collecting and organizing the quantitative and qualitative results separately from surveys and interviews, it is time to bring the two results in a coherent way that align its interpretation with the research. The way to do that is by correlating both datasets and infer how the qualitative data explains the quantitative results. Per Creswell (2013), one way of mixing the results of two methods together is by explaining how one of the research methods adds new result and more interpretation to the other result set. The datasets from both research methods provide more details for the research questions they both address and provide support and validation to other points they indirectly study. Associating the results together will emphasize the point of view from both participants and will offer a better understanding of the problem which leads to better recommendations and outcomes.

Protecting the Human Subjects

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1978) defined the set of ethical principles guiding research into human subject in its report nicknamed *The Belmont Report*. A human subject is defined as "Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) Data through intervention or interaction with the individual, or (2) Identifiable private information" (Federal Policy for the Protection of Human Subjects, 2017, p. 228).

This section represents the ethical side of this research as it aims to provide complete protection for the participants from getting of harm legally, socially or economically as a result of giving their opinions in this research. Creswell (2013) noted it is important for researchers who work on human subjects to have their plan reviewed by an Institutional Review Board (IRB) showing respect for their population and to avoid putting their participants at risk.

This research will be performed under the guidance of the Pepperdine University Graduate and Professional Schools (GPS) IRB. The GPS IRB will review and evaluate the research method to maintain the rights and welfare of human subjects participating in this study. In accordance with the Pepperdine GSP IRB, this research will be conducted in accordance with the U.S. Code of Federal Regulations, DHHS (CFR), Title 45 Part 46 (45 CFR 46), entitled Protection of Human Research Subjects.

To secure the rights and the protections of the participants before starting the research is an important part of designing the study and the participants must provide informed consent to participate in the study (Creswell, 2013). Informed consent must include – as described by Creswell (2013):

1. *Identification*: the name of the researcher, the institution conducting or sponsoring the research, the purpose of the study and the benefit of participating in this research.

2. *Explanation*: how the participants were chosen. The expected level and type of involvement, and any risks to the participant.

3. *Guarantee*: explicitly state the privacy expectations to the participants and their right to pull out at any time, and providing names and contact information if questions came up.

Reliability and Validity

Validity and reliability are the essential elements of research and are used to distinguish between good and bad research (Sandelowski, 1993). Bannigan and Watson (2009) explained the benefits of reliability and validity as a research instrument to measure and determine the accuracy of research data.

Building validity. Building validity is a research process from collecting the data, to analysis and explaining the data (Zohrabi , 2013). Creswell (2009) distinguishes between qualitative and quantitative validity. While he sees validity in qualitative research can be assessed by checking the accuracy of the finding and making sure the data is correct and precise, he views quantitative validity is assessed by the validating the process of obtaining the data and measuring the coherence and stability of the data and scale it was collected at. Sandelowski (1993) uses two types of validity: *external* and *internal*. Internal validity could be achieved by comparing the research outcomes with the literature review and make sure they reflect the research questions. External validity, on the other hand, focuses on the degree the findings reflect the reality across the group (Sandelowski, 1993). Zohrabi (2013) referred to the first step to build

validity is choosing the right set of participants who have the most experience and knowledge about the topic which will ensure the validity of the collected data.

In this research, validity will be achieved through three elements: content validity, internal validity and structures.

Content validity. This will be achieved by comparing the research instruments (interview and survey) with the literature review and make sure they reflect the research questions.

Internal validity. Validity of research instruments is accomplished by

- Making sure the design and information in the instrument questions are clear and easy to understand. This will be achieved by sending the instruments for review by an editor and have it peer reviewed by a Pepperdine University faculty member.

- The survey questions are going to be tested on a small group before sending it to participants to make sure the questions are clear and covered the research purpose and problem.

Structure. Reviewing the research design to ensure researchers made the right choices for the methods, design instrument and confirm the right steps were followed in collecting and organizing the data.

The flowing section shows the two different validity tests for the two-instrument used in this body of work.

Testing Validity of Survey Instrument. To achieve the validity in the survey questions, Creswell (2009) suggested an experimental survey plan. As part of working with the focus group (testing group), we will create a consulting team to evaluate and examine the survey questions. This consulting team will have at least two members who are physically challenged and are in

leadership positions from different disability organizations. The two leaders are going to help in testing the survey on around 15 to 20 volunteers. This step will help in providing feedback to test the validity of surveys questions. The volunteer population will be a diverse set of people with disabilities, parents of people with disabilities and non-disabled volunteers. After completing the survey on the test group, the consulting team will be asked to give feedback on the survey questions through an evaluation questionnaire at the end of the survey. Evaluation sheets cover two elements: the clarity of the survey questions, and whether the survey questions capture research problem. The evaluation questionnaire is in Appendix C.

Finally, all feedback will be collected and used to improve and develop the validity of surveys.

Testing the Validity of the Interview Instrument. This step achieved by comparing the interview questions with the contents of research questions. The table below shows the comparison.

Reliability of the Data. Bannigan and Watson (2009) defined reliability as the way to measure the stability and consistency of the data; in the sense that it provides the same results in different situations.

According to Zohrabi (2013), it is easier to find similarities in quantitative research than it is to find it in qualitative research results, because quantitative results appear as numbers. On the other hand, qualitative findings depend on personal opinions, experiences and express a particular narrative. To ensure the reliability of this research:

- Collected data must be well organized and clearly defined, step by step.

It is important to compare the findings from both research methods together as much as possible to make sure they are consistent and coherent.

Table 2

Interview Instrument Validity

Research Question	Interview Questions
1. What is the state of disability in Saudi Arabia and how are people with physical disabilities perceived in Saudi Arabia? 2. What are the challenges that face people with physical disabilities in Saudi Arabia?	1, 2 and 3
3. How do these challenges impact the professional lives of people with disability? 4. Who has the most impact on the personal and professional future of people with physical disabilities in Saudi Arabia?	4 and 5
5. What are the most promising strategies for improving services and support for individuals with disabilities in Saudi Arabia?	6 and 7

Reliability of the Interview Instrument. It is important to collect the data and place findings under themes in the final report. To achieve reliability in the interview instrument, member checks will be used as suggested by Creswell (2009) and Merriam (1998). A member check is a checklist designed to make sure the final findings from interviews are accurate. The checklist will include:

1. Inspecting the data from obvious mistakes and errors.

2. Reviewing the correct information by looking into definitions, different opinions, themes of the data and applications after the coding.

3. Provide clear and detailed descriptions of the different datasets. These descriptions must include the participant's bias and negative opinions; this will provide more accurate data.

4. Determine a follow-up interview if needed. This step may require contacting with the interviewee to confirm the data.

Conclusion

This chapter addressed the mixed research methodology used in this body of work. After that, the chapter discussed the types of participants who will be part of this study and how the study population was chosen. Then, this chapter defined data collection process and a detailed discussion of the instruments used in the research, namely, survey and interview. Moreover, testing the Validity and readability of the research instrument was a big part of this chapter to ensure the quality of the results and findings. Finally, the chapter addressed the topic of protecting and securing the rights, data and information of the human participants in this study.

Chapter Four: Results

Introduction

The physically disabled in Saudi Arabia face severe challenges in their daily life. These challenges relate to the way people see and classify disability, their environment, family, education, etc.

The purpose of this study was to find the challenges that face individuals with physical disabilities in Saudi Arabia and ascertain how they impact the professional and personal lives of the physically challenged. Most research participants were asked to complete survey questions while others participated in an interview. Surveys and interviews were related to the research questions.

Participant Identification and Recruitment

Criteria for inclusion and exclusion. This body of work targeted participants based on their knowledge and experience in disability at Saudi Arabia. The selection process for the interview aimed to choose Saudi's who are physically challenged and in leadership positions and other non-disabled citizens with disabled family members. In interviews, for example, it was necessary to have interviewees who are physically disabled and non-disabled who are familiar with the struggles and needs of people with disabilities in Saudi Arabia.

An important criterion in selecting interview candidates was to find educated people with physical disabilities who achieved some of their goals and have a successful career in Saudi Arabia. At the same time, to balance the population for the interview instrument, the interviewee panel included others who struggle in society and face serious challenges that stood in the way of them achieving their goals.

Surveys did not require a specific inclusion or exclusion process. It was important to obtain a random sample that targets the disabled and non-disabled in Saudi Arabia.

Participant recruitment process.

Choosing the interview participants. Participants in the interviews were recruited via social media and direct private communication. Finding participants started with searching social media for influencers and citizens who have shown significant impact on the disability community in Saudi Arabia. Twitter and WhatsApp were the two primary sources for candidates. Many candidates were referred from the community, social support groups and other interviewees.

There were 14 interviewees. Five were male, and nine were female. 12 of the interviewees were disabled, and two were non-disabled. Participants came from various regions in Saudi Arabia, represented different age groups and had different types of physical disabilities. The non-disabled participants were relatives of a person with physical disabilities.

Region.

- Nine from Makkah.

- Two from Riyadh.

- Two from Qassim.

- One from Aseer.

Type of physical disability.

- 10 participant had physical disabilities in lower extremities and used a wheelchair.

- One participant had a vision disability.

- One participant had an upper body disability.

- The two non-disabled participants had family members who were disabled in their lower extremities.

Cause of disability.

- Three were disabled due to medical malpractice.

- Three were disabled as a result of a disease.

- One was infected by Infantile Paralysis (Polio).

- Six were born with disability.

- One became disabled after a car accident.

Relationship to disability.

- One is parent of a person with disabilities.

- One had a disabled spouse.

- 12 are people with disabilities.

Choosing survey participants. The survey does not target a specific audience and aims to get a random sample of the Saudi population within the context of disability. Participants were recruited via social media (e.g. WhatsApp and Twitter) and word of mouth. This research focused on inviting members of the Saudi society, to reflect the honest opinion society holds for disability. Certain high-profile members of the Saudi community were explicitly recruited on twitter because they are active in the world of disability and were asked to promote the survey. There was a total of 403 survey participants; 101 were disabled and the remaining were non-disabled. 75% of the disabled participants were female and 52% were male. The non-disabled survey population was 22.3% male and 76.5% female.

Data Collection

  Interview data collection. After choosing the participants for the interview, the researcher reached out to them via a private message over WhatsApp or Twitter requesting an interview. Before conducting the interview, participants were briefed on the purpose of the research, interview process, privacy and confidentiality. After which both parties agreed on the interview time and medium of communication was chosen. All of the invited participants immediately agreed to have the interview and were eager and enthusiastic to discuss the topic.

  Ten interviews were conducted over the phone while four were conducted via WhatsApp. One of the interviewees requested to conduct the interview via WhatsApp due to a busy schedule while the other three WhatsApp interviews were forwarded by one of original ten interviewees. There were no audio recordings for any of the interviews because the interviewees would have felt very uncomfortable in conducting a recorded interview due to the personal nature of the topic. The participants' answers were noted and documented on paper. Each set was uniquely identified by a number. It is worth noting that all participants were very welcoming and made it clear that they do not have any problem in using their personal information and their real name except for one participant. That said, all the personal information is kept secure and separate from the notes for the purposes of this research. The interview questions were modified as part of translating them into the Arabic language.

  The main topics discussed in the interview were as follows:

1. Defining disability at personal and practical level.

2. The proper terminology to refer to people with physical disabilities.

3. The biggest three challenges that face people with physical disabilities in Saudi Arabia.

4. The people with the most positive and negative impact on a person with disability.

5. Solutions to the challenges facing people with disabilities in Saudi Arabia and the timeframe needed to apply this change.

Interview questions.

1. Tell me what do you think about disability and what does disability mean to you?

   a. How do you define a person with disabilities?

   b. Do you consider yourself (or your family member) disabled?

   c. Do you prefer another word to describe you?

2. What are the biggest challenges that face people with disabilities in Saudi Arabia?

   a. If you were to rank these challenges, which would be the top three?

   b. Do you think there is another challenge that impacts the disabled in Saudi Arabia?

   c. Could you give an example of a personal challenge you faced?

3. In your opinion, what is the cause for these challenges?

   a. Who is responsible for discrimination against people with disabilities?

   b. Do you think the laws and regulations of Saudi Arabia increase those challenges?

      i. Could you be more specific?

   c. Do you think the judgmental society affects people with disabilities? Can you elaborate and provide some examples from your experience?

   d. Do you think if there was a law against discrimination for people with disabilities that discrimination will decrease?

4. If the interviewee is disabled:

    a. Who had the biggest impact on your life and career?

    b. How does your family see your disability?

        i. What kind of support and you get from your family?

    c. Who had the worst influence on your disability or played a role in holding you back?

5. If the interviewee has a disabled family member:

    a. As the support system for your disabled family member, what kind of support have you provided?

    b. Who were the good and bad influencers on your disabled family member's life?

    c. Who is the role model for your disabled family member?

6. In your experience, what are possible solutions to some of the challenges facing people with disabilities in Saudi Arabia?

    a. How could disabled rights be ensured in education, work opportunities and access to public facilities?

7. In your opinion, how long it is going to take Saudi Arabia to change the negative perspective and combat discriminations against people with disabilities?

    a. What is needed to make Saudi Arabia more accessible?

8. Do you have any further recommendations or comments?

Survey data collection

- The survey was closed on August 29, 2017 and the data was locked.

- The data for each survey (disabled and nondisabled) was collected separately.

- Survey results were tallied from the survey response report.

- Responses to all survey questions are show in the Data Display section below.

- The survey questions are available in Chapter three and accompany the results shown in the Data Display.

Data Analysis

      Interview. Interviews were noted and transcribed as part of the interview process. The data were processed as follows:

- Each interviewee was given a unique identifier.

- The interviewee contact information was separately managed to enable the researcher to follow-up with the interviewee if needed.

- The Initial draft of each interview notes was independently transcribed and filed separately on paper.

- After concluding all interviews, each transcribed interview was reviewed, summarized and transferred to electronic format.

- The electronic versions of the interviews were compared to the originals.

- To ensure the accuracy of the data, each interview was independently reviewed three times.

- The data was organized and coded.

- The key points from each interview were highlighted and emerging themes were identified.

- The coding process was to describe and place data into categories to have clear explanations that distinguish the different tones, opinions and impressions of each interviewee.

- The original set of interview notes and the interviewee contact information were securely destroyed to maintain privacy and confidentiality.

- The data collected from the interviews were organized into themes based on the demographic information, type of disability, and the difference of opinion expressed by the interviewees.

Survey

- Each version of the survey (disabled and nondisabled) were tallied and organized separately.

- The survey results were analyzed and presented as graphs.

- Survey data was organized and coded. Each theme is presented and analyzed

- The key findings from each survey were highlighted and emerging themes were identified.

- As part of the coding process, data was placed into categories and correlations were identified. Then the different tones, opinions and impressions of participants in each survey were identified.

Data Display

After analyzing and coding the interview data, in this section, we will show the data collected in the interview and survey research instruments.

Interview Data

This section starts with the definition of disability which includes disability at a personal and practical level.

Disability at a personal level. The purpose of this question was to give participants a chance to express what does disability mean to them. Each participant was asked to give one

word that represents their personal definition of disability. Each participant had a different definition of disability based on their experiences and journey with disability. There are five themes of personal definitions: challenge, motivation, pain, spirituality and loss of ability.

      Disability as a challenge. Six participants defined disability as a challenge to themselves and each participant expanded on these challenges from personal experience. Participant #1A defined disability as a challenge that leads to trust, strength, beauty and love. #7R, in contrast, synonymized disability with strength and ambition. Participant #9B, on the other hand, believes that disability does not exist in the world and the best description for a person with a physical impairment is the word *challenge*. Participant #10Y sees disability as a challenging journey that teaches patience and helps in gaining experiences, #10Y affirms that disability develops the disabled through struggles that could be tackled with science and medicine. Participants #12W and #13O agreed that disability empowers them through challenge and motivation.

      Disability as motivation. The second theme that surfaced through the interviews was motivation. Three participants believed disability is a driver of motivation. Participant #4D defined disability as a group of big dreams and ambitious that motivate their life while #5S sees disability as motivation for perseverance and patience. Participant #8M defined disability as a strong internal energy that motivates the disabled and those around them.

      Disability as a spiritual experience. The spiritual and emotional impact of disability emerged as a theme with four participants. Participant #2H described disability as their childhood friend, where their disability was an equal participant in their life, pain and dreams. The personal view of disability that #6Z used was suffering and pain, but this pain–in their opinion–is a blessing and a test from God. Which is the same sentiment expressed by participant

#14K. The emotional impact of experiencing disability was expressed by participant #11N when they took a deep breath and said with a teary voice: "disability is pain and hurt."

Disability as an impairment. The last personal theme was impairment and had only one participant. #3R sees disability as the inability of doing or reaching something.

Disability at a practical level. In this section, participants were asked to define disability from a more practical and social lens as opposed to a personal one. The purpose of this was to measure how the knowledge, experiences and education of each participant shape the way they view disability. Furthermore, it shows how comfortable the participants are in talking about their disability. Participants agreed that disability should be labeled in one of two ways: as an *impediment* or *the lack of bodily functions*.

Impediment. Eight participants: #1A, #3R, #6Z, #7R, #8M, #10Y, #11N and #14K agreed to define disability as an impediment that prevents a person from accomplishing or reaching a goal.

Lack of bodily function. On the other hand, six participants: #2H, #4D #6Z, #9B, #12W and #13O viewed disability as the lack of bodily function due to one or more body parts not functioning as expected.

Proper Terminology for Disability. Interview participants were asked about the correct and the best term to refer to people with physical disabilities in Saudi Arabia. Each participant answered based on their personal preference of what others should call a person with disabilities. This question was asked to obtain the different opinions people hold concerning the correct term to use for people with disabilities. Due to the sensitivity of this topic in general and in Saudi society specifically, a wide variety of opinions was expected. Most interviewees preferred to use

the terms: *disabled, people with disabilities* or *people with special needs*. However, some participants provided other customized expressions.

Disabled. #1A, #3R and #11N preferred to use the word *disabled*. It is worth mentioning that participant #11N described the word *disabled* as the best and most respectful term to refer to disability. Furthermore, #11N says that *disabled* maintains the dignity of people with physical disabilities by describing their needs and differentness.

People with disabilities or special needs. On the other hand, 5 participants preferred the use of *people with disabilities*. Namely, #2H, #4D, #5S #10Y and #13O. Participant #2H does not like the word *disabled* and believes it is a wrong and bad word to describe disability. Participant #10Y sees the term *people with disabilities* is the correct expression because it is what the UN Convention on the Rights of Persons with Disabilities used to define disability. Participant #13O expressed that they disagree with labeling, but if a term must be used, then it should be *people with disabilities*.

Additionally, two other participants agreed with the use of *people with special needs* because they are people who need and have special needs.

Customized expressions. A select group of interviewees was adamant about using terminology that does not refer to disability, but rather the struggle, motivation or personal experience of the disabled. #6Z, for example, uses *people of determination* which is the official term adapted by the United Arab Emirates (Government.ae, 2017). Participant #9B preferred *people with special challenges* and #7R appreciates the use of *people with strong-wills and ambitions*. The last participant, #14K, does not care what others call or describe people with disabilities as long as they treat the disabled with respect and equality.

The biggest challenges facing people with disabilities in Saudi Arabia. In this section of the interview, participants were asked about the biggest challenges that face them as people with physical disabilities in Saudi Arabia. They were also asked to identify the main cause of these challenges. Each participant gave at least two challenges most of which went under the following categories: inaccessible environments, judgmental society, family and self-image, health care services, laws and regulations.

Inaccessible environments. Ten participants brought up inaccessible environments and specifically inaccessible infrastructure such as educational environments as their first challenge. Participant #1A, #2H, #3R, and #8M focused on the inability to navigate school and university buildings, and how hard it is to find accessible public transportation. Participant #4D was more concerned about the unavailability of public bathrooms and complained about the lack of accessible bathrooms in public facilities. #4D particularly noted the disrespect and disregard of some people when they use the disabled bathroom stalls without caring for the needs of the disabled. Participant #5S complained about inaccessible Mosques that do not have ramps to allow people with disabilities to enter for prayers. Participant #5S were saddened and disconcerted that they never prayed in the Mosque nearest to their home because it has no ramps. Participant #6Z called the accessibility of public facilities in Saudi Arabia a *disaster*. Participant #7R sees the lack of accessible sidewalks and buildings an obstacle preventing people with disabilities from having a social life. Participant #7R sadly noted that many buildings have an entrance with only two or three stair steps and no ramps. These few steps illustrate the little thought given to people with disabilities in the design and construction of buildings. "People do not care or know how much those stairs impact the disabled" (Participant #7R, personal communication, August 24, 2017).

Judgmental society. 78.50% of participants talked about a judgmental society which disrespects the needs and rights of people with physical disabilities. #2H, #4D, #6Z#, 8M, #10Y and #12W believe that the bad treatment people with disabilities receive stems from the fact that people in society lack awareness of the needs and rights of people with disabilities. On the other hand, participant #9B sees that many people who look down at the abilities of people with disabilities, inadvertently, limit their work and educational opportunities. Participant #9B added that many people take advantage of the disabled by using their disability as a tool for fame and fortune. Participant #14K noted that the aggressive and judgmental society makes a disabled person depressed and unhappy. At the same time, participant #6Z described the disrespectful behavior against the disabled as *insulting* to the disabled as a person and as a human.

Family and the disabled self-image. People do not respect the rights of the disabled because the laws protecting the rights of people with disabilities are not enforced, participant #7R affirmed. Participant #13O believes the disabled themselves are responsible for creating a wrong and inappropriate image for disability that forces people to treat the disabled with judgment and prejudice. Participant #11N agreed as well to holding the disabled accountable for the negative perception society holds for them which is a result of the way people with disabilities present themselves in society especially when they lack confidence and knowledge of their rights. On the other hand, participants #3R and #4D see that the social view sometimes impact the families of the disabled who feel ashamed of their disabled family member.

Health care services. Six participants saw health care and rehabilitation services as a big challenge for people with disabilities in Saudi Arabia. Participant #1A mentioned that many people with disabilities in Saudi Arabia do not have and cannot afford medical health insurance. Participant #2H complained about the lack of rehabilitation centers with experience in physical

disabilities and the few available ones are unaffordable. Participant #6Z continually suffers from bad treatment in health care facilities, especially in public hospitals where they could wait for many hours in the emergency room putting their life and health in jeopardy. Participant #6Z complained as well about the unaffordability of health care services and mentioned that the monthly government support stipend is not enough to cover the cost of doctor visits. Participants #8M and #11N shared the opinion that rehabilitation centers do not have enough knowledge and experience in the field of disability to benefit or provide a measurable impact on the situation of people with disabilities. Participant #14K explained that unaffordable medical services make it impossible for a person with physical disabilities to be independent and forces the disabled to always be in need of others.

Laws and regulations. It is the opinion of two participants #5S and #7R that lack of enforcement of the laws governing the rights of people with disabilities is the primary source for challenges facing people with disabilities today. It is worth mentioning that all participants recognize that Saudi Arabia has clear constitutional and legal rights for people with disabilities. However, these laws and regulations are neither applied nor enforced. Participants #2H, #4D, #5S and #6Z described the regulations affecting the disabled as "ink on paper." Participant #3R stressed the fact that the absence of enforcement of the laws and regulations protecting the rights of people with disabilities is a direct cause for society disrespecting the rights of the disabled. Participant #5S described inaction toward the enforcement of these laws as *irresponsible*. Participants #2H and #4D pointed out that the cost, for example, of a disabled parking violation is so affordable and rarely enforced, that non-disabled people do not hesitate in using the parking. Participant #4D continued to say that the violating vehicle will not be ticketed unless a

disabled person calls the police with the car details and insists on violating the vehicle which may require multiple calls.

People with the biggest impact on the disabled. In this section, participants were asked about the people with most positive and negative impact on their life and disability.

Positive impact. Almost every person with a disability had an individual who played a significant role in their disability early in their childhood, then other sincere people who helped later in their lives and helped in shaping their future. Based on the interviews positive roles can be categorized into primary and secondary.

Individuals providing a *primary* positive role

- *Mothers*. Participants #1A #2H, #6Z, #7R, #9B, #10Y and #14K singled out their mothers as the person with most positive impact on their disability and in shaping their future.

- *Family*. Four participants (#1A, #3R, #5S, #7R) saw their parents and families as the main provider of help and support. Participant #13O gave the father as the person who impacted them the most and provided them with complete support, love and assistance. Participants #6Z #14K mentioned the support and love of their siblings got them through their challenges with disability.

- *Self-Support*. Participants #4D and #12W did not find anyone who impacted their life in a way that warrants a discussion. They mainly credited self-support and personal motivation.

Individuals providing a *secondary* positive role:

- *Friends*. Two participants mentioned that their *friends* had a role in supporting them with their disability. #3R and #10Y credited their love and emotional

support. Participant #3R emphasized that friends allow them to live a normal and enjoyable life. Participant #3R gave an example where their friends take them on multi-day camping trips.

- *Wives*. Moreover, two participants credited their *wives* for having a primary role in supporting them and providing them with a normal life. These are #7R, and #10Y. Participant #7R spoke about his wife with an abundance of love, respect and, appreciation. He described her as the women who gave him love, life and kids. Marriage, as described by #7R was a transitional point in their life.

Negative impact. Given the way disability is treated in Saudi Arabian society, we expected to find people who posed a negative impact on the lives of people with physical disabilities.

- *No One*. Participants #1A and #13O did not find anyone with a negative impact on their lives. Participant #1A believes that people have no power to impact the life of the disabled because: "all humans are disabled in one way or another," explaining that all humans are equals and everyone disabled or not is missing something in their life. Participant #13O was very adamant that no one should be allowed to have a negative impact on their life because of disability.

