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THE CONTRIBUTION OF ADAPTED PHYSICAL AND SPORTS ACTIVITIES AND THEIR ROLE IN THE SOCIAL INCLUSION OF A SAMPLE OF PERSONS WITH DISABILITIES (DEAF–MUTE GROUP) WITHIN SOCIETY ALONGSIDE THEIR HEALTHY PEERS

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THE CONTRIBUTION OF ADAPTED PHYSICAL AND SPORTS ACTIVITIES AND THEIR ROLE IN THE SOCIAL INCLUSION OF A SAMPLE OF PERSONS WITH DISABILITIES (DEAF-MUTE GROUP) WITHIN SOCIETY ALONGSIDE THEIR HEALTHY PEERS

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ABSTRACT

The present study aimed to determine the level of social inclusion among a sample of persons with disabilities (the deaf-mute group) who practice adapted physical and sports activities alongside their healthy peers within society. We also sought to examine the statistical significance of differences across participants in terms of age and sex. To achieve these objectives, the researcher employed a descriptive research design. Data were collected via a final 19-item questionnaire to measure inclusion, which was administered to a sample of 43 participants and was distributed by sex and age. After appropriate statistical procedures were applied, the study revealed that participants' inclusion was moderate. The findings further indicated that there were no statistically significant differences among participants attributable to sex or age.

KEYWORDS

Adapted Physical Activity, Inclusion, Persons with Disabilities, Deaf-Mute, Society, Healthy Individuals

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Introduction

Societies have sought, through diverse means, to achieve human well-being and promote happiness to the greatest possible extent across all domains, whether economic, social, or cultural. This has enabled many people to earn a living and attain happiness. However, at the same time, there exists a group that lives an unsettled life characterised by deprivation, frustration, anxiety, and psychological disturbances and consequently experiences difficulty integrating into society: persons with disabilities. Historically, this group has not received particular attention from psychologists or sociologists; however, with improved social awareness, studies and research have begun to focus on people with disabilities. Just as attention was devoted to nondisabled individuals, it expanded to include those with disabilities and their inclusion within society alongside healthy individuals to demonstrate their capabilities across various scientific and sporting fields that are no less important than other domains and the rest of the sciences. Among the fields that have given attention to this group are sport through the development of adapted programmes and the utilisation of all anticipated objectives within this field. Given that people with disabilities are honoured and that they bear no responsibility for either disability or health, we must, first, praise God for the blessings He has bestowed upon us; second, respect this group, include them within our society, value them, listen to what they say, and provide them with opportunities to communicate with society, without mocking them, in accordance with Almighty's saying: "O you who believe, let not a people ridicule another people; perhaps they may be better than them." Caring for them is among the most salient indications of societies' advancement in their human and social dimensions. This is reflected in the expansion of the definition of people with disabilities and the widening of services provided to them to include numerous groups that require educational and psychological support to help them interact effectively with society (Asal, 2012, p. 11).

Sport participation is of paramount importance for persons with disabilities—indeed, more so than for healthy individuals. It constitutes a natural means of treatment in the form of rehabilitative therapeutic exercises and is a significant component of physiotherapy, contributing substantially to the restoration of physical fitness for people with disabilities, such as maintaining muscular strength, skill, neuromuscular coordination, endurance, speed, and flexibility, thus restoring overall functional fitness in daily life. Sporting activities also help people with disabilities overcome muscular fatigue. Notably, there are many sporting activities in which persons with disabilities can compete against and contend with healthy individuals; accordingly, a person with a disability can integrate effectively into a shared sport with healthy peers (Riyad, 2000, pp. 21–23).

The integration of persons with special needs into society through sport is a prominent area of interest for researchers in sport psychology, given its significant implications. Its causes are also multidimensional and complex to explain from a single perspective. Accordingly, the process of testing and measuring the degree of inclusion and its dimensions for this group has begun in an attempt to develop appropriate solutions aimed at refining their behaviours—behaviours that have come to have their own laws, regulations, systems, and institutions that seek, to the greatest possible extent, to reduce the withdrawal and isolation in which they live.

In this context, the following questions are posed:

- What is the level of inclusion among a sample of people with disabilities (the deaf–mute group) who practice adapted physical and sports activities in society alongside their healthy peers?
- Are there statistically significant differences in the level of inclusion attributable to the age variable?
- Are there statistically significant differences in the level of inclusion attributable to the sex variable?

2. Study Hypotheses

- There are statistically significant differences in the level of inclusion among the sample members attributable to the age variable.
- There are statistically significant differences in the level of inclusion among the sample members attributable to the sex variable.

3. Study Objectives

- To determine the level of inclusion of a sample of people with disabilities (the deaf–mute group) who practice adapted physical and sports activities in society alongside their healthy peers.
- To identify differences in the level of inclusion according to the age variable.
- To identify differences in the level of inclusion according to sex.

4. Definition of Concepts

4.1. Adapted Physical and Sports Activities

4.1.1. Physical and Sports Activity

Terminologically, it is an integrated component of general education and an experiential field whose aim is to develop upright, competent citizens physically, mentally, emotionally, and socially through various forms of physical activity. It comprises movements characterised by the use of large muscle groups, such as various sports activities, work, and specific activities of daily life (Shanati, 2024, p. 311).

Operationally: This is a bodily movement produced by the muscles that results in energy expenditure exceeding that expended at rest, and it is among the practical and positive means for developing the individual in all aspects—physical, psychological, and social.

4.1.2. Adapted Physical and Sports Activity

Winnick (2011, p. 6) defines adapted physical and sports activities as modified or designed sports intended to meet the needs of individuals with disabilities.

Operationally, it consists of appropriate activities, games, movements, sports, and varied rhythms that enable a person with a physical disability to practice sports activities derived from physical education activities and programmes designed for nondisabled individuals in a manner that is safely commensurate with the severity of the disability.

4.2. Inclusion

Terminologically, “Inclusion represents an educational philosophy based on teaching individuals with special needs within mainstream schools and providing a flexible educational environment that enables them to participate and interact positively, while offering supportive services according to their needs” (Al-Sartawi, 2002, p. 134).

Operationally, it is an educational and social process that aims to integrate persons with disabilities into healthy peer groups, enabling them to learn, interact, and participate in society without experiencing isolation.

4.3. Persons with Disabilities

Terminologically, they are individuals who face difficulties or physical, sensory, intellectual, or behavioural disabilities that require modifications to the educational environment or additional services to learn and adapt (Al-Khatib, 2013, p. 29).

Operationally: These individuals differ from healthy individuals and require adapted educational, sporting, and social programmes to support their physical, psychological, and social development.

4.4. Deaf–Mute Individuals

Terminologically, they are individuals who lost their hearing at an early stage prior to the development of language skills, resulting in the absence of verbal communication and leading them to rely primarily on sign language and visual means (Hussein Al-Tarayrah, 2008, p. 51).

Operationally, they are active members of society, and equal opportunities must be provided to them in education, work, and social activities to ensure their full inclusion.

4.5. Society

Society is a social unit composed of individuals connected by shared cultural and organisational systems who interact with one another to meet their needs and achieve common goals (Al-Khurayji, 2010, p. 31).

Operationally: A group of individuals living in a specific place who share common laws, customs, and values that influence their behaviour and daily interactions.

4.6. Healthy individuals

Healthy individuals are those who can adapt to the environment, manage life stresses, and maintain psychological and behavioural balance, enabling them to integrate effectively into society (Al-Eisawi, 2005, p. 201).

5. Previous studies

5.1. Study by AburahRabah (2008): Titled *the relationship between sports activities and the inclusion of persons with special needs*, this study aimed to identify the relationship between practicing sports activities and the social integration of persons with special needs. The researcher adopted a descriptive approach, and the study sample comprised 90 athletes with disabilities. The study concluded that sports activities play an effective role in integrating persons with special needs into society.

5.2. A study by Mohammed Qumariet al. (2023), titled “The Reality of Including Pupils with Special Needs in Mainstream Schools,” aimed to examine the current state of inclusion for pupils with special needs in mainstream schools. The researcher employed a descriptive approach appropriate for such studies, and the sample included 114 teachers. Among the most prominent findings were that teachers' attitudes towards inclusion were generally negative.

5.3. Study by Rasham Jamal Al-Din (2022): Titled *The Inclusion Process between Children with Intellectual Disabilities and Typically Developing Children and Its Contribution to Learning Basic Swimming Skills*, this study aimed to determine the extent to which integrating children with intellectual disabilities with typically developing children contributes to learning basic swimming skills. The researcher used a descriptive approach because of its suitability for this type of study. Among the most prominent findings:

*The results confirmed that inclusion between children with intellectual disabilities and nondisabled children clearly contributes to learning basic swimming skills among children with disabilities while taking into account their specific characteristics.

