

THE EXTENT OF THE LEVEL OF SOCIAL INTEGRATION PROVIDED TO PHYSICALLY DISABLED IN RURAL AND URBAN YEMENI SOCIETY: A FIELD STUDY FROM THE PERSPECTIVE OF THE DISABLED THEMSELVES

Ali Yahya Ahmed Atef ¹, Khadija Ali Hussein Saleh Omar ² and Fuad Mansoor Ahmed Al-Ward ³

¹ International Development & Gender, Sana'a University, Sana'a, Yemen.
Email: aliatef945@gmail.com

² Social Work, Aden University, Aden, Yemen. Email: khadija.ali.h.arts@aden-univ.net

³ Translation, English Language, Sana'a University, Sana'a, Yemen.

Email: f.alward@su.edu.ye / alwardd1982@gmail.com

ORCID ID: <https://orcid.org/0000-0003-1946-4123>

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Abstract

The current research aimed to identify the level of social integration provided to the physically disabled in rural and urban Yemeni society from the perspective of the disabled themselves, and to identify the differences in the mean responses of the sample individuals regarding the level of social integration provided to the physically disabled according to the variables of the research. The researchers used the analytical descriptive approach and prepared a questionnaire consisting of (48) paragraphs distributed over four domains (health, educational, functional, and political). The questionnaire was applied to a sample of (300) physically disabled individuals, selected intentionally from four Yemeni governorates (Sana'a, Aden, Sa'adah, and Al-Dhalea). The most prominent results of the research were: The level of social integration provided to the physically disabled in Yemeni society, from the perspective of the disabled themselves, in all axes, was rated as medium, with a mean of (2.81), a standard deviation of (1.09), and a percentage of (0.63). There were differences between the sample individuals regarding the level of social integration of the physically disabled according to the gender variable, in favor of males, and no differences according to the governorate variable. There were also differences according to the educational qualification variable, in favor of (bachelor's degree or higher). The research concluded with some recommendations and suggestions that contribute to enhancing the level of social integration of the physically disabled in Yemeni society.

Keywords: Social Integration, Physically Disabled, Rural and Urban, Yemeni Society.

1. INTRODUCTION

Knowing the level of social integration is an important matter, as disability is a social and humanitarian phenomenon that requires us to identify its determinants, research, and analyze it with a degree of comprehensiveness and accuracy, relying on the procedures and rules of the scientific research methodology in sociology, which aims to understand social reality as a basis for changing it in the direction that achieves the supreme interests of society. On this basis, the importance of the study lies in shedding light on the reality of the disabled by identifying the phenomenon in its dimensions, general effects, and mechanisms to reduce it, drawing the attention of society and concerned parties to the size of this phenomenon, its effects, and how to deal with it by providing a clear picture of the problem of disability in Yemeni society (Saleh, 2018, p. 15). Modern trends in the education and training of people with disabilities have emphasized the need to provide living conditions that are as close as possible to the living conditions available to ordinary people in society and to provide them with opportunities to interact with their peers through integration and living in their

communities, like everyone else, without discrimination or bias against them because of their disability (Alsabab, et al., 2008, p. 6).

Due to its importance, education has received great attention from developed and developing countries; they have realized that there can be no progress or development without education. With the advent of the third millennium and the accompanying changes and developments that encompassed all aspects of life, countries have undertaken a radical review of their educational systems to keep pace with the areas of development (Bataineh & Al-Rowaily, 2015, p. 149). The United Nations has paid great attention to people with disabilities and the process of sustainable development. There was a clear indication that people with disabilities should benefit from the objectives of these goals; it is clear from the Sustainable Development Goals for 2030 that development programs must benefit the category of people with disabilities in society. The scope of work of the Sustainable Development Goals included seven goals that referred to people with disabilities, and six other sub-goals that referred to them in light of the categories living in risky situations, including people with disabilities. The Sustainable Development Goals focus on basic development areas such as education, employment, decent work, social protection, resilience to disasters, mitigation of their effects, sanitation, transportation, and non-discrimination (Al-Kubaisi, 2019, p. 579).

The care of people with disabilities and the policy of their integration into society is a social pattern that plays a functional role in preparing them and their self-psychological and social adaptation through specialized institutions, means, and devices that enable their rehabilitation from the physical mental, and social aspects, to enable them to fully integrate into society and enhance their contribution in various aspects of life (Shehab, 2023, p. 1).

2. PROBLEM OF THE STUDY

According to the latest statistics of the National Union of Yemeni Societies and Organizations of the Disabled, which includes (300) organizations and institutions spread across all governorates of the republic, the proportion of people with disabilities is 15% of the total population of the republic. This amounts to three million seven hundred thousand people with disabilities, including (physical disabilities, visual disabilities, hearing disabilities, mental disabilities, autism spectrum disorders, and multiple disabilities) (Al-Salawi, 2018). A report published by (the Deutsche Welle) website stated that, the war in Yemen has left about 92,000 people with disabilities and that the wars and conflicts Yemen has witnessed in recent years have led to an increase in the number of people with disabilities, according to what it described as modest grades, to more than three million seven hundred thousand people with disabilities (Al-Tahir, 2017, p. 15).

The war on Yemen since March 26, 2015, has also resulted in many disabilities, especially physical ones, and the resulting psychological and social effects, and a wave of displacement for many people with physical disabilities from conflict areas in search of safe areas. A person with disabilities finds himself in a new environment that is completely different from the one he lived in and got used to. Now he is in a new environment with different characteristics and circumstances, which means that the person with disabilities has lost many services and has nothing to do but adapt to an imposed reality to satisfy his basic needs that maintain his survival, while the rest of

the social needs are no longer there (Al-Tariq, et al., 2019, p. 7). It seems, that national institutions and associations in our Yemeni society do not play a role in providing social integration for people with disabilities in terms of rehabilitation or training and meeting the requirements for their integration into society, even with the simplest necessary components for people with physical disabilities. The reality indicates that there is a weakness in the role of state institutions in the process of preparing institutions, organizations' health, sports, transportation, and other facilities to suit the ability of people with physical disabilities to move around these facilities easily and smoothly. These represent the greatest obstacles facing the integration of people with physical disabilities. In light of the foregoing, the research problem can be formulated in the following two main questions:

- 1) What is the level of social integration (health, educational, functional, and political) provided to people with physical disabilities in Yemeni society from the perspective of the disabled themselves?
- 2) Are there statistically significant differences at the (0.05) level of significance between the mean responses of the sample individuals regarding the level of social integration provided to people with physical disabilities in Yemeni society according to the variables of the research (gender, governorate, social status, educational qualification, reason of disability, and degree of disability)?

3. THE OBJECTIVES OF THE STUDY

The current research seeks to achieve the following objectives:

- Identify the level of social integration in the health, educational, functional, and political fields provided to people with physical disabilities in rural and urban Yemeni society from the perspective of the disabled themselves.
- Identify whether there are statistically significant differences at the 0.05 level of significance between the mean responses of the sample individuals regarding the level of social integration of people with physical disabilities in rural and urban Yemeni society according to the variables of the research.

4. THE SIGNIFICANCE OF THE STUDY

The importance of the current research lies in the following:

- The level of care and attention to people with disabilities is a fundamental criterion for measuring the civilization of nations and their level of development. The integration of people with physical disabilities into society is one of the priorities of states with their official and national institutions, which stems from the legitimacy of the right of people with disabilities to equal opportunities with others in all aspects of life and to live with dignity and freedom.
- The current research enriches the Yemeni and Arab libraries on the concept of social integration and will open the door for students and researchers to conduct many related researches.
- Provide several recommendations and suggestions that will improve the capabilities and capacities available to national official institutions in how to rehabilitate, train, and employ people with physical disabilities, and contribute to their integration in a scientifically advanced manner.

5. LIMITATION OF THE STUDY

The current research is limited to the following:

- Objective limit: The research was limited to studying the level of social integration (health, educational, functional, and political) provided to people with physical disabilities in Yemeni society from the perspective of the disabled themselves.
- Human limit: The research was limited to a sample of individuals with physical disabilities, both males and females.
- Spatial limit: The research was limited to several Yemeni governorates (Sana'a, Aden, Sa'adah, and Al-Dhalea).
- Temporal limit: The current research was limited to the year 2023/2024.

6. TERMS OF THE STUDY

- Social integration is defined as "the ability of a person with a disability to live safely everywhere, to feel his presence and value as a member of his family, and not to feel isolated and alienated within the community; that is, to achieve a degree of personal and social effectiveness, in addition to his continuous presence in school, and to benefit from all educational, cultural, academic, promotional, sports and medical services like the rest of the normal people, in addition to providing job opportunities in various professional institutions, each according to his abilities and capabilities" (Ali, 2008, p. 590).
- The researchers define social integration procedurally as "The level of services provided to people with physical disabilities by official institutions in the health, educational, functional and political fields, which enable them to integrate socially and participate in the various activities of community members, each according to his abilities and capabilities".
- Physically disabled people are those who suffer from a bone, muscular, or nervous disability, or a chronic medical condition that limits their ability to use their bodies normally, negatively affecting their ability to participate in life activities (Al-Khatib & Al-Hadidi, 2009, p. 100).
- The researchers define a person with a physical disability as "A person with a physical disability whose degree varies depending on the type of physical disability, which may affect a child, adolescent or adult in one of their motor systems, causing a partial motor impairment in one or more limbs".

7. PREVIOUS STUDIES

- Al-Shuabi's study (2023), aimed to examine the social welfare services provided to war-disabled individuals, specifically exploring their perspective on the matter. The research employed a descriptive-analytical approach and utilized a survey methodology. A targeted sample of 400 war-wounded individuals from 2015 to 2022 was selected, and a questionnaire was administered. The key findings revealed that the level of care for war-wounded individuals is inadequate, and only 12 out of 20 relevant entities, or 60%, provide genuine care for the disabled.

- Shehab's study (2023), intended to understand the reality of social care and its role in rehabilitating people with disabilities from the perspective of the disabled themselves in Aden. It utilized a descriptive-analytical and historical approach, relying on interviews and questionnaires administered to 100 disabled individuals. One of its most notable findings was the weakness of community care and its role in rehabilitating the disabled in various forms and essential life domains.
- Mozaffar's study (2022), focused on integrating individuals with special needs into society and changing the prevailing culture around disability. It aimed to develop policies and mechanisms for their integration in all areas of development. Employing a descriptive-analytical and historical approach, the study utilized a random sample of 144 physically disabled individuals and a questionnaire. The primary findings indicated that most respondents affirmed the lack of adequately equipped integrated schools to accommodate physically disabled students and the necessary resources for social integration.
- Al-Shamiri's study (2022), sought to understand the role of international organizations in alleviating the effects of the war on civilian war wounded in Taiz. Using a descriptive-analytical approach, a sample of 179 civilian war wounded from 2015 to 2020 was surveyed. The key finding revealed a consensus that civilian war wounded had not received any donations or assistance from organizations.
- Al-Tariq et al., study (2019), aimed to assess the level of violence directed towards displaced women with disabilities in Yemeni society. It also sought to identify differences based on variables such as age, social status, educational level, income level, family size, and the province to which they were displaced. The study sample consisted of 280 displaced women with disabilities, selected intentionally, who were administered a scale measuring violence against displaced women with disabilities. The primary findings indicated that the level of violence faced by these women was moderate, with psychological violence being the most prevalent form, followed by verbal violence. Additionally, no statistical differences were found in the level of violence based on the variables examined.
- Omar's study (2017), aimed to understand the role of local and international organizations in integrating physically disabled individuals in various domains, including social, cultural, educational, health, vocational, sports, recreational, and political spheres, from the perspective of staff members of organizations supporting the physically disabled in the capital city of Sana'a. Employing a descriptive-analytical approach, the research constructed a measurement tool consisting of two questionnaires: one for organization staff, comprising 86 items, and the other for the physically disabled, consisting of 85 items. The study sample included 183 male and female staff members and 229 physically disabled individuals. One of the most notable findings was that the level of performance of organizations working in the disability sector in integrating the physically disabled in social, cultural, educational, health, vocational, sports, recreational, and political spheres was below average, indicating a weak performance, according to both samples.
- Tammim's study (2013), sought to identify the obstacles facing the rehabilitation of disabled individuals in Yemeni society from a sociological perspective of social work. One of the most prominent findings of the study was the lack of cooperation between the families of the disabled and the institutions responsible for their care and rehabilitation. The researcher provided several recommendations, including

developing legislation to assist the disabled by transforming them from dependent individuals to productive members of society through vocational training suited to their capabilities and achieving professional and educational competency. Other suggestions included providing free health, psychological, and social care, supplying assistive devices such as prosthetics, hearing aids, and belts, and addressing the challenges faced by low-income families with disabled members.

- Abd El-Baky's study (2012), examined the role of non-governmental organizations in rehabilitating the physically disabled in the United States, Japan, and Egypt, utilizing a comparative methodology. A questionnaire was administered to a sample of specialists and professionals. One of the study's most notable findings was the weakness of the administrative capabilities of non-governmental organizations and the absence of competent administrative talents, whether through volunteering or employment. Additionally, it was found that institutions responsible for the care and rehabilitation of special needs individuals were unable to accommodate all applicants, as their numbers increased annually, limiting the provision of services to those in need.
- Al-Aqari's study (2012), aimed to understand the role of centers in providing educational, health, guidance, social integration, and vocational training services for the disabled. The research employed a descriptive survey methodology to collect and interpret data. One of the most prominent findings was the higher rates of disability among the poor and children of illiterate mothers and fathers. Conversely, it was found that disability rates decreased as the educational and cultural levels of parents increased.
- Al-Bakri's study (2010), intended to assess the effectiveness of institutions caring for the physically disabled in their social integration. Using a descriptive survey approach, the study sample consisted of eight organizations working in the field of community integration and caring for the physically disabled in Aswan Governorate. One of the most notable findings was the presence of factors contributing to increasing the capacity of institutions to bring about a change in the social status of beneficiaries, with a probability of 92.8%. One of the most critical factors was the development of self-esteem values for the disabled. The study also found factors leading to a change in the behavior of beneficiaries, with a probability of 89.3%, including respecting the opinions of others and participating in social activities. Additionally, some factors helped institutions deal with the problems faced by beneficiaries, with a probability of 90%, including learning from the experiences of others.
- Ashwaq Omar's study (2010), examined the reality of psychological, social, and vocational rehabilitation for the physically disabled in Palestine from the perspective of the disabled, their parents, and workers in some rehabilitation centers. The research aimed to understand the degree of psychological, social, and vocational rehabilitation for the physically disabled in Palestine from the perspective of these three groups. A questionnaire was administered to a sample of 255 physically disabled individuals, 100 male and female workers, and 145 parents. The study revealed several significant findings. Firstly, social rehabilitation received the highest scores from the perspective of the disabled and their parents, followed by psychological and then vocational rehabilitation. However, for the workers, psychological rehabilitation was ranked first, followed by social and vocational

rehabilitation. Secondly, there were differences in the perception of the disabled towards the reality of vocational rehabilitation attributed to the degree of disability, favoring those with severe disabilities. Additionally, there were differences related to age and social status, but no differences were found in the perspective of workers toward rehabilitation attributed to age and scientific qualification variables.

- Abd El-Nour's study (2009), aimed to understand the role of social welfare policies for the disabled and their success in rehabilitating and integrating them into an urban environment in Algerian society. Employing a descriptive-analytical approach, a questionnaire was used as a data collection tool. One of the most important findings was that the urban environment facilitates the social integration of the physically disabled. However, it was also found that the care provided to the disabled is minimal compared to the number of disabled individuals in Algerian cities. As a result, most disabled people do not benefit from these services, leading to their isolation and withdrawal from society.
- Awadeh's study (2007), aimed to identify the reality of integrating physically disabled people into the local community, environmentally and socially (a case study of Nablus Governorate). Interview forms were used, consisting of two parts: interviews with the study sample of physically disabled individuals and interviews with officials from Palestinian institutions (governmental and non-governmental) in the Nablus Governorate. Prominent results included that the physically disabled in Nablus have not reached full social integration and that there is a lack of enforcement of legislation in practice at all urban and social levels.
- The study by Basil, Serviou D, Naria K, and Mekde (2001), aimed to understand the role of local non-governmental organizations in rehabilitating individuals with disabilities. It employed a comparative approach, including descriptive and explanatory comparative methods, and examined the activities of non-governmental organizations in Ethiopia, Uganda, and Zimbabwe. The sample included some local non-governmental organizations working in the field of disability rehabilitation. A key finding was that there should be an integration of local non-governmental organizations, the government, and the private sector to enable more effective roles, as these organizations have the most in-depth experience in dealing with community members.
- Hunt-Douglas-Carl's study (2001), aimed to examine the outcomes of significant changes in community life on the formation of legislation in 1990, specifically the Americans with Disabilities Act. It revealed that the health and social services provided to people with disabilities do not meet their needs. The study concluded that certain beliefs and values prevalent in the fabric of American life hinder meeting the health, social, economic, and vocational needs of people with disabilities. It recommends ensuring the provision of health, social, economic, and vocational care for this group.
- Rauzon-Terrie-Anne's study (2002), aimed to identify the disabilities that limit the participation of physically disabled women in the workforce. A significant finding was that the primary barriers for physically disabled women to join the workforce are the effort and time required, as well as the constraints and barriers imposed by their disabilities, in addition to their characteristics. The study recommended providing vocational training for women, along with financial resources, time, equipment, and vocational trainers, to prepare them for the world of work.

- Genevieve O'Neill and Marie Sutherland's study (2004), focused on understanding disability in Australia and collecting data related to education, training, and employment activities for individuals with disabilities in the country. It concluded with the most significant changes in the last decade regarding disability legislation and policies and the obstacles they faced. The study provided plans and recommendations concerning governmental and non-governmental planning, the development of legislation and policies related to disabilities, and the importance of advocacy organizations for people with disabilities and their practices to enhance education, training, and employment opportunities.
- Santosh Halder's study (2008), "Rehabilitation of Women with Physical Disabilities in India", aimed to examine the conditions of women with physical disabilities in India and the challenges they face during the rehabilitation process, particularly vocational rehabilitation, and when working in various jobs. It addressed the role of non-governmental organizations in providing community rehabilitation services and removing architectural barriers within schools, institutes, and workplaces for people with physical disabilities. It also recommended linking the education provided to physically disabled women to specific occupations based on the special needs of the labor market and ensuring that the rehabilitation process leads to actual employment for this group.
- Alo Dutta and Robert Gurvey's study (2008), "Vocational Rehabilitation Services and Employment Outcomes for Individuals with Disabilities – A Study of the United States", aimed to determine the relationship between vocational rehabilitation services provided to people with disabilities and their subsequent employment within rehabilitation agencies in the United States. The study relied on data and statistics obtained from the Department of Education and the Rehabilitation Services Administration. A key finding was the importance of training and rehabilitation to obtain employment within specified time frames and following methods that increase their productive efficiency.

Benefits from previous studies: The researchers benefited from previous studies in strengthening the theoretical and conceptual framework of the concept of integration, its types, and forms. They also drew upon previous research to obtain definitions and main divisions related to the research topic. Additionally, they helped in constructing the paragraphs of the scale, wording, and methodology followed in the research. Finally, they contributed to directing the researchers' attention to some scientific sources needed for the current research.

8. THEORETICAL FRAMEWORK OF THE STUDY

First: Social Integration:

1- The concept of social integration:

The idea of full integration emerged in the early 1990s and gained prominence when former US President Bill Clinton made it one of the main axes of his electoral campaign. It essentially involves placing students with disabilities in regular classrooms with appropriate support and assistive services provided as needed, along with educational curricula offered in other environments according to the educational and behavioral objectives outlined in the student's education plan (Al-Ateibi, 2002, p. 7). Integration focuses on providing support to students with special needs outside the regular classroom system, aiming to modify the student's performance to better fit the

regular education system (Qatnani et al., 2012, p. 138). Integration refers to the process by which an individual can adapt to their social environment by adhering to its rules and norms. Social integration is defined as a process similar to socialization, which includes processes of teaching and learning, education, training, preparation, formation, and normalization. Through these processes, an individual internalizes the culture of their society with its diverse elements, transforming from a mere biological being into a social being. Thus, social integration is a form of social normalization (Shash, 2002, p. 77). The researchers believe that the concept of social integration is a deliberate social process aimed at achieving self-autonomy and self-psychological and social adaptation for individuals through a range of social, psychological, health, and vocational programs and services, enabling them to lead a positive and active social life within their family, school, professional, or general community.

2- Forms of integration in society:

- a. **Social integration:** The concept of social integration for individuals with exceptionalities emerged due to the positive trends accompanying academic integration and the positive social attitudes toward individuals with exceptionalities. Social integration refers to integrating individuals with exceptionalities into regular social life. This process has two main aspects: the first is integration in the field of employment, providing suitable vocational opportunities for individuals with exceptionalities to work as productive members of society and gaining social acceptance. This concept is known as integration in the workplace. The second aspect is the integration of individuals with exceptionalities into regular social life with typical individuals, known as integration in housing and residence. This often occurs after individuals with exceptionalities have been professionally and socially prepared to live independently in regular residential areas and housing communities, and this arrangement is socially accepted (Al-Rusan, 2013, p. 28).
- b. **Educational integration:** There have been several definitions of the concept of academic integration and its forms. Ling and his colleagues define it as a concept that involves helping disabled children coexist with typical children in a regular classroom. The Council for Exceptional Children (CEC) defines academic integration as a belief or concept that involves placing children with exceptionalities with typical children in a regular classroom or the least restrictive educational environment for the child with exceptionalities. This integration can be temporary or permanent, provided that factors are in place to support the success of this concept (Al-Rusan, 2013, p. 29).
- c. **Vocational integration:** Vocational integration is the final step for an individual with disabilities after completing their formation and qualification process. It involves providing them with a job that matches their physical and mental abilities. An individual is considered integrated into their work if the job holds significant meaning for them. However, integration in this sense is only quantitative. Integration can be understood through three aspects: the meaning associated with work, the feeling of unity with work or a sense of closeness to work and its organizations, and the degree to which it is considered a primary interest in life.

- d. Political integration: The International Convention on the Rights of Persons with Disabilities serves as a motivating factor not only for the disability movement but also for many organizations working in this field. In principle, the rights of persons with disabilities are no different from those of others, although there may be some differences in the details. They are entitled to enjoy all the rights enshrined in human rights covenants. Nevertheless, persons with disabilities have faced significant deprivation of fundamental rights, especially civil rights. As participation requires a reasonable level of abilities, influence, and control, it also necessitates further empowerment, economically, socially, and politically. Economically, this means the ability of any person to engage in any legitimate economic activity. Socially, it implies full participation in all forms of social life and civil society institutions. Politically, it entails the freedom to choose and change rulers at every level, from the president of a municipal people's council to the president of the republic (Abu MUSAED, 2012, p. 14).

3- Strategies for social integration:

The importance of social integration lies not only in its focus on the individual with disabilities but also as a natural outcome of the interaction between the individual and their social environment. The type of integration that has become prevalent and favored worldwide is mutual readjustment (adjusting the person with disabilities to their disability and society and adjusting society to them). This type involves compensating for the individual's deficiencies to facilitate their integration into the productive system. The process of social integration expands from the individual's family to their peer group and then to the school, encompassing their entire surroundings throughout their life. The significance of social integration also lies in its continuity throughout an individual's life, involving the adoption of societal norms and rules and learning various forms of behavior and ways of thinking. Social integration contributes to the acquisition of the culture of the society in which the individual with disabilities lives, building a part of their personality through this process. Social adaptation is achieved by incorporating the values present in their environment into the upbringing of their personality within the groups they eventually join (Al-Azima, 2017, p. 321).

4. Stages of social integration for individuals with disabilities:

To understand inclusion, let's review the stages that individuals with disabilities go through to achieve inclusion:

- a. Stage of rejection and isolation: This stage was characterized by the prevalence of some misconceptions about individuals with disabilities, often leading to their rejection and isolation from society. In extreme cases, they were even eliminated through murder. One of the wrong beliefs that was common and led to these practices was that individuals with disabilities carried a demon or evil spirit within them or that they were a punishment from the gods for the family.
- b. Stage of institutional care: During this stage, societies began to care for individuals with disabilities for religious reasons based on the principles of benevolence and charity. This care entailed housing individuals with disabilities in institutions isolated from the community, providing them with food, drink, clothing, shelter, and primary health care. Later, these institutions established special internal educational institutes and centers for individuals with disabilities, offering training and care within these centers, away from their families, without family participation or intervention. Often, the individual with disabilities would spend their entire life inside

the center. Governments, local authorities, and communities remained uninvolved with children with disabilities for a long time, and they were viewed as a source of shame or a private family problem.

- c. Stage of qualification and training: This stage witnessed a change in the perception of individuals with disabilities, and societies began to show interest in them. At the beginning of this stage, the prevailing philosophy continued to provide services through large institutions or special centers. With the advent of compulsory education, some special classrooms for students with disabilities began to emerge in regular schools. Often, these special classrooms were not a result of community sympathy and the desire to find less isolating alternatives but rather the isolation of students with mild disabilities from regular classrooms into special classes to avoid burdening teachers and negatively impacting other students. This stage saw the widespread use of intelligence tests to classify students into different study groups, with some placed in special classes. This stage is marked by a more understanding society, viewing disability as a result of the functional relationship between the individual and their environment (Al-Qamish & Naji, 2008, p. 45).

Second: The conceptual framework of physical disability:

1. The concept of physical disability: The Ministry of Social Affairs, through the association for people with disabilities, defines it as: "The loss of psychological or physiological function, and it is the incapacity resulting from functional impairment in performing certain activities. This incapacity or deficiency prevents the individual from performing their role as a normal person in their society in one or more aspects, including social and cultural aspects" (Rabeh, 2008, p. 19). However, a person with a disability can be described as someone who suffers from a social impairment and weakness in performance. They are characterized as a person with a disability that represents an impairment or deficiency in one of the body's functions belonging to one of the body's systems. They are also characterized as someone unable to perform the usual daily life functions, needing the help of others, and being affected by their physical disability depending on its degree of severity and the age at which the disability occurred (Ali, 2010, p. 22).
2. Classification of physical disability: Physical disability is classified into three categories depending on the nature, level of injury, and according to the site of injury or the affected systems that led to the physical disability, including:
 - Central nervous system injuries, including the following injuries: cerebral palsy, spastic paralysis, athetoid cerebral palsy, ataxic cerebral palsy, cleft spine or open spine, spinal cord injury, epilepsy, hydrocephalus, polio, and sclerosis of neural tissues.
 - Skeletal injuries include the following injuries: limb deformity and amputation, foot deformity, incomplete bone growth, hip inflammation, bone inflammation, congenital hip dislocation, arthritis, rheumatic arthritis, cleft palate and lip, scoliosis, and kyphosis.
 - Muscle injuries include the following: muscular dystrophy, spinal muscular atrophy, and muscular dystrophy of the spinal cord (Daniel et al., 2008, p. 751).

3. Problems of people with physical disabilities: Some of the problems faced by people with physical disabilities Al-Dahri (2015, p. 132) include the following:

- Psychological problems: A person with a disability suffers from many psychological effects, the most important of which are: feeling inferior and sensing inferiority, introversion due to its negative effects on adjustment and adaptation, congenital disability and its impact on the personality of the person with paralysis, inability to be self-reliant, dependence on others, and inability to lead, as well as a constant desire to rely on others. All of these are related to maladjustment, a weak sense of belonging that makes the person with a disability feel out of place in society, insecurity and fear of the future, difficulty in forming relationships with others, and avoidance by those around them due to a lack of self-confidence, which makes the person with a disability feel inferior to normal people. They may also experience a sense of helplessness due to the restrictions imposed by the disability, tension, unhappiness, and poor emotional balance as a result of their condition, and they may resort to begging and trying to attract attention in various ways.
- Social problems: These problems are interrelated and interconnected, including weak or fragmented social network issues, non-belonging issues, work problems, recreational problems, and friendship problems, among others (Ibrahim, 2002, p. 326).

4. Needs of people with physical disabilities: People with disabilities are vulnerable to frustration in meeting their needs, and this incapacity certainly leads to problems that threaten their present and future and affect their abilities. Social work plays a significant role in meeting these needs through social care programs for people with disabilities, which are organized and targeted. These can be summarized as Bouzerra (1995, p. 41) follows:

- Preventive services: These are a set of services that work to limit the exacerbation of the problem of disability in its various aspects by reducing its sources and causes and trying to mitigate them. Considering that prevention is better than cure, these preventive services revolve around a set of legislation, regulations, and laws that states should enact to protect community members from industrial hazards, traffic accidents, etc.
- Census and registration services: These help the state to determine the magnitude of the problem of people with disabilities on the one hand and plan to address it on the other. This process is carried out by a group of experts and specialists in this field. Their importance lies in the early detection of cases of disability and their referral to the appropriate medical and rehabilitation authorities.
- Medical and health services: This refers to the general health supervision of people with disabilities through follow-up and continuity. It aims to treat the disability by providing the necessary compensatory devices, such as prosthetics, and providing medical treatment, with a focus on its great benefit to people with physical disabilities in treating their condition.

- **Psychological services:** People with disabilities need psychological services because they are prone to psychological disorders, regardless of the strength of their psychological makeup. This is because people with disabilities rarely succeed in readjusting to their environment. Therefore, the psychological services provided to them help restore their self-confidence and emotional balance so that they can benefit from their available capabilities. The psychologist can only succeed in this after a thorough study of the personality, behaviors, and the extent of the impact of the disability on the person with a disability, as well as measuring their psychological readiness to benefit from the care programs they will receive.
- **Social services:** The social worker studies all aspects of the social circumstances of the person with a disability, whether environmental, family, professional, or historical, using professional methods of social work to help them overcome the problems they or their family face. The social worker also utilizes all the possibilities of the institution to help the person with a disability adapt well to their new environment and instills healthy social and moral habits through social programs in which the community of the rehabilitation institution participates.
- **Educational services:** This involves providing special sections for people with disabilities integrated into educational institutions for the non-disabled or, if possible, providing separate educational institutions for them with specialized teachers, taking into account the adaptation of curricula and teaching methods to the capabilities and abilities of people with disabilities and the nature of their disability.
- **Vocational services:** This involves the vocational rehabilitation of people with disabilities, i.e., training them for specific professions that suit their disabilities through programs supervised by a team of specialists in the process of vocational rehabilitation. The goal is to prepare the person with a disability for suitable work within the limits of their remaining abilities, intending to help them improve their material and psychological conditions.

9. METHODOLOGY OF THE STUDY

- **Research methodology:** The researchers used the analytical descriptive approach to answer the research questions and achieve its objectives.
- **Research community:** The current research community consists of all physically disabled people in the Republic of Yemen.
- **Research sample:** The research was limited to a sample of physically disabled people from four Yemeni governorates (Sana'a, Aden, Sa'adah, and Al-Dhalea). The sample individuals were selected intentionally. The sample size was 300 disabled individuals, and Table 1 shows the distribution of the sample individuals according to the research variables.

Table 1: Distribution of the sample of physically disabled individuals according to the research variables

Variables		Gender		Total	Percentage
		Male	Female		
Governorate	Sana'a	56	45	101	%34
	Aden	45	25	70	23%
	Sa'adah	55	29	84	28%
	Al-Dhalea	30	15	45	15%
	Total	186	114	300	100%
Marital status	Single	90	48	138	46%
	Married	96	66	162	54%
	Total	186	114	300	100%
Academic qualification	Can read and write	25	30	55	18%
	Secondary or less	72	40	112	37%
	University student	74	34	108	36%
	Bachelor's degree or higher	15	10	25	9%
	Total	186	114	300	100%
Disability Type	Genetic	62	48	110	37%
	Acquired	124	66	190	63%
	Total	186	114	300	100%
Degree of disability	Severe	64	46	110	37%
	Medium	74	28	102	34%
	Mild	49	39	88	29%
	Total	186	114	300	100%

- Research instrument construction: After reviewing several Arab and international studies on the social integration of physically disabled people in societies, the researchers prepared a questionnaire consisting of 54 paragraphs, distributed across four domains: health, education, employment, and politics. This was the preliminary version.
- Verification of the research instrument's validity: The questionnaire was presented to a group of seven experts in social, psychological, and linguistic fields at Sana'a University. All modifications suggested by the experts were made. The most notable change was the deletion of six paragraphs, resulting in a questionnaire of 48 paragraphs. The researchers also verified the construct validity by applying the scale to a sample of 40 disabled individuals. The Pearson correlation coefficient was used to determine the correlation between the questionnaire paragraphs and their respective axes, at a significance level of 0.05. Table 2 illustrates this.

Table 2: Validity coefficients between paragraphs and their respective axes

Paragraph No.	Correlation coefficient	Paragraph No.	Correlation coefficient	Paragraph No.	Correlation coefficient
1	0.734	17	0.632	33	0.787
2	0.801	18	0.753	34	0.746
3	0.735	19	0.753	35	0.574
4	0.633	20	0.632	36	0.870
5	0.854	21	0.753	37	0.881
6	0.748	22	0.753	38	0.795
7	0.734	23	0.632	39	0.689
8	0.632	24	0.753	40	0.768
9	0.753	25	0.753	41	0.755
10	0.753	26	0.632	42	0.766
11	0.866	27	0.753	43	0.830

12	0.757	28	0.753	44	0.750
13	0.846	29	0.632	45	0.742
14	0.530	30	0.753	46	0.633
15	0.564	31	0.753	47	0.854
16	0.756	32	0.632	48	0.627

- Instrument stability: The stability of the instrument was verified by calculating Cronbach's alpha coefficient. The stability coefficients for all research axes were statistically significant at the (0.05) level. The total stability of the questionnaire was 0.89, a high stability ratio, which is sufficient for research purposes. Table 3 illustrates this.

Table 3: Cronbach's Alpha Reliability Coefficients

Pillars	Paragraphs Number	Cronbach's Alpha
– Level of Healthy integration	14	0.92
– Level of educational integration.	12	0.90
– Level of functional integration.	10	0.88
– Level of political integration	12	0.98
Total questionnaire	48	0.89

- Statistical methods: The researchers used the SPSS statistical package and applied several tests to analyze the data. The most notable tests included arithmetic means and standard deviations, frequencies, and percentages, Cronbach's alpha equation for calculating the total stability of the scales, Pearson correlation coefficient, T-test for one sample, T-test for two independent samples, one-way ANOVA to identify differences between more than two variables, and LSD post hoc test to determine in whose favor the differences occur. The study adopted Likert's five-point scale as response options for the sample individuals: (Always, Often, Sometimes, Rarely, and Never). Table 4 illustrates this.

Table 4: Distribution of agreement scores according to arithmetic means

Value of alternative	Boundaries of arithmetic mean		Grade	Level
	Minimum	Maximum		
1	1	1.80	Very Low	Never
2	1.81	2.60	Low	Rarely
3	2.61	3.40	Medium	Sometimes
4	3.41	4.20	High	High
5	4.21	5	Very High	Always

10. RESULTS AND DISCUSSION

Answering the first question: "What is the level of social integration (health, education, employment, and political) of physically disabled people in Yemeni society from the perspective of the disabled themselves?"

Arithmetic means and percentages were calculated to illustrate the responses of the sample individuals according to the questionnaire axes as a whole, to determine the level of social integration of physically disabled people in Yemeni society from the perspective of the disabled themselves. Table 5 shows the results:

Table 5: The level of integration of physical disabilities from the perspective of the disabled themselves

No.	Axes	Number of paragraphs	Ranking	Arithmetic Mean	Standard Deviation	Percentage	Grade
1	Health integration	14	First	3.24	1.21	65%	Medium
2	Educational integration	12	Second	2.85	1.08	%61	Medium
3	Employment integration	10	Third	2.58	1.01	%52	Low
4	Political integration	12	Fourth	2.57	1.09	%52	Low
Questionnaire as a whole		48		2.81	1.09	0.63	Medium

Table (5) shows that the level of social integration provided for physically disabled people in Yemeni society, from the perspective of the disabled themselves, was medium across all axes, with an arithmetic mean of 2.81, a standard deviation of 1.09, and a percentage of 0.63.

The ranking of social integration axes for physically disabled people according to their averages in descending order is as follows: Health integration ranked first with a medium grade, with an arithmetic mean of 3.24 and a percentage of 65%. Educational integration ranked second with a medium grade, with an arithmetic mean of 2.85 and a percentage of 61%.

Employment integration ranked third with a low grade, with an arithmetic mean of 2.58 and a percentage of 52%. Political integration ranked fourth and last with a low grade, with an arithmetic mean of 2.57 and a percentage of 52%.

This result is consistent with the findings of Al-Aqari's (2012) study, and Al-Ziyoudi et al.'s (2013) study, which indicated that the level of social integration for physically disabled people was moderate.

However, it differs from the result of Al-Omari's (2007) study, which found that the performance level of rehabilitation programs in the educational and health aspects was medium. It also differs from the findings of Omar's (2017) study and Abdel-Baqi's (2012) study, which concluded that the level of integration for disabled people was weak. In contrast, Abdel-Nour's (2009) study, found that the level of social integration for physically disabled people was very weak.

The current study's results differ and agree with the finding that the level of social integration for disabled people in the field of employment was low. For further clarification, the research results can be presented according to the paragraphs and their respective domains in Table 6 below:

Table 6: shows the level of social integration of people with physical disabilities according to the integration axes:

Number Paragraph	Order Paragraph	Paragraph Text	Arithmetic Mean	Standard Deviation	Percentage	Grade
i) Level of health integration provided to physical disabilities:						
1	2	For people with physical disabilities who are chronically ill, the necessary medicines shall be dispensed.	-3.46	1.38	69%	High
2	9	Official institutions provide us with assistive devices (chairs, crutches,.. etc.)	2.66	0.75	53%	Medium
3	6	The devices we obtain are suitable and of high specifications.	3.24	1.22	65%	Medium
4	6 Repeat	We receive training courses in first aid from official institutions.	26.	1.36	65%	Medium
5	3	The official institutions bear the costs of purchasing the medicines we need.	3.39	1.18	68%	Medium
6	1	We, chronically ill persons with disabilities, have access to necessary medicines.	3.	1.12	71%	High
7	2 Repeat	Official institutions grant the needy the costs of performing surgeries.	3.46	1.33	69%	High
8	4	The official institutions take care of the disbursement of the medicines we need directly.	3.	1.22	67%	Medium
9	5	We with physical disabilities receive full health care from official institutions.	3.8	1.12	66	Medium
10	7	The official institutions offer us the opportunity to be treated in their centers.	3.20	1.31	64%	Medium
11	8	Official institutions refer special cases for treatment to government and private hospitals within the country.	12.3	1.28	62%	Medium
12	7 Repeat	Prosthetic centers provide us with free physiotherapy service	3.20	1.15	64%	Medium
13	8 Repeat	The official institutions provide us with the service of installing prosthetic limbs and we have trained on it.	3.02	1.20	62%	Medium
14	7 Repeat	Critical cases enable us to be treated abroad with the support of official institutions.	3.22	1.33	64%	Medium
Total averages for health integration			3.24	1.21	65%	Medium
B) Level of educational integration to physical disabilities:						
15	2	Formal institutions encourage us to enroll in education.	3.59	1.10	72%	High

16	7	Official institutions are rehabilitating school buildings to suit our needs.	2.68	1.35	4	Medium
17	1	The costs of our study and the provision of our needs shall be borne by the official institutions.	3.67	1.07	73%	High
18	6	Institutions contribute to the training of teachers in schools on how to deal with us.	12.3	1.28	62%	Medium
19	5	Formal institutions provide us with appropriate teaching aids and devices in schools, institutes, and universities.	3.20	1.15	64%	Medium
20	3	Formal institutions provide us with psychosocial support in schools.	3.	1.22	67%	Medium
21	4	Official institutions offer computer and language courses at specialized institutes.	3 8	1.12	66	Medium
22	8	Official institutions provide appropriate transportation to our schools, institutes, and universities.	2.40	0.93	49 %	Low
23	9	Official institutions offer us vocational and craft courses (computer, sewing, embroidery .. etc.	2.42	0.91	%48	Low
24	8	Official institutions offer us access to vocational institutes and universities.	2.44	0.93	49 %	Low
25	10	The official institutions shall pay the fees for undergraduate and postgraduate studies.	2.16	1.05	43%	Low
26	11	We are encouraged to choose scientific disciplines that match our abilities.	1.95	0.89	39%	Low
Total averages for educational integration			2.85	1.08	%61	Medium
c) Level of Functional Integration to Physically disabilities:						
27	3	Official institutions allow us to get the job according to the employment law.	2.85	1.08	%57	Medium
28	6	We get funding to set up our projects.	2.43	0.92	49 %	Low
29	7	We get opportunities for encouragement and support for production and marketing.	2.42	0.91	%48	Low
30	6	We get the right support to support ourselves and our families.	2.44	0.93	49 %	Low
31	4	We receive vocational qualification programs that suit the needs of the market.	2.49	1.02	53%	Low
32	5	Formal institutions give us opportunities to work in private companies.	2.48	0.88	50%	Low
33	1	Those of us who are qualified in the labor market are accommodated according to our specialties.	3.16	1.22	63%	Medium

34	9	Official institutions create projects to accommodate our workers to work on them.	2.32	0.88	45%	Low
35	8	Official institutions work to grant all legal rights to our workers by the Labor and Workers Law.	2.28	1.01	46%	Low
36	2	We are involved in the Yemeni trade union.	3.00	1.16	62%	Medium
Total averages for functional integration			2.58	1.01	%52	Low
D) The level of political integration to physical disabilities:						
37	1	Official institutions provide us with awareness sessions on our political rights.	3.38	1.43	8	Medium
38	3	Official institutions allow us to hold and participate in conferences, seminars, and political forums.	2.79	1.14	56%	Medium
39	4	Official institutions allow us to participate in local council elections (candidate or voter).	2.52	1.02	50%	Low
40	4 Repeat	Formal institutions allow us to participate in elections to parliamentary assemblies (candidate or voter).	2.49	1.06	50%	Low
41	5	Official institutions allow us to participate in presidential council elections (candidate or voter).	2.44	1.06	49 %	Low
42	5 Repeat	The official institutions are working hard to get us a quota percentage (a specific percentage) in the membership of the parliament	2.44	1.15	49 %	Low
43	3 Repeat	Formal institutions enable us to participate in the drafting of our laws and legislation.	2.79	1.14	56%	Medium
44	2	The official institutions include us in the membership of the Registration Committee of the Supreme Electoral Commission.	2.85	1.08	%57	Medium
45	4 Repeat	Formal institutions enable us to obtain membership in trade unions.	2.49	1.09	50%	Low
46	5 Repeat	Formal institutions enable us to form pressure groups to participate in the enactment of laws and legislation.	2.43	1.06	49 %	Low
47	6	Formal institutions are working hard to get us into positions in the leadership of political parties.	2.07	0.99	%44	Low
48	7	Formal institutions encourage and support our political visionaries to come to fruition.	2.2	0.87	41%	Low
Total averages for political integration			2.57	1.09	%52	Low
Total averages in all the axes of the survey as a whole			81	1.09	63.	Medium

Through Table (6), it is clear that the level of social integration provided to people with physical disabilities by official Yemeni institutions, from the perspective of the disabled themselves, was rated as moderate across all axes. The arithmetic mean was 2.81, the standard deviation was 1.09, and the percentage was 0.63%. The ranking of the axes of social integration for people with physical disabilities, in descending order of averages, is as follows: Integration of people with physical disabilities in the health field ranked first with a moderate rating, with an arithmetic mean of 3.24 and a percentage of 65%. Second was integration in the field of education, with a moderate rating and an arithmetic mean of 2.85 and a percentage of 61%. Third was integration in the field of employment, with a low rating and an arithmetic mean of 2.58 and a percentage of 52%. Fourth and last was integration in the political field, with a low rating, an arithmetic mean of 2.57, and a percentage of 52%. The researchers attribute this modest result to the general economic situation in Yemen, which is suffering from a blockade and war in various governorates. This has negatively affected the provision of care for the disabled and has also led to an increase in physical disabilities due to various injuries, which requires a precise study to identify and classify the types and levels of disabilities.

- Answer to the second question: "Are there statistically significant differences at the 0.05 level between the mean responses of the sample individuals regarding the level of social integration provided to people with physical disabilities in Yemeni society according to the research variables (gender, governorate, social status, educational level, reason of disability, and degree of disability)?"
- Identify the nature of the differences in the level of social integration of people with physical disabilities in Yemeni society from the perspective of the disabled themselves according to the gender variable (male and female).

To determine the significance of the difference between the arithmetic means, the T-test for two independent samples was used, as shown in Table (7).

Table 7: Differences in the level of integration of physical disabilities according to the gender variable

Gender	Number	Arithmetic mean	Standard Deviation	T-value	Significance level
Males	186	81 .130	01 .28	.2	017 .0
Females	114	06 .123	58 .19	*409	

(T) value at a degree of freedom (298) and a significance level of (0.05) = (1.96) approximately

It is observed from Table (7) that, the extracted T-test value was 2.40, which is greater than the table T-value of 1.96 at a degree of freedom of 298 and a significance level of 0.05. This indicates the existence of statistically significant differences in the perspectives of the sample individuals with physical disabilities regarding the level of integration of people with disabilities in Yemeni society according to the gender variable (male and female). By referring to the arithmetic means, it is evident that these differences were in favor of males over females.

Identify the nature of the differences in the level of integration of people with physical disabilities in Yemeni society from the perspective of the disabled themselves according to the governorate variable (Sana'a, Aden, Sa'adah, and Al-Dhalea).

To determine the significance of the difference between the arithmetic means according to the governorate (Sana'a, Aden, Sa'adah, and Al-Dhalea), a one-way (ANOVA) analysis was used, as shown in Table (8).

Table 8: ANOVA analysis to determine the differences in the level of integration of physical disabilities in Yemeni society according to the governorate

Testing	Degree of freedom	Total of squares	Mean of squares	F-value	Significance level
Between groups	3	531 .31321	200 .16453	*23 .37	0.001
Within Groups	296	0 .103314	702 .322		
Total	299	6 .152133	-		

(F) value at a degree of freedom (2. 152) and a significance level of (0.05) = (3.45) approximately

It is observed from Table (8) that, the extracted F-value was 37.23, which is less than the table F-value of 3.45, with a degree of freedom of 2, 152 and a significance level of 0.05. This indicates the absence of statistically significant differences in the perspectives of the sample individuals with physical disabilities regarding the level of integration of people with physical disabilities in Yemeni society attributed to the governorate variable.

Identify the nature of the differences in the level of integration of people with physical disabilities in Yemeni society from the perspective of the disabled themselves according to the social status variable (single or married).

The arithmetic means and standard deviations of the scores of the sample individuals with physical disabilities on the scale of the level of social integration of people with physical disabilities in Yemeni society were extracted according to their social status (single or married). To determine the significance of the difference between the means, the T-test for two samples was used, as shown in Table (9).

Table 9: Differences in the level of integration of physical disabilities according to social status

Marital status	Number	Arithmetic Mean	Standard Deviation	T-value	Significance level
Single	138	27 .130	17 .25	*553 .1	122 .0
Married	162	33 .125	09 .25		

(T) value at a degree of freedom of (298) and a significance level of (0.05) = (1.96) approximately

It is observed from Table (9) that, the extracted T-test value was 1.55, which is less than the table T-value of 1.96 at a degree of freedom of 298 and a significance level of 0.05. This indicates the absence of statistically significant differences in the perspectives of the sample individuals with physical disabilities regarding the level of integration of people with physical disabilities in Yemeni society according to the social status variable (single or married).

Identify the nature of differences in the level of integration of the physically disabled in Yemeni society from the perspective of the disabled themselves according to the variable of educational qualification.

To determine the significance of the difference between the arithmetic means according to the educational qualification (can read and write, secondary school or less, university student, bachelor's degree or higher), a one-way (ANOVA) was performed, as shown in Table (10).

Table 10: One-way (ANOVA) to determine the differences in the level of integration of the physically disabled according to educational qualification

Testing	Degrees of Freedom	Total of squares	Mean of squares	F-value	Significance level
Between groups	3	632 .51828	211 .17276	*213 .47	0.001
Within Groups	296	0 .108313	922 .365		
Total	299	7 .158141	-		

(F) value at a degree of freedom of (3, 296) and a significance level of (0.05) = (2.63) approximately

It is observed from Table (10) that, the extracted F-value is 47.213, which is greater than the table F value of 2.63, with a significance level of 0.05 and (3, 296) degrees of freedom. This indicates that there are statistically significant differences in the perception of the physically disabled respondents regarding the level of social integration of the physically disabled in Yemeni society, which can be attributed to the variable of educational qualification. To identify for whom these differences were found, the LSD post hoc test was applied as follows:

Table 11: Differences in LSD post-test for social integration level of the disabled according to educational qualification.

Variable (A)	Variables (B)	between (a) and (b)	Significance level
Can read and write	Secondary or less	47757 .23	001 .0
	University student	39091 .28	001 .0
Bachelor's degree or higher	Can read and write	83333 .23	001 .0
	Secondary or less	31090 .47	001 .0
	University student	22424 .52	001 .0

Table (11) shows that the differences were in favor of individuals with a bachelor's degree qualification compared to other educational qualifications. There were also differences in favor of individuals who can read and write compared to those with a secondary school or less qualification and university students. In general, respondents with a bachelor's degree or higher qualification were more likely to perceive that the level of integration of the physically disabled in Yemeni society is appropriate and significant, followed by those who can read and write, including illiterate individuals who fall within this category.

Identify the nature of differences in the level of integration of the physically disabled in Yemeni society from the perspective of the physically disabled themselves according to the variable of the reason of disability (genetic or acquired).

To determine the significance of the difference between the arithmetic means according to the reason of disability (genetic or acquired), an independent samples T-Test was performed, as presented in Table (12).

Table 12: Differences in the social integration level of the physically disabled according to the reason of disability

Reason of disability	Number	Arithmetic mean	Standard Deviation	T-value	Significance level
Genetic	110	06 .126	45 .24	*706 .0-	481 .0
Acquired	190	46 .128	58 .25		

(T) value at a degree of freedom of (298) and a significance level of (0.05) = (1.96) approximately

It is observed from Table (12) that, the extracted T-value is (0.70), which is smaller than the Table T value of (1.96) at (298) degrees of freedom and a significance level of (0.05). This indicates that there are no statistically significant differences in the perception of the physically disabled respondents regarding the level of integration of the physically disabled in Yemeni society according to the variable of the reason for disability (genetic or acquired).

Identify the nature of differences in the level of integration of the physically disabled in Yemeni society from the perspective of the physically disabled according to the variable of the degree of disability.

To determine the significance of the difference between the means according to the degree of physical disability (mild, Medium, severe), a one-way (ANOVA) was performed, as illustrated in Table 13.

Table 13: One-way ANOVA showing differences in the level of integration of the physically disabled according to the degree of disability

Testing	Degree of freedom	Total of squares	Mean of squares	F-value	Significance level
Between Groups	2	492 .2591	746 .1295	*474 .2	130 .0
Within Groups	297	2 .155550	738 .523		
Total	299	158141. 7	-		

(F) value at a degree of freedom of (2. 297) and a significance level of (0.05) = (3.03) approximately

It is observed from Table (13) that, the extracted F-value is (2.474), which is smaller than the Table F value of (3.03) at (2. 297) degrees of freedom and a significance level of (0.05). This indicates that there are no statistically significant differences in the perception of the physically disabled respondents regarding the level of integration of the physically disabled in Yemeni society attributed to the variable of the degree of disability.

11. CONCLUSION

- The level of social integration provided to physically disabled individuals by official Yemeni institutions, as perceived by the disabled themselves, was found to be moderately adequate across all axes, with a mean of 2.81, a standard deviation of 1.09, and a percentage of 0.63. The ranking of the axes of social integration for the physically disabled, in descending order of their means, is as follows: The level of integration in the health sector ranked first with a mean of 3.24 and a percentage of 65%. Second was the level of integration in the educational sector with a mean of 2.85 and a percentage of 61%. Third, the level of integration in the employment sector was rated low, with a mean of 2.58 and a percentage of 52%. Finally, the

level of integration in the political sector was also rated low, with a mean of 2.57 and a percentage of 52%.

- There were statistically significant differences in the perceptions of the sample group of physically disabled individuals regarding the level of integration of the physically disabled in Yemeni society based on the gender variable (male and female), with males having a more positive perception. This is attributed to certain customs and traditions that restrict physically disabled women, as well as the limited understanding within some families of the importance of integration for their disabled members to access their rights and fulfill their duties like any other member of society. However, no statistically significant differences were found in the perceptions of the sample group regarding the level of integration of the physically disabled in society based on the governorate variable (Sana'a, Aden, Sa'adah, and Al-Dhalea).
- Statistically significant differences were found in the perceptions of the sample group regarding the level of integration of the physically disabled in Yemeni society based on the educational qualification variable, with individuals holding a bachelor's degree or higher having a more positive perception. Additionally, there were statistically significant differences based on the type of disability variable, with individuals suffering from spinal injuries being more likely to perceive the level of integration as low. However, no statistically significant differences were found based on the degree of disability variable.

12. RECOMMENDATIONS

- The researchers recommend that the responsible authorities in Yemen, especially the Political Council, provide comprehensive health services for all disabled people, with a particular focus on those with physical disabilities. They should also work on providing health and vocational rehabilitation and support their participation in all political and cultural activities and events. Official bodies, including governmental institutions and official organizations, led by the Prime Ministry and the Ministry of Finance, should continue to provide the Disability Care and Rehabilitation Fund and other care centers for the disabled with their allocated budgets and strive to increase these allocations rather than withhold them.
- It is essential to provide appropriate support from UNESCO, in cooperation with official entities in the country and donor countries, to develop a program for the rehabilitation of schools in all structural and technical aspects to accommodate physically disabled students and ensure they receive an appropriate education in an environment that secures their future.
- Employment opportunities should be created for individuals with physical disabilities by supporting the efforts of the government and national institutions in providing capital and granting loans to facilitate the establishment of productive projects specifically for disabled individuals.
- Mechanisms should be developed to enforce laws related to the rehabilitation and employment of individuals with physical disabilities. This should include providing job opportunities in the private sector, international cooperation, and the mixed sector by adhering to the mandated percentage of disabled employees. Business people should be encouraged to offer suitable job opportunities for the physically disabled by simplifying the implementation procedures for them.

13. SUGGESTIONS

- Conduct a survey to identify the needs of all disabled people, especially those with physical disabilities, in both rural and urban areas of Yemen.
- Undertake a study to understand the psychological and social problems faced by the disabled, particularly those with physical disabilities, and the extent to which their psychological and social well-being is affected by their disability.
- Conduct research and studies to develop educational programs and health and vocational rehabilitation programs for individuals with physical disabilities based on scientific approaches that take into account the reality of the disabled in Yemen and their personal, social, and physical abilities. This will ensure that these programs are truly beneficial.

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