- *Husbands*. Participants #2H and 14K saw their husbands as the individuals with the most negative impact on their lives. Participant #2H believed that marriage limited her dreams and imprisoned her because of her disability. She added that after divorce, her life changed completely and she had the freedom to follow her dreams.

- *Fathers*. Participant #3R and #4D found their *fathers* to have some negative impact on their lives. Participant #4D mentioned that their father used to prevent them from leaving home to visit friends and family citing kids causing noise and crowding homes as an excuse, although the real reason was that their father was ashamed of showing his disabled kids in social events. Participant #4D did note that after growing up, their father changed and became very supportive. Participant #3R's father used to put a great deal of social and cultural pressure on them due to disability, for example, feeling ashamed when taking their disabled child to social events.

- *Social judgment*. Five participants saw the way society judges people with disabilities greatly impacts the current and future lives of people with disabilities. This was the collective view of #5S, #6Z, #9B, #10Y and #14K. Participant #9B complained that this unfair and unfounded view of people with disabilities allows society to discriminate against people with disabilities especially in the employment field. Participants #10Y and #5S believe that many people impact disabled in a negative way unintentionally due to their lack of knowledge on the topics of disability, disability rights and regulations.

Solutions for the challenges facing people with disabilities. In this part of the interview, participants were asked about possible solutions for challenges facing people with physical disabilities in Saudi Arabia and the time it will take to apply these changes. It was clear during interviews that all participants were engaged and full of ideas and hope for the future. Each participant gave at least two recommendations to improve the future and the situation of people with physical disabilities in Saudi Arabia. The themes are: increasing public awareness,

increase awareness in people with disabilities, implement and enforce exciting disability laws, create an executive authority within the government for people with disabilities, develop a disabled-friendly environment and creating affordable disability services.

Increase public awareness. 50% of the participants noted that increasing public awareness of the abilities of people with disabilities and their rights is essential. These participants are: #1A, #2H, #6Z, #7R, #8M, #12W and #13O. Participant #1A suggested that this could be achieved by increasing public *responsibility* and allowing the public to see first-hand the life of the disabled, for example, allowing society members to try to live like a person with physical disabilities for a day. Participant #8M recommended increasing public awareness by integrating children with physical disabilities into schools starting from elementary school. #8M also recommended the use of smartphone-based apps and educational tools to increase public awareness.

Increase awareness in people with disabilities. Some participants emphasized the importance of increasing awareness in people with disabilities and educate them about their abilities and build their self-esteem and confidence. These participants are #2H, #3R, #11N and #14K. Participant #2H point out the importance of teaching people with disabilities to have self-responsibility, a sense of self-worth so they ask for their rights and let other members of society know that people with disabilities matter even with simple actions like hashtags on social media. Participant #3R affirmed that the responsibility lies on the shoulders of the disabled to change their lives and to believe that it is possible if they tried hard enough. Participant #11N asked families of people with disabilities to enhance the confidence of their disabled family member and empower them to accept their disability and overcome any challenges that may come in the way.

Implement and enforce existing disability laws and regulations. Participants #4D, #5S, #6Z and #7R called for enforcing the existing disability laws and regulations and allow people with disabilities to take their right and place in society with respect and dignity. Participants #4D and #6Z called for imposing harsh regulatory punishments for noncompliance with laws and regulations concerning people with disabilities. Strict enforcement of these laws and regulations, such as parking violations, will assist a great deal in ensuring rights for people with disabilities.

Create an executive authority for people with disabilities. Six Participants recommend the creation of a new governmental executive authority that is exclusively concerned with regulating and enforcing the rights of people with disabilities in Saudi Arabia. Furthermore, allow people with disabilities to be a key component of this organization. This was affirmed by #2H, #5S, #6Z, #8M, #10Y and #11N. Participant #5S professed that the main issue with most charities and organizations concerned with people with disabilities is that its leadership lacks any disabled members resulting in support and services that do not touch the core of the problem facing the disabled.

Develop a disabled-friendly environment. Participants #2H, #4D, #7R and #8M emphasized the importance of fixing and developing public facilities to become disabled friendly.

Create affordable disability services. Three participants recommended developing effective and affordable services for people with disabilities. These services include rehabilitation, medical and transportation services. These participants were: #2H, #4D and #6Z. Participant #2H noted that it is important for these facilities to reduce overhead to allow people with disabilities to get their services easily and with dignity. Participant #6Z points out that these services need to have qualified professionals and cater to people with disabilities specifically.

They also suggested providing psychological rehabilitation that empowers and help people with disabilities in accepting and living with their disability.

   Expected time for change. Participants were asked in this section about the time it will take - in their opinion - to implement their recommendations and see changes in Saudi Arabia for people with disabilities. Almost all of the 14 participants believed change would take a very long time. Five participants insisted that change is only possible if–and only if–the change was organized and involved people with disabilities in every step of the process from leadership and planning to implementation; otherwise, change will never happen.

   Change will take a long time. Participant #1A sees that change will take a very long time because it requires the disabled to accept their disability, be more involved in their society and demand their rights. Participant #6Z agreed that change would take many years because it is hard to change society without strict laws and regulations to protect people with disabilities. Participant #10Y believes change would take around 20 years if society followed an organized plan and enforced the applicable laws; otherwise no change will ever happen. Participant #11N, on the other hand, believes change needs around 10 years or so because nowadays people with disabilities and their families are becoming more involved in society and have further reach to raise their problems and needs through social media. Furthermore, Participants #5S, #13O and #14K believe it is hard to tell how long change will take.

   Change is possible with conditions. Participant #2H agreed as well that change would take a long time because of inaccessible infrastructure and environments. However, it could be easier if the change was phased-in city by city especially in metropolitan areas in Saudi. Additionally, participant #3R sees change happening if the government put in place a clear and organized plan that utilized the advice and expertise of specialists from developed countries that

went through this process already. Participant #4D believes change could take only a year if the law was enforced and people followed it. Participant #7R thinks that quick change is possible if a clear plan that addressed the problems and needs expressed by people with disabilities one by one. Participant #8M sees that change can materialize within eight years with a clear plan and collaboration.

Survey Data

Appendix A shows the survey for people with disabilities. Figures 2 - 46 illustrate the results for this survey. The survey for the non-disabled is in Appendix B and the data is shown in Figures 47 - 58.

Survey for people with disabilities – Section 1 (Personal and demographic information): Graphs.
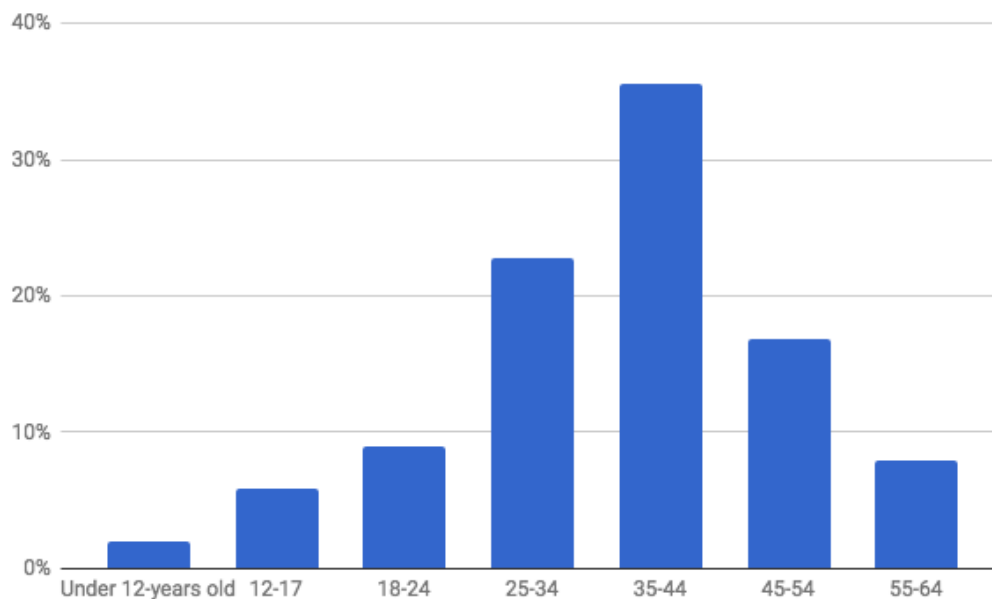
Figure 2. Question (1) What is your age?
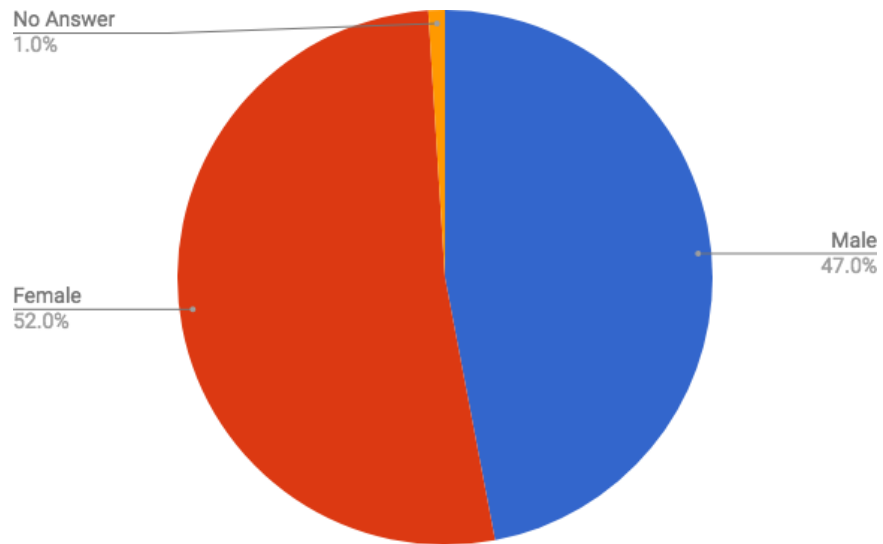
Figure 3. Question (2) What is you gender?
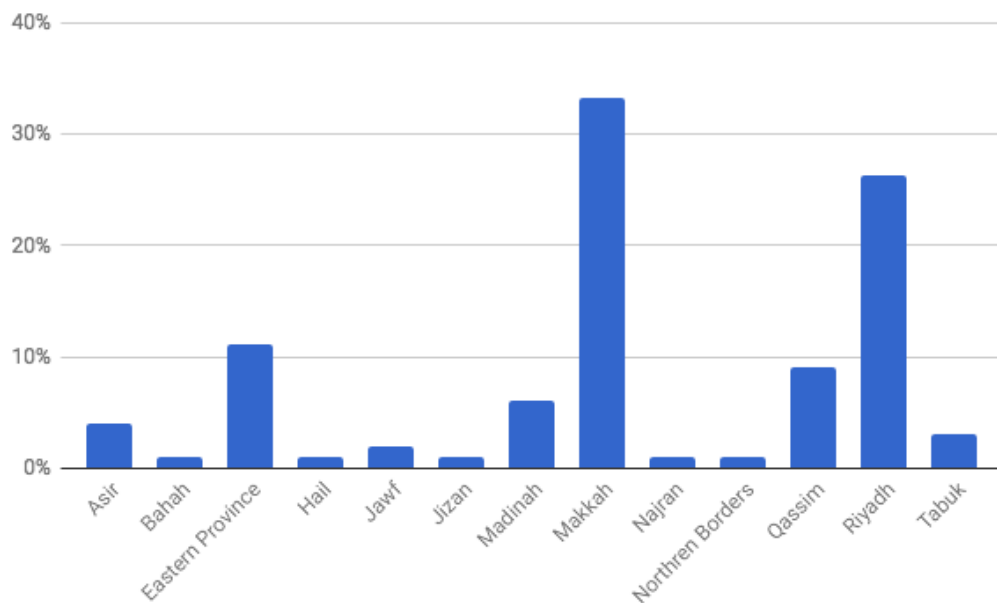
Figure 4. Question (3) Which region of Saudi Arabia do you live in?
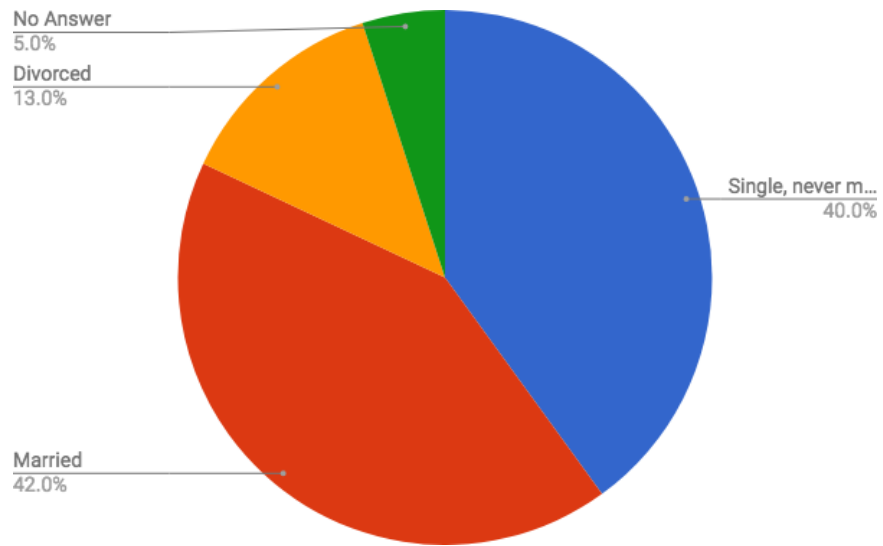
Figure 5. Question (4) What is your marital status?
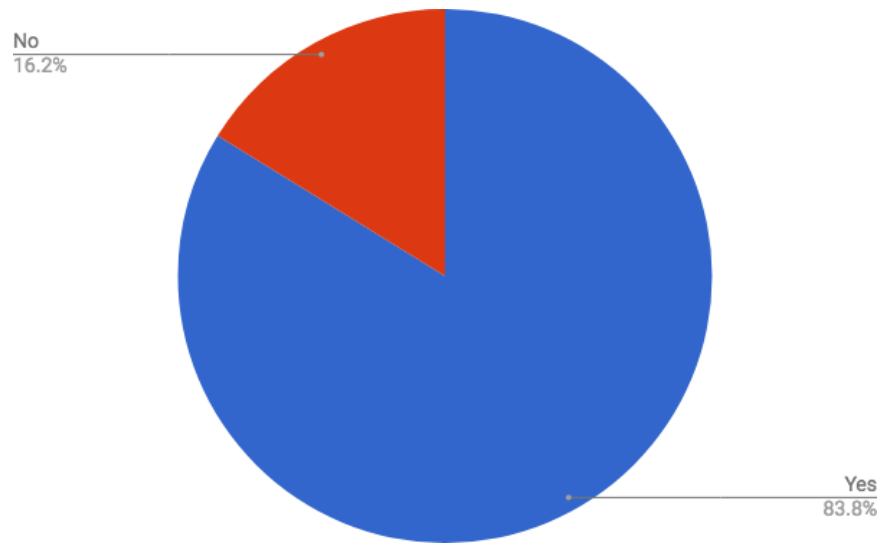
Figure 6. Question (5) Do you consider yourself disabled?
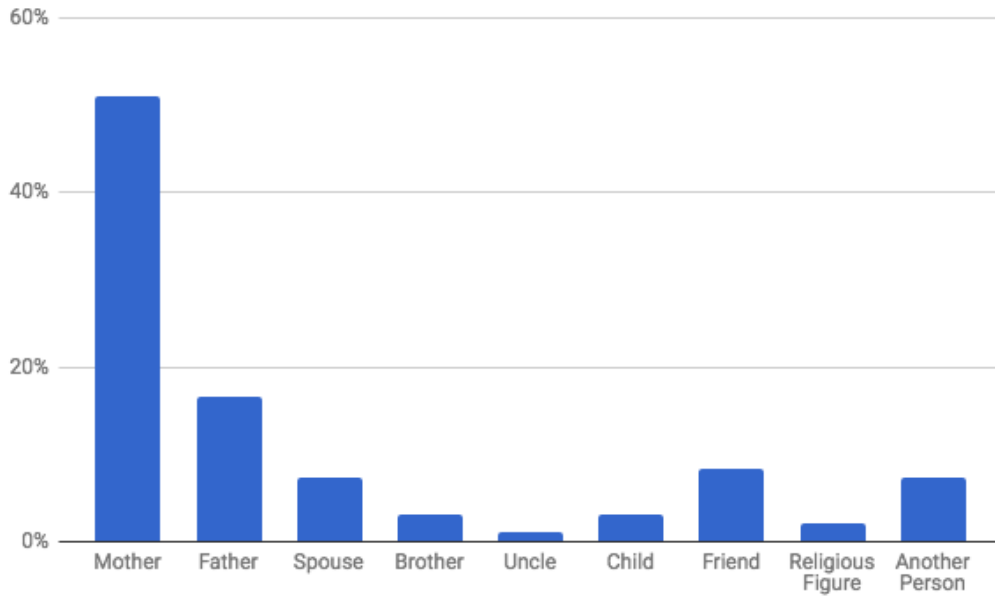
Figure 7. Question (6) Who has the most positive influence on your personal life?
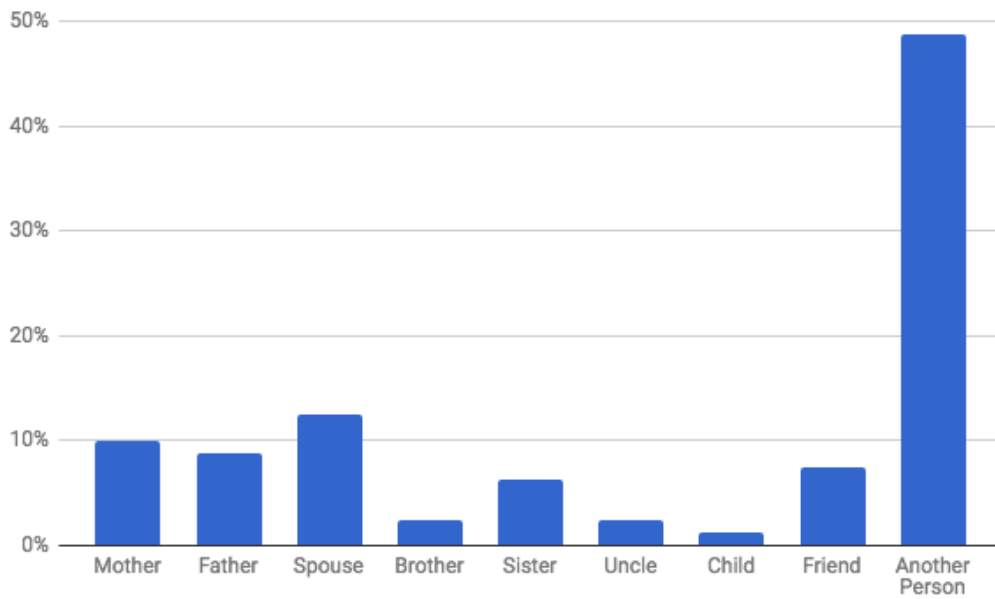
Figure 8. Question (7) Who has the most negative influence on your personal life?
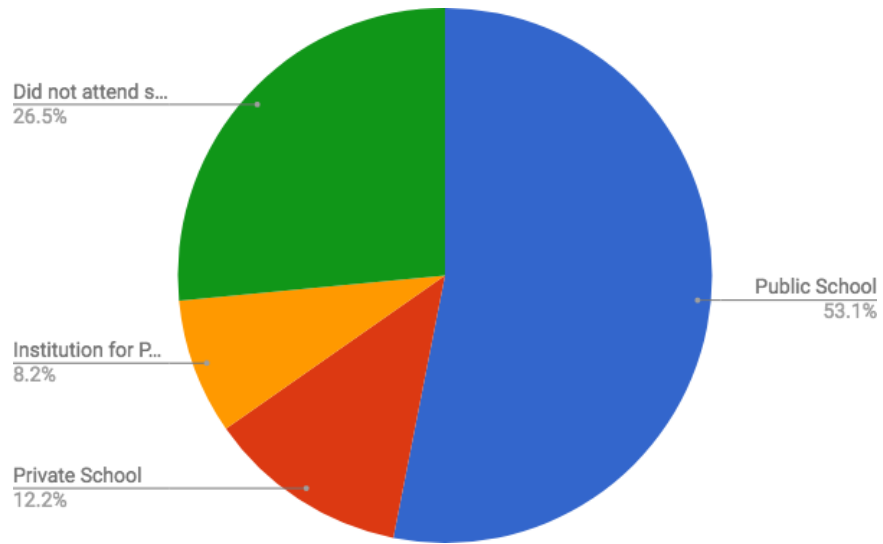
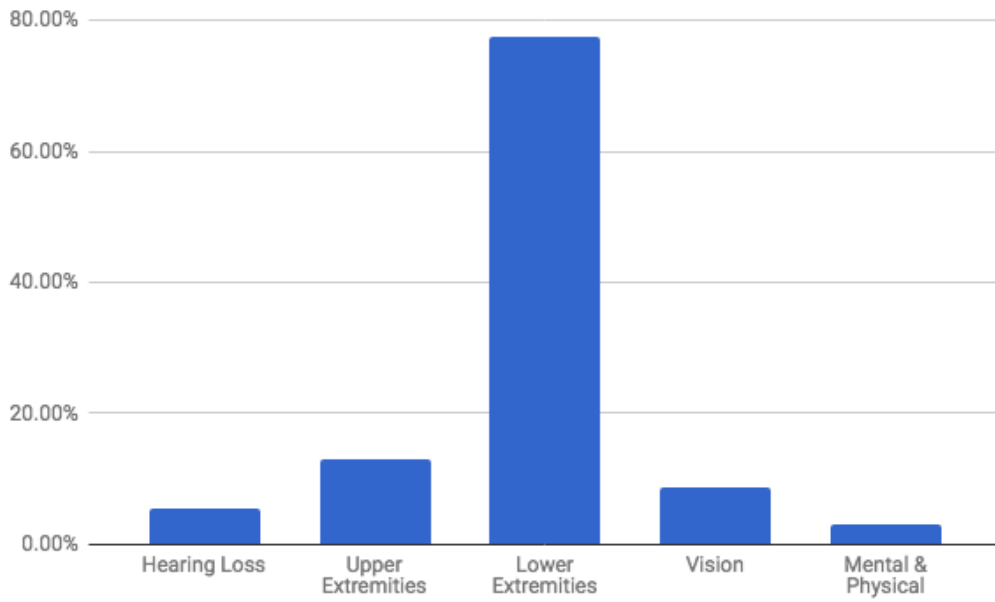*Figure 9.* Question (8) Which type of school did you go to for your primary education?

Figure 10. Question (10) What type of physical disability do you have?
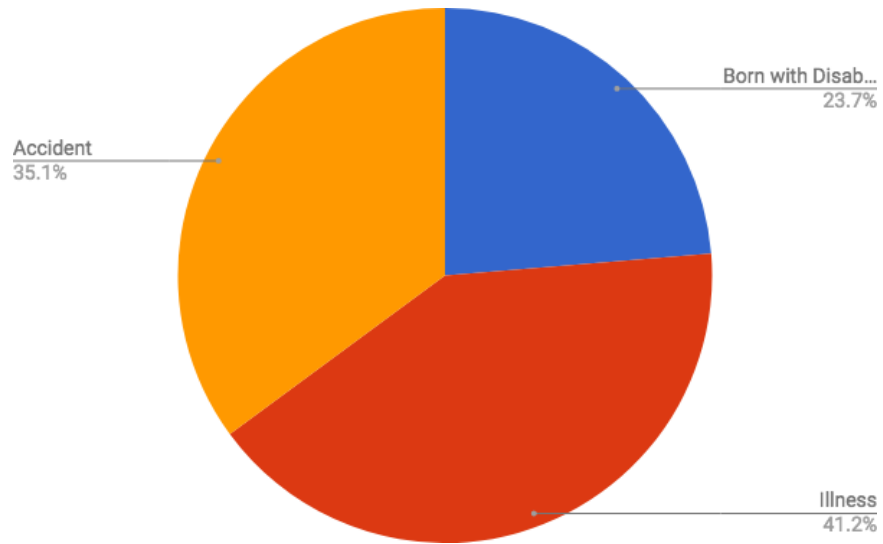
Figure 11. Question (11) How did you become disabled?
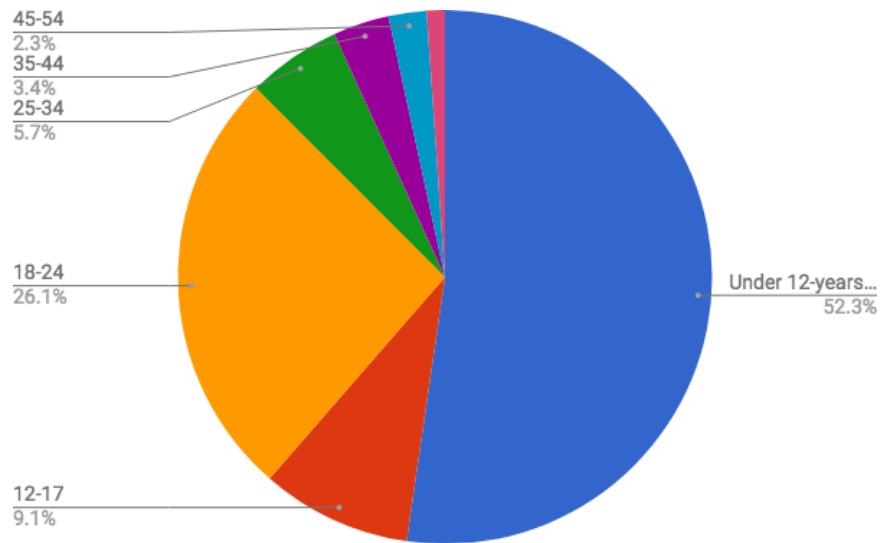
Figure 12. Question (12) When did you become disabled?