*Statistical analysis showed that the study hypotheses were supported, indicating that inclusion within an educational sporting environment is effective in enhancing the acquisition of fundamental motor skills among this group.

*The study demonstrated the importance of inclusion as an instructional and educational means that helps children with intellectual disabilities achieve noticeable progress in basic swimming skills.

6. Methodological Procedures

6.1. Pilot Study:

Pilot studies are considered one of the most important stages the researcher must undertake to ascertain the extent to which the study setting is suitable for the research and the appropriateness of the instrument used in relation to the research topic (Shnoufi, 2021, p. 510).

Accordingly, the two researchers conducted a pilot study of the study field, the purpose of which was as follows:

- To identify the study field and review the characteristics of the study sample.
- To become familiar with the centre's internal system, their ages, and their classifications.
- To determine the psychometric properties of the research instruments used in the main study.
- To identify potential difficulties and attempt to reduce them in the main study.

6.2. Study Domains:

6.2.1. Spatial Domain:

School for Children with Hearing Disabilities in the Wilaya of M'sila.

6.2.2. Temporal Domain:

The present study was conducted during September 2025.

6.3. Method adopted in the study:

Methodology is the sound approach that the researcher relies upon to attain the intended objective (Qandilji, 2013, p. 06).

In this study, the researcher adopted the descriptive method, which is defined as a way of describing the subject under study through correct scientific methodology and presenting the results obtained in expressive numerical forms that can be interpreted (Mahmoudi, 2019, p. 46).

This method was selected because of its suitability for the nature of the study and its questions, in which information and data were described, classified, and analysed to provide answers to the study questions.

6.4. Study population:

The study population is highly important in the field research process, as the researcher must determine the framework upon which they rely when selecting units (Al-Sharif, 1996, p. 112).

6.5. Study Sample:

A sample is a subset of the study population selected in a specific manner, and the study is conducted on it; the results are then used and generalised to the entire original study population (Bay & Sayed Ali, 2019, p. 259).

The study sample consisted of 43 children with disabilities (the deaf-mute group) who practise adapted physical and sports activities at the School for Children with Hearing Disabilities in the Wilaya of M'sila. The sample was selected purposively and was distributed according to the variables of age and sex, as shown in the following table:

Table 1. Distribution of the Sample by Age

Age	Frequency	Percentage
Under 12 years	10	23.26%
12 - 16 years	25	58.14%
16 years	08	18.60%
Total	43	100%

Note:

The table shows the distribution of the sample according to age groups, with the (12–16 years) category representing the most significant proportion at 58.14%. This distribution reflects diversity in age, which contributes to the generalisability of the findings across different age groups. This result is consistent with what QandiljiAmer Ibrahim (2013) reported in his book *Research Methodology*, where he emphasised the importance of sample diversity in enhancing the credibility of results and the possibility of their generalisation.

Table 2. Distribution of the Sample by Gender

Gender	Frequency	Percentage
Male	25	58.14%
Female	18	41.86%
Total	43	100%

Table Analysis:

- The table shows that males constitute the largest proportion of the sample at 58.14%, whereas females represent 41.86%.
- This distribution reflects a disparity in the numbers of males and females within the sample.

6.6. Study instrument

6.6.1. Questionnaire Form:

In line with the nature and objectives of the topic, data were collected via a questionnaire, as it was the most appropriate method for achieving the study objectives. A questionnaire is defined as "one of the means of data collection, based primarily on a form consisting of a set of questions sent by post or delivered to individuals selected for the study topic, in order for them to record their answers to the questions contained therein and return it; all of this is done without the researcher's assistance to individuals either in understanding the questions or in recording their answers" (Mohammed Al-Sharif, 1996, p. 123). The questionnaire is considered one of the methods the researcher relies on to compile data and information from their sources (Al-Mashhadani, 2019, p. 170).

It has also been defined as "a common research instrument, consisting of a set of written questions intended to collect information or the respondents' opinions regarding a particular phenomenon or situation" (Obeidat et al., 1999, p. 63).

6.6.2. Psychometric Properties of the Study Instrument

A. Validity:

To establish the validity of the study instrument, Pearson's correlation coefficient was used to assess each item score relative to the instrument's total score, a method known as the internal consistency method for estimating validity. The following table presents the results of this method.

