The Role of Sports Clubs in Promoting Social Integration among People with Disabilities in Saudi Arabia

Sobhi Saeed Al Harthy1, Mohammad Ahmed Hammad2,3,* and Huda Shaaban Awed4

1Department of Psychology, Faculty of Education, Umm Al-Qura University, Makkah, Saudi Arabia
2Department of Special Education, Faculty of Education, Najran University, Najran, Kingdom of Saudi Arabia
3The faculty and leadership development center, Assiut University, Assiut, Egypt
4Department of Psychology, Faculty of Education, Assiut University, Assiut, Egypt

Correspondence to: Mohammad Ahmed Hammad*, e-mail: mahammad@nu.edu.sa, Tel.: 00966596799414

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ABSTRACT

Recently, interest in sports has increased due to its benefits for growth and development. People with disabilities face many challenges when engaging in sports compared to their peers without disabilities due to stigma and socio-cultural prejudices directed against them. Despite the important role that sports clubs may play in promoting social inclusion, few studies in Saudi Arabia have focused on this population. Hence, this study was one of the first to examine the role of sports clubs in promoting social integration among people with disabilities in Saudi society and the effect of demographic and social factors on social integration among people with disabilities recruited from sports clubs in southern Saudi Arabia. The sample included 205 disabled adults aged 18-40 years (M = 29.8 years; SD = 3.82 years). Data were collected using a social inclusion questionnaire for people with disabilities. About 51% of disabled people had low, and 13.17% had high social integration. The levels of social inclusion varied by gender, age, type of disability, academic level, and duration of participation in the club. These findings highlight the need to develop appropriate strategies to enhance the role of sports clubs in promoting the social inclusion of individuals with disabilities. More active efforts should also be made to provide professional coaches with the funds and facilities necessary for the effective operation of sports clubs.

KEYWORDS

sports clubs, social integration, people with disabilities, Saudi society

INTRODUCTION

The recent increased interest in and demand for sports activities has led to the allocation of a significant part of free time to sports activities, enhancing the popularity and universality of sports (Wang and Lv, 2019). With its increasing influence, sport has become a global socio-cultural system (Harada et al., 2013). As such, it reflects social values and advocates for social inclusion. However, people with disabilities in Saudi society did not experience this exceptional phenomenon until a few years ago. Despite advancements in the rights of individuals with disabilities in modern society, prevailing social and cultural stigmas persist, impeding their participation in sports activities (Pochstein et al., 2023), despite international calls and declarations calling for the integration of persons with disabilities in all areas of community life, including sports (Grandisson et al., 2012). The United Nations’ standard principles on equal opportunities for persons with disabilities and the International Convention on the Rights of Persons with Disabilities (Grandisson et al., 2012; Hammad and Awed, 2020), for example, have pointed out that persons with disabilities have a fundamental right to participate in sports activities (Weston, 2017). People with disabilities are most affected by stigma, and due to their different physical structures or mental states, they experience social isolation, rejection, and ostracism, which intensifies their frustration in social interactions, leading to the emergence of individual social withdrawal behavior and the formation of collective subcultures (Albrecht et al., 2019; Alqarni and Hammad, 2021; Awed and Hammad, 2022).

Long-standing stereotypes and prejudices led to the exclusion of people with disabilities from sports participation, while those who participated often had negative experiences that further discouraged them from participating (Kiuppis, 2018). Equal and full participation in sports activities is just as important for people with disabilities as for nondisabled
people, as many previous studies have indicated that the participation of people with disabilities in organized sports contributes to strengthening social ties and interactions by strengthening their social contacts with others (Carter et al., 2014; Corazza and Dyer, 2017), in addition to creating social networks and friendships (Hassan et al., 2012; Darcy and Dowse, 2013). Many studies have indicated that individuals with disabilities have lower sports participation rates and less positive experiences than their peers and nondisabled competitors, decreasing their social integration in society (Goodwin, 2016; Kiuppis, 2018; Lascoumes and Le Galès, 2018; Albrecht et al., 2019; Hammad and Awed, 2020).