Survey for people with disabilities – Section 2 (Home, healthcare, and activity):

Graphs.
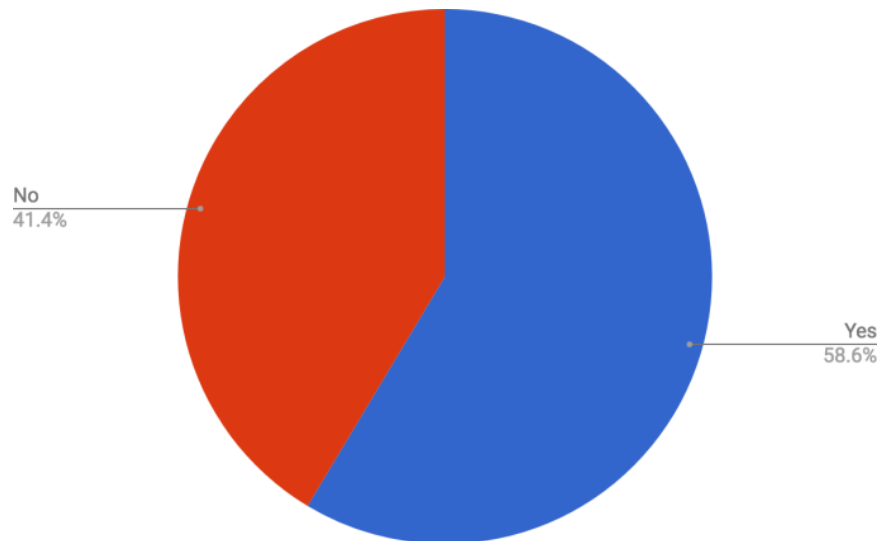
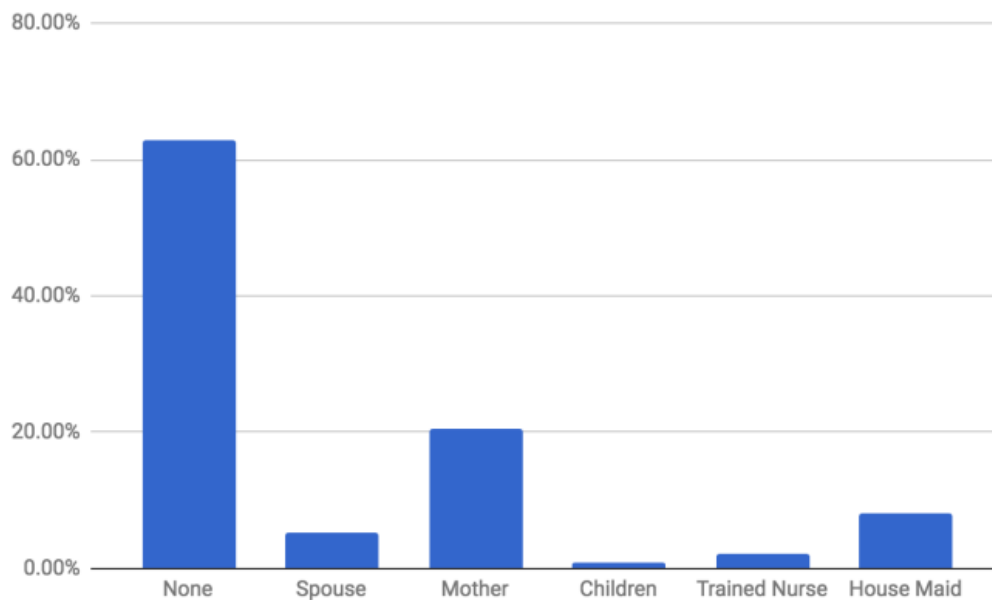*Figure 13.* Question (1) Do you have responsibilities in your household?

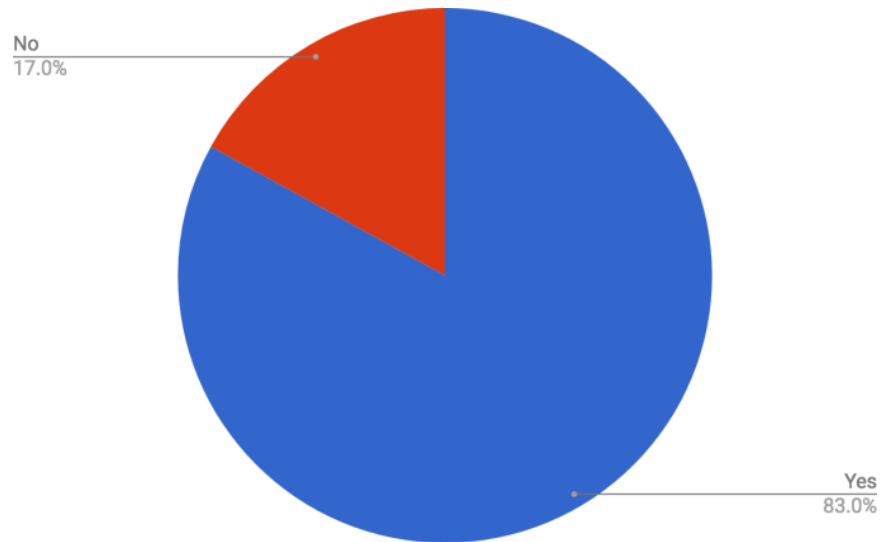*Figure 14.* Question (2) Who is your primary caregiver or assistant?

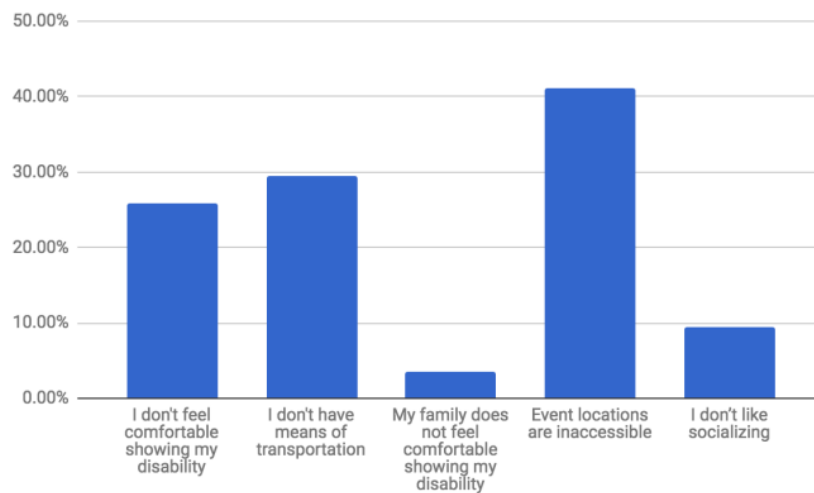*Figure 15.* Question (4) Do you participate in social activities?

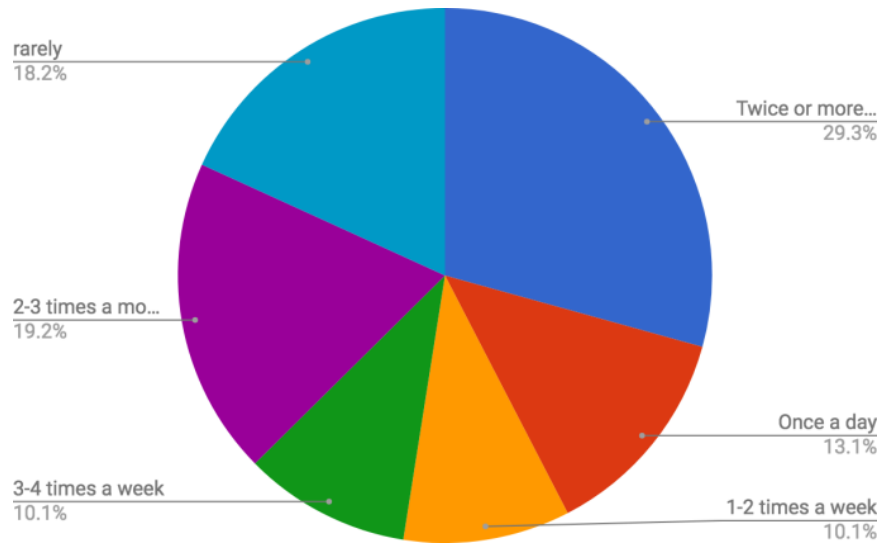*Figure 16.* Question (5) Why would you avoid social activities?
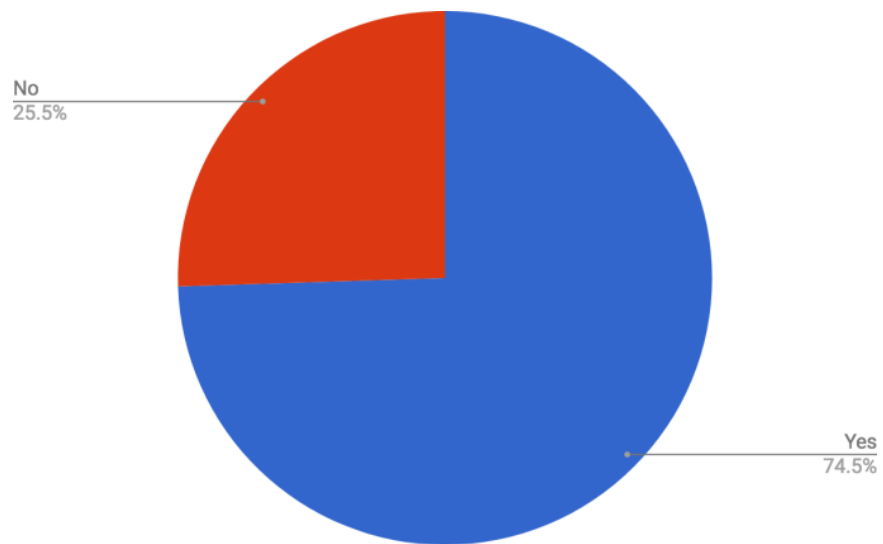
Figure 17. Question (6) How often do you leave home?

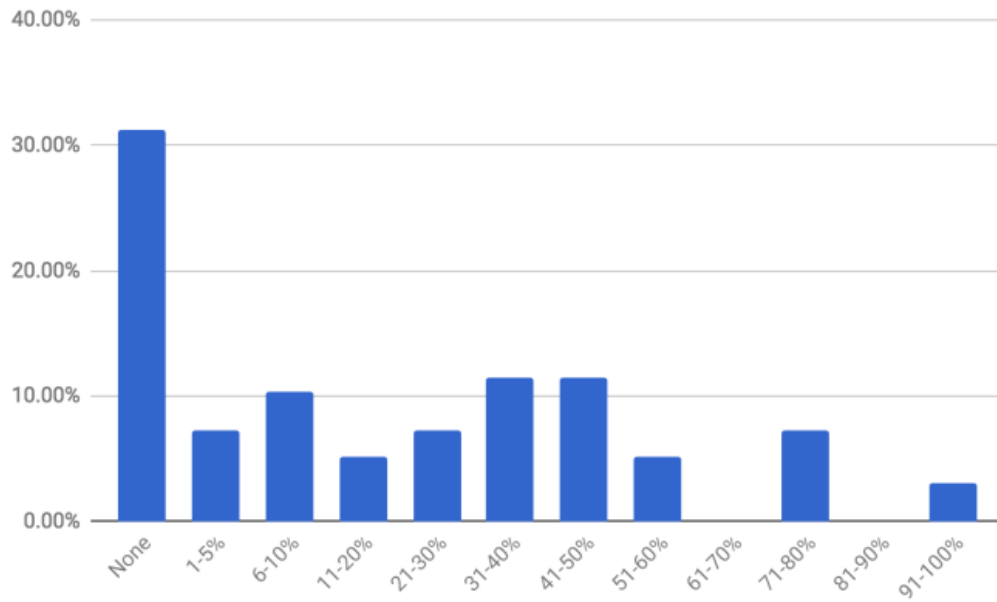*Figure 18.* Question (7) Do you have health insurance?

Figure 19. Question (8) What percentage of your budget is spent on healthcare?
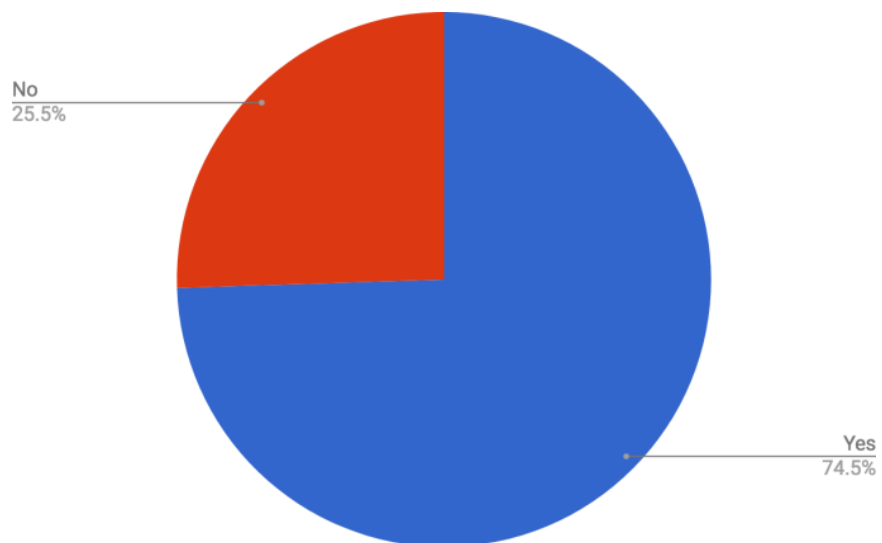

Figure 20. Question (9) Do you have debt due to healthcare costs?

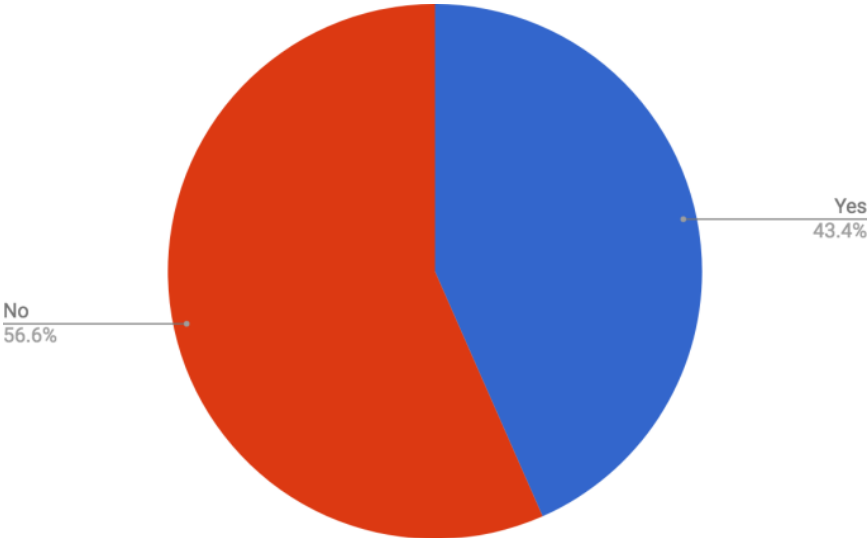*Figure 21.* Question (10) Did you travel aboard for medical treatment?
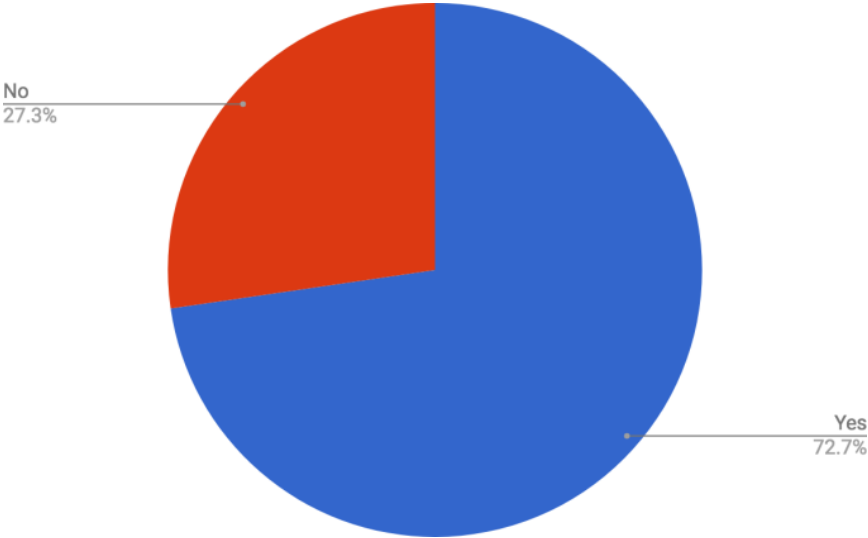
Figure 22. Question (11) Do you have reliable access to a car?
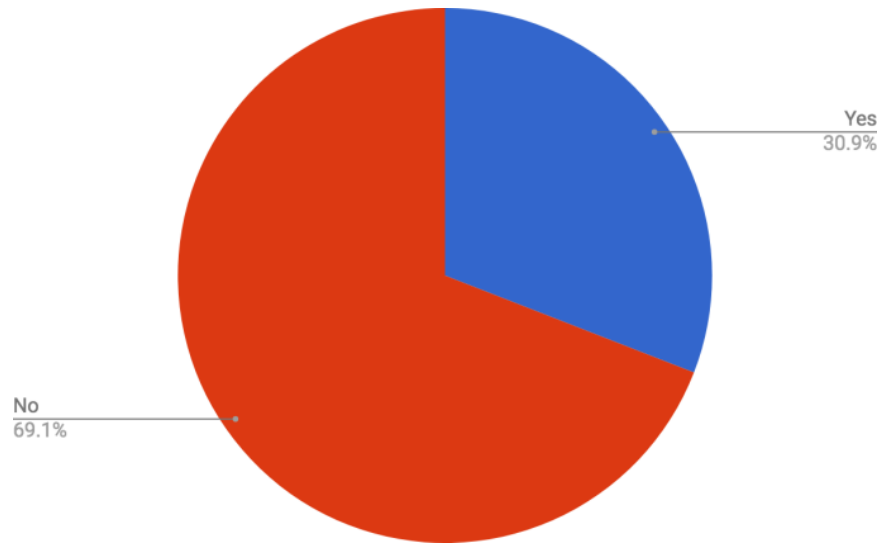
Figure 23. Question (12) Was your car modified?
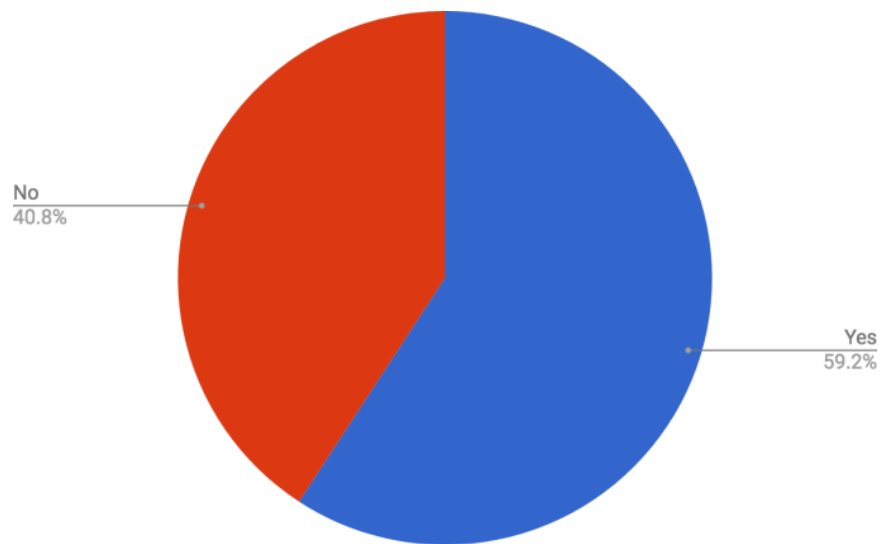
Figure 24. Question (13) Do you use a disabled parking permit?
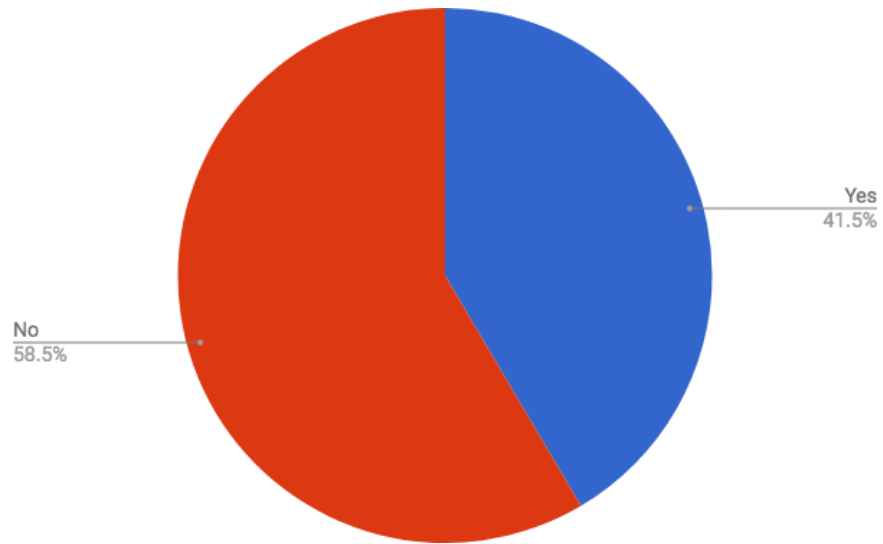
Figure 25. Question (14) Do you have access to disabled parking?
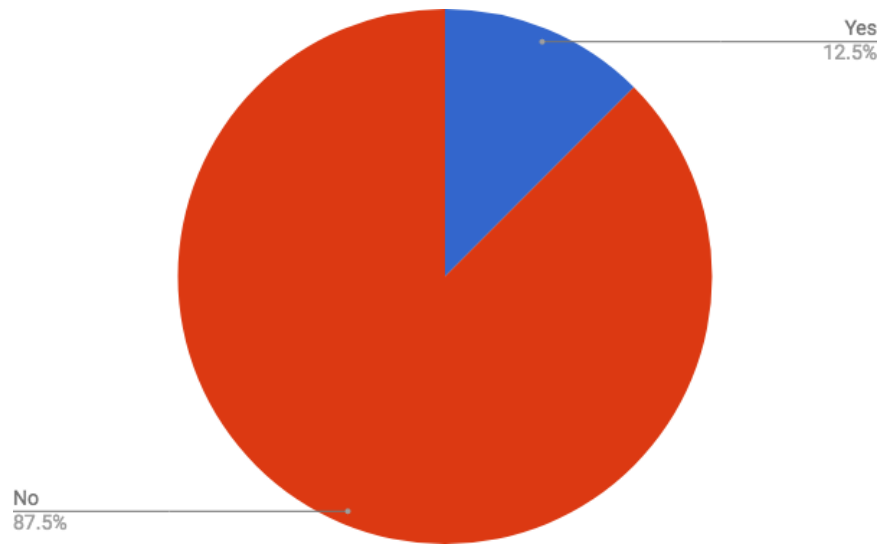
Figure 26. Question (15) Is disabled parking always used by people with disabilities?
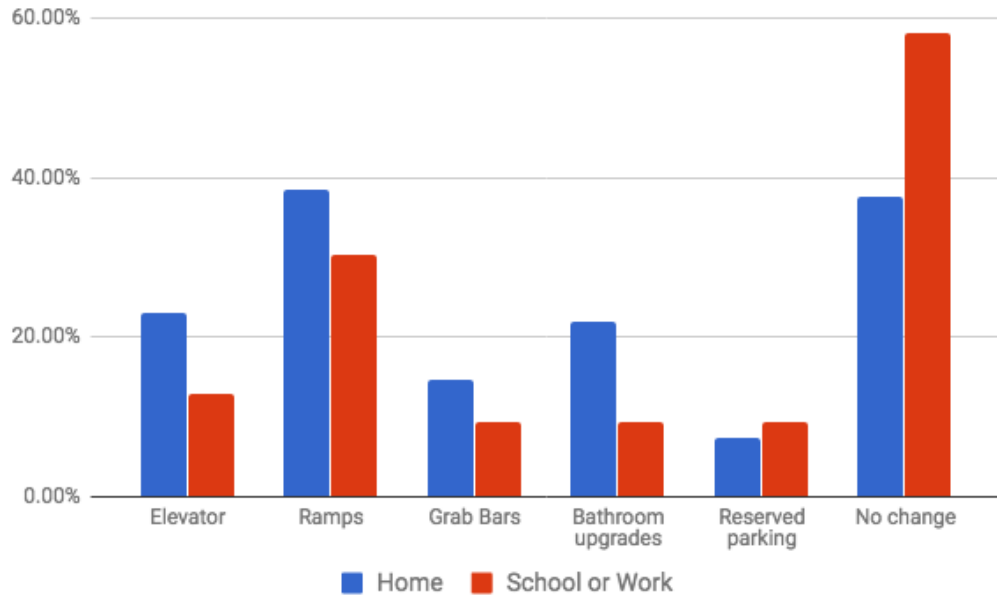
Figure 27. Questions (17) Has your home or work been modified for disability?