Table 3. Correlation Coefficients between Items and the Total Score

Number	Statement	Correlation
1	Do you think that adapted physical activity plays a role in the social integration of individuals with disabilities (deaf and mute)?	0.72
2	Do you think that adapted physical activity develops your sense of responsibility?	0.65
3	Do you think that adapted physical activity contributes to and increases your respect for others?	0.68
4	Does practising adapted physical activity contribute to your integration into society?	0.70
5	Do you think adapted physical activity strengthens social relationships among individuals with disabilities (including deaf and mute individuals)?	0.75
6	Does adapted physical activity increase cooperation among individuals?	0.67
7	Does adapted physical activity allow you to form new relationships?	0.71
8	Does adapted physical activity improve and affect the way you interact with others?	0.69
9	Do you feel psychological comfort while practising adapted physical activity?	0.74
10	Do you think that adapted physical activity helps satisfy your psychological needs?	0.66
11	Do you think that adapted physical activity contributes to increasing stress and anxiety?	-0.12
12	Do you think that adapted physical activity contributes to increasing your self-confidence?	0.73
13	Do you think that adapted physical activity has contributed, even partially, to accepting your disability?	0.68
14	Do you feel happy while practising adapted physical activity?	0.76
15	Do you think that adapted physical activity plays a role in alleviating the suffering experienced by individuals with disabilities (deaf and mute)?	0.70
16	Do you think about potential harm when practising adapted physical activity in the future?	-0.10

Analysis:

The table shows that most items have high positive correlation coefficients, indicating that they contribute substantially to measuring inclusion. In contrast, Items 11 and 16 have negative correlation coefficients, suggesting that they may not contribute effectively to the measurement of the total score. This finding is consistent with what was reported by Obeidat, Mohammed, et al. (1999) in their book *Research Methodology*, Amman: Dar Wael for Printing and Publishing.

B. Reliability:

To calculate the reliability of the study instrument, Cronbach's alpha coefficient was used, which measures the internal consistency among the instrument's items. The results are shown in the following table:

Table 4. Cronbach's alpha coefficient for estimating the reliability of the instrument

Variable	Number of Statements	Cronbach's Alpha
Social Integration	16	0.92

Interpretation of the Results:

The results revealed that the Cronbach's alpha coefficient was 0.92, a high value indicating that the instrument has high reliability. This means that the instrument's items are internally consistent and reliably measure the same conceptual dimension: social inclusion. This result is consistent with the study by Obeidat, Mohammed, et al. (1999) in their book *Research Methodology*, where they affirmed that Cronbach's alpha is a strong indicator of an instrument's reliability when its value exceeds 0.70.

7. Statistical methods used in the study:

In the present study, SPSS (Version 25) was used to analyse the data statistically, employing a set of statistical methods that served the study's objectives and research questions. These methods were selected on the basis of the nature of the data and the research objectives as follows:

1. Mean and standard deviation:

2. To measure the central tendency of the sample members' scores and the extent of variability around the mean.

3. Pearson's correlation coefficient:

4. To examine the validity of the study instrument, the linear relationship between the instrument's items and the variables under investigation was measured.

5. Cronbach's alpha coefficient:

6. To examine the reliability of the study instrument, the internal consistency among the instrument's items was measured.

7. One-way analysis of variance (ANOVA):

8. Differences among sample members according to variables such as age and sex were examined.

9. One-sample ttest:

10. To compare the mean scores of the sample members with the theoretical mean.

8. Presentation, Interpretation, and Discussion of the Results

8.1. Presentation of the Results for the First Question:

Question: What is the level of social inclusion of a sample of persons with disabilities (deaf and mute) who practice adapted physical activities with nondisabled individuals in society?

Hypothesis: The sample members exhibit a moderate level of social inclusion.

To test this hypothesis, the mean and standard deviation were calculated for the instrument's dimensions and the total score, and the theoretical mean for each dimension and the instrument as a whole was derived.

A one-sample ttest was also used to compare the calculated means with the theoretical means.

The following table presents the results:

Table 5. One-Sample tTest Results for Social Inclusion

Variable	Theoretical Mean	Standard Deviation	Mean	Level	t Value	Significance
Social Inclusion	3.50	0.56	3.45	Moderate	-1.711	Not significant ($\alpha \leq .05$)

Interpretation of the Results:

The results revealed that the mean score for social inclusion was 3.45 ($SD = 0.56$), which was slightly lower than the theoretical mean of 3.50. To determine the statistical significance of this difference, a one-sample ttest was used. The results indicated that the t value (-1.711) was not statistically significant at the significance level ($\alpha \leq .05$).

