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Social Competence among Children with Mild Intellectual Disabilities in Saudi Arabia: The Role of Self-Confidence and Failure Expectation

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Abstract

This study focuses on the examination of the relationship between social competence, self-confidence, and failure expectation among children with mild intellectual disabilities in Saudi Arabia. Recognizing the significance of social competence for this population, and addressing the gap in understanding its predictors, this research investigates the roles of self-confidence and failure expectation in shaping social competence. A correlational research design was employed with a sample of 60 female children with mild intellectual disabilities. Data were collected using measures of social competence, self-confidence, and failure expectation. The findings revealed a significant positive correlation between self-confidence and social competence, and a significant negative correlation between failure expectation and social competence. One-way ANOVA indicated a significant difference in social competence across IQ groups, with higher IQ groups exhibiting greater social competence, but no significant difference across age groups. Linear regression analysis showed that self-confidence was a strong positive predictor of social competence, while failure expectation did not independently predict social competence when self-confidence was considered. The two predictors (self-confidence and failure expectation) explained approximately 67.9% of the variance in social competence. The model overall was significant ($F=60.44$, $P< 0.001$).

Keywords: Mild Intellectual Disabilities, Failure Expectation, Self-Confidence, Social Competence, Saudi Arabia, Disability

Introduction

Social competence means the ability to navigate social interactions, form relationships, and adapt to societal norms. It is a cornerstone of human development, particularly for children with mild intellectual disabilities (MID). These children, characterized by intellectual functioning scores between 50–70 and adaptive behaviour limitations, face unique challenges in achieving social integration. This challenge amplifies in sociocultural contexts like Saudi Arabia, where stigma and limited awareness of disability rights persist (Haddad et al., 2024). The interplay of psychological factors such as self-confidence and failure expectation then complicates their social trails. This may lead to modify their ability to engage meaningfully in educational, familial, and community settings. Globally, studies highlight that deficit in social competence. correlate with heightened risks of social isolation, peer rejection, and mental health disorders such as anxiety and depression in this population. For instance, research in Chile demonstrated that adolescents with higher social competence exhibited greater life satisfaction and resilience, mediated by self-esteem (Caqueo-Urízar et al., 2022). Similarly, in Saudi Arabia, perceived social support has been linked to improved self-esteem and psychological well-being. However, some systemic barriers, such as limited access to inclusive education frequently reduce these benefits (Bahari et al., 2019; Haddad et al., 2024).

The prevalence of social competence deficits among children with MID is particularly pronounced during adolescence, when social demands intensify. A recent study on Saudi university students revealed that low self-esteem and social distress mediated social avoidance behaviours. This finding mirrors challenges faced by adolescents with MID (Shang et al., 2025). For these children, repeated negative social experiences, such as bullying, or exclusion can solidify failure expectations. This create a cyclical pattern of avoidance and diminished self-confidence.

On the other hand, failure expectation means the anticipation of negative outcomes in social or academic tasks. It is a critical yet understudied factor in the social competence of children with MID. Rooted in repeated experiences of rejection or criticism, failure expectation erodes motivation and exacerbates social withdrawal. For example, a Saudi study on hypertension self-care found that self-efficacy mediated the relationship between family support and health behaviors.This suggest that confidence-building interventions could mitigate avoidance patterns (Bahari et al., 2019). Similarly, research in China demonstrated that resilience and self-esteem mediated the relationship between social competence and life satisfaction, underscoring the need to address psychological barriers like failure expectation (Caqueo-Urízar et al., 2022; Shang et al., 2025).

In Saudi Arabia, cultural norms emphasizing academic achievement and social conformity may intensify failure expectations among children with MID. A recent study in Riyadh revealed that 81% of participants reported low self-esteem, with females and lower-income groups disproportionately affected. Although this study focused on the general population, its implications extend to children with MID, who face compounded marginalization due to disability and socioeconomic status (Haddad et al., 2024).

In addition, Self-confidence is defined as belief in one’s ability to succeed. It serves as a protective factor against social competence deficits. It has been indicated that children with higher self-confidence are more likely to initiate interactions, persist through challenges, and

build positive peer relationships. For instance, a Chilean study found that social competence directly enhanced self-esteem, which then improved life satisfaction, highlighting the reciprocal relationship between confidence and social skills (Caqueo-Urízar et al., 2022). However, fostering self-confidence in children with MID requires culturally tailored approaches. Saudi research on social entrepreneurial intentions emphasized the role of empathy and social self-efficacy in driving prosocial behaviours. These efforts indicate that interventions promoting empathy and peer modelling could enhance confidence in children with MID (Aloulou & Algarni, 2022). Additionally, family support emerges as a critical factor. A study on Saudi men with hypertension found that family social support indirectly improved health behaviours by bolstering self-efficacy. This mechanism may be applicable to social competence development (Bahari et al., 2019).