Survey for people with disabilities – Section 3 (Discrimination and emotional state): Graphs.
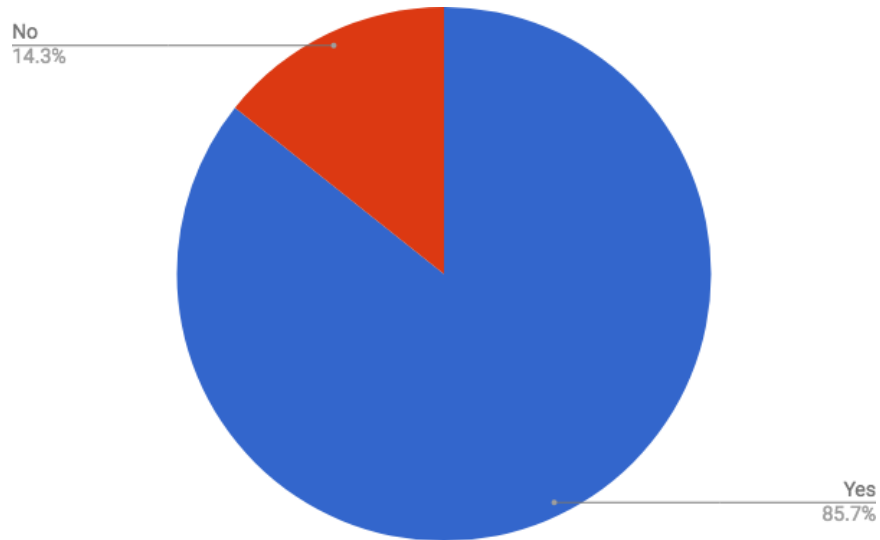
Figure 28. Question (1) Are you open to people asking you about your disability?
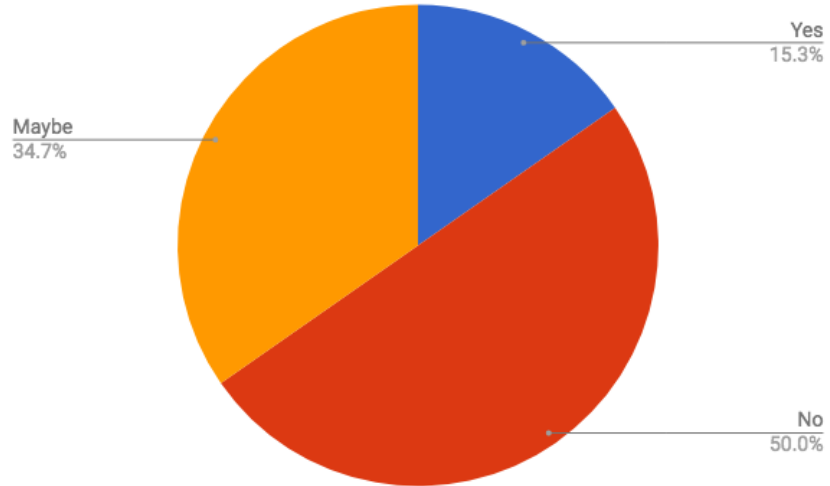
Figure 29. Question (2) Do you feel people exploit you due to your disability?
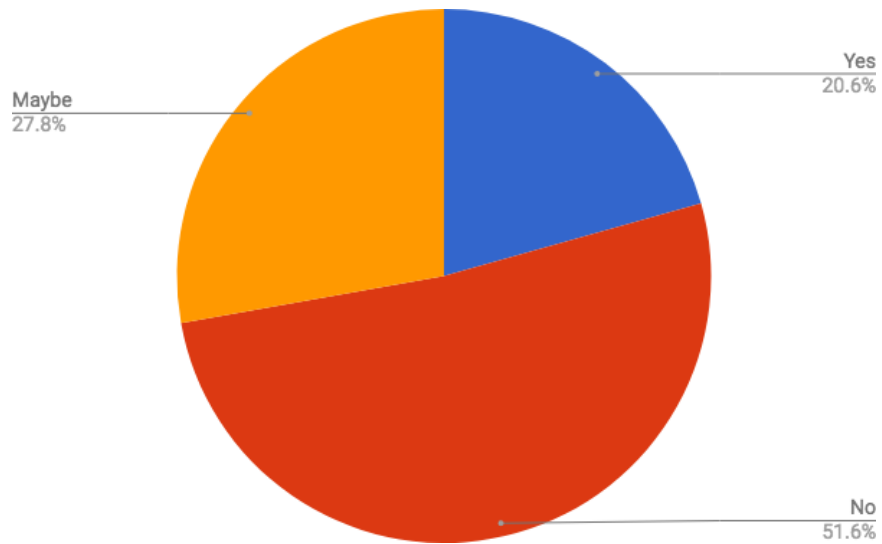
Figure 30. Question (3) Do you mind if people assist you due to your disability?
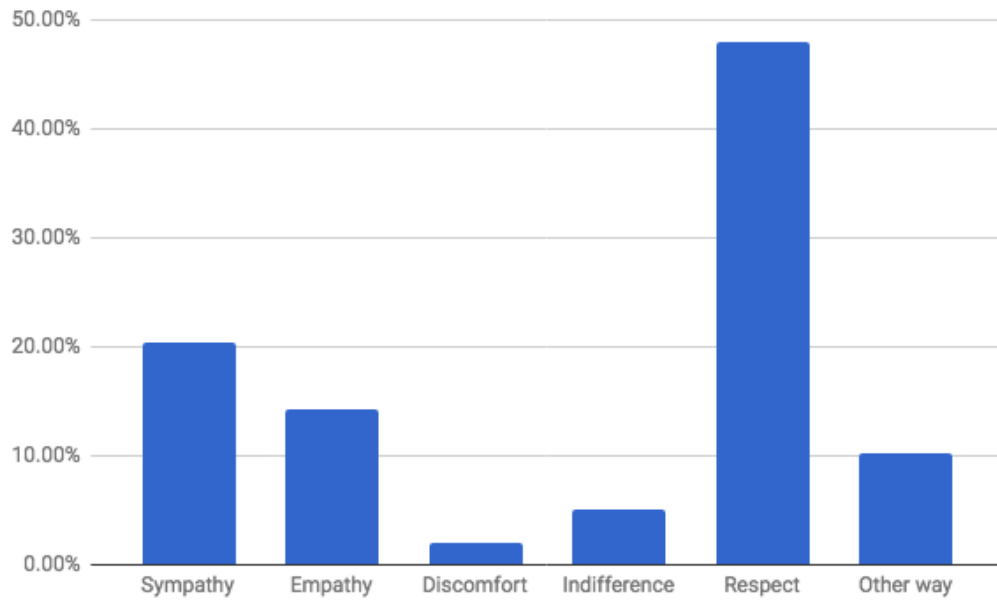
Figure 31. Question (4) How do you see the people in public see you?
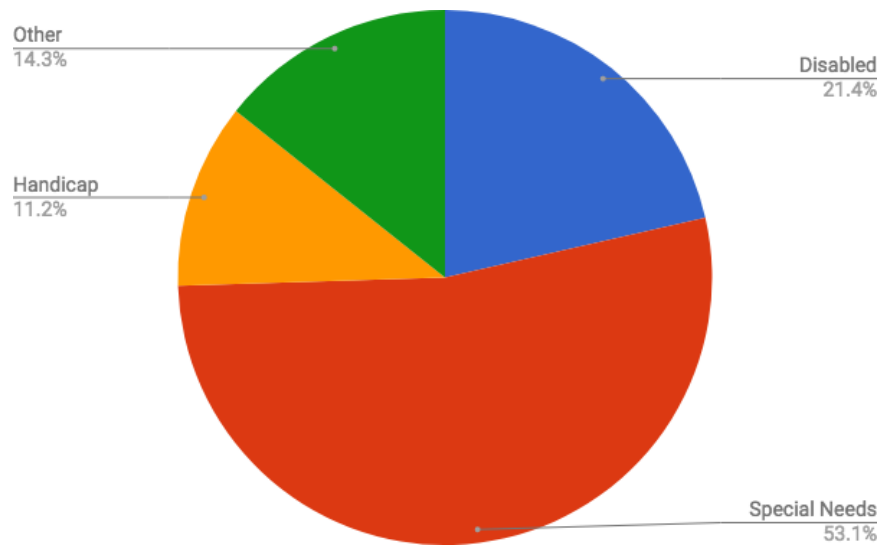
Figure 32. Question (5) What do you prefer people to refer to your situation as?
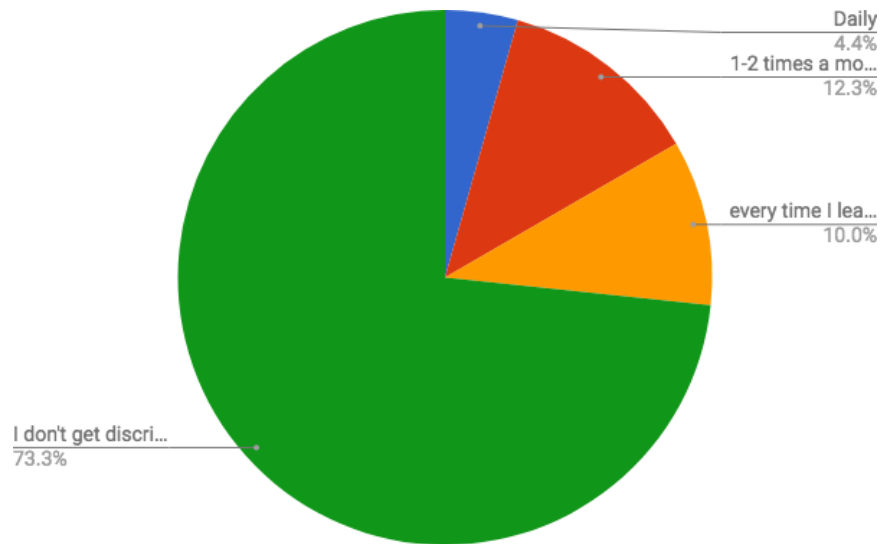
Figure 33. Question (6) How often do you face discrimination due to your disability?
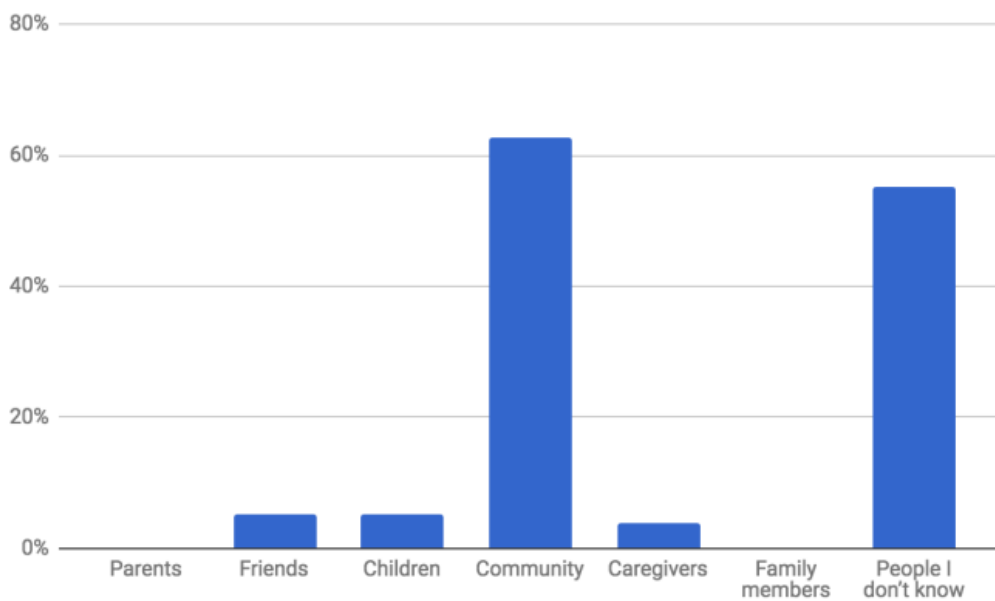
Figure 34. Question (7) Who do you face discrimination from?
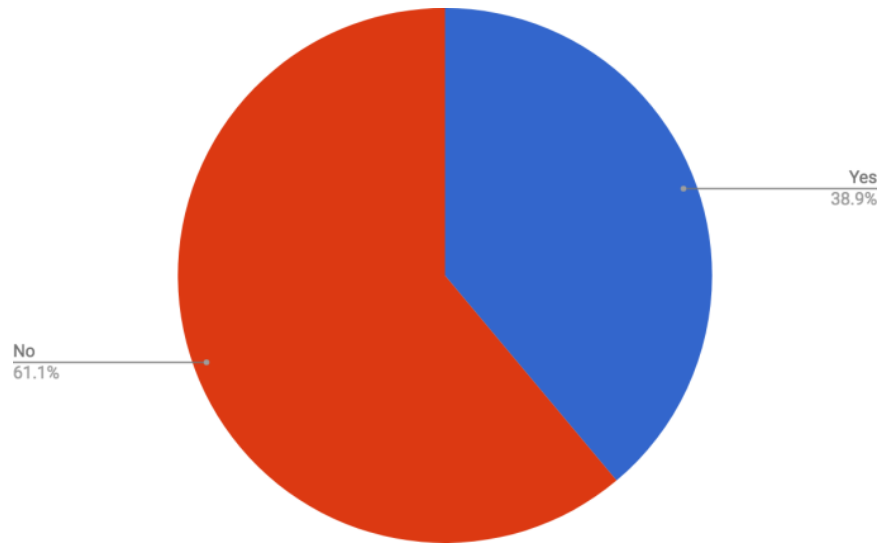
Figure 35. Question (8) Do you report this discrimination or talk about it?
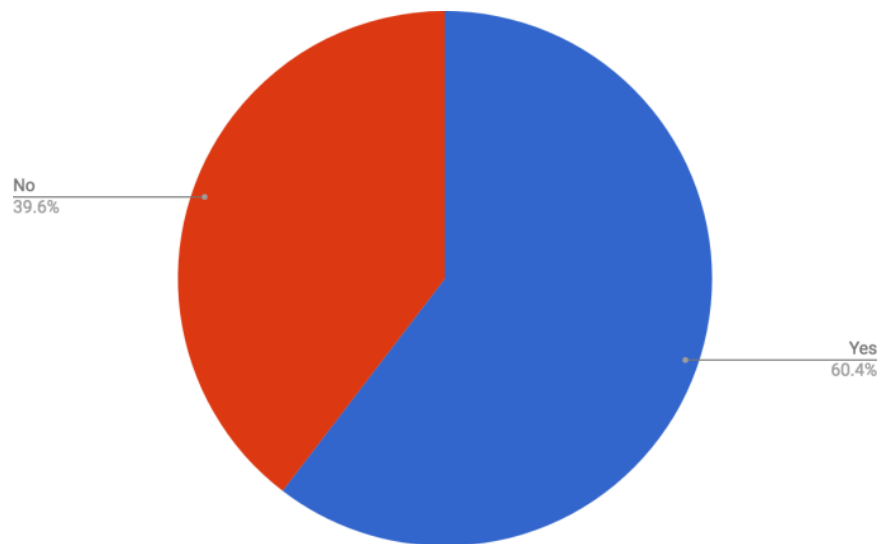
Figure 36. Question (9) Do you avoid situations where you will be discriminated against?

Survey for people with disabilities – Section 4 (Employment, support, and financial status): Graphs.
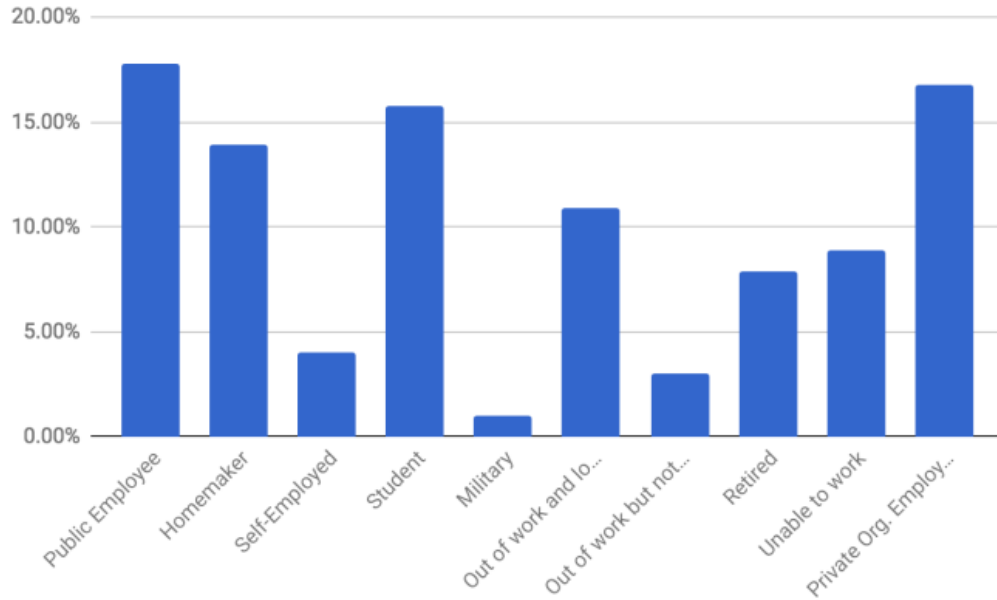
Figure 37. Question (1) What is your current employment status?
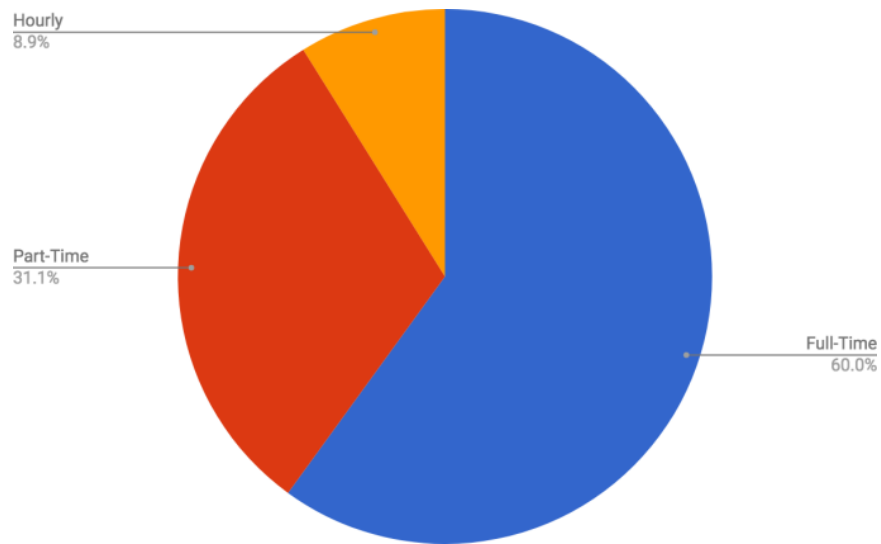
Figure 38. Question (2) What is your work schedule like?
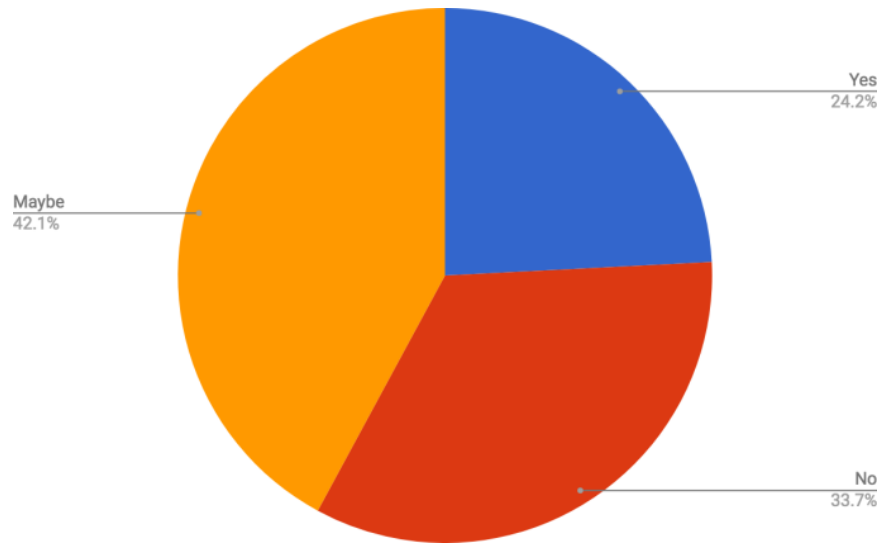
Figure 39. Question (3) Is there pay equality between the disabled and non-disabled?
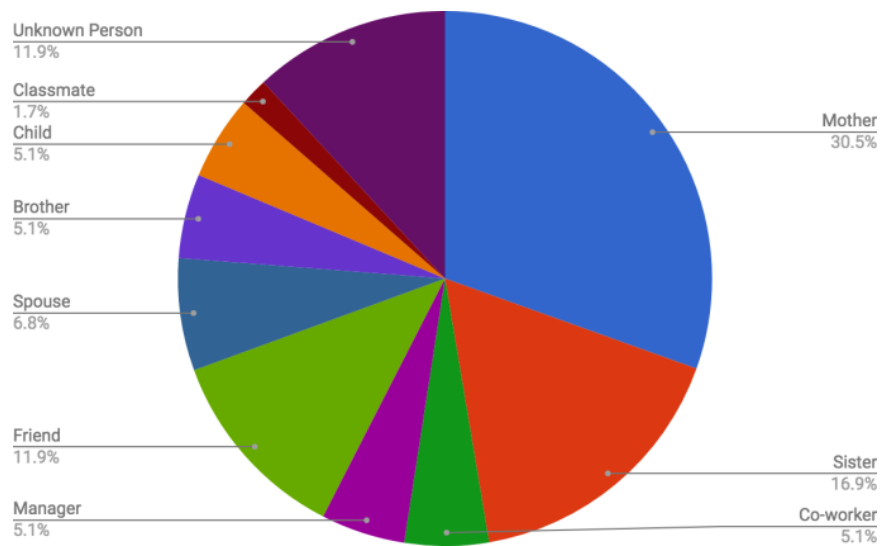
Figure 40. Question (4) Who has the most positive influence on your professional life?
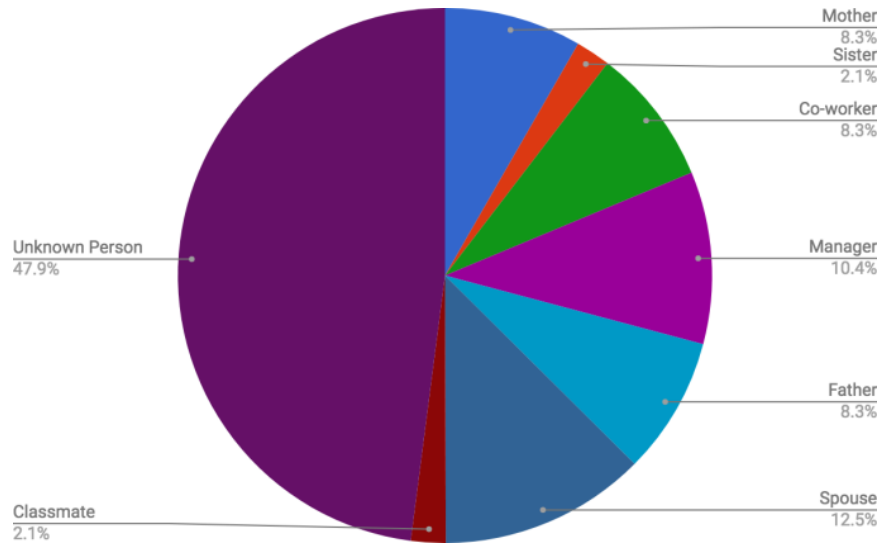
Figure 41. Question (5) Who has the most negative influence on your professional life?
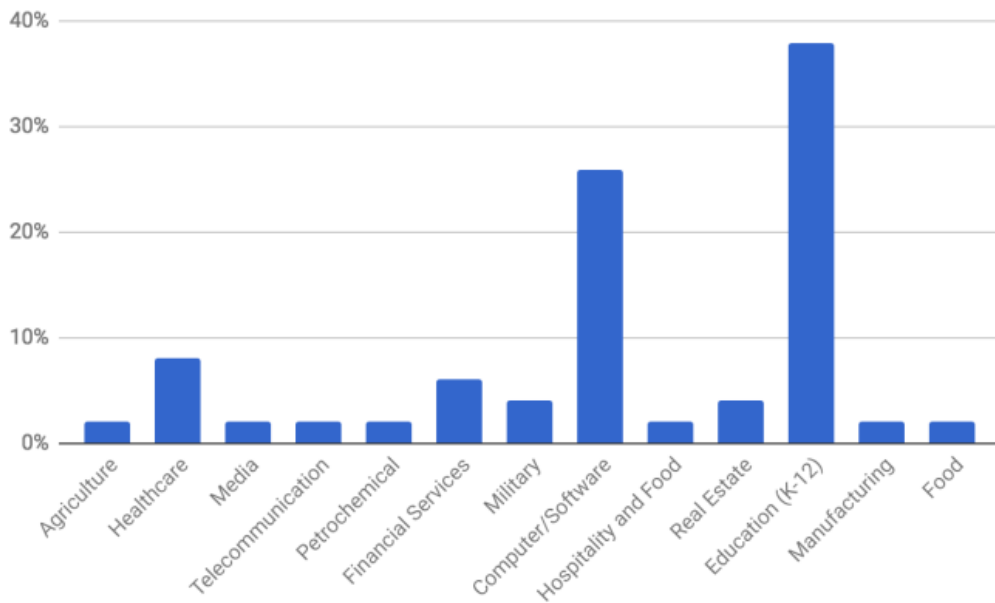
Figure 42. Question (6) Which field do you work in?
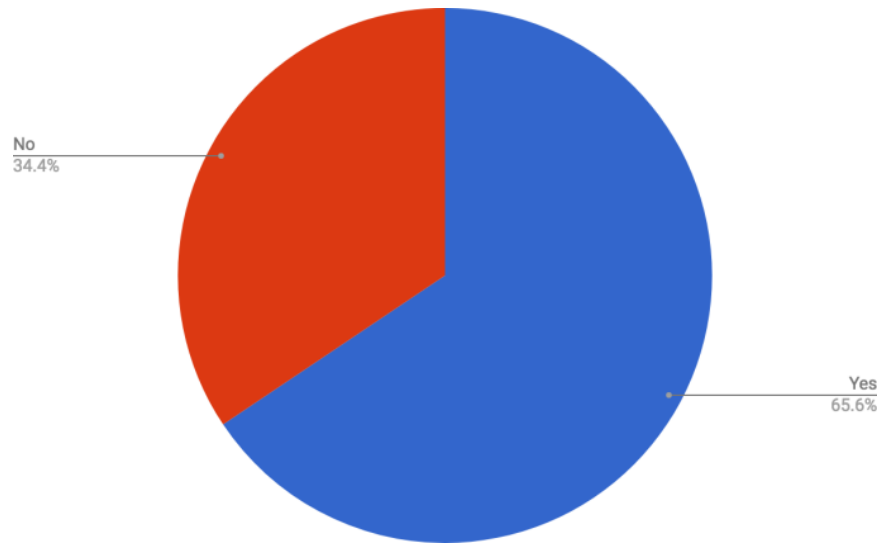
Figure 43. Question (7) Have you received any government assistance?
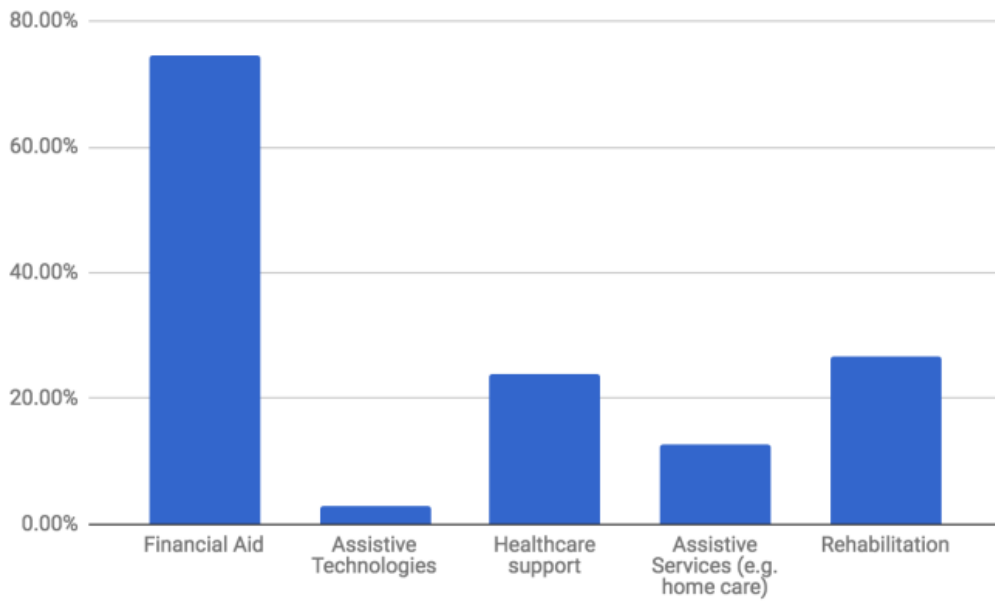
Figure 44. Question (8) What type of assistance did you receive?
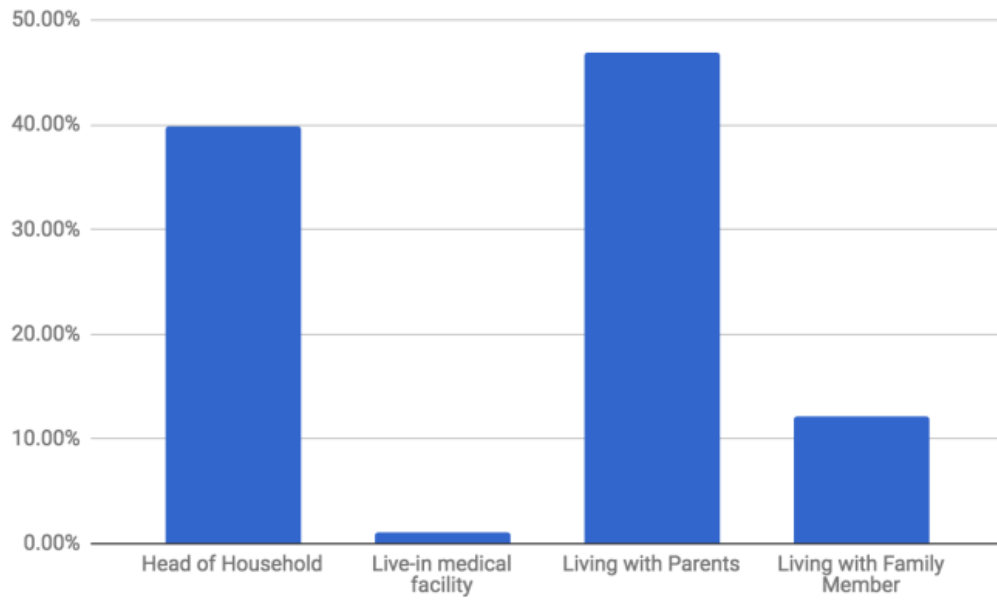
Figure 45. Question (9) What is your living condition?
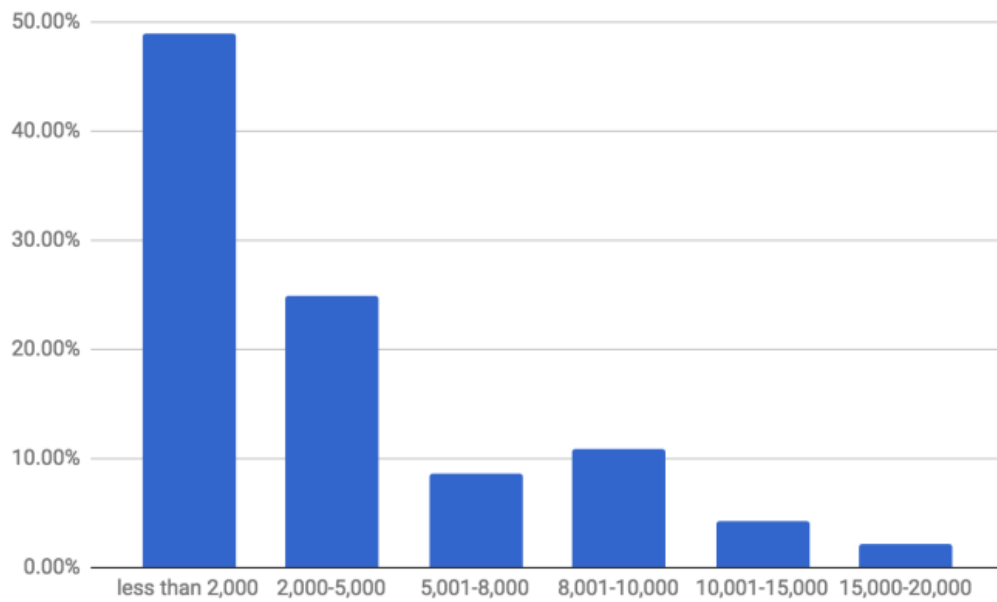
Figure 46. Question (10) What is your personal income per month (SR)?

