

The Quality of Life of Individuals with Disabilities in Jordan and its Relation to Some Variables

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Abstract

The present study aimed at identifying the quality of life of individuals with disabilities in Jordan and its relation to variables such as: type of disability, gender, educational level, social status of persons with disabilities. To achieve the objective of the study, the researcher developed a picture of the World Health Organization Quality of Life Scale (BRIEF - WHOQOL) and found its psychometric characteristics and applied it to the sample of the study consisting of (216) individuals with disabilities, male and female of whom (86) were physically disabled, (63) were deaf and (67) were visually impaired. The results indicated that the quality of life of individuals with disabilities as a whole came at the average level on the overall scale, while on the sub-dimensions; social relations reached the highest level followed by mental health, then physical health dimension then the environment dimension. The results also showed statistically significant differences in quality of life according to variables such as: type of disability, hearing and visual disability, gender in favor of males with disabilities, and the educational level in favor of those with higher education level.

The study recommended that the efforts of all institutions and ministries related to persons with disabilities should be combined to develop programs and provide services and facilities to improve the quality of life for people with disabilities in Jordan.

Keywords: Quality of life, people with disabilities.

Introduction

The concept of quality of life is linked to positive psychology, which is concerned with studying the individual's feeling of happiness and satisfaction in light of his current circumstances, abilities and capabilities, it is a relative concept that differs from one person to another and differs from one circumstance to the other, reflecting the interaction between the individual and his feelings, and beliefs, and cultural, social and material variables. It is therefore an essential part of the services provided by the community institutions to individuals of all backgrounds (Rogreson, 1999).

The Problem of the Study and its Questions

There is a great interest of quality of life of people with disabilities based on the principles of human rights, which call for all human beings to be equal in their right to enjoy their quality of life. The first recognition of the quality of life as a fundamental right of people with disabilities was through the World Health Organization (WHO) since then, interest in this concept has grown in line with global trends in empowering people with disabilities and increasing their integration into society by taking

appropriate measures and focusing on planning centered on people with disabilities in planning and designing of educational and rehabilitation programs for them.

People with disabilities are considered to be members of the community that require care, attention and rehabilitation, their view of life is influenced by the conditions of their disability and the attention and services they receive from others, whether family or community, to help them adapt to the requirements and conditions of life under the disability. The quality of life and the satisfaction of the individual with disability and sense of happiness are considered important indicators of the quality of services provided to them.

The present study aims to identify the quality of life of individuals with disabilities in Jordan and to find out how the quality of life of people with disabilities is affected by their disability, gender, level of education and social status.

1. What is the quality of life of individuals with disabilities in Jordan?
2. Are there statistically significant differences at the level of significance ($\alpha= 0.05$) in the quality of life of persons with disabilities due to the variables: type of disability, gender, level of education, and social status?

The Importance of the Study

The importance of this study in addressing the issue of quality of life among groups of people with disabilities and the impact of psychological and social problems and coping with them and affect the extent of acceptance of disability and integration in society, through the researchers' investigation of the theoretical literature and previous studies on the quality of life of persons with disabilities she didn't find any Arab or foreign study that dealt with this issue through comparing the quality of life of the three categories of disability: hearing disability, visual impairment, and motor disability, and the study of the impact of each variable: type of disability, gender, level of education, and the social situation on the quality of life as influential factors and specific quality of life for people with disabilities.

The study also aims to provide a scale to assess the quality of life of people with disabilities, benefiting specialists and program planners to apply it and make use of its results when planning and designing educational and rehabilitation programs for people with disabilities. The study also contributes to the presentation of theoretical literature to enrich the Arab library in general and the Jordanian library in particular in this domain.

Objectives of the Study

The current study aims to:

- To find the psychometric characteristics of the World Health Organization (WHO) Quality of Life Scale - short version - for people with hearing disabilities, people with visual disabilities and those with motor disabilities in the Hashemite Kingdom of Jordan.
- To determine the quality of life of individuals with hearing, visual and motor disabilities in Jordan and their impact on factors such as: type of disability, gender, educational level and social status.

Study determinants

- The current study is limited to people with hearing, visual and motor disabilities that are between the ages of (18-55) years who visit vocational rehabilitation centers, sports clubs and the University of Jordan in the capital city of Amman.
- The extent of seriousness and cooperation of the members of the study in answering the items of the scale.
- What the study tool has of the signs of validity and reliability, and the methodology used in the study.

Conventional and Procedural Definitions

Quality of life: defined by the World Health Organization (2013) as the individual's perception of his location in life, and the health and happiness of the individual and satisfy his needs and desires, , Self-Esteem in the context of the culture and values in which he lives, and relate them to his own goals, expectations, interests and beliefs. It is defined Procedurally as: the degree to which the individual with disability obtains on a quality-of-life scale developed by the researcher from the Quality of Life scale of WHO.

Self-Esteem in the context of the culture and values in which he lives, and relate them to his own goals, expectations, interests and beliefs.

People with Disabilities: It is defined by the World Health Organization (WHO) (2011) as an umbrella term that includes under its umbrella various forms of organic disorders or imbalances, resulting in limited activity and restrictions that limit the active participation of individuals. Procedurally: They are people with hearing, visual and motor disabilities who are between the ages of (18-55) years who visit vocational rehabilitation centers, sports clubs and the University of Jordan in the capital city of Amman.

Theoretical Framework

Quality of Life Concept

Leung et al. (2005) believes that quality of life means self-assessment of a person's satisfaction of his health, well-being, physical condition and mental health, which is an integral part and is influenced by the environment and the social and cultural context surrounding him. The World Health Organization (WHO) also Confirmed that the concept of quality of life is a comprehensive and broad concept that is influenced by the individual's physical, psychological and social relationships, and Accordingly, a measure of quality of life was developed based on its definition of the concept of quality of life as: "the individual's perception of his status in life in the light of the value and cultural system in which he lives and his relation to his objectives, expectations, standards and his interests. UNESCO believes that the quality of life is a comprehensive concept encompassing all aspects of life as perceived by people. So that it expands to include both the Physical satisfaction of the basic needs and the moral satisfaction that achieves the psychological compatibility of the individual through achieving himself (Abdelkader, 2005).The World Health Organization summarized the dimensions of the concept of quality of life in four dimensions: physical dimension: it is related to the aspects of sleep and rest and dealing with pain and gets rid of fatigue. The psychological dimension: It is related to the feelings and positive behaviors and attention and desire to learn thinking, self-esteem and attention to the appearance and image of the body and face negative emotions. The social dimension: this dimension relates to personal and social relations, social support, marriage and the need for social affiliation and acceptance. The environmental dimension: it relates to the aspects of the exercise of freedom in the positive sense and the sense of security and safety in the home environment and the external environment and away from noise and pollution, as well as the sources of income.

The Impact of Disability on the Individual

The person with disabilities is affected by disability according to the degree of disability resulting from him and the extent of its impact on his personal independence and the conduct of his life and adaptation to society and the surrounding environment and the degree of acceptance of his family and the surrounding community and society for this disability, and the consequent needs and need for services, facilities and programs in various fields.

Impact of Hearing Disability

Hearing disability is defined as: a term that refers to cases of hearing loss ranging from (30 - 90 decibels) or more, The term includes both cases of deafness and auditory impairment, and these cases may arise from birth or occur at a later stage in the individual's life (Zureiqat, 2015).

Hearing loss affects the various aspects of the individual's physical, psychological, emotional, social and mental disability. Physically: they have the wrong body conditions, delayed growth compared with the sage, and the lack of physical fitness.

Socially, the weakness or lack of oral communication in the hearing impaired affects the process of communication, social interaction and participation of others in various life activities and thus its integration into society. Therefore deaf people are characterized as: Suffer from a clear lack of social skills and lack of compatibility and social adjustment and lack of social maturity and the tendency for isolation.

These features reflected negatively on the emotional aspects and the process of psychological and social consensus, which leads to the emergence of psychological and behavioral problems such as: Feeling of anxiety and emotional turmoil and low self-concept and social withdrawal and aggression. Also audio loss and language loss affect the cognitive and mental aspects, which affect academic achievement and academic progress. Community attitudes, the acceptability of the disabled person and the availability of services and supporting devices play a role in the quality of life of the person with hearing disabilities.

Impact of Visual Disability

The term visual impairment includes both total visual impairment and visual weakness, where the blind is meant: a person who has lost the ability to sight or a person who cannot read and write only by using Braille, as forweak eyesight: is the person who can read and write using visual aids (Al Hadidi, 2016).

Visual impairment affects various aspects of the disabled individual where they have Lack of motor skills and Motor muscle coordination, they also have problems understanding concepts and thinking about abstract topics, although visual impairment does not affect language learning and understanding speech, it affects the process of nonverbal communication, learning gestures and body language. Socially, the social compatibility of people with visual impairments is influenced by the opportunities for social interaction available and the degree of acceptance by the disabled person of his disability, Social trends, the degree of visually impaired acceptance and the availability of training and rehabilitation opportunities play a major role in enriching opportunities for social interaction.

Visually impaired people face emotional problems that appear to be anxiety and withdrawal from social interaction. As well as a decline in the Self Concept and fear from future and concern about the future professional and social. Regarding their ability to learn, they are no different from their visionary peers but need adjustments in the teaching method and teaching aids to suit their needs.

Effect of Motor and Health Disabilities

Al-Khatib (2015) defines mobility impairment as: a situation in which individuals suffer from an imbalance in their motor ability or motor activity So that the imbalance affects the manifestations of mental, social and emotional development and require the need for special education.

Movement and health impairments are primarily medical disabilities and affect the various aspects of the personality of the injured individual, where they suffer from introversion and lack of social interaction and withdrawal and Reliance on others and shame, academically and mentally they have dispersion of attention, difficulty in concentration, retention and weakness in motor synergies.

From the above we note that the existence of disability is a serious educational, social and rehabilitation problem if not taken into account, that disability imposes on the individual limitations and limits on the potential and capabilities and interactions with the environment and society, Which affects his self-concept and lead him to the sense of Shortage and Deficit and anxiety and sense of decline in the quality of his life.

Quality of Life for People with Disabilities

Recently, there has been a growing interest in studying the concept of quality of life for people with disabilities in line with the trend towards empowering people with disabilities and adopt person-based planning in designing programs and services for people with disabilities, Where the improvement and development of quality of life for people with disabilities has become the goal of many researches and studies (Schalock,2004).

In a study by a United Nations center about improving the quality of life for people with disabilities to guide decision-makers to work to solve the problems of people with disabilities and improve their quality of life, The study found that the main problem where persons with disabilities suffer from in most countries is the problem of isolation and exclusion from participation in social life and work, which reflects negatively on them and leads to isolation, despair, frustration and low self-concept, in order to solve this problem, the study suggested: work on the integrate disabled people and involve them in the society in order to change their attitudes and their outlook on life and their sense of efficiency and productivity, and involve and integrate people with disabilities in social activities in order to modify and improve the society's perception of them, and that the family and society cooperate in order to integrate people with disabilities and to achieve social acceptance and to access to their rights (Wally, 2004). The perception of disability by people with disabilities is linked to a range of personal, social and environmental factors, where the social support received by the disabled individual from the society as well as the extent of personal autonomy in his life affects the quality of his life as confirmed by Michelle's study (Michael, 2003). The International Convention on the Rights of People with Disabilities has adopted a set of rights, services and facilities that must be provided to people with disabilities, the most important of which is access to public places, Non-exclusion from compulsory primary and secondary education, and the provision of resources in individual manner to assist them in learning, vocational training, employment and access to health services (United Nations, 2005).

Jode (1994) summarized the important aspects of quality of life for people with disabilities by the following points:

- The quality of life for people with disabilities includes the same aspects and factors related to the quality of life for non-disabled people.
- The individual feels whether he is disabled or not with the quality of his life when he satisfies his basic needs and has opportunities to achieve his goals in different areas of life.
- The promotion and development of quality of life depends on the provision of methods, activities, educational programs, Rehabilitation Programs and support services.
- In Conclusion the Quality of life is a self-concept that can be measured through subjective and objective indicators.
- Quality of life is also affected by the level of community and environmental resources and services. Therefore, to improve the quality of life for people with disabilities, it is necessary to focus on the personal and environmental conditions surrounding them.

Previous Studies

To achieve the objectives of the study, researchers have developed a Scale for measuring the quality of life for people with disabilities with appropriate stoichiometric characteristics,

It was applied to a sample of young people with disabilities which reached 60 disabled persons of both sexes, The study found that young people in Tabuk city enjoy in general a high quality of life , The results also showed that there is no statistically significant differences in quality of life due to gender and age While there are statistically significant differences due to the variable of disability category and for the benefit of motor disabilities and the absence of interaction between the three study variables: sex, age, disability category. The sample of the study consisted of 294 people with visual disability; 208 ordinary visual people and 86 visual impaired people , 53.1% male and 46.9% female

,Of individuals who review the Optics and Ophthalmology Center at the regional hospital in Kofridwa , Ghana, Between the ages of (11-80) years, and Their visual impairment ranges from simple to severe, Information which related to the sample of study was collected, including their demographic information, their health history, The unity of their sight and record of their visits to the center, The WHO Quality of Life Standard was applied, which assesses quality of life in four areas: physical health, Psychological, social relations and the environment, the results showed that the level of quality of life for visual people is higher than the level of visual impaired people in the overall scale and in its four dimensions, but regarding the visually impaired , the quality of life was better for individuals with moderate visual impairment than those who were very weak and completely blind,

As well as the quality of life of those with higher education level is better than those with low educational level, A quality-of-life scale was applied on a sample of (20) visual impaired persons Who visit the Association of the Blind (Ceara) in Brazil, The scale was applied using the individual interview method, The results showed that the quality of life in the study sample was at the good level where it reached (68.75%), The quality of life was at a high level in the following dimensions, respectively: personal relations (74.06%), sexual life (66.88%), Spirituality Personal beliefs (65%), Their quality of life was low in the following dimensions respectively: Physical domain (43.44%), Physical environment (46.88%), Security and Physical Protection (37.19%), Transport (35.63%), And dependence on medicines and treatments (8.25%). The study of Sa'aida (2016) aimed to identify the quality of life of the hearing disabled people who are enrolled in special education centers in Balqa Governorate, And study the impact of each variable: the nature of disability and its severity, Timeline age and sex on their quality of life, The study sample consisted of (86) male and female students with hearing disability, The researcher developed the study tool which It is a measure of quality of life for Amy and Strivert and the finding of the psychometric characteristics of it and applying it on the study sample, The results indicated that the quality of life for people with hearing disabilities is at the intermediate level, There are also significant statistical differences in quality of life due to sex variable and for males benefit , and the existence of significant statistical differences in quality of life due to the disability severity variable (moderate, severe) and for the benefit of persons with moderate disabilities except after contact, and the existence of significant statistical differences in quality of life due to the nature disability variable(acquired, childbirth) and for the benefit of people with acquired disabilities, There are significant statistical differences in the quality of life due to the life time variable (less than 10 years, more than 10 years) and for the benefit of age group (more than 10 years). Voltec, Sarliga and Penjak (2016) conducted a study aimed at assessing the level of quality of life for visually impaired and visually disabled people in Croatia, Depending on the variables: visual impairment, duration of disability and participation in psychological rehabilitation programs, The study sample consisted of 142 people (78 blind and 64 visually impaired), 69 of whom had Visual impairment since birth, and (73) has an acquired visual impairment, their age range between (18 and 60) years, Demographic data which are related to them were collected, such as:(gender, age, Social status, work nature, place of residence, visual status, injury time, use of visual aids, Knowledge of Braille, participation in psychological rehabilitation programs), then the extent on the study sample satisfaction was examined about their quality of live in seven areas: standard of living, health level , achievements in life, social relations, general safety measures, social communication, future security, The level of satisfaction for these areas is estimated within the Likert scale ranging from 0-10 where 0 indicates dissatisfaction and 10 indicates complete satisfaction. The results showed that the quality of life of both groups (visually impaired and blind) ranged from 60% to 80%. The highest level of satisfaction with quality of life was for the visually impaired compared with the blind, A proportion consistent with theoretical literature and previous studies Which the researchers returned to it also correspond to the global ratios, The highest satisfaction rate for the field of social relations and the lowest for the future safety field and for both categories, also the results showed that the level of satisfaction about the quality of life for people with congenital / birth defects is higher than those with Acquired injury, The results also showed that individuals who attended and participated in psychological rehabilitation programs had a higher quality of life than individuals who did not attend or participate in these

programs. Kivaliker, Kamath, Ashok, Shetty, Maya and Faralakshmi (2015) conducted a study aimed to identifying the level of quality of life for individuals with physical disabilities in India. And the impact of physical disability on the performance of daily activities, To achieve the goal of the study The WHO standard of quality of life has been applied - short version on a sample of (130) people with physical disability, 36.2% their disability is congenital / congenital and they are of the age of 18-76 years, 24.6% of them are uneducated (illiterate), 46.9% are of primary education, 46.2% are not married because of their disability, 67.7% live alone, 62.3% are unemployed, (89.23%) with low economic and social status, the rest are middle class and there is no one from the class with high economic and social status, The results showed that the quality of life in the sample of the study was low in general and that the most areas of decline is: the field of the environment and the inability to Mobility and move in and climb the stairs, And then the psychological field related to negative feelings and low self-concept and body image and public appearance, and that the highest areas were the social sphere and social relations among them. Sartawi, Al Muhairi, Taha and Abdat (2014) conducted a study aimed at identifying the quality of life of persons with disabilities compared to persons without disabilities in the United Arab Emirates, And the detection of the quality of life of persons with disabilities according to variables: type of disability, educational level, income level, social status and work destination, To achieve the objectives of the study, the researchers built the research tool so that it consisted of two parts. The first part consisted of 39 articles covering the following areas: quality of public life, quality of family and social life, quality of life career , quality of emotions, quality of psychological health, And Quality of time management, They are answered according to a five-point scale (never, Quite a few, To some extent, Much, very much). The second part includes (6) open questions, which are answered in a personal interview. These questions are: Describe your health, How do you describe your life with your family, what do you think about your social life, are you satisfied about your emotional life, how do you describe your level of control over your emotions? Do you consider yourself to have good psychological health? and why? Are you able to manage your time? How do you spend your free time?), The study sample consisted of (150) non-disabled people, 150 people with disabilities (66 people with physical disabilities, 60 people with hearing disabilities and 24 people with visual disabilities), The results of the study found that the quality of life in people with disabilities is higher than with disabled people, As for persons with disabilities, the study found that there are significant statistical differences in the quality of life according to the type of disability and For the benefit of those with physical disability and there is no deference's in quality of live among people with hearing and visual disabilities, .There are also differences according to the educational level variable and In favor of a bachelor's degree holders , and there are differences according to the income level variable and for a benefit of high-income earners, and there are differences depending on the social situation variable and for a benefit to those with married disabilities, Both of Abu Al-Rub and Al-Ahmad (2013) conducted a study aimed to measure the quality of life for people with hearing disability compared to non-disabled people in the Kingdom of Saudi Arabia in the fields of: quality of public health, Quality of family and social life, quality of working life, quality of emotions, quality of psychological health, quality of time occupancy and management, according to variables: severity of disability, educational level, gender, social status. To achieve this goal, the researchers built the study tool consists of two parts, , The first part included specific questions to reveal the level of quality of life and the second part included open questions to be answered in the interview, The study tool was applied to a sample of (90) people with a hearing disability and (90) people with no hearing disability, The psychometric properties of the study instrument were found, represented by the honesty of content and stability in a manner of internal consistency, The study found that there are significant statistical differences between natural people and hearing disabled people in all dimensions of the quality of life standard as well as according to all study variables and for the benefit of people who are not hearing disabled. With regard to the quality of life for people with hearing disabilities, the study found that there were statistically significant differences in quality of life according to the variable of education level and for the benefit of university graduates, In the social status variable and in favor of married

couples, and there were no statistically significant differences attributed to sex except in the sense of conviction and in favor of males. The study of Barton and Bancart and Davis (2009) in the UK aimed to compare the quality of life of people with hearing disabilities when measured using three different tools: Quality of Life scale which related to the health (EQ-5D), which includes the following dimensions: mobility, self-care, Routine daily activities, pain and discomfort, anxiety and depression, scale of public health Indicators (3HUI), which measures the quality of healthy life through the following indicators: patient experience with treatment, long-term effects of treatment and illness, effectiveness and efficiency of medical care interventions, Hexagonal Health Indicators Scale - short version (SF-6D), which provides indicators for health through six areas: physical performance, physical pain, public health, social performance, performance of required roles, Psychological and maternal health, The three scales were applied to a sample consist of 915 (55% male and 45% female) who visited ear and hearing clinics in the United Kingdom. The results showed that the performance of the individuals of the study varied on the three scales, The average of the sample of the study on the three measures was as follows: EQ-5D (79%), (3 HUI), 56%, and SF-6D (77%). The study concluded that the quality of life should be measured for the hearing disabled by different tools to achieve Stability in the results. Also, Hashim (2001) conducted a study aimed to identifying the level of quality of life for physically disabled, elderly and university students in Cairo and its relation to some variables. The study sample consisted of (62) physically disabled people with little and moderate level of disabilities, Of those who frequented the centers of care and sports clubs, all of them with a medium or high level of education, Their ages range between (25-40) years, and (24) male and female elderly people who are infected with chronic diseases and they visit hospitals frequently and people who are non-infected with chronically diseases who are living with their families between the ages of 60-68, 28 male students and 39 female students From the University of Ain Shams, Their ages range between (20-21) years, to achieve the study results the researcher used the scale of quality of life and the scale of adaptation and family cohesion, the results of the study showed that there were no differences between males and females in the quality of life of the elderly and university students, and the existence of statistically significant differences among the physically disabled in the quality of life due to the degree of disability and for the benefit of people with minor disabilities, also, the absence of statistical differences in the quality of life in the study sample is due to geographical area (rural, urban). Ibrahim made a study(2001) with title social support and its relation to the level of satisfaction on the quality of life for the disabled people in governorate of Gaza, the sample of the study consisted of (63) individuals who are physically disabled, In order to achieve the purpose of the study, the social support scale and the quality of life scale were applied to the study sample. The results showed that there is a statistically significant relationship positive between the social support level scale with its sub dimensions and the total score and the dimensions of the level of satisfaction with quality of life, There are also statistically significant differences in all dimensions of the scale of satisfaction of the quality of life according to the source of social support (family, relatives). Boswell, Dawson and Henninger (1998) conducted a study aimed at identifying the level of quality of life for the physically disabled people, The study sample consisted of (12) people with motor disabilities and those with spinal cord injuries. The researchers used the method of interviewing and discussing about two main dimensions: The meaning of quality of life and factors that contribute to the development of quality of life, and the study reached a set of results: There are individual differences in the concept of quality of life among individuals with disabilities, where it varies from one disabled person to another depending on the circumstances surrounding him and the support factors available to him. They also found that the level of quality of life increases as job opportunities are increasing, where the work contributes to the provision of various sources of livelihood which increase the level of quality of life.

Commenting on Previous Studies

It is clear from the review of previous studies that the concept of quality of life is one of the modern concepts in the field of special education, which previous studies have tried to identify its level with

people with disabilities and to identify the factors influencing it. It is also clear that previous studies have been divided into two parts; The first section attempted to study this concept in all categories of disability together and identify the differences between these groups in the quality of life and the factors that have had an impact on these differences such as the study (Al-Qahtani and Hayatas, 2016) and the study of (Sartawi, Muhairi, Taha and Abdat, 2014), While the other part of the studies aimed to determine the level of quality of life and the factors affecting it in one group of people with disabilities, such as a study (Amedo, Adade, Koomson, Osa, 2016), which dealt with the quality of life of people with visual disabilities, and a study (Kuvalekar, Kamath, Ashok, Shety, Mayya & Varalakshmi, 2015) Which addressed the level of quality of life for persons with physical disabilities, and a study (Barton, Bankart & Davis, 2009), which dealt with the level of the quality of life for people with hearing disabilities. The present study was conducted in an attempt to fill the gap in the studies that examined the quality of life of groups with disabilities in Jordan and identify the factors that affect it.

Method and Procedures

The descriptive approach was used to suit the objectives and nature of the study, where the descriptive research describes the phenomenon of the subject of the study and interpretation; It is also interested in identifying the factors and variables related to the phenomenon.

Study Members

The study sample consisted of (216) persons with hearing, visual and motor disabilities, males and females, who visited vocational rehabilitation centers frequently, sports clubs and the University of Jordan in Amman Governorate. They were selected in a simple random way which it is available from study community, Table (1) shows the distribution of study members according to variables: type of disability, gender, educational level, social status.

Table 1: Distribution of the study sample by variables: type of disability, gender, educational level, and social status

Variable	Categories	Frequency	Percentage
Type of Disability	Hearing impairment	63	29.17%
	Visual impairment	67	31.02%
	Motor impaired	86	39.81%
Gender	Male	115	53.24%
	Female	101	46.76%
Educational level	Elementary and below	75	34.72%
	Preparatory or secondary	87	40.28%
	College and above	54	25.00%
Marital status	Single	116	53.70%
	Married	70	32.41%
	Divorced or widowed	30	13.89%

Study Tool

To achieve the goal of the study in the detection of the quality of life of individuals with disabilities, the researcher referred to the World Health Organization (WHO) Quality of Life Scale (BRIEF-WHOQOL, 2004), Which was prepared by the World Health Organization (WHO) as part of the Global survey to reveal the quality of life of individuals in different categories to become a global scale of quality of life and named "World Health Organization Quality of life scale"(WHOQOL, 2004), it consists of (100) items in six domains: Physical, Psychological, Social and Environmental Health, Level of Independence and Spiritual Aspects, and then it was summarized into (26) items (Brief-

WHOQOL) in four domains: physical, psychological, social, and environmental, this scale is used with ordinary people, patients and persons with disabilities. The statistical characteristics of the scale were obtained by applying samples from different population groups in the WHO centers in (23) centers in different countries. The results of the statistical analysis showed that the scale has both construct validity and discriminative validity, the internal consistency of the scale domains ranged from (0.68 to 0.82) (Skevington, Lotfy & O'Connell, 2004).

In order to achieve the objective of the study to find a picture of the quality of life standard suitable to the study sample, the researcher translated the scale from English to Arabic and vice versa to ensure the accuracy of translation and to find the characteristics of the psychometric.

The scale consists of four areas: the physical health field and includes (8) paragraphs (2, 3, 4, 10, 15, 16, 17, 18), Psychological health area, and includes (7) paragraphs (1, 5, 6, 7, 11, 19, 26), and the field of social relations. It includes (3) paragraphs with numbers (20, 21, 22) and the field of environment. and includes (8) paragraphs(8, 9, 12, 13, 14, 23, 24, 25).

Signs of Validity of the Scale

Content validity: The content validity of the scale and its veracity was verified by presenting it to a group of arbitrators their number reach (15) arbitrators, They are professors from the University of Islamic Sciences and Amman Arab University, they were asked to give an opinion on the accuracy of the translation and the correctness of the content of the instrument and its accuracy and suitability for the study sample . In light of the arbitrators' observations, the required modifications were made, which focused on redrafting and verifying terms, and no paragraphs were deleted or added on the four scale domains'.

Construct Validity: The construct validity was verified by calculating the internal consistency of the scale and finding correlation coefficients between the grades on the items and the scores on the field, and the correlation coefficients between the grades on the paragraph and the scores on the scale as a whole, the scale was applied to a sample of (30) people with hearing, visual and motor disabilities from outside the study sample, as shown in Table (2).

Table 2: Correlation coefficients between the score of each scale of the quality of life scale and the degree on the field and between the degree of each item and the degree of the total

Domain	Item N	Item	Correlation coefficients of the item with the domain	
Physical health	2	How satisfied are you with your health	0.88	0.85
	3	To what degree physical pain prevents you from doing what you need	0.89	0.85
	4	To what degree do you need medical care to do your daily tasks?	0.85	0.81
	10	Do you have the ability to do your daily life tasks?	0.93	0.88
	15	How far you can move around In your surroundings	0.90	0.88
	16	to which degree are you satisfied about your sleep?	0.89	0.84
	17	How satisfied are you with your ability to perform your daily tasks?	0.73	0.71
	18	How satisfied are you with your ability to work	0.92	0.87
Mental health	1	How satisfied are you with your life	0.81	0.80
	5	How much you enjoy your life	0.85	0.81
	6	To what extent do you feel the meaning of your life	0.86	0.75
	7	To what degree you can concentrate	0.84	0.82
	11	Are you able to accept your physical appearance	0.83	0.80
	19	How satisfied are you with yourself	0.82	0.72
Social relations	20	How satisfied are you with your personal relationships	0.86	0.74
	21	How satisfied are you with your sexual life	0.77	0.70
	22	How satisfied are you with the support of your friends	0.76	0.72
The environment	8	How safe you feel in your daily life	0.72	0.70
	9	to which extent you consider your environment is healthy	0.72	0.71
	12	Do you have enough money to meet your needs	0.81	0.77

Domain	Item N	Item	Correlation coefficients of the item with the domain	
	13	to which extent are available the desired information which you need in your daily life	0.76	0.73
	14	To what extent do you have the opportunity to rest and entertainment	0.75	0.73
	23	How satisfied are you with your place of residence	0.79	0.77
	24	How satisfied are you with the health services provided to you?	0.74	0.71
	25	How satisfied are you with transportation which provided to you	0.81	0.80

It is clear from the previous table that the correlation coefficients of the items with the domains to which they belong ranged from (0.72 - 0.93) as ranged correlation coefficients of the paragraphs with the total scale between (0.70 - 0.88), All of which are statistically significant, which Indicates that the scale is truly honest.

The values of the correlation coefficients for the scale domains were calculated, the correlation coefficients were evaluated by the scale as a whole, as shown in Table (3).

Table 3: The values of the correlation coefficients for the domains of the quality of life standard and the correlation of the domains to the overall scale

Domains		Physical health	Psychological health	Social relations	The environment
Psychological health	Coefficient of correlation	0.88			
	Statistical significance	0.00			
Social relations	Coefficient of correlation	0.77	0.70		
	Statistical significance	0.00	0.00		
The environment	Coefficient of correlation	0.84	0.79	0.73	
	Statistical significance	0.00	0.00	0.00	
Total scale	Coefficient of correlation	0.93	0.91	0.87	0.94
	Statistical significance	0.00	0.00	0.00	0.00

we Note from the table (3), that values of the correlation coefficients between the domains of the scale ranged between (0.70 - 0.88), and the correlation coefficients between the domains and the scale as a whole were high and ranged between (0.87 - 0.94). These values indicate that the scale with a high degree of sincerity.

Reliability of the Quality of Life Scale

To ensure the reliability of the scale was found in two ways: Exam repetition, the scale was applied to a sample of (30) people with disabilities from outside the sample of the study, with a two-week interval, and in the internal consistency method calculated by the equation (Kronbach Alpha) and the Table (4) shows the reliability coefficients of the scale in both ways.

Table 4: The values of reliability coefficients in the reliability method and the internal consistency method for both of the fields of scale and the macro scale

the scale	Reliability using test- retest	reliability in a manner of internal consistency
Physical health	0.82	0.85
Psychological health	0.85	0.90
Social relations	0.84	0.91
The environment	0.94	0.96
Total scale	0.88	0.93

The Method of Correcting the Scale of Quality of Life

The quality of life scale consist of (26) paragraphs distributed into four areas, which are answered through a five-step Likert scale (very satisfied, satisfied, neutral, dissatisfied, Very dissatisfied). In some paragraphs, the scale is as follows: (Always, often, sometimes, a little, definitively), So that it took the following grades:(5, 4, 3, 2, 1), respectively, so that the grade (5) refers to a person's response to very high satisfaction or that he always feels so, As for the Class (1) refers to a person's response to very low satisfaction or that he doesn't feel it completely, but if the grade (3) he is in an intermediate state between satisfaction and dissatisfaction of it or sometimes feels it, and if it is greater than (3),then the quality of life is high, and if it is less than (3) where his quality of life is low., the scale degrees ranged between (26-130). For the purposes of the interpretation of arithmetical averages, to determine the level of quality of life, the mark was converted according to a level ranging from (1-5) and classification of the level to three levels: high, medium and low, according to the following equation the highest value minus the minimum value of the answer alternatives divided by the number of levels, so $(5-1) \div 3 = 1.33$ where this value indicates the length of the category, thus the low level of quality of life from(1- 2.33), the average level of quality of life from (2.34-3.67) and the high level of quality of life from (3.68-5).

Study Procedures

- The scale has been translated from the foreign language to the Arabic language and vice versa to ensure the accuracy of the translation and contain the required meaning as in the original measure and the safety of language and the clarity of paragraphs.
- The psychometric characteristics of the quality of life criterion were confirmed by applying it to a study sample from outside the Sample survey The study consisted of (30) people with hearing, visual and motor disabilities, and the result showed that there is availability of sufficient indications of sincerity and stability for the scale for the purposes of this study.
- The available sample was restricted by random method from the study community from people with hearing, visual and motor disabilities, male and female, who visited frequently the vocational rehabilitation centers and sports clubs and the University of Jordan in the capital city -Amman, and was reached (216) people.
- The study tool was applied to the members of the study so that So that a sign language interpreter was used for deaf people, where he took the task of reading and translating the standard in sign language, as for blind individuals, the researcher took the responses on the scale in the individual interview method; Where she read each paragraph and its alternatives to let the blind person to choose the alternative which applies to him, as for the disabled, a part of them answered the meter himself who has no problem with the upper limbs, while the other part answered by the interview because of the health problems they have in their hands.
- The appropriate statistical analysis was performed after the data was entered in a computerized manner in order to answer the study questions.

Study Results

Results relating to the first question: What is the level of quality of life for people with disabilities in Jordan?

To answer this question, the arithmetical averages and standard deviations of the scores of the study individuals were calculated on the study instrument. Table (5) shows this.

Table 5: The arithmetical averages and standard deviations of the grades of the study individuals on the domains of the quality of life standard

Number	Domain	Arithmetic mean	Standard deviation	Level	Rank
1	Social relations	2.77	0.56	high	1
2	Psychological health	2.55	0.51	medium	2
3	Physical health	2.39	0.68	medium	3
4	The environment	2.32	0.40	Low	4
Quality of life as a whole		2.51	0.39	Average	

The results in Table (5) show that the field of social relations came first with an average of 2.77 and a standard deviation of 0.56 at a high level. , Followed by the field of mental health in the second place with an average of (2.55) and a standard deviation (0.51) and an average level followed by the third level the physical health with an average of 2.39 and a standard deviation of (0.68) with an average level, Followed in the fourth rank the field of the environment with an average of 2.32 and a standard deviation of 0.40 with low level, the total arithmetic mean of the quality of life (2.51) and standard deviation (0.39) with an average level.

Results relating to the second question: "Are there statistically significant differences at the level of significance ($\alpha = 0.05$) in the quality of life of people with disabilities due to the variables: type of disability, gender, level of education, and their social status? "

To answer this question, the arithmetical averages and standard deviations of the sample scores were calculated on the quality of life scale and its fields according to the variables of the study. Table (6) shows this.

Table 6: The statistical averages and standard deviations of the grades of the study individuals on the quality of life scale according to the variables of the study

variable	Categories	Statistics	Social relations	Psychological health	Physical health	The environment	Quality of life as a whole
Type of Disability	Hearing Disability	Average standard deviation	4.02 0.55	3.78 0.60	3.70 0.81	3.49 0.49	3.75 0.38
	visual disability	Average standard deviation	3.95 0.73	3.80 0.64	3.62 0.76	3.61 0.54	3.75 0.54
	motor disability	Average standard deviation	3.88 0.74	3.55 0.61	3.34 0.81	3.35 0.47	3.53 0.50
Gender	Male	Average standard deviation	4.05 0.71	3.84 0.68	3.87 0.75	3.61 0.51	3.84 0.49
	Female	Average standard deviation	3.90 0.66	3.67 0.58	3.39 0.77	3.44 0.51	3.60 0.47
Education level	Elementary or below	Average standard deviation	3.80 0.68	3.66 0.64	3.52 0.86	3.40 0.44	3.60 0.49
	Preparatory and secondary	Average standard deviation	4.21 0.64	3.82 0.60	3.77 0.60	3.69 0.59	3.87 0.42
	College and above	Average standard deviation	4.17 0.57	3.91 0.57	3.49 0.76	3.63 0.56	3.80 0.43
Social status	Unmarried	Average standard deviation	3.79 0.81	3.81 0.53	3.61 0.84	3.56 0.26	3.69 0.36
	Married	Average standard deviation	3.89 0.74	3.70 0.71	3.85 0.77	3.64 0.55	3.77 0.56
	Divorced or widowed	Average standard deviation	4.09 0.53	3.77 0.50	3.19 0.65	3.32 0.42	3.59 0.38

Table (6) shows that there is an apparent variance in the arithmetical averages and standard deviations of the sample scores on the quality of life standard in light of their distribution by study variables: type of disability, gender, educational level, and social status. In order to detect the significance of statistical differences between the average of the responses of individuals with disabilities on the domains of the quality-of-life scale according to the study variables, The non-interaction quadratic analysis was performed ANOVA (4-WAY) Table (7) shows the results of this analysis.

Table 7: Results of quaternary contrast analysis ANOVA (4-Way) Quality of life scale according to variables: type of disability, gender, educational level, and social status

Source of Contrast	Total squares	Degrees of freedom	Average of squares	Value of P	Statistical significance
Type of Disability	1.60	2	0.80	3.849	*0.02
Gender	2.45	1	2.45	11.826	*0.00
Educational level	5.42	2	2.71	13.058	*0.00
Social status	0.26	2	0.13	0.635	0.53
The error	73.06	352	0.208		
Total	82.79	359			

*** Function at significance level ($\alpha \leq 0.05$).**

Table 7 shows statistically significant differences in the level of individual responses due to the variables: type of disability, educational level and gender, where the quality of life of males is higher than of females, there were no differences in the level of individual responses according to the social situation variable. To determine the location of the differences between the arithmetic averages of the variables of the type of disability and the educational level, the Schiff method was used for the dimensional comparisons and Table 8 shows this.

Table 8: Scheffe Method for dimensional comparisons for the effect of the variable type of disability on the quality of life scale

Type of disability	Arithmetic average	Hearing disability	Visual disability	Motor disability
Hearing disability	3.89			
Visual disability	3.86	*0.01		
Motor disability	3.67	*0.02	2.0	

Table (8) shows statistically significant differences between people with hearing disabilities on one hand and those with visual disabilities and those with motor disabilities on the other hand.

Table 9: Scheffe method for dimensional comparisons for the effect of the education level variable on the scale of quality of life

Educational level	Arithmetic average	Elementary or below	Preparatory or secondary	College and above
Elementary or below	3.71			
Preparatory or secondary	3.99	*0.02		
College and above	3.96	*0.03	0.52	

Table (9) shows that there are statistically significant differences between those with an educational level (primary or below) on the one hand and those with a level of education (preparatory or secondary) and those with an educational level (college and above) on the other hand, differences came in favor of those with an educational level (preparatory or secondary) and those with an educational level (college and above).

Discussion of the Results

First: To discuss the results related to answering the first question: "What is the quality of life of people with disabilities in Jordan?" The results of this question indicate that the quality of life of persons with disabilities in Jordan came within the average level of the tool as a whole, where the field of social relations ranked first and at a high level, followed by the field of mental health in the second place and at average level, followed by the field of physical health in the third place and at average level, while the field of the environment ranked fourth and last and with a low level.

The researcher attributes the reason that the standard of quality of life average among people with disabilities in the three categories (physical, hearing and visual disability) due to the nature of the disability and what it impose on the individual of challenges and their consequences and health problems and treatment procedures that spend a lot of their money and time which affects their psychological and emotional state, leading to a decline in self-concept and a sense of frustration and anxiety and then withdrawal from life and social relations as well as reflected on their opportunities in education and rehabilitation and access to suitable jobs for disability. The institutions concerned of people with disabilities have tried in Jordan to provide various facilities and services to all groups of people with disabilities in line with the global trends and the rights of people with disabilities, this was reflected in the promulgation of the Law on People with Disabilities (2017), which obliges all ministries and institutions of the local community to provide all services and programs that qualify and assist people with disabilities to join the society in all its institutions in order to achieve the principle of equal opportunities and their right in integration and participation.

The social relations came in first rank and the researcher attributed this to the development of awareness among members of society in the Jordanian environment of disability and its causes, as the social relations surrounding disabled people accept the disabled, and believes that disability can coexistence with it, so that the disabled person can interact and enjoy his full rights to live in his community like the rest of the other people, And that it is not infectious disease. In addition to the moral support received by the disabled of those around him from his family and relatives and friends, and this reflected on the mental and physical health of the disabled, Where both of them came at an average level due to the suffering of people with disabilities from psychological and emotional problems did not provide them with the necessary psychological and moral support and continuous on the official level and in periodical manner as a series of counseling sessions or courses on coexistence with the pressures despite their ability to rely on themselves and achieve a relatively acceptable level of independence Self, As for the environment, it is low due to the absence or lack of environmental facilities, the existence of physical barriers, the lack of means of transportation or their own positions, as well as the lack of aids and supporting devices that facilitate their mobility in their surrounding environment and access to all services and educational and recreational programs, As well as the lack of employment opportunities and employment for people with disabilities, where unemployment is widespread with them, which negatively affects the standard of living and low income and most people with disabilities rely heavily on aid from charities.

These results were agreed with the results of both the study of (Rebouças, Araújo, cost Fernandes 2016) which found that the quality of life for people with visual disabilities was low in the physical aspect, physical environment, security, physical protection, transport, dependence on medicines and treatments. With the study of Sa'aida (2016), which found that the quality of life was for people with hearing disabilities at an average level, and differed with the results of the study of Al-Qahtani and Hayasat (2016), which found that the youth in the city of Tabuk has a high quality of life in general, and the study of (Kuvalekar, Kamath, Ashok, Shetty, Mayya & Varalakshmi, 2015) Which found that the quality of life in the study sample was low in general and the most areas of decline is: the field of the environment and the inability to navigate and move in and climb the stairs, and then the psychological field which is related to negative feelings and low self concept and body image and general look, and that the highest areas was the social sphere And social relations among themselves.

Second: To discuss the results related to answering the second question: Are there statistically significant differences at the level of significance ($\alpha = 0.05$) in the quality of life of people with disabilities due to the variables: type of disability, gender, educational level, and their social status? The results of this question indicate that there are statistically significant differences in the level of quality of life for people with disabilities in Jordan due to the variable of type of disability and in favor of both hearing and visual disability. The researcher attributed this result to the characteristics of these groups in the study sample. The sample included individuals with hearing and visual disabilities who are enrolled in University or youth clubs and vocational rehabilitation institutions, Where they had

opportunities in mobility and movement and engage with the community in several institutions and they received the acceptance of those around them, which affected their psychological situation and their motivation to seek science and work and they do not face health and physical problems and they do not need many support devices to mobility and movement compared to those with physical disabilities in the study sample, who imposed on them the nature of their disability to use the wheelchairs and crutches, which are difficult because of the lack of environmental adaptations appropriately and lack of their opportunities to work because of weakness and lack of upper limbs and the presence of many health and physical problems that require periodic medical review, which reflects on their psychological and emotional status and thus decrease in their level of satisfaction about themselves and the sense of the quality of their life.

And this result differed with the results of the study of (Al-Qahtani and Hayatas 2016) and the study of both of Sartawi, Al-Muhairi, Taha and Abdat (2014) which found that there is a statistically significant differences due to the variable of the disability category and for the favor of those with motor disabilities the results of this question indicate that there are statistically significant differences in the quality of life of people with disabilities due to the gender variable and For the favor of the males. The researcher attributed this result to the system of social and cultural values and customs in Jordanian society in general, Which impose prejudicially against females with disabilities as a kind of care for them and the attempt to protect them or from trying to hide or conceal their disability for fear of stigma and negative social attitudes against them, which prevents the female from engaging in the community and take the opportunity of education, work and social life, Unlike males who have opportunities to socialize and interact with others, improving their social and communication skills and freedom of movement and access to services and rehabilitation programs and support services, they also have access to educational institutions, the labor market and youth clubs more than females, which provide them a level of satisfaction about their lives and a better sense of quality of life than females. This result was agreed with the study of Sa'aida (2016) which found that there were statistically significant differences in the level of quality of life for people with hearing disabilities due to gender variable and for the favor of males. This result differed with the results of Al-Qahtani and Hayatas, 2016 and Hashim study (2001) which They reached that there are no statistically significant differences in quality of life due to the gender variable, as well as the study of Abu-Rab and Al-Ahmad (2013), except in the sense of conviction and in favor of males. the results indicate that there are statistically significant differences in the level of quality of life for people with disabilities due to the variable level of education and for the benefit of both the college level and above and the preparatory level and above. The researcher attributed this result to the level of education plays an important role In a disabled look for himself and for his estimation of the quality of his life, where education provides the disabled person with the ability to co-exist and deal with his disability and challenges and pressures that he face In a better manner as a result of his scientific and field experience in the interaction and social communication with different segments of society and with the disabled peers, Higher education also offers better opportunities for better employment and income than uneducated, enabling him to meet his physical, health and recreational needs, thus helping to raise their quality of life, This result was consistent with the results of the study of (Amad, Adade, Koomson, Osa, 2016), and the study of Sartawi, Muhairi, Taha and Abedat (2014), and the study of Abu al-Rub and Al-Ahmad (2013) and the study of (Dawson, Heininger & poswell, 1998) Indicates that the quality of life of persons with disabilities with higher educational level is better than those with low educational level. Finally, the results of this question indicate that there are no statistically significant differences in the quality of life for people with disabilities due to the variable of social situation. The researcher attributed this finding to the fact that all groups of people with disabilities regardless of their social status have a close quality life standard that is not affected by the fact that the individual is single or married Or separate, This may be due to the existence of family and community solidarity, which provides social and emotional support for them. These findings differed with the results of the study of Sartawi, Al Muhairi, Taha and Abedat (2014)

and the study of Abu Al-Rub and Al-Ahmad (2013), which found differences in the quality of life according to the variable of social situation and for the benefit of married disabled couples.

Recommendations

In light of the results of the current study, the researcher recommends the following:

- Encourage all institutions and ministries concerned with people with disabilities to provide educational, health, social, psychological and rehabilitation programs, services and facilities for different categories of disability, for both gender and their parents, in order to ensure the improvement of their quality of life as other members of society.
- Remove all obstacles, Barriers, material, moral and social factors that prevent the integration of people with disabilities in various areas of social life and create a supportive societal environment and to be accepted by them, and improve the quality of their psychological life in order to adapt them to their disability and the surrounding society.
- Conduct more researches and studies on the quality of life for people with disabilities and for multiple categories and their relationship to other variables such as: severity of disability, age, nature of work, economic and social level.

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