Participation in sports activities can stimulate social inclusion (Kanamori et al., 2012). Hence, sports clubs serve as service providers promoting the participation of people with disabilities in sports (Ginis et al., 2021). Clubs offer programs through which they can help integrate specific target groups, such as people with disabilities (Waardenburg and Nagel, 2019). Therefore, sports clubs can be viewed as a tool for building integrative communities and contributing to general well-being (Rimmer and Marques, 2012). Several studies have revealed that sport promotes the social inclusion of people with disabilities and facilitates support from their friends, family, and wider community (Nicholson et al., 2013; Kissow, 2015). Hence, sports can play an important role in enhancing the quality of life of individuals with disabilities (Spencer-Cavaliere and Peers, 2011; Goodwin, 2016; Piatt et al., 2018).

Despite these challenges, sports clubs play a crucial role in promoting social inclusion for individuals with disabilities (Ginis et al., 2021). These clubs serve as platforms for integration, contributing to the general well-being of participants (Rimmer and Marques, 2012). Studies revealed that sports enhance social inclusion, support networks, and friendships for people with disabilities (Nicholson et al., 2013, Kissow, 2015). However, various barriers, both personal and environmental, still hinder the full participation of individuals with disabilities in sports activities (Shields et al., 2012; Jaarsma et al., 2014).

In the context of Saudi Arabia, the Saudi Authority for Persons with Disabilities plays a vital role in empowering individuals with disabilities. Recent collaborations, such as the memorandum of understanding with the Sports Boulevard Foundation, aim to enhance the quality of life for individuals with disabilities in Riyadh, aligning with Saudi Vision 2030’s initiatives (APD, 2022). Additionally, partnerships with companies like Almarai focus on advancing shared objectives in social development, particularly in employment opportunities for individuals with disabilities (APD, 2022). Therefore, the importance of sports clubs in promoting social integration among people with disabilities cannot be overstated. Despite challenges, the positive impact of sports on confidence, social interaction, and overall well-being is evident. Collaboration between authorities, sports clubs, and private sectors, as seen in Saudi Arabia, is crucial for creating inclusive environments and fostering equal opportunities for individuals with disabilities.

The Kingdom of Saudi Arabia has increased its support for public sports (Hvidt, 2019). The Saudi Sports Federation for people with disabilities was established in 1991. That year, 12 training centers for people with disabilities were opened (Alahmad, 2016). The name of the federation was changed to the Saudi Arabian Paralympic Committee in 2014. In addition, three new training centers were opened, bringing the number to 15. In 2012, five clubs for people with disabilities were opened, and in 2013, the centers for people with disabilities were transformed into sports clubs for people with disabilities (Alhumaid et al., 2022). In 2021, the Ministry of Sports launched the “Pride Program” initiative, organized by the Saudi Paralympic Committee under the Quality of Life program, to achieve the goals of Vision 2030 (S. P. Agency, 2023). These goals focused on the rehabilitation of people with disabilities, discovering and developing their sporting abilities, improving their quality of life, enhancing their community participation in sports activities, and turning them into sports champions at the local and international levels.

Despite an increase in sports participation of people with special needs, this increase was less significant than that of nondisabled people (Elmose-Østerlund et al., 2019). In addition, the social inclusion of persons with disabilities in sports clubs is still an unaddressed problem in Arab countries, especially the Kingdom of Saudi Arabia, where literature on social inclusion and the role of sports clubs in promoting it among people with disabilities in Arab societies is scarce. Therefore, it seems necessary to gain comprehensive knowledge by identifying individual factors (gender, age, type of disability, academic level, and club attendance) that may affect the social inclusion of people with disabilities in sports activities (Skues and Cunningham, 2011; Shapiro et al., 2012). Accordingly, this study aims to fill this research gap by identifying the role of sports clubs in promoting the social inclusion of people with disabilities in Saudi society while accounting for demographic characteristics, such as gender, age, type of disability, academic level, and club attendance.