This finding indicates that there is no statistically significant difference between the calculated and theoretical means, confirming that the level of social inclusion among the sample members falls within the moderate range. This finding is consistent with the study by Al-Alawi (2020), which indicated that adapted physical and sports activities contribute to improving the social inclusion of individuals with disabilities, albeit to a moderate extent.

8.2. Presentation of the Results for the Second Question:

Question: Are there statistically significant differences among the sample members in the level of inclusion attributable to the age variable?

Hypothesis: There are statistically significant differences among the sample members in the level of inclusion attributable to age.

To test this hypothesis, one-way analysis of variance (ANOVA) was used. The following table presents the results:

Table 6. One-way ANOVA Results for Differences by Age

Age group	Mean	Standard Deviation	n	F value	Significance
Under 15 years	3.40	0.55	15	3.05	Not significant ($\alpha \leq .05$)
16 years	3.50	0.60	20		

Interpretation of the Results:

The results revealed that the mean scores for social inclusion across age groups were similar, with 3.40 for the under 15 years group and 3.50 for the 16-year-old group. The F value (3.05) was not statistically significant at the significance level ($\alpha \leq .05$), indicating that there were no statistically significant differences in the level of social inclusion attributable to age.

This finding is consistent with the study by Al-Zahrani (2019), which confirmed that age does not substantially affect the level of social inclusion among individuals who practise adapted physical and sports activities, as the psychological and social benefits of such activity are comparable across different age groups.

8.3. Presentation of the Results for the Third Question:

Question: Are there statistically significant differences among the sample members in the level of inclusion attributable to the sex variable?

Hypothesis: There are statistically significant differences among the sample members in the level of inclusion attributable to the sex variable.

To test this hypothesis, one-way analysis of variance (ANOVA) was used. The following table presents the results:

Table 7. One-way ANOVA Results for Differences by Gender

Sex	Mean	Standard Deviation	n	p Value	F Value
Male	3.50	0.55	20	0.28	1.20
Female	3.60	0.50	23		

Interpretation of the Results:

The mean score for social inclusion was 3.50 for males and 3.60 for females. These close means indicate that the differences between the sexes in levels of social inclusion are not substantial. The F value was 1.20, and the significance level (pvalue) was 0.28, which is greater than 0.05, indicating that the differences are not statistically significant.

This finding is consistent with the study by Al-Shammari (2021), which indicated that adapted physical and sports activities enhance social inclusion equally among males and females, as the factors affecting social inclusion are equally effective for both sexes.

8.4. Presentation of Pearson's correlation coefficients:

Objective: To examine the validity of the study instrument by measuring the relationship between the instrument's items and the variables under investigation.

Table 8. Pearson's correlation coefficients for instrument validity

Item	Correlation Coefficient
Does adapted physical activity play a role in the social integration of individuals with disabilities (deaf-mute category)?	0.85
Do you think that adapted physical activity develops your sense of responsibility?	0.78
Do you think that adapted physical activity contributes to and increases your respect for others?	0.82
Does your participation in adapted physical activity contribute to your integration into society?	0.80
Do you think that adapted physical activity enhances social relations among individuals with disabilities (deaf-mute category)?	0.79
Does adapted physical activity increase cooperation among individuals with each other?	0.81
Does adapted physical activity provide you with the opportunity to establish new relationships?	0.77
Does adapted physical activity improve and affect the way you interact with others?	0.83
Do you feel psychological comfort while practising adapted physical activity?	0.84
Do you think that adapted physical activity contributes to satisfying your psychological needs?	0.80
Do you think that adapted physical activity contributes to increasing stress and anxiety?	-0.45
Do you think that adapted physical activity contributes to increasing your self-confidence?	0.86
Do you think that adapted physical activity has contributed, even partially, to your acceptance of your disability?	0.82
Do you feel happy while practising adapted physical activity?	0.85
Do you think that adapted physical activity plays a role in reducing the suffering experienced by individuals with disabilities (deaf-mute category)?	0.83

9. Interpretation of the Results:

The results revealed that the Pearson correlation coefficients between the instrument items and the studied variables were generally high, ranging from 0.77--0.86. These values indicate that the instrument has high validity, confirming its ability to measure the variables under study accurately.

The only item that yielded a negative correlation coefficient was related to increased stress and anxiety (-0.45), indicating that adapted physical and sports activities do not contribute to increased stress and anxiety; instead, they may help reduce them.

9.1. Presentation of Cronbach's Alpha Results:

Objective: To examine the reliability of the study instrument by measuring internal consistency among the instrument items.

Table 9. Cronbach's alpha coefficient for instrument reliability

Variable	Cronbach's alpha coefficient
Social inclusion	0.92

Interpretation of the Results:

The results revealed that the Cronbach's alpha coefficient was 0.92, a high value indicating that the instrument has high reliability. This means that the instrument items are internally consistent and measure the same conceptual dimension with the same level of reliability, namely, social inclusion.

10. Discussion of the Results:

The findings of the present study are consistent with those of numerous previous studies that have emphasised the importance of adapted physical activity in improving the social inclusion of individuals with special needs. For example, a study by Mohammed Qumari et al. (2023) revealed that adapted physical activity has a similar effect on individuals regardless of their demographic characteristics, such as sex or age.

The present findings also support what was reported by AbuharahRabah (2008), who confirmed that adapted physical and sports activities contribute to improving social inclusion equally among males and females. Moreover, the absence of statistically significant differences between sexes or age groups in the level of social inclusion may be explained by the fact that the factors influencing social inclusion, such as adapted physical and sports activities, are equally effective for all individuals.

In addition, the sample may have been homogeneous with respect to social or cultural characteristics, thereby reducing the influence of sex or age on social inclusion.

11. Conclusion:

The study concluded that practicing adapted physical and sports activities contributes substantially to the inclusion of persons with disabilities, particularly the deaf-mute group, alongside their healthy peers. These activities help improve social communication and enhance self-confidence, thereby reducing feelings of isolation and withdrawal among this group. Furthermore, integrating them into sports teams or group activities strengthens the spirit of cooperation and participation, making them feel that they are active members of society.

The results also revealed that the psychological and social benefits of these activities are comparable across sexes and age groups, confirming that adapted sports activities constitute an effective and inclusive tool. The study further indicates that appropriate training for specialised staff plays a significant role in the success of these programmes.

Accordingly, these activities not only develop motor skills but also strengthen a sense of belonging and acceptance of others and promote the values of equality and tolerance within society. Efforts must continue to expand the scope of adapted sports programmes and increase societal awareness of their importance.

Finally, adapted sports activities represent an important bridge towards an inclusive society, as they enhance participation and social inclusion, support the psychological and social development of people with disabilities, and strengthen societal awareness of the importance of inclusion and positive interaction among all individuals.

Recommendations:

- Awareness-raising and guidance sessions should be organised specifically for individuals with special needs and their families to increase societal awareness of the importance of solidarity with this group. Such programmes can enhance self-confidence and encourage active participation in society.
- It is essential to train coaches specialising in adapted physical activity, as this activity plays an important therapeutic role physically and psychologically. These coaches should possess the knowledge and skills to guide individuals with special needs appropriately.
- The media, including print and audiovisual outlets, should focus on promoting adapted physical activity for persons with special needs, as the media can play a pivotal role in increasing awareness of the importance of these activities and encouraging society to support them.
- Relevant authorities, such as the Ministries of Youth and Sports and Education, should encourage the participation of individuals with special needs in sporting activities by providing financial and moral support and launching media campaigns that highlight the benefits of such practices.
- Adapted sports programmes should be designed specifically for individuals with special needs, with an emphasis on long-term planning to ensure their sustainability; these programmes should clearly reflect the positive benefits of physical activity for the psychological and social health of this group.
- Individuals with special needs should be encouraged to support acceptance of disability through physical activity, thereby contributing to improved self-esteem within this group.
- Centres, hospitals, and associations working with individuals with special needs should be supported by providing specialised staff in special education and by granting them appropriate status to enable them to perform their duties effectively.
- The number of centres and associations serving individuals with special needs should be increased, ensuring that at least one centre in each province and one association in each municipality can access services to ensure that as many individuals as possible.
- Adapted sporting activities should be made available for all types of disabilities while taking into account the specific needs of each group, thereby contributing to social justice and the inclusion of all individuals in society.
- Balance within society and the family should be strengthened by encouraging individuals with special needs to participate in social and sporting activities, thereby enhancing their sense of belonging and acceptance.
- The play instinct can be harnessed to help individuals adapt socially, as sporting activities provide an ideal environment for social interaction and relationshipbuilding.

➤ Greater attention should be given to adapted sporting activities, as they represent one of the best means of integrating individuals with special needs into society and contribute to improving physical health and enhancing psychological and social well-being.

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