

EFFECT OF SOCIAL SUPPORT ON QUALITY OF LIFE AMONG ORTHOPEDICALLY DISABLED STUDENTS AND TYPICAL STUDENTS

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ABSTRACT

Objective: To examine the impact of social support on quality of life among orthopedically disabled and typical students.

Methodology: Urdu version of WHO Quality of Life Scale (Brief version) (Khan, Akhter, Ayub, Alam, & Laghari, 2003) and Multidimensional Scale of Perceived Social Support (Batool, 2012) were administered in order to get the required information. Study involved 75 orthopedically disabled students (35 females, 40 males) and 150 typical students (73 females, 77 males) with the age range of 12 to 35 ($M = 17.11 \pm 4.71$), who were selected through purposive convenient sampling. Pearson correlation analysis revealed significant positive correlation among all variables for all categories of sample.

Results: Linear regression analysis revealed that social support positively predicts quality of life (physical functioning, psychological functioning, social dimensions and environment) for both categories of sample.

Conclusion: As compared to orthopedically disabled students, typical students tend to enjoy more social support which results in enhancing their quality of life and its pertaining components.

Key Words: Social support, Quality of life, Disability

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INTRODUCTION

Disability has victimized more than one billion people all around the globe and amongst them 200 million are those, who are suffering from physical and functional disabilities¹. As it is characterized with inability to meet socially defined behavioral expectations and unlikeness of appearance or behavior, which most of the time adversely affect their level of life satisfaction². It is generally observed that people become independent and sociable as they grew older and this level of maturity and social competency depends on level of social interaction and social reorganization they are having³. Keeping under consideration the importance of social supports in one's physical and psychological life, the present study was aimed to investigate the impact of social support on quality of life among orthopedically disabled and typical students (student having no disability and acquiring education in regular institutes).

Social support is referring to a social assistance in the provision of psychological and material helps in order to enhance individual coping ability against any stress or ailment. Social support can encompass emotional and informational help⁴. Moreover, humans need social support not only to improve physiological conditions and in reducing pains but it also assist an indi-

vidual improving his or her quality of life. So that he or she could spend a happier and satisfied life both in psychological and social terms⁵. Therefore, social support is supposed as important parameters which could affect or could be influenced by quality of life (QoL) itself.

QoL can submit to aspects of a person's comfort (physical, psychological, social), as well as aspects of the milieu and a person's standard of living⁶. Quality of life deals with individual's perception about their position in life with relevance to culture and traditions in which they have lived⁷.

Quality of life encompassed two models i.e. subjective and objective quality of life. The subjective aspect of QoL is associated with life experiences along with level of satisfaction ones might have regarding his present life conditions. Whereas, objective aspect of quality of life is linked with individual's health, social and material well-being⁸.

It has been found that quality of life is basically developed with the help of social support.³ A cross-sectional research was carried out on part of welfare organization of Tehran in order to explore relationship between social support and demographic variables on physically disabled individual and it was found that sample of the study didn't possessed favorable status in relevance to perceived social support from their social

circle. Whereas, social support as one of the social factor of health, plays significant role in humanizing and enhancing psychological situation in ones lives; therefore, it's very important for disabled people to have proper social support in order to spent healthy social life⁹. As compared to normal children physically disabled children residing between age range of 9 and 15 years experienced low level of social support from their peer groups¹⁰. Although many studies have pointed out that special children in integrated school system are more socialized and experience higher level of social interaction as compared to disabled student from special school system but still children with disability have to face social isolation and lack behind in terms of close and intimate relationships¹¹.

In Pakistan as per WHO report, 10% people are suffering from disabilities (especially in youth the percentage is higher almost 2.54 %)¹. The present study was conducted in order to check impact of social support on quality of life among disabled student. Keeping in view their integrated placement in overall society, present study has focused on orthopedically disabled student instead of intellectually deficit and other categories of physically disabled student. Meanwhile, large sample size is retained as compared to previous studies which encompassed small sample size.