To achieve these goals, the following research questions were proposed: What is the prevalence of social inclusion among people with disabilities in the Kingdom of Saudi Arabia? Does the level of social inclusion differ according to other variables, such as gender, age, type of disability, academic level, and club attendance?

**METHODOLOGY**

**Revised methodology**

**Study design**

This research employed a cross-sectional design to investigate the social inclusion of individuals with disabilities participating in club sports.

**Data collection**

Data collection for this study took place in July 2023. Before initiating the data collection process, sports clubs were contacted through the club president and/or personal contact with other club members. After receiving support and approval from each club, individuals with disabilities were contacted via an electronic link containing information about the study.
and a survey link. Participants were informed that completing the questionnaire indicated voluntary participation, and all information obtained would remain strictly confidential for scientific research purposes. It was clarified that the total duration of data collection spanned 2 months, incorporating the entire process from initial contact with the sports clubs to the completion of participant surveys. Ethical procedures followed the principles of the Helsinki Declaration.

Data analysis

All statistical analyzes were carried out using version 20 of statistical package for the social sciences (SPSS). The Cronbach’s coefficients (α) confirmed the reliability of the questionnaire. Frequencies and percentages were used to examine the extent of social inclusion among people with disabilities. In addition to the analysis of variance and t-tests.

Participants

“Purposeful sampling was employed to select 240 individuals engaged in club sports, including athletics, volleyball, football, table tennis, swimming, wheelchair tennis, and karate. As 14 disabled individuals declined to provide informed consent and 21 others failed to respond or provided dishonest responses, data from 205 participants were used. Their ages ranged from 18 to 40 years (M = 29.8 years, standard deviation [SD] = 3.82). Using G*Power version 3.1.9.7, we calculated the recommended sample size for all statistical tests conducted, with an α error probability of 0.05 and 85% power.”

Instruments

The questionnaire assessed gender, age, type of disability, educational level, and club attendance.

Social inclusion questionnaire for people with disabilities

The self-reported questionnaire contained two sections. The first section measured the participants’ demographic and social characteristics (gender, age, type of disability, educational level, and club attendance). The second section aimed to identify the social inclusion of people with disabilities. Many relevant studies and questionnaires have been used to develop the dimensions and elements of the questionnaire (Gracia and Herrero, 2004; Fuller-Iglesias and Rajbhandari, 2016; Holland and Grühn, 2018; Albrecht et al., 2019). The social inclusion questionnaire for people with disabilities consists of 14 items measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale scores ranged from 14 to 70. The degree of social integration was divided into three levels: high, medium, and low, using the following equation:

\[ \frac{\text{Highest response} - \text{Lowest response}}{\text{Number of categories}} = \frac{5 - 1}{3} = \frac{4}{3} = 1.33. \]

Accordingly, scale scores <2.33 indicated a low level of social inclusion, scores between 2.34 and 3.67 indicated a moderate level of social inclusion, and scores >3.68 indicated a high level of social inclusion.

RESULTS

Table 1 provides an overview of the socio-demographic characteristics of the study participants.

Additionally, the reliability scores of the overall internal consistency ranged from 0.59 to 0.71. Cronbach’s Alpha for individual elements ranged from 0.78 to 0.86, and the total scale score was 0.78, demonstrating optimal validity. The half-stability coefficient was 0.84, which signifies an acceptable internal consistency.

To answer the first question on the role of sports clubs in the social inclusion of people with disabilities, the current study sample was divided into low, medium, and severe levels of social integration, as shown in Table 2. The frequency and distribution of individuals with disabilities with different levels of social inclusion were determined. More than half of the participants (51.21%) had low social integration, followed by those (40.48%) who showed average social integration. The remaining participants (8.29%) had high social integration.

Table 3 presents the results of an analysis of variance (ANOVA) conducted to examine the differences in the level of social inclusion based on gender, age, type of disability, academic level, and club attendance. The levels of social inclusion of individuals with disabilities differed significantly across all demographic characteristics, \( P < 0.01 \).

To further assess the nature of these differences, the Chevet test was used to make dimensional comparisons.
Statistically significant differences in social integration were observed based on gender, age, type of disability, academic level, and club attendance among individuals with disabilities. Differences in social integration by age, type of disability, academic level, and frequency of going to the club among individuals with disabilities were statistically significant (see Tables 4 and 5). Specifically, older participants had higher levels of social inclusion compared to younger participants. The mean difference was $-18.7408$ ($P = 0.001$), indicating a high level of social integration among individuals with a high academic level compared to those with a low academic level (mean difference $= -19.7182$, $P = 0.001$). Additionally, individuals with disabilities who had been members of the club for 8 years or more exhibited higher levels of social integration compared to those with shorter affiliations (mean difference $= -15.4228$, $P = 0.001$).

Table 6 shows the results of the $t$-test conducted to compare the scores of social inclusion based on the gender. Due to the lack of homogeneity between the two groups, an appropriate independent-samples-test was used in this case. Accordingly,
The results of the current study showed that 51.21% of individuals with disabilities experience low social integration. It was also found that 40.48% have average social integration, while 8.29% have high social integration. According to a set of behaviors assessed by the social inclusion questionnaire, more than half of individuals with disabilities do not feel that sports clubs contribute to their sense of social inclusion. For example, these individuals had limited knowledge of the club’s work, weak support and incentives provided to them by the club, limited knowledge of the importance of the club for disabled members, limited awareness that the club represents an interconnected social group, and limited participation in various social interaction activities. Despite the fact that the rates of inclusion of people with disabilities are rather low, the current rates of social inclusion and the participation of individuals with disabilities in sports activities were similar to those reported in previous studies. For example, 9% in the study by King et al. (2014) and 8% by McCallion (2021). Moreover, sports clubs need to enroll themselves in implementing government schemes designed for individuals with disabilities. While progress has been made, there are still obstacles that impact the growth of para-sports, including a small pool of athletes, limited facilities, and a shortage of specialized workforce. Additionally, there are currently challenges in communication among key stakeholders in the local ecosystem, including federations, para-clubs, Saudi olympic ecosystem, including federations, para-clubs, Saudi olympic ecosystem, including federations, para-clubs, Saudi olympic ecosystem.

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**DISCUSSION**

As a result of the stigma associated with disability, people with disabilities are generally excluded from active participation in many life activities; for example, their social exclusion from sports creates many life problems for them and their families and deprives them of basic opportunities to enhance their quality of life. Several studies have reported that people with disabilities have lower participation rates in sports compared to the nondisabled population (Sotiriadou and Wicker, 2014; Klenk et al., 2019).

**Table 5:** Scheffé test comparison of differences in social integration based on the variables of academic level and duration of participation in the club.

<table>
<thead>
<tr>
<th>Variables</th>
<th>(J) Academic Level</th>
<th>(I) Academic Level</th>
<th>Mean difference (I–J)</th>
<th>Std. error</th>
<th>Sig.</th>
<th>95% confidence interval Lower bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Illiterate</td>
<td>Primary education</td>
<td>−4.3198</td>
<td>−9.045</td>
<td>0.000</td>
<td>0.98623</td>
<td>−7.1122*</td>
<td></td>
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<tr>
<td></td>
<td>Secondary education</td>
<td>−13.5553</td>
<td>−18.8336</td>
<td>0.000</td>
<td>0.93211</td>
<td>−16.1944*</td>
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<tr>
<td></td>
<td>Tertiary education</td>
<td>−19.7182</td>
<td>−25.5293</td>
<td>0.000</td>
<td>1.02622</td>
<td>−22.6237*</td>
<td></td>
</tr>
<tr>
<td>Primary education</td>
<td>Illiterate</td>
<td>9.9045</td>
<td>4.3198</td>
<td>0.000</td>
<td>0.98623</td>
<td>7.1122*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary education</td>
<td>−6.7423</td>
<td>−11.4223</td>
<td>0.000</td>
<td>0.82646</td>
<td>−9.0823*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tertiary education</td>
<td>−12.8747</td>
<td>−18.1484</td>
<td>0.000</td>
<td>0.93131</td>
<td>−15.5116*</td>
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<tr>
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<td>Illiterate</td>
<td>18.8336</td>
<td>13.5553</td>
<td>0.000</td>
<td>0.93211</td>
<td>16.1944*</td>
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<tr>
<td></td>
<td>Primary education</td>
<td>11.4223</td>
<td>6.7423</td>
<td>0.000</td>
<td>0.82646</td>
<td>9.0823*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tertiary education</td>
<td>−3.9553</td>
<td>−8.9033</td>
<td>0.000</td>
<td>0.87379</td>
<td>−6.4293*</td>
<td></td>
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<tr>
<td>Tertiary education</td>
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<td>25.5293</td>
<td>19.7182</td>
<td>0.000</td>
<td>1.02622</td>
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<tr>
<td></td>
<td>Primary education</td>
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<td>12.8747</td>
<td>0.000</td>
<td>0.93131</td>
<td>15.5116*</td>
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<tr>
<td></td>
<td>Secondary education</td>
<td>8.9033</td>
<td>3.9553</td>
<td>0.000</td>
<td>0.87379</td>
<td>6.4293*</td>
<td></td>
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<tr>
<td>Duration of participation in the club</td>
<td>≤1 year</td>
<td>2-4 years</td>
<td>−5.4404</td>
<td>−10.5772</td>
<td>0.000</td>
<td>0.90713</td>
<td>−8.0088*</td>
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<td></td>
<td>5-7 years</td>
<td>−11.5610</td>
<td>−16.7174</td>
<td>0.000</td>
<td>0.91060</td>
<td>−14.1392*</td>
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<tr>
<td></td>
<td>≥8 years</td>
<td>−23.2743</td>
<td>−28.7257</td>
<td>0.000</td>
<td>0.96268</td>
<td>−26.0000*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≤1 year</td>
<td>10.5772</td>
<td>5.4404</td>
<td>0.000</td>
<td>0.90713</td>
<td>8.0088*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5-7 years</td>
<td>−3.7190</td>
<td>−8.5417</td>
<td>0.000</td>
<td>0.85167</td>
<td>−6.1304*</td>
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<tr>
<td></td>
<td>≥8 years</td>
<td>−15.4228</td>
<td>−20.5596</td>
<td>0.000</td>
<td>0.90713</td>
<td>−17.9912*</td>
<td></td>
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<tr>
<td></td>
<td>≤1 year</td>
<td>16.7174</td>
<td>11.5610</td>
<td>0.000</td>
<td>0.91060</td>
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<td>6.1304*</td>
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<tr>
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<td>≥8 years</td>
<td>−9.2826</td>
<td>−14.4390</td>
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<td>0.91060</td>
<td>−11.8608*</td>
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<tr>
<td></td>
<td>≤1 year</td>
<td>28.7257</td>
<td>23.2743</td>
<td>0.000</td>
<td>0.96268</td>
<td>26.0000*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-4 years</td>
<td>20.5596</td>
<td>15.4228</td>
<td>0.000</td>
<td>0.91060</td>
<td>17.9912*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥5 years</td>
<td>14.4390</td>
<td>9.2826</td>
<td>0.000</td>
<td>0.91060</td>
<td>11.8608*</td>
<td></td>
</tr>
</tbody>
</table>

*The mean difference is significant at the \( P < 0.05 \) level.

**Table 6:** T-test analysis of social inclusion based on gender.

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>133</td>
<td>40.42</td>
<td>9.19</td>
<td>11.57*</td>
</tr>
<tr>
<td>Female</td>
<td>72</td>
<td>25.90</td>
<td>7.27</td>
<td></td>
</tr>
</tbody>
</table>

*Statistically significant at the \( P < 0.05 \) level.
and paralympic committee (SOPC), healthcare providers, nonprofits, and schools, as established communication channels and processes are currently lacking.

These disappointing results emerged despite the numerous services that the Kingdom of Saudi Arabia provides to individuals with disabilities, including substantial support to enhance the role of sports clubs in promoting the social inclusion of individuals with disabilities, as evidenced by many sports achievements for people with disabilities at the global level. The football team for intellectual disabilities, for example, won the football World Cup four consecutive times, earning eight medals at the Asian Paralympic Games in Indonesia in 2018, winning the third place at the West Asian Games 2017, and earning four silver medals at the 2019 World Junior Championships. In addition, the team won two medals, “gold and silver, at the World Paralympic Games” Tokyo 2020 (S. P. Agency, 2023).

Results of our studies can be explained by the fact that the study was conducted with a sample of individuals with disabilities affiliated with sports clubs in the southern region of the Kingdom of Saudi Arabia that may receive less support compared to the remaining areas of the Kingdom of Saudi Arabia. Furthermore, poor social inclusion of people with disabilities may be due to personal factors, such as lack of self-confidence, lack of personal motivation, lack of physical fitness, limited number of peers, and fear of social interaction (Declerck et al., 2021). Poor social inclusion of people with disabilities may also be due to the lack of sports opportunities and physical activity programs, insufficient emphasis on team and competitive sports, inadequate sports facilities and materials, limited transportation, the lack of financial resources and high costs, and poor efficiency of trainers (e.g., Shields et al., 2012; Jaarsma et al., 2014; Kitchin and Howe, 2014; Misener and Darcy, 2014). In addition, fewer sports and social activities may be available for this group. Jeanes et al. (2018) confirmed that sports clubs play a weak role in promoting the social inclusion of individuals with disabilities, possibly due to the lack of strategic actions of sports clubs to adopt the social policy goals of governments and sports federations aimed at integrating people with disabilities.

The results of the study also indicated that males are more socially integrated compared to females. However, this study included more males than females with disabilities. This could have affected the results. As Saudi society is a traditional society where females with disabilities are not allowed in many families to go out and participate in sports clubs, even though there are some of them who have a need to exercise and integrate with other disabled and non-disabled people to increase interaction, communication, and end social restrictions. Several studies (Van Amsterdam et al., 2017; Al-Shahrani, 2020; Alhumaid et al., 2022) have noted that women with disabilities are often subjected to double discrimination because of their gender and disability. Studies also indicated that 93% of women with disabilities do not participate in sports and that women make up only a third of athletes with disabilities in international competitions. By giving women with disabilities the opportunity to compete and demonstrate their physical abilities, sports can help reduce gender stereotypes and negative perceptions of women with disabilities (Al-Shahrani and Hammad, 2020; Almateg et al., 2022).

The results also indicated that older participants are more socially integrated than younger participants, possibly because older participants might have more experience in the clubs they joined, be more familiar with the work of the club, and feel a greater sense of acceptance from the rest of the club members. Elmose-Østerlund et al. (2019) indeed showed that older people have more experience as older members of their clubs, good social relationships, and positive interaction with others. The results also indicated that people with mobility disabilities are more socially integrated compared to those with other types of disabilities. Individuals with severe disabilities may not have the opportunity to be active in sports activities. According to Linz and Sturm (2013), individuals with severe disabilities have a lower level of social integration compared to people with other types of disabilities, and accordingly, they have greater difficulties with developing interpersonal skills. Individuals with other types of disabilities, such as sensory and mental disabilities, may also require special training programs that may be largely unavailable (DePauw and Gavrion, 2005; Shapiro et al., 2012; Alqarni and Hammad, 2021).

Concerning the academic level, individuals with disabilities who had a higher average qualification were more socially integrated. This may be due to the specificity of the situation for people with disabilities, as most participants with special needs were classified into the intermediate education category. People with disabilities often cannot complete their education due to the difficulty of mobility and the lack of colleges in higher education for people with disabilities. Many individuals with disabilities are innately talented and have high skills and abilities despite not having scientific qualifications. Thus, individuals with disabilities who are more educated can understand the values and standards of the club and accept a multicultural climate. These results are consistent with Hovemann and Wicker (2009), Elmose-Østerlund et al. (2019) and Alkhamsi et al. (2021), who reported that years of education were positively correlated with sports participation.

The results also indicated that the duration of participation in the club has a positive effect on enhancing social integration among individuals with disabilities, as individuals with disabilities who have long periods and constant frequency of the sports club scored higher on social integration. The sense of social inclusion enhances the feelings of belongingness to the sports club among people with disabilities. At the same time, frequent sports club attendance and longer participation enhance their social integration (Elmose-Østerlund et al., 2019). The results also indicated that more years of participation in sports clubs was associated with higher social integration of individuals with disabilities, which makes sense because long-time club members may have more opportunities to interact with their team. This is in line with the numerous literature indicating that long-time members of sports clubs are better socially integrated and, therefore, may not leave the club (Nagel et al., 2006; Elmose-Østerlund et al., 2016; Albrecht et al., 2019).
STUDY LIMITATIONS

While this study offers interesting insights into the role of sports clubs in promoting the social inclusion of individuals with disabilities, it suffers from several limitations that must be considered when trying to generalize the findings to other contexts. First, the existing sample was biased due to the selected sampling and data collection methods. When we contacted volunteers via social media, we reached only individuals with disabilities who had access to social media and the Internet and possibly had higher education. These participants may not represent the general population of individuals with disabilities participating in sports clubs in southern Saudi Arabia. However, the online data collection method and the relevant sampling method were the only way to provide potential participants with disabilities with a sense of anonymity, which is necessary for completing the questionnaire honestly and minimizing the social desirability bias.

Moreover, the sample size was too small and not representative of all individuals with disabilities residing in southern Saudi Arabia. The G*Power tool with preset power and error limits yielded a sample of 205 disabled people, increasing the reliability of the current analyses. However, future studies should include a larger, more diverse, and representative sample to provide a clearer picture of the general disabled population in Saudi Arabia. Finally, future comparative studies of sports clubs located in other regions of the Kingdom of Saudi Arabia will provide a more comprehensive understanding of the effects of sports participation on individuals with special needs. Future studies could simultaneously explore individual, socio-cultural, economic, and other structural factors to address current limitations. Nevertheless, despite limitations, the current study adds to the limited number of studies conducted with individuals with disabilities.

CONCLUSIONS AND IMPLICATIONS

This study analyzed the data from 205 people with disabilities participating in sports clubs to determine the effects of sports club participation and the effects of demographic and social factors on their social inclusion. The results revealed that about half of the sample had low social integration. Less than half of the sample had an average social integration, while fewer than 15% of people with disabilities indicated high social integration. Statistically significant differences were observed based on gender, age, type of disability, academic level, and duration of participation in the club. Specifically, the results showed that males, older participants, long-term club members, and individuals with motor disabilities and higher academic levels had higher social integration compared to their peers.

The current research highlights the important role of sports clubs in promoting the social inclusion of people with disabilities. Sports clubs and sports, in general, contribute to reducing the stigma and discrimination associated with people with disabilities, as sports may change society’s attitudes toward people with disabilities by highlighting their skills and potential. Sports can also help people with disabilities acquire social skills, reduce dependence on others, and develop autonomy, positive social interaction, effective communication, and respect for others. Therefore, it is important to be aware of this issue and strive to develop appropriate strategies to enhance the role of sports clubs in promoting the social inclusion of individuals with disabilities. More active efforts should also be made to train professional coaches and provide operating support funds and facilities necessary for the effective operation of sports clubs.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest in association with the present study.

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DATA AVAILABILITY STATEMENT

The data presented in this study are available in the article.

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