Therefore, the specific objectives of this study are as follows:
Objective 1: To describe the level of social competence among children with mild intellectual disabilities.
Objective 2: To compare the social competence of children with mild intellectual disabilities across different IQ groups.
Objective 3: To compare the social competence of children with mild intellectual disabilities across different age groups.
Objective 4: To investigate the relationships of self-confidence and failure expectation with social competence among children with mild intellectual disabilities, and to examine the predictive role of self-confidence and failure expectation on social competence.
In order to achieve the objectives of the study a research framework was established.

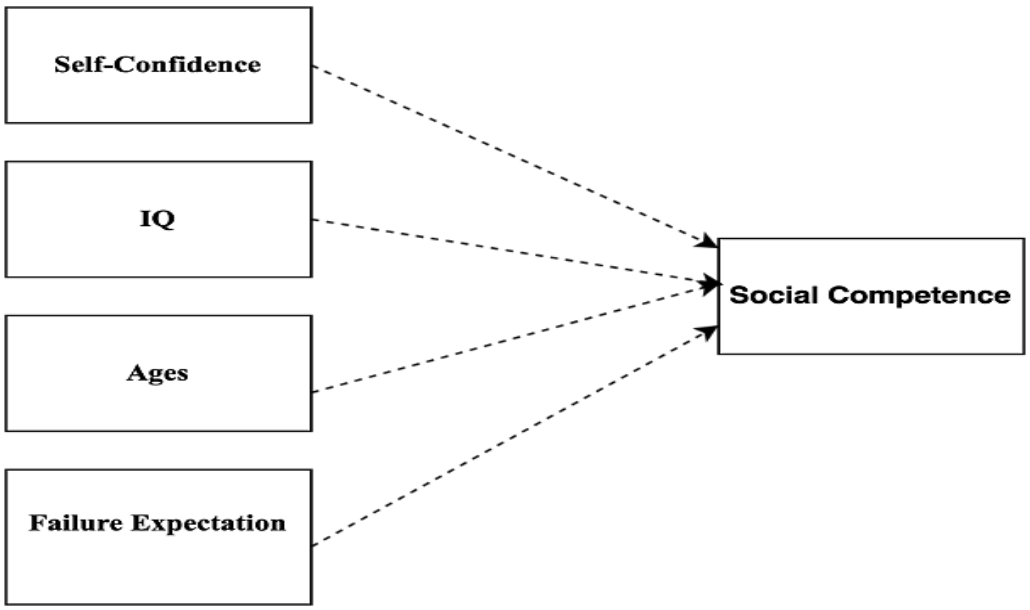

Figure 1 the relationship between self – confidence, IQ, ages and Failure expectation in social competence

The conceptual framework of this study proposes a model where multiple factors influence social competence among children with mild intellectual disabilities. Specifically, it posits that self-confidence, failure expectation, IQ, and age are key variables shaping a child's social

competence. It is expected that self-confidence and IQ will have a positive influence on social competence. Higher self-confidence and higher IQ (within the mild ID range) are anticipated to contribute to more effective social skills and interactions. In contrast, failure expectation is hypothesized to have a negative influence on social competence, where higher failure expectations may hinder the development and demonstration of social skills. Age also is explored for its potential relationship with social competence, although the direction of influence might be less straightforward and could reflect developmental trends within childhood. This framework guides the study by examining the individual and combined roles of these factors in predicting and understanding social competence in children with mild intellectual disabilities.

Problem Statement

There is a recognized importance of social competence for children with mild intellectual disabilities; however, a significant problem remains present. Specifically, many children with MID continue to experience persistent deficits in this crucial skill domain. These deficits are not simply a consequence of intellectual limitations; rather, they are multifaceted and influenced by a complex interplay of factors. Understanding why children with MID struggle with social competence is paramount, particularly as these deficits can lead to significant negative outcomes including social isolation, peer rejection, and mental health challenges (Jacobs et al., 2020). Therefore, this study seeks to address this problem by investigating potential predictors of social competence in this population.