Survey for the non-disabled – Section 1 (Personal and demographic information):

Graphs.
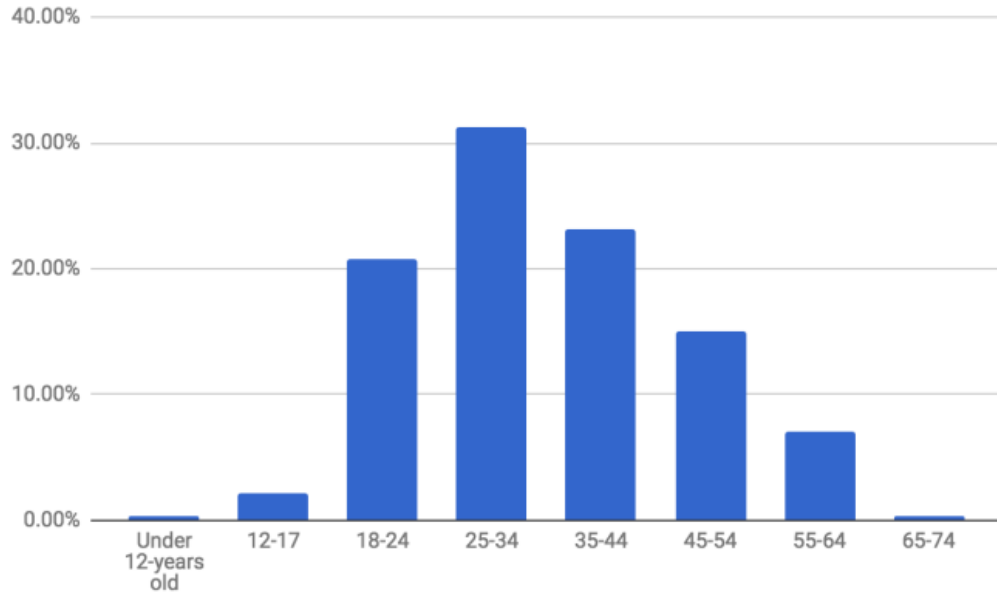
Figure 47. Question (1) What is your age?
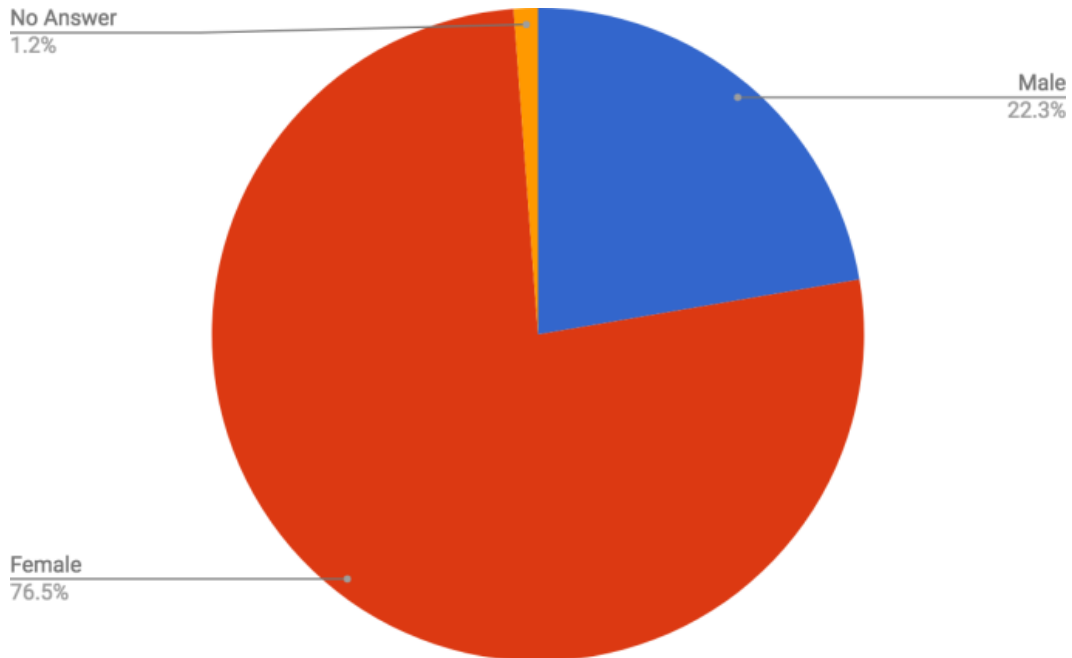
Figure 48. Question (2) What is your gender?
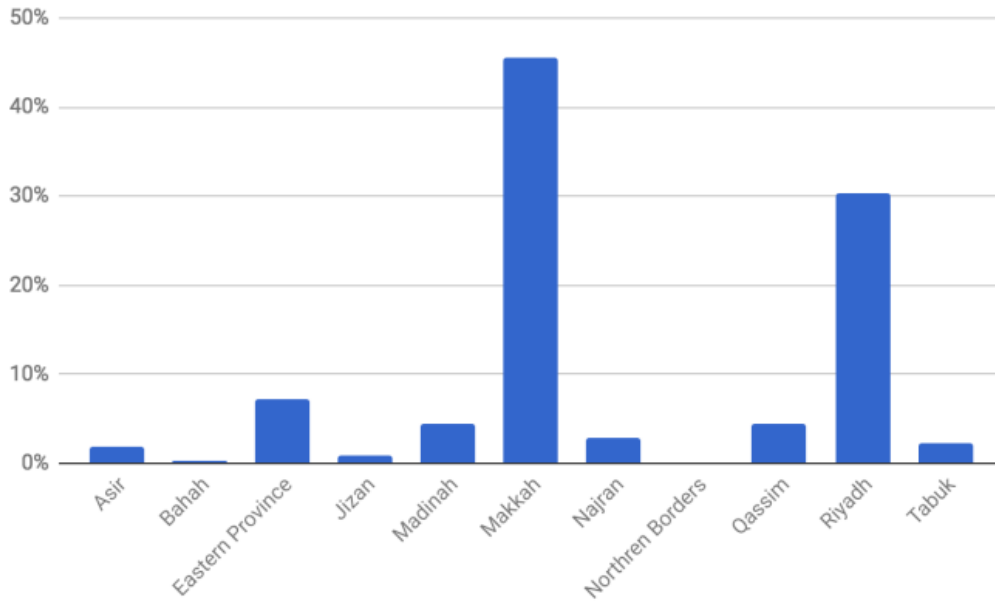
Figure 49. Question (3) Which region of Saudi Arabia do you live in?
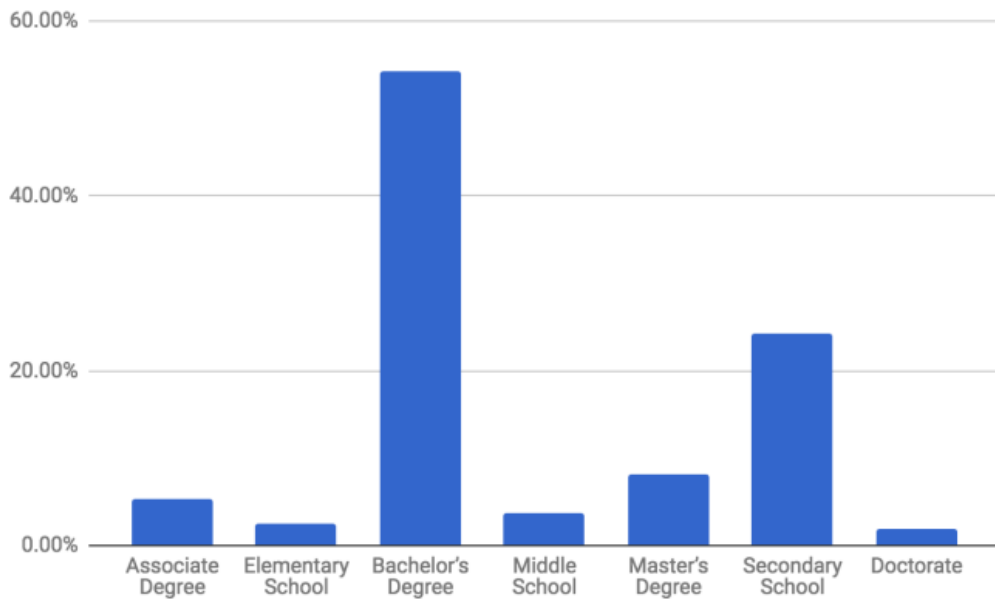
Figure 50. Question (4) What is the highest degree or level of school you have completed?

Survey for the non-disabled – Section 2 (Relationship with disability): Graphs.
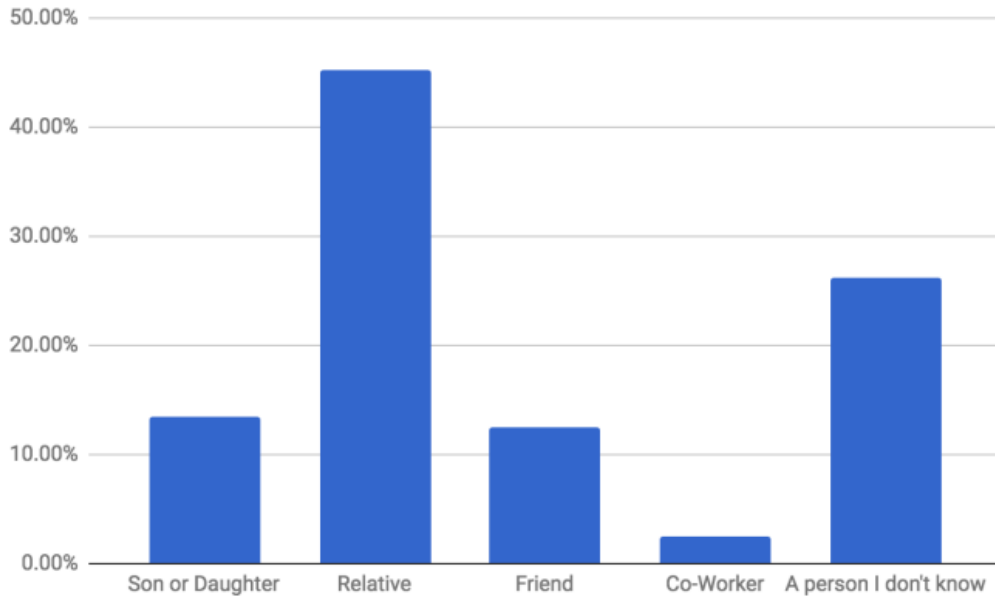
Figure 51. Question (1, 3, 5) What is your relationship to a person with disabilities?
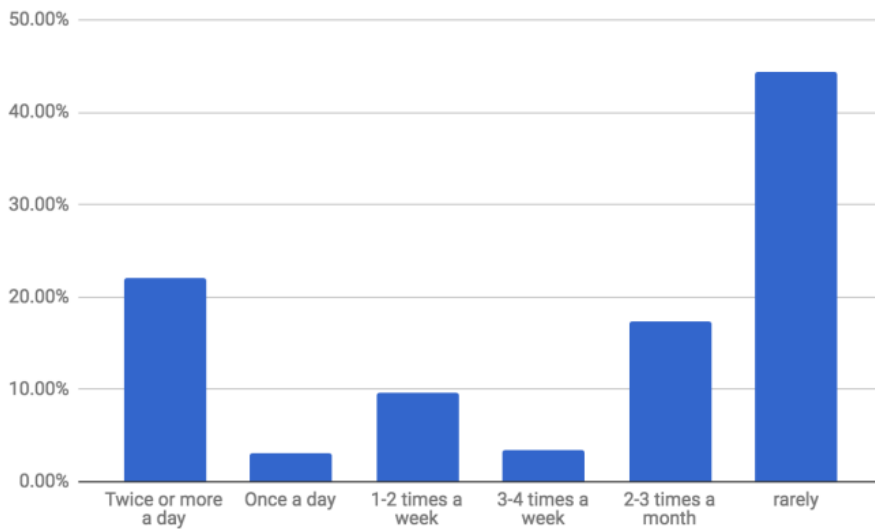
Figure 52. Question (2, 4, 6) How often do you interact with a person with disabilities?
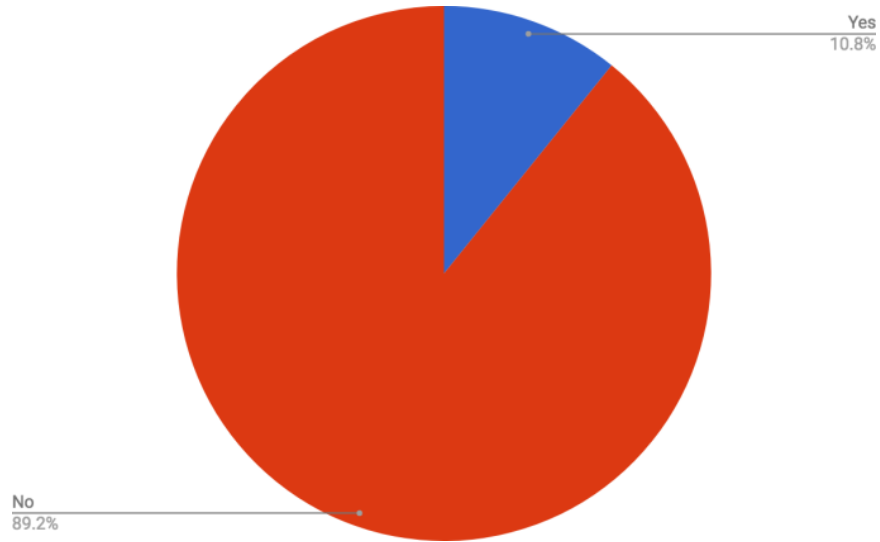
Figure 53. Question (7) Are you active in organizations that support people with disabilities?