METHODOLOGY

In present study sample was drawn from the population of special and regular institutes of Sargodha, Jhelum and Rawalpindi. Sample size was decided on the bases of G-power data analysis with the effect size of 0.3. Sample was consisted of orthopedically disabled students (n= 75) and typical students (n = 150) selected through purposive convenience sampling technique from University of Sargodha, Fazia College Mushaf Sargodha, Government School for Physical Disability Sargodha, Government College for Boys Jhelum, PAF Special Institute Nur Khan, and Special Education Institute Rawalpindi. The sample was further sorted in male (n = 113) and female (n=112) students. The base line for qualification of sample was primary level education.

Multidimensional Scale of Perceived Social Support (MSPSS) initially developed by Zimet,Dahlem, Zimet and Farley¹² and translated in Urdu language by Batool¹³ was used in present study which, comprises of 12 items. It identifies the social support factors perceived by the people. Items are rated on 7 point likert scale ranging from "definitely no" and "definitely yes". The chronbach α coefficient for MPSS total is .78, for family sub-scale .78, for friend sub-scale .77 and for special person sub-scale .62¹³.

WHO Quality of Life Scale (Brief version, Urdu translation). Quality of life was measured with the help of WHO QoL- BREF¹⁴. In the present study quality of life was operationally defined on the scores of WHO QOL-BREF in terms of physical, psychological, social and environmental dimensions. It is brief version of the WHO QoL- 100, and had four domains scores. The scale was

originally developed by WHO where as it was adapted and translated in Urdu language in 2003 by Khan, Akhter, Ayub, Alam and Laghari¹⁵. WHO QoL- BREF comprised of 26 items divided in four dimensions. The domains scores are scaled in positive direction i.e. higher scores denote higher quality of life. With chronbach α coefficient of .87.

In accordance to the APA ethical considerations, the sample was approached directly by the researcher and consent for participation and acquiring permission from concerned authorities (institutes chairpersons) was ensured. A total of 225 respondents were approached and they were briefed about the goals and procedure of the study. Proper instructions were given to the participants about filling of scales and responding to questions. They were asked to complete demographic data sheet along with questionnaires. Confidentiality of the data was guaranteed. For those who could not write or read, scales were filled by the researcher in question answer interview format. Permission from authors of scales was also taken prior to study. Descriptive and alpha coefficients were computed to ensure psychometric soundness of scales. In order to test the hypothesis Pearson correlation and linear regression analysis was carried out.

RESULTS

The result in Table 1 demonstrates that there is significantly high alpha reliability coefficient for social support and subscales which were .87 (family support), .89 (friend support), .85 (special support) and .91 of total scale. Similarly quality of life and its subscales also have significant level of alpha reliability coefficient which were .61 to .89. Univariate normality analysis confirmed that all the scores were normally distributed i.e. value of skewness was less than 2.

Table 2 describes inter-correlations among scales and subscales. Results suggest that social support and its all subscales have significant positive correlation with quality of life and its subscales.

From table 2 it was also found that scale of social support and its subscales have significantly positive correlation with quality of life, its subscale i.e. physical functioning, psychological functioning, social domain and environment.

To investigate contributions of constructs of Social support (SS) in quality of life (i.e. psychological functioning, physical functioning, social dimensions & environment), multiple regression analysis was carried out. 48% of the variance in psychological functioning can be explained by a model comprising constructs of SS i.e. FMS, FDS and SPS ($p < .001$). Overall the model was significant ($p < .001$) and among the predictors, FDS ($p < .01$) was significant predictor of psychological functioning. The effect of constructs of social support on physical functioning and explained that 53 of the variance was resulted by a model comprising constructs of SS i.e. FMS, FDS and SPS ($p < .001$). Overall the model was significant ($p < .00$) and among the predictors, FMS

Table 1: Descriptive Statistics and Alpha Reliabilities for all study variables (N = 225)

		Percentage						
Scales	Subscales	N	M	SD	α	Potential	Actual	Skewness
SS	Family support	225	21.76	5.61	.87	1-5	4-26	1.56
	Friends support	225	19.74	5.58	.89	1-5	5- 28	1.25
	Special support	225	19.55	6.15	.85	1-5	4-25	1.45
	Total	225	60.99	14.59	.91	1-5	14-80	1.87
QoL	Physical functioning	225	22.64	4.15	.71	1-5	10-54	1.25
	Psychological function	225	20.88	3.27	.61	1-5	7-37	.96
	Social dimension	225	10.94	2.79	.73	1-5	8-45	1.35
	Environment	225	28.07	5.39	.75	1-5	3-15	.87
	Total	225	89.95	14.47	.89	1-5	14-108	1.65

Note. SS = social support; QoL = quality of life.