Through identifying factors that significantly influence social competence, such as self-confidence and failure expectation, this study aims to explore developing targeted interventions. Understanding and identifying key predictors could design and implement effective interventions to enhance social competence in children with MID. This leads to improved social outcomes and overall well-being. Factors such as self-esteem, self-efficacy, and social expectations have been identified as potentially influential in the social functioning of individuals with and without disabilities (Jacob et al., 2022). These factors provide a starting point for exploring predictors relevant to children with MID (Kala, 2023).

Literature Review

Social Competence among Children with Mild Intellectual Disabilities

Social competence refers to the ability to effectively navigate social interactions, form relationships, and adapt to social norms. In children with mild intellectual disabilities (MID), social competence is often impaired due to cognitive and adaptive limitations. This affects their ability to engage in reciprocal social interactions (Giostra & Vagni, 2024). The American Association on Intellectual and Developmental Disabilities (AAIDD) emphasizes that social competence is a critical component of adaptive functioning, which is significantly limited in individuals with MID (Jacob et al., 2022).

Children with MID often exhibit deficits in social competence. These deficits include difficulties in interpreting social cues, maintaining peer relationships, and regulating emotions. These deficits are more pronounced in adolescence, when social demands increase. Studies indicate that children with MID are more likely to experience social isolation and lower peer acceptance compared to their typically developing peers 23. It was also found that children with MID exhibit higher levels of suggestibility and difficulty resisting negative

social pressure, which can further hinder their social development (Giostra & Vagni, 2024). Additionally, research has indicated that deficits in reflective functioning and perspective-taking may contribute to these challenges (Derks et al., 2023).

Moreover, Social competence is crucial for the overall well-being and quality of life of children with MID. It influences their ability to form friendships, participate in community activities, and achieve educational and vocational success. It also impacts their emotional well-being, academic success, and long-term integration into society. Previous Study in Saudi Arabia showed that children with strong social skills experience fewer instances of bullying and exclusion. In comparison, children with deficits had a greater risk of social isolation and victimization (Almutairi, 2023).

Building upon this understanding of social competence as a foundational ability, it is important to consider the multifaceted nature of this construct. Social competence encompasses a range of dimensions crucial for successful social functioning. These dimensions include the performance of specific social skills and the underlying social cognitive processes that enable individuals to interpret social situations and plan effective responses. Furthermore, social competence is reflected in an individual's overall social adjustment, encompassing their ability to adapt to diverse social contexts and achieve positive social outcomes (Panayiotou et al., 2019). Therefore, a comprehensive view of social competence recognizes the intricate interplay of behavioural, cognitive, and adaptive elements that contribute to effective social engagement.

Furthermore, Children with MID often experience deficits that permeate various aspects of social interaction. For instance, they may have difficulty understanding subtle nonverbal communication, such as nuanced facial expressions or shifts in tone of voice, which are critical for navigating complex social exchanges. Similarly, they also encompass difficulties in sustaining reciprocal interactions, engaging in cooperative play, and effectively resolving conflicts that inevitably arise in social settings. Moreover, their struggles with emotional regulation in social contexts can manifest as more subtle forms of emotional dysregulation, such as difficulty managing social anxiety or interpreting and responding appropriately to the emotions of others (Lin et al., 2024).

Consequently, Social competence is crucial for children with mild Intellectual Disabilities (MID), as deficits in this area lead to social isolation, peer rejection, and increased vulnerability to mental health issues, which can perpetuate a cycle of negative social and emotional outcomes. Furthermore, social competence is a crucial predictor of success in education, employment, independent living, and quality of life for individuals with MID, highlighting the need for interventions to enhance these skills in children to improve their long-term outcomes (Ruppel et al., 2018). Hence, it is proposed that:
H1: Children with mild intellectual disabilities demonstrate a moderate to high level of social competence.

The Role of Failure Expectation in Social Competence
Failure expectation refers to an individual's anticipation of unsuccessful outcomes in social or academic situations. It often lead to avoidance behaviours and reduced motivation. In

children with MID, this expectation is high due to repeated negative experiences and limited problem-solving skills (Qazi, 2023).

Previous studies have found a strong correlation between failure expectation and poor social outcomes. for example, Qazi (2023) on his study on the Indian college students demonstrated that individuals with low self-esteem are more possible to expect failure, which lead to social withdrawal and reduced participation in group activities. Although conducted on a different population, these findings can be extrapolated to children with MID, who similarly struggle with self-perceived competence and social engagement.

Furthermore, the negative relationship between failure expectation and social competence can be explained through Bandura's self-efficacy theory. Low self-efficacy, driven by repeated failures, undermines motivation and engagement in social tasks, perpetuating a cycle of poor social outcomes. Cognitive theories suggest that individuals with MID who experience repeated failure develop learned helplessness, reducing their motivation to engage in social interactions. This phenomenon can be exacerbated by negative reinforcement, where past social failures discourage future attempts at participation (Giostra & Vagni, 2024).

On the other hand, when failure expectation is prominent, there is a predisposition to anticipate negative outcomes. This involves an internal cognitive state characterized by the belief that social endeavors are likely to be unsuccessful and result in rejection or unfavourable experiences (Giel et al., 2020). Children may consequently withdraw from social activities, and exhibit reluctance to participate in group interactions. However, this pattern of social avoidance reduces opportunities for social skill refinement. By limiting social engagement, individuals skip valuable experiences in practicing and developing their social selection. This leads to preserving a cycle in which social skills remain underdeveloped, and failure expectations are subsequently reinforced (Rosi et al., 2019). Moreover, failure expectation significantly diminishes intrinsic motivation. When individuals are motivated that their efforts will not yield positive results, sustained engagement and perseverance become challenging. This reduction in motivation can hinder children from advancing the necessary effort to acquire new social skills. They also may navigate social challenges with persistence, or actively participate in social learning opportunities, which hinder the progression of their social competence (Poots & CASSIDY, 2020). Hence, it is proposed that:
H2: There is a negative correlation between failure expectation and social competence among children with mild intellectual disabilities.

The Role of Self-Confidence in Social Competence
Self-confidence is the belief in the person abilities to succeed in various domains, like social interactions. It plays a pivotal role in social competence; individuals with higher self-confidence are more likely to engage in social situations and build meaningful relationships. Higher self-confidence is associated with better social competence in children with MID. Interventions aimed at boosting self-confidence, such as emotional intelligence training and peer network programs, have shown promise in enhancing social skills (Dr.DarsanaB & Assistant, 2019).

The positive relationship between self-confidence and social competence is supported by social learning theory. This theory posits that individuals with higher self-confidence are more

likely to engage in positive social interactions due to a greater sense of self-efficacy. This confidence encourages children to initiate conversations, participate in group activities, and develop friendships, ultimately enhancing their social competence (Salikhova et al., 2023). Higher self-confidence leads to enhanced social self-efficacy, empowering individuals to engage more actively in social situations, face challenges with optimism, and develop their social skills. In contrast, lower self-confidence results in social avoidance and limited opportunities for skill development. Interventions aimed at boosting self-confidence, like emotional intelligence training and peer programs, can enhance social skills by reinforcing belief in one's capabilities, leading to increased social engagement and competence (Harris & Orth, 2020).

On the other hand, Self-confidence might extend beyond a general sense of self-worth; it specifically concerns an individual's belief in their capacity to succeed within social domains and navigate interpersonal interactions effectively. This construct is closely related to concepts such as self-esteem and self-efficacy (Sakız et al., 2021). Self-esteem reflects an overall evaluation of self-worth, and self-efficacy affects belief in one's ability to succeed in specific tasks; nonetheless, social self-confidence focuses on the conviction of one's capabilities in social situations. It encompasses various facets, including confidence in social skills execution, confidence in social judgment and decision-making, and confidence in assertiveness within social exchanges (Märtsin, 2019). This multi-dimensional aspect underscores that social self-confidence is a constellation of beliefs about one's social abilities more than a singular trait.

Elaborating on the positive influence of self-confidence on social competence, social self-confidence catalyzes proactive social engagement and skill development. Individuals exhibiting higher levels of self-confidence are demonstrably more inclined to initiate social interactions, approach unfamiliar social situations with reduced apprehension, and persist in social endeavors even when encountering initial challenges (Harris & Orth, 2020). This proactive social orientation creates a positive feedback loop. For instance, a child with high social self-confidence is more likely to initiate conversations with peers, participate actively in group activities, and express their ideas and opinions in social settings. Subsequently, these behaviours provide appreciated opportunities to practice and refine social skills, receive positive social feedback, and build a repertoire of successful social experiences (Sakız et al., 2021). This accumulation of positive social interactions further reinforces self-confidence, creating a virtuous cycle of social competence enhancement. Hence, it is proposed that:
H3: There is a positive correlation between self-confidence and social competence among children with mild intellectual disabilities

Challenges Faced by Children with Mild Intellectual Disabilities
Mild intellectual disability (MID) is fundamentally characterized by significant limitations in both intellectual functioning and adaptive behavior. These core limitations have pervasive effects that extend across multiple domains of a child's life, impacting their daily living skills, academic performance, and, critically, their social interactions. Children with MID often require tailored educational and social support systems that are specifically designed to enhance their functional abilities and mitigate the challenges they encounter in navigating various aspects of life (Giostra & Vagni, 2024). In the realm of social functioning, children with MID face a unique constellation of challenges within social environments. These challenges

are not simply about lacking social knowledge; they stem from underlying difficulties in processing social information, understanding complex social dynamics, and responding flexibly and appropriately in diverse social contexts.

Specifically, children with MID encounter significant hurdles in several key areas of social interaction. One prominent challenge lies in difficulties understanding social cues. This encompasses both verbal and nonverbal cues, ranging from interpreting subtle facial expressions and body language to grasping the nuances of tone of voice and implied meanings in communication. This can lead to frequent misinterpretations of social situations, making it challenging for them to accurately gauge the intentions and emotions of others, and consequently, to respond in a socially appropriate manner. Another significant challenge is maintaining friendships. Children with MID often struggle with the complex reciprocal skills needed for successful peer relationships, including initiating and sustaining conversations, engaging in cooperative play, sharing, perspective-taking, and resolving conflicts constructively (Almutairi, 2023).

These difficulties can lead to social isolation, limited peer acceptance, and feelings of loneliness. Furthermore, children with MID may experience difficulties in responding to peer interactions in adaptive and socially competent ways. They may exhibit challenges in assertiveness, in resisting negative peer pressure, or in navigating complex social dynamics such as group inclusion and exclusion. This can increase their vulnerability to bullying and social exclusion, which, unfortunately, are frequently reported experiences for children with intellectual disabilities (Almutairi, 2023). The experience of bullying and social exclusion can further exacerbate their social difficulties, undermining their self-confidence and reinforcing negative self-perceptions in social domains.

In Saudi Arabia, children with MID confront additional layers of complexity due to prevailing cultural attitudes and limited societal awareness of disability issues. Societal attitudes in Saudi Arabia, as in many cultures, can unfortunately include stigma and misconceptions surrounding intellectual disabilities. Elahdi and Alnahdi (2022) have emphasized that these prevailing societal attitudes can significantly influence the opportunities available for social integration for individuals with intellectual disabilities, creating barriers to community participation and social acceptance (Elahdi & Alnahdi, 2022). Furthermore, research conducted within Saudi Arabia on workplace bullying against individuals with MID, such as that by Almutairi (2023), underscores the persistence of negative perceptions and stigma, even in adulthood, which can significantly limit their social participation and inclusion across various life domains. While the government of Saudi Arabia has taken commendable steps to implement policies aimed at supporting individuals with disabilities, including the establishment of specialized rehabilitation centers and the promotion of inclusive education initiatives (Medabesh et al., 2024), achieving genuine societal acceptance and widespread inclusive practices remains an ongoing and significant challenge.

Moreover, factors such as the lack of consistent parental involvement in transition planning for children with MID (Almalki et al., 2021) and limited access to specialized services in certain regions can further compound these challenges, hindering the development of social competence and limiting opportunities for social integration. Therefore, addressing these deeply rooted cultural barriers through comprehensive inclusive policies, public awareness

campaigns, and enhanced access to specialized support services is essential for fostering improved social competence and promoting meaningful social inclusion for children with MID in Saudi Arabia.

Methods

Participants

Table 1 presents the demographic profile of the participants in this study. As shown in Table 1, all of the respondents were female (100.0%). Regarding IQ subcategories, the largest proportion of participants fell into the Upper Mild range (64-70) at 45.0%, closely followed by those in the Lower Mild range (50-56) at 41.7%. A smaller percentage of participants were categorized within the Mid Mild IQ range (57-63), accounting for 13.3% of the sample. In terms of age, the majority of the children were in the 8–9year age group, representing 48.3% of the participants. A further 30.0% were in the 10–11-year age group, and the remaining 21.7% were in the More than 11 years age group.

Table 1
Semple profile

Variables (n=60)	Frequency	Percentages (%)
Gender		
Female	60	100.0%
IQ		
Lower Mild (50-56)	25	41.7%
Mid-Mild (57-63)	8	13.3%
Upper Mild (64-70)	27	45.0%
Age (Years)		
8-9	29	48.3%
10-11	18	30.0%
More than 11	13	21.7%

Research Instrument

Demographic variables: Participants in this study first completed a demographic information section that collected their gender, IQ, and age. These variables were collected to describe the sample and explore potential group differences, although the primary focus of this study was on the relationships between self-confidence, social competence, and failure expectation.

Social competence: the social competence scale was used to evaluate social competence among children with mild intellectual disabilities. Additionally, this scale evaluates different aspects of social competence, such as social engagement, basic life skills and communication. This research focuses primarily on the social dimension, through which the researcher seeks to gain a deeper insight into the social abilities of the participants in the study. This focus

contributes to understanding the extent of an individual's ability to engage in appropriate social behaviours, build relationships, and interact socially (Trevisan et al., 2018).

Self-confidence: The self-confidence scale was used to evaluate the self-confidence among children with mild Intellectual Disabilities. The scale aimed at assessing different aspects of self-confidence, such as social alignment, family, psychological alignment, health, personal and emotional alignment (Kane et al., 2021).

Expectations of failure: The failure expectation scale used to evaluate individuals' perceptions and expectations regarding failure. These options enable individuals to express how often they experience or anticipate failure in various aspects of their lives (Faucheux & Weglarz-Ward, 2022).

Research Design and Data Analysis

The study employed a correlation design to examine the relationships between variables and compare differences across groups. Descriptive statistics utilized in this study included frequencies, percentages, means, and standard deviations to summarize the sample characteristics and variable distributions. Furthermore, linear regression analysis was conducted to determine the predictive strength and direction of the relationships between self-confidence and failure Expectation on social competence. Additionally, one-way ANOVA was used to compare the mean differences in social competence across different IQ and age groups. All statistical analyses were performed using SPSS (version 27).

As preliminary analyses, descriptive statistics including means, standard deviations, skewness, and kurtosis for all the study variables are presented in Table 2. The mean for self-confidence was 40.70 with a standard deviation of 21.943. Social competence exhibited a mean of 50.55 with a standard deviation of 20.678. failure expectation showed a mean of 16.78 with a standard deviation of 7.746. In addition, skewness and kurtosis values were examined to check the assumption of normality. The skewness and kurtosis values for all variables are within the range of ±2 (skewness ranged from 0.667 to 0.924 and kurtosis from -0.622 to 0.305), suggesting that the data for these variables are approximately normally distributed (Schumacker & Lomax, 2012).

Table 2
Descriptive statistics of the study variables

Items	Variables	Mean	SD	Skewness	Kurtosis	Levels
1	Self-Confidence	40.70	21.943	0.667	-0.622	Moderate
2	Social competence	50.55	20.678	0.924	0.057	Moderate to high
3	Failure Expectation	16.78	7.746	0.903	0.305	Low

Results

One-way ANOVA analyses were conducted to explore the differences in Social Competence across different IQ and age groups (Table 3). First, the results indicated that there was a statistically significant difference in Social Competence between the IQ groups (Lower Mild, Mid Mild, Upper Mild), with $F(2, 57) = 4.260$ and $p = 0.019$. This suggests that there are

significant differences in social competence based on the IQ subcategory within the mild intellectual disability range. Specifically, the mean scores reveal a pattern of increasing social competence with higher IQ categories: the Upper Mild IQ group (Mean = 58.59) exhibited the highest mean social competence, followed by the Mid Mild IQ group (Mean = 47.13), and the Lower Mild IQ group (Mean = 42.96) showing the lowest mean social competence. In contrast, there was no statistically significant difference in social competence between the age groups (8-9, 10-11, More than 11 years), with F(2, 57) = 0.610 and p = 0.547.

Table 3
Result of one-way ANOVA: comparison of differences between self competence and IQ and age

Items		Mean	SD	F	Sig.
IQ	Lower Mild (50-56)	42.96	14.70	4.260	0.019*
	Mid Mild (57-63)	47.13	17.26		
	Upper Mild (64-70)	58.59	23.76		
Age (Years)	8-9	47.55	18.42	0.610	0.547
	10-11	52.61	20.98		
	More than 11	54.38	25.36		

* Significant at P< 0.05.

To further investigate the significant difference among IQ groups, Tamhane's Post Hoc test was conducted (Table 4). The Post Hoc analysis revealed a statistically significant difference in social competence between the Lower Mild IQ group and the Upper Mild IQ group (Mean Difference = -15.633, Sig. = 0.018 when comparing Lower Mild to Upper Mild; Mean Difference = 15.633, Sig. = 0.018 when comparing Upper Mild to Lower Mild). This indicates that children with Upper Mild IQ scores exhibit significantly higher social competence compared to children with Lower Mild IQ scores within this sample. The Post Hoc test did not reveal statistically significant differences between other pairs of IQ groups (Lower Mild vs. Mid Mild, and Mid Mild vs. Upper Mild.

Table 4
Tamhane Post Hoc test of self competence and IQ multiple comparisons

IQ levels		Mean Difference	Std. Error	Sig.
Low	Moderate	-4.17	6.77	0.910
	High	-15.633*	5.44	0.018*
Moderate	Low	4.17	6.77	0.910
	High	-11.47	7.62	0.391
High	Low	15.633*	5.44	0.018*
	Moderate	11.47	7.62	0.391

* Significant at P< 0.05.

Moreover, the Pearson correlation coefficients were examined to determine the relationships between self-confidence, failure expectation, and social competence (Table 5). Specifically,

there was a strong positive correlation between self-confidence and social competence (r = .824, p < .001). This indicates that higher levels of self-confidence are significantly associated with higher levels of social competence in this sample. This correlation is stronger than in the previous analysis. Similarly, a significant negative correlation was found between failure expectation and social competence (r = -.324, p < .05). This suggests that higher failure expectation is significantly related to lower social competence among the participants.

Table 5
The correlation between variables

Variables	Statistics	Social competence
Self-Confidence	Pearson Correlation	.824**
	Sig. (2-tailed)	.000
Failure Expectations	Pearson Correlation	-.324*
	Sig. (2-tailed)	.000

** Significant at P< 0.01. * Significant at P< 0.05.

Finally, Table 6 shows the result of linear regression analysis. The R-squared value (0.679) indicated that the two predictors (self-confidence and failure expectation) explained approximately 67.9% of the variance in social competence (Adjusted R-squared = 0.668). Based on the F-statistics, the model demonstrates a significant fit to the data, with F = 60.34 and p < .001. Therefore, it is concluded that there is a significant linear regression relationship between social competence and the two predictor variables. The model explains a larger proportion of variance than in the previous analysis.

Additionally, the standardized Beta values revealed the relative contribution of each predictor. Self-confidence showed a much higher contribution (Beta = .814, p < 0.001) compared to failure expectation (Beta = -.027, p= 0.743) in predicting social competence. This indicates that Self-Confidence is a very strong and significant positive predictor of social competence, while failure expectation is no longer a significant predictor (p = 0.743). The relative importance of self-confidence as a predictor is now much more pronounced.

Table 6
The result of linear regression analysis

Variables	B	Beta	t	Sig.
Constant	20.517		3.565	0.001
Self-Confidence	0.767	0.814	10.100	0.000
Failure Expectation	-0.071	-0.027	-0.329	0.743
R	0.824			
R2	0.679			0.000**
Adjusted R2	0.668			
F-Statistics	60.34			

* Significant at P< 0.05. ** Significant at P< 0.01. the dependent variable is social competence model with both predictors is significant.

Discussion

Firstly, the findings revealed a significant positive relationship between self-confidence and social competence and a significant negative relationship between failure expectation and social competence among children with mild intellectual disabilities. Furthermore, in the regression model, self-confidence significantly contributed to predicting social competence, while failure expectation did not emerge as a significant independent predictor. Consistent with prior research, this study underscores the crucial role of self-confidence in social competence. For example, studies in Chile and Saudi Arabia have linked self-esteem and self-efficacy to social competence and well-being (Caqueo-Urízar et al., 2022; Bahari et al., 2019). Our finding also aligns with social learning theory, which posits that self-confidence, or self-efficacy, encourages social engagement and skill development (Salikhova et al., 2023). Therefore, interventions aimed at boosting self-confidence in children with MID, as suggested by Dr.DarsanaB & Assistant (2019) through emotional intelligence and peer programs, appear highly relevant for enhancing their social skills.

In contrast to the initially hypothesized positive association, failure expectation showed a significant negative correlation with social competence, and did not independently predict social competence in the regression. This aligns more closely with theoretical expectations and previous research suggesting that failure expectation, or low self-efficacy, can lead to social withdrawal and reduced social participation (Qazi, 2023; Giostra & Vagni, 2024). Bandura's self-efficacy theory and cognitive theories of learned helplessness support this negative impact, suggesting that repeated negative social experiences can undermine motivation and social engagement in children with MID (Giostra & Vagni, 2024; Qazi, 2023). However, the non-significant independent contribution of failure expectation in the regression may indicate that self-confidence is a more proximal and potent factor in predicting social competence in this sample, potentially mediating the impact of failure expectation.

Secondly, the findings of the current study showed a relatively lower level of failure expectations among children with mild intellectual disabilities. This finding may suggest that Saudia children with MID do not necessarily present with excessively high failure expectations. However, it is important to consider the sociocultural context of Saudi Arabia. Cultural norms that emphasize academic and social conformity might influence the expression or reporting of failure expectations in this population (Haddad et al., 2024). Further research exploring culturally nuanced measures of failure expectation could provide deeper insights.

Thirdly, the findings of the study displayed clear differences in the level of social competence across different IQ groups (Lower Mild, Mid Mild, and Upper Mild), with the Upper Mild group exhibiting significantly higher social competence than the Lower Mild group. This finding is consistent with the general understanding that cognitive abilities are related to social skill development, even within the MID range. The AAIDD emphasizes that social competence is a component of adaptive functioning, which is inherently linked to intellectual abilities (Jacob et al., 2022). This result reinforces the importance of considering the heterogeneity within

the MID population, as children with varying IQ levels within this range may exhibit different social competence profiles.

In the end, the current result did not show any differences in the social competence level across age groups (8-9, 10-11, and more than 11 years). This lack of age-related difference in social competence within this specific age range contrasts with studies that highlight increasing social demands during adolescence (Shang et al., 2025). However, the cross-sectional nature of this study limits the ability to capture developmental trajectories of social competence across ages. Longitudinal research would be valuable to examine how social competence evolves across different developmental stages in children with MID, and how factors like self-confidence and failure expectation interact with age-related social development.

Limitations and Future Research Direction

This study investigates the roles of self-confidence and failure expectation in social competence among children with mild intellectual disabilities in Saudi Arabia; however, it has several limitations. Firstly, the sample size of 60 participants might limit the generalizability of the findings and the statistical power to detect smaller effects, particularly in the ANOVA analyses. Future research should aim for larger sample sizes to enhance statistical power and the robustness of the findings. Secondly, the sample consisted only of female children, which limits the generalizability of the results to male children with mild intellectual disabilities. Replicating this study with a more gender-balanced sample is essential to determine if the observed relationships hold for both genders.

Thirdly, the cross-sectional design of this study prevents any conclusions about the direction of causality or the developmental lines of social competence and its predictors over time. Longitudinal studies are needed to examine how self-confidence, failure expectation, and social competence develop concurrently throughout childhood and adolescence in this population. Furthermore, future research could expand the scope of investigated predictors to include other potentially relevant factors such as social support systems, specific social skills training interventions, and the influence of family and peer environments on social competence development. Finally, future studies should continue to consider the sociocultural context of Saudi Arabia and explore culturally sensitive measures and interventions to address the unique needs of children with mild intellectual disabilities in this region.

Conclusion

This study offers valuable perceptions into the factors influencing social competence among children with mild intellectual disabilities in Saudi Arabia. The findings underscore the significant positive role of self-confidence in fostering social competence, which highlights the importance of interventions that enhance self-belief in this population. Although failure expectation showed a theoretically consistent negative correlation with social competence, its independent predictive role was less pronounced in the regression model, suggesting a complex interplay with self-confidence. Furthermore, the study confirmed that IQ within the mild intellectual disability range is associated with variations in social competence, particularly between lower and upper mild IQ subgroups.

Theoretical and Contextual Contribution of the Study

The study makes a significant contribution to basic knowledge by clarifying the complex interaction between self-confidence and failure expectation in the design of social competence among children with mild intellectual disability (middle) within the unique sociological context of Saudi Arabia. Theoretically, it extends Bandura's (1986) social-cognitive framework by demonstrating that, when self-confidence is designed as a proximal factor, the previously influential effect of failure expectation on social behaviour is largely subsumed, which clarifies the prescribed orders to these self-experiences. While previous studies have shown these constructions in the general population, this research in particular addresses a weak demographic in an area where the social perceptions of cultural criteria and disabilities can introduce different variables (Haddad et al., 2024).

Contextually, the findings of this research provide crucial visions into the specific challenges and protective factors relevant to Saudi children with the MID. By documenting differential social-competence profiles across IQ subgroups within the mild range, it nuances the monolithic portrayal of mild ID prevalent in Middle-Eastern policy documents (Medabesh et al., 2024) and provides experienced benefits to sewing seams with local social expectations. This fine understanding is important for developing culturally-sensitive and effective interventions, and continuing beyond generalized approaches to meet specific requirements known in this population (Almutari, 2023). Consequently, the findings bridge an important gap between universal developmental theory and region-specific educational practice, providing a data-driven foundation for confidence-centred curricula in Saudi special-education settings.

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