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# **Attitudes towards people with intellectual disability: comparisons across cultures and over time**

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# Dedication

I Aisha Benomir would like to confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signature:

Date:

# Acknowledgement

All praise be to Allah. With His will and grace, I have successfully completed my thesis.

I would like to thank all of the people who have aided and supported me during my doctoral studies. Many people have helped me over the last few years including instructors, supervisors, friends and family. While there are too many to be mentioned by name, I do want to mention a few people who have especially had an effect on me.

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# Abstract

The attitude of the general population to people with intellectual disability (ID) provides an important background for policy development. Furthermore, because of changes in attitudes over time and across cultures, it is vital to ground each country's policy development on data from that country.

This dissertation provides a cross-cultural and cross-sector analysis of attitudes to people with ID in Libya and in the UK, using questionnaire studies of three groups in each country: science students, psychology students and professionals in ID support services.

The questionnaire used was the established Community Living Attitude Scales for Intellectual Disability (CLAS-ID). The CLAS-ID has four sub-scales: Empowerment (in decisions affecting their life), Exclusion (desire to segregate with negative affective tone), Sheltering (the need to supervise and protect) and Similarity (to normally achieving people). Initially, the CLAS-ID was translated into Arabic and validated with a small sample of respondents.

Studies 1 and 2, which were undertaken in 2010, used the CLAS-ID for a Libyan sample and for a UK sample. The results indicated that the Libyan sample showed significantly lower scores on Empowerment, Similarity and Sheltering than the UK sample, but no significant difference on Exclusion. A range of within-group differences were also found. Study 3 was undertaken in 2012, using a similar sample to that of Study 1, and allowed investigation of the effects of the Arabic Spring on attitudes to ID in Libya. Despite the trauma, stress and insecurity in the wake of by the Libyan revolution, except for Exclusion there were a significant changes in attitudes to people with ID from 2010 to late 2012. Study 4 undertook an equivalent comparison of UK scores over the same time period.

For the UK the most relevant event in this context was the massive media coverage

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of the London Paralympic Games 2012. Significant (and desirable) changes in all four CLAS-ID dimensions were found, with particularly strong effects for Empowerment and Inclusion. The implications of these findings and those in the earlier studies are discussed, limitations considered, and directions for further research outlined.

**Keywords:** attitudes, intellectual disability, university students, Intellectual Disability, staff at special schools, cross cultural, Libya and CLAS-ID.

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# List of Abbreviations

$\alpha$	Cronbach's alpha coefficient (degree of internal consistency)
ANOVA	Analysis of Variance
MANOVA	Multivariate analysis of variance
do	Degrees of freedom
$F$	Fisher's F Ratio
M	Mean (arithmetic average)
$p$	Probability
P.	Page number
N	Number of participants
sd	Standard deviation
r	Pearson's correlation (measure of association between variables)
Sig.	Significance
<	Less than
=	Equal to
ID	Intellectual Disability
UK	United Kingdom
US	United States
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
AAIDD	American Association on Intellectual and Developmental Disabilities
$\eta^2$	Partial Eta Squared
$\lambda$	Wilks's lambda
SD	Standard Deviation

# **Chapter 1**

## **Preface and introduction**

This Chapter has two parts: The first part is about my preface where I set forth my purpose and scope, expressing acknowledgement of assistance in the field of disability in general and with people with ID in particular. The story of how the thesis came into being; how its idea was developed a brief account of problems encountered at approaching the special school. The second part is about the introduction of this thesis where I attempt to state the general topic, background and the development of disability care in Arab region in general and in Libya in particular in addition to providing a literature review related to the topic as well as evaluating the current situation of inclusion (advantages/disadvantages). The importance of the proposed research and its objectives are stated. Finally the chapters of the thesis are outlined.

### **1.1 Preface**

#### **1.1.1 About the researcher**

Following my graduation from the University of Sabha-Libya in 1996, I began work in a centre for children with audio and speech impairments, as an assistant teacher, having obtained training in working with impaired children.

The first specialist school for Children with Intellectual Disabilities opened in Sabha, my home town, in 1999, and this was the first such school in the Fezzan region. I applied to work at the school with encouragement I received from the Head of the school. He assured me that the most important things were my real and sincere desire for work in this

field, and my positive attitude, and that a training course would be provided for the staff. The course lasted for one month and was held at the Children with Intellectual Disabilities School in Tripoli.

The school had been inaugurated, and named 'The school of Development of Mental Abilities'. Though warmly welcomed by both parents and officials, the school quickly ran into problems. The first issue was a misunderstanding about the role of the institution. Some parents and guardians had understood that the school intended to 'mend' and strengthen the mental abilities of the children, aiming to bring them up to the level of typically developing children so that they (the Children with ID) could join mainstream schools. This became clear when parents began asking how long their children were expected to stay before they could join ordinary schools. It transpired that the name of the school had been the source of this confusion.

Other problems were caused by a scarcity of information and statistics on the numbers of children with disability, as well as a lack of practical and feasible plans for working with them. A lack of materials and resources also caused problems for the staff. Other serious issues were the shortage of staff and personnel, and the inadequate size of the school. Furthermore, most children with ID live in the countryside and in the relatively poor villages surrounding Sabha. The school is in the capital of the Fezzan Region, an area that is vast and poorly populated: 551.170 sq. /km, inhabited by just 442,090 people (2006 census). This means that, in order for parents to get their children to school, they must travel sometimes hundreds of kilometres, often without the benefit of public transport.

The teaching is similar to that used in the mainstream schools, emphasising the teaching of reading and arithmetic, as well as teaching personal habits such as face washing, brushing teeth and dressing up. Only children aged from six to 15 years old are admitted, leaving those younger (under six) and older (over 15) deprived of schooling. Once finished, most if not all of the children return to their parents' home, as there are few opportunities for them to find work. Parents typically prefer for their children to remain at school, as it is better for them to be in the company of other children, and the parents themselves benefit from the assurance that their children are in safe environments with professional people.

### **1.1.2 Example of problems I faced in Libya**

In this section, I will give two examples from my experience as a teacher at a special school and at neighbourhood to support the view of a predominantly collectivistic culture that forms the basis for this research.

First, there was one mother of a child with an intellectual disability (ID) who refused to allow him to participate in an event at the school, because she wanted to avoid the embarrassment at other people seeing her child's disability. This was made more surprising by the fact that the mother was a social worker. Another child with Down's syndrome caused such feelings of shame and inferiority to his mother that she insisted the cause of her child's disability was a medical procedure that had gone wrong. Despite my explanations, she refused to accept that Down's syndrome has a genetic cause.

A child with ID can be seen as a shameful burden on the family, leading to the abandonment of the child altogether. Whilst conducting this research in Tripoli-Libya, some ID school headmasters reported that some parents admitting their children to the institutions, and then not visiting them for several years.

In another case, a family refused to allow their daughter to work as a teacher in an ID school because she was pregnant and they were afraid her contact with ID children may cause her own baby to be born with disability. This reflected severe misinformation and/or superstition.

There are laws and regulations regarding child protection but they were not compulsory for parents. In one case, a child with ID had been sexually assaulted by one of his relatives. The father was summoned to the school and told about the incident, but he refused to accept the facts, instead he accused his child of lying and making up the story. The school insisted on a medical examination but the father refused and withdrew the child from the school and kept him at home. Another particularly serious issue is that many people working with children with ID are not adequately prepared or qualified for the work, and hold negative attitudes towards the children. In one case, a teacher at special school expressed the view that death was 'the best solution' for a child with ID and his family.

Many people complained about a lack of recreation venues forcing children to remain

indoors. However, allowing the children with disability to go outside would leave them exposed to other people's negative and/or pitying attitudes, which could have negative psychological effects on both the child and their parents, thus encouraging parents to keep their children indoors.

Among the problems in this respect in Libya (and the Arab world in general) is the fact that elder siblings, especially sisters, tend to become alternative parents who assume responsibility for the younger ones, including those with disability. Having a child with disability can prevent family from functioning properly, starting with the mother, who may lose her social life completely and be obliged to dedicate the rest of her life to her child's care. The same thing would then happen to the elder siblings in the event of the mother's illness or death.

One of the most challenging experiences I had was with a neighbour, and concerned her treatment of her two children with ID (a brother, A, and his sister M). M attempted to escape from her family home several times due to the poor treatment she received from her family. She was always returned back to them. On one occasion, she escaped for three months, and was taken in by a sympathetic family who found her on the street, frightened and hungry. When M's family brought her home, they chained her inside the house with long chain, affording her restricted movement and preventing her from leaving the house. All attempts from neighbours, including me, failed to convince the family of their wrong behaviour. The mother justified the action by pointing out that she was uneducated and had seven children, two of whom (M and A) had intellectual disabilities. The children had never been to school or had any formal education because there were no special schools for children with ID and they were not allowed to go to ordinary school, so as a result the mother had no social life and was expected to watch and care for the children constantly. The situation was further worsened by the way in which the other siblings treated their brother and sister. They prevented their sister from making contact with others or leaving the house; and on the occasions when she managed to get out, they insulted her and beat her. They did, however, allow their brother to leave the house.

Later, when the problems between M and her siblings worsened, the mother took her

daughter to Tripoli to try and find a suitable institution for her, such as a special school or centre for people with ID. The attempts went in vain, as the girl was almost sixteen. The mother tried a Care Centre for Women, but the daughter was refused help due to her ID. M and her mother returned home, disappointed, and the situation with M's siblings and her father continued. M tried again, more than once, to escape.

Acting on advice from neighbours and relatives, the mother arranged for M to marry a man with ID, and they had two children together. However, this only increased the mother's burden, as she then found herself caring for the two grandchildren and their mother (M). M's husband's family then terminated the marriage due to her inability to carry out her duties as a wife. One of M's brothers then beat her very badly, and she escaped from the house for three months. This caused yet more complications for the mother, leaving her depressed and suffering from high blood pressure and diabetes. Again, M was returned home and kept in chains. When I asked the mother why she treated her daughter so differently to her son, despite them both having ID, allowing A to go out and have contact with others, whilst depriving M of this freedom, she told me it was the difference between males and females and the way in which society viewed them. She told me things were different for girls because they were vulnerable and are more likely to be sexually harassed or even raped, and that they could bring shame on their families.

## **1.2 Introduction**

Over the past few years, there has been more awareness of the need to teach those with disabilities within mainstream education (Wang, 2009). Hwang and Evans (2011) claims that students should be able to reach their maximum potential within regular schools. To address this, representatives of 25 international groups and 92 governments, sponsored by the United Nations Education Scientific and Cultural Organization (UNESCO) conferred in Salamanca, Spain in the spring of 1994. Their objective was to discuss an action plan dedicated towards the teaching of those with special needs, and to compose a report detailing child rights. Now called the Salamanca Statement, this report provided the foundation

for including children with disabilities into the mainstream education system(UNESCO, 1994). Within the report, there are five chief articles detailing crucial concerns for inclusion:

a) Each young person has the basic right of learning. b) It is imperative they are provided with the chance to attain and preserve an appropriate standard of education. c) Each young person holds singular qualities, pursuits, capabilities and educational requirements. d) School structures are to be created and learning curriculum executed to acknowledge for the range of different qualities and requirements. e) Students with disabilities are required to be able to attend mainstream schools that will, in turn, have capacity for them via young person-focused methods of teaching that are able to address these requirements.

Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education to the majority of people and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

The Salamanca statement therefore emphasises inclusion in regular schools to combat discriminatory attitudes and create welcoming communities. There was therefore to be a shift from segregation to inclusion (Lindsay, 2003). UNESCO (2005) echoes this with the argument that the paradigm shift implied by the Salamanca Statement was broadly a reform aimed at welcoming diversity amongst all learners. Thus, there was to be an increase in the capacity of local neighbourhood mainstream schools to support the participation and learning of an increasingly diverse range of learners. The problems associated with discrimination are universally acknowledged.

Mainstream institutions that practise inclusion are among the best at defeating negative perceptions, attitudes and prejudices towards those with disabilities. They are also able to foster friendly environments, creating a non-exclusive culture that provides education to all students. Further, these schools are the most prolific in the provision of education and are the most efficient in terms of cost.

Thus, the clauses outlined above focus on mainstream institutions, requiring them to oppose prejudices and foster sociable environments. The report underlines this strongly, only allowing schools to stray from this dictum if they absolutely have to do so. In this way, UNESCO (2005) notes that schools have moved away from segregation and towards inclusion. In UNESCO (2005) argued that the objective of the move from segregation towards inclusion was to advance learner diversity. Therefore, the potential for regular and local schools and institutions to encourage the involvement and education of diverse learners was increasing. The drawbacks that arise through discrimination and prejudice have been globally recognised.

The UNICEF Convention on the Rights of the Child, article 2 (1a), states that all groups will value and make certain the liberties outlined within the Convention. Every child in their own province has the right to live in absence of discrimination, regardless of their (or their care-giver's) background, race, gender, ethnicity, religion, language, status, ability or political opinions. Yet, there remain disagreements in regard to the notion of inclusion. Thomas and Glenny (2002) suggested that while the objective of inclusion is commendable, it is founded on ideals rather than evidence and remains untried and unproven. As a result of moving away from segregation, Li, Wu, and Ong (2014) noted that those with no disabilities have learnt more about the diversity of others and how to show consideration for all people with disability and people without disability. Therefore, it could be argued that inclusive education provides more opportunities for those with disabilities to progress, over and above a non-inclusive approach. Peltier (1997) has claimed that the former approach is also far more economical in terms of costs. Regarding this through the lens of economic difficulties experienced across the world, it has been noted that the non-inclusive approach to education is, in actual fact, so uneconomical and unproductive as to be unmanageable for developing nations (Carrington & Duke, 2014). Simpson and Mundschenk (2012) suggested that including all students within mainstream institutions presents the possibility to significantly increase the success and efficacy of the education system. Although the aims found in the Salamanca statement can appear grand, a more detailed

analysis shows certain difficulties when these are practiced. A report in 1978 coined the phrase 'special educational needs'. Simpson and Mundschenk (2012) noted, however, that there is mounting confirmation that an inclusive approach to education. They argued an inclusive approach is founded on unsophisticated notions and that it has been taken further than it should be. In addition, Carrington and Duke (2014) consider inclusion a significant problem posed to global educational institutions. It has been noted that the theory behind inclusion is simpler than its practice. Dyson, Farrell, Polat, Hutcheson, and Gallannaugh (2004) considered it too complicated and controversial.

One significant point that went unnoted at the meeting in Salamanca was the inadequate mind-sets of teaching staff. This particular point could conceivably damage the move towards inclusion. Anati (2012) had pointed out that including children with ID in society can have a significant influence on attitudes of typically developing people towards people with ID. Children with ID and other typically developing children being in one class can enhance interaction among the children and encourage typically developing children to have more positive attitudes towards peers with ID. Inclusive education can also make staff more positively productive (Adiat, Ahmad, & Ghazali, 2013; Hocutt, 1996). Inclusion also would help students with ID to observe how their peers complete school tasks and how they tackle social problems (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993). P. Hunt and Goetz (1997) showed that inclusion has positive effect in enhancing perception of self-identity of people with ID. Some researchers have argued that there are some difficulties that can face inclusion: Inclusion can deprive children with ID of some special subjects such as mathematics which otherwise would be available in special-education schools (Hocutt, 1996; McCarty, 2006). Included children with ID in mainstream school can affect typically developing students who study in the same class (Ruijs & Peetsma, 2009).

## 1.3 Research objectives

The above considerations inspired me to undertake this doctoral dissertation in which I have attempted to undertake a cross-cultural study of attitudes to ID in Libya and in the UK. The initial study aimed to reveal if the attitudes of staff in special schools and undergraduate students (in Libya and the UK) toward people with ID are affected by:

- Gender (male, female)
- Participants' roles (Students, staff at special school)
- The discipline (Mathematics and Psychology students)
- Frequency of contact with people with ID.
- As it happened, my study period coincided with two international events: in Libya the 2011 Revolution, and in the UK the 2012 Paralympic Games, each of which had significant effects on attitudes to people with ID, and which I have been able to document.

## 1.4 Outline of the chapters for the remainder of the thesis

A brief summary of the chapters contents of the thesis is as given as follows:

**Chapter 2** provides a literature review of current knowledge about ID, starting with a relatively broad sweep of the publications in the field, and then focusing down onto attitudes to people with ID. It highlights the near absence of any cross-cultural studies of people with ID, especially those with quantitative data, and the complete absence of studies in Arab nations.

**Chapter 3** The chapter presents further systematic review of cross-cultural studies on attitudes to people with ID was therefore undertaken

**Chapter 4** The chapter presents the testing method to verify the performance of the proposed algorithms by using various benchmark testing platform. Unconstrained provides an overview and justification of the methods used, with the key decision being the adoption

of the established CLAS-ID scale (Henry, Keys, Jopp, & Balcazar, 1996). Since there was no Arabic version of the CLAS, the first task was to create CLAS-ID Arabic.

**Chapter 5** has three sections, the first provides the rationale, method and results of Study 1, which took place in 2011, in which I administered the CLAS-ID-Arabic to convenience samples of students and to staff at a special school in Libya. The second section provides the rationale, method and results of Study 2, which took place in 2011, in which I administered the CLAS-ID to convenience samples of students and to staff at a special school in the UK. And the last section undertakes a cross-cultural comparison of the results of Study 1 and 2.

**Chapter 6** provides the rationale, method and results of Study 3, which took place in 2013, in which I again administered the CLAS-ID-Arabic to convenience samples of students and to staff at a special school in Libya. The study compares the changes over time of the Libyan attitudes to people with ID, and interprets changes in terms of the major intervening events in Libya.

**Chapter 7** provides the rationale, method and results of Study 4, which took place in 2012, in which I again administered the CLAS-ID to convenience samples of students and to staff at a special school in the UK. The study compares the changes over time in UK attitudes to ID, and interprets changes in terms of the major intervening events relating to people with ID in the UK.

**Chapter 8** provides an overall discussion, considering the cross-cultural issues emerging, the changes over time, limitations of the research, and directions for further research.

# Chapter 2

## Context and definitions overview

### 2.1 Introduction

In this section I have aimed to assimilate research on attitudes to people with ID, starting by presenting the background on research on ID generally. Subsequently, the academic literature on social aspects of intellectual disability is discussed, concluding that the majority of the published research has focused on attitudes towards people with ID.

The World Health Organisation (WHO, n.d.) estimated that between 3% and 10% of the world's population have some kind of disability, and that the percentage of disability in developing countries is as high as 12.3%. The WHO emphasized the aim of making it possible for all concerned bodies and institutions, whether governmental or non-governmental, to provide services for people with disability recognizing them as people without disabilities with full citizenship rather than second class citizens. Disability in general has gained considerable attention especially after the ratification (endorsement) of the UN Convention on the Rights of Person with Disabilities. Signatory countries are obliged to provide medical, educational, social and psychological support as well as political rights, care and services. People who support normalisation of disability argue that increasing the inclusion within society of people with ID is the best way to improve attitudes towards them (Olaleye et al., 2012). This argument is supported by studies of countries that were 'early adopters' of the inclusion approach. For instance in the United States, many segregated schools for children with disability have been abolished and there have been attempts for people with disability to have equal rights just like any typically developing citizen with

full citizenship capacity and full statutory rights through social and educational inclusion, together with the empowerment to make their own decisions concerning their own life (Burton, Sayrafi, & Srour, 2013). The British government provides compulsory education for children with disabilities from the age of 5 to 16, children study at the main-stream schools as long as the school fulfils their needs, but some children with disability study in special classes in the same school while others study in special schools where the child can find the suitable facilities that suits his/her disability (*Education for students aged 16 and under*, n.d.).

Attention and concern to the care for disability was started by the United Nations in 1945, it focused on social care and rehabilitation but did not look at them as people of rights until the 1970s (Barnes, 2014). The 1970s were in fact a significant decade because advocates started looking at disability from the human rights perspective and according to the basics of the Human Rights Charter and the convention on Children's Rights (Al-Kandari, 2015; Bustillos & del Prado Silván-Ferrero, 2012). During the 1960s and 1970s the general replacement of institutions with services in the community (deinstitutionalisation) was introduced for the first time and arguably considered a discipline shift in policy and delivery services in the ID field (Mansell, 2006; Mansell & Ericsson, 2013).

The US Rehabilitation Act (1973) for 'specific' severe disabilities gave them the right to obtain some rehabilitation services (Blanchett, Klingner, & Harry, 2009). This act has been considered a turning point in changing the rules by which service for people with disability could be obtained, and stressed that the type and severity of the disability was the main factor for the eligibility for the service (Yell, 1998). From there, inclusion, sharing and equalisation of opportunities have emerged and been defined clearly on a global scale in the form of general principles. 1981 was named as the 'International Year of Disabled Persons' under the banner of emphasis on equality of opportunities, rehabilitation and prevention of disabilities, hence the responsibility of society (government) to legislate in order to and in favour of safeguarding the rights of the people with disability in accessing the services presented for them as typically developing citizens in education, health and civil services to encourage members of the society to be more and more accepting of the

people with disability as typically developing students (Ruskin, 1981; Schalock, Bonham, & Verdugo, 2008).

In 1982, the UN ratified the “World Programme of Action concerning Disabled Persons: Prevention, rehabilitation and equalization of opportunities” (Kaur, 2011). At the end of 1982 the United Nations issued ‘the UN decade for the disabled persons’ resolution defining the period from 1983 to 1992 as the United Nations’ decade for the people with disability (Peat, 1997). The United Nations established a time frame for governments and organisations to put in practice what had been agreed upon and decided in the previous ‘programme of the international day for persons with disability’.

## 2.2 Definition of Disability

Disability is “the result of damage or weakening due to one or a mixture of a large number of factors, including emotional, cognitive, developmental, physical, sensory and/or mental. This could develop from the moment of birth; alternatively it could arise at some later point of life” (Slater, Vukmanovic, Mačukanovic, Prvulovic, & Cutler, 1974).

Disability is a catch-all term that refers to reduced engagement, restricted motion and other impairments. The notion of impairment refers to an obstruction in the ways the human body is structured or can perform. Restricted motion means that a person with a disability will find it challenging to carry out a particular errand or act.

There is confusion in terminology for persons with disability in general but especially people with ID. It may vary from one country to another, and it also depends on the medical, social or educational aspects (Parmenter, 2008). Intellectual disability was previously termed mental retardation, mental disabilities or mental handicap (Ouellette-Kuntz et al., 2012). Mental handicap was the commonly used term to define people with ID. Britain, especially after the establishment of the National Health Service, had taken the leading position in this respect in 1946 and developed a medical model of disability, using the term «mental retardation», and referred the care of people with ID to specialised hospitals for treatment and residency, hence the evolving of the term «learning disability» which

was used differently from country to another, for example the United States used the term indicating learning disability, such as dyslexia. Stofberg (2009) conducted a qualitative study to explore and describe employers' attitudes and experiences regarding employees with intellectual disability. Lin (2003) who conducted a search about how intellectual disability has changed over times have pointed out that nowadays ID (or intellectual disability), is used as the preferred alternative to the previous terms by Britain's Ministry of Health(Stofberg, 2009; Lin, 2003). The World Health Organization as an international organization advocates the use of the term "intellectual disability"(Jansen, Krol, Groothoff, & Post, 2004).Accordingly I use the term ID. The terms and definition differ according to international and national organizations involved in the field of ID such as the World Health Organization (WHO), the American Association on Intellectual and Developmental Disabilities (AAIDD), the International Association for the Scientific Study of Intellectual Disabilities, and the President's Committee for people with intellectual disability (Schalock, Luckasson, & Shogren, 2007). WHO adapts the definition as

*"Intellectual disability means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence), this results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development" (WHO, n.d.).*

## **2.3 Attitudes**

People with ID are one of the most vulnerable groups in society, and this can be central in forming negative attitudes. People with ID may have emotional, behavioural, and/or physical and intellectual difficulties which, in turn, create the types of difficulties that cause them to be victims of negative feelings such as rejection and/or negligence. Before considering attitudes to people with ID in detail, it is important to consider what is meant by the term, attitude.

### **2.3.1 Attitude definition**

Definitions of attitude have shifted and fluctuated over a number of years and generations of researchers and scholars following pioneering research by Jahoda, Warren, and Collings (1966).

A typical definition Abrams, Hogg, and Marques (2013); Uysal, Albayrak, Koçulu, Kan, and Aydın (2014) is as follows: attitude is: an orderly state of mind, feeling and responding towards people (individuals or groups) and/or social issues, or any occasion in the neighbouring environment.

Allport (1935) defined attitude as: a condition of rational, mental willingness that coordinates the reactions of an individual towards diverse things or circumstances. (Mouly, 1968) views attitudes as: points towards tendencies that urge people to react in particular behavioural ways towards certain individuals, thoughts, occasions, circumstances or things, and defines attitude as: a complex system that combines a significant number of different variables. Rokeach (1968) defined attitude as: generally resolved powers of intertwined convictions that identify with different parts of conviction, (for example, intellectual, emotional or behavioural) which are considered as planning or willingness for particular activity in a suitable way. Attitude is defined by Ajzen and Fishbein (1980) as a condition of learnt willingness for consistent reactions in support of a particular subject. Weiss, Ramakrishna, and Somma (2006) defined attitude as: arranging a set of gained information through learning and experience joined with positive or negative action towards a specific subject.

Any attempt, therefore, to analyse the nature or dynamics of attitudes would risk oversimplifying how notions of attitude are understood. Thus, the most productive approach to theorising about attitudes without recourse to reduction or simplification would be to examine their components, characteristics and functions.

### **2.3.2 Features of attitudes**

There are a number of features that characterise attitudes. First, attitudes are hypothetical constructs. This means that attitudes cannot be observed directly but rather have to be

inferred from other responses that can be observed (Vignes, Coley, Grandjean, Godeau, & Arnaud, 2008). For example, positive attitudes toward ID can be evident where a person wants to interact with people with ID; they may wish to participate in their activities and recognise their right to live as normal people. Accordingly, positive attitudes are ascribed to those who exhibit such actions. Second, Cacioppo, Petty, and Crites (1994) have pointed out that attitudes may represent the person's responses to social stimuli. These responses allow others to predict the social attitude of a person toward the object of that attitude. Attitudes are not inherited; rather, they are acquired and learned from the prevailing culture within any given society through the process of socialisation (Audi, 1972; Raven & Rubin, 1983). Third, attitudes have emotional features; they are more subjective than objective and they vary according to related causal factors (Abrams et al., 2013). Fourth, attitudes include learned, behavioural and emotional elements. The learned element refers to the amount of knowledge the individual holds; the emotional element refers to what an individual favours or dislikes; and the behavioural element refers to how the individual behaves towards the object of the attitude.

### **2.3.3 Components of Attitude**

Many scholars acknowledge three basic components of attitudes: cognitive, emotional and behavioural (Eagly & Chaiken, 1993; Fazio & Petty, 2008). It is understood that these components interact to give the attitude its specific shape and entity. The cognitive component comprises all learnt information and knowledge embedded in the viewpoint of the individual in relation to the attitude subject. It is all the information and facts which are known to that individual about the subject (Millington, Strohmer, Reid, & Spengler, 1996). The emotional component is related to the emotions and feelings of the individual and their relation with the subject of the attitude, whether this is pleasant or unpleasant, or it may not even be logical at all. As a result, acceptance or rejection of an intellectual disability may occur even where an individual does not fully realise the causal reasons. In this regard, Eagly and Chaiken (1993) ascertained that the emotional side represents the core of the attitude, while cognitive and behavioural components are considered as extras to the emo-

tional component. Individuals develop a tendency towards some subject and accept it, and then they try to gather information to support that tendency, and then behave accordingly. In other words, the emotional component (of an attitude) forms a perception of what various causal factors mean and how they impact on affect. However, although it is true that knowledge and information frequently influence the emotions, knowing and/or contacting people with ID may form positive attitudes through the expression of a form of intimacy. Behavioural components refer to how the individual acts and behaves towards the subject of an attitude. This behaviour can be influenced by the beliefs and emotions according to the knowledge and information he/she gains about the subject: if the knowledge was positive then a positive attitude will be formed; if the knowledge is not positive, however, a negative attitude may be formed (Carlson, Martin, & Buskist, 2004; Martin, Carlson, & Buskist, 2010).

## **2.4 Attitudes towards ID**

Disabilities are complex and undermine the interrelatedness between physical and intellectual coordination together with aspects of their culture and society (WHO, n.d.). People could be classed as having a disability as a result of a past impairment or if they are viewed as being with disability when compared with social norms. Examples of such include cerebral, sensory and corporeal disabilities. Further, illnesses affecting the mental state can be classed as disabilities (these are also referred to as psychosocial and/or psychiatric disabilities), as can severe, ongoing diseases.

Each and every cultural group has its own way of thinking and feeling, and consequently acting and reacting (Florian & Katz, 1983). Studying the differences between groups, communities and societies across cultures typically necessitates a position of cultural relativism. Although this does not assume the norm for any particular person within any given society to which they belong, it certainly calls for judgement when dealing with groups or societies that differ from the person's own. Judging society and how it acts (towards specific events) should be preceded by information relating to the nature of cultural

differences, and to the roots and consequences of these differences.

Attitudes towards people with ID form the most essential subjects in the field of special education; these attitudes lead to important consequences for political approaches and the consequent outcomes. Attitudes are influenced by a number of factors including the experiences of an individual or group. Attitude formation can be affected by mental, physical, social and/or emotional status. The significance of an attitude towards, for example, a child with a disability, lies in the types of decisions made as a result of those attitudes; these can be either positive or negative. Positive attitudes may lead to decisions such as a general social and psychological acceptance of people (Tervo, Azuma, Palmer, & Redinius, 2002), the improvement of programmes and activities available for people with ID with regard to education (Stachura & Garven, 2007), socialisation (D. K. P. Wong, 2008), medical care (Boyle et al., 2010) and the availability of paid work Brown et al. (2009).

Ali Bin Hamid (2012) specifically note that disability is a significant concern facing those who have it, as it impairs their capability to live a normal life akin to other individuals in the same society.(Daruwalla & Darcy, 2005) highlighted the fact that disability is not only an impediment or an obstacle for those with ID, but also creates difficulties for those around the person with ID.

Disability should be addressed constructively in a way that will confront other issues such as educational needs (Alghazo, 2002). Accordingly, people with ID require the freedom and empowerment to maximise their ability to live a normal life as independently as possible, in addition to the basic provisions of daily care, and access to food and shelter (Alborno & Gaad, 2012). Many people with ID have proved themselves helpful, innovative and creative members in society; however, this cannot be achieved through segregation into specialist centres or institutions away from society. Instead, full integration is required, whether for students in schools or employees in professional vocations (Adiat et al., 2013; Coles & Scior, 2012).

The integration of people with ID into appropriate roles in society provides the opportunity to be creative, innovative and competitive; at the same time, integration reduces the risks of negative effects such as feelings of degradation and inferiority(Croft, 2013).

(Alquraini, 2012) affirmed that positive attitudes towards ID should essentially be constructive and should help to plan, improve, support and develop care programmes for people with ID. Furthermore, (Alquraini, 2012) argues that, if such programmes did exist, negative attitudes towards ID would certainly hamper them, if not eliminating them entirely. In any human society, there are issues and difficulties that are encountered by individuals and groups; however, their type and size may vary from one individual and/or group to another. Some of the most complex and sensitive issues are faced by people with ID from various communities. Keller and Siegrist (2010), therefore, that understanding the attitudes of the public toward people with ID is important, as these occur due to the barriers created by negative attitudes towards social integration that can, ultimately, affect their well-being and quality of life.

### **2.4.1 Chronological Development of Attitudes towards people with ID**

Knowledge transmission and information sharing have become important factors and essential realities in our daily life. This is particularly the case in the age of globalisation. As a result, knowledge transmission has accelerated both qualitatively and quantitatively to the point where what is currently considered revolutionary in technological development will shortly become outdated. With such a revolutionary transformation of knowledge, certain concepts have been widely considered and advocated; among these is the concept of disability.

The attitude towards disability is one of the major concepts in psychology, occupying a crucial position in the fields of social and psychological studies. Attitude towards disability is considered as one of the most important outcomes of social upbringing and education as well as one of the behavioural motives which plays a significant role in directing and controlling the behaviour (Coles & Scior, 2012).

The increasing global focus on various ID clearly is evidence of a high degree of interest towards individuals with disability; further, it indicates the high level of committed care and provisions that have been put in place in support of these vital sectors. In any human society with vital services, these sectors include social, medical and economic, in

addition to potential work opportunities provided (Hergenrather & Rhodes, 2007). These provisions are stimulated by the commitment to the equality of people with ID with the other in society and therefore they should have equal rights and duties, including the need to integrate into the society, among other aspects, no matter if the disability occurred at an early age or adulthood.

The current development of attitudes towards disability has taken a long time to occur. Historically, during the Roman Empire and Ancient Greeks, attitudes towards disability were refusal, denial and ridicule (Harbour & Maulik, 2010). Such attitudes gradually improved to become more humane and positive during the development of Christianity, as the church provided shelter and care for people with ID and treated them as equal to any other member of society. However, this period was short-lived as, during the medieval era, denial and ridicule prevailed, and usual behaviour and treatment for people with ID remained negative. However, in the early nineteenth century, interest and attention towards People with ID had begun in many Western countries, whereas in Arab countries these advancements did not begin to develop until the mid-twentieth century. Egypt was the pioneer in the Arab countries when, in 1955, the ministry of education began to provide education for children with disability. Subsequently, other countries including Iraq, Kuwait, Lebanon, Syria and Jordan followed. Many organisations, both governmental and otherwise, developed a primary objective to provide various services for those with disability, in addition to striving towards establishing positive attitudes toward the issue of people with ID.

The field of special education developed significantly during the second half of the twentieth century, particularly in the USA, Europe and East Asia, as well as in some Arab countries. This development was largely embedded within the regulations issued that concerned children with special needs and the organisation of their programmes, as well as training and qualifying staff for the different groups of people with ID. Moreover, equipment and means of measurement and diagnosis were introduced. Further advances occurred in regard to research into the field of disability; for example, periodicals and books were published and disseminated, as well as social and scientific activities such as conferences and established societies. This was in addition to the emergence of national

and international organisations initiated to serve people with ID and those concerned about disability. Furthermore, academic programmes have been designed to provide higher qualifications (such as Masters and PhDs) in the field of special needs education in many countries all over the world (Devi, Bickenbach, & Stucki, 2011).

### **2.4.2 Significance of studying individuals' attitudes towards disability**

The literature review has highlighted the link between attitudes and disability for attitudes organise and control the individual's behaviour, reactions, and ways of thinking in order to facilitate individuals' social adjustments. Once attitudes have been formed, the individual will tend to classify people and events in certain attitudes based norms. Thus, attitudes can affect individuals' perceptions and emotions, as well as their choice of job and the people whom they prefer or reject. Accordingly, it is possible to predict the behaviour of a person through establishing his/her attitudes, where the possibility of behaviour prediction depends on the type of attitude held (Coles & Scior, 2012). For example, as the type of attitude held by an individual can positively or negatively affect his/her cognitive emotions and behaviour, it is possible to predict whether they are opposed to, or in support of, work in the field of ID (Boyle et al., 2010, p. 2) believe that:

”Negative attitudes have the ability to lead people to become closed-minded and biased in their interactions towards the persons whom the attitudes are held about”

This is due to the negative attitudes held towards ID, which can also be predicted by the fact that they would reject (or at least neglect) ID if negative attitudes are held. People who hold positive attitudes towards people with ID would naturally support the cause of people with ID. Examples of this would include calling for education in this area, and demanding the establishment of rehabilitation centres to cater for certain programmes required by people with ID. (Keller & Siegrist, 2010, P: 389) claim that:

”People with disability are confronted with prejudices that make the integration more difficult at work, schools, and in the public institutions”

Attitudes influence not only the behaviour of those who hold the attitudes; the impact of negative or positive attitudes extends to people with ID themselves (Abdulwahab & Al-Gain, 2003). Negative attitudes can arise as a result of behavioural and emotional difficulties that accompany certain intellectual disability, as has been shown in several studies (Krahé & Altwasser, 2006; Olaleye et al., 2012). The fundamental basis for problems related to disability, according to Alquraini (2012), , does not lie in the nature of the disability itself; but rather the core of the issue can be found within social structures and the social attitudes towards people with ID. To provide an example: children who have some kind of disability will quickly accept the negative attitudes of others towards them, consequently feeling rejection which can become overwhelming (Garbutt, 2003). This feeling of isolation, loneliness and uncertainty creates the base for a complex of inferiority and social maladjustment (Nagata, 2008). A person with disability needs just the same things as any other person does: to have relationships with others around them whether they are partners, teachers, supervisors or employees. It is an inevitable fact that attitudes formed towards people with ID can have a significant impact on them. The people with whom people with ID associate have great influence on the development of psychological and social aspects of character. Additionally, attitudes directed towards people with ID may influence their future by guiding their interests (Nagata, 2008). Several scholars have pointed out the significance of the studies in the field of intellectual disability (Ouellette-Kuntz, Burge, Brown, & Arsenault, 2010; Seccombe, 2007). Furthermore, the European Commission (2010) has stressed that people with ID are still suffering from many kinds of discrimination and mistreatment, whether physically or emotionally, as well as rejection and negligence, where: Al-Jadid (2013, P: 453) has pointed out:

*“Persons with disabilities have no equal access in the society or even in other services such as health care, education, employment opportunities, and sometimes they were disregarded from everyday life activities. Despite the magnitude of the issue, awareness of and scientific information on disability issues are deficient”.*

Alquraini (2012) provided evidence that integration is limited to minor disabilities, while those with moderate and severe disabilities are still required to study in segregated (special) schools which provide accommodation, meals and financial support. However, Alquraini (2012) also noted that special schools often suffer from a lack of rehabilitation and speech specialists, as well as insufficient financial support. Abu-Hamour's (2013) study showed that most people who work within the field of disability do not have adequate knowledge and comprehension of disability regulations and laws, and that they are not appropriately trained to work with people with ID. Al-kandari (2008), Amr (2011) and Cipkin & Rizza, (2000) have all found that there are a number of negative attitudes towards people with ID. Several studies which attempted to shed light on the effect of inclusion revealed conflicting results for example, several studies (Al-Kandari, 2015; Ramirez, 2006; Weber & City, 2012) demonstrated benefits gained from not segregating those with disabilities from mainstream society, while others illustrated no change at all. Whereas (Olaleye et al., 2012) found that many students hold negative attitudes towards their peers who have ID, and reject their inclusion. Many studies demonstrated the difficulties that arise from inclusion, such as the shortage or lack of appropriately qualified and trained staff able to work professionally with people with disability. However, (Abu-Hamour, 2013) study showed that even those teachers and staff working in the field of disability in Jordan (one of the leading Arab countries and one of those most aware of and concerned with issues surrounding disabilities) often had no adequate knowledge about regulations in the field, nor had they received sufficient training on how to work with people with ID. Further, the teachers and staff did not consider themselves qualified to work with children with ID.

## **2.5 The Libyan Context for ID**

In this part, I aim to provide an overview of the Libyan context, including a brief history, education system and special education system, in order to provide a background to the two different cultures.

### 2.5.1 Introduction to Libya

In order to explore the attitudes towards people with ID in Libya, it is important to have a clear idea about the country. This section is divided into two parts: the first part illustrates Libya and Libyan culture; and the second part explores Libyan attitudes towards people with ID. Geographically, Libya is a north-African country situated on the southern coast of the Mediterranean Sea bordered by Egypt to the east, the Sudan to the south east, Chad and Niger to the south, Algeria to the west and Tunisia to the north-west (see Figure (2.1)).



Figure 2.1: Map of Libya, taken from Wikipedia. Copyright free

The population of Libya is approximately 6,597,000, while the area of the country is approximately 1.8 million square kilometers: the seventh largest in area in the world and the fourth in Africa. Libya has the longest coast on the Mediterranean: 1,955 kilometers. The country consists of three main regions: Tripolitania (north-west), Cyrenaica (north-

east) and Fezzan (south). Libya has the largest Roman ruins outside Italy and a large part of the Sahara desert is situated in southern Libya. Historically, Libya, like many countries, has been exposed to foreign colonisation. The country was occupied for a very long time; indeed, it is arguable that colonisation continues to the present day. The result of various nations occupying Libya resulted in Libyan cultural diversity: Greeks, Romans, Canaans, and Phoenicians have all invaded Libya and founded great cities and towns, such as the five cities in the east (Pentapolis), and the three cities in the west (Tripolis). In the seventh century, Libya was occupied by Arab-Muslims, and consequently the religion of Islam and the Arabic language became prominent and played a dominant role in the country's culture. In the sixteenth century, the Othman Empire (Turkey) occupied Libya until the Italians took over in the early twentieth century. This lasted until the end of the Second World War, at which point the victorious allied forces (British, French, and Americans) shared occupation of the country and established military bases. During the period of colonisation, education was controlled by foreign authorities who paid little attention to the local cultural needs of Libyans, and focused solely on propagating foreign languages and cultures.

Libya became an independent country in December, 1951 as a result of a UN General Assembly resolution in the wake of the failure of the Security Council to agree on the status of Libya. There were lots of challenges confronting the newborn state, and at the time of independence Libya was one of the poorest, most underdeveloped countries in the world. As with most underdeveloped countries, Libya had severely limited natural and industrial resources and a poorly qualified workforce. There was no infrastructure, educational institutions, health or medical services. The population was very small (approximately one million), and even this small number of people was scattered across vast areas made up mainly of arid desert. Around 90% of the population was illiterate, and there were very few schools and no universities. Circumstances only began to change when large quantities of high quality oil were discovered in the country in late 1950s. Libya was a constitutional monarchy under the reins of King Idris the first until 1969 when Gaddafi overthrew the King and pronounced the country a republic and later on Jamahiriya.

### **2.5.2 The Education System in Libya**

Education in Libya is mainly under the authority of the Libyan Ministry of Education, and all education is free of charge. Education in Libya consists mainly of two stages: compulsory and higher education. Compulsory education has three sub-stages: elementary, preparatory and secondary. Higher education consists of two branches: university education and higher institutes under the control of the Ministry of Higher Education and Scientific Research.

Compulsory education is divided further: elementary education lasts six years, beginning when the child is six and ending when they are twelve; preparatory education runs for three years, from the age of thirteen to fifteen (at the end of which the students gets a preparatory certificate); finally, secondary education lasts four years. The first year of secondary education is general, where the students studies a combination of applied sciences such as mathematics, chemistry, physics, and arts subjects such as languages, philosophy and history. At the end of the first year, the students would continue to study either the arts or applied sciences. At the end of the fourth year students receive their secondary schools certificate in either the sciences or the art.

Secondary school is aimed approximately towards sixteen to nineteen year old. Higher Education is the second main stage in the system of education in Libya. Contrary to the previous stage, this is an optional one: the students can choose between a University and the Higher Institutes.

### **2.5.3 Disability care in Libya**

According to the Public Authority for Social Security, the number of registered persons with disability in Libya as of 30th June 2012 was 91,322 (56 percent male and 43 percent female). The statistics showed that 43.9% suffered from physical disability, 22.4% have intellectual disability, 13.7% have hearing impairments, 12.4% having visual impairments and 7.6% suffered from a mental illness. Statistics of age bands for persons with disability showed that the percentage of under the age of 15 was 11.7%, the percentage for persons under 35 was 34%, for between thirty-five and fifty-four it is 29.8%, and fifty-five and

above it was 23% (Elfaitouori, 2012).

Prior to 1969 there was no care for disability in Libya except for some homes for sheltering the elderly and orphans (Ahmed, 2003). In 1970, there was a ministerial decree on forming a committee in order to study the means of how to take care of people with ID. As a consequence, the Ministry of Education was given the task to make provisions for those with intellectual and physical disabilities. In 1973, a 3 year development plan was implemented, parts of which were particularly concerned with children with ID. The plan stated that, first, a number of institutions dedicated to caring for those with disabilities must be established; second, an institution for children with ID must be established both in Janzoor (Tripoli) and Benghazi. By 1979 the national committee had been formed. Among its duties was the call for an international year dedicated to people with disability. This took place in 1981 under the banner of 'total equality for people with disability' (Ahmed, 2003). Among the duties assigned to the committee were: to conduct studies in/about disability; define disabilities; and establish what kind of care and services are needed. During the 1980s, many regulations were issued and committees formed to focus on and care for the people with disability, particularly those with intellectual disabilities. They instated their right to treatment, rehabilitation, education, work, public-transport concessions and certain tax exemptions (Alferjani, 2001). Much was achieved during the five year plan that spanned from 1981-1985, and a number of projects for those with disabilities were established, for example: a clinic in Tripoli dedicated to take care of severe cases of mental illness and another in Albiiedha; and schools dedicated to supporting those with intellectual disabilities in Tripoli, Benghazi, Ejdabia, Albeidha and Marj. In southern Libya there is only one school in Fezzan, located in Sabha. This school is for children with mild ID only. Children with moderate and severe ID are usually sent to Tripoli or Benghazi, and in many cases persons with ID would have to stay at home because they and their family would not be able to afford or provide means for transportation.

The long-standing Libyan government gave considerable interest and care to people with ID: laws were issued and institutions were established to care for them. Special committees were formed for each kind of disability and laws of social security issued.

However, in spite of the numerous seminars, discussions and conferences organised that focused on care for people, and in spite of the laws and regulations which state and affirm the rights of people with ID in society, people with ID are still suffering from negligence, rejection and discrimination (Gadour, 2008).

Although several laws and regulations in favour of people with disability were issued after 1981, these were not implemented and/or activated, according to (Elfaitouori, 2012). However, according to (A. Benomir, 2004), the reason for this may have been the negative attitudes held towards people with ID. Issuing laws without proper mechanisms to implement them does not guarantee changes in the behaviour of individuals (Kitchen & Virginia, 2007; Li & Wang, 2013; Martz, Strohmer, Fitzgerald, Daniel, & Arm, 2009). After independence in 1951, successive Libyan governments tried to establish national educational policies in general, and special educational needs in particular. However, these endeavours were challenged by several obstacles and difficulties, most significant of which was the shortage of funds. As a result, many of the government educational plans did not materialise fully or even partially (Gadour, 2008). Care for people with ID was almost non-existent in Libya before 1969, and all that was in place consisted of charity care for orphans and elderly people (Alferjani, 2001). From the 1970s onwards, the government gave further attention to people with ID. Laws were issued and institutions established to care for people with ID. Special committees were also formed to address different types of disability and the law of social security was issued.

As aforementioned, more attention was given to people with ID after 1969. A consistent goal of the government was to provide social justice and to eliminate all forms of discrimination in accordance with the idea that all citizens should be treated on equal and fair grounds. Consequently, people with ID should enjoy better services and be provided with special care. These services and care would serve both intellectual and physical disability, in addition to orphans, the elderly and the homeless.

In the context of what has been discussed above, the Libyan authorities issued a law by which an authority committee was established to study all possible means of care and rehabilitation for people with ID and/or physical disability. This committee was to identify

appropriate programmes to teach and qualify these people to become productive members of their societies. In 1973, the first three year plan was issued. It stated, among other things, that in the field of disability care, a number of institutions providing care and rehabilitation for people with ID should be established in Janzoor/Tripoli and Benghazi (Alferjani, 2001). In 1979, a national committee was set up to cater for and assume responsibility for people with ID. Research was conducted to assess the required needs, in order to then provide appropriate and effective services.

#### **2.5.4 Definition of Persons with Disability in Libya**

According to the Libyan law on persons with disability (1981), Act: 1 A Person with Disability is whoever is suffering of a permanent impairment precluding him totally or partially, from performing work, behaving normally in the community or from either such disabilities, regardless of whether due to his mental, psychological, sensorial or physical impairment, and irrespective of whether it be congenital or acquired

In order to generate further developments, the state authorities issued legislation specifically concerned with the needs of people with ID. It should be stated that the legislation includes the following six articles:

1) Identifying who are people with disability; 2) classes of disability; 3) the right of people with disability for (free) medical treatment; 4) the right to qualification and education, and the right of work; 5) the right to tax exemption; 6) the right to concessions when using public transport.

#### **2.5.5 The education system for children with ID in Libya**

When children reach school-age in Libya, they undergo a general medical assessment or examination. If passed, they can join mainstream schools. If, however, the examination shows that the child has some kind of disability, whether physical or intellectual, then the child would be directed to a special needs school. There are 12 day schools for people with disability (special needs) children in Libya. Most of these schools are in the north of the country. In addition there are 3 boarding schools for people with ID and 3 sheltering

centres (Alferjani, 2001). Alferjani (2001) summarised the regulations according to which the child can be accepted into a special schools: 1) The child should be aged six to fourteen years old; 2) The child IQ should fall between fifty and sixty; 3) The child should be emotionally stable; 4) The child should have no multiple disability such as deafness or polio; 5) Admittance to schools is provided after successful psychological and physical tests, 6) The child must pass a (trial period) of two weeks to insure his/ her psychological adjustment. The results are then recorded in the child's file for assessment and follow up. Special schools in Libya are divided as follows 1) Day time schools, in which the child spends part of the day in school. This is usually from early morning to sometime in the afternoon, when he/she returns home to the family. 2) Boarding special schools, in which the child spends the whole week in school and returns home at weekends only. In these schools, the child would be under constant observation by the special school staff Sheltering centres. The aims of special schools according to (Croft, 2013) can be summarised: 1. To Support mental health by activities enhancing security; 2. Boost self-confidence; 3. Develop audio-visual, physical, verbal, and proper speech and pronunciation; 4. Develop and boost social contacts and relationships, and establish moral and religious values in addition to developing social habits and attitudes; 5. Prepare children with ID for practical life by qualifying them for a suitable job; 6. Help to provide adjustment and integration for self-dependence in society (such as family and schools) by implementing mental health programmes; 7. Help children with intellectual disability to invest spare time in constructive activities. 8. Consolidate contacts between home and schools for the benefit of educational of children with intellectual disability. Accordingly special needs schools may offer the following benefits:

Educational needs and testing will be defined on a regular basis so as to aid educational programmes in devising strategies to work with and support children with disability, together with immediate proper support for educational behaviours. There should be a gradual transformation from simple skills to more complex ones according to each individual child's capabilities. The progress and process of the child's language development will be tested regularly and assessed in comparison with previous tests, while providing a suitable

learning environment that enhances language development and continuous enhancement of varied non-verbal contact.

### **2.5.6 The educational system in special needs schools in Libya**

The system consists of:

a) Preparatory period of two years in which learning mainly consists of sensory, mental, physical and musical training. b) Stage of two elementary learning sessions (three years each): At this stage, each learning programmes contains cultural and science subjects suitable for the child's intellectual abilities. Each class consists of six to ten children. c) Vocational preparation consists of a learning period of three years. The maximum age to join vocational preparation is twenty-one years, and class size should be between four and six students. After passing this stage successfully, a certificate stating that he/she has graduated from the school for special needs.

## **2.6 The UK Context for ID**

Britain has a highly developed culture. It was the first nation to undergo industrialisation, and it was one of the world's superpowers during the 19th century. However, the drain of the two world wars led to Britain losing its dominance, particularly subsequent to the Second World War, thereby its influence as a world leader decreased. In spite of this, however, Britain continues to have a substantial influence on world economies, cultures, politics, and science.

### **2.6.1 UK Education Reform Act 1988 and the 1997 Green Paper**

The 1994 Salamanca Statement underlined how essential the process of inclusion is (Education Reform Act 1988, 1988) that established a school structure of pseudo-market methods which had the impact of regular schools attaining greater tolerance for those who have disability such as learning or behavioural. The Green Paper, 1997 which focused on providing superior education for every child, including those with special requirements

(Collingbourne, 2012; Hodkinson, 2010); aimed to rectify certain incongruities that came about as a result of the 1998 Education Reform Act, in addition to aiding the shift towards inclusive education by significantly improving the expertise and materials that are accessible to regular institutions, providing for special needs education. Further the 1997 Green Paper tackled matters that pertained to plans for excellence, such as parental engagement and proposing what might be provided for special education needs.

One of the things achieved by the Green Paper was that the nationally recognized curriculum was designed to be wide-ranging and balanced, thereby benefiting every child, even if they had particular requirements due to disability. Notably, it has been observed that such an approach may aid every pupil to develop and accomplish learning goals.

In early 2000, the government supported and helped introduce an Index for Inclusion. Extensively distributed to every Local Education Authority (LEA), along with 26,000 primary and secondary schools, and special institutions, the aim of the Index was to increase accessibility and generate fair prospects of development for each child old enough to attend school.

Following the development of the Index, many separate proposals have been made that look to develop and assist the shift towards inclusive, aid teaching staff to productively support pupils with special educational needs, and aid in guiding them successfully into adulthood.

Dyson et al. (2004) notes a code characteristic of these types of proposals that was introduced in early 2002 is known as Special Educational Needs Code of Practice (Morris, 2001). The DfES Code of Practice from 2001 merely revised the one established in Wales and England, which came out of the Education Act in 1993. This was called the Code of Practice on the Identification and Assessment of Special Education Needs (Morris, 2001). Problems are often associated with a child's lack of ability in developing certain skills such as reading or mathematics, enduring problems with emotion and behavior, the manifestation of physical and/or sensory difficulties, and problems communicating and/or interacting. The school's responsibility is to develop for each at risk child a 'School Action' plan (SA) aimed at helping the child to catch up with his or her peers. This SA can be aided

by the family and others at home, often by giving the child's teacher and co-ordinator certain information, the majority of these problems are observed at school. Therefore, as noted in the DfES, 2001, it is a statutory requirement for the teacher to report to the co-ordinator (also known as the Special Education Needs Co-ordinator, or SENCO) regarding the pupil's specific special needs in order to develop supplementary or alternative interventions to that which is already provided by the school's curriculum.

Supplementary or alternative interventions relate to the action of including or excluding particular activities with the aim to maximise the child's learning experience. Modes of teaching and the extent to which the learning materials are accessibly by the pupil are assessed by the SENCO, who then recommends further action for greater inclusion. It is required for the teacher to work closely with the pupil every day during the assessment procedure, and to devise and apply what is known as Individualised Education Plans, or IEP. The coordinator also forms ideas for further interventions through engaging with other members of staff. The SA stands out from other approaches through its engagement with parents who are consistently updated and advised on what procedures are in place and what is being done to help their child accomplish their learning goals.

SAP, also known as School Action Plus, crucially requires the participation of parents to help the institution ensure the pupil's requirements are being met. Where SA cannot sufficiently help the child, it is replaced by SAP. The SENCO and the child's teacher speak to the parents and obtain authorization to contact external agencies. In this way, experts are asked to help with the child's development. Consequently, further assistance and supplementary and additional strategies are devised. Identifying a pupil's learning struggles and procedures in place to aid them are a key concern of the 1994 Statement. It ought to comprehensively delineate the character and gravity of these problems, and their potential consequences. In addition, it must unambiguously stipulate the resources required so that the LEAs and the educational institutions can accommodate the child's requirements. An example of this is that it should identify what amenities and apparatus are needed, along with the core and National curriculum (complete with all relevant adaptations) and staff requirements.

# Chapter 3

## Literature review

This chapter reviews studies of the attitudes to ID, published between 1995 and mid-2014, and in particular those of the staff at special schools alongside university students. Method: The literature was gathered using the on-line search tools PsycINFO, Web of Science and Google Scholar. Results: The majority of the 25 studies investigated comprised descriptive analyses of opinions. The key findings indicate that age, level of education and a previous relationship with a person who has an intellectual disability have an impact on a person's opinion, irrespective of their gender. Of the studies, 13 focused on the opinions of students towards ID and their attitudes regarding its connection to cultural factors, while 17 of the studies explored staff opinions towards people with ID and 3 looked into attitudes towards intellectual disability from a cross-cultural standpoint.

### 3.1 Introduction

There is international interest surrounding the subject of the inclusion of people with ID, which has resulted in efforts being exerted with the intention of ascertaining the right for people with ID to live in society as typically developing citizens. These efforts and interest can be exemplified by the 2006 UN convention on the rights of people with ID in medical services and their right to social and educational inclusion. Although these efforts have brought about more positive attitudes towards people with ID in the past few years (de Boer, Pijl, & Minnaert, 2012), they have not eliminated the potential for these people to suffer from problems such as exclusion, negligence, sexual harassment and violence; the

reason for this may be related to the shortage of information about people with ID. It should be noted that these problems may vary in severity from one society to another, in relation to the predominant culture and policies predicted there in. This literature review was undertaken with the intention of sourcing existing studies that aid the development of hypotheses regarding the attitudes towards ID from both a UK and an Arabic point of view. A wide-ranging approach was used in order to gather the largest amount of pertinent data from the literature as possible. This was then enhanced using screening methods. This process explores the prevailing literature according to geographic location and considers the details, comprehension and requirements. This section aims to answer the following questions regarding students and staff

1. What are the effects of demographic factors, such as subject of study, gender and prior contact on attitudes towards people with ID ?
2. What are the effects of cultural factors on attitudes towards people with ID ?

## **3.2 Methods**

The primary search was carried out using the following bibliographic sources of information: PsycINFO; Web of Science; and Google Scholar. These were employed to gather a large amount of data from the 1995 to 2014 time frame. The wide date range was established as a means of ensuring as many publications were included as possible, from the earliest, to those in July 2015. The keywords applied to the search are detailed in 3.1, and were selected as a means of presenting the focus of this study, intellectual disability.

The method of information gathering detailed above produced numerous studies. For this reason, attention was given to the process of screening the data, as shown in table 3.2

## **3.3 Results**

The articles listed in table 3.3 were published between 2000 and 2014, these search criteria produced over 250 study of results, of which 22 papers were significant. Since the aim of

Table 3.1: Search string keywords

<b>Conceptualisation</b>	<b>Countries</b>	
(Intellectual disability* intellectual difficulty* mental disability*mental handicap* mental retardation*mental impair)	Middle East*South Africa* Arab or UK* England or Britain or Libya or Egypt or United Arab Emirates or Saudi Arabia or Lebanon or Syria or Jordan or Yemen or Bahrain or Qatar or Algeria or Morocco or Tunisia or Iraq or Kuwait or Oman or Sudan or Mauritania	(Staff*supporting staff University students*graduated students) Attitudes*stigma

Table 3.2: Inclusion and Exclusion criteria for the literature review

<b>Criterion</b>	<b>Included</b>	<b>Excluded</b>
<b>Conceptualisation</b>	Cross cultural attitudes, beliefs, formulations, knowledge, perceptions, understanding	
<b>Language</b>	English	Other languages
<b>Disability</b>	Studies focusing on intellectual disability (in title and/or abstract)	Studies on disability, comparative studies with other forms of disability
<b>Sample</b>	Students, staff	Public, lay people

this review was to investigate ideologies that were theoretically different from those in the West, as well as scientific data regarding intellectual disability

Table 3.3: Description of material

<b>SI</b>	<b>study</b>	<b>Location</b>	<b>Samples</b>	<b>Research method</b>	<b>Main results</b>
<b>1</b>	(Adler, Cregg, Duignan, Ilett, & Woodhouse, 2005)	<b>UK</b>	165 optometrists and optometrists students	<b>screening question-naire</b>	There were differences between experimental group and control group in realising ID, confidence in their ability for work in addition became more positive after undergoing training course.
<b>2</b>	(Al-Kandari, 2014)	<b>Kuwait</b>	Kuwaiti high school students (N = 700)	<b>adapted Mental Retardation Attitude Inventory-Revised (MRAI-R) was used</b>	higher levels of Contact and age had significant positive effect on attitudes towards Integration-Segregation, Social Distance, Private Rights, and Subtle Derogatory Beliefs sub-scales

Table 3.3: Description of material

3	(Boyle et al., 2010)	<b>Monash University</b>	548 A convenience sample of undergraduate students	<b>Medical Condition Regard Scale (MCRS)</b>	Courses of study, level, and gender had statistically significant differences effect on the attitudes of the medical condition of intellectual disability. However there were no statistically significant difference between the courses, level, gender, and age group concerning abuse or mental illness conditions
4	(Choi & Lam, 2001)	<b>Korea</b>	359 Korean and Korean-American	<b>The two versions of SADP English and Korean were used</b>	The study showed that Korean students have more positive attitudes towards physical disability than people with ID, it also showed that Korean-American students have more positive attitudes than Korean-Korean students.
5	(Flatt-Fultz & Phillips, 2012)	<b>UK</b>	43 direct support professionals	<b>CLAS-ID</b>	After watching a video on ID the study revealed that the attitude became more positive.

Table 3.3: Description of material

<b>6</b>	(Griffin, Summer, Mcmillan, Day, & Hodapp, 2012)	<b>US</b>	256 College students	<b>Survey developed by the researcher.</b>	Generally students had positive attitudes. Female and higher comfort levels students, have more positive attitudes towards inclusion of people with ID, and were more open to interact with them.
<b>7</b>	(Horner-Johnson et al., 2002)	<b>Japan</b>	268 students	<b>CLAS-ID</b>	There were more positive attitudes amongst social-work students and psychology students, towards people with ID, than the rest of the other students.
<b>8</b>	(Li et al., 2014)	<b>Singapore</b>	42 university students.	<b>qualitative methods CLAS-ID sort form</b>	The study showed that intervention had a positive effect on attitudes of university students towards people with ID.
<b>9</b>	(May, 2012)	<b>UK</b>	138 college students	<b>The Miville-Guzman Universality-Diversity Scale (M-GUDS)</b>	The study found that inclusion of people with ID in regular college courses may help in promoting positive attitude towards people with ID.

Table 3.3: Description of material

10	(Memisevic & Hodzic, 2011)	Bosnia and Herzegovina	194 elementary school teachers	The Attitudes towards Inclusion questionnaire	The study showed that more than 50% of teachers agreed on inclusion process, though the teacher admitted that there were not sufficiently supported in dealing with people with ID and they suffer from many difficulties that may hamper inclusion success.
11	(Ojok & Wormnæs, 2013)	Uganda	125 school teachers	attitude scale and a willingness sub-scale	There were slightly more positive attitudes than negative ones, the worker who attend workshops, about ID, had more positive attitudes towards the inclusion of people with ID.

Table 3.3: Description of material

<b>12</b>	(Ozer et al., Turkey 2013)	729 secondary school PE teachers w	<b>Intellectual Disability Scale</b>	The study revealed no significant differences in the attitudes of physical-education teachers concerning the factors of gender and/or the teaching of People with ID, while the study found that the attitudes of physical-education teachers had been affected by number of experience-years and by prior knowledge of ID.
<b>13</b>	(Ouellette-Kuntz et al., 2012)	258 clerks	<b>Community Living Attitudes Scale-Short Form</b>	Clerks who had seen people with ID during training are in favour or sheltering people with ID than those clerks who had not seen IDs. In addition clerks who met 5 people with ID or less are in favour of ID empowerment.

Table 3.3: Description of material

14	(Ouellette-Kuntz, Burge, Henry, Bradley, & Leichner, 2003)	Canada	89 senior psychiatry residents.	<b>Short Form (CLAS)</b>	In Canada the attitudes were positive towards empowerment and similarity with people with ID but not positive towards sheltering and exclusion. The study showed that there were differences in attitudes between males/females; it also showed that there was improvement in attitudes towards teaching People with ID after training.
15	(Patka et al., 2013)	Pakistan	262 community members and 190 disability service providers.	<b>CLAS-ID</b>	The study showed that CLAS is suitable for the Pakistani environment and the people who work with People with ID have more positive attitudes than others. The study also revealed that females, educated people and some religious groups such as Christians, Hindus, and Muslims have more positive attitudes towards People with ID than other groups.

Table 3.3: Description of material

<b>16</b>	(Sheridan & Scior, 2013)	<b>UK</b>	737 college students aged 16-19	<b>CLAS-ID</b>	British South Asians had less positive attitudes towards sheltered and not empowered than White British people
<b>17</b>	(Scior et al., 2010)	<b>UK &amp; Hong Kong Chinese</b>	135 general Hong Kong Chinese and a White British sample	<b>CLAS-ID</b>	The study found that Chinese students have negative attitudes towards including people with ID in same class with them, Chinese students believe that people with ID are not equal to them and should be sheltered.
<b>18</b>	(Siperstein, Parker, Norins, & Widaman, 2011)	<b>China</b>	4059 middle school	<b>The survey instrument, adapted from the Multinational Youth Attitudes Questionnaire (Siperstein et al. 2007)</b>	Chinese young students think that people with ID are unable to contribute in academic class, and understand that inclusion can have both positive and negative influence on them and they do not want to deal with people with ID especially in academic work.

Table 3.3: Description of material

19	(Ten Klooster, Dannenberg, Taal, Burger, & Rasker, 2009)	Netherlands	(n = 81) and an age-matched group of non-nursing peers (n = 48)	<b>Attitude Toward Disabled Persons Scale-Form A (ATDP-A), Scale of Attitudes Toward Disabled Persons (SADP and (CLAS-ID )</b>	Nursing students had more positive attitudes towards empowerment and similarity with physical disability people than non-nursing students; also they had more positive attitudes towards people with physical disability than people with intellectually disability.
20	(Townsend & Hassall, 2007)	New Zealand	170 school students at year 6 (10 years) and year 12.	<b>Community Living Attitudes Scale-ID version (CLAS-ID</b>	Students showed positive attitudes towards students with an intellectual disability participating in unified sports. The attitudes were effected by age and gender, but not knowledge about Special Olympics
21	(Vermeltoort et al., 2014)	Ontario	1,255 students.	<b>An 18-item questionnaire developed by the researcher.</b>	Physical therapy and occupational therapy students are not confidently trained to interact with people with ID in a clinical setting.

Table 3.3: Description of material

<b>22</b>	(Werner, Stawski, <b>Israel</b> Polakiewicz, & Levay, 2012)	256 psychiatrists working within the public sector in Israel	<b>adapted from Lennox &amp; Chaplin's survey (Lennox &amp; Chaplin 1995)</b>	90% of the participants reported insufficient training in diagnosing and treatment of People with ID, while 34%-72% say they had adequate knowledge about people with ID.
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### **3.3.1 The effects of demographic factors on attitudes towards people with ID**

several studies found that the students attitudes towards ID were positive (Griffin, Summer, McMillan, Day, & Hodapp, 2012; Persin, 2012; Sheridan & Scior, 2013; Townsend & Hassall, 2007; Vermeltfoort et al., 2014) showed that measured attitudes towards people with intellectual disability were positive; and 3 of the studies identified, were related to the importance of forming significant attitudes towards ID. For the gender effect many researchers have shown that females students hold more positive attitudes towards ID than males students (Al-Kandari, 2015; Griffin et al., 2012; Siperstein, Parker, Norins, & Widaman, 2011). Also A number of studies have shown that females who are working with people with ID hold more positive attitudes towards ID (Jones, Ouellette-Kuntz, Vilela, & Brown, 2008; Ouellette-Kuntz, Burge, Henry, Bradley, & Leichner, 2003), while Alnahdi (2013) found that there were no significant differences based on staff gender. From these, it was apparent that female nursing students held more positive attitudes than the general student population (Ten Klooster, Dannenberg, Taal, Burger, & Rasker, 2009), while (Boyle et al., 2010), found that psychology students held more positive attitudes than other students. Al-Kandari (2015) found that older students have more positive attitudes towards inclusion than younger students. (Rasker, ten Klooster, Dannenberg, Taal, & Burger, 2008) found that having a relative with ID increases positive attitudes towards people with ID. The students age group also had positive effects on students' attitudes (Siperstein et al., 2011). The studies have also shown that training courses have a positive effect on attitudes (May, 2012) while Ouellette-Kuntz et al. (2012) found no change in attitude towards ID after taking a course on Intellectual Disability. The research findings of Adler, Cregg, Duignan, Ilett, and Margaret Woodhouse (2005); Flatt-Fultz and Phillips (2012); Li et al. (2014); Ryan and Scior (2014); highlighted that students' approaches towards ID were improved following intervention. Ethnicity has a negative effect on students' attitudes towards people with ID according to a study by Sheridan and Scior (2013). The most positive attitudes however are held by students who wanted to work in the ID field rather than those who do not want to work with people with ID (Horner-Johnson et al., 2002). Conversely, accord-

ing to a study carried out by Vermeltoort et al. (2014), occupational students felt that they had not been adequately prepared to work with people with ID, even though they were keen to work in this area. Siperstein et al. (2011) found that students tend to hold negative attitudes about the inclusion of people with ID in the same class, particularly in relation to academic matters. In contrast, a study by Townsend and Hassall (2007) showed that students have positive attitudes about inclusion, specifically in the sporting sector. Certain studies have shown that staff who teach people with ID have positive attitudes (Hsu et al., 2015; Patka, Keys, Henry, & McDonald, 2013). On the other hand, Memisevic and Hodzic (2011) have demonstrated that staff often lacks confidence in providing adequate care for people with ID. Attitudes of staff towards people with ID became more positive following their attendance training courses (Ojok & Wormnæs, 2013; Willems, Embregts, Bosman, & Hendriks, 2014; P. Wong & Wong, 2008). Jones et al. (2008) indicated that teachers, particularly those in secondary schools, have more negative attitudes relating to the inclusion of people with ID, than those who work in universities and institutes. Age was found to have a significant effect on attitudes according to Jones et al. (2008), who found that the older staff have more positive attitudes towards sheltering people with ID, while on the other hand (Patka et al., 2013) discussed the effect of religion on attitudes towards people with ID, the outcome showed that Christians held the most positive attitudes, followed by Hindus, then Sunni Muslim, then Shiia Muslim.

### **3.3.2 Cross Cultural attitudes towards people with ID**

Most comparison studies have contrasted Western and Asian cultures. There was no evidence of any comparisons between African or/and Arab cultures. Watanabe (2003) found no relation between attitudes towards people with ID and culture. It was also identified that, in Japan, there was no connection between culture and previous contact with people with ID, while the study showed the existence of such a relationship in the USA. A study by Gughwan et al. (2001), which compared attitudes between the USA and Korea, showed cultural differences in attitudes towards people with ID, while it did not show any differences in attitudes towards people with physical disability. Scior, Kan, McLoughlin, and

Sheridan (2010) found that the attitudes of Chinese students towards people with ID are less positive than their British counterparts. In addition, this study showed that Chinese students have negative attitudes towards the inclusion of people with ID and believe there are significant differences between British and Chinese students. In general, these students hold the opinion that people with ID should be isolated in special institutions. A study by Scior, Addai-Davis, Kenyon, and Sheridan (2013) showed that overall; the attitudes towards people with ID are positive however Asian students held more positive attitudes towards the inclusion of people with ID than those of Black or Caribbean origins.

### **3.4 Discussion**

This methodological review of the literature found that most of the (22) studies concerning attitudes towards people with ID are descriptive studies detailing the attitudes of students and staff towards people with ID. Where the study reflects the effect of occupation or education on disability, most studies highlighted demographic variables such as experience with the people with disability and gender. In general, the studies that focused on attitudes in Western countries indicating that the majority of participants held positive attitudes regarding the inclusion of people with ID, while at the same time, similar studies carried out in developing nations highlighted an overall relatively negative attitude. There was a shortage of studies that concentrated on the effects of cultural differences on attitudes towards people with ID. The studies suggested certain approaches that could be taken, with the aim of improving attitudes towards people with ID through training programs. Some of these have achieved high levels of success, while others were not so fortunate, realising only mediocre and limited success overall. The limited/small size of the sample(s) tends to make the findings of the study vulnerable to bias and inaccuracy. The literature review revealed that there is a lack of cross cultural and longitudinal research as well as insufficient studies about people working in disability field who would have the most contact with people with ID. Furthermore, even the studies met the inclusion criteria have clear limitations. Convenience samples have been used in most studies. Generalizing

findings were not possible due to small sample and for the social desirability bias in the participants' responses. Furthermore, the overall quality of the studies was lower than desirable. Ten Klooster et al. (2009) did not implement an adequate method in translation. (Nowicki, 2006) pointed out that different terminology for people with ID may influence the findings of his research. The researcher also found that about 83% of the participants had neither met nor contacted a person with ID, and therefore the findings of the study might be inaccurate because the participants' responses would be no more than mere guess about people with ID. Vermeltoort et al. (2014) reported that as result of using a small sample the finding might be affected by type 2 error. The (Ojok & Wormnæs, 2013) study showed that 70% of the participants were not aware of what inclusion means, which would mean that their responses were not adequate. There is therefore a clear need to conduct higher quality cross cultural research concerning attitudes towards people with ID

## **Chapter 4**

# **Development and validation of Arabic version of the community living attitudes scale of ID version**

There are remarkably few studies available that look at quantitative cross-cultural analyses of attitudes towards people with ID, and even fewer cross-cultural studies involving Arabic countries. (Scior, Hamid, Mahfoudhi, & Abdalla, 2013) note that empirical evidence of lay beliefs and stigma associated with intellectual disability in Arab countries is almost non-existent. There was no quantitative data on about attitudes towards people with ID in Arab countries when the research was planned in 2010, and none had been gathered by 2013. This alone made it clear that it was extremely important to undertake this research project. This part of study used multi-step translation aiming to adopt Community Living Attitudes Scale of "mental retardation" (CLAS-ID).

### **4.1 Selecting the research Instrument**

Following thorough examination of several scales and consultations with number of researchers who had been involved in similar research, I concluded that the Community Living Attitudes Scale of "intellectual disability"(CLAS-ID) was the most used assessment tool and the most appropriate one for use in this research. The scale was chosen for its reliability and validity, which have been noted by many researchers, as well as its popularity in this field. It has been used extensively in similar research in countries such as the USA (Flatt-Fultz & Phillips, 2012), Canada(Ouellette-Kuntz et al., 2003) and Japan

(Horner-Johnson et al., 2002). (Henry, Keys, Jopp, & Balcazar, 1996) suggested that the Community Living Attitudes Scale is sufficiently responsive for quantifying alterations in attitudes. Table 4 summarises the cross-cultural findings to date. It may be seen that there is considerable heterogeneity between the different countries and the different populations sampled within each country. The CLAS-ID in accordance with the international policies (Scior et al., 2010). Also the CLAS-ID has four sub-scales (Empowerment, Exclusion, Sheltering and Similarity) that can measure different dimensions of attitudes towards people with ID.

Table 4.1: Summering of cross-cultural findings to date

Study	Sample	n	Empowerment M (SD)	Exclusion M (SD)	Sheltering M (SD)	Similarity M (SD)
USA (Henry, Keys, Balcazar, et al., 1996)	Students and community members	387	3.91 (0.78)	1.87 (0.66)	3.26 (0.76)	4.90 (0.65)
USA (Henry, Keys, Jopp, et al., 1996)	Disability staff	340	4.02 (0.79)	1.77 (0.63)	3.26 (0.79)	4.64 (0.64)
Israel (Schwartz & Armony-Sivan, 2001)	Students?	149	3.73 (0.66)	2.41 (0.72)	3.96 (0.66)	4.48 (0.61)
Japan (Horner-Johnson et al., 2002)	Students?	275	3.41 (0.47)	1.96 (0.62)	3.17 (0.49)	4.00 (0.53)
Hong Kong (Scior et al., 2010)	General population	149	4.06 (0.59)	2.24 (0.67)	3.63 (0.73)	4.56 (0.58)
Pakistan (Patka, Keys, Henry and McDonald, 2013)	Community members	262	3.01 (1.56)	3.53 (1.18)	3.17 (1.30)	4.38 (1.21)
Pakistan (Patka, Keys, Henry and McDonald, 2013)	Disability Workers	190	3.94 (1.10)	4.20 (1.16)	2.54 (1.34)	3.00 (1.23)
UK (Sheridan & Scior, 2013)	White British sixth formers	382	4.31 (0.62)	1.72 (0.75)	3.10 (0.70)	5.08 (0.64)
UK (Sheridan & Scior, 2013)	British South Asian Sixth formers	355	4.20 (0.55)	1.98 (0.89)	3.27 (0.72)	4.85 (0.75)

#### 4.1.1 Overview of the CLAS-ID

The CLAS-ID (Henry, Keys, Jopp, & Balcazar, 1996) is a 42-item scale in which the participant has to answer each question using a six-point Likert-type scale, in which one indicates "disagree strongly" and six "agree strongly". The scale was refined from an initial pool of 67 questions, and the initial normative procedure led to a four-factor representation that accounted for 36% of the variance. The factors (sub-scales) are labelled empowerment, exclusion, sheltering and similarity. The Empowerment sub-scale has 15 items (2, 7, 8, 11, 13, 14, 23, 24, 25, 26, 33, 34, 35, 40, and 41). The sub-scale has a mean of 90, and

a high score indicates that people with intellectual disabilities should be able to make their opinions felt in the decisions and policies that affect their lives. The specific item content stresses self-advocacy, self-direction, choice, and mutual help. A representative question (reverse scored) is, "Those who think that people with ID can help each other are fooling themselves".

The Exclusion sub-scale includes 7 items (20, 27, 30, 37, 38, 39, and 42). The sub-scale has a mean of 47, and a high score on the sub-scale has as common threads both the desire to segregate persons with intellectual disability from community life and a negative affective tone. A representative question is, "I don't want people with ID in my neighbourhood".

The Sheltering sub-scale includes six items (22, 28, 29, 31, 32, and 36). The sub-scale has a mean of 36, and a high score on the sub-scale indicates that respondents believe that people with intellectual disabilities must be protected from the dangers of community life. High scores on the sub-scale might indicate an endorsement of separation or protection, without the negative affective tone of the exclusion sub-scale. A representative item in the scale is, "Communities are not safe for people with intellectual disability. That is why we have special workshops and sheltered homes for them".

The Similarities sub-scale includes 14 items (1, 3, 4, 5, 6, 9, 10, 12, 15, 16, 17, 18, 19 and 21) items. The sub-scale has a mean of 84, and a high score on the sub-scale indicates that respondents perceive people with intellectual disability to be essentially like themselves and other people, in areas as diverse as life goals and basic human rights. A representative question is, "people with ID can be good citizens in our communities". Around half the items are reverse scored, and the overall score on each sub-scale is the mean of the corresponding items.

#### **4.1.2 Updating the CLAS-MR to create the CLAS-ID**

The CLAS-MR was developed in the 1990s, and since that time there have significant changes in terminology. The major one of course is the change in description from Mental Retardation (MR) to Intellectual Disability (ID). Analysis of the CLAS-MR questions also

revealed a (small) number of items that represented outdated concepts, or phrases that appeared to a British reader to be too US-centric. Appropriate changes were made, with the major one being the relabelling of MR as ID. To reflect this change, in the remainder of the thesis I refer to the CLAS-ID.

### 4.1.3 Translating the CLAS-ID into Arabic

There was no version of the CLAS-ID available in Arabic, and it was therefore necessary to create one (see appendix B). I used a multi-step translation following the recommendations of (Bracken & Barona, 1991), so as to obtain a valid, robust and reliable instrument (see Figure (4.1)).

a) Two bilingual interpreters familiar with the basic concepts translated the scale from English into Arabic; b) The original scale along with the translated-back one (from Arabic) were reviewed and checked for accuracy (by an English native speaker);c) A ‘committee’ of an Arabic speaker and an English speaker performed a check and revision, by a native English speaker, on the scale for accuracy and authenticity;d) The translation was checked repeatedly until its accuracy was ensured; e) members of the bilingual committee included Arabic language teachers and staff members at disability and psychology schools at the University of Sabha; f) Field testing to ensure the appropriateness of the vocabulary, a test was conducted as a final trial to ensure the test’s adequacy, accuracy and suitability. (See Appendix C); g) Piloting of the scale: After translating the scale. It was important to eliminate these, as they could lead to respondent misunderstandings, which in turn could result in incorrect or inappropriate responses. The following procedure was adopted:

An introduction to the study, and the background to the reason(s) for conducting the study, was given. The aims and objectives of the study and the context/conditions in which the study was conducted were stated. The research was approved by the ethics committee of the Department of Psychology at the University of Sheffield and by the secretary of academic affairs at Sabha University in Libya, and by the special educational needs schools. Convenience samples were taken from the teachers and university students who were present during the time of the study. Only trivial changes were made (e.g., the schools’

names), and otherwise the questions asked were kept identical in each location



Figure 4.1: Translation process of the CLAS-ID scales into Arabic

#### 4.1.4 Validity of the scale (Arabic version)

The validity of the scale was checked and ascertained using several methods. These included the following: The credibility of the referees: In order to check and authenticate it, the scale was sent to 25 referees, including teaching staff members from different departments (special needs education and social sciences) at departments of Education and Mathematics, who were asked to give their decisions and teachers of special needs education schools. The final form of the scale: After calculating the validity and reliability of the scale, and making adjustments according to the advice of the referees, the scale took its final form. This consists of four main sub-scales, each of which is comprised of a number of items. Internal consistency: The scale underwent a pilot trial, with a sample of special needs education teachers, in order to measure its validity and reliability. The correlation between the items on the scale was measured, and the results showed that all the scale items had a positive and statistically significant correlation with the sub-scale to which they belonged. Internal consistency between the scale and its sub-scales: The scale validity was authenticated by the correlation of the scale with its sub-scales, with all correlations at 0.8 (Cronbach's alpha) from this correlation and its statistical significance, it is clear that the scale has high degree of authenticity. Reliability of the scale: To calculate the scale's Reliability, split half method, was used because is a quick and easy way to establish reliability, revealed that all the correlations are high from 0.7 to 0.8, and that showed the tool is reliable for use.

# Chapter 5

## Study 1: Cross cultural comparison of attitudes towards people with ID

### 5.1 Introduction

Every cultural group has its own way of thinking and feeling, and consequently acting and reacting. The study of how culture differs among groups, communities and societies typically necessitates a position of cultural relativism. Judging a society and how it acts towards specific events should be preceded by establishing evidence about the nature of cultural differences of that society and about the roots of those differences and their consequences.

Attitudes towards people with ID are a key factor both for education and for society, in that these attitudes lead to important consequences for the approaches taken politically, together with the consequent outcomes. Attitudes are influenced by a number of factors and the experiences of the individual or the group. Positive attitudes can lead to decisions such as social and psychological acceptance of the person who has a disability (Tervo et al., 2002), improving programmes for people who have disability in the following areas: educational (Stachura & Garven, 2007), social (D. K. P. Wong, 2008), health (Boyle et al., 2010) and occupational (Tsang, Chan, & Chan, 2004). By contrast, negative attitudes can lead to decisions such as rejection (Daruwalla & Darcy, 2005), segregation (Keller & Siegrist, 2010), and degradation (Panek & Jungers, 2008). The importance of knowing the attitudes of individuals towards people who have disability can be summarized as: contributing to making programmes for individuals with disabilities more successful;

attempting to make the attitudes of the individuals towards disability more positive; the education and enlightenment of the public to adjust any incorrect concepts and to try to make the attitudes more positive (Eberhardt & Mayberry, 1995). Raven and Rubin (1983) have pointed out that attitudes are not inherited but acquired and learned, with the individual acquiring them from the prevailing societal culture through socialisation.

Culture refers to the joint collection of characteristics that is passed between generations and which distinguishes one society from another (Dickson, Aditya, & Chhokar, 2000). Several researchers have tried to determine the influence culture exerts on attitudes (similarities and differences) by assessing their effect(s) on individuals' behaviour (Frye & Kagawa-Singer, 1994). Some of these studies have shown that there were more positive attitudes towards people with ID in developed countries than in developing ones, other studies have found more positive attitudes towards people with ID in western countries than in eastern ones (Florian, 1982). Several studies have identified a tendency to find more positive attitudes towards people with ID in societies characterised by values of individualism rather than in societies characterised by values of collectivism (Black, Mrasek, & Ballinger, 2003).

The existing literature (mostly Western) has revealed that attitudes to people with ID are affected by the predominant culture, formal education (Schwartz & Armony-Sivan, 2001), previous personal contact with people with disabilities (Li & Wang, 2013; Scior, Potts, & Furnham, 2013) and by gender (Scior, Potts, & Furnham, 2013). The most widely used assessment tool for these studies has been the Community Living Attitudes Scale Intellectual disability version (CLAS-ID) (Henry, Keys, Jopp, & Balcazar, 1996). Originally developed in the United States, the CLAS-ID scales have been validated on the initial US sample for their reliability and validity and have been used by many researchers in several countries including the USA, the UK, Israel, Japan, Pakistan and China. The scale is a questionnaire with 42 items, each in 6-point Likert format ranging from 1 = strongly disagree to 6 = strongly agree. The scale contains four sub-scales. The 15 item Empowerment sub-scale relates to policies and decisions that affect the lives of people with ID and reflects the idea that they should be enabled to make their own decisions. The 7 item Exclusion

sub-scale assesses respondents' desire to exclude people with ID from community life. The 6 item Sheltering sub-scale assesses the extent to which respondents' believe the daily lives of people with ID must be supervised by others and/or protected from community life's dangers. The 14 item Similarity sub-scale assesses the respondent's view on how similar people with ID are to typically-achieving people in the community. Scores are averaged for each sub-scale. Each sub-scale therefore has a minimum score of 1 and a maximum score of 6. For the Empowerment, Sheltering and Similarity sub-scales, a higher score represents more empowering, supportive and similar attitudes respectively, whereas for the Exclusion sub-scale a higher score indicates a less inclusive attitude. There is a dearth of information about attitudes to people with ID in Arab countries. Several researchers recommend the need for research in this field in developing countries and specifically in Arab countries (Alborno & Gaad, 2012). The current study contributes to this literature by measuring and comparing attitudes towards ID in the UK and in Libya.

Four distinctive aspects of Libyan culture are salient for attitudes to people with ID in Libya. First, Arab cultures value individual honour and family respect extremely highly and consequently any individual stigma is keenly felt at the individual level. Second, Libya is a highly collectivist society - scoring 80 on Hofstadter's collectivism index (Hofstede, Hofstede, & Minkov, 1991), as opposed to 35 for the more individualistic UK society (Obeidat, Shannak, Masa'deh, & Al-Jarrah, 2012) - the family and group are of great significance and an essential source of an individual's personality. Consequently an individual's stigma strongly affects the extended family group. Third, as a custom-based society, the effects of any stigma are long-lasting, maybe even into future generations. Fourth, Libya is a Muslim society. The Quran makes little explicit mention of disability (Bazna & Hatab, 2005), but as Hasnain, Shaikh, and Shanawani (2008) noted that many Muslims see disability in the context of qadar/kismet, or fate, a cornerstone of Muslim belief. This concept is often expressed as the belief in preordination that what was meant to be will be, and what was not meant to happen does not occur." This tendency may be more marked for a congenital disability, such as ID, as opposed to a disability caused by a physical injury. These four factors highlight the likely discrepancies between attitudes to people with ID

in Libya as opposed to Western countries, and further justify the need for research on the issue.

In Libya, the Gaddafi government gave considerable attention to people with a disability: laws were issued, institutions were established to provide care, special committees were formed for each kind of disability and social security laws were issued. Unfortunately, issuing laws without proper mechanisms for implementing them does not guarantee change in individual behaviour (Li & Wang, 2013; Martz et al., 2009). A. Benomir (2004); Gadour (2006) have claimed that, despite seminars, discussions and conferences organised concerning care for people with a disability together with laws and regulations affirming their rights in society, care for people with ID in Libya is still not sufficient and remains practiced in the same manner which prevailed a hundred years ago in developed countries, namely a segregated system merely providing care in separate institutions.

This analysis provides the rationale for assessing the attitudes to people with ID in Libya. Indeed, given the revolution that took place within a year after this survey, it may provide unique data that can no longer be replicated. It is also important to recognise the differences between different categories of people within a country. There is evidence that the attitudes of staff working with people with ID may be markedly different from those of the general population (Patka et al., 2013). Consequently I decided to investigate the attitudes both of staff working with ID and of students, on the grounds that students, especially psychology students, are the population sector most likely to help shape opinion regarding approaches to people with ID in the future. In fact, studies have also established that a student's discipline can affect their attitude towards people with ID. For example Rasker et al. (2008) established that the attitudes of fourth-year students of Occupational Therapy were more positive than those of first-years of the same specialisation. The attitude of psychology students may have significant influence on the standard and quality of development of services provided for people with ID which could be related to the fact that those students are expected to work (after graduation) with this sector. Unfortunately, to our knowledge there have been no cross cultural studies that compare the attitudes of psychology students with those of students from other disciplines.

Consequently, the study was designed to assess attitudes to people with ID in two countries (the UK and Libya), and within each country to assess the attitudes of professional staff working with people with ID and those of students; and to compare the attitudes of psychology students with those from a different science discipline, namely mathematics.

## **5.2 The Hypotheses**

From the above considerations, I derived four within cultural hypotheses and five cultural-difference hypotheses, as outlined below:

### **5.2.1 Within Culture Hypotheses**

Hypothesis 1: Role. Staff will show higher ratings than the students for Similarity (in that they have much greater experience of people with ID); for Sheltering (in that that is their primary role); but a lower rating for Empowerment (which might be seen as a threat to their day-to-day roles). The situation for Exclusion is less clear-cut, in that it involves elements both of segregation (which I would predict that staff support) and Sheltering.

Hypothesis 2: Students Discipline. Following evidence by Rasker et al. (2008); Brown et al. (2009); Abdulhadi (2012) I predict that the psychology students will in general have more favourable views than mathematics students on all four sub-scales.

Hypothesis 3: Familial Incidence. Predict that respondents who have family member with ID will show more positive attitudes towards inclusion of people with ID than those who have no relative (s) with ID (Garcia Lara & Hernandez Ortiz, 2011; Olaleye et al., 2012).

Hypothesis 4: Familiarity. Respondents who know people with ID will have more positive attitudes towards including them, than those who do not know them previously . (Al-Kandari, 2015).

### **5.2.2 Hypotheses for cross-cultural differences**

The above considerations allowed me to develop a series of hypotheses regarding the study outcomes. In general, negative attitudes are more likely to be found in collectivistic cul-

tures, as previous research indicates (Rao, Horton, Tsang, Shi, & Corrigan, 2010; Shao, Rupp, Skarlicki, & Jones, 2013). However, based on the four sub-scales of the CLAS, and the four differential factors noted earlier, it is possible to derive more detailed predictions. Hypothesis 5: Empowerment. Overall, Libyan respondents will give significantly lower ratings on the Empowerment sub-scale, as a consequence of a tendency to believe that people with ID have congenital difficulties that cannot be alleviated through intervention and empowerment.

Hypothesis 6: Exclusion. Overall, Libyan respondents will give significantly higher ratings on the Exclusion sub-scale, as a consequence of the implicit wish to segregate people with ID so as to minimise any stigma to the extended family.

Hypothesis 7: Sheltering. Overall, Libyan respondents will give equivalent ratings on the Sheltering sub-scale, as a consequence of the collectivist culture and the teachings of the Quran.

Hypothesis 8: Similarity. Overall, Libyan respondents will give significantly lower ratings on the Similarity sub-scale, as a consequence of the greater tendency of people from individualist cultures to tolerate and respect differences from the norm.

Hypothesis 9: Gender. Libyan females respondents will give significantly more positive attitudes than Libyan males following the findings of Abdulhadi (2012) who found that Arab females have more positive attitudes towards inclusion of people with ID than males. By contrast, no gender difference in the UK attitudes owing to the strong gender equality initiatives that have taken place in the UK.

## **5.3 Method**

### **5.3.1 Participants in Libya and the UK**

Three convenience samples from two different locations were used: staff at special schools, the psychology and mathematics students, 5.1: Participants comprised university students and professional staff at schools for children with ID, with the students being recruited from psychology and mathematics departments. This allowed an explicit examination of

Table 5.1: Libyan and UK samples: Demographics of participant

<b>CLAS-ID sub-scales</b>			
<b>Demographic variable</b>		<b>Libya %(N)</b>	<b>UK %(N)</b>
<b>Gender</b>	Male	30.3(72)	21.7(28)
	Female	69.7(166)	78.3(101)
<b>Participants Roles</b>	Student	47.8(178)	80.6(104)
	Staff	25.2(60)	19.4(25)
<b>Academic Discipline</b>	Psychology	51.7(92)	54.3(70)
	Mathematics	48.3(86)	26.4(34)
<b>Relative(s) with ID</b>	No	90.8(216)	92.2(119)
	Yes	22.0(9.2)	7.8(10)
<b>Familiarity with ID</b>	No	202(44.1)	16.3(21)
	Yes	55.9(36)	83.7(108)
<b>Total</b>		<b>238</b>	<b>129</b>

role, and an implicit examination of familiarity with ID, together with some analysis of the effects of different types of formal education. In Libya questionnaires were distributed to staff at a school for children with ID and at two universities (Sabha and Tripoli Universities), with 60 school staff recruited and 178 students. In the UK, 25 participants were recruited from a school with a specialist facility for children with ID, together with 104 university students, of whom 34 were mathematics students and 70 were psychology students. No remuneration to participants was given.

## 5.4 Procedure

In Libya a paper version of the CLAS-ID was administered, which takes approximately 25 minutes to complete. Paper copies of the questionnaire were distributed to students towards the end of their lectures, and were either completed straight away or returned to the department office later. The school administrator in Libya distributed the questionnaires to staff and collected them later. 300 copies of the scale were distributed to students, with

203 of these returned, and 178 accurately completed (a 66% response rate). A total of 100 questionnaires were distributed to staff, of which 60 were returned (a 60% response rate). Special schools staff of the institution was informed about the research and given instructions how to complete the scale. After their consent had been obtained, they were informed about their right to withdraw from the project at any stage. Copies of the questionnaire were then provided to the participants at the institution, to be filled in and collected later. In addition, I visited the personnel at the special school in Tripoli, Libya, as well as the office of the social worker, who received the questionnaire forms and distributed them among the individuals in the department. A week later, I received the completed forms. I approached the heads of the psychology and mathematics departments, who each contacted several teaching staff members and arranged for the questionnaire forms to be completed towards the end of a specific lecture. Approximately half an hour before the end of each lecture, I contacted the assigned teachers, explained the significance of the study, described how the questions should be answered, and asked them to read and sign the consent slip. The majority of the students responded immediately and answered the questionnaire straight away, whilst others preferred to take their copies away and return them later to the department secretariat. Nine students refrained from participating. I checked the completed questionnaires after receiving them from the special school personnel and students. Some forms were excluded because they had not been fully completed, or they seemed to have been completed carelessly (e.g. "strongly agree" had been chosen as the answer to all the questions). In the UK: Students at the University of Sheffield formed the student sample. Students in the first year course at the Department of Psychology are required to undertake experimental work as part of their familiarization with psychological research. Following the appropriate ethical permissions (see below), the full two part background questions plus the CLAS-ID were made available in electronic form as part of this 'On line Research Participation System'. Following agreement by the Director of Teaching for the Mathematics Department, first year mathematics students were requested by two lecturers to undertake the survey, which was made available via an on line volunteer system at the University of Sheffield. Data for the on line surveys were collected electronically. In

total, 161 students completed the questionnaire. It proved more difficult to gather data for professionals working with ID, in view of the inclusion policy in the UK there are few specialist schools for children with ID. A list of the schools in the Sheffield area was obtained and those which had special units for support of children with ID were considered. The four largest units were then contacted, and following discussions with the unit directors, two schools agreed to circulate the survey in paper form to the relevant staff. The forms were collected two weeks later, leading to a return of 25 from the 32 full time professional staff involved (a 78% response rate).

### **5.4.1 Ethical considerations**

One of the basic principles of research-ethics which has been strictly maintained, is to provide comprehensive and detailed information about the research, which would give participants the choice whether to take part in the study or not, obliging the researcher to obtain all required agreements from ethics authorities to allow conducting the research. Accordingly the study followed the required procedures and obtained the necessary ethics agreement from the ethics committee at Sheffield University, (see appendix E). The scale was attached with an 'information sheet' providing a brief overview about the research: its objectives and aims and how to complete the scale. People who chose not to participate in the research or did not complete the scale or withdrew from the study were not asked about their reason(s) for withdrawal. It was ensured that no pressure was exerted on participants; and it was made clear to participants that they could refrain, refuse or withdraw from the study at any time and/or point if they wished without giving any reasons. Permission for this study was provided from the Department of Psychology Ethics Review Committee according to the regulations and procedures of the University of Sheffield, and according to the ethical guidelines of APA schools. Accordingly the study has satisfied the ethical measures and requirements of all the concerned and involved institutions. Furthermore, consent was obtained according to ethical guidelines of the University and colleges and from all those who participated in the study with the stated assurance for all participants can withdraw from the study at any stage. As well, to the author's best knowledge of

the author would not be of harm to any participant. Nevertheless, all participants were encouraged to contact the researcher at any time to request appropriate intervention and advice, and to sign a form stating that participants agreed to participate in the research (see appendix D). In Libya: initially agreement to undertake the study was obtained from the academic officer at the University of Sabha. Then approval to conduct the field study with staff at the special schools was obtained from the Disability and Special Needs' Head. Proper permissions (consents) from the Heads of the aforementioned departments were also obtained.

### **5.4.2 Anonymity and confidentiality**

Anonymity and confidentiality is another important aspect that has been considered very strictly: the participants were duly informed in writing that their names would not appear on the scale or in any part of the research/study. The participants were duly informed that all the information they provided on the scale would be destroyed after the completion of the research. The researcher made sure that the participants have signed the consent, on separate sheet, as a proof for their agreement to participate in the research. (Appendix E)

### **5.4.3 Questionnaire**

The CLAS-ID (UK) and the CLAS-ID Arabic version was used, as described in Chapter 3

### **5.4.4 Descriptive statistics**

Descriptive statistics are shown in Table 5.3

## **5.5 Results**

### **5.5.1 Data Analysis**

To check missing data the SPSS Missing Completely or Random test (MCAR) was used. The data had no systematic bias as the outcome was greater than .02. Expectation Maxi-

mization (EM) was then used to predict and replace the missing data. Preliminary assumption testing was performed to check for covariance and multicollinearity, with no serious violations noted. Outliers were replace outlier with the average. In UK study there were no missing data, because in survey monkey I used the option required to answer for each question, so respondents could not skip the answer, if the respondents try to skip the question an error message will be displayed. An overview of the normality tests is given in table 5-2 It can be seen that all four sub-scales showed an acceptable (lack of) Skewness, with mean values close to 0 (symmetry). Kurtosis also acceptable, with the modest negative values indicating a slight peak relative to the normal distribution. Cronbach's alpha indicates a moderate to good level of normal consistency in the sub-scales 5.2.

Table 5.2: Skewness, Kurtosis and Cronbach's Alpha for Libyan Sample

Sub-scale	Libya				UK			
	Mean(SD)	Skewness	Kurtosis	a	Mean(SD)	Skewness	Kurtosis	a
<b>Empowerment</b>	2.97(0.50)	0.17	-0.19	0.6	3.87 (0.44)	-0.016	0.17	0.7
<b>Exclusion</b>	3.57(0.79)	-0.27	-0.5	0.6	3.87 (0.44)	0.22	-0.28	0.7
<b>Sheltering</b>	2.64(0.91)	0.39	-0.48	0.7	3.87 (0.44)	-0.01	-0.51	0.7
<b>Similarity</b>	3.31(0.58)	0.04	-0.33	0.7	3.87 (0.44)	-0.51	-0.53	0.8

### 5.5.2 Inferential Statistics

Four separate analyses of variance were then undertaken, one for each of the CLAS-ID subclasses as dependent variables. There were three independent variables: Country (Libya vs UK), Gender (M/F) and Role (Students / Staff). Preliminary assumption testing was conducted to check for normality, linearity homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate. Significance values were taken as

For Empowerment there was a significant main effect of Country,  $F(1, 359) = 108.95, p < .0001, \eta^2 = 0.23$ , with higher scores for the UK sample than the Libyan sample. There was no a significant main effect of Role or Gender and no significant interaction be-

Table 5.3: Descriptive Statistics for both countries

Demographic variable	Country		Empowerment Mean (SD)	Exclusion Mean (SD)	Sheltering Mean (SD)	Similarity Mean (SD)
Gender	Libya	male	2.87 (0.51)	3.52 (0.81)	2.97 (0.93)	3.30 (0.59)
		female	3.01 (0.49)	3.60 (0.79)	2.49 (0.86)	3.31 (0.58)
	UK	male	3.68 (0.45)	2.60 (0.57)	3.21 (0.48)	4.44 (0.59)
		female	3.92 (0.42)	2.22 (0.50)	3.27 (0.54)	4.39 (0.57)
Participants' role	Libya	Student	2.94 (0.50)	3.51 (0.84)	2.48 (0.88)	3.23 (0.58)
		Staff	3.05 (0.49)	3.75 (0.61)	3.10 (0.84)	3.54 (0.51)
	UK	Student	3.86 (0.40)	2.38 (0.53)	3.26 (0.54)	4.45 (0.50)
		Staff	3.92 (0.57)	1.93 (0.35)	3.25 (0.49)	4.19 (0.79)
Relative with ID	Libya	No	2.97 (0.51)	3.54 (0.82)	2.55 (0.89)	3.26 (0.59)
		Yes	2.95 (0.48)	3.74 (0.65)	3.12 (0.85)	3.61 (0.45)
	UK	No	3.88 (0.35)	2.28 (0.54)	3.28 (0.52)	4.44 (0.57)
		Yes	3.74 (0.41)	2.36 (0.45)	3.00 (0.55)	3.92 (0.36)
Familiarity with ID	Libya	No	2.97 (0.51)	3.54 (0.82)	2.55 (0.89)	3.26 (0.59)
		Yes	2.95 (0.48)	3.74 (0.65)	3.12 (0.85)	3.61 (0.45)
	UK	No	3.81 (0.38)	2.45 (0.55)	3.26 (0.52)	4.49 (0.53)
		Yes	3.89 (0.45)	2.24 (0.52)	3.26 (0.53)	4.38 (0.58)

tween Country and Role or Country and Gender. For Exclusion there was a significant main effect of Country,  $F(1, 359) = 125.031, p < .001, \eta^2 = 0.26$ , with higher scores for the Libyan sample than the UK sample. There was no significant main effect of Role or Gender. There was a significant interaction between Country and Role,  $F(1, 359) = 8.70, p < .005, \eta^2 = 0.024$ , with the UK staff giving lower ratings than the other three groups, but no significant interaction between Country and Gender. For Sheltering there was no significant main effect of Country when the Bonferroni adjusted alpha was used,  $F(1, 359) = 4.66, p < .05, \eta^2 = 0.012$ . There was a significant main effect for Role,  $F(1, 359) = 12.90, p < .001, \eta^2 = 0.035$ , and a significant main effect for Gender,  $F(1, 359) = 9.08, p = .005, \eta^2 = 0.025$ . There was a significant interaction between Country and Gender,  $F(1, 359) = 6.99, p = .01, \eta^2 = 0.019$ , with Libyan males giving higher ratings than Libyan females, and the UK males and females in between. There was also a significant interaction between Country and Role,  $F(1, 359) = 8.797, p < .005, \eta^2 = 0.024$ , with the Libyan students giving lower ratings than the Libyan staff, but no difference between the UK staff and students. For Similarity there was a significant main effect of Country,  $F(1, 359) = 84.496, p < .0001, \eta^2 = 0.191$ , with higher scores for the UK sample than the Libyan sample. There was no a significant main effect of Role or of Gender. There was a significant interaction between Country and Role,  $F(1, 359) = 7.07, p < .01, \eta^2 = 0.019$ , with the UK students giving higher ratings than the UK staff, but vice versa for the Libyan students and staff. There was no significant

interaction between Country and Gender.

### The effects of having relative with ID

It may be seen from Table 7 that the differences arising from familial incidence are relatively slight in both countries. A multivariate ANOVA was undertaken separately for each country, with the dependent variables being the four CLAS sub-scales. No significant differences were found either for the UK [Wilks'  $\lambda = 0.93$ ,  $F(4, 122) = 0.1$ ,  $NS$ ,  $\eta^2 = 0.06$ ] or for Libya [Wilks'  $\lambda = 0.96$ ,  $F(4, 231) = 2.22$ ,  $NS$ ,  $\eta^2 = 0.037$ ]. Consequently univariate analyses were not undertaken.

### The effects of Familiarity with ID

It is also evident from Table 7 that the differences arising from familiarity with a person with ID are relatively slight in both countries. A multivariate ANOVA was undertaken separately for each country, with the dependent variables being the four CLAS sub-scales. No significant differences were found either for the UK [Wilks'  $\lambda = 0.97$ ,  $F(4, 122) = 0.1$ ,  $NS$ ,  $\eta^2 = 0.03$ ] or for Libya [Wilks'  $\lambda = 0.97$ ,  $F(4, 231) = 1.44$ ,  $NS$ ,  $\eta^2 = 0.024$ ]. Consequently univariate analyses were not undertaken.

Table 5.4: Mean and standard Deviation for Country by Academic Discipline

		CLAS-ID sub-scales				
Country		n	Empowerment Mean (SD)	Exclusion Mean (SD)	Sheltering Mean (SD)	Similarity Mean (SD)
Libya	Psychology	92	2.95 (0.53)	3.54 (0.83)	2.66 (0.93)	3.24 (0.58)
	Mathematics	86	2.92 (0.48)	3.48 (0.86)	2.29 (0.77)	3.23 (0.59)
UK	Psychology	70	3.92 (0.41)	2.24 (0.49)	3.15 (0.48)	4.50 (0.51)
	Mathematics	34	3.72 (0.35)	2.67 (0.50)	3.50 (0.58)	4.36 (0.46)

### 5.5.3 Academic Discipline

Finally, in order to explore the effect of academic discipline (Psychology vs Mathematics), the staff data were omitted from analysis and the descriptive statistics determined (see

are table 5.4). A series of analyses of variance (one for each CLAS sub-scale) was then undertaken, with Country (UK vs Libya), Gender (M vs F) and Academic Discipline (Psychology vs Mathematics) as the independent variables. Only results involving Academic Discipline will be reported here, to avoid repetition of the previous analyses. In fact, there were no significant effects of Academic Discipline on any of the four sub-scales. The only significant interaction of Academic Discipline with other variables was found for the Sheltering sub-scale: Mathematics students in Libya gave lower ratings than the Psychology students, whereas it was vice versa for the UK.

## 5.6 Discussion

In terms of main effects, I established that there were clear, significant differences in attitude to people with ID between the Libyan and the British participants. Hypotheses 5 to 8 were supported. The British participants gave significantly higher ratings towards people with ID on Empowerment (Hypothesis 5), significantly lower ratings for Exclusion (Hypothesis 6), and significantly higher ratings for Similarity (Hypothesis 8). They also gave higher, but not significantly higher ratings for Sheltering (Hypothesis 7). This supports the general hypothesis that people from a collectivist culture (the Libyan sample) hold less favourable attitudes towards people with ID than those from an individualist culture (the UK sample).

In terms of Role (Hypothesis 1), I predicted that staff would show higher ratings than students for Similarity (in that they have much greater experience of people with ID); for Sheltering (in that is their primary role); and a lower rating for Empowerment (which might be seen as a threat to their day-to-day roles). The situation for Exclusion was harder to predict, in that it involves elements both of segregation (which I would predict that staff support) and Sheltering. In fact, there were no significant main effects of Role for Empowerment or Similarity (contrary to the prediction) or for Exclusion, but there was a significant main effect, as predicted, for Sheltering. This was attributable entirely to the Libyan sample, in that there was no difference for the UK sample. This difference led to a

significant interaction between Country and Role for Sheltering. There was also a significant interaction between Country and Role for Exclusion, for which the Libyan students gave lower (more favourable) ratings than the Libyan staff whereas the UK students gave higher ratings than the UK staff. The only other significant interaction between Country and Role was for Similarity, for which the Libyan students gave lower ratings than the Libyan staff (as predicted), whereas the UK students gave higher ratings than the UK staff (contrary to the prediction).

In terms of Academic Discipline, Hypothesis 2 was not supported, in that no significant main effects for the Psychology students versus the Science students were observed. The only significant interaction between Academic Discipline and Country was for Sheltering. In terms of Familial Incidence, Hypothesis 3 was not supported, in that there no significant differences in either country between respondents with a relative with ID and those without. There was an imbalance in relative numbers for each group, which reduces the power of the tests, but the means were in fact similar also. In terms of Familiarity, Hypothesis 4 was not supported, in that there no significant differences in either country between respondents familiar with a person with ID and those without such a familiarity. There was an imbalance in relative numbers for each group, which reduces the power of the tests, but the means were in fact similar also.

In addition, considering the effect of Gender, there were no significant main effects for Empowerment, Exclusion or Similarity, but there was a significant main effect for Sheltering, with the males giving the higher ratings. This difference was attributable to the Libyan sample only, as reflected by the significant interaction between Country and Gender for Sheltering. The higher ratings for the Libyan males than females are unexpected. I speculate that this may be attributable to an obligation on the males to advocate support for all family members, with the obligation on the females to actually provide the support. Comparison of the standard deviations of the scores with those reported in other studies indicates that the results reported here are comparable with those reported by Henry, Keys, Balcazar, and Jopp (1996) in the original normative samples, suggesting that the sensitivity of the instrument is comparable. In terms of comparison with other studies, there is a

close correspondence between the Libyan participants' scores and those reported by Patka et al. (2013) for Pakistan community members and staff at a school for children with ID, with the means per sub-scale substantially the same. The UK participants had somewhat lower means than those reported recently by (Sheridan & Scior, 2013), with less favourable scores on Empowerment, Exclusion, and Similarity.

The CLAS-ID has been used in several countries to explore attitudes towards ID, but this is its first application in an Arab culture. Overall, the results appear to be largely consistent with those reported already in the literature, with the Libyan data corresponding reasonably well to those established in Pakistan, a country with the same religion and with similar family values. The UK data are largely similar to other published western studies, but they appear somewhat less favourable than in other recent studies.

Gender effects on attitudes towards ID have been found in several previous studies. However, there were no significant main effects of Gender on any sub-scale, and the only significant interaction found here between Country and Gender was that Libyan males gave higher ratings for Sheltering than the Libyan females, with no difference for UK males and females.

In terms of Role, several previous studies have measured the influence of role, but none has compared between staff at special school and university students. I found significant Country by Role interactions for three of the CLAS-ID sub-scales. Libyan staff had higher scores on Exclusion than the Libyan students whereas the UK students had higher scores than the UK staff. For Sheltering and Similarity the Libyan students had lower scores than the Libyan staff whereas there were no differences between staff and students in the UK.

The results are in agreement with many previous studies (Franco, Cardoso, & Neto, 2012; Avramidis, Bayliss, & Burden, 2000; Panek & Jungers, 2008; Papadopoulos, 2009), but contrast with the findings of others (Georgiadi, Kalyva, Kourkoutas, & Tsakiris, 2012; Law, Sinclair, & Fraser, 2007). These differences may be due to social and cultural factors. For example, there were statistically significant differences between the attitudes of special education school staff and students, with staff scoring higher for sheltering. This may be because their role leads them to believe professionals are better equipped to carry

out these duties than others. The reason may lie in the staff's direct and real contact with people with ID in the special schools, or it could be the effect of 'socially desirable responses'.

## 5.7 Limitations

It is important to acknowledge the limitations of the study. One limitation is that most of the participants were females. Gender is a potentially important factor, in that in Libya the majority of the leaders for developing policy on people with ID are male, whereas the majority of staff working with people with ID are females. Fortunately, given the lack of gender effects, there is reason to believe that this is not a serious limitation for the generality of the findings. A further issue related to the use of a self-report measure developed in the USA which may reflect values in the USA and miss the cultural, political and religious nuances of Libyan society. My efforts to develop the Libyan scale appropriately will have eliminated any gross problems, but it must be acknowledged that any such instrument may miss some important issues. The internal consistency of the scale was satisfactory for the Libyan population, but other aspects of reliability and validity were not tested. However the measure has been found to have satisfactory psychometric properties in studies carried out in Western USA (Henry, Keys et al. 1999), UK, Australia) and Non-western countries (Japan and Pakistan). Finally, participants were drawn from university and support school staff so reflect the attitudes of a more educated class in both countries. Studies in the United States, Hong Kong and the UK have found more favourable attitudes to be associated with higher levels of education. It may be that different results may have been found with a community population. However, the results of the Libyan sample are similar to a community sample of Sunni Muslims living in (Patka et al., 2013).

In the Libyan study-particularly with the students- the researcher was present at the time of filling in the questionnaire. This may have increased the rate of social bias response. With the supporting staff the questionnaire was delivered personally to the social worker office which in turn distributed it to the teachers, collected it after completion and returned

it to the researcher. Kaminska and Foulsham (2013) notes that the method of gathering data can also have a significant effect on participants' attitudes. When the researcher is present during the completion of the questionnaires, the attitudes of the participants tend to be more positive, whilst conversely, the attitudes conveyed tend to be less positive when the researcher does not see the participants face-to-face. In the British study the questionnaire was completed by the students on-line, while it was sent to the supporting staff by royal-mail and received after completion by mail as well.

This study found no statistically significant differences between the attitudes of students in the mathematics and psychology departments. This is striking because the students of psychology had already acquired knowledge on intellectual disability, which could have generated more positive attitudes towards people with ID. These findings differ from those of Franco et al. (2012), who found that psychology students tend to have more positive attitudes towards people with ID. There were no statistically significant differences between the attitudes of those individuals who have a relative with ID and those who do not. This differs from the findings of Ten Klooster et al. (2009), which suggested that those with relatives with ID held more positive attitudes towards people with ID than those without an affected relative. The results also supported hypothesis six, which proposed that there were no statistically significant differences between those without experience of people with ID and those who have contacted people with ID or knew some individuals previously.

It is also important to note that any study is bound not only by country but also by time. This study took place in 2011 in what turned out to be the last year in power of the long-established Gaddafi regime, and hence the last year of relative stability in Libya. It is likely that a further study in Libya would lead to different scores on attitudes to people with ID. In many ways this is a strength of the study, because it provides a 'steady state' assessment of the attitudes within a stable, collectivist, Muslim, Arab culture unaffected by the trauma and insecurity that are the inevitable consequences of a discipline, violent, upheaval in a society.

## 5.8 Conclusion

Despite these issues, which limit the generality of conclusions that may be drawn, the research presented here provides a fruitful basis for further research. First, the CLAS-ID Arabic provides for the first time an Arabic version of the scale, thereby allowing further researchers to investigate attitudes in Arabic-speaking countries. The findings on gender are perhaps particularly interesting in that, in the main, there were no significant main effects of gender in either country, though there were interactions as discussed above. The comparison of attitudes of special schools teachers with of students is also an original feature, suggesting that the students may actually have more favourable attitudes on many dimensions than staff, despite the greater familiarity of staff at special schools. In conclusion, this study is the first study of attitudes towards people with ID in Libya, and the first cross-cultural comparison between Libya and the UK. The study also aimed to measure the interactions between demographic variables. The discipline issue of interest was whether there is a difference in attitude to people with ID between the Western respondents in the UK and the respondents in Libya given their collectivist, Muslim, Arab culture. As predicted, the study established substantial main effects for attitudes to ID on three sub-scales of the CLAS-ID, with the UK sample providing more favourable ratings on Empowerment, Exclusion and Similarity, but not on Sheltering. In general, gender effects were weak, but there were interactions between Country and Role, confirming the importance of these variables for future research. I hope that this study may promote future studies in Arab societies and that these findings and techniques will provide a basis for further research that will, in due course, develop interventions that further improve attitudes to individuals with ID throughout the world.

## **Chapter 6**

### **Study 3: Libyan Attitudes towards people with ID after the Arab Spring**

A second study was carried out after the Arab Spring, which brought about huge political and social change in Libya. I selected this topic for my research as I thought it would be worthwhile to investigate the impact of these changes on attitudes to ID. The aim of this study is to examine the how the attitudes to people with ID of university students and special schools staff have changed in the aftermath of the Arab Spring. The sample for this study consisted of 467 participants from special schools' staff and university students in Libya. The Community Living Attitude Scales for Intellectual Disability (CLAS-ID) was used to measure the attitudes of the teachers. The results of this study indicated that there were significant differences in Empowerment, Sheltering and Similarity but not in Exclusion sub-scale. For the demographic variables there were significant multivariate effects for Gender (arising from higher male scores for Sheltering), for Participants' Role (arising from higher Staff scores for Exclusion and Sheltering); and for Academic Discipline (arising from higher scores for mathematics students on Empowerment and Sheltering).

#### **6.1 Introduction**

The original rationale for the research in this PhD, presented in Chapters 2 and 3 of this thesis, was developed in 2010, before the studies in Chapter 5 were undertaken. In this chapter I take the opportunity to provide a slight update on the literature presented at that time, including studies and literature from 2008 onwards. There is a great improve-

ment in attitudes toward include people with disability in the Western world (de Boer et al., 2012). However society suffers from some kind negative attitudes towards intellectual disability. In spite of the great development in attitudes (Lambe, 2011; Šiška & Habib, 2013; Nowicki, 2006). In respect of the inclusion of people with ID in the society some problems still exist (Memisevic & Hodzic, 2011; Purdam, Afkhami, Olsen, & Thornton, 2008). Aaiden2014current claim that negative attitudes to people with ID are formed because of confusion, misunderstanding, lack of information and lack of direct contact. They also established that 38% of the participants in their study believed that the people with disability are more unpredictable than others while 76% thought that they need someone to take care of them and 13% of that they are disrupting to others. “Disability in the United Kingdom 2013 Facts and Figures” (2013) showed that about 20% suffered from harassment in public because of their disability, 9 out of 10 people with ID suffered from hate and aggression crimes, 60% of children and young people with ID have poverty problems, 25% of people with ID cannot decide for themselves for were not given the choice to decide.

Although attitudes to people with ID have improved in recent years, there still signs of negative attitudes in some studies. Scior (2013) pointed out that while young British attitudes were positive according to the CLAS-ID and interview, when matters come to the practical issues that have direct impact on the participants they became more disempowering and sometimes even openly hostile. Fidler, Vilchinsky, and Werner (2007) pointed out that the knowledge of the intellectual disability helps to form positive attitudes towards people with ID.

Al-Kandari (2015); Scior, Addai-Davis, et al. (2013) pointed out that contact with people with ID can help in forming more positive attitudes than if there were less or no contact, while others say that attitudes differ from one society to another according to the prevailed culture.

One of the major issues for attitudes to people with ID is how to change such attitudes for the better. The literature on attitude-change interventions – and their limited effectiveness – is presented in Chapter 7, but in this chapter I examine the effect on attitudes

towards people with ID – of the Libyan Revolution 2011 - the Arab Spring - that overthrew the Gaddafi regime, leading to widespread disruption and even anarchy.

### **6.1.1 Collectivism in Libyan society**

Every society has its characteristics that differentiate it from other societies. In Libya the dominant culture is collectivism (Obeidat et al., 2012) where the individual is regarded as part of the group and part of the community/society. Contrary to the individualistic societies where the interests of individual are given priority, collectivistic societies reject this idea: the priority of interests are given to the society at the expense of the individual (Gorodnichenko & Roland, 2012). One the most important characteristics of collectivistic societies is the rejection of individual opinion/interest in favour of the group. According to Musa, (1995) in times of hardship and when a society is under threat and pressure as in the case of wars and military conflicts, collectivistic societies are more collaborative and more supportive of the members than on ordinary circumstances.

### 6.1.2 The Libyan Revolution, Feb. 2011 (the social impact of wars)

The Libyan revolution, according to Ali and (Ali & Harvie, 2013), has been referred to by some as a civil war that erupted as an armed conflict after popular protests against the Gaddafi regime broke out in certain cities. A lawyer acting in the interests of victims of the Abu Salim prison (in the city of Benghazi) was arrested and, in February 2011, victims' families and supporters sought his liberation and demanded the downfall of the regime and the overthrow of Colonel Gaddafi. As a result, Gaddafi's police used violence against the demonstrators, including the use of firearms. As Bradley, Maria, Kerridge, Khan, Rehm, and Sapkota (2014) noted, war is a human entity with a valiant nature that entails unexpected reactions that differ from person to person and from one country to another. Wars cause great social changes and, once the war is over, its impact can last for a long time. The effects of war vary from one society to another; however, its objectives and methods are always similar. Psychological war utilises mass media along with other moral and psychological means to influence the morale and decisions of the enemy. These tactics create a state of dissent and discontent among its members, and thereby assists in winning battles and defeating opponents and enemies (Kerridge et al.,

2014).

According to (Schraeder, 2012) propaganda and intimidation were used by the Gaddafi regime in order to boost morale among military members, and to provide them with a tangible cause to fight along with insistence that the war could be won. This regime tended to draw on nationalist sentiments, religious and ethical values and nostalgia for historical glory while propagating the value of defending and protecting the country. At the same time, it served to intimidate people by spreading fear among citizens and rebels. The regime used a wide range of repressive methods that have consequently had severe psychological, moral and behavioural impacts for the Libyan people. Paardekooper, De Jong, and Hermanns (1999) states that:

*”Trauma are usually discussed in terms of post-traumatic stress disorder (PTSD), it is not the only possible psychological consequence of traumatic events for children. A whole spectrum of concurrent psychological symptoms has been mentioned: depression and anxiety, fear of recurrence, guilt, worry, and above all grief” p 529*

As such, the war in Libya may have caused increased disabilities, while also affecting people’s behaviour and attitudes towards many issues, including the issues of disability. It is worth noting that violent scenes may have negative psychological consequences that expose a person to nervous and psychological behaviours that make him/her hostile towards, and as a result reject, many social issues (Reznick, 2011). Shortages, or lack, of necessary resources, medical aid and treatment can result in high levels of disability due to injuries sustained in war and conflict. Accordingly, people become excluded and endure poor living conditions and a lack of necessary support, which may serve to exacerbate the degree of disability. Additionally, due to the community’s concerns with war and disasters, members of the community may ignore people with ID and neglect them, which can have negative effects on their psychological well-being. (Snoubar, Hawal, et al., 2015) have pointed out that people with ID are more affected by violence/wars, and that at the time of wars the response needed to provide treatment and rehabilitation is insufficient or may be unavailable entirely (Ali & Harvie, 2013). Certain people with ID, particularly women,

may be especially vulnerable to physical violence, exploitation and sexual abuse during times of war. The reports of international organisations confirmed that the percentage of frustration, intellectual torture and psychological and social difficulties amongst people living in countries at war is around sixty to seventy percent more when compared with other countries. Seccombe (2007) stated that the increase of disabled people as inevitable consequence of war contributed significantly in forming more positive attitudes towards disability.

For that reason I wanted to conduct the research after the revolution to evaluate the effects on the Libyan (collectivistic society) and whether individuals became more supportive to each other and more caring. Collectivist society members are more caring about each other but they may not show it unless they are under stress and pressure, but they are more open and they wanted to make sure also that everyone gets help.

The data presented in Chapter 5 were collected in 2010/11, before the Libyan Revolution, and although access to Libya in the following years was difficult, I was able to arrange for a further data collection, using essentially the same sources and the same methods as for the Libyan sample in the initial study. This 2012 data collection allowed me to undertake a 'natural experiment' assessing the effects on attitudes to people with ID of samples that had undergone a discipline internal war and all that entailed.

## **6.1.2 Hypotheses**

### **Hypotheses in 2012**

H1: I predicted that special schools staff would have more positive attitudes than students as Junco (2002) pointed out that combination of direct instruction and contact serve to make attitudes more positive towards people with ID.

H2: I predicted that psychology students will hold more positive attitudes towards people with ID than Mathematics students (Horner-Johnson et al., 2002).

H3: I predicted that people who have relatives with ID will have more positive attitudes than people who do not have relatives with ID (Patka et al., 2013).

H3: I predicted that females would have more positives attitudes towards people with ID

than males (Griffin et al., 2012; Ouellette-Kuntz et al., 2003).

### **Hypotheses over time**

Based on Musa (1995), I predicted that the collectivistic culture would result in more positive attitudes towards people with ID because that kind of culture under pressure may make individuals behave in a more caring and open fashion in showing their feeling amongst each other, thus they will have more positive attitudes towards people with ID.

H1: Empowerment: there would be a significant increase in scores on the Empowerment sub-scale in 2012, in that the respondents were considerably dis-empowered under the Gaddafi regime, and a major goal for the Arab Spring was to empower all the citizens, and to make them aware of their rights and responsibilities. I hypothesise that this change in perspective will also apply to attitudes to people with ID.

H2: Exclusion: there would be a significant increase (less favourable) in exclusion scores, owing to the greater uncertainty prevailing, and the perceived need to channel resources through the most able members of society in order to survive H3: Sheltering: there would be a significant increase (more favourable) in Sheltering scores, owing to the clear need to take care of people with ID given the discipline increase in hazards, allied to the continuing family-based networks.

H4: Similarity: there would also be a significant increase in Similarity, owing to the increasing numbers of people with physical and intellectual disabilities as a result of the war, which would lead to recognition that disability can be acquired easily and is all around one, together with a general increase in familiarity with people with disability. H5: Other dimensions. For, the findings relating to other variables – Gender, Role, and Students Discipline – would be essentially unchanged from the 2010 findings, in that the war affected all sectors of society.

## 6.2 Methods

The Method was designed to parallel as closely as possible that used in the Libyan component of the 2010 study, see chapter 5

### 6.2.1 Demographics of Participants

The participants were drawn from Tripoli and Sabah Universities and from special schools staff in Tripoli, see table 6.1

Table 6.1: Demographics for 2010 and 2012 Samples

Demographic variable		Study 1 (2010)		Study 2 (2012)	
		Frequency	Percent	Frequency	Percent
<b>Gender</b>	Male	72	30.3	62	27.1
	Female	166	69.7	167	72.9
<b>Participants' Roles</b>	Student	178	74.8	161	70.3
	Staff	60	25.2	68	29.7
<b>Subject Of Study</b>	Psychology	92	51.7	95	59
	Mathematics	86	48.3	66	41
<b>Have relative with ID</b>	No	216	90.8	211	92.1
	Yes	22	9.2	18	7.9
<b>Familiarity with people with ID</b>	No	105	44.1	74	32.3
	Yes	133	55.9	155	67.7
<b>Total</b>		238		229	

### 6.2.2 Design

The study used a quantitative design; three variables were used to compare the attitudes towards people with ID. The factors were: Year of study (2010 vs 2012), Gender (males vs females) and participant's Role (university students vs staff at special schools). The dependent variables were the CLAS-ID-Arabic sub-scales, namely Empowerment, Exclusion, Sheltering and Similarity.

## **Materials**

The Community Living Attitude Scales for Mental Retardation (CLAS-ID) (Henry, Keys, Jopp, & Balcazar, 1996) was used in both studies; the scale was translated into Arabic - see chapter 3.

## **Procedure**

The research was undertaken in 2012 with an identical procedure to that described in Chapter 5.

# **6.3 Results**

## **6.3.1 Data analysis**

SPSS version 22 was used to analyse the data. Before conducting the analysis the data was screened for normality and outliers and there was no significant Skewness on any of sub-scales (Empowerment, Exclusion, Sheltering and Similarity). Spearman's rho was used to calculate correlations between the CLAS-ID sub-scales. Cronbach's alpha was used to examine the internal consistency of the sub-scales. To avoid the risk of type one error, a multivariate analysis of variance test was used in in order to answer the research questions. The descriptive statistics for the 2010 study were presented in Chapter 5. Before undertaking the comparison between the 2010 and 2012 data, the 2012 data were analysed separately to assess the effects of the Role, Gender and Students Discipline. The 2012 descriptive statistics are shown in Table 6.2

Before undertaking the comparison between the 2010 and 2012 data, the 2012 data were analysed separately to assess the effects of the Role, Gender and Students Discipline

## **6.3.2 Gender in the 2012 cohort**

MANOVA revealed a significant multivariate main effect for Libyan attitudes by Gender: Wilks'  $\lambda = 0.90$ ,  $F(4, 222) = 6.54$ ,  $p < .0001$ ,  $\eta^2 = 0.11$ ,  $power = .99$ . Separate uni-

Table 6.2: CLAS Sub-scale Means and Standard Deviations by Demographic Variable (2012)

Demographic variable		n	Empowerment M (SD)	Exclusion M (SD)	Sheltering M (SD)	Similarity M (SD)
<b>Gender:</b>	Male	62	3.56(0.67)	3.61(0.89)	3.92(0.98)	3.75(0.68)
	Female	167	3.67(0.56)	3.37(0.93)	3.51(0.86)	3.79(0.62)
<b>Participants' role:</b>	Student	161	3.63(0.60)	3.35(0.91)	3.70(0.91)	3.77(0.63)
	Staff	68	3.67(0.57)	3.62(0.92)	3.44(0.89)	3.81(0.64)
<b>Academic Discipline:</b>	Psychology	95	3.55(0.57)	3.28(0.93)	3.57(0.89)	3.73(0.64)
	Mathematics	66	3.73(0.63)	3.46(0.88)	3.88(0.90)	3.83(0.63)
<b>Relative(s) with ID:</b>	No	211	3.64(0.59)	3.44(0.91)	3.65(0.90)	3.79(0.63)
	Yes	18	3.64(0.58)	3.33(1.05)	3.30(1.01)	3.67(0.66)
<b>Family with ID:</b>	No	196	3.60(0.59)	3.47(0.94)	3.66(0.90)	3.78(0.65)
	Yes	33	3.87(0.56)	3.22(0.78)	3.37(0.92)	3.80(0.53)

variate ANOVA showed Gender had a significant effect only on Sheltering  $F(1, 225) = 18.18, P < 0.001, \eta^2 = 0.08, power = .99$ . There was no significant effect of Gender on Empowerment, Exclusion, or Similarity  $F(1, 225) = .49, NS; F(1, 225) = 3.234, NS; F(1, 225) = 1.34, NS$  .respectively, see figure 6.1.

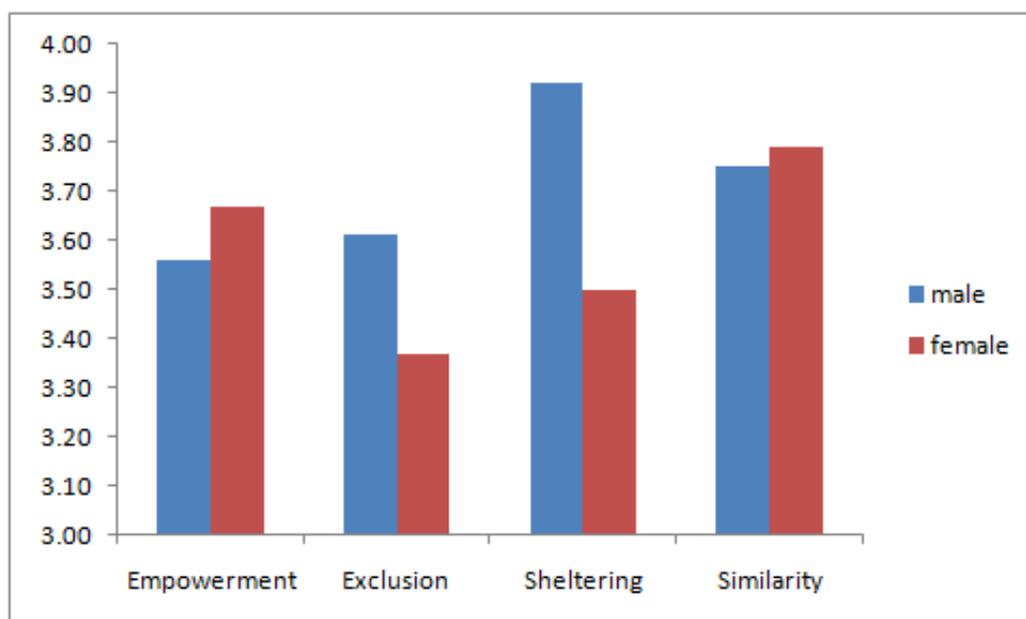


Figure 6.1: CLAS-ID by Gender

### 6.3.3 Role in the 2012 cohort

A one-way MANOVA revealed no significant multivariate main effect for participants' roles  $Wilks' \lambda = 0.98, F(4, 222) = 1.15, NS, \eta^2 = 0.02, power = 0.36$ .

### 6.3.4 Academic Discipline in the 2012 cohort

In order to investigate the influence of Academic Discipline on attitudes towards people with ID, a separate comparison was conducted between psychology students and mathematics students (see Table 6.3). Academic Discipline had no significant multivariate main effect on the combined CLAS-ID sub-scales Wilks'  $\lambda = 0.94$ ,  $F(4, 156) = 2.26$ ,  $NS$ ,  $\eta^2 = 0.07$ .

Table 6.3: CLAS Sub-scales Means and Standard Deviations by Academic Discipline (2012)

Demographic variable		n	CLAS-ID sub-scales			
			Empowerment Mean (SD)	Exclusion Mean (SD)	Sheltering Mean (SD)	Similarity Mean (SD)
Academic Discipline	Psychology	95	3.55(0.57)	3.28(0.93)	3.57(0.89)	3.73(0.64)
	Mathematics	66	3.73(0.63)	3.46(0.88)	3.88(0.90)	3.83(0.63)

#### Having a relative with an ID in the 2012 cohort

A MANOVA Comparing of attitudes of people who had a relative(s) with ID and those who did not revealed a non-significant multivariate main effect, Wilks'  $\lambda = 0.984$ ,  $F(4, 223) = 1.37$ ,  $NS$ ,  $\eta^2 = 0.2$ .

#### Being familiar with a person with ID in the 2012 cohort

A significant multivariate main effect for being familiar with ID was found [Wilks'  $\lambda = 0.932$ ,  $F(4, 223) = 4.26$ ,  $p = .05$ ,  $\eta^2 = 0.07$ ,  $power = .92$ ]. However. There was no statistically significant difference between people who were familiar and those who not when the Bonferroni adjusted alpha was used, on all four sub-scales Empowerment  $F(1, 226) = 6.11$ ,  $p < .014$ ,  $\eta^2 = .03$ ; Exclusion  $F(1, 226) = 2.31$ ,  $NS$ ,  $\eta^2 = .02$ ; sheltering  $F(1, 226) = 3.80$ ,  $NS$ ,  $\eta^2 = .02$  or Similarity  $F(1, 226) = 0.01$ ,  $NS$ ,  $\eta^2 = .00$ .

#### Effects of Year of Study on Attitudes to ID

Means and standard deviations for the 2010 and 2012 cohorts are shown in Table 6.4. Year of study had statistically significant multivariate effects the combined CLAS-ID sub-

scales, Wilks'  $\Lambda = 0.610, F(4, 462) = 73.85, P = < 0.001, \eta^2 = 0.39$ .

Table 6.4: CLAS Sub-scales Means and Standard Deviations by Demographic Variable

		CLAS-ID sub-scales			
Demographic variable		Empowerment Mean (SD)	Exclusion Mean (SD)	Sheltering Mean (SD)	Similarity Mean (SD)
Year of study	2010	2.97(0.50)	3.57(0.79)	2.64(0.91)	3.31(0.58)
	2012	3.64(0.59)	3.43(0.92)	3.62(.91)	3.78(0.63)

Examination of the univariate effects and cell means indicated that Year of Study was associated with a significant increase in scores on the Empowerment sub-scale  $F(1, 459) = 86.72, p < .0001, \eta^2 = .159$  with 2012 participants having more positive attitudes than 2010 ones. Year of study also had a significant effect for Sheltering  $F(1, 459) = 43.33, p < .0001, \eta^2 = .09$  with 2012 participants having more favourite attitudes than 2010 ones. There was a significant difference for Similarity  $F(1, 459) = 17.97, p < .0001, \eta^2 = .04$  with cohort 2 having more positive attitudes than Cohort 1. There was no significant difference in Exclusion  $F(1, 459) = .33, NS, \eta^2 = .001$ . For the influence of demographic factors on attitudes towards people with ID, there was no significant interaction between Year and Gender on attitudes towards Empowerment  $F(1, 459) = .20, NS, \eta^2 = .00$ , Exclusion  $F(1, 459) = 2.05, NS, \eta^2 = .004$ , Sheltering  $F(1, 459) = .32, NS, \eta^2 = .001$  or Similarity  $F(1, 459) = 1.98, NS, \eta^2 = .004$ .

There was a significant interaction between Year and participants 'Role on Sheltering  $F(1, 459) = 14.54, p < .0001, \eta^2 = .031$ , but no other significant interaction between Year and Role. There was no significant interaction for Empowerment  $F(1, 459) = .001, NS, \eta^2 = .00$ , Exclusion  $F(1, 459) = .132, NS, \eta^2 = .00$  or Similarity  $F(1, 459) = 6.90, p < .009, \eta^2 = .02$  under the Bonferroni correction.

### 6.3.5 Interaction between Year and Academic Discipline

The staff data were deleted from the database and a series of Analyses of Variance (one for each CLAS sub-scale) undertaken, with Gender (M vs F) and Academic Discipline (Psychology vs Mathematics) as the independent variables. Only results involving Academic Discipline will be reported here, to avoid repetition of the previous analyses. There were no significant main effects of Academic Discipline on any of the four sub-scales:  $F(1,335) = 2.96, NS, \eta^2 = 0.01$  for Empowerment;  $F(1,335) = 1.64, NS, \eta^2 = 0.01$  for Exclusion;  $F(1,335) = .67, NS, \eta^2 = .002$  for Similarity. The only significant interaction of Academic Discipline with other variables was found for the Sheltering sub-scale:  $F(1,335) = 12.85, p < .001, \eta^2 = .04, power = .94$ . Mathematics students in 2010 had lower mean 2.29,  $SD = 0.77$  than the psychology students 2.66,  $SD = 0.93$ , whereas in the 2012 the psychology students were less in agreement with Sheltering 3.57,  $SD = 0.48$  than the mathematics students mean 3.50,  $SD = 0.58, \eta^2$

## 6.4 Discussion

This study aimed to examine the attitudes towards people with ID in Libya. The study has two sections: first, attitudes towards people with ID in 2012 and, second, the change in attitudes before and after the Libyan Revolution. I believe this is the first study to measure attitudes towards people with ID after the Libyan Revolution.

### 6.4.1 Libyan attitudes toward people with ID 2012

The first part tested the following hypotheses: I hypothesised that there would be differences towards ID people according to the Role, where the study predicted that supporting staff and people who work in the field would hold more positive attitudes towards ID (concerning empowerment, exclusion, sheltering and similarity) than students. The study did not show any statistically significant differences between attitudes of people who work in the field (ID) and students which is contrary to (Henry, Keys, Jopp, & Balcazar, 1996;

Patka et al., 2013; Yazbeck, McVilly, & Parmenter, 2004).

I hypothesised that psychology students would hold more positive attitudes (towards people with ID) than Mathematics students, however the result is dissimilar to what I found in 2010 where psychology students had more positive attitudes towards people with ID than mathematics students. I also hypothesised that people who have relative(s) with ID would have more positive attitudes towards ID than people who do not have relative(s) with ID. The study did not show any statistically significant differences in attitudes towards ID between people who came from families with ID and other families. This is in disagreement with (Patka et al., 2013) who found that having a relative with ID had positive effect on the attitudes towards people with ID. (Scior et al., 2010) pointed out to the effect of contact with people with ID: if the contact was positive it would lead to positive attitude while anxiety and negative past experience would lead to less positive attitudes. The 2012 study, revealed a significant differences for Gender (arising from higher male scores for Sheltering). according to Patka et al. (2013) the males who are usually the bread winner and the head of the families in Libya need to pay for the unaffordable expenses for educational and health services which may lead to have positive attitudes towards Sheltering. \*\*

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#### **6.4.2 Comparison of Libyan Attitudes in 2010 and 2012**

When comparing the 2010 and 2012 findings, several of the hypotheses were supported. Despite the trauma, stress and insecurity entailed by the Libyan revolution, attitudes to people with ID actually improved significantly from 2010 to 2012, with significant increases on Empowerment (Hypothesis 1), Sheltering (Hypothesis 3) and Similarity (Hypothesis 4), but no change on the Exclusion sub-scale (Hypothesis 2). The hypotheses were of course somewhat speculative, but nonetheless they were, in the main, supported. The general hypothesis was that, given the high incidence of death and injury throughout Libya, it is likely that most Libyan nationals are now much more familiar with people with (physical) disability, and this has essentially reduced the perceived social distance to people with disability. Furthermore, in view of the troubled times, there is a greater reliance on the family

and friendship groups, thereby strengthening the Sheltering dimension. An alternative possibility is that the situation in 2010 was 'the calm before the storm', and although there was still peace in the region, insecurity and uncertainty was building. By contrast, though the situation in 2012 was still uncertain, attitudes have improved. It is difficult to distinguish clearly these possibilities given the nature of the data, and the fact of course that these are cross-sectional rather than longitudinal. Comparison of the data with those from other countries suggests that the 2010 data were among the lowest on Empowerment, Sheltering and Similarity (though comparable to those in Pakistan) (Patka et al., 2013), whereas the 2012 data are much more in line with norms elsewhere. On this analysis, there appears to be a positive effect of the Libyan revolution on attitudes to people with ID. While the reasons for this remain unclear, what is clear is that much more cross-cultural research on attitudes to ID is needed in nations throughout the world, (if I had not taken the opportunity to undertake the 2010 study in Libya, the change of attitudes over the two year period spanning the Revolution would never have been discovered).

### 6.4.3 Comparison with Studies of Cognate Countries

Clearly when considering changes in attitude in Libya, it is important to consider whether there were any global changes in attitude to people with ID. As noted in Chapter 5, there were similarities between the findings in 2010 for Libya and those found in Pakistan by (Patka et al., 2013). Interestingly, a further study in Pakistan was also undertaken in 2012, and then again in 2013. This gives the opportunity to compare the changes found in Libya from 2010 to 2012 with those in Pakistan. 2010. The data are presented in Table 6.5, using effect size calculations (see chapter 6)

Table 6.5: 2010 and 2012 data

Demographic variable		CLAS-ID sub-scales			
		Empowerment M (SD)	Exclusion M (SD)	Sheltering M (SD)	Similarity M (SD)
Time of study	2010	2.97(0.50)	3.57(0.79)	2.64(0.91)	3.31(0.58)
	2012	3.64(0.59)	3.43(0.92)	3.62(0.91)	3.78(0.63)
	ES	1.34	-0.18	1.08	0.81

Table 6.6: Pakistan Community Study(Patka et al., 2013)

		<b>CLAS-ID sub-scales</b>			
<b>Demographic variable</b>		<b>Empowerment M (SD)</b>	<b>Exclusion M (SD)</b>	<b>Sheltering M (SD)</b>	<b>Similarity M (SD)</b>
<b>Time of study</b>	<b>2012</b>	3.64(0.59)	3.43(0.92)	3.62(0.91)	3.78(0.63)
	<b>2013</b>	3.01(1.56)	3.53(1.18)	3.17(1.30)	4.38(1.21)
	<b>ES</b>	-1.07	0.11	-0.49	0.95

Table 6.7: Pakistan Staff Study (Patka et al., 2013)

		<b>CLAS-ID sub-scales</b>			
<b>Demographic variable</b>		<b>Empowerment M (SD)</b>	<b>Exclusion M (SD)</b>	<b>Sheltering M (SD)</b>	<b>Similarity M (SD)</b>
<b>Time of study</b>	<b>2012</b>	3.64(0.59)	3.43(0.92)	3.62(0.91)	3.78(0.63)
	<b>2013</b>	3.94(1.1)	4.20(1.16)	2.54(1.34)	3.00(1.23)
	<b>ES</b>	0.51	0.84	-1.19	-1.24

It may be seen, that the strong, positive changes in attitude for Empowerment, Sheltering and Similarity in the Libyan sample are not replicated in the Pakistan samples, either for the Community or the Staff. This differential strengthens the interpretation given above.

## **Chapter 7**

### **Study 3: Attitudes towards people with ID in the UK before and after the London Paralympic Games in 2012**

Background: The attitude of the general population towards people with Intellectual Disability (ID) provides important background for policy development. There is little quantitative data about the effectiveness of large scale interventions intended to change these attitudes. Special sports media events might be considered as large scale interventions, which might exert a positive impact on the attitudes of the general population toward people with ID. Aims: This study assesses the impact of the London 2012 Paralympic Games on attitudes towards people with ID. The Community Living Attitude Scale CLAS-ID (comprising the four sub-scales of Empowerment, Exclusion, Sheltering, and Similarity) was administered in the autumn of 2011 (before the Games) and again in the autumn of 2012 (following the Games) to student volunteers from the University of Sheffield. Outcomes and Results: As predicted, there were significant positive changes in the attitudes on three sub-scales: Empowerment, Exclusion and Similarity. Large effect sizes of around one standard deviation were obtained. As predicted, there was no change on the fourth sub-scale, Sheltering. In summary, given that the Paralympic Games was the major relevant event during the period surveyed, as far as can be accessed from this opportunistic design, there is strong reason to believe that the Paralympic led to highly significant positive changes on UK students' attitudes to people with ID.

## 7.1 Introduction

In this chapter, I have taken the opportunity to evaluate the change in attitudes towards people with ID in the UK over the period 2011 to 2012. Interestingly, this period coincided with a major event, the Paralympic Games, in London in summer 2012. The Paralympic Games were arguably the greatest showcase for people with disability that has ever been produced, whereas otherwise there were no significant events in the UK likely to have any bearing on attitudes to people with ID. Consequently, I had the opportunity to evaluate the effects of this 'natural experiment', an extremely highly resourced 'intervention' aimed at improving attitudes to people with disability (including, but not limited, to people with ID). The Paralympic Games began as a small event that formed after World War II; they have now turned into one of the greatest sporting events at the international level. The core idea that forms the basis of the Paralympic was the call for equal treatment for athletes with disability. The Paralympic have been organised in parallel with the Olympic Games. The 14th Paralympic, held in London in 2012, were a key multi sport international event for athletes with disability, and were organised by the International Paralympic Committee. It was the largest Paralympic in history, with a total of 4,302 athletes participating in the games, representing 164 National Paralympic Committees, while 14 countries participated in the Paralympic for the first time (Disability Rights UK, 2013). As (J. Hunt, 2012; Purdam et al., 2008) noted, the Paralympic Games were an opportunity to improve attitudes towards disability and to participate in the community. Scope's survey (Scope, 2013), concerning the outcomes of the Games declared an improvement in the social and community attitudes towards disability, and reported that about 90 percent of British people have never invited persons with disability to their home for any social event. Accordingly the Government, charities, and people with ID viewed the Paralympic as an important opportunity to improve community attitudes towards people with ID (Scope, 2013). The survey results show that 70 percent of people with ID consider the Paralympic to have a positive impact on public attitudes. Government statistics have recently shown that more than 50 percent of a random sample of the public affirmed the Paralympic provided them with a positive vision of disability (Department of Work and Pensions, 2013). Conversely, Scope's poll stresses

that people with ID are still harmed by public attitudes towards disability. This poll showed that, among respondents with disability, 81% considered there to be no change in attitudes when compared with the year preceding the survey, while 22% believed that attitudes had, in fact, worsened. According to Government reports, the participation of people with ID in sport and recreational activities had increased by 4.2% percent in 2012, when compared with figures from 2005/2006. Polls conducted one year after the London Paralympic revealed that about 20% of those surveyed who had a disability believed the Paralympic to have made them feel second class. Investigations were held into whether there was any change in regards to public attitudes towards people with ID subsequent to the games. In a larger BBC poll, only 65% of persons with disability agree with this statement. There was great excitement as to the potential of the Paralympic Games, as was evident in claims such as the following statement that attitudes can be improved and changed by a number of activities and events such as conferences, TV programmes, education and sport. The Paralympic games showed that people with ID can live and play normal life roles in as much the same way as other people do. Ferrara, Burns, and Mills (2015) conducted the only research study hitherto that has assessed the impact of the London Paralympic Games upon people with ID, to the best of this author's knowledge. This research assessed the impact of an intervention, which comprised exposure to a 20-minute video concerning athletes with ID participating in the Paralympic Games as well as text concerning these individuals with ID. Furthermore, the research assessed the impact of a number of different aspects, such as the familiarity with individuals with ID and the differentiation between one Paralympic participant and another. Overall, the study used a total of 84 participants. The mean age of participants was 25 years, and all participating individuals were allocated into a group for the experiment, with some (n=62) being placed into a group that received the intervention and another group (n=52) that were not provided with any intervention. All participants completed the CLAS-ID (Henry, Keys, Jopp, & Balcazar, 1996) and the DA-1AT (Disability Attitudes test) (Pruett & Chan, 2006). The findings of the study suggested participants' exposure to the text which contained positive and accurate information, and the video of the Paralympic and Olympic games, resulted in a positive influence, in the short term at least,

regarding people with ID. This positive impact was seen to be very small, however (with a CLAS-ID effect size of 0.07 overall). The conflicting links between attitudes to ID and the Paralympic Games may perhaps be attributable to the fact that intellectual disability is not as apparent as physical disability. Consequently, attitudes to ID may not be influenced by watching physical games (Paralympic) for the spectators may not know that the athlete has an ID. On the other hand, an athlete with Downs Syndrome who has been seen performing and winning a gold medal would surely have a positive effect on attitudes towards ID. Furthermore, it should be noted that Ferrara et al. (2015) found that watching footage about Paralympic and Olympics has positive effect on attitudes towards ID. This study involves an attempt to collect richer, more quantitative comparative data by replicating in 2012 the CLAS-ID study with students (Chapter 5, now published as (A. M. Benomir, Nicolson, & Beail, 2016). This allows the attitudes to ID to be determined in 2012 and allows also a direct investigation of changes from 2010 to 2012, thus allowing an indirect evaluation of the effects of the Paralympic Game on attitudes to people with ID.

### 7.1.1 Hypotheses

- Hypothesis 1: An increase on the Empowerment sub-scale shall be seen. The 2012 Paralympic Games shows people with ID making a strong and personal contribution to their respective events in the attempt to win medals. Thus, the authors hypothesize that the vision of the Paralympic will increase the scores in the attitudes in respect to the Empowerment sub-scale of the CLAS-ID scale.
- Hypothesis 2: A decrease on the Exclusion sub-scale shall be seen. The 2012 Paralympic Games shows that people with ID can compete in a public arena, as in the Olympic Games. Thus, the Paralympic could positively affect the attitudes expressed in the Exclusion sub-scale of the CLAS-ID scale.
- Hypothesis 3: No change on the Sheltering sub-scale shall be seen. The 2012 Paralympic Games portray individuals with ID as coping well with their disabilities and not requiring any Sheltering. Thus, the vision of the Paralympic would have no

effect in the Sheltering sub-scale of the CLAS-ID scale.

- Hypothesis 4: Increase on the Similarity sub-scale. The Paralympic Games 2012 show that people with ID can have the same ambitions and can perform similar actions compared to typically-developed sportsmen and sportswomen. Therefore, the vision of the Paralympic will positively-affect attitudes with regard to assessment by the Similarity sub-scale of the CLAS-ID scale.
- Hypothesis 5: Psychology students will have more favourable attitudes than Mathematics students. According to Rasker et al. (2008); Boyle et al. (2010), the authors predict that the University students in Psychology will have more favourable attitudes than the University students in Mathematics in all the four CLAS-ID sub-scales.

## 7.2 Methods

### 7.2.1 Participants

Participants were recruited in December 2012. A convenience sample was used to sample of university students and staff at special schools in the UK. The CLAS-ID was administered to 240 participant; before the Paralympic Games study 129 (52.9%) and (follow up study total 111 (48.1%).It should be mentioned that the size of the staff sample was small. The reason was the negative response, despite the many attempts-by telephone and by email- with the targeted participants at the special schools - see 7.1

Table 7.1: shows UK Participants' demographics

<b>Demographic variable</b>		<b>2011</b>	<b>2012</b>
		<b>%(N)</b>	<b>%(N)</b>
<b>Gender</b>	Male	28 (21.7%)	24 (20%)
	Female	101 (78.3%)	91 (79.1%)
<b>Subject of Study</b>	Psychology	70 (54.3%)	61 (53%)
	Mathematics	34 (26.4%)	39 (33.9%)
<b>Participants Role</b>	Student	104 (80.6%)	100 (87%)
	Staff	25 (19.4%)	15 (13%)
<b>Total</b>		<b>129</b>	<b>115</b>

## **Procedure**

Following approval by the ethics committee of Sheffield University, the first study took place in December 2011 as part of a larger investigation (A. M. Benomir et al., 2016). The second study took place in December 2012 following the London Paralympic Games. Both studies used the same procedure. All participants were undergraduate students who completed an on-line questionnaire for which the link had been sent via email. Psychology participants were given course credits, whereas students in Mathematics were approached by email to fill in the forms voluntarily.

## **7.3 Results**

### **7.3.1 Data analysis**

SPSS version 22 was used to analyse the data. Before conducting the analysis the data were screened for normality and outliers and there was no significant Skewness on any sub-scales (Empowerment, exclusion, sheltering and similarity). Spearman's rho was used to calculate correlations between the sub-scales of the CLAS-ID. Cronbach's alpha was used to examine the internal consistency of the sub-scales. To avoid the risk of type one error, a multivariate analysis of variance test was used in in order to answer the research questions. Overall data checking statistics are given in Table 7.2 It may be seen that all four sub-scales have acceptable (lack of) Skewness, with mean values close to 0 (symmetry). Kurtosis is also acceptable, with the modest negative values indicating slightly peaked relative to the normal distribution. Cronbach's alpha indicates a moderate to good normal level of consistency in the sub-scales.

Descriptive Statistics for the 2010 study were presented in Chapter 5. The 2012 descriptive statistics are shown in Table 7.2

Before undertaking the comparison between the 2010 and 2012 data, the 2012 data were analysed separately to assess the effects of Role, Gender and Students' Discipline, 7.3.

Table 7.2: Mean, standard deviation, Skewness, Kurtosis and Cronbach's Alpha(UK)

<b>Sub-scale</b>	<b>Mean (SD)</b>	<b>Skewness</b>	<b>Kurtosis</b>	<b>a</b>
<b>Empowerment</b>	4.4(0.76)	-1.4	0.88	0.9
<b>Exclusion</b>	2.00(0.92)	0.6	0.27	0.6
<b>Sheltering</b>	3.16(1.13)	-0.42	0.88	0.6
<b>Similarity</b>	4.65(-1.14)	-1.44	0.2	0.8

Table 7.3: CLAS Sub-scales Means and Standard Deviations by Demographic Variable (UK)

<b>Demographic variable</b>		<b>n</b>	<b>CLAS-ID sub-scales</b>			
			<b>Empowerment M (SD)</b>	<b>Exclusion M (SD)</b>	<b>Sheltering M (SD)</b>	<b>Similarity M (SD)</b>
<b>Gender</b>	Male	24	4.24(0.42)	2.07(0.48)	3.25(0.85)	4.82(0.43)
	Female	91	4.01(0.81)	1.98(0.66)	3.15(0.78)	4.60(0.66)
<b>Participants' Roles</b>	Student	100	4.64(0.44)	1.90(0.56)	3.17(0.51)	4.84(0.37)
	Staff	15	2.81(0.50)	2.68(0.64)	3.08(0.76)	3.39(0.49)
<b>Academic Discipline</b>	Psychology	24	4.26(0.68)	1.86(0.48)	3.38(0.79)	4.81(0.53)
	Mathematics	91	4.01(0.76)	2.04(0.66)	3.12(0.79)	4.61(0.64)
<b>Family with ID</b>	No	101	4.01(0.78)	2.02(0.63)	3.19(0.80)	4.60(0.63)
	Yes	14	4.37(0.31)	1.82(0.60)	3.04(0.77)	5.03(0.33)

MANOVA indicated no significant multivariate main effect for Gender  $Wilks' \lambda = 0.861, F(4, 110) = 1.38, NS, \eta^2 = 0.05$ . There was statistically significant multivariate main effect for Role,  $Wilks' \lambda = 0.28, F(4, 110) = 70.28, p < .0001, \eta^2 = 0.79$ . Univariate ANOVAs indicated significant differences for Empowerment  $F(1, 113) = 242.07, p < .0001, \eta^2 = 0.68$ , with the students having a higher level ( $M=4.64, SD=0.44$ ) than special schools staff ( $M=2.81, SD=0.50$ ). There was also a significant effect for Exclusion  $F(1, 113) = 24.15, p < .0001, \eta^2 = 0.18$ , with staff scoring a higher level ( $M=2.68, SD=0.64$ ) than students ( $M=1.90, SD=0.56$ ). There was a significant effect for Similarity  $F(1, 113) = 185.77, p < .0001, \eta^2 = 0.622$ . With students scoring higher ( $M = 4.84, SD = 0.37$ ) than special schools staff ( $M = 3.39, SD = 0.49$ ). There was no significant difference for Sheltering  $F(1, 113) = 0.355, p = .55$ , see figure 7.1.

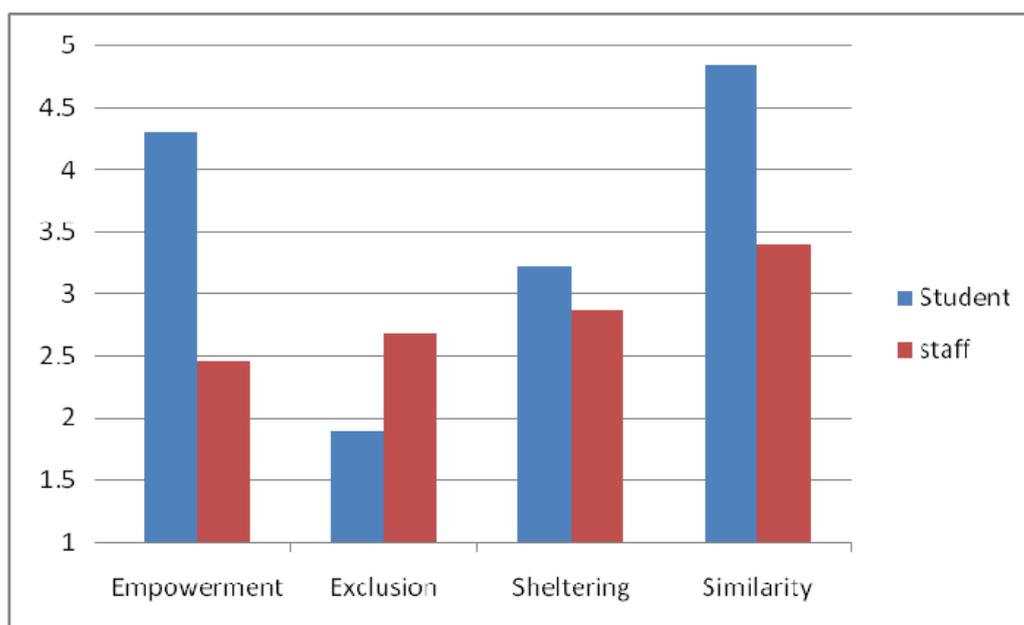


Figure 7.1: CLAS-ID by UK participants roles

### 7.3.2 Comparison of attitudes of psychology and mathematics students towards people with ID

There were no statistically significant differences between psychology and mathematics students  $Wilks' \lambda = 0.94, F(4, 95) = 1.58, NS, \eta^2 = 0.06$  see 7.4.

Table 7.4: CLAS Sub-scale Means and Standard Deviations by Academic Discipline

Demographic variable	n	CLAS-ID sub-scales				
		Empowerment Mean (SD)	Exclusion Mean (SD)	Sheltering Mean (SD)	Similarity Mean (SD)	
Academic Discipline	Psychology	61	4.25(0.45)	1.87(0.56)	3.26(0.83)	4.80(0.37)
	Mathematics	39	4.36(0.35)	1.94(0.57)	3.15(0.78)	4.90(0.36)

### 7.3.3 Comparison of attitudes of people who have a relative(s) with ID and those who have not as groups towards people with ID

A one-way MANOVA revealed a non-significant multivariate main effect for having a relative with disability Wilks'  $\lambda = 0.94$ ,  $F(4, 122) = 2.02$ ,  $NS$ ,  $\eta^2 = 0.06$ . There was no significant multivariate main effect for having a friend with disability Wilks'  $\lambda = 0.932$ ,  $F(8, 218) = 0.971$ ,  $p = .461$ , nor for being familiar with intellectual disability Wilks'  $\lambda = 0.97$ ,  $F(4, 122) = .86$ ,  $NS$ ,  $\eta^2 = 0.06$ .

### 7.3.4 Comparison of the CLAS Data for 2011 and 2012

Two -way between groups analyses of variance were then conducted to compare data from the 2011 and 2012 cohorts. There were two independent variables: Year of study (2011 vs 2012) and Role (Students / Staff). Preliminary assumption testing was conducted to check for normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate. Significance values were taken as  $p < .0125$  to provide a Bonferroni correction for the multiple tests. The descriptive statistics are provided in Table 7.5.

There was a significant main effect of Year on the Empowerment sub-scale  $F(1, 240) = 43.93$ ,  $p < .0001$ ,  $\eta^2 = 0.16$ , with higher scores for 2012 than 2011. There was also a significant main effect of Role  $F(1, 240) = 132.64$ ,  $p < .0001$ ,  $\eta^2 = .36$ . There was a significant interaction between Year and Role  $F(1, 240) = 153.08$ ,  $p < .0001$ ,  $\eta^2 = .39$  with students in 2012 scoring higher mean 4.30 score than staff at special school, with no difference in 2011. For Exclusion there was no significant main effect of Year,  $F(1, 240) = 2.01$ ,  $NS$ ,  $\eta^2 = .01$ , nor a significant main effect of Role,  $F(1, 240) = 2.95$ ,  $NS$ ,  $\eta^2 =$

Table 7.5: CLAS Sub-scale Means (SD)for the 2011 and 2012 Cohorts

Demographic variable	Year		n	CLAS-ID sub-scales			
				Empowerment M (SD)	Exclusion M (SD)	Sheltering M (SD)	Similarity M (SD)
Time of study	2011	Male	129	3.87(0.44)	2.29(0.53)	3.26(0.53)	4.40(0.57)
	2012	Female	115	4.06(0.75)	2.00(0.63)	3.17(0.79)	4.65(0.62)
Participants' Roles	2011	Student	104	3.86 (0.40)	2.38(0.53)	3.25(0.84)	4.45(0.50)
		Staff	25	3.92(0.57)	1.93(0.35)	3.25(0.49)	4.19(0.79)
	2012	Student	100	4.30(0.42)	1.90(0.56)	3.22(0.81)	4.84(0.37)
		Staff	15	2.47(0.48)	2.68(0.64)	2.87(0.64)	3.39(0.49)
Time by Gender	2011	Male	28	3.68(0.45)	2.54(0.57)	3.21(0.48)	4.44(0.57)
		Female	101	3.92(0.42)	2.30(0.52)	3.29(0.55)	4.46(0.47)
	2012	Male	24	4.24(0.42)	2.22(0.48)	3.23(0.73)	4.82(0.43)
		Female	76	4.31(0.42)	1.84(0.58)	3.20(0.66)	4.84(0.35)

0.01. There was a significant interaction between Year and Role,  $F(1, 240) = 41.77, p < .0001, \eta^2 = 0.15$ , with the UK students in 2012 having lower ratings than the other three groups. For Sheltering there was no a significant main effect of Year  $F(1, 240) = 3.24, NS, \eta^2 = .013$ , nor of Role,  $F(1, 240) = 2.39, NS, \eta^2 = 0.01$ , nor on interaction between Year and Role,  $F(1, 240) = 2.03, NS, \eta^2 = 0.008$ . For Similarity there was no significant main effect of Year,  $F(1, 240) = 5.75, NS, \eta^2 = 0.02$ . There was a significant main effect of Role,  $F(1, 240) = 97.23, p < 0001, \eta^2 = .29$ . There was a significant interaction between Year and Role,  $F(1, 240) = 46.78, p < .0001, \eta^2 = 0.16$ , with the 2012 students giving higher ratings than staff.

### 7.3.5 Analyses of Academic Discipline

For the effect of students type (Psychology vs Mathematics), the same procedures was used with Year (2011 vs 2012) and Academic Discipline (Psychology vs Mathematics), together with Gender (Males vs Females) as the independent variables. See tale 18 For Empowerment there was a statistically significant main effect of Year,  $F(1, 196) = 50.66, p >$

.0001,  $\eta^2 = 0.20$ , with greater scores for 2012. There was no statistically significant main effect of Academic Discipline,  $F(1, 196) = .17$ ,  $NS$ ,  $\eta^2 = .001$ ; or Gender,  $F(1, 196) = 5.12$ ,  $NS$ ,  $\eta^2 = .03$ . There was no significant interaction between Year and Academic Discipline,  $F(1, 196) = 2.74$ ,  $NS$ ,  $\eta^2 = 0.01$ . Also there was no statistically interaction between Year and Gender,  $F(1, 196) = .51$ ,  $NS$ ,  $\eta^2 = .003$ ; or between Academic Discipline and Gender,  $F(1, 196) = 1.94$ ,  $NS$ ,  $\eta^2 = .01$ . For Exclusion, there was a statistically significant main effect of Year  $F(1, 196) = 44.54$ ,  $p > .0001$ ,  $\eta^2 = 0.19$ , with lower (more favourable) scores for 2012, There was no statistically significant main effect of Academic Discipline  $F(1, 196) = 1.25$ ,  $NS$ ,  $\eta^2 = .006$ ; or Gender,  $F(1, 196) = 4.92$ ,  $NS$ ,  $\eta^2 = .02$ . There was no significant interaction between Year and Academic Discipline,  $F(1, 196) = .76$ ,  $NS$ ,  $\eta^2 = 0.004$ . Also there was no statistically interaction between Year and Gender,  $F(1, 196) = .003$ ,  $NS$ ,  $\eta^2 = .00$ ; or between Major and Gender,  $F(1, 196) = 4.09$ ,  $NS$ ,  $\eta^2 = .02$ . For Sheltering, there was no statistically significant main effect of Year,  $F(1, 196) = .009$ ,  $NS$ ,  $\eta^2 = 0.00$ ; and no significant main effect of Academic Discipline,  $F(1, 196) = .55$ ,  $NS$ ,  $\eta^2 = .003$ . There was a significant interaction between Year and Academic Discipline,  $F(1, 196) = 7.51$ ,  $p < .001$ ,  $\eta^2 = 0.04$ , with no difference in 2011 but with Psychology students having higher scores in 2012 ( $M = 3.26$ ,  $SD = 0.83$ ) than the Mathematics students ( $M = 3.14$ ,  $SD = 0.78$ ) There was no statistically significant main effect of Gender,  $F(1, 196) = .45$ ,  $NS$ ,  $\eta^2 = .002$ ; and no significant interaction between Year and Gender,  $F(1, 196) = 3.37$ ,  $NS$ ,  $\eta^2 = .017$ . There was no significant interaction between Academic Discipline and Gender,  $F(1, 196) = 1.21$ ,  $NS$ ,  $\eta^2 = .006$ .

For Similarity, there was a statistically significant main effect of Year,  $F(1, 196) = 20.32$ ,  $p > .0001$ ,  $\eta^2 = 0.09$ , with more positive attitudes in 2012 than 2011. There was no statistically significant main effect of Academic Discipline,  $F(1, 196) = 1.46$ ,  $NS$ ,  $\eta^2 = .007$ ; and no statistically significant main effect of Gender,  $F(1, 196) = .02$ ,  $NS$ ,  $\eta^2 = .00$ . There was no significant interaction between Year and Academic Discipline,  $F(1, 196) = 5.76$ ,  $NS$ ,  $\eta^2 = 0.03$ ; and no statistically interaction between Year and Gender,  $F(1, 196) = .87$ ,  $NS$ ,  $\eta^2 = .004$ ; or between Academic Discipline and Gender when Bonferroni ad-

justed alpha was used,  $F(1, 196) = 4.03, p = < .05, \eta^2 = .02$ , see table 7.6

Table 7.6: CLAS Subscale Means and Standard Deviations by Academic discipline

Demographic variable	Year	n	CLAS-ID sub-scales				
			Empowerment (Mean SD)	Exclusion (Mean SD)	Sheltering (Mean SD)	Similarity (Mean SD)	
Academic discipline	2011	Psychology	70	3.68(0.45)	2.54(0.57)	3.21(0.48)	4.44(0.59)
		Mathematics	34	3.92(0.42)	2.22(0.50)	3.27(0.54)	4.39(0.57)
	2012	Psychology	61	4.24(0.42)	2.07(0.48)	3.25(0.85)	4.82(0.43)
		Mathematics	39	4.01(0.81)	1.98(0.66)	3.15(0.78)	4.60(0.66)

## 7.4 Discussion

To summarise, the assessment ratings of individuals with ID as provided by students underwent a significant change with regard to three out of their four CLAS-ID sub-scales. There was a significant change with regard to Empowerment, which students saw as more positive, as well as with regard to Exclusion and Similarity, though no change was seen with regard to perspectives on Sheltering. A number of important differences arose with regard to student Discipline and Gender. Hypotheses 1 to 4 were supported. Hypothesis five remained unsupported (difference in discipline). The analysis results of effect size were seen to be of notable interest. According to Cohen, the general rule for the interpretation of effect size is as follows: 0.80 is seen as large, 0.50 is seen as medium and 0.20 is seen as small. The results that were ascertained and predicted with regard to empowerment (1.09), similarity (0.78) and exclusion (0.78) are of particular importance if the ranges inherent within Likert scales are taken into account, namely, those that lower the range of a particular score, thereby limiting the size of the effect. The size of the effect was seen to be considerably greater compared to those above with regard to intervention concerning perspectives and attitudes of people to others with ID, and greater than any intervention seen by the authors. The findings are very much stronger than those provided by (Ferrara et al., 2015). Ferrara et al. (2015), found that there had been a positive impact on attitudes after the film about the 2012 London Paralympic Games had been shown within the Em-

powerment sub-scale. This may have been due to participants in the Ferrara et al. (2015), study being shown a short, 20-minute video in addition to text concerning individuals with ID who were taking part in athletic and swimming events. As a result, the positive findings in this study could be attributed to a broader experience of the 2012 London Paralympic Games. Ferrara et al. (2015), conducted an experimental intervention that intended to alter the way people thought about others with ID and the attitudes they held, conversely this study just accounted for the changes year after year. No statistical difference was seen between the male and female participants, and this was true with regard to interaction with discipline as well as the overall score year after year. However, this study did not find that psychology students had a more favourable attitude when contrasted to those participants studying science at the university in any of the CLAS-ID sub-scales unlike the study of Rasker et al. (2008). The sole significant interaction was seen with regard to maths students, who scored lower on the Sheltering sub-scale in 2012 than they did in 2011. This discrepancy in the results may be attributable to the fact that nursing students were used as the participants in Rasker et al. (2008), study. Prospective research may wish to assess student profiles in greater depth to try and ascertain the identity or profile of those individuals more sensitive to positive information concerning others with ID. Nevertheless, this study's results found that there were more favourable ratings in 2012 for students in both of these subject areas, and thus the results are more generalizable for other subjects too, which is encouraging. This research study is subject to a number of limitations, as detailed and acknowledged below. The participants in the study were mostly females, and this was true for all sample groups, thus restricting the results' generality. Nevertheless, there were no significant gender effects seen in the study and the average scores for both males and females were the same concerning nearly every variable. Though this issue remains a point for prospective assessment, it is reasonable to think that larger sample groups would not produce more of a gender difference. Additionally, the study only used participants studying two disciplines, Mathematics and Psychology, however, the differences between the groups were also seen to be small. Results and findings are therefore unlikely to be specific to a particular subject. Evidently, the two main limitations to the study are: the

correlative character of the research, as participants altered year on year; and the tested hypothesis at the centre of the study, namely that all significant changes in the results from 2011 and 2012 are due to the influence of the Paralympic Games, and the attendant-positive publicity. Each of these shall be expounded upon below. A same-participant design could be deemed cleaner with regard to the participants involved. Nevertheless, aside from the various logistical differences concerning each approach, any extraneous factors would be difficult to guarantee and this may not result on any alteration. The participants would be a single year older in each case, and would have undergone an additional year of education and University living, something that may have changed their character and potentially led to greater familiarity with individuals with ID. Conversely, using students from the same stage of University would provide a control concerning any experiential factors, and the employment of independent groups as opposed to the repeated measure design would ensure that the effect size was smaller due to the sensitivity of the design itself becoming reduced, thus estimations of any changes would be underestimated and not overestimated. As a result, though a longitudinal design could be seen as an interesting undertaking, this is not deemed to be a significant failing due to the strength of the effects ascertained. Consideration should be given to the issue of whether it was possible that instead of a real change on the attitudes towards people with ID, the Paralympic Games have increased socially desirable responding, furthermore, it might be claimed that the finding may be due to different sampling. Neither of these speculations appears particularly plausible, in that precisely the same sampling and administrative method was used in both studies, and indeed there was no personal contact in either study. One main limitation of this study was the underlying hypothesis, namely; that the significant event that resulted in the change in individuals' perceptions regarding others with ID from 2011-2012 was the Paralympic Games. Indeed, it is undoubtedly the case that the Games themselves were the most significant occurrence throughout that year due to the notable media coverage and its positive nature (which, arguably, was unparalleled and has not been equalled since). What is more of a challenge is the anticipation that the design was able to tap into the impact of the Games themselves. The fundamental prediction was that though a number of episodes for

each individual throughout 2011-2012 could have impacted their personal attitudes to others with ID throughout that year, without any systematic trend then these impacts would be mitigated and even cancelled-out across the whole sample group. Thus the residue would only represent the impact of any national event as seen and experienced by everyone. As the Olympic Games and the Paralympic games were the only events seen (these two events highlighting the commonalities between two distinct and respective ideals) that year, the hypothesis is arguably a tenable one. An additional section to the 2012 questionnaire inquiring into the degree to which the participants actually engaged and watched the events of the Paralympic could have been included in the study, though the authors were worried that the inclusion of a further dimension may have resulted in a bias toward the outcome desired. To conclude, the findings collated from University students who participated in this study were seen to be in accordance with the predicted changes regarding perceptions and attitudes of individuals with ID. With regard to changes in similarity, exclusion and empowerment, a significant change was seen, though no change was seen with regard to sheltering. The size of the effect was strong, and considerably stronger than all preceding direct intervention research studies. Though notable scope remains with regard to the conducting of future research in this area, the assessment of this study and its 'natural intervention' substantiates and supports the intention behind the Paralympic Games and its organisers' aim; that the event is a game-changing occurrence for those with disabilities.

## Chapter 8

# General discussion, conclusions and future works

In Western countries, extensive research had been conducted in order to gain a better understanding of attitudes towards people with ID, However, there is a noticeable shortage (if not absence) of this kind of research in Arab countries (Scior, Hamid, et al., 2013), where dispersed have been conducted to measure attitudes towards ID (Amr, 2011; Abdulhadi, 2012). Researchers urge the need for relevant research to be conducted in developing countries, especially in the Arab World (Alborno & Gaad, 2012). The current research study attempted to measure attitudes towards ID in two different countries: the United Kingdom and Libya. This will aid in obtaining an in-depth understanding of the differences in attitudes between two different communities, societies, cultures and countries. The concept behind this thesis is a development of research previously conducted as part of the researcher's MA dissertation (A. Benomir, 2004), which was instigated upon a variety of experiences whilst working with people with ID. In order to verify the validity of the research, several methods were considered before deciding upon an approach involving contrasting differences and drawing comparisons. The research was focused on the question: "What the attitudes towards people with ID?" Several studies have been conducted in order to answer this question and comprehensive research has been conduct to validate the findings of the research.

## **8.1 Summary of Findings**

In order to ensure that this thesis is clear and that its future efficacy for other researchers is strong, the thesis is divided into several sections, as follows:

### **8.1.1 Chapter 5: Cross-cultural comparison of attitudes towards people with ID**

#### **Research Phase One: Libyan attitudes towards people with ID**

This part of the research attempted to investigate attitudes towards people with ID and demonstrate how demographical variables may affect such attitudes. This phase of the research particularly focused on the idea that the attitude of the general public towards people with ID changes based on demographical background. Research conducted by Patka et al. (2013), investigated the possible impact of different demographic variables on attitudes towards people with intellectual disabilities. According to their study, women, young people, highly-qualified people and those with accurate knowledge of ID demonstrated a more positive attitude towards people with ID than other types of people. The results of this doctoral research study indicate that males' attitudes tend more towards Sheltering of people with ID possibly due to the financial burdens typically assumed by the 'males in addition to his role as 'transporter' to and from school. This makes the task of the males, or the head of the family (usually an older male), very difficult, especially given that many Libyan families have 4-6 members. The presence of a child with disability would make the male caregiver's role even more challenging. This finding is in accordance with the findings of Henry, Keys, Jopp, and Balcazar (1996); Patka et al. (2013). According to the findings of this study, there were no statistically significant differences between Libyan males and females concerning Exclusion (which can be related to education exposure, where special schools for people with ID are segregated from mainstream schools). This is in agreement with the findings of Al Zyoudi, Al Sartwai, and Dodin (2011), who performed a cross-sectional multivariate analysis of children's attitudes towards disabilities and found no significant gender-based differences. In contrast research conducted by Daruwalla and

Darcy (2005) on personal and societal attitudes towards disability illustrates that there are no differences between the attitudes of male and female students. Statistically significant differences were found, however, between the attitudes of students and staff members at the special schools concerning 'Similarity', where staff demonstrated more positive attitudes towards people with ID. This might be due to the constant contact between staff and people with ID, which in many cases leads to bonding, which, in turn, increases appreciation and acceptance of 'inclusion'. However, improvement in this matter should be a continuous process: the attitudinal obligation as well as assurance of the staff for improving the inclusion initiatives necessitates additional measures in order to ensure its steadiness with the policies and its values. There were statistically significant differences between students and staff at special schools for people with ID concerning 'sheltering', where staff achieved a higher score possibly due to the nature of their work and constant contact with different students of various levels of needs. Staff approved sheltering by recognising items related to the use of shelter: "Most people with intellectual disabilities would rather be in sheltered settings where people understand them". There were no statistically significant differences in the attitudes between psychology students and mathematics students towards people with ID. This was somewhat surprising, since it might be assumed that psychology students would exhibit more positive attitudes due to the nature of their course of study. Positive attitudes towards people with ID are the cornerstone of improving services for people with ID. Needless to say, the situation of people with ID can be significantly improved or worsened according to whether attitudes towards them are positive or negative. Additionally, there were no statistically significant differences between individuals who belong to families with ID member (s) and those who do not. People who have relatives with ID were found to have a more positive attitude concerning 'empowerment' and 'similarity', whilst people with no relative (s) with ID were found to have a more positive attitude concerning 'inclusion and sheltering'. This finding contradicts those of Patka et al. (2013), who conducted similar research in Pakistan and found that respondents with friends or relatives with ID showed substantially more positive attitude than those who do not have friends or relatives with ID. There were no statistically

significant attitudinal differences between people who had prior knowledge of people with ID and those who had no such knowledge. This finding is in contrast to earlier findings, such as those presented by Sheridan and Scior (2013) who studied the attitudes of young people from British South Asian and White British backgrounds towards people with ID and found that prior contact had a significant effect on all four CLAS-ID sub-scales, may be because of the sample she used in her study was for younger participants than the one used in my study this what Vermeltoort et al. (2014) had confirmed where he found that the younger participants were the more positive attitudes towards people with ID. 37\*\*

### **8.1.2 Chapter 6: Libyan attitudes towards people with ID in 2012**

This part of the research aimed to measure the psychological attitudes towards people with ID individuals after the Arab Spring. The study falls in two parts: The first part investigated differences in attitudes in the Libyan sample towards people with ID after the Arab Spring; the second part compared two studies (one from 2010 and another from 2012) in order to understand the effects of the Arab Spring on attitudes towards people with ID. There were statistically significant differences in the attitudes of males and females concerning sheltering, where males demonstrated a more positive attitude than females. Thus, the hypothesis is accepted. It may be that members of sample thought it might have been safer to place people with ID in a protected home (shelter) during the period of conflict. Sheltering people with ID under the supervision of professionals could have brought peace-of-mind to many individuals. These results are similar to those of Jones et al. (2008), who argued that women are generally more relationship-oriented, compassionate and interdependent than men. According to this finding, it can be suggested that further research on Libyan attitudes is necessary in order to examine the change in attitudes towards people with disability. The study showed no statistically significant differences between students' attitudes and the attitudes of the staff in special schools for people with ID, and the hypothesis is rejected. There were also no statistically significant differences found between psychology and mathematics students in their attitudes concerning empowerment (hypothesis rejected). Neither prior knowledge of ID nor the presence of a relative with ID were

found to have an impact on attitudes towards people with ID. However, as illustrated by Jones et al. (2008), prior experience with people with ID surely affects the attitudes of the general public towards inclusion. Moreover, their study found that those with ID friends or relatives were more compassionate towards the rights of people with ID than people who had no prior experience. This being said, the researchers argued that other studies' disappointing failure to identify such a relationship makes it obvious that attitudes are influenced by the quality of experiences during interactions.

### **8.1.3 Study 1 and Study 3: Comparison**

The second part of the study investigated the effects of war (conflict) on the attitudes of individuals towards people with ID through a comparison of data collected in Study 1 and Study 3. The research revealed the following findings: Statistically significant differences were found in the attitudes towards people with ID before the war and after it concerning Sheltering; however, there were no statistically significant differences regarding Empowerment, Exclusion or Similarity. This finding is in line with Musa (1995) who found individuals in collectivistic cultures to be more open and caring towards one another, with more positive attitudes regarding people with ID. In terms of Similarity, the increase in the number of people who became disabled during the war may have meant that the number of people with ID increased, which could have made the general public realise that disability could occur to anybody at any time. The study shows no change in attitude concerning inclusion, which could be due to Libyan sample members having no previous awareness of inclusion, rendering perceptions of the term (inclusion) vague or illegible. In this study, the Libyan sample had higher score concerning Sheltering people with ID. This was likely due to war conditions that dominated the country and could not allow Empowerment for people to venture and contact with each-other for security and safety reasons. This provides a logical reason for participants' belief that it would be better for children with ID to be sheltered in specialised institutions, saving them the risk of being harmed. In this respect, it should be mentioned that most schools were forced to close because of the war due to the lack of security and safety, and many parents refrained from allowing their

children to attend the few schools that were still open for the same reasons.

#### **8.1.4 Chapter 7: British Attitudes towards people with ID in 2012**

This chapter was also divided into two parts: Part one attempted to measure attitudes towards people with ID following the London Paralympic Games in 2012, while the second part attempted to compare the results of this study with the previous study (conducted in 2011) for the purpose of measuring attitudes after the London Paralympic Games. The study showed no differences in attitude between males and female; however, there were statistically significant differences between students and staff. Students expressed more positive attitudes than staff in special schools regarding Empowerment, Similarity and Exclusion. The reason could be related to the increased exposure (of the students), which led them to form more positive attitudes, whereas the staff already had prior experience and familiarity with people with ID. Thus, watching the Paralympic Games 2012 likely had no significant effect on the attitudes of staff towards people with ID. There were statistically significant differences in attitudes towards people with ID between psychology students and mathematics students. However, students' attitudes were not found to be associated with prior knowledge, prior contact or the presence of a friend or relative with ID. The present findings are in line with previous research, indicating that people who have had prior contact with people with ID or have a friend or family member with ID are more accepting of people with intellectual disabilities than those who have had no prior contact or have no friends or family members with ID (Patka et al., 2013). Hence, it can be deduced that regardless of the area of academic studies, perception of students are quite similar with regard to the people with ID.

#### **8.1.5 Comparison between UK attitudes before and after London Paralympic Games**

The Paralympic Games were a significant event in expressing the attitude of general policy, which tends towards the inclusion of people with ID in society. The study showed that

British attitudes concerning Empowerment, Exclusion and Similarity were more positive following the Paralympic Games (hypotheses accepted). This is likely because watching people with disability competing in various sports and games that would be difficult even for the most able provides the public with greater insight, awareness and the opportunity to gain a better understanding of people with ID; consequently leading to a more positive attitude. This result is in accordance with Contact Theory, which states that providing information about a certain subject and increasing individuals' casual exposure to a disability may lead to a positive or negative change of attitude (Pettigrew, 1998). The theory ascertains that consistent exposure can lead to a more positive attitude, whilst poor and vague information leads to a more negative attitude. This exposure may have occurred through the widespread awareness and promotion of people with physical and intellectual disabilities in the Paralympic Games 2012. The event could have also influenced the general public to gain a more positive attitude towards people with ID.

### **8.1.6 Comparison between Libya and the UK cultures**

The British sample represents a developed society with at least 200 years of development in all aspects of life: political, economic, social, industrial and business/trade. The UK's well-established liberal development has evolved as a result of the determined and consistent work of societal elites, theorists and intellectuals. Economic life in British society reached the mechanisation stage and ultimately the digital age we are now witnessing, as a result of great industrial effort and the collaboration and cooperation of the huge Capital, Engineering, business and trade. This were encouraged and supported by the ideologies of Colonisation, which interacted and was interrelated with military power and endeavoured to find new markets for industrial products whilst also identifying new raw material resources for the development of industry and trade. All of these factors influenced the social and cultural aspects of British society: education became a necessity and duty for the political establishment, bringing the construction of schools and universities and the reduction of illiteracy to its lowest level ever. Social institutions such as orphanages, were established to provide and care for those in need. Institutions, where most aspects of life

were organised and regulated by law, came into existence. The cultural standard of British life had reacted to and been influenced by the aforementioned developments and has resulted in a positive attitudinal shift in most aspects of life. British society reached the stage of prosperity, wherein the fundamental human needs such as food, housing, education and medical care are secured by law: the individual lives in a prosperous, well-established and stable society that has led individuals to become more productive and positive. Comparing Libyan society with that of the UK may seem unfair, biased or even absurd and irrelevant if we are talking about implementing the same tools in Libya as those which are used in developed societies. Libyan society is neither developed nor stable, its political system is vague, there is no industry, agriculture is very poor, and the nation's social and educational services are inadequate. Libya was one of the poorest countries in the world until the 1950s, when the discovery of oil occurred towards the end of that decade and became the country's only source of income. Although Libya has accumulated huge financial revenue from oil sales, this has not been sufficient to help the country improve the standard of life it offers to citizens (with the exception, perhaps, of some consumer goods). This is because of the lack of infrastructure, widespread corruption and mismanagement that have all resulted in the irresponsible waste of oil revenues and failure in achieving cultural and social development. This has led to today's climate of insecurity, instability and militant conflict over political powers, which has led to the near-bankruptcy of the country and could lead to its disintegration and partition in the future. Societies, like Libya's, that are awash with corruption and failure in most areas cannot maintain or encourage a great degree of positivity. A brief review of the events that have occurred over the past four years since the Arab Spring of February 2011 only serve as proof of the chaotic situation and the very unfortunate destination the country is heading to. There are two governments and two parliaments, both of which give themselves astronomical salaries and incentives. Despite this, there is no authority: no police force, no army, schools and universities are closed or closing, there are kidnappings and robberies, and extortion is widespread. Hundreds of militia control different parts of the country, prices are rocketing sky-high, whilst shops are devoid of any essential goods and more than one million people have been displaced or forced to

migrate due to sectarian and tribal conflicts. In contrast, the London Paralympic Games 2012 represented the most salient and successful example of a positive social event that carried the power to change the attitudes of the British public towards disability. Given the aforementioned Libyan factors, it was not expected that the study would reveal any change in Libyan attitudes concerning empowerment and exclusion. However, the study did find that a significant change occurred concerning sheltering. This is perhaps due to the change in political regime from a dictatorship that ruled the country for more than 40 years to more would-be-democratic horizons, preceded by chaos and havoc and resulting in a political vacuum, security difficulties and both economic and financial hardship. These substantial changes might be behind the significantly negative change in Libyan attitudes at a time when British attitudes became more positive.

## **8.2 Limitations of the Studies**

### **8.2.1 Convenience sampling**

As discussed above, due to the 2011 war in Libya, it was difficult to travel to Libya for data collection. Hence, data were collected after receiving permission from the respective authorities of the universities and the special schools. For this reason, data were collected not through random sampling but through convenience sampling: that is, whoever was available to provide information was provided with the research questionnaire. For the UK portion of the research, however, questionnaires were directly emailed to students and hardcopies were provided to the staff of special schools, respectively. Responses were gained from whoever had completed the questionnaires; thus, convenience sampling was conducted, but in a different manner.

### **8.2.2 Sample bias**

Both in terms of the Libyan and UK samples, most of the participants were females. A possible reason behind this may be that a disproportionately high number of females work in special schools and psychology students are predominantly females, meaning that the

percentage of females participants involved in this study was higher than the males.

### **8.2.3 Sample representativeness**

The participants were not taken from the general public, but were instead from higher education. Samples were largely drawn from universities and professionals and so the findings of this research reflect the attitudes of a more educated population in both countries. However, the results of the Libyan sample were very similar to a community sample of Sunni Muslims living in Pakistan. This limitation may have influenced the results of the study significantly, as the respondents were mostly students or those involved in higher education. (Abu-Hamour, 2013), found that people with higher education exhibit more positive attitudes towards people with ID.

### **8.2.4 measure of attitudes**

In order to conduct this research, a self-report measure was used that was developed in the USA. This may cause the findings to overlook the cultural, political and religious nuances of Libyan society and may reflect the values of studies conducted in USA. The internal consistency of the scale was satisfactory with the Libyan population, but other aspects of reliability and validity have not been tested. However, the measure has been found to have satisfactory psychometric properties in studies carried out in both Western (USA, UK and Australia) and Eastern countries (Japan and Pakistan). Different terminologies used in Libya and the UK influenced participants' responses, with Libyan people (including staff in special schools for children with disability) never having experienced the idea of inclusion. Thus, this may have impacted the understanding of the participants regarding certain concepts. A number of participants wrote note (s) on their questionnaires expressing that in the interest of all children with ID should be institutionalised. This led me to believe that the concept of inclusion was not clearly understood, or even that it was misunderstood, as pointed out by (Al Zyoudi et al., 2011). Bias can arise from the use of particular methods of data collection, such as the use of paper questionnaires. The presence of the researcher when the Libyan students completed their questionnaires could have influenced their re-

sponses despite having ascertained the privacy and confidentiality of information from the researcher's side. Ouellette-Kuntz et al. (2012), have also pointed out that the CLAS-ID is not sensitive since it does not state the degree of intellectual disability. Therefore, some individuals may hold positive attitudes towards mild intellectual disability but hold more negative attitudes towards severe intellectual disability. Consequently, the results would be somewhat vague.

### **8.2.5 Participant Numbers**

Difficulties with access and especially with the staff in special schools in the UK led to smaller number of participants than planned, and indeed to a lack of male staff in special schools. The relatively small numbers limit the generality of the findings, and it should also be conceded that the tests of validity and reliability cannot be undertaken with such small numbers.

### **8.2.6 Terminology used**

Use of the term 'intellectual disability' is more common in the USA than in Britain, where as Scior, Potts, and Furnham (2013), has noted the terminology used is more of ten 'learning disability'. This suffers from confusion with the use of a similar term for dyslexia (specific learning difficulties in the UK and reading disability or even learning disability in the US). Pilot work indicated that the UK students and the Libyan students had no difficulty understanding the term intellectual disability, and of course the UK and Libyan staff had no difficulties either. Nonetheless, as noted by Nowicki (2006), differences in terminology may influence the findings of the research.

## **8.3 Directions for further research**

As discussed earlier, in the section regarding the limitations of the research, a range of factors merit further study in order to refine the research interpretation. For future research on attitudes towards ID, the following aspects could be specifically considered: 8.3.1 Confir-

matory factor analysis of the CLAS-ID Arabic The UK and US versions of the CLAS-ID have been fully tested for validity via confirmatory factor analysis. It would have been valuable to undertake a similar analysis to establish directly whether the CLAS-ID-Arabic had a similar factor structure.

### **8.3.1 Greater clarity on nomenclature**

As noted above, the definition of ‘Intellectual Disability’ is a rather slippery one, involving both the concept of a cut-off point in terms of intellectual ability and a distinction between intellectual and physical disability. It is possible that a clearer explanation at the start of the questionnaire could have been helpful in providing a more precise analysis. On the other hand, this is not normally done with other studies involving the CLAS-ID, and, furthermore, strong differences were found both between countries and across time, so it does appear that the concept was not too ‘noisy’ to generate meaningful data. Nonetheless, for future research it might be useful to provide a clearer delineation of ID.

### **8.3.2 Arab attitudes**

Given the very interesting findings emerging from the two studies of Libyan attitudes to ID, a range of further investigations could prove fruitful. For example, the exploration of differences between the attitudes of Arabs living in their home country versus those living abroad towards people with ID and physical disability is an area that might benefit from in-depth investigation. 8.3.4 Further investigations of attitudes It might also be useful to examine other demographic variables such as religion and age. Whilst conducting this research, it has been noted that the participants lacked knowledge of ID and were confused between the term ‘intellectual disability’ and ‘mental illnesses’. Future researchers will consider measuring the knowledge and awareness that people possess regarding intellectual disability and mental illness through the use of a qualitative method. Measure and compare attitudes towards people with disability and mental illness. This segmentation and comparison might provide some highly important and remarkable findings and bring greater insight.

### **8.3.3 Intervention study**

The positive findings regarding the effect of the Paralympic Games provide a powerful motivation for undertaking more targeted interventions – at lower cost, but exploiting media coverage to maximize positive impact. Future researchers may conduct research in the same field (aiming to develop and improve attitudes towards people with disabilities) by devising a programme for measuring attitudinal changes before and after watching videos about people with ID achieving high profile successes.

## **8.4 Implications of the research**

This research studies aimed to uphold awareness towards people with ID. Furthermore, this research highlights the importance of empowerment for people with ID: it is crucial to consider people with ID as part of greater society. This is beneficial for society as a whole. The research also focused on those working at special schools, which will help in recognising attitudes and subsequently help to foresee and adapt behaviour towards people with ID. The studies also involved students, who may decide to work at special schools, so measuring their attitudes is an essential part of monitoring their behaviour towards people with ID. The results and findings of the studies will help those working with people with ID to make the best decisions concerning their own attitudes and the attitudes of others. This thesis highlights how the effect of culture differs amongst and between groups and societies, which could have major implications for future service provision. This thesis has also examined attitudes towards ID following the London Paralympic Games in 2012, which can be helpful for shedding light on a country's policy development in the field of disability. The study on attitudes towards people with ID after the Libyan revolution can also provide an opportunity to monitor and measure the change in attitudes in the wake of evolving post-conflict situations.

## **8.5 Difficulties encountered by the researcher**

### **8.5.1 Lack of relevant research in Libya**

The lack of relevant research in Libya represents one of the major challenges encountered whilst conducting this particular research study. The UK has more studies on the topic of ID than Libya does: being a developing country, few studies have been conducted on attitudes towards people with ID in Libya. Awareness towards ID in Libya is also only a fairly recent, having only emerged during the late 20th century, which could be the possible reason for the lack of studies undertaken.

### **8.5.2 Travelling to Libya for the research findings**

As mentioned, direct travel to Libya was extremely challenging due to the war in 2011. Thus, the validity of the research results could be called into question. It was also difficult to reach the general public and this influenced the population and sample, resulting in the use of convenience sampling for data collection.

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## **8.7 Implications for future research**

As discussed earlier, in the section regarding the limitations of the research, a number of factors require further consideration in order to achieve more valid research findings. For future research on attitudes towards intellectual disability, the following aspects could be specifically considered:

- The exploration of differences between the attitudes of Arabs living in their home country vs. those living abroad towards people with ID and physical disability is an area that might require in-depth investigation.
- It might also be useful to examine other demographic variables such as religion and age. Whilst conducting this research, it was noted that the participants lacked knowledge of ID and were confused between the term ‘intellectual disability’ and ‘mental illness’. Thus, future researchers may consider measuring the knowledge and awareness that people possess regarding intellectual disability and mental illness through the use of a qualitative method.
- Future researchers also may wish to measure and compare attitudes towards people with disability and mental illness. This segmentation and comparison might provide some highly important and remarkable findings and bring greater insight.
- Future researchers may conduct research in the same field (aiming to develop and improve attitudes towards people with disabilities) by devising a programme for measuring attitudinal changes before and after watching videos about people with ID.

## **8.8 Implications of the research**

This research study absolutely aimed to uphold awareness towards people with ID. Furthermore, this research highlights the importance of empowerment for people with ID: it is crucial to consider people with ID as part of greater society. This is beneficial for society as a whole. The research also focuses on those working at special schools, which will help in recognising attitudes and subsequently help to foresee and adapt behaviour towards people with ID. This study also deals with students who may decide to or expected to work at special schools, so measuring their attitudes is an essential part of monitoring their behaviour towards people with ID. The results and findings of the study will help people working with people with ID to make the best decisions concerning their own attitudes and the attitudes of others. This study highlights how the effect of culture impacts differs amongst and between groups and societies, which could have major implications for future service provision. This study has also examined the attitudes towards ID following the London Paralympic Games in 2012, which can be helpful for shedding light on a country's policy development in the field of disability. This study's focus on attitudes towards people with ID after the Libyan revolution can also provide an opportunity to monitor and measure the change in attitudes in the wake of evolving post-conflict situations.

## **8.9 Conclusions**

This thesis has attempted to explore the attitudes of British and Libyan student and special school staff towards people with intellectual disabilities, It was conducted by comparing attitudes and contexts between the two countries and, finally, investigating the effect of demographic variables on attitude formation. Follow-up studies have been conducted after two important events: the Arab Spring and the London Paralympic 2012. The first follow-up study compared the attitudes of Libyans towards people with ID before and after the Arab Spring in order to determine the extent (if any) of attitudinal change after the psychologically-traumatic experience of conflict and war. The second part of the follow-up study measured the attitudinal shift of people in the UK towards those with ID before

and after the 2012 London Paralympic Games. The results reveal that the Libyan sample showed significantly lower scores on empowerment, similarity and sheltering than the UK sample, but no significant differences were observed for inclusion. Moreover, gender, sector, and a range of other within-group differences in the sector were also identified while conducting the research. Study 3 was undertaken in 2012 using a similar sample to that of Study 1 and allowed for an investigation of the effects of the Arabic Spring on attitudes towards people with ID in Libya. Despite the trauma, stress and insecurity entailed in the Libyan revolution, attitudes towards people with ID actually improved significantly from 2011 to late 2012. This resulted in significant increases on the empowerment, sheltering and similarity sub-scales. However, there were no changes on the exclusion sub-scale for the Libyan sample, post-revolution. Study 4 undertook an equivalent comparison of UK scores over the same time period as Libya. In the UK, the most relevant event in this context was the Paralympic Games in the summer of 2012, which was extensively covered by the global media. The Paralympic Games created huge awareness of attitudes towards people with ID. The study showed UK attitudes population towards people with intellectual disabilities became more positive after London 2012 Paralympic Games. To conclude, it can be seen that, based on the findings, significant and desirable changes were found in all four CLAS dimensions: empowerment, inclusion/exclusion, sheltering and similarity. Whilst conducting the research on attitudes towards people with ID, a particularly strong consciousness for empowerment and inclusion was revealed.

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## Appendices

### Appendix A demographic information sheet Arabic version

ورقة المعلومات الديموغرافية

1.الجنس

ذكر  انثى

2.قسم الدراسة

علم نفس  رياضيات

3. الوظيفة

4. هل لديك قريب/ اقرباء مصابين بالتخلف العقلي

لا ادري  لا  نعم

5. هل لديك صديق / اصدقاء مصابين بالتخلف العقلي

لا ادري  لا  نعم

هل سبق لك التعامل مع افراد مصابين بالتخلف العقلي

لا ادري  لا  نعم

---

## Appendix B instructions Arabic version:

تعليمات إجراء المقياس

اخوتي اخواتي فيما يلي مجموعة من العبارات التي أرجو منكم

\* ان تقرأ كل عبارة بدقة و عناية لتفهم مضمونها جيدا

\* بعد قراءة كل عبارة قم بإبداء وجهة نظرك على تلك العبارة من الخانات الموجودة، فإذا كانت وجهة نظرك توافق بدرجة كبيرة مضمون العبارة فضع علامة ( √ ) رقم (6) ، أما إذا كنت توافق مضمون العبارة فضع علامة ( √ ) رقم (5)، ولو كانت وجهة نظرك تميل الى الموافقة فضع علامة ( √ ) أمام الرقم(4)، وإذا كانت العبارة لا تنطبق مع وجهة نظرك الى حد ما فضع علامة (√) الرقم (2), وإذا كنت لا توافق مطلقاً على مضمون العبارة فضع علامة ( √ ) أمام معارض وإذا كنت لا توافق مطلقاً على مضمون العبارة فضع علامة ( √ ) الرقم(1)

\* أرجو ان لا تترك أي عبارة دون الإجابة عليها

\* ضع في اعتبارك انه لا توجد إجابة صحيحة و أخرى خاطئة ، وان الإجابة الصحيحة هي ما يتطابق مع وجهة نظرك

جميع المعلومات سرية تماماً ، وحرصاً منا على حرية الإجابة فلا داعي لذكر اسمك على المقياس

## Appendix C Attitudes to Intellectual Disability scale Arabic version

## مقياس الاتجاهات نحو المعاقين

تعليمات اجراء المقياس: اذكر إلى أي مدى كنت أتفق مع العبارات التالية في المقياس:	
4 = أوافق إلى حد ما	1 = لا أوافق بشدة
5 = أوافق	2 = لا أوافق
6 = أوافق بشدة	3 = لا أوافق إلى حد

ت	العبارة
1	الافراد المتخلفون عقلياً يحبون الاجتماع مع متخلفين عقلياً اكثر من الاجتماع مع اناس أصحاء
2	اولئك الذين يظنون ان الافراد المتخلفين عقلياً يستطيعون ان يساعد بعضهم البعض ، يخدعون انفسهم
3	ان يكون متزوجاً ولديه اسر هو امر غير متصور للمتخلفين عقلياً.
4	الشخص الطبيعي يجب الا يتزوج من متخلف عقلياً
5	لا يتوقع ان يحصل المتخلفون عقلياً على نفس حقوق الاشخاص العاديين
6	يريد الافراد المتخلفين عقلياً العمل حقاً.
7	الافراد المتخلفين عقلياً قادرين على اتخاذ القرارات المتعلقة بنشاطاتهم اليومية
8	المتخلفون عقلياً يجب الا يعينوا في وظيفة حكومية.
9	توقع ان يكون المتخلف عقلياً مسؤولاً هو توقع الكثير ( اي توقع المستحيل)
10	المتخلفون عقلياً يمكن ان يكونوا مواطنين صالحين في مجتمعنا
11	يستطيع المتخلفون عقلياً تعريف المشرعين وموفري الخدمات وغيرهم عن حاجاتهم ورغباتهم
12	المتخلفون عقلياً يفضلون اداء نفس الاشياء في العمل عاماً بعد آخر
13	المتخلفون عقلياً يجب ان يقرروا انشطتهم اليومية الخاصة بهم.
14	يجب الايسمح للمتخلفون عقلياً ان يشغلوا اي آلات.
15	المتخلفون عقلياً يستطيعون اداء نشاطات فعالة للمجتمع.

- 16 المتخلفون عقلياً لديهم آمال وتطلعات مستقبلية.
- 17 قد اسمح لفرد متخلف عقلياً ان يشرف على طفلي بعد المدرسة.
- 18 نحن لا نستطيع ان نتوقع من الافراد المتخلفين عقلياً ان ياخذوا زمام حياتهم بانفسهم كغيرهم من الناس
- 19 يمكن للمتخلفون عقلياً ان يكونوا اصدقاء جيدين للآخرين.
- 20 لا اريد ان يكون افراد متخلفين في جيرتي (جيران).
- 21 يستطيع الافراد المتخلفين عقلياً الاحساس بمشاعر الاخرين
- 22 المجتمعات ليست آمنة للمتخلفين عقلياً , لهذا نحن نؤيهم في مؤسسات خاصة بهم.
- 23 صناع القانون سينتبهون عندما يجذب المتخلفون عقلياً انتباه الهيئة التشريعية لهمومهم.
- 24 يستطيع الافراد المتخلفين عقلياً المنتقلين بنجاح للعيش في المجتمع ان يساعوا الاخرين في عمل نفس الشيء.
- 25 يجب ان يكون للمتخلفين عقلياًالراي النهائي في القرارات المتعلقة بهم.
- 26 السماح للمتخلف عقلياً بممارسة البيع والشراء هو مجرد بحث عن المتاعب
- 27 لايجب ان يتوقع الناس المتاعب من الافراد المتخلفين عقلياً الذين يعيشون في الجوار.
- 28 يحتاج المتخلون عقلياً لعمال مدربين تدريباً خاصا وكذلك لترتيبات خاصة لمساعدتهم في العيش المناسب
- 29 لا ضرورة لبرامج حماية مؤسسية خاصة بالمتخلفين عقلياً.
- 30 لا شيء افضل للمتخلفين عقلياً من السماح لهم بالعيش والعمل في المجتمع
- 31 اغلب المتخلفين عقلياً يفضلون ان يكونوا في مصحات حماية مع اناس يفهمونهم
- 32 على المشرفين ان يراقبوا المتخلفين عقلياً بدقة حتى يتأكدوا من ان المتخلفين عقلياً لا يسببون اى مشاكل في حياة المجتمع
- 33 قلق المتخصصين له اولوية اكثر من حقوق المتخلفين عقلياً
- 34 يحتاج المتخلفون عقلياً للمساعدة ليخططوا للمناسبات الجماعية والتنظيمية
- 35 يجب لأي برنامج خاص بالمتخلفين عقلياً ان يشمل على الاقل عضو ممن له اعاقه عقلية
- 36 يجب ان يوضع كل المتخلفين عقلياً في مؤسسات خاصة بهم
- 37 لا يجب ان تتحمل اي جيرة عبء مأوي المتخلفين عقلياً.
- 38 المال الذي ينفق على العناية بالمتخلفين عقلياً من الممكن ان يوضع في استخدامات افضل
- 39 تنخفض قيمة العقارات عندما تنتقل خدمات المتخلفين عقلياً الى الجيرة

- 6 5 4 3 2 1 الحالة الوحيدة التي يجب على المتخصص اتخاذ قرار فيها لصالح المتخلف عقلياً هي عندما يكون المتخلف عقلياً غير قادر على ذلك حقاً 40
- 6 5 4 3 2 1 يجب ان يسمح للمتخلفين عقلياً باتخاذ القرارات المتعلقة بهم لاقصى حد ممكن 41
- 6 5 4 3 2 1 العناية بالمتخلفين عقلياً مكافئة للعناية 42
-

## Appendix D. The consent form

Dear Participants

I am a PhD student at the University of Sheffield and I am currently undertaking a multi-national survey of attitudes to intellectual disability in Libya and in the United Kingdom.

With your consent we would be very grateful if you could complete a questionnaire relating to this. The questionnaire takes about 30 minutes to complete and asks you about your attitudes to issues such as: 1) the extent to which people with intellectual disabilities should be empowered to make decisions affecting their own lives, regardless of the extent to which they are cognitively impaired, 2) whether people with intellectual disabilities should be included in community life, 3) how important it is to shelter people with intellectual disabilities from harm in communities, and 4) the extent to which people with intellectual disabilities share a common humanity with other persons in society. It is based on an existing questionnaire, the (CLAS-ID) Community Living Attitudes Scale Mentally Retardation, which has been shown to be both sensitive and valid as a measure of these issues.

We would like to reassure you that the questionnaire will not cause you any distress and you will be able to withdraw at any time if you wish. I will write up the results of the studies as part of my doctoral dissertation, but in all our work the results will be completely anonymous. Please complete the attached permission form before starting the study.

Thank you very much for your time.

Yours sincerely

Aisha Benomir

---

**University of Sheffield project:**

Please tick only one!

• **I am willing** to take part in the 'Attitudes to Intellectual Disability Survey' \_\_\_\_\_

Or

• **I am not willing** to take part in the 'Attitudes to Intellectual Disability Survey' \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please fill in this form before undertaking the survey.

---

### **Appendix E Instructions**

For each of the following statements, please:

1. Carefully read the following statements.
2. tick(✓)the appropriate answer according to whether you (strongly agree, agree, not sure, disagree or strongly disagree)
3. Please answer every question
4. There are no right or wrong answers so choose what you think are appropriate.

For confidentiality reasons there is no need to write your name, but please fill in Demographic Information Sheet.

---

### Appendix F Demographic Information Sheet

PLEASE DO NOT WRITE YOUR NAME, ADDRESS, OR ANY OTHER IDENTIFYING INFORMATION ON THIS FORM.

1. Gender:

Male  Female

2. Academic Discipline:  Psychology  Mathematics

3. Job: \_\_\_\_\_

4. Do you have relative with disability:  Yes  No

5. Do you deal with PWID?  Yes  No

### Appendix G Attitudes to Intellectual Disability scale

<i>Directions: Indicate the extent to which you agree with the following statements according to this scale:</i>	
<b>1 = Disagree strongly</b>	<b>4 = Agree somewhat</b>
<b>2 = Disagree moderately</b>	<b>5 = Agree moderately</b>
<b>3 = Disagree somewhat</b>	<b>6 = Agree strongly</b>

- |  |             |
|--|-------------|
| 1. People with intellectual disability like being around others with Intellectual Disability more than being around normal people. | 6 5 4 3 2 1 |
| 2. Those who think People with intellectual disability can help each other are fooling themselves.                                 | 6 5 4 3 2 1 |
| 3. Being married and having a family are not feasible for People with intellectual disability.                                     | 6 5 4 3 2 1 |
| 4. No normal person should marry someone with Intellectual Disability.   | 6 5 4 3 2 1 |
| 5. People with intellectual disability cannot expect to have the same rights as normal people.                                     | 6 5 4 3 2 1 |
| 6. People with intellectual disability really want to work.  | 6 5 4 3 2 1 |
| 7. People with intellectual disability are capable of deciding on their own daily activities.                                      | 6 5 4 3 2 1 |
| 8. No person with Intellectual Disability should hold a responsible position in government.  | 6 5 4 3 2 1 |
| 9. Expecting People with intellectual disability to be responsible is expecting too much.  | 6 5 4 3 2 1 |
| 10. People with intellectual disability can be good citizens in our communities.   | 6 5 4 3 2 1 |
| 11. People with intellectual disability can let legislators, service providers, and others know about their needs and desires.     | 6 5 4 3 2 1 |
| 12. People with intellectual disability like doing exactly the same things at work year after year.                                | 6 5 4 3 2 1 |
| 13. People with intellectual disability should decide their own daily activities.  | 6 5 4 3 2 1 |
| 14. People with intellectual disability should not be allowed to operate any kind of machinery.                                    | 6 5 4 3 2 1 |
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15. People with intellectual disability can make positive contributions to society.	6	5	4	3	2	1
16. People with intellectual disability have hopes and aspirations for the future.	6	5	4	3	2	1
17. I would let a person with Intellectual Disability provide afterschool supervision for my child.	6	5	4	3	2	1
18. We cannot expect People with intellectual disability to take charge of their lives like other people do.	6	5	4	3	2	1
19. People with intellectual disability can be good friends to others.	6	5	4	3	2	1
20. I don't want People with intellectual disability in my neighborhood.	6	5	4	3	2	1
21. People with intellectual disability can "tune in" to others' feelings.	6	5	4	3	2	1
22. Communities are not safe for People with intellectual disability. That is why we have sheltered workshops and special homes for them.	6	5	4	3	2	1
23. Lawmakers will take notice if People with intellectual disability bring their concerns to the legislature's attention.	6	5	4	3	2	1
24. People with intellectual disability who have successfully moved into community living can really help others do so.	6	5	4	3	2	1
25. People with intellectual disability should have the final say in decisions affecting them.	6	5	4	3	2	1
26. 26. Letting a person with Intellectual Disability make purchases is asking for trouble.	6	5	4	3	2	1
27. People should not expect problems from People with intellectual disability living in their neighborhoods.	6	5	4	3	2	1
28. People with intellectual disability need specially-trained staff at special schools and special settings to help them live properly.	6	5	4	3	2	1
29. Sheltered workshop programs for People with intellectual disability are unnecessary.	6	5	4	3	2	1
30. There is nothing better for People with intellectual disability than to be allowed to live and work in communities.	6	5	4	3	2	1
31. Most People with intellectual disability would rather be in sheltered settings where people understand them.	6	5	4	3	2	1
32. Staff members have to keep a close eye on People with intellectual disability to be sure they do not have problems in community life.	6	5	4	3	2	1
33. The concerns of professionals have a higher priority than the rights of People with intellectual disability.	6	5	4	3	2	1

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| 34. People with intellectual disability need help from others to plan group and organizational events.   | 6 | 5 | 4 | 3 | 2 | 1 |
| 35. Any program for People with intellectual disability should have at least some board members that have Intellectual Disability.                               | 6 | 5 | 4 | 3 | 2 | 1 |
| 36. People with intellectual disability should all be in institutions.   | 6 | 5 | 4 | 3 | 2 | 1 |
| 37. No neighborhood should have to put up with homes for People with intellectual disability.  | 6 | 5 | 4 | 3 | 2 | 1 |
| 38. The money spent on caring for People with intellectual disability could be put to better uses.   | 6 | 5 | 4 | 3 | 2 | 1 |
| 39. When services for People with intellectual disability move into a neighborhood, the property values go down.   | 6 | 5 | 4 | 3 | 2 | 1 |
| 40. 40. The only way a professional should make decisions for someone with Intellectual Disability is if the person is truly not capable of making the decision. | 6 | 5 | 4 | 3 | 2 | 1 |
| 41. People with intellectual disability should be allowed to make their own decisions to the greatest extent possible.   | 6 | 5 | 4 | 3 | 2 | 1 |
| 42. It costs too much to care for People with intellectual disability.   | 6 | 5 | 4 | 3 | 2 | 1 |
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