Survey for the non-disabled – Section 3 (Attitudes toward disability): Graphs.
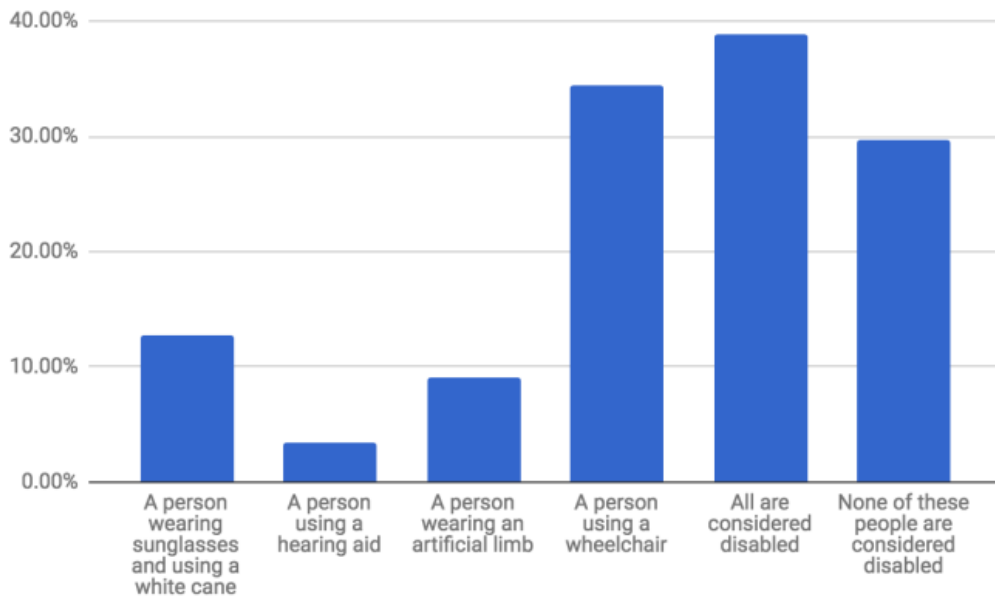
Figure 54. Question (A) Do you consider the following people disabled?
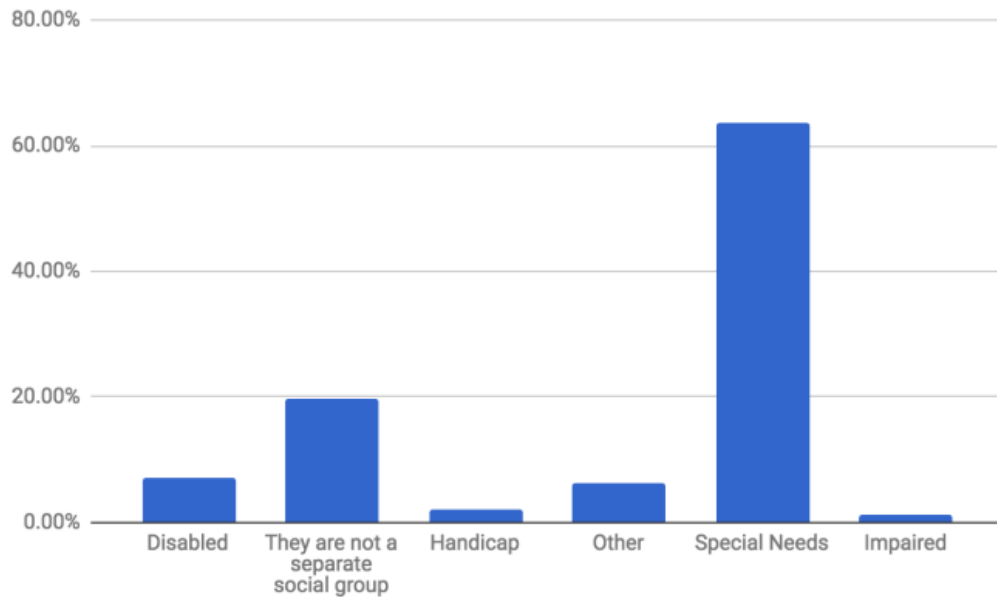
Figure 55. Question (B) What is the right way to refer to people with physical disability?
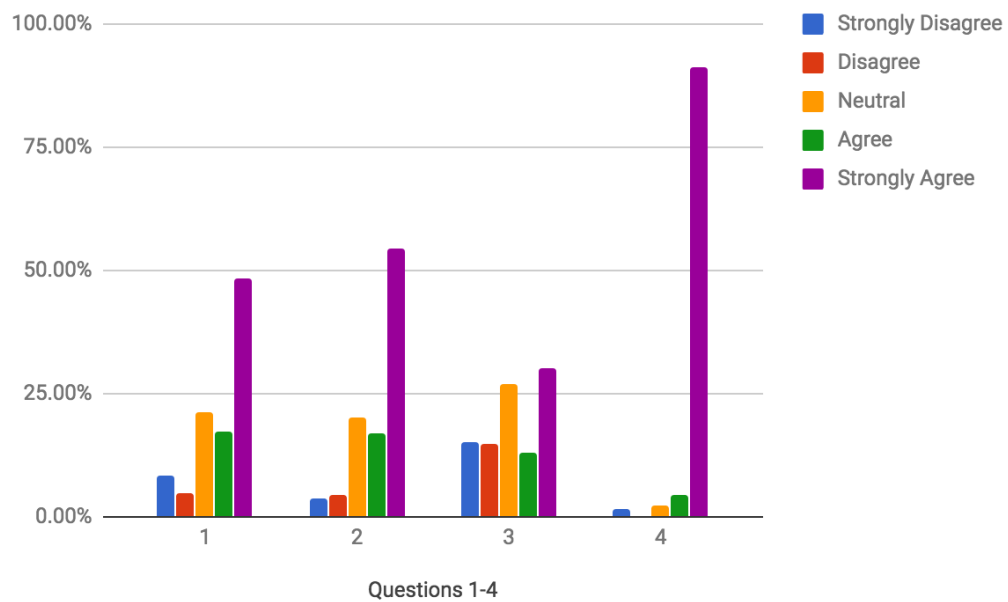
Figure 56. Question (C1 – C4) Agreement with disability statements
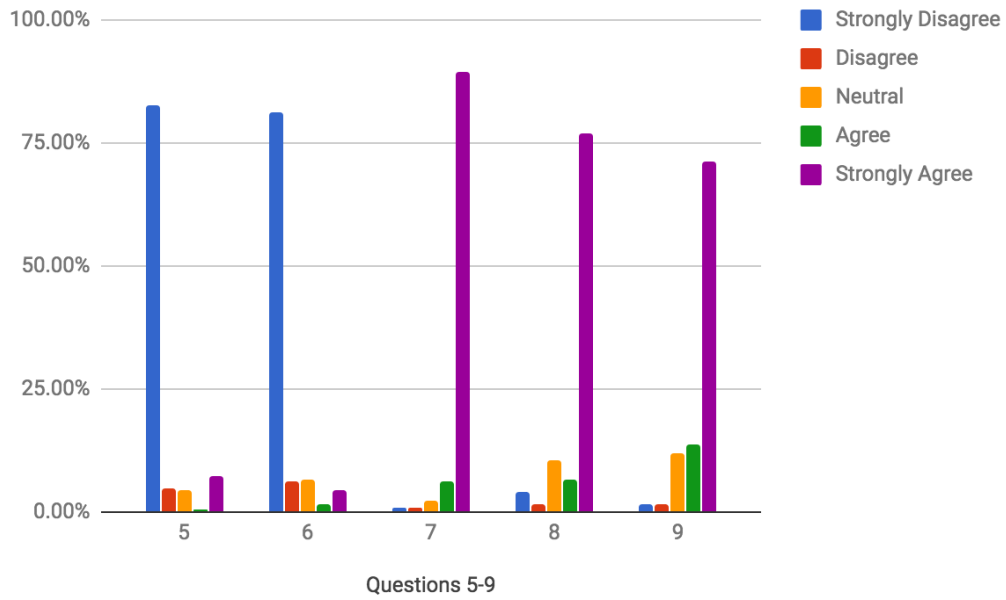
Figure 57. Question (C5 – C9) Agreement with disability statements
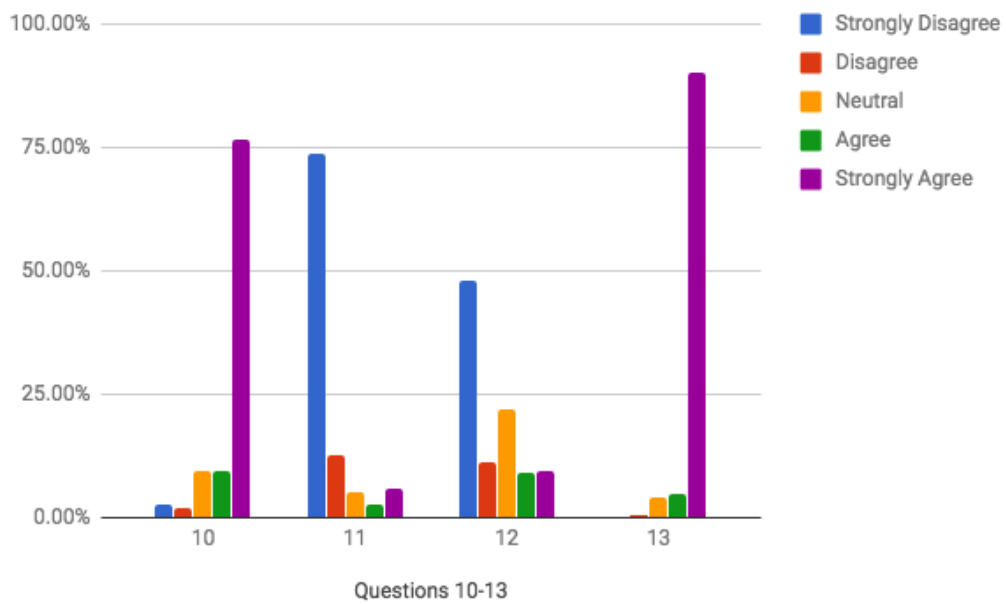
Figure 58. Question (C10 – C13) Agreement with disability statements

Chapter Five: Discussion

Many of the physically disabled in Saudi Arabia face different challenges that prevent them from having a normal, equal life and prohibits them from actively participating in society, education and the workforce. This research aimed to find the challenges that face people with physical disabilities in Saudi Arabia and show how much those challenges impact their professional and personal lives. Also, the research hopes to create some opportunities for the physically challenged and help guide them to a bright and prosperous future. This study is one of the few studies that focus on addressing the challenges that face the physically disabled in Saudi Arabia and recommend future solutions for them. This study used quantitative and qualitative mixed-research methods to reflect the opinions and views on physical disabilities in Saudi society. The study attempted to reach a broad and diverse audience in the Saudi Arabian society to have a fair and unbiased point of view.

This chapter summarizes the findings from this research, discusses observations, expresses key findings, and suggest research recommendations for future studies.

Summary of Findings for the Interview

There were 14 interviewees: 35.71% male and 64.29% female. Participants came from different regions in Saudi Arabia with different types of physical disabilities. Two out of the 14 participants were disabled and the remaining were family members of people with physical disabilities including parents and wives. The interview had seven main questions and supporting follow-up questions. Question 7 in the interview was customized based on the type of participant: disabled or nondisabled. Ten interviews were conducted over the phone and the answers were collected in written form after which they were transcribed to a Microsoft Word document. The remaining four interviews were conducted offline. Questions were sent to

participants via WhatsApp and the answers were sent back using the same medium. It is worth

noting that three of the offline interviews were sent via a proxy who volunteered to send the

questions and relay the responses.

Interviews centered around the following topics: the definition and impact of disability,

the appropriate terminology to refer to people with physical disabilities, the biggest challenges

facing people with physical disabilities in Saudi Arabia, the people with the biggest impact on

the person with physical disabilities and, finally, solutions for the challenges facing people with

disabilities and the expected time change will take to be implemented. Interviews were

passionate, rich with good discussion and lasted on average 60 minutes each.

Interviewees defined disability differently at a personal and practical level. Each

participant recognized disability based on their experiences and journey with physical disability.

There are five themes of personal definitions: challenge, motivation, pain, spirituality and loss of

ability. Participants as well had other definitions for physical disability that stem from a more

professional and social lens such as impediment and lack of bodily functions. One of the

essential results of this research was that only three of participants accepted the use of the term

disabled (معاق) as a description of disability while 11 had reservations on using the term *disabled*.

Furthermore, the interview results show the biggest challenge facing people with physical

disabilities in Saudi Arabia and the main reasons for these challenges. There are five primary

challenge that confront the disabled in Saudi Arabia: inaccessible environments, judgmental

society, Family and the disabled self-image, health care services, and compliance with the law.

Furthermore, the interview results showed the people with the most positive and negative impact

on the life of people with physical disabilities. In most cases, there exists a person who plays a

critical positive role in the life of a person with disabilities. People with such impact include

parents and family members especially during the disabled person's childhood and early years while friends and partners have more impact on the life of a person with disabilities later in their life. Along the same lines, participants also noted people who had a negative impact. These include fathers, partners, and members of society as a whole. Moreover, interviewees recommended solutions for the challenges that face people with disabilities and discussed how long it would take to implement these changes. The recommendations were: increase awareness of disability in public, increase awareness in people with disabilities, enforcement of existing laws, create an executive authority for people with disabilities, develop a disabled-friendly environment and create affordable disability services. All of the 14 participants believe change will take a long time. However, five of them think it possible to do big change fast under one condition: having a clear and organized plan that involves people with disabilities. Otherwise, change will never happen.

Summary of Findings for the Survey

The purpose of this survey was to understand the opinions and attitudes of the Saudi Arabian society toward people with disabilities and ensure more truthful and accurate responses due to the survey anonymity and the use of a random survey population. There were two versions of the survey. The first one was targeted toward the people with physical disabilities while the other one was aimed at the non-disabled members of society.

The level of participation in the study was surprising. The original intent of the study was to invite up to 300 participants to take the survey and expected 100 responses. The survey was viewed 1,255 times and received 403 recorded responses. 74.9% of the participants took the non-disabled survey while people with disabilities comprised 25.1% of the responses. 70.69% of

the participants were female, 28.13% were male and 1.18% of the respondents did not prefer to mention their gender.

Survey results for people with disabilities.

Personal and demographic data. The participants in the survey targeting people with disabilities were diverse and reflected different age groups, genders and lived in different regions of Saudi Arabia. There were 101 participants. 52% of them were female, 47% were male, one participant opted not to mention their gender and they all had different marital status. Participants came from all 13 different regions of Saudi Arabia. Each region had at least one disabled participant with 70.7% of the participants coming from the regions with large metropolitan cities. 72% of the participants had a disability of the lower extremities while the rest suffered from other types of disabilities such as hearing or vision loss. Illness was the primary cause of disability at 41.2%, 35.1% became disabled due to an accident or injury while only 23.7% of the participants were born with their disability. 52.3% were disabled before the age of 12 while 26.1% were disabled when they were between 18 and 24 years old. It is interesting to see that 13% of the disabled participants chose not to answer the question of when they became disabled. 53.1% of the disabled participants went to public schools, while 26.5% did not go to school after their disability.

Discrimination and emotional state. The majority of people with disabilities accepted the fact that they are disabled, but 16.2% did not consider themselves disabled. It is worth noting that this question was only posed to people who chose to take the *disabled* survey. Nevertheless, 16.2% did not personally consider themselves disabled. 85.7% of the people with disabilities in the survey were comfortable with people talking to them about their disability.

50% of the disabled participants do not feel that people exploit them because of their disability while 34.7% did not dismiss the concept. Furthermore, 51.5% of the people with disabilities have no problem with people assisting them because of their disability. Although 10.2% of the disabled participants see some people treating them in a different way other than sympathy or empathy, 48% of the disabled see the general public treating them with respect. Furthermore, 73.3% see that people with disabilities rarely get discriminated against due to their disability. Most of the discrimination comes from community members and random people from the public. It is worth mentioning that only 77.22% of the participants answered this question in the survey. Most of the people with disabilities do not report discrimination or talk about it, and 60% of the disabled avoid situations where they believe they may be discriminated against.

51% of the disabled cited their mothers as having the most positive impact on their lives while only 16.7% said their father was that person. On the other hand, 48.8% of the participants cited a person they are unfamiliar with had the most negative impact on their life while 10% cited their husbands while 2% cited their wives. It was striking to see that 10% of the participants chose their mothers to be the person with the most negative impact on their lives and 8% gave their fathers this title.

Home, health care, and activity. Although many of the people with disabilities who took the survey have help around their homes assisting them with daily activities, 62.9% of people with disabilities were independent in their lives and depended on themselves for the daily activities**.**

74.5% of the participants do not have health insurance, only 25.5% reported having debts due to health care costs. More than half of participants did not travel abroad for medical treatment. The amount of out of pocket money some disabled spend on their health care varied

widely: 31.3% of people with disabilities reported no out of pocket medical expenses while 41.7% spend up to 40% of their income on healthcare. 27.1% of the surveyed disabled population spends upwards of 40% of their income on health-related costs.

Accessibility and activities. Almost 60% of people with disabilities live with their parents or family members while 39.8% live in their own homes and are the head of their household. Only 1% reported living in an assisted living facility. 42.2% of the participants leave home at least once a day for activities like shopping and going to work while 83% attend social events such as weddings and family gathering. The main reason, though, for missing a social activity would be inaccessibility. 36% and 58% of the participants reported that no particular changes were made to accommodate their disability at home or work respectively. In the cases changes were made, they were mostly the installation of ramps and accessible bathrooms.

Although 72.7% of the participants have reliable access to a car, only 30.9% reported that their car was outfitted with accessibility equipment. 59.2% of the disabled participants have a disabled parking permit. However, 58.5% are unable to use the permit in public facilities due to non-disabled people violating the law and using the disabled parking location without permission.

Employment and financial status. Most of the people with disabilities were employed full-time, full-time students or a stay-at-home parent. The public and private sectors employed approximately the same number of people with disabilities, and 10% of the disabled participants were actively looking for work, but are out of work. Mothers had the most *positive* influence on the *professional* lives of people with disabilities. Fathers and friends were next on the list of positive influences. On the other hand, a random/unknown person was classified as the one with the most *negative* influence on the *professional* life of a person with disabilities. 65.6%

participants received government assistance due to their disability, 74.6% of this assistance was in the form of financial support. Almost half of the participants reported a monthly income of less than 2,000 Saudi Riyals equivalent to $533 which is considered very low in Saudi Arabia.

Survey for non-disabled participants

Personal and demographic results. The non-disabled participants represented a diverse set of Saudi society. There were 302 participants 76.5% were female, only 22.3% were male and the remaining participants opted not to answer. As with the people with disabilities, the non-disabled participants came from different regions in Saudi Arabia. 45.6% of the participants came from the Makkah region and 30.3% came from Riyadh. The ages of the participants spanned all the age groups. One-third of the participants were from the 25 to 34-year-old age group. 24.2% of the participants had a high school education, 54.3% had a Bachelor's degree and 10% had a graduate degree.

Relationship with disability. 45% of the participants had a disabled family member and 26.2% do not know a disabled person directly. Parents of people with disabilities represented 13% of the surveyed population. Furthermore, 44% of the participants rarely interact with a disabled person while 23.1% interact with a disabled person at least once a day. Furthermore, only 10.8% of the participants are active in an organization that supports disability.

Attitude toward disability. Participants had distinct opinions on who is considered disabled. While 34.4% considers a person in a wheelchair disabled, 12.8% view a person with sunglasses and a white cane disabled. Only 9.1% saw a person with an artificial limb disabled and 3.4% considered people using a hearing aid disabled. 38.8% view all the mentioned people are disabled and 29.7% does not consider any of them disabled.

People with *Special Needs* was considered by 63% of the participants as the right term to use to refer to people with physical disabilities. While only 7% chose the term disabled to refer to people with disabilities, 19% believed people with disabilities are not a separate social group that warrants a term or label. Almost half of the non-disabled participants strongly agreed that people with disabilities in Saudi Arabia face obstacles in their professional lives and educations. Participants showed considerable variance in their response to whether people with disabilities face discrimination in Saudi Arabia. 30% strongly agreed while 27% neither agreed nor disagreed. The same difference of opinion about how accessible public facilities were. 91% of the participants strongly agree that it is the duty of the government to ensure all public utilities, services and facilities are accessible to all people with physical disabilities. This section of the survey illustrated how much the Saudi Arabian society strongly agrees with the rights and needs of people with physical disabilities. After all, the majority of the responses of non-disabled participants show fair and inclusive opinions about disability rights in the workplace, education and community.

Research Observations

In this section, we will highlight views and observations from the research.

Interview.

Reaction to the research.

- All the 14 participants were very welcoming and enthusiastic about to collaborating and taking part in the study.

- The initial time allocated for each interview was 30 minutes. However, participants were passionate and engaged in the discussion to a degree where interviews took more than an hour.

- All but one participant had no reservations about using their personal information including their real names. One participant asked for their information to remain confidential.

- All participants asked to see the final results of the research. Participants were quite helpful and all of them helped in distributing the survey on their social media accounts.

- The researcher received a few offers to publish the results in local publications and periodicals.

- Participants shared the same views in questions two (challenges facing people with disabilities) and three (the main cause of these challenges). Many participants considered determining the cause of the challenges facing the disabled is a challenge in itself. Therefore, for the purposes of this research, the results for both questions will be discussed together.

- One of the supporting questions to the first question of the interview has sparked great interest and passionate reaction from the participants. Interviewees paid considerable attention to what they should be called and how people should refer to them. Therefore, this question warranted a dedicated discussion.

- In some interviews, the participants displayed passion on a specific topic leading themselves into conversation topics planned for later parts of the interview.

- When discussing solutions to the problems facing people with physical disabilities in Saudi Arabia, participants spoke with passion and enthusiasm citing elaborate thinking to assist in changing the situation facing people with physical disabilities

in Saudi Arabia with the ultimate goal of making people with disabilities a productive part of society.

Survey.

- Distributing the survey was challenging in the early stages of the research. The audience initially targeted with the survey were not eager to collaborate or support this research. The researcher, for example, reached out to a social media group with 250 disabled members and their families across Saudi Arabia.

- The non-disabled members of society–especially family members of people with disabilities–played a significant role in distributing and participating in the survey. Survey results show 74.90% of the participants were non-disabled and only 25.1% were disabled.

- The Twitter social media platform has shown the most positive impact on distributing the survey on a large scale. WhatsApp, on the other hand, was used to promote participation at the personal-level via private messages.

- It worth mentioning that some of the active and well-known people with disabilities in social media and the heads of disability organizations in Saudi Arabia were uncooperative and insular. The ignored the survey, interview requests and did not respond to communication and direct messages.

- The survey targeted 100 responses and received 403.

Key Findings from Interview Instrument

This section enumerates the research findings. They are classified into two categories: the participant's relationship to disability and their relationship with society.

Participant's relationship to disability.

- Participants spoke freely about their disabilities, age and their personal lives. They showed no signs of shame or discomfort when discussing these topics including sensitive issues like the use public bathrooms. However, one participant was clearly struggling in admitting they have a disability and the researcher had to ask multiple times to get a clear understanding of participant's disability.

- The first supporting question to the first interview question presented varied personal opinions from the interviewees. When asked about the correct expression to describe disability, participants had different personal opinions and engaged in intense arguments while discussing this topic.

- 21.4% of the participants were offended by specific terms used to describe physical disability including the term *disabled*. Many participants considered the word *disabled* a disrespectful label and an improper classification of a person who struggles and works twice as hard as other people just to get through the day. In contrast, other participants criticized and condemned fellow people with disabilities who dislike the term *disabled* and see them as not accepting their disability. It was clear that all participants were uncomfortable with the term *disabled* and this topic brought out a lot of mixed feelings and emotions in the interviewees. The participants, however, were more tolerant of the term *people with disabilities*.

- When participants expressed their preferred term to describe people with disabilities, the researcher had to use that same term throughout the remainder of

the interview to show respect and appreciation. It is noticeable that the disabled did not have a problem with their disability but their issue was in the term people labeled the disabled with. Because participants believe those words limit and criticize their ability, and are a reflection of what people see and believe about people with physical disabilities.

Participant's relationship with society.

- Participants were not angry with the Saudi society. Almost all participants had an understanding of the negative behavior some people treat the disabled with and explained how it could come from the lack of awareness and knowledge.

- Some of the participants complemented the public for helping them, for example, when they are public facilities with actions like pushing of lifting the wheelchair. Some participant described the Saudi society as kind and big-hearted people. On the other hand, few members of society present negative attitudes and that impacts the feelings of the disabled and make them feel miserable.

- The participants' experience with disability had impacted their views on some of the questions. This was clear in question three asking about the challenges that face people with physical disabilities in Saudi Arabia and question four inquiring about the time it will take to apply this change. Some participants had a better experience with disability than others. Three main factors shaped the experience each participant had with disability. These are the financial standing of the person with disabilities, the support of their family and level of education.

Financial status. Participants who are well-off or came from wealthy families did not struggle with their disability as much as people with disabilities who are less fortunate.

Furthermore, wealthy participants were able to travel outside of Saudi Arabia to seek medical treatment. It was evident that having access to money played an important role in providing better medical treatment, better education, career opportunities for the disabled person and reducing difficulties that they may face.

Supporting families. A supportive and understanding family was a crucial element in the lives of the participants. This directly correlated to the overall psychological well-being, happiness and professional success of the person with disabilities. People with disabilities who have understanding families were more stable and more accepting of their disability.

Education. Participants with disabilities who continued their education after high school showed more knowledge and acceptance of their current state. Also, they were in all cases more well-off financially.

Key Findings from Survey Instrument

Survey for people with disabilities. Although the number of male participants in the survey is less than the female participants, the results show that men are more accepting of their disability and have more confidence in their disability status. From the disabled survey population, for example, 11 female participants did not see themselves as disabled compared to only one male. Furthermore, eight women thought a motivational term such as people of determination would best describe people with disabilities compared to six men. The term people of determination is gaining in popularity in Saudi Arabia and activists are campaigning to make this the official term used for people with disabilities. On the other hand, the data shows from the 20 disabled participants who chose the term disabled to describe people with physical disabilities, 13 were women and seven were men. Additionally, 26 men chose to use the term

people with special needs to describe people with physical disabilities whereas only 25 women accepted the term.

Disability and gender discrimination. Although female participants in the survey were 5% more than male participants, the data shows that women believed people with disabilities in Saudi Arabia _face more challenges_ and have _fewer equal opportunities_ than the men did. This was also reflected in the lifestyle section of the survey, for example, the participants who reported that their homes were modified to become more accessible were mostly men. Out of the 37 participants who installed ramps in their homes, approximately 60% were men. 66% of the homes that had accessible bathrooms installed were for male participants as well.

From the 15% who reported that people are taking advantage of them due to their disability, eight were male while seven were female. The 4.4% of people with disabilities who reported discrimination on a daily basis, three were female and one was male. Five female participants reported they see discrimination whenever the left home compared to only four male participants.

An interesting observation, 10% of the surveyed population were receiving government assistance and at the same time believed that people are taking advantage of them due to their disability. Six were male, three were female and all were in the lowest income brackets. Five of the male participants have a disability in their lower body while one has a disability in their upper extremities.

The survey population of people with disabilities had 42 married participants, 22 are men and 20 are women. Most of the married participants are in the 35 - 44 age group. 13% of the surveyed population are divorced. 85.7% of the divorced population are women. Marriage showed a negative impact on the personal and professional lives in 15% of the participants. Two

men and three women considered their spouse the single most negative impact on both their

personal and professional lives. It is worth noting that the men were of the 45 - 54 age group.

Five participants saw their spouse only as a negative influence in their personal life while one

only considered them a negative influence in their professional life

The data shows that mothers had the *most negative impact* on their disabled daughters

while fathers had the most negative impact on their disabled sons. An interesting distinction was

shown in the data between age groups concerning the positive or negative impact the parents

play on the personal lives of people with disabilities. All but one of the participants 24 years or

younger noted one their parents as the person with the most positive impact in their personal life.

In contrast, participants who listed one of their parents as the person with the most negative

impact on their personal lives were of 25 years old or older.

Financial status and health insurance. 25.5% of the surveyed population had medical

health insurance. Figure 59 shows the occupation of all the medically insured people with

disabilities.

From the 43.4% who traveled abroad to seek medical treatment for their disability, 71.1%

did not have health insurance and 65.12% of the people who sought medical treatment abroad

received government financial aid for their disability. One-fourth of the participants who had

health insurance also had debts related to medical expenses.

The data shows that 46.9% of the disabled *live with their parents*, this includes married,

divorced and single participants as shown in Figure 60.
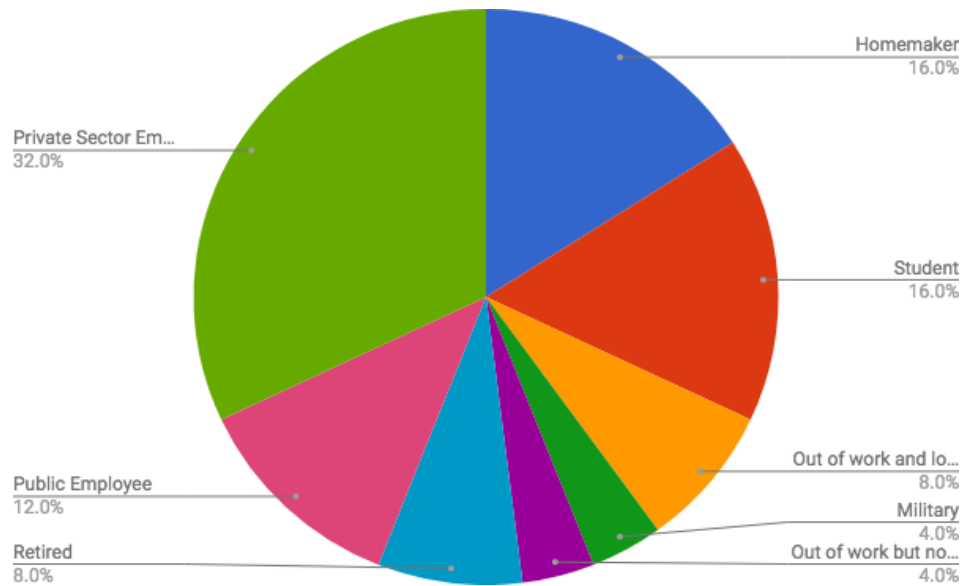
Figure 59. Occupation of all medically insured people with disabilities.
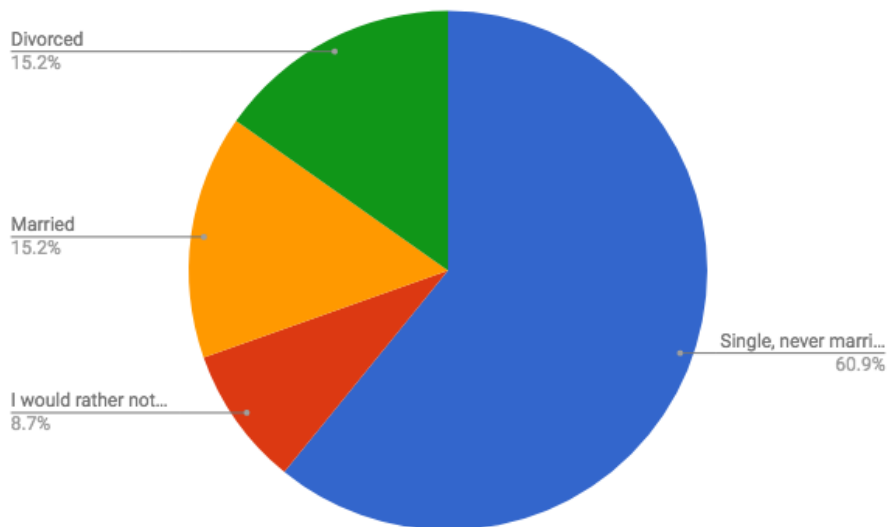
Figure 60. Marital status of people with disabilities living with their parents.

Along the same lines, 39.8% of people with disabilities *live in their own homes as a head of household* where 43.58% are male and 56.41% are female. 77% of the surveyed females in this group are married. In contrast, 93.75% of the men living in their own homes are married. From this group of people who are living independently, 82.35% of the men and 13.64% of the women are employed. The monthly income for men was distributed between the different pay

brackets. However, approximately 60% of the working women received a monthly income between 2,001 and 5,000 Saudi Riyals which is equivalent to the range between $533 and $1333. Furthermore, half of the women worked part-time while the other half worked full-time. Men, on the other hand, had 69.57% full-time employees, 21.74% part-time and 8.7% who worked on an hourly basis.

Survey for the non-disabled. The women participants in the non-disabled survey have shown to be more active in organizations providing support to people with disabilities than men. Out of the 35 people who were such organizations, 24 of them are female.

Opinions about disability. 43 participants in the non-disabled survey population were parents of people with disabilities. Parents had different opinions on how their disabled children should be called. Table 3 shows the correlation between parents, their level of education and what they prefer their children to be called.

Some of the participants answered the survey in what the researcher believes is an inconsistent way; possibly due to a misunderstanding the questions. 15 participants, for example, strongly agreed that they do not feel comfortable around people with disabilities while 2 of them were parents of a disabled person and most of the others were relatives of a person with disabilities. The other survey questions for these participants do not show any level of discrimination against people with disabilities at all.

Moreover, 19 of the non-disabled participants *strongly agreed* that people with disabilities should not be allowed to make their own decisions and 13 of them have a disabled family member and 2 are parents of a disabled person. Furthermore, 21 out of the 31 non-disabled participants *strongly agreed* that people with physical disabilities are a financial burden are parents of a disabled person.

Table 3

Association Between Level of Education and the Prefered Term for Disability

Disability Term	Elementary School	Middle School	High School	Bachelor's Degree	Master's Degree	Doctorate Degree
Special Needs	1	2	6	17		2
Not a social group			1	8	1	
Disabled				1	2	
Other			1			

Implications of the Study

This study aimed to find the challenges that face individuals with physical disabilities in Saudi Arabia and explained how these challenges impact their professional and personal lives. This study succeeded in exposing the challenges that face people with physical disabilities in Saudi Arabia. There are two main implications of this study: increase public awareness of disability and future studies.

Increase public awareness of disability. This study will help in increasing public awareness of disability by illustrating the pain and struggle that people with disabilities face in their daily life. This study works as a remainder for the non-disabled to see and learn about the challenges that face people with physical disabilities and demonstrate the importance of fixing the problem. The following points are evidence of the study succeeding in increased public awareness of disability.

1. As discussed earlier in Chapter 4, non-disabled participants were more collaborative and interested in the research than the people with disabilities. The enthusiasm non-disabled Saudis showed in sharing and taking the survey was

clear evidence that the Saudi society understood the importance of the study and showed respect and care for disabled.

2. As part of the study, many people started thinking about creating a disabled-friendly environment and show respect for the rights of the disabled in public facilities or parking.

3. This study was a collaborative activity that engaged both people with disabilities and the non-disabled in one forum to get effective results.

4. This study will encourage people with disabilities to be more free and comfortable in expressing their needs and will guide them to unite their efforts in resolving their problems.

5. This study will reflect a good image of people with disabilities to the Saudi community and show abilities and leadership examples from people with disabilities.

Future studies. This research opened the door for future studies to examine the challenges facing people with disabilities from different expanding angles, such as

1. A future study that concentrates on the disabled population only and collects qualitative or quantitative data. This research studied both the disabled and non-disabled population of Saudi Arabia to obtain a comprehensive point of view. However, we recommend another body of work that makes the disabled population its primary focus. This study will enable more detailed answers from the people who know the most about the problem and understand it the best. Targeting a broader disabled population would deliver more abundant information on the challenges that face people with disabilities in Saudi Arabia.

2. The individual challenges identified in this study would serve as the starting point for individual research efforts to study each challenge as its main topic of inquiry.

3. Conductors of future research would examine in more detail each solution proposed for the challenges in this research such as addressing the best way to create an organized action plan for each challenge that face people with disabilities in Saudi Arabia.

Recommendations

This research aimed to find the challenges that face people with physical disabilities in Saudi Arabia and to recommend some solutions to reduces their struggles and include them more in the society. After examining the results, this research will conclude by providing the following three recommendations: (1) increasing awareness in people with disabilities and their families, (2) increasing public awareness, (3) making people with disabilities as a primary part of society and grow leadership within the disabled community.

Increasing awareness in people with disabilities and their families. Disabled families need to be educated on the abilities of their disabled family members, so they raise them and treat them with self-confidence, understanding and accepting their disability. It is true that disability is not an easy journey for parents and caregivers; however, it would much easier and more efficient if the disability was accepted by both the family (including parents) and the disabled person. This will allow them to all to love, share and respect themselves and the disability. Accepting disability should not to be confused with losing hope in a medical solution to the disability. The upcoming points are some steps to better increase disability awareness:

1. The first step in increasing awareness is educating the person with disabilities and their family members–especially their parents–on the proper meaning for the term

disabled and explain to them that this term does not identify or label them in a wrong or negative way. They need to understand that the term *disabled is* a practical term used internationally and recognized by the United Nations and World Health Organization. More focus should be given to actions than labels.

2. Increasing awareness must start from the hospitals when a newborn is diagnosed with a disability at birth. Hospitals must have counselors, therapists on staff and provide training for parents with disabled children before leaving the hospital.

3. Schools, Mosques and summer camps should provide special education programs that involve people with disabilities and their families.

4. Involve the parents and families of people with disabilities in public awareness campaigns to instill a sense of public and civic responsibility toward their loved ones. Also, make them ambassadors to educate the public and show their rights and needs to others.

Increase public awareness. Public awareness is one of the critical factors in ensuring people with physical disabilities can get their rights in Saudi Arabia. The Saudi society gives a great deal of value to public perception. Changing that perception to be in favor of the physically disabled will, in turn, streamline the changes needed to bring their needs mainstream. Follows are steps to increase public disability awareness better:

1. Start increasing public awareness at a young age starting from elementary school. Children with physical disabilities should be integrated into public schools with dignity. Their physical needs should be accommodated while maintaining respect and equality for their academic work. At the same time, their non-disabled classmates should learn how to coexist with them.

2. The success that people with disabilities achieve in academia, leadership, sports and the arts should be celebrated in mainstream and social media to demonstrate their abilities and acknowledge their achievements. This will allow society to celebrate and share their success while giving other people with disabilities role models to follow.

3. A person with disabilities should be referred to and addressed with the proper terminology that disabled person is comfortable using. This is important to ensure a person with disabilities feels respected and comfortable when interacting with them. Asking a person with disabilities what they prefer to be called would satisfy four basic needs: dignity, autonomy, equality and solidarity.

4. Increase public awareness by changing the adverse perception society has against people with disabilities and focus on teaching members of society the importance of treating people with disabilities as subjects rather than objects. They are members of society with needs, rights and have their differences. It is essential for the Saudi society to address this problem as a serious topic, find effective solutions and not use *disability* as a tool for fame, fortune or personal and political gain.

5. Society and popular culture in Saudi Arabia should involve people with disabilities more in daily life and allow the general public to accept them and adapt to their existence. A key aspect here is they should be brought in as a normal part of society and not as a subject of sympathy or pity. A great way to start would be by including them in ads, commercials and allow them to be a familiar face in everyday life. Corporations, businesses and media organizations

should make a concerted effort in promoting the constructive inclusion of people

with disabilities in their promotions for consumer goods, theme parks and

services.

6. Encourage public facilities to become disabled-friendly. This could be achieved

    by:

    a. Using affordable design concepts and ensure accessibility of buildings, for

        example, adding ramps to building entrances, removing turnstiles doors

        and providing priority seating for people with disabilities in public

        transportation. Chapter 2 discussed accessibility requirements in more

        detail.

    b. Communities and municipalities should recognize developers and owners

        of buildings and facilities who make an effort to make their establishments

        accessible.

7. Non-profit and non-governmental organizations concerned with the well-being of

    people with disabilities should think out of the box and work on efforts that could

    realize some of the needs of people with disabilities. Starting with accessibility

    since it is one of the most prevalent issues facing people with physical disabilities.

    Businesses, offices, schools and buildings that implement the accessibility

    standards are awarded a certification that they can proudly own and display. In a

    society that places a great deal of value on public perception, such certification

    will influence people to use such certification as a parameter in their decision to

    shop at that store or do business in such establishments. It will allow people with

disabilities, their families and friends to express their support with their collective

purchase power.

People with disabilities as a primary part of society. The key recommendation that

almost all participants in the interview part of this research agreed on and were desperately

asking for is the enforcement of the Saudi laws and regulations already in place to protect and

ensure the rights of people with disabilities. The following recommendations would help to

achieve this goal:

1. Obtaining an accurate census for people with disabilities in Saudi Arabia. This
   activity should be implemented as part of the official census. This will provide
   basic data to allow the government agencies and nonprofits properly plan.
   Unfortunately, many families keep their disabled family members hidden from
   society. Therefore, the government should strictly and adequately enforce and
   monitor the collection of such data.

2. Hospitals, clinics and medical centers must account for and identify every
   disabled person whether they were born in the medical facility with a disability or
   being treated for one. This central registry will assist medical professionals in
   performing studies on the type of disabilities available in Saudi Arabia. This will
   also ensure the accuracy of the census.

3. Strict enforcement of laws protecting and respecting people with disabilities.
   Saudi Arabia has a history of ensuring its population adheres to laws and
   regulations that may have been relaxed in the past such as seat belt and traffic
   violations (Arab News, 2017). A similar approach should be applied to laws and
   regulations protecting people with disabilities. This could be achieved by:

    a. Enforcing traffic and parking violations for using disabled parking spots without a permit and blocking ramps with cars.

    b. Municipalities should not provide building permits for facilities that are inaccessible to people with disabilities. This includes both commercial residential projects.

4. Strict fines should be imposed on violators and law enforcement must punish violators without exception.

5. To cultivate rapid growth in the cause of disability, it is essential to create a recognized authority for people with disabilities with the power enforce laws, achieve goals and demand cooperation from other governmental agencies. This new authority must have members who are disabled and represent the full spectrum of disabilities to ensure the proper representation of the rights and needs of people with disabilities across the country.

6. People with disabilities and their families should be held accountable for any governmental assistance they may receive. Government financial support should be given based on individual needs and auditors need to ensure the support is accurately dispensed.

Grow leadership within the disabled community.

1. There is a need to create an organization that caters to the academic and athletic excellence for people with disabilities. A center of excellence that cultivates the abilities and leadership skills for people with disabilities and provides them with a passion and plan for the future through specialized programs in health care, university scholarships, employment opportunities and networking events with

groups inside and outside Saudi Arabia. Such a center would act as the nucleus for the advancement of people with physical disabilities in Saudi Arabia similar to what Eunice Kennedy Shriver did with Camp Shriver in 1962 (Kennedy Shriver, 1962).

2. A concerted effort should be made to ensure that people with disabilities are represented in all aspects of society, government, education, media and workforce with proper authority. This will allow them inflict change and ensure their needs are represented in all aspects of life. This could be greatly supported by the government enforcing a specific quota of employees with disabilities similar to the Saudization plan (discussed in Chapter 1).

3. Disability consultants should be part of processes and workflows that touch upon the needs of people with disabilities.

4. Reduce disability financial support benefits and offer part-time or full-time job opportunities for people with disabilities who are capable of working.

Future research recommendations. As part of the literature review, we discussed how little research has focused on disability and issues facing people with disabilities in Saudi Arabia. Some of the key recommendations of this research centered around the official collection and publication of data that would enable such research. Follows is a set of recommendations for future research:

1. This research identified the challenges that face people with disabilities in Saudi Arabia. More research would need to focus on the individual challenges that face people with disabilities in Saudi Arabia and discuss each challenge in depth and evaluate solutions for it. Given the broad spectrum of specialties needed to solve

each challenge, such as inaccessible environments, specialists in each field such

as municipal planning, architecture and civil engineering would need to come

together and provide their part of the solution to each challenge.

2. Study the need and importance of psychological rehabilitation for people with

disabilities and their families.

3. A study on the leadership style of successful and affluent people with disabilities

in Saudi Arabia.

4. For people with disabilities, the drive toward success is greatly influenced by their

families in both positive and negative ways. A study factoring the role family

plays in defining a disabled leader would help identify patterns for success.

5. Looking into the elements that impact the career of people with disabilities and

the common factors found between success stories of disabled members of the

Saudi population.

6. There is a plethora of studies on the effect of diversity on society and the

workplace. We need similar studies looking into the benefits of including,

engaging and accepting people with disabilities in society and in the workplace.

7. Studies in disability jurisprudence would greatly assist in creating laws and

policies the protect the rights and privileges of people with disabilities.

Final Thoughts

Although this study was one of the few studies that addressed the challenges that face the

physically disabled in Saudi Arabia, it is not enough to fix the problem. This study, succeeded in

highlighting the most common challenges that face people with physical disabilities, increasing

public awareness and reflecting on the hardship and needs facing this segment of the Saudi

Arabian society. This study recommended feasible solutions for the problems facing people with disabilities, but the challenges facing them in Saudi Arabia are serious and complicated. Improving the situation of the physically disabled in the Saudi society needs a collaborative effort, hard work and an organized plan. People with disabilities shoulder a big part of the responsibility of executing the change needed to believe in their own abilities, increase public awareness and integrate with the society by sharing their rights and needs. After all, people with disabilities must focus their attention and collaborate their efforts on critical issues that benefit their life and improve their situations instead of wasting their efforts arguing about semantics and labels that have no direct or long-term benefits to them.

REFERENCES

Acton, N. (1981, January/February). Employment of Disabled Persons: Where Are We Going? *International Labour Review, 120*(1), 1-14.

Agovino, M., Parodi, G., & Barajas, G. S. (2014). An Analysis of Disabled Persons and the Labour Market in Mexico. *Latin American Research Review, 49*(2), 221-242. doi: 10.1353/lar.2014.0035

Al-Gain, S. I., & Al-Abdulawahab, S. S. (2002). Issues and Obstacles in Disability Research in Saudi Arabia. *Asia Pacific Disability Rehabilitation Journal, 13*(1).

Altman, B. M., Cooper, P. F., & Cunningham, P. J. (1999, March). The Case of Disability in the Family: Impact on Health Care Utilization and Expenditures for Nondisabled Members. *The Milbank Quarterly, 77*(1), 39-75. doi: 10.1111/1468-0009.00124

Arab News. (2017, May 11). Car accidents kill over 9,000 people in 2016. *Arab News*. Retrieved from http://www.arabnews.com/node/1097886/saudi-arabia

Awards for accessibility. (2004, December). *Logistics & Transport Focus, 6*(10), p. 10.

Ayres-Williams, R., & Graves, N. (1998, February 1). Challenged But Not Disabled. *Black Enterprise*, pp. 124-132.

Bannigan, K., & Watson, R. (2009, November 10). Reliability and validity in a nutshell. *Journal of Clinical Nursing, 18*(23). doi: 10.1111/j.1365-2702.2009.02939.x

Barnes, C. (1985). *Discrimination Against Disabled People (Causes, Meaning and Consequences) Or The Sociology of Disability.* Retrieved from http://pf7d7vi404s1dxh27mla5569.wpengine.netdna-cdn.com/files/library/Barnes-Barnes-dissertation.pdf

Barrett, R. (2010, June). Disadvantaged groups in the labour market. *Economic & Labour Market Review, 4*(6). doi: 10.1057/elmr.2010.78

Biordi, D. L., & Nicholson, N. R. (2011). Social Isolation. In I. M. Lubkin, & P. D. Larsen (Eds.), *Chronic illness : impact and interventions* (8th ed.). Burlington, MA, U.S.A.: Jones & Bartlett Learning.

Bogdan, R., & Taylor, S. J. (1994). *The Social Meaning of Mental Retardation: Two Life Stories* (1st ed.). New York, NY: Teachers College Press.

Bouzo, B., Montagu, C., & Xefos, S. (2009). *Saudi Arabia Social Welfare.*

Bressler, R. B., & Lacy, A. W. (1980, March 1). An Analysis of the Relative Job Progression of the Perceptibly Physically Handicapped. *Academy of Management Journal, 23*(1). doi: 10.2307/255500

Brodwin, M. (1995, May). ADA: The Americans with and without disabilities act. *Management Review, 84*(5), 53.

Burchardt, T. (2005). *The education and employment of disabled young people.* Bristol, UK: The Policy Press.

Casale, J. (2011, April 4). ADA amendment rules may lead to more claims. *Business Insurance, 45*(14), pp. 3-18.

Centers for Disease Control and Prevention. (2015, July 22). *Impairments, Activity Limitations, and Participation Restrictions*. Retrieved from Disability & Health Home: https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html

Centers for Disease Control and Prevention. (2016, March 17). *Common Barriers to Participation Experienced by People with Disabilities*. Retrieved from http://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html

Centers for Disease Control and Prevention. (2016, November 16). *Disability Inclusion Works*

    for All. Retrieved from https://www.cdc.gov/features/disability-inclusion-

    employment/index.html

Charlton, J. I. (1998). *Nothing About Us Without Us: Disability Oppression and Empowerment.*

    Berkeley, CA, U.S.A.: University of California Press. doi:

    10.1525/california/9780520207950.001.0001

Coleman, A. (2005, February). Pull Together. *Employee Benefits*, pp. 55-56.

Connor, D., & Bejoian, L. (2006). Pigs, Pirates, and Pills: Using Film to Teach the Social

    Context of Disability. *TEACHING Exceptional Children, 39*(2). doi:

    10.1177/004005990603900210

Counsell, C., & Stanley, P. (2005, June). Performing Impairment: The Cultural Enactment Of

    Disability. *Atenea, 25*(1), 77-93.

Crain, J. (2003, January). Flex appeal is stronger than cash. *Works Management, 56*(1), p. 6.

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods*

    Approaches (3rd ed.). Thousand Oaks, CA, U.S.A: SAGE Publications.

Creswell, J. W. (2013, November 14). Steps in Conducting a Scholarly Mixed Methods Study.

    DBER Speaker Series, 48.

Cubero, C. G. (2007). Situational leadership and persons with disabilities. *Work, 29*(4), 351-356.

D.P.M. (1995, February). VR program helps disabled students. *Computer Graphics World,*

    18(2), p. 63.

Deegan, M. J., & Brooks, N. A. (1985). *Women and Disability: The Double Handicap.* New

    Brunswick, NJ, U.S.A.: Transaction Publishers.

Determining Disability of An Adult Child. (2001, November 1). *Fair Employment Practices*

Guidelines*(539), p. 3.

Dunn, D. S., & Andrews, E. E. (2015, April). Person-first and identity-first language:

Developing psychologists' cultural competence using disability language. *American*

Psychologist, 70(3). doi: 10.1037/a0038636

Durham, J., Brolan, C. E., & Mukandi, B. (2014, November). The Convention on the Rights of

Persons with Disabilities: a foundation for ethical disability and health research in

developing countries. *American Journal of Public Health, 104*(11). doi:

10.2105/AJPH.2014.302006

EEOC guidance set on family responsibilities. (2007, July 1). *HR Focus, 84*(7), p. 2.

Federal Policy for the Protection of Human Subjects, 34 C.F.R. § 300.97.102 (2017).

Filmer, D. (2008, January 15). Disability, Poverty, and Schooling in Developing Countries:

Results from 14 Household Surveys. *World Bank Economic Review, 22*(1). doi:

10.1093/wber/lhm021

Fine, M., & Asch, A. (1988). *Women with Disabilities: Essays in Psychology, Culture, and*

Politics. Philadelphia, PA, U.S.A.: Temple University Press.

Flex appeal is stronger than cash. (2003, January). *Works Management, 56*(1), p. 6.

Florian, L., Hollenweger, J., Simeonsson , R. J., Wedell, K., Riddell, S., Terzi, L., & Holland, A.

(2006). Cross-Cultural Perspectives on the Classification of Children With Disabilities.

The Journal of Special Education, 40(1). doi: 10.1177/00224669060400010401

Forlin, C., Chambers, D., Loreman, T., Deppeler, J., & Sharma, U. (2013). *Inclusive Education*

for Students with Disability. The Australian Research Alliance for Children and Youth.

Retrieved from https://www.aracy.org.au/publications-resources/

Fox, J. T. (2009, May). Disability Touring: Making difficult destinations accessible for all.
    Travel Agent, 334(11), pp. 40-42.

Freedom House. (2012). *Freedom In the World: Saudi Arabia.* Freedom House. Retrieved from
    https://freedomhouse.org/report/freedom-world/2017/saudi-arabia

Freidig, R. (1999, July). Etiquette and the Disabled. *Journal of Property Management, 64*(4).

Frey, R. (1993, March). What happens when taxis run at 10 percent of cost. *Alberta Report,
    20*(14), p. 13.

Gates, C. (2002, February 8). Access declined. *Building Design*(1519), p. 2.

Gilderbloom, J. I., & Rosentraub, M. S. (1990, July). Creating the Accessible City: Proposals for
    Providing Housing and Transportation for Low Income, Elderly and Disabled People.
    The American Journal of Economics and Sociology, 49(3). doi: 10.1111/j.1536-
    7150.1990.tb02279.x

Government.ae. (2017, 10 5). *People of determination (special needs)*. Retrieved from Official
    Portal of the UAE Government: https://www.government.ae/en/information-and-
    services/social-affairs/special-needs

Greenwald, J. (2006, July 24). California settles disability dispute. *Business Insureance, 40*(30),
    pp. 2-3.

Groce, N. E. (1999, August 28). Disability in cross-cultural perspective: rethinking disability.
    The Lancet, 354(9180). doi: 10.1016/S0140-6736(99)06140-1

Hayes, L. (1995, December 11). Subsidized Cab Rides For The Fit. *Alberta Report, 22*(52), pp.
    20-21.

Henry Pitchers Experiences the Challenges of Life in a Wheelchair. (2016, May 11). Retrieved

from The Lawyer: https://www.thelawyer.com/henry-pitchers-experiences-the-

challenges-of-life-in-a-wheelchair/

Hernández, G. M. (2007, March 8). Disability Insurance. *Caribbean Business, 35*(9), p. 11.

HR Plays Pivotal Role in Adapting Policies to ADA Amendments Act Rules. (2011, May). *HR*

Focus, 88(5), 1-5.

Human Rights Watch. (2010). *As If We Weren't Human: Discrimination and Violence against*

Women with Disabilities in Northern Uganda. Retrieved from

https://www.hrw.org/sites/default/files/reports/uganda0810_brochure_low.pdf

Human Rights Watch. (2011). *One Billion Forgotten: Protecting The Human Rights Of Persons*

With Disabilities. Retrieved from *One Billion Forgotten: Protecting The Human Rights*

Of Persons With Disabilities.

Human Rights Watch. (2012, May 15). *I Want to be a Citizen Just like Any Other*. Retrieved

from https://www.hrw.org/report/2012/05/15/i-want-be-citizen-just-any-other/barriers-

political-participation-people

Human Rights Watch. (2013, July 15). *As Long as They Let Us Stay in Class: Barriers to*

Education for Persons with Disabilities in China. Retrieved from

https://www.hrw.org/report/2013/07/15/long-they-let-us-stay-class/barriers-education-

persons-disabilities-china

Human Rights Watch. (2014, May 1). *Without Dreams: Children in Alternative Care in Japan*.

Retrieved from https://www.hrw.org/report/2014/05/01/without-dreams/children-

alternative-care-japan

Hunter-Zaworski, K. (2007, May). Getting Around in an Aging Society. *Planning, 73*(5), 22-25.

Japan International Cooperation Agency. (2002). *Country Profile on Disability: Kingdom of Saudi Arabia.* Japan International Cooperation Agency, Planning and Evaluation Department. Cornell University ILR School. Retrieved from

http://digitalcommons.ilr.cornell.edu/gladnetcollect/232/

Johnson, A. (2010, December 17). JPM and MTA Join in Cab Trial. *American Banker, 175*(194), p. 5.