Table 2: Pearson Correlation between All Study Variables of Orthopedically Disabled Student (N = 75) and Typical Student (N = 150)

Variables	1	2	3	4	5	6	7	8	9
1	--	.96***	.95***	.95***	.83***	.74***	.70***	.74***	.74***
2	.31***	--	.89***	.85***	.83***	.77***	.68***	.74***	.73***
3	.16*	.38***	--	.84***	.77***	.69***	.68***	.68***	.66***
4	.43***	.31***	.21*	--	.77***	.66***	.66***	.69***	.71***
5	.16*	.38***	.18*	.26**	--	.92***	.77***	.88***	.93***
6	.86***	.24**	.34***	.25**	.34***	--	.55***	.79***	.82***
7	.55***	.67***	.26**	.25**	.25**	.84***	--	.59***	.63***
8	.54***	.53***	.78***	.17*	.43***	.51***	.80***	--	.76***
9	.54****	.40***	.54***	.81***	.16*	.53***	.43***	-79***-	--

Note. 1 = social support; 2 = family member support; 3 = friends support; 4 = special support; 5 = quality of life; 6 = physic local functioning; 7 = psychological functioning; 8 = social domain; 9 = environment. Upper Diagonal is for orthopedically disable student. Whereas, lower diagonal is for typical student.

*p < .05. **p < .01. ***p < .001.

(p <.05) and FDS (p <.05) were found significant positive predictor of physical functioning among disabled students. Meanwhile the model explained 53% of variance in social dimensions (p <.001). Among the predictors, FMS (p <.05), was originated as significant predictor of environment. On the whole the model was significant (p <.001). Finally, as showed in Table, the model explained the 51% of variance in environment (p <.001). Among the predictors, SPS (p <.05), was emerged as significant predictor of environment. On the whole the model was significant (p <.001).

To investigate contributions of constructs of social support (SS) in quality of life (i.e. psychological functioning, physical functioning, social dimensions & environment), multiple regression analysis was carried out. 17% of the variance in psychological functioning can be explained by a model comprising constructs of SS i.e. FMS, FDS and SPS (p <.001). Overall the model was

significant (p <.001) and among the predictors, FDS (p <.001) and Sps (p <.01) were significant predictor of psychological functioning. The effect of constructs of social support on physical functioning and explained that 9% of the variance was resulted by a model comprising constructs of SS i.e. FMS, FDS and SPS (p <.01).

Overall the model was significant (p <.01) and among the predictors, FMS (p <.05) was found significant positive predictor of physical functioning among typical student. Meanwhile the model explained 17% of variance in social dimensions (p <.001). Among the predictors, FDS (p <.01) was emerged as significant predictor of environment. On the whole the model was significant (p <.001). Finally, the model explained the 18% of variance in environment (p <.001). Among the predictors, FDS (p <.001), was emerged as significant predictor of environment. On the whole the model was significant (p <.001).

DISCUSSION

Present study was conducted in order to explore the influence of social support on quality of life among orthopedically disabled and typical student.

From correlation analysis it was revealed that social support and subscales have significantly positive correlation with quality of life and its subscales i.e. psychological functioning, physiological functioning, social dimensions and environment for each sample (table 2). Furthermore, from regression analysis it was explored that friends support has significant impact on all subscales of QoL for both samples, which indicates acceptance of present study hypothesis i.e. social support would significantly predict quality of life. Whereas family support have significant effect on physical function for typical student and physical and social dimension for disabled student. Meanwhile, special person support was found to be significant predictor of psychological functioning for typical student and social dimension for disabled student. Additionally friends support has significant effect on disabled psychological and physical functioning. While in case of typical students, it's has significant impact on all sub-scale of QoL except physical functioning.

These findings indicate that level of quality of life and its dimensions can significantly be increased by the provision of excessive perceived social support¹⁶. As humans are social animals that tend to depend upon other human beings for their social and psychological survival. But sometimes some sort of physical or mental deficits become hurdle in getting required social support in order to live healthy and contented life¹⁷. Furthