

**University students' attitudes toward the physically disabled in
Palestine and Norway: a multidimensional, comparative and
quantitative study**

اتجاهات الطلبة في فلسطين والنرويج تجاه ذوي الحاجات الجسدية الخاصة: دراسة كمية،
مقارنة و متعددة الواجهه

Erni Gustafsson*†, Nabil Alawi** & Per Normann Andersen*

* Faculty of Education and Social Work, Inland Norway University of
Applied Sciences, Norway

**Faculty of Arts, Department of English, An-Najah National University,
Nablus, Palestine

*†Corresponding Author: Erni.Gustafsson@inn.no

Received: (16/2/2018), Accepted: (17/9/2018)

Abstract

The aim of this study is to investigate students' attitudes toward disabled people in Palestine as compared to the attitudes of their peers in Norway. The instrument used is the Multidimensional Attitudes Scale toward Persons with Disability (MAS); a self-report multidimensional inventory consisting of 34 items, that measures affects, cognition, and behavior toward the physically disabled people. A total of 100 students from Palestine participated in this study, in addition to a comparison group of 104 students from Norway. Despite the researchers' impression that the Palestinian society is ridden with some prejudices concerning various forms of disability and that many of them associate disability with *qader* (destiny), the study shows relatively high positive attitudes toward the disabled from both Norwegian and Palestinian students. Some minor differences can be seen between men and women in the Palestinian population and between the Norwegian and Palestinian populations as a whole. As very few studies have been made in the region on this topic further research is recommended.

Keywords: Disability, Palestine, Norway, survey, quantitative.

ملخص

تهدف هذه الدراسة إلى فحص اتجاهات الطلبة نحو ذوي الحاجات الخاصة في فلسطين مقارنة بالنرويج. تم استخدام الاستطلاع The Multidimensional Attitudes Scale toward Persons with Disability (MAS) والذي يتكون من 34 عنصراً تهدف إلى قياس البعد العاطفي والمعرفة والسلوك تجاه ذوي الحاجات الجسدية الخاصة. شملت العينة 100 طالب وطالبة من فلسطين بالإضافة إلى 104 طالب وطالبة نرويجيين كعينة مقارنة. وبالرغم من اعتقاد الباحثين أن المجتمع الفلسطيني مثقل ببعض التوجهات السلبية تجاه بعض أشكال الإعاقة المختلفة و بالرغم من أن الكثيرين منهم يعززون سبب الإعاقة إلى القدر إلا أن الدراسة بينت مستويات ايجابية عالية لدى المجتمعين الفلسطيني والنرويجي. هناك بعض الفروقات التي لوحظت بين الرجال والنساء في فلسطين وبين افراد العينات الفلسطينين والنرويجيين بشكل عام. بما انه لا توجد دراسات كافية حول هذا الموضوع، يوصي الباحثون تناول المزيد من قضايا الحاجات الخاصة بالبحث.

كلمات مفتاحية: اعاقة، فلسطين، النرويج، دراسة مسحية، دراسة كمية.

Introduction

UNICEF’s Convention on the Rights of Persons with Disability states in Article 1 that disability is a social issue that results from lack of interaction between people with “long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” The Article further considers disability as a plight that all efforts must be put to “promote awareness of, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” Article 3 of UNICEF’s Convention states that “the principles of the Convention shall be: Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons, non-discrimination and full and effective participation and inclusion in society” (UNICEF, 2015).

Prevalence of negative attitudes towards the disabled people in the Palestinian society is reported from locally based NGOs and others (Al Jaleel, 2015; Hamdan et al., 2006; Karlsson, 2004; Youable 2015). The Palestinian Medical Relief Society’s rehabilitation program’s main

objectives are to “change the community’s perceptions toward disability and to create a new and positive community outlook (changing attitudes)” (PMRS, 2015). Jenin, in the northern part of the west bank, has one of the highest rates of people with disabilities in Palestine. 4.8% of the people in Jenin have one form of disability – approximately 10,521 individuals from a total population of 260,000. Al Jaleel Charitable Society for Care and Community Rehabilitation in Jenin states that 78% of the disabled people age 18 and older do not use public transportation, 34.8% are unable to perform daily activities outside their homes, and 8.7% avoid participating in different activities because of their treatment by others (Al-Jaleel, 2015). Some of these infringements on personal freedom depend on inadequate infrastructure, but many are attributed to the negative attitudes of others.

The Palestinian Central Bureau of Statistics (PCBS) showed in 2011 that “around 133,000 individuals in the Palestinian territory suffered from at least one disability” (PCBS, 2011). That is 2.8% of the population. Among children, the percentage was 1.5%. More than one-fifth of disabled children and youth dropped out of school. Mobility difficulties are the most common disability, comprising 48.4% of disabled individuals. It further stated that “8.7% of disabled individuals aged 18 years and above ... usually avoid involvement in any activities because of public attitudes toward them” (PCBS, 2011). There are also problems due to the surrounding infrastructure. 54.7% of disabled people report difficulties due to inadequate pavement, 60% have difficulties crossing streets, and 48.8% have difficulties in relation to parking (PCBS, 2011).

In a 1997 article, “Disability and gender at a crossroads: a Palestinian perspective,” Leila Atshan offers a concise history of Palestinian attitudes toward people with disabilities tracing it from the pre-1948 period, until after the end of the first Intifada. She outlines how disabilities in Palestine are traditionally considered a source of shame not only for the individual who is affected by them, but also for their families. Families may hide their children with disabilities for fear that they will reflect poorly on them and their other children. According to

Atshan (1997), the establishment of UNRWA, and the care for people with disabilities under the UN mandate, started an evolution toward regarding disability as a civil rights issue. She argues that in the 1980s, the UN adopted a community-based rehabilitation model and disability took on a political and nationalist gloss during and after the first Intifada, when those wounded in the resistance struggles were praised as heroes and those taking care of them were seen as virtuous. Nevertheless, Atshan (1997) concludes that the status of the disabled has not improved substantially overall. Palestinians with disabilities still face discrimination, whether overt or subtler, in their exclusion from resources, education, work, and the marginalization they experience in their status, social, and civic life. While increased care has focused mostly on the physical rehabilitation of people with disabilities, it is only recently that efforts have been made to address the psychosocial aspects of disability.

Two studies from Israel on ‘Israeli Arabs’ (Palestinians in Israel) may confirm some of the above-mentioned attitudes. Sami Mar’i (1986) made a cross-cultural study of parental attitudes towards their children with learning disabilities. Among Muslims, Druze, and Christians, the study found a high incidence of opinions that disability depends on God's providence, disability is God given – an act of fate – and thus must be accepted.

The other study investigates attitudes towards persons with autism in the Israeli Palestinian community, according to students attending a Palestinian teacher-training college (Nirit and Shunit, 2013). Similarly, in this study common opinion attributes disability to God’s will and therefore has to be accepted; it could also be attributed to sinful behavior in the past. Karni-Vizer Nirit and Reiter Shunit (2013) also report that when asked about their opinion as to reasons for the common attitudes, 66.3% of students pointed to “prejudice as the main source,” 22.1% pointed to personal experiences with persons with autism, and 11.6% thought it was “due to the religious outlook” (Nirit and Shunit, 2013, p.35). The main findings from the two Israeli studies are supported from

other locations in the Middle East (Dimes 2012, Al-Shammari 2006, Crabtree, 2007).

Sara Ashencaen Crabtree found many of the same beliefs while interviewing families in UAE. The mother is blamed, the impairment is the will of God who tests the family's faith, or it is a divine punishment that is often ascribed to the father (Crabtree, 2007).

In an edition of the online magazine *The Middle East Health* (2011), the problems are described in context of children with learning disabilities. There are three major obstacles. To begin, some families are ashamed to acknowledge that their child is impaired or has a disability. Many children with mental disability are kept at home without receiving specialized services. Secondly, when families decide to seek a placement for their children, in either day care centers or residential facilities, they may be faced with fees that they cannot afford. Lastly, even after placing a child in a center, integrating the child into society later in life can be problematic.

Many schools do not accept children with a physical or learning disabilities. Similarly, aside from governmental agencies, few businesses will take on adolescents or young adults with special needs even though a specific job may be well within their capacity. This stigmatizing effect further contributes to social exclusion for children with learning disability. There is also the traditional belief that learning disability is related to God's will. Commonly, persons with learning disability have been considered burdensome and shameful because they are incapable of contributing to traditional social obligations and roles. These attitudes and behaviours not only prevent children from getting appropriate medical care for their conditions, but also prevent them from living a conventional life (Middle East Health, 2011).

Under the headline "Mental health stigma in Muslim community," Ciftci, Jones and Corrigan (2012) describe the strong sense of shame experienced by many people. This shame results in an individual being isolated in the home of their parents – forbidden to go outside the house or participate in social fora. In one study of Pakistani families in the

United Kingdom, none of the participants reported that they would consider marriage with a person with mental health challenges and only half of the respondents expressed a willingness to socialize with such a person (Tabassum, 2000).

In Muslim culture the concept *qader*, destiny, is strong. God is the cause for everything, including illness, and man can do nothing, aside from accepting it as an existential fact. This can lead to fatalism; all is in God’s hand and man is powerless. However, it is clear from both the Quran (2008) and from many *Hadith* that God has given man a free will by making him the custodian of all life in the universe. It is mandatory to act in accordance with the Quran if one wants to serve God.

Minimal information is found from the life of the Prophet Mohammed (the *Hadith*) or in the Quran regarding disability. There is one story about a blind man asking if he could be exempt from the general obligation of attending congregational praying at the mosque, and praying at home instead (Abu Dawud, Book 2, # 552). According to the verse, the Prophet turned down the man’s request. A positive interpretation of this is that he sought to maintain integration amongst all members of the community (Abu Dawud, Book 2, #554, #558, and #566). The Prophet was also known to give prominent roles and tasks to people with disabilities in order to further consolidate their involvement in the society. Despite the relatively clear messages from fundamental Islamic texts about the honorable treatment of disabled people, it seems from an observational point, that Middle Eastern Muslim countries follow this integrative attitude of the Prophet to a little extent.

In the present study, we investigate Palestinian university students’ attitudes toward people with physical disabilities. In a relatively recent study, Marini et al. (2012) did the same, but in a North American context. She used a different research design from what is described in this study she explored students’ attitudes towards having a relationship with wheelchair users. In her use of the questionnaire, respondents were asked to respond to being with a wheelchair user over a short period of time. Marini’s students were surveyed regarding their interest in potentially being friends with wheelchair users. A large part (66%) of the students

indicated they would have no problem dating or marrying a wheelchair user. Those unwilling to enter a romantic/intimate relationship “perceived the partner would require too much caregiving, social interaction awkwardness, inability to sexual performance, and the partner being sick often” (Marini et al. 2012, p. 135).

It is our assumption that the scores from this study will show a high awareness toward the physically disabled people, due to the respondents’ high level of education (university students). We also expect prior acquaintance with disabled people to be a better predictor of prejudice than cultural belonging. This is even though negative attitudes and prejudices toward disabled persons still prevail in the region.

Method

Participants

A total of 100 students from An-Najah National University in Nablus, Palestine participated in this study. The participants did not have any disabilities. As a comparison group, we included 104 students from Norway Inland University of Applied Sciences. 42 Palestinians and 23 Norwegians had prior acquaintance with someone who is disabled (See table 1). The Norwegian students are mostly social work (child welfare) students and the Palestinian population consists for the most part of English students.

The participants were recruited from undergraduate classes. Students willing to participate were given the chosen inventory to fill out together with a demographics form.

Table (1): Prior acquaintance with the disabled

Variable	Palestinian students (n=100)	Norwegian students (n=104)	Chi-square/t	α
Sex (male/female)	50/50	22/82	18.6	.000
Age (M/SD)	22.0 (3.9)	24.7 (4.9)	-2.8	.006
Prior acquaintance with disabled (yes/no) ¹	42/56	23/22	.85	Ns.

Note. ¹ n = 143, Palestinian n = 98, Norwegian n = 45.

Measures

For the present study, we chose the Multidimensional Attitudes Scale toward Persons with Disability (MAS) designed by Findler, Vilchinsky, Werner (2007). The MAS is a self-report multidimensional inventory measuring affects, cognition, and behavior toward the physically disabled. It consists of 34 items with a five point Likert scale rating from “strongly disagree” to “strongly agree” with the option “unsure” in the middle. The psychometric properties of MAS are reported as good with content validity ranging from .47 -.81 and a reliability ranging from .83 to .90 (Findler, Vilchinsky and, Werner, 2007). After reversing negatively worded questions, the maximum score is 170.

Data analyses

Significant results are reported at $\alpha \leq .05$ level. Demographic characteristics were analysed with chi-square test for independence (gender) and independent samples t-test (age) and are presented in Table 1. T-test analyses were conducted to explore group differences on MAS (nationality, gender, and gender within nationality). Some of the questions in the affective and behavioral scales that were worded negatively were reversed in order to ease interpretation. One-way analyses of co-variance (ANCOVA) were conducted in order to control gender and age differences between groups. We also ran independent samples T-tests for each gender separately. A multiple regression

analysis was conducted to predict the MAS total score based on nationality and prior acquaintance to disabled people as predictors. The data analyses were performed using the Statistical Package for Social Sciences (SPSS) version 22.0 for Windows.

Findings

We found a significant difference between the Palestinian and Norwegian students on all scales (affective $p = .003$, cognitive $p = .001$, behavioral $p < .001$, total score $p < .001$). The Norwegian students revealed a slightly more positive attitude towards disabled people (See table 2). All results remained significant after controlling the effects of age and gender.

Table (2): Attitudes towards the disabled on the affective, cognitive and behavioural scales, means and standard deviations.

Variable	Palestinian students	Norwegian students	<i>t</i>	<i>P</i>	<i>d</i>
Affective scale (<i>M/SD</i>)	47.3 (8.8)	51.6 (8.8)	-3.0	.003	0.48
Cognitive scale (<i>M/SD</i>)	36.8 (6.1)	40.2 (5.8)	-3.5	.001	0.57
Behavioural scale (<i>M/SD</i>)	26.8 (5.2)	29.9 (5.2)	-3.8	<.001	0.59
Total score (<i>M/SD</i>)	86.4 (11.5)	94.8 (12.3)	-4.4	<.001	0.70

Note. Higher scores equal more positive attitudes. Effect size Cohen's *d*.

A comparison between genders on the entire sample revealed a significant difference between men and women on the cognitive ($t(193) = -2.8, p = .005$) and behavioral ($t(188) = -2.3, p = .025$) scales only, with women having more positive attitudes than men. When dividing the groups according to nationality, a gender comparison revealed a difference between Palestinian men and women on the cognitive ($t(93) = -3.1, p = .003$) and behavioral ($t(90) = -2.4, p = .016$) scales only – again with women having more positive attitudes than men. There were no significant differences between the Norwegian men and women.

In an independent sample T-test comparing men in the two groups we found no significant difference between the groups on the affective scale ($p = .092$). There was, however, a significant difference between the groups on the cognitive scale ($p < .001$), on the behavioral scale ($p < .001$), and on the total score ($p = .001$) – with more positive attitudes amongst the Norwegian men (see table 3). For women we found a significant difference between the groups on the affective scale ($p = .027$), and total score ($p = .006$) only, with more positive attitudes amongst the Norwegian women. Differences on the cognitive scale and the behavioral scale were insignificant (cognitive $p = .218$, behavioural $p = .179$).

Table (3): Gender differences in attitudes towards the disabled on the affective, cognitive and behavioural scales, means and standard deviations.

Variable	Palestinian students	Norwegian students	<i>t</i>	<i>P</i>	<i>d</i>
Men					
Affective scale (<i>M/SD</i>)	49.1 (8.6)	52.9 (7.6)	-1.7	NS.	
Cognitive scale (<i>M/SD</i>)	34.6 (5.4)	41.0 (4.1)	-4.8	<.001	1.2
Behavioural scale (<i>M/SD</i>)	25.5 (5.4)	30.5 (3.7)	-3.9	<.001	1.1
Total score (<i>M/SD</i>)	85.8 (10.9)	96.5 (10.1)	-3.6	.001	1.0
Women					
Affective scale (<i>M/SD</i>)	46.8 (9.4)	50.9 (8.9)	-2.3	.027	0.4
Cognitive scale (<i>M/SD</i>)	38.3 (6.4)	39.8 (6.7)	-1.2	Ns.	
Behavioural scale (<i>M/SD</i>)	28.0 (4.5)	29.3 (5.0)	-1.4	Ns.	
Total score (<i>M/SD</i>)	87.0 (12.1)	94.4 (12.9)	-2.8	.006	0.6

Note. Higher scores equal more positive attitudes. Effect size Cohen’s *d*.

Using the enter method, the multiple regression analysis revealed a significant regression equation ($F(2,107) = 8.4, p < .000$) with an R^2 of .135. The analysis shows that prior acquaintance with disabled people did not significantly predict total score on the MAS ($Beta = -.153, t(108) = -1.7, ns$), however nationality did significantly predict total MAS score ($Beta = .323, t(108) = 3.6, p = .001$).

Discussion

The Palestinian society is unfortunately ridden with some prejudices concerning various forms of disability – something the authorities are targeting with varying success. In addition, due to the concept of *qader* (destiny), it makes it somewhat problematic to implement adequate help for individuals and families. Disability is subjectively connected to shame and is, therefore, stigmatizing (Al-Shammari 2006; Crabtree, 2007; Dimes, 2012; Reiter and Shunit, 2013; Sami Mar'i et al., 1986). This attitude seems to prevail, despite information from the Palestinian authorities and various NGOs. Negative attitudes seem to prevail despite some passages in canonical religious texts that point to positive attitudes to understand and take care of the disabled.

In the present study among university students, traces of these circumstances are not very prominent. Generally, the respondents' scores on the questionnaire are high (positive toward disabled persons). The differences between Norwegian and Palestinian students were statistically significant, but only slightly higher on the Norwegian scores.

The differences between the two populations toward disability were independent of gender and age differences between the groups. The women's score in the Palestinian population on the cognitive and behavioral scale are higher than the men's, even if the score on the affective scale are fairly similar. That is, women think and behave slightly more positive toward disabled people, even though they do not feel different. This difference is not shown in the Norwegian population.

There is no decisive answer that accounts for this difference, but generally speaking Palestinian women are brought up to be more serviceable in executing house chores and in taking care of family

members. For example, sisters are encouraged to serve their brothers. They prepare food for them, wash the dishes, and do the laundry. In Norway, however, women are brought up executing the same chores as men. The behavioral scale signals willingness to help others. In this domain, Palestinian women express more willingness than men to serve the “other.”

Perhaps the Arab/Muslim culture at large is making women more considerate and prosocial. As the Middle East is a relationship-based and a collectivist culture (Hofstede 1980), the urge to take care of each other in the family is strong (Barakat, 1993). Daughters are raised to take care of their siblings, also those with disabilities. As adults, women and mothers are socialized into roles as caregivers. In Norway, this culture of taking care of individuals is not as strong; the culture at large is more individualistic and equality between men and women is among the highest in the world (United Nations, 2010).

Comparing Norwegian and Palestinian men shows that they “felt” the same (scored very similar on the affective scale), but the Norwegian men scored higher on the cognitive and behavioral scales, indicating that their thoughts and actual behaviors toward disabled people were more “friendly” than the Palestinian. The total female population showed the opposite to the men’s; they “felt” different, but thought and behaved the same. In further research, to explore these differences, we undertook a regression analysis that showed that previous acquaintance with disabled persons had nothing to do with these differences.

One explanation of this can be that the generally negative attitude toward disability is more prevalent among men than among women. This in turn can depend on the fact that Palestine has a more morally conservative society than Norway, making the responsibility to nurture and care for disabled persons in, and out of the family, rest heavier on women than on men.

Even if the differences are statistically significant, the differences in mean are not numerically large and can perhaps be explained by the fact that the Norwegian students were social work/child welfare students with

a greater inclination to be “helpers” than the Palestinian students who were studying language and natural sciences.

limitations

The instrument used, the Multidimensional Attitudes Scale toward Persons with Disability (MAS), is based on a case vignette. The questionnaire is divided into three parts; each presenting questions addressing cognitive, emotional, and behavioral responses to the vignette case. Here is an example:

Imagine the following situation. Rami/Reem went out for lunch with some friends to a coffee shop. A man/woman in a wheelchair, with whom Rami/Reem is not acquainted, enters the coffee shop and joins the group. Rami/Reem is introduced to this person, and shortly thereafter, everyone else leaves, with only Rami/Reem and the man/woman in the wheelchair remaining alone together at the table. Rami/Reem has 15 minutes to wait for his/her ride. Try to imagine the situation.

As the presented situation is of a socially benign sort, one can perhaps speculate that the answers can be somewhat vague, not really indicating deeper thoughts or feelings toward the disabled. And if the vignette situation had been somewhat more burdensome, e.g. including that the respondent had to help the person in the wheelchair to a toilet or that the wheelchair user had asked to be assisted down a stair or an elevator. This perhaps had made the differences between the respondents bigger on the behavioral scale.

The study shows some discrepancy between the self-reported attitudes and subjective observed behavior in the community. One explanation for this discrepancy is the well-known methodological problem with self-reporting survey research (Beam, 2012; Haddaway and, Marler, 2005; Northrop, 1996; Trives, 2011). People (and perhaps even the researchers) can indeed delude themselves, often creating a gap between their reported behavior and actual practice.

Recommendations for further research

To get a more representative view of the average Palestinian attitudes towards disabled people, studies should be applied to a larger scale population representing, not only urban, but also rural areas. It would also be interesting to compare attitudes toward disabled people to the degree of egalitarian practices in the Palestinian community – as attitudes and practices are not necessarily the same. While the research undertaken has targeted the attitudes of college students in Palestine towards disabled people, it would be valuable to measure attitudes towards disabled people among the other strata of the Palestinian society.

Conclusion

The attitudes towards disabled people are a matter of concern in Palestine. While both religion, and to a lesser degree culture, in general are sympathetic with disabled people, several studies confirm that people with disabilities are less integrated in the Palestinian/Middle Eastern culture.

The present study shows a relatively high level of acceptance of disability among both Palestinian and Norwegian students. No differences have been traced depending on previous acquaintance with disabled people or age. There are differences between the Palestinian and Norwegian populations, and these can perhaps be attributed to the different types of academic affiliation, with a different focus on caregiving and “helping.”

There are also differences between Palestinian men and women in that women seem to be more caring than men; and between Palestinian and Norwegian men, that the Norwegians are somewhat more positive toward disabled people than the Palestinians. However, these differences are rather small.

References

- Abu Dawud. (2000). *Sunan Abu Dawud. Book 2. Vol. 1.* Cairo, Egypt: Al-Maknaz Al-Islami Society. Retrieved from www.islambasics.com/index.php?act=download&BID=89.
- Al Jaleel Charitable society for Care and Community Rehabilitation. (2015). Retrieved from <http://al-jaleel.org>
- Al-Shammari, Z. (2006). Special education teachers' attitudes toward autistic students in the autism school in the state of Kuwait: a case study. *Journal of Instructional Psychology*, 33(3), 170.
- Atshan, Leila (1997). Disability and gender at a crossroads: a Palestinian perspective, In: *Gender and Disability: Women's experiences in the Middle East*, Lina Abu Habib, ed. 1997: Oxfam.
- Barakat, H. (1993). *The Arab world: Society, culture, and state.* Ca: University of California Press.
- Beam, G. (2012). *The problem with survey research.* New Brunswick, NJ: Transaction Publishers.
- Ciftci, A., Jones, N., Corrigan., & P.W. (2012). Mental health stigma in Muslim community. *Stigma*, 7(1).
- Crabtree, S.A. (2007). Family responses to the social inclusion of children with development disabilities in the United Arab Emirates. *Disability & Society*, 22(1) 49-62.
- Dimes, E. (2012). *Culture and Autism. Feature article.* Retrieved from: <http://www.minoritynurse.com> (retrieved 22.03.2015).
- Findler, L., Vilchinsky, N., & Werner, S. (2007). The Multidimensional Attitudes Scale Toward Persons with Disability (MAS). Construction and validation. *Rehabilitation and Counselling bulletin*, 23 (3), 166-176.

- Hadaway, C., & Marler. P.L (2005). How many Americans attend worship each week? An alternative approach to measurement. *Journal for the Scientific Study of Religion*, 44(3): 307-322.
- Hamdan M., & al-Akhrass N. (2006). *A survey of people with special needs at 27 Palestinian villages in Tulkarm and Qalqilia districts*. Union of health care Committees (UHCC). UHCC’ s publications. Nablus, Palestine.
- Hofstede, G. (1980). *Culture’s consequences: International differences in work-related values*. LA, Beverly Hills.
- Karlsson, P. (2004). *Towards inclusive education for all in Palestine. A follow-up study of inclusive education project*. Ministry of education final report. Diakonia/NAD Rehabilitation program. Stockholm, Sweden.
- Nirit, K.-V., & R. Shunit (2013). Attitudes towards autism among Israeli Arab teachers’ college students. *Recent Advances in Autism Spectrum Disorders*. M. Fitzgerald, INTECH. II: 27-43.
- Northrup, D. A. (1997). *The problem of the self-report in survey research*. Toronto: Institute for Social Research, Toronto, Ontario: York University.
- Mar’i, S. Kh., Reiter, S., & Rosenberg Y. (1986). Cross/religious study of parental attitudes toward their developmentally disabled children among Muslim, Christian, and Druze Arabs in Israel. *Special Education and Rehabilitation*, 1. 87-96.
- Middle East Health. (2011). *Mentally disabled children in the Middle East and their integration into society*. July/Aug. Retrieved from: <http://www.middleeasthealthmag.com>.
- Marini, I., Wang, X., Etzbach, C.A., & Del Castillo, A. (2012). Ethnic, gender, and contact differences in intimacy attitudes toward wheelchair users. *Rehabilitation Counselling Bulletin*, 53(3), 135-145.

- Palestinian Central Bureau of Statistics (PCBS). (2011). *Report nr 31*. Retrieved from <http://www.pcbs.gov.ps>.
- Palestinian Medical Relief Society. (2015). *Community based rehabilitation program (CBR) Ramallah Area*. Retrieved from: <http://pmrs.ps>
- Trivers, R. (2011). *Deceit and self-deception: Fooling yourself the better to fool others*. London, UK: Allen Lane.
- UNICEF (2015). *Convention on the Rights of Persons with Disabilities*. Retrieved from:
<http://www.un.org/disabilities/convention/conventionfull.shtml>
- United Nations. (2010). *The world's women 2010. Trends and statistics*. Retrieved from <http://unstats.un.org>.
- Youable. *Information sheet*. Retrieved from: <http://youable.com>.
- Tabassum, R., Macaskill, A., & Ahmad, I. (2000). Attitudes toward mental health in an urban Pakistani community in the United Kingdom. *International Journal of Social Psychiatry*, 46, 170-181.