Kennedy Shriver, E. (1962, September 2). Hope for Retarded Children. *Saturday Evening Post, 235*(33), pp. 71-75.

Koenig, H. (1998, November/December). The Americans with Disabilities Act: Who Isn't Covered? *Public Administration Review, 58*(6). doi: 10.2307/977574

Laffie, L. S. (2003, February). Hiring Disabled Workers. *Tax Adviser, 34*(2), 65.

Lee, B. A. (2003). A Decade of the Americans with Disabilities Act: Judicial Outcomes and Unresolved Problems. *Industrial Relations: A Journal of Economy and Society, 42*(1). doi: 10.1111/1468-232X.00274

Lee, D. D. (1999, November). Lessons of Suddenly Being Disable. *Professional Safety, 44*(11), 36-37.

Levy, R. (1999, November). Disability income plan for PRSA members. *Public Relations Tactics, 6*(11), 9.

Lewis, M., Craig, C., Mearns, J., McCafferty, S., & Goyder, M. (2004, September). Letters to the editor. *Employee Benefits*, pp. 70-71.

Lindsay, S., & Yantzi, N. (2014). Weather, disability, vulnerability, and resilience: exploring how youth with physical disabilities experience winter. *Disability and Rehabilitation, 36*(26). doi: 10.3109/09638288.2014.892158

Madan, A., & Sharma, N. (2013). Inclusive Education for Children with Disabilities: Preparing

    Schools to Meet the Challenge. *Electronic Journal for Inclusive Education, 3*(1).

Martins, L. B., Barkokébas Junior, B., & Guimarães, B. M. (2012). Including the people with

    disabilities at work: a case study of the job of bricklayer in civil construction in Brazil.

    Work, 41(1).

Mello, J. A. (1993, March). Employing and Accommodating Workers with Disabilities:

    Mandates and Guidelines for Labor Relations. *Labor Law Journal, 44*(3).

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies for

    Establishing Reliability and Validity in Qualitative Research. *International Journal of*

    Qualitative Methods, 1(2). doi: 10.1177/160940690200100202

Murphy, T. (2010, April). 20-Minute University. *Restaurant Business, 109*(4), pp. 40-41.

National Committee of Bio and Medical Ethics. (2017). *Rules and regulation and Registration*.

    (King Abdulaziz City for Science and Technology) Retrieved from National Committee

    of Bio and Medical Ethics: http://bioethics.kacst.edu.sa/

National Committee of BioEthics. (2016). *Implementing Regulations of the Law of Ethics of*

    Research on Living Creatures. King Abdul Aziz City for Science and Technology.

National Council on Disability. (1993). *Study on the Financing of Assistive Technology Devices*

    and Services for Individuals with Disabilities. Washington, DC.

Nolan, M. (2014, June 27). 60 second guide: to disability discrimination. *Works Management*.

Northern Officers Group. (1999). *The Disability Archive UK.* Retrieved from

    http://pf7d7vi404s1dxh27mla5569.wpengine.netdna-cdn.com/files/library/Northern-

    Officers-Group-defining-impairment-and-disability.pdf

Nyombi, C., & Kibandama, A. (2014, December 15). Access to Employment for Persons with
     Disabilities in Ugand. *Labor Law Journal, 65*(4).

OECD. (2010). *Sickness, Disability and Work: Breaking the Barriers.* Paris: OECD Publishing.
     Retrieved from http://www.oecd.org/publications/sickness-disability-and-work-breaking-
     the-barriers-9789264088856-en.htm

Office of Disability Employment Policy (ODEP). (2017). *January 2017 Disability Employment
     Statistics Ages 16 years and over*. (United States Department of Labor) Retrieved from
     https://www.dol.gov/odep/

Office of the United Nations High Commissioner for Human Rights. (2016). *Combating
     Discrimination against Persons with Disabilities*. Retrieved from
     http://www.ohchr.org/EN/Issues/Discrimination/Pages/discrimination_disabilities.aspx

Organization of the Petroleum Exporting Countries. (2016). *OPEC Annual Statistical Bulletin.*
     Retrieved from http://www.opec.org/opec_web/en/publications/202.htm

Palawat , M., & May, M. E. (2012). The Impact of Cultural Diversity on Special Education
     Provision in the United States. *Journal of the International Association of Special
     Education, 13*(1).

Pepperdine University Institutional Review Board. (n.d.). *Graduate and Professional Schools
     IRB*. Retrieved from http://community.pepperdine.edu/irb/graduate/

Pilling, D. S. (2002). Early employment careers of people with disabilities in the National Child
     Development Study. *Work, 18*(1), 75-87.

Quinn, G., Degener, T., Bruce, A., Burke, C., Castellino, J., Kenna, P., . . . Quinlivan, S. (2002).
     Human Rights and Disability: The current use and future potential of United Nations

human rights instruments in the context of disability. New York and Geneva: United

Nations.

Rogers, D. (2002, December 1). Balancing act: Stabilizing paratransit costs. *American City and*

County, 117(17), pp. 22-30.

Saudi National Commission For Child Welfare. (2002). *Report of the Kingdom of Saudi Arabia*

on Childhood End - Decade (1990-2000). Ministry of Education, General Directorate For

Educational Research. Retrieved from

https://www.unicef.org/specialsession/how_country/edr_saudi_arabia_en.PDF

Shawky, S., Abalkhail, B., & Soliman, N. (2002, January). An epidemiological study of

childhood disability in Jeddah, Saudi Arabia. *Paediatric and Perinatal Epidemiology,*

16(1), 61-66. doi: 10.1046/j.1365-3016.2002.00365.x

Silverstein, R., Julnes, G., & Nolan, R. (2005, May/June). What Policymakers Need and Must

Demand From Research Regarding the Employment Rate of Persons with Disabilities.

Behavioral Sciences and the Law, 23(3), 399-448. doi: 10.1002/bsl.632

Simmons, L. (1997, October). Disability income plan for PRSA members. *Public Relations*

Tactics, 4(10), 9.

Snyder, D. (1993, February). Qualified Individuals with Disabilities: Defining the ADA's

Protected Class. *Labor Law Journal, 44*(2).

Snyder, D. A. (1993, February). Qualified Individuals with Disabilities: Defining the ADA's

Protected Class. *Labor Law Journal, 44*(2).

Taylor, S., Shoultz, B., & Walker, P. (2003). *Disability Studies: Information And Resources.*

Syracuse University, The Center on Human Policy.

Time is now on your side. (2003, April 14). *Travel Trade Gazette UK & Ireland*(2559), p. 22.

Tomei, M. (2003). Discrimination and equality at work: A review of the concepts. *International Labour Review, 142*(4). doi: 10.1111/j.1564-913X.2003.tb00538.x

Tregaskis, C., & Goodley, D. (2005). Disability Research by Disabled and Non-Disabled People: Towards a Relational Methodology of Research Production. *International Journal of Social Research Methodology, 8*(5). doi: 10.1080/13645570500402439

Turnbull, H. R., & Stowe, M. J. (2001). Five Models for Thinking About Disability: Implications for Policy Responses. *Journal of Disability Policy Studies, 12*(3). doi: 10.1177/104420730101200305

Turnbull, R. (2014). The Convergence of Disability Law and Policy: Core Concepts, Ethical Communities, and the Notion of Dignity. *Five Models of Thinking about Developmental Disabilities* . Minnesota Governor's Council on Developmental Disabilities. Retrieved from http://mn.gov/mnddc/rud-turnbull/rud-turnbull-15.html

Turnbull, R. H., Beegle, G., & Stowe, M. J. (2001, December 1). The Core Concepts of Disability Policy Affecting Families Who Have Children with Disabilities. *Journal of Disability Policy Studies, 12*(3). doi: 10.1177/104420730101200302

U.S. Department of Education. (2011, May 19). *Information About the Protection of Human Subjects in Research Supported by the Department of Education - Overview*. Retrieved from https://www2.ed.gov/policy/fund/guid/humansub/overview.html

U.S. Department of Justice. (1999). *A Guide to Disability Rights Laws.* U.S. Department of Justice, Civil Rights Division. Retrieved from https://www.ada.gov/cguide.pdf

U.S. Equal Employment Opportunity Commission. (2007). *Annual Report on the Federal Work Force Fiscal Year 2007.* Retrieved from EEOC Guidance Set on Family Responsibilities: https://www.eeoc.gov/federal/reports/fsp2007/index.html

UN General Assembly. (1982). *World Programme of Action Concerning Disabled Persons*. New

York, NY, U.S.A.: United Nations. Retrieved from

https://www.un.org/development/desa/disabilities/resources/world-programme-of-action-

concerning-disabled-persons.html

UN General Assembly. (1993, December 20). *The Standard Rules on the Equalization of*

Opportunities for Persons with Disabilities. UN General Assembly. Retrieved from

https://www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-

opportunities-for-persons-with-disabilities.html

UNESCO. (2008). Inclusive Education: The Way of The Future. *International Conference on*

Education. Geneva. Retrieved from

http://www.ibe.unesco.org/fileadmin/user_upload/Policy_Dialogue/48th_ICE/CONFINT

ED_48-3_English.pdf

UNICEF. (2012). *The right of children with disabilities to education: A rights-based approach to*

Inclusive Education (Draft). Geneva, Switzerland. Retrieved from http://includ-

ed.eu/sites/default/files/documents/unicef-reap-prog-rep-annexe8.pdf

United Nations . (2015). *Global Status Report on Disability and Development Prototype 2015*.

United Nations, Department of Economic and Social Affairs, New York, NY. Retrieved

from

http://www.un.org/esa/socdev/documents/disability/2016/GlobalStatusReportonDisability

andDevelopment.pdf

United Nations. (2003). *United Nations Commitment to Advancement of the Status of Persons*

with Disabilities. Retrieved August 28, 2016, from The UN and Persons with Disabilities:

http://www.un.org/esa/socdev/enable/disun.htm

United Nations. (2008). *Factsheet on Persons with Disabilities.* Retrieved from Division for

    Social Policy and Development Disability:

    http://www.un.org/disabilities/documents/toolaction/pwdfs.pdf

United Nations. (2016). *International Day of Persons with Disabilities*. Retrieved from

    http://www.un.org/en/events/disabilitiesday/

United States Equal Employment Opportunity Commission. (2007). *Annual Report on the*

    Federal Work Force. EEOC, Office of Federal Operations. Retrieved from

    https://www.eeoc.gov/federal/reports/fsp2007/fsp2007.pdf

Urban, J. (1997, April). Define Disabled. *Executive Report, 15*(8), p. 48.

USAID. (2015, August 24). *Advancing Women And Girls With Disabilities*. Retrieved from

    https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-

    disabilities

Waters, N. (2015, January 23). Doing Good Is Good Business. *American City and County,*

    130(1), pp. 12-13.

Wittmer, J., & Wilson, L. (2010, February 14). Turning Diversity Into $: A Business Case for

    Hiring People with Disabilities. *Training and Development Magazine, 64*(2), pp. 58-61.

World Bank. (2016). *The World Bank on Disability*. Retrieved from

    http://www.worldbank.org/en/topic/disability

World Health Organization. (1976). *International Classification of Impairments, Disabilities,*

    and Handicaps. Geneva, Switzerland: WHO Press. Retrieved from

    http://apps.who.int/iris/bitstream/10665/41003/1/9241541261_eng.pdf

World Health Organization. (2001). *International Classification of Functioning, Disability and*

    Health: ICF. Geneva: WHO.

World Health Organization. (2002). *Towards a Common Language for Functioning, Disability and Health: ICF.* Geneva, Switzerland. Retrieved from

http://www.who.int/classifications/icf/icfbeginnersguide.pdf

World Health Organization. (2011). *World Report on Disability 2011.* Geneva, Switzerland: WHO Press. Retrieved from http://www.who.int/disabilities/world_report/2011/en/

World Health Organization. (2015). *Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation.* New York, NY, U.S.A.: WHO Press. Retrieved from http://apps.who.int/medicinedocs/en/d/Js22478en/

Young, A. C. (2007, September 24). *Service User Voice: Stranded and scared*. Retrieved from Community Care: http://www.communitycare.co.uk/2007/09/24/service-user-voice-stranded-and-scared/

Zimmerman, J. C., & Kohl, J. P. (1994). ADA Compliance: Let Uncle Sam Help. *Journal of Accountancy, 178*(3).

Zohrabi, M. (2013, February). Mixed Method Research: Instruments, Validity, Reliability and Reporting Findings. *Theory and Practice in Language Studies, 3*(2). doi: 10.4304/tpls.3.2.254-262

APPENDIX A

Survey for People with Disabilities

Section 1 – Personal and Demographic Information

1. What is your age?
☐ Under 12-years old ☐ 12 - 17 ☐ 18 - 24 ☐ 25 - 34
☐ 35 - 44 ☐ 45 - 54 ☐ 55 - 64 ☐ 65 - 74
☐ 75 or older ☐ I would rather not share

2. What is your gender?
☐ Female ☐ Male ☐ I would rather not share

3. Which Region of Saudi Arabia do you live in?
☐ Asir ☐ Bahah ☐ Eastern Province ☐ Hail
☐ Jawf ☐ Jizan ☐ Madinah ☐ Makkah
☐ Najran ☐ Northren Borders ☐ Qassim ☐ Riyadh
☐ Tabuk

4. What is your marital status?
☐ Single, never ☐ Married ☐ Widowed ☐ Divorced
☐ Separated ☐ I would rather not share

5. Do you consider yourself disabled?
☐ Yes ☐ No

6. Who has the most *positive* influence on your *personal* life within the context of your
☐ Mother ☐ Father ☐ Spouse ☐ Brother
☐ Sister ☐ Uncle ☐ Aunt ☐ Child
☐ Grandparent ☐ Friend ☐ Neighbor ☐ Classmate
☐ Co-worker ☐ Teacher ☐ Religious Figure ☐ Unknown Person

7. Who has the most *negative* influence on your *personal* life within the context of your
☐ Mother ☐ Father ☐ Spouse ☐ Brother
☐ Sister ☐ Uncle ☐ Aunt ☐ Child
☐ Grandparent ☐ Friend ☐ Neighbor ☐ Classmate
☐ Co-worker ☐ Teacher ☐ Religious Figure ☐ Unknown Person

8. Which type of school did you go to for most of your primary education (K-12)?
☐ Public School ☐ Private School ☐ Institution for People with Disability

9. What is the highest degree or level of school you have completed?
☐ None ☐ Elementary School ☐ Middle School ☐ Secondary School
☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

10. What type of physical disability do you have?
☐ Hearing Loss   ☐ Mobility   ☐ Spinal Cord   ☐ Vision

11. How did you become disabled?
☐ Born with   ☐ Illness   ☐ Accident

12. When did you become disabled?
☐ Under 12-years old   ☐ 12 - 17   ☐ 18 - 24   ☐ 25 - 34
☐ 35 - 44   ☐ 45 - 54   ☐ 55 - 64   ☐ 65 - 74
☐ 75 or older   ☐ I would rather not share

Section 2 – Home, Healthcare, and Activity

1. Do you have responsibilities in your household like cooking or laundry?
☐ Yes   ☐ No

2. Outside of yourself, who is your primary caregiver or assistant?
☐ None   ☐ Spouse   ☐ Mother   ☐ Father
☐ Children   ☐ Trained Nurse   ☐ House Maid

3. Do you have help around your home to assist you with daily activities other than care?
☐ Yes   ☐ No

4. Do you participate in social activates like attending weddings and family gatherings?
☐ Yes   ☐ No

5. If you answered *No* in (4), Why? (Choose all that applies)
☐ I don't feel comfortable showing my   ☐ I don't have means of transportation
☐ My family does not feel comfortable showing my disability
☐ Event locations are inaccessible   ☐ I don't like socializing

6. How often do you leave your home to perform an activity like shopping or going out?
☐ Twice or more a   ☐ Once a day   ☐ 1 - 2 times a week   ☐ 3 - 4 times a week
☐ 2 - 3 times a month   ☐ rarely

7. Do you have health insurance?
☐ Yes   ☐ No

8. What percentage of your budget is spent on healthcare (including medications)?
☐ None   ☐ 1 - 5%   ☐ 6 - 10%   ☐ 11 - 20%
☐ 21 - 30%   ☐ 31 - 40%   ☐ 41 - 50%   ☐ 51 - 60%
☐ 61 - 70%   ☐ 71 - 80%   ☐ 81 - 90%   ☐ 91 - 100%

9. Do you have any debt due to healthcare costs?
☐ Yes   ☐ No

10. Did you travel outside of Saudi Arabia for medical treatment?
☐ Yes   ☐ No

11. Do you have reliable access to a car?
☐ Yes   ☐ No

12. Was your car modified to have equipment specifically designed to help you use it?
☐ Yes   ☐ No

13. Do you use a disabled parking permit?
☐ Yes   ☐ No

14. Do you have access to disabled parking in public facilities and at your place of
☐ Yes   ☐ No

15. Do you find that disabled parking is almost always used by people with disabilities?
☐ Yes   ☐ No

16. Has your home been modified to accommodate your special needs?
☐ Yes   ☐ No

17. What *changes* were made in your workplace to accommodate your needs? (Choose all that applies)
☐ Elevator   ☐ Ramps   ☐ Grab Bars   ☐ Bathroom upgrades
☐ Reserved parking

Section 3 – Discrimination and Emotional State

1. Are you open to people asking you about your disability?
☐ Yes   ☐ No

2. Do you feel people exploit you due to your disability?
☐Yes   ☐ No   ☐ Not sure

3. Do you mind if people assist you due to your disability?
☐ Yes   ☐ No   ☐ Not sure

4. How do you see the people in public see you?
☐ Sympathy   ☐ Empathy   ☐ Discomfort   ☐ Indifference

5. What do you prefer people to refer to your situation as?
☐ Disabled   ☐ Special Needs   ☐ Handicap   ☐ Other

6. How often do you face discrimination due to your disability?
☐ Daily   ☐ 1 - 2 times a month   ☐ every time I leave home
☐ I don't get discriminated against often

7. Who do you face discrimination from?
☐ Parents   ☐ Children   ☐ Caregivers   ☐ Family members
☐ Friends   ☐ Community   ☐ People I don't

8. Do you report this discrimination or talk about it?
☐ Yes   ☐ No

9. Do you avoid situations where you believe you will be discriminated against
☐ Yes   ☐ No

Section 4 – Employment, Support, and Financial Status

1. What is your current employment status?
☐ Employed   ☐ Self-Employed   ☐ Out of work and looking for work
☐ Homemaker   ☐ Student   ☐ Out of work but not currently looking for
☐ Student   ☐ Military   ☐ Retired   ☐ Unable to work

2. What is your work schedule like?
☐ Part-time   ☐ Full-time   ☐ Hourly

3. Do you believe you receive a salary equal to your non-disabled co-workers who do the
☐ Yes   ☐ No   ☐ Not sure

4. Who has the most *positive* influence on your *professional* life within the context of your
☐ Mother   ☐ Father   ☐ Spouse   ☐ Brother
☐ Sister   ☐ Uncle   ☐ Aunt   ☐ Child
☐ Grandparent   ☐ Friend   ☐ Neighbor   ☐ Classmate
☐ Co-worker   ☐ Teacher   ☐ Religious Figure   ☐ Unknown Person
☐ Manager

5. Who has the most *negative* influence on your *professional* life within the context of your
☐ Mother   ☐ Father   ☐ Spouse   ☐ Brother
☐ Sister   ☐ Uncle   ☐ Aunt   ☐ Child
☐ Grandparent   ☐ Friend   ☐ Neighbor   ☐ Classmate
☐ Co-worker   ☐ Teacher   ☐ Religious Figure   ☐ Unknown Person
☐ Manager

6. Which field do you work in?
☐ Agriculture   ☐ Chemical   ☐ Computer/Software   ☐ Education (K - 12)

☐ Energy and   ☐ Financial Services   ☐ Government   ☐ Education (Higher)
☐ Healthcare   ☐ Homemaker   ☐ Hospitality and   ☐ Manufacturing
☐ Media   ☐ Military   ☐ Real Estate   ☐ Retails
☐Telecommunication   ☐ Transportation

7. Have you received any government assistance due to your disability?
☐ Yes   ☐ No

8. If you answered *Yes* to (7), what type of assistance did you receive?
☐ Financial Aid   ☐ Healthcare support   ☐ Rehabilitation   ☐ Healthcare Aboard
☐ Assistive Technologies   ☐ Assistive Services (e.g. home care)

9. What is your living condition?
☐ Head of Household   ☐ Living with Parents   ☐ Living with Family Member
☐ Live-in medical facility

10. What is your personal income per month (SR)?
☐ less than 2,000   ☐ 2,000 - 5,000   ☐ 5,001 - 8,000   ☐ 8,001 - 10,000
☐ 10,001 - 15,000   ☐ 15,000 - 20,000   ☐ more than 20,000   ☐ I would rather not

APPENDIX B

Survey for the Non-Disabled

Section 1 – Personal and Demographic Information

1. What is your age?
☐ Under 12-years old   ☐ 12 - 17   ☐ 18 - 24   ☐ 25 - 34
☐ 35 - 44   ☐ 45 - 54   ☐ 55 - 64   ☐ 65 - 74
☐ 75 or older   ☐ I would rather not share

2. What is your gender?
☐ Female   ☐ Male   ☐ I would rather not share

3. Which Region of Saudi Arabia do you live in?
☐ Asir   ☐ Bahah   ☐ Eastern Province   ☐ Hail
☐ Jawf   ☐ Jizan   ☐ Madinah   ☐ Makkah
☐ Najran   ☐ Northren Borders ☐ Qassim   ☐ Riyadh
☐ Tabuk

4. What is the highest degree or level of school you have completed?
☐ None   ☐ Elementary School ☐ Middle School   ☐ Secondary School
☐ Associate Degree   ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

Section 2 – Relationship with Disability

1. Do you have a disabled family member?
☐ Yes   ☐ No

2. How often do you interact with your family member in question (1)?
☐ Twice or more a   ☐ Once a day   ☐ 1 - 2 times a week   ☐ 3 - 4 times a week
☐ 2 - 3 times a month   ☐ rarely

3. Do you have a disabled friend?
☐ Yes   ☐ No

4. How often do you interact with your friend in question (3)?
☐ Twice or more a   ☐ Once a day   ☐ 1 - 2 times a week   ☐ 3 - 4 times a week
☐ 2-3 times a month   ☐ rarely

5. Do you have a disabled classmate/co-worker?
☐ Yes   ☐ No

6. How often do you interact with your classmate/co-worker in question (5)?
☐ Twice or more a   ☐ Once a day   ☐ 1 - 2 times a week   ☐ 3 - 4 times a week
☐ 2 - 3 times a month   ☐ rarely

7. Are you active in any cause or organization that provides support to people with
☐ Yes   ☐ No

Section 3 – Attitudes Toward Disability

A. Do you consider the following people disabled?
　　　　1. A person wearing sunglasses and using a white cane
　　　　　　　☐ Yes   ☐ No
　　　　2. A person using a hearing aid
　　　　　　　☐ Yes   ☐ No
　　　　3. A person wearing an artificial limb
　　　　　　　☐ Yes   ☐ No

B. What is the right way to refer to people with physical disability?
　　　　☐ Disabled   ☐ Handicap   ☐ Special Needs
　　　　☐ They are not a separate social group   ☐ Other

C. Please indicate how strongly you agree or disagree with the following statements
　　　　1. People with disabilities in Saudi Arabia face obstacles in their professional lives
　　　　　　　☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
　　　　　　　☐ Agree   ☐ Strongly Agree

　　　　2. People with disabilities in Saudi Arabia face obstacles in their education
　　　　　　　☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
　　　　　　　☐ Agree   ☐ Strongly Agree

　　　　3. There is discrimination against people with disabilities in Saudi Arabia
　　　　　　　☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
　　　　　　　☐ Agree   ☐ Strongly Agree

　　　　4. It is the duty of the government to ensure all public utilities and services are
　　　　　　　☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
　　　　　　　☐ Agree   ☐ Strongly Agree

　　　　5. Parking in a handicap spot is okay if I am only there for a few minutes
　　　　　　　☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
　　　　　　　☐ Agree   ☐ Strongly Agree

6. I do not feel comfortable around people with disabilities
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

7. I would hire someone with a disability if their qualifications met my hiring criteria
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

8. People with disabilities should be integrated into public schools
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

9. People with disabilities can overcome their disabilities if they try hard enough
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

10. People with disabilities should be protected from failing
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

11. People with disabilities should not be allowed to make their own decisions
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

12. People with disabilities are a financial burden
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

13. People with disabilities should be integrated into the community and participate
        ☐ Strongly Disagree   ☐ Disagree   ☐ Neutral
        ☐ Agree   ☐ Strongly Agree

APPENDIX C

Survey Evaluation

1. Rate the simplicity and clarity of survey. Choose all that applies
☐ Easy to understand   ☐ Hard to   ☐ Brief   ☐ Simple
☐ Verbose   ☐ Too many

2. Rate the level this survey was able to express the research problem
☐ High   ☐ Medium   ☐ Low

3. Rate the level this survey was able to relate to people with disabilities in Saudi Arabia
☐ High   ☐ Medium   ☐ Low

4. Please write any suggestions or recommendation you may have about the survey:

APPENDIX D

IRB Approval

PEPPERDINE

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: July 18, 2017

Protocol Investigator Name: Sara Kadi

Protocol #: 17-03-533

Project Title: Why Does Saudi Arabia Have Fewer Leaders with Disabilities? Changing Perspectives and Creating New Opportunities For The Physically Challenged in Saudi Arabia

School: Graduate School of Education and Psychology

Dear Sara Kadi:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today July 18, 2017, and expires on July 17, 2018.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond July 17, 2018, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this

PEPPERDINE

Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist