RESEARCH ARTICLE

A Sociological Analysis of the Impact of Disability on the Child and Their Family

Chetioui Rabia
Doctor
University of Jijel
Algeria
Email: chetiouirabia@univ-jijel.dz, Orcid: https://orcid.org/ 0009-0004-4701-7042

Bellaissaoui Taher
Doctor.
University of Jijel
Algeria
E-mail: belaissaoui.t@univ-jijel.dz, Orcid: https://orcid.org/0009-0005-3364-8262

Doi Serial https://doi.org/10.56334/sei/8.8.65

Keywords Disability, stress, disabled person, family.

Abstract
Disability is a pressing global issue affecting a significant number of children worldwide. It represents a complex challenge with psychological, educational, social, and economic dimensions. Its effects extend beyond the child with a disability, impacting parents and siblings as well. This article aims to highlight the key consequences of disability on both the child and their family. Due to its critical nature, international organizations have devoted growing attention to this topic, enacting policies and agreements to support affected individuals. Families of children with disabilities often face significant stress, sometimes leading them to withdraw from social activities—either out of embarrassment or to avoid pity. Addressing these effects requires the active involvement of concerned institutions to remove discriminatory barriers, promote integration, and support families both materially and emotionally to help them adapt and manage daily challenges.

Citation. Chetioui, R., Bellaissaoui, T., (2025). A Sociological Analysis of the Impact of Disability on the Child and Their Family.. *Science, Education and Innovations in the Context of Modern Problems*, 8(8), 714–723. https://doi.org/10.56352/sei/8.8.65
Issue: https://imcra-az.org/archive/375-science-education-and-innovations-in-the-context-of-modern-problems-issue-8-vol-8-2025.html

Licensed
© 2025 The Author(s). Published by Science, Education and Innovations in the context of modern problems (SEI) by IMCRA - International Meetings and Journals Research Association (Azerbaijan). This is an open access article under the **CC BY** license (http://creativecommons.org/licenses/by/4.0/).

Received: 13.01.2025 | Accepted: 17.04.2025 | Published: 11.07.2025 (available online)

1. Introduction

Disability, in its various forms, can lead to enduring psychological and social effects. These effects are not limited to the individual but also impact their immediate environment—especially family members such as parents and siblings. Many families suffer in silence, often avoiding disclosure of their struggles due to social stigma. This paper seeks to answer a central question: How do the psychological, social, and economic problems faced by families of individuals with disabilities manifest in society? Moreover, how can public and private institutions contribute to reducing these burdens?

2. Defining Disability

Disability is a multifaceted concept that varies in meaning depending on context and perspective. It is not a uniform condition; rather, it depends on the type, degree, cause of the impairment, the age of onset, and how individuals with long-term impairments interact with environmental barriers that may hinder their full and equal participation in society.

In general terms, disability refers to a condition in which an individual deviates from what is considered physically, mentally, emotionally, or socially "normal" to the extent that special rehabilitation efforts are needed to maximize their abilities and talents (Badawi, n.d., p.52). Thus, disability signifies a chronic deficiency or condition—physical, sensory, mental, or social that limits one's capacity to benefit fully from educational or professional experiences available to others (Mohamed, 2015, p.47).

The World Health Organization defined disability in 1974 as a sensory or physical impairment caused by genetic or acquired factors, resulting in psychological, social, and economic consequences that hinder the individual from acquiring the intellectual and vocational skills needed to function effectively in society (Farah, 2005, p.44). Similarly, disability has been described as any condition preventing a person from living a normal life—whether due to physical impairments such as paralysis, blindness, deafness, intellectual delay, or deformity, or due to psychological issues like anxiety and fear, or even social barriers such as homelessness (Bashwan & Faqih, 2013, p.66).

According to Rifai, four key points must be considered when discussing disability:

1. Disability exists within the individual it is not external. For instance, blindness is due to a defect in one's eyes, not the environment.
2. Disabilities vary in degree. Minor impairments, such as nearsightedness corrected by glasses, do not necessarily constitute a disability.
3. Disabilities can be permanent or temporary. The focus here is on long-term or stable conditions.
4. A disability must significantly affect an essential function or area of life. For example, losing a finger does not define a person as disabled, but losing vision in both eyes does (Abu Fakhr, 1997, p.278).

These points align with the Arab Agreement No. 18 on the employment and rehabilitation of persons with disabilities. Similarly, Article 1 of Arab Agreement No. 17 (1993) defines a person with a disability as someone with a partial or total deficiency in physical, sensory, or mental capacity due to illness, accident, congenital conditions, or heredity—resulting in limitations in work and daily functions. Such individuals require support and rehabilitation to integrate or reintegrate into society (Arab Labor Conference, 1993).

The modern understanding of disability has shifted away from a purely medical model. It is now seen as a dynamic interaction between a person's health condition and environmental and personal factors (UNICEF, 2014, p.13). The "Convention on the Rights of Persons with Disabilities" also views disability as a developing concept shaped by attitudinal and environmental barriers within a specific society (United Nations, 2014, p.14). This indicates a transition from a medical to a socio-cultural perspective, one that varies across cultures.

3. Categories of Disability

Several attempts have been made to classify disabilities. Some classifications are based on the nature and severity of the impairment. Countries often adopt different systems depending on their definitions of disability (Abu Fakhr, 1991, p.14). Common classifications include:

3.1. Sensory Disabilities

These include:

- **Hearing disabilities**, subdivided into the deaf and those with hearing loss.
- **Visual disabilities**, divided into the blind and those with low vision.
- A third category includes individuals with **dual sensory impairments**, affecting both hearing and vision.

3.2. Individuals with Intellectual Disabilities

This group is divided into three categories:

- Individuals with **mild intellectual disabilities** (educable).
- Individuals with **moderate intellectual disabilities** (trainable).
- Individuals with **severe intellectual disabilities** (require institutional care and isolation).

3.3. Individuals with Physical Disabilities

This category includes children with neuromuscular and motor disorders as well as those with poor general health.

3.4. Individuals with Emotional Disorders

This group includes children with psychological and behavioral disorders.

3.5. Individuals with Speech and Language Disorders

This group covers a range of speech and language impairments.

It is important to note that there are other classifications based on educational perspectives. These aim to determine the specific needs of each group and to provide appropriate teaching methods and specialized care, which differ from those used for typically developing children.

4. The Emergence of the Term “Children with Special Needs”

The use of this term originated from a recommendation made in the Warnock Report of 1978. The report proposed replacing the term "disabled children" with "children with special needs." This shift was intended to reflect a fundamental difference from the average or typical individual.

Specifically, a child with special needs is one who differs from their peers in mental, physical, or sensory capabilities. These differences may also be reflected in behavioral, linguistic, or educational characteristics. When these differences are significant, they require the provision of special education and support services to meet the child’s unique needs.

Most educators today prefer the term “children with special needs” because it avoids the negative implications associated with terms like “disabled” or “impaired.” As noted by Abd and others (2020, p. 4), the term has gained widespread use in recent years.

5. Factors Influencing the Impact of Disability

There is no doubt that disability can produce various negative consequences that affect a person’s daily life. However, the intensity and nature of these effects differ from one individual to another. The following are the main factors influencing the severity of these effects:

5.1. Type and Nature of the Disability

Disability produces both general and specific consequences. General effects are common across all forms of disability, while specific effects vary according to the type. For example, the effects of hearing loss are not the same as those of vision loss or cognitive impairment.

5.2. Severity of the Disability

The greater the severity, the more profound the impact. For instance, mild hearing loss may be manageable, whereas total deafness presents more serious challenges. Similarly, partial paralysis is less limiting than total body paralysis.

5.3. Individual Coping Abilities

People vary in their ability to adapt to their disability. Those with better physical and cognitive reserves may be more capable of compensating and adjusting to their limitations.

5.4. Age at Onset

The impact of a disability can depend on when it occurs. A person born with a disability may not experience the trauma of losing a function, but their parents may struggle emotionally with their child's condition.

- Disabilities that occur early in life may have a lesser psychological impact on the child, as they have not yet formed a full understanding of the loss. These children may also benefit from residual skills and early learning.
- In contrast, disabilities that occur in late childhood or adolescence may have more significant consequences. At this stage, the child is more aware of how the loss of function affects their future, family life, and social adjustment.

5.5. Gender of the Individual

The social effects of disability can vary by gender. For example, the social consequences of limb amputation may be more severe for a woman than for a man due to differing societal expectations and perceptions.

5.6. Parental Attitudes Toward the Child

The family's attitude plays a critical role in the child's psychological and social development.

- Some parents support their children in accepting their disability and help them engage in appropriate educational and recreational activities.
- Others may become overprotective, or even reject the child, whether openly or subtly. Such behaviors can hinder the child's development and deprive them of emotional and social experiences.

In this context, an American researcher named Sommers identified five common parental responses to a child's disability (Abu Fakhr, 1997, p. 277):

1. Acceptance of the disability.
2. Denial of the disability.
3. Overindulgence and excessive sympathy.
4. Indirect rejection of the child.
5. Direct rejection of the child.

Sommers notes that these attitudes are not always distinct. They often overlap. Both acceptance and denial may have positive outcomes if they allow the child to participate in life activities. However, overprotection and both forms of rejection (direct and indirect) are generally harmful. These negative attitudes can become major obstacles in the child's development and integration.

5.7. Society's Attitude Toward People with Disabilities

The way society views disability and people with disabilities has a major influence on the effects of the condition. If the social attitude is positive, people with disabilities can live as normal a life as possible, alongside others. This promotes cooperation, solidarity, and shared humanity. However, if the attitude is negative or filled with pity, it can reinforce feelings of helplessness, inferiority, and neglect. These feelings may deepen the sense of isolation and lead the person with a disability to withdraw.

In this sense, the suffering of a person with a disability is not only a personal issue. It becomes a social problem, caused more by labeling and discrimination than by the disability itself.

6. Effects of Disability

Disability has many effects, which can be grouped into several areas. The main ones are presented below:

6.1. Effects on the Person with the Disability

6.1.1. Psychological and Emotional Effects

The first impact that a person with a disability may experience is the internal sense of restriction. This restriction may come from hearing loss, vision loss, limb loss, or reduced intellectual ability. In such cases, the person cannot do what they want or participate in activities they are interested in. Many daily experiences become inaccessible.

There is also an external restriction, which takes the form of discrimination. This means treating the person differently because of their disability. The United Nations defines discrimination as “any distinction, exclusion, or restriction which has the purpose or effect of denying or impairing the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms” (United Nations, 2019, p. 65).

This experience often leads to uncertainty and low self-confidence. A child with a disability may not trust others and may find it difficult to predict how people will treat them. This can result in a distorted self-image, especially among individuals with physical disabilities. Their self-perception is shaped by how they see themselves and how others respond to them.

Emotionally, individuals may show signs of instability. They may act impulsively, seek immediate satisfaction, and struggle with shifting emotions. This can lead to daydreaming, withdrawal, or even aggressive behavior toward others.

6.1.2. Social Effects

Disability affects how individuals with special needs interact with their family, school, and the broader society. It can prevent them from fulfilling social roles and enjoying leisure activities, which often require abilities they may not have.

Not feeling equal to peers can cause feelings of inferiority. As a result, the person may withdraw from friendships and isolate themselves. According to Abd and others (2020, p. 8), this often happens due to teasing, mocking, or other forms of hurtful behavior based on the disability.

Disability acts as a barrier to full participation in social life. It can lead to unwanted isolation. For example, a person who is deaf cannot participate in conversations in the usual way, because communication requires both speaking and listening. Without hearing, they cannot understand others or speak fluently. A similar situation applies to individuals who are blind. They live in a restricted world due to their visual impairment, which limits their contact with the environment. This may affect their personality development.

The situation can be even more challenging for those with intellectual disabilities. For many of them, isolation feels safer than interaction. Withdrawal becomes easier than participation.

However, these effects are not the same for everyone. Some individuals with disabilities show great determination and inner strength. They find alternative ways to succeed and reduce the impact of their disability. There are many examples, such as athletes with disabilities who have achieved world records—sometimes even outperforming those without disabilities.

6.1.3. Educational Effects

The educational effects of disability differ depending on the type of disability. However, there are some commonalities. Generally, children with disabilities are unable to attend regular schools. These schools are designed for students without physical, sensory, or intellectual impairments.

It is difficult to speak precisely about the educational impact of disability. Still, it is possible to distinguish between the effects of physical disabilities and those of intellectual disabilities.

Children with physical disabilities cannot access learning in the same way as their peers. This is due to the absence of certain sensory channels or practical conditions. However, other senses and abilities can compensate for these deficits. As a result, educational programs for children with physical disabilities can often follow the same curriculum used for typical learners, but through adapted methods. For example, deaf students can learn through visual methods, and blind students through auditory ones. For students with physical disabilities, methods that avoid physical strain are preferred.

In contrast, children with intellectual disabilities face slowed or impaired cognitive development. This makes it difficult or impossible for them to keep up with regular education programs. The more severe the intellectual disability, the more limited their ability to learn through standard approaches.

A study by the Economic and Social Commission for Western Asia (ESCWA) on disability in the Arab region reported that the likelihood of receiving no education or only basic education is more than twice as high among adults with disabilities, compared to those without disabilities. This was especially notable in Oman among individuals aged 25 and above (United Nations, 2019, p. 73).

The main educational consequences of disability were summarized during the 8th International Conference on the Care of the Disabled, held in New York in 1968. The conference outlined several characteristics often associated with persons with disabilities:

- A strong sense of inferiority, leading to poor social adjustment.
- A deep feeling of helplessness, which causes surrender to the condition.
- A persistent sense of insecurity, creating anxiety and fear of the unknown.
- Emotional instability, resulting in exaggerated and irrational fears.
- Frequent use of defensive behaviors, such as rationalization, denial, projection, and reaction formation (Abd et al., 2020, p. 64).

However, these traits do not apply to all individuals with disabilities. Experiences vary from one person to another. Factors such as life experiences, awareness, and how functional limitations are assessed all play a role in shaping outcomes.

6.2. Effects of Disability on the Family

6.2.1. Effects on Parents

The impact of disability often begins with the parents before it affects the child. This is especially the case when the disability is present at birth or appears early in life. Parents usually expect their child to be born healthy. The discovery of a serious disability can come as a shock. If the disability is diagnosed shortly after birth, the emotional effect can be significant. In both cases, the parents are affected before the child becomes aware of their condition.

Parents may see the presence of a disabled child as a permanent threat to their other children. At the same time, they may worry that the siblings might harm or negatively influence their disabled brother or sister. These concerns can affect sibling relationships (Scelles, 1997, pp. 109–110) and the overall family dynamic.

Parents often go through three types of crises after confirming their child's diagnosis:

1. The Shock Crisis:
This reaction results from a conflict between the parents' expectations and the reality of their child's condition. They may have envisioned a healthy, capable child with a bright future. When faced with a disability, parents may feel guilt—either for not having a healthy child or for failing to protect them. In both cases, they may feel personally responsible (Satir, 1982, p. 62). This shock can paralyze them emotionally, leaving them feeling helpless. During this phase, parents need understanding and support from those around them.

2. The Crisis of Personal Values:
This crisis reflects a mismatch between the child's condition and the parents' beliefs or hopes. If the parents expected their child to become an academic, politician, or successful professional, they may experience deep disappointment. This can lead to emotional responses such as rejection or overprotection. Mild rejection may appear as indifference or excessive control. Severe rejection may result in placing the child in an institution and

denying their presence. This crisis of values can continue throughout the parents' lives.

3. Crisis of Reality or Acceptance

This type of crisis appears when the parents begin to acknowledge the child's condition and accept the reality of the disability. At this stage, the parents try—within their awareness and available resources—to provide the necessary support and meet the needs of their child according to the severity of the disability.

These three types of crises do not necessarily affect all parents of children with disabilities in the same way. Some parents may go through all of them. Others may not experience any of these crises. Still, some may go through only one or two.

Research on the impact of disability on parents and families shows that the experience varies. Several factors play a role in shaping the impact, including the type and cause of the disability, the child's gender, and their birth order in the family. For example, a study by Farber and his colleagues (as cited in Sartawi, 1991, pp. 311–312) found that the gender of the disabled child can influence marital harmony. Families with a male disabled child tend to report lower levels of marital satisfaction compared to those with a female disabled child. The study also showed that, in families from lower socio-economic backgrounds, having a disabled son has a more negative effect on family life than having a disabled daughter. However, this difference is not observed in families from middle socio-economic levels.

6.2.2. Effects of Disability on Siblings

Disability can affect the natural development of the non-disabled siblings. This often happens because the parents tend to focus most of their time, energy, and financial resources on the child with a disability. Their attention is directed toward finding treatments or support, sometimes at any cost. As a result, the non-disabled siblings may experience emotional challenges. These may include jealousy, fear, resentment, and a sense of rejection. Some may avoid taking on any responsibility for their disabled sibling (Motwali, 2017, p. 51).

Siblings may also feel overwhelmed by responsibilities that exceed their capacity. They may feel neglected, socially isolated, or hesitant to build relationships outside the family. In many cases, sisters experience emotional and academic difficulties. These challenges may affect their psychological well-being and lead to behavioral issues, such as aggression (Motwali, 2017, p. 55).

Interactions between siblings play a major role in shaping personality. The nature of these early relationships often influences how the child behaves in school and in wider social settings.

On the other hand, some field studies suggest that the presence of a disabled sibling can have positive effects. Being responsible for their care can help develop patience, persistence, empathy, and emotional maturity in the non-disabled siblings. It may also strengthen family bonds and create a sense of solidarity among siblings (Obeidat, 2007, p. 8).

In general, the effects of disability on siblings are shaped by the family's cultural, social, and economic environment. They also depend on how the parents respond to and manage the disability.

Summary of Main Effects of Disability on the Family

The presence of a child or individual with a disability in the family may result in the following key effects on both parents and siblings:

1. Psychological Pressures

These pressures include fear, anxiety, sadness, and guilt. They are often related to communication with the child with a disability or with professionals who work with the child inside or outside the educational setting. Family relationships may also be affected by the ongoing and urgent demands of the child, which require family members to function under psychological stress, tension, and deprivation of some of their own needs.

The presence of a child with a disability can create strain between family members. Feelings of frustration and constant complaint may emerge. This can lead one or more family members to feel rejection or a desire to escape the situation altogether. In some cases, this may result in a family member leaving the home or withdrawing from family life to avoid the responsibility of caring for the child.

A child with a disability can also restrict the family's overall lifestyle. Caring for the child requires ongoing effort, attention, and energy for education and upbringing. This may prevent the parents from spending time together outside the home. They may also avoid going out with the child due to possible difficulties and fear of public reactions. These concerns are more noticeable when the child displays behaviors or physical traits that draw attention, which is often the case with children who have intellectual disabilities (Abu Fakhr, 1997, pp. 286–287).

The presence of a child with a disability does not affect only the parents. It also places a heavy burden on siblings. This burden may continue throughout their lives. It can interfere with their social, cultural, recreational, and athletic activities, placing them under constant pressure, stress, and anxiety. These tensions may appear in their behavior both at home and in public, at school or with peers, in the form of withdrawal, isolation, or oppositional behavior.

2. Social Pressures

The presence of a child with a disability in the family creates social pressure and challenges for the parents. It is common for the parents of children with disabilities to withdraw from social life. They may behave in ways that isolate themselves or their child from social acceptance. This withdrawal often increases feelings of frustration and resentment toward others. It can also reduce cooperation with relatives, friends, and neighbors. As a result, families may experience rejection and social isolation (Al-Tahan, 1997, pp. 229–230).

In addition, the presence of a child with a disability—especially an intellectual disability—can affect the relationship between the parents. Al-Raihan has identified emotional responses and behavioral patterns among families of children with intellectual disabilities. He describes two main scenarios:

First Scenario: Marital bonds grow stronger after the birth of a child with an intellectual disability. This is more likely if the marital relationship was already strong before the child was born. In such cases, mutual attachment and affection between the spouses may increase.

Second Scenario: Marital bonds weaken. This tends to occur when the marital relationship is fragile and lacks deep connection. In this situation, the arrival of a child with an intellectual disability may lead to more conflict and tension. Each partner may blame the other for the child's condition, which can increase division within the family.

Third Scenario:

The religious mother accepts the condition of her child with an intellectual disability and praises God for it.

Fourth Scenario:

Some families ask the eldest daughter to serve as a second mother for the child with a disability. In such cases, the girl must care for her disabled sibling. This duty can deprive her of enjoying her own youth and may even force her to leave her education to care for her brother or sister (Abu Fakhr, 1997, p. 288).

3. Economic Pressures

The economic consequences of a disability place a heavy burden on the family. They often include extra expenses for specialized care, especially if both parents work. Families may need to place the child in a care center or hire a home caregiver. They also face ongoing costs for personal hygiene, diagnostics, and medical or therapeutic treatments—which may be lifelong in cases of intellectual disability. Some children may require long hospital stays or care in distant facilities, forcing a family member to leave work to provide full-time care.

Certain disabilities may require a private tutor, or the purchase of assistive devices like wheelchairs, prosthetic limbs, or orthopedic shoes. These expenses can place tremendous financial strain on the family (Obeidat, 2007, p. 23). The burden is worse when the person with a disability also suffers from chronic illnesses or needs expensive treatments.

7. Mechanisms to Mitigate the Effects of Disability on the Individual and Their Family

Below are key strategies to address the negative outcomes experienced by individuals with disabilities and their families:

- **Expand academic research** at universities and research centers. Investigators should study the root causes of disability and support prevention measures. Early screening and intervention can reduce disabilities and ease their impact. Researchers must also document the challenges faced by families and provide recommendations to relevant authorities to improve care.
- **Provide free medical and therapeutic services** through specialized centers. These should include physical therapy under qualified supervision. Offer assistive devices—such as wheelchairs, prosthetics, and medical footwear—at no cost. Social insurance should cover home medical care for people with chronic illnesses, especially those far from health centers. This approach reduces financial strain on families.
- **Promote suitable education and vocational training** adapted to each individual's disability. This enables people with disabilities to develop their capabilities and integrate into society beyond their immediate environment.
- **Activate the role of social workers** to support families of people with disabilities. Regular home visits and meetings can help shape positive behaviors and offer recreational programs tailored to individual abilities and health conditions. People with disabilities should not be excluded from leisure or social participation.
- **Encourage family involvement in disability-focused associations**, where experience and ideas can be shared. Such groups provide a structured platform for families to express concerns and suggestions to relevant bodies.
- **Enact inclusive legislation** that requires public and private employers to provide adapted job positions for qualified individuals with disabilities. These laws should grant priority in hiring for certain government roles, fair wages and benefits, and dignity at work. Employers should also receive tax incentives to encourage hiring people with disabilities.
- **Sustain media engagement** with disability issues. Invite social workers, psychologists, and family representatives to provide expert perspectives. These efforts can shift public perceptions and foster positive attitudes toward people with disabilities.
- **Offer consistent social and psychological support** through regular meetings with social workers. This helps families manage stress and equip parents to care for their children better. It also encourages confidence, capability development, and peer integration. Parents should also be advised to avoid neglecting the needs of their non-disabled children.
- **Highlight success stories**: Showcase people with disabilities who run successful projects. Present them as role models. Media exposure can help change stereotypes and affirm their contributions to society's growth.
- **Raise public awareness** about disability, its causes, and how to respond objectively. Use media channels to educate the public on the rights of people with disabilities to participate fully in social, political, and economic life, and to emphasize the importance of their inclusion in community development.

8. Conclusion

Disability is a concept used to describe various conditions characterized by chronic biological or physiological impairments. However, its meaning often takes on culturally specific dimensions, varying across societies and social groups. Despite these differences, individuals labeled as "disabled" often share similar psychological, behavioral, and social consequences resulting from their condition.

Empirical studies indicate that disability negatively affects the emotional well-being of individuals. It often leads to persistent fear and anxiety, especially concerning the future. Social exclusion and lack of acceptance further hinder their ability to integrate into society.

At the family level, having a child with a disability introduces emotional strain. Parents may experience continuous anxiety about the child's future and often feel guilt or self-blame. In some cases, they may respond by either over-attending to the child or, more rarely, emotionally distancing themselves. Families also tend to withdraw from social life, isolating themselves from their communities.

Parental focus on the child with a disability can lead to jealousy among siblings. These siblings may feel neglected or unfairly treated, which may harm their relationship with their parents and the disabled sibling. Financial constraints often compound the situation, as families may struggle to meet the needs of both the child with a disability and their other children (Farhat, 2014, p. 143).

These effects call for a coordinated response from all stakeholders. Psychological and social support for parents is essential, particularly to help them cope with the initial shock of a child's diagnosis or with sudden disability due to accidents or illness. Families should receive training to manage the specific needs of the child, according to the type of disability. Additionally, financial assistance should be made available so that families can provide adequate care without sacrificing the needs of their other children.

Mass media, civil society organizations, and community associations must engage actively in efforts to combat all forms of discrimination against individuals with disabilities. In conclusion, disability is more than a biological or physical issue; it is a social problem shaped by cultural perceptions. Society plays a central role in reinforcing or reducing the sense of disability. Therefore, inclusion and acceptance of individuals with disabilities must be a shared societal responsibility.

8. Conflict of interest. The authors declare that there is no any conflict of interest.

9. References

1. Ahmad Zaki Badawi. (n.d.). *Muʿjam Muṣṭalaḥāt al-ʿUlūm al-Ijtimāʿiyya* [Dictionary of Social Science Terms]. Beirut: Maktabat Lubnān.
2. United Nations. (2014). *Convention on the Rights of Persons with Disabilities: A Practical Guide No. 18.* UN High Commissioner for Human Rights. New York and Geneva: UN Publications.
3. United Nations. (2019). *Arab Gender Gap Report 2020.* Economic and Social Commission for Western Asia. Beirut: United Nations.
4. Zidan Ahmad al-Sartawi. (1991). *The Effect of a Child's Hearing Impairment on the Parents and Its Relation to Certain Variables. King Saud University Journal.*
5. ʿAmmar Salim ʿAbd et al. (2020). *Major Challenges Facing People with Special Needs and Future Outlook. University of Babylon Journal of Humanities*, 28(1).
6. Ghassan ʿAbd al-Hayy Abu Fakhr. (1991). *Special Education for Children with Disabilities.* Damascus: University of Damascus Publications.
7. Ghassan ʿAbd al-Hayy Abu Fakhr. (1997). *The Effects of Disability on the Individual, Family, and Society*, Vol. 1. Damascus, Syria: University of Damascus.
8. Suʿad Mustafa Farhat. (2014). *Problems Faced by Persons with Disabilities and Some Solutions. Journal of Colleges of Education*, (1), Libya.
9. Muhammad Khal al-Taḥḥān. (1997). *The Role of Colleges of Education in Developing Special Education for the Gifted and Disabled.* Damascus, Syria: University of Damascus.
10. Mona Hasan ʿAbd Allah Farah. (2005). *Psychological Stress and Its Relationship to the Needs of Parents of Non-Typical Children.* University of Khartoum.
11. UNICEF. (2014). *Definition and Classification of Disabilities.* United Nations Children's Fund.
12. Satir, V. (1982). *Thérapie du couple et de la famille.* EPI.
13. Scelles, R. (1997). *Fratrie et handicap.* Paris: L'Harmattan.
14. Arab Labor Conference. (April 1993). *Employment and Rehabilitation of Persons with Disabilities: Arab Convention No. 18.* Cairo: League of Arab States.
15. Rouhi Marwah ʿUbaydat. (March 2007). *The Psychological and Social Effects of Disability on Siblings of Persons with Disabilities.* Sharjah City for Humanitarian Services, UAE.
16. Fatiha Beshwan & Mustafa Faqi. (March 2013). *Problems Faced by Families of Children with Disabilities. Andalus Journal of Social and Applied Sciences*, 5(9).
17. Iqbal ʿAbd al-Qadir Husayn Muhammad. (August 2015). *Psychological Stress and Its Relationship to Certain Variables.* Sudan University of Science and Technology, Khartoum.
18. Muhammad ʿAbd al-Qadir Matwali. (January 2017). *Behavioral Problems Among Siblings of Children with Autism and Their Relation to Psychological Needs. Special Education Journal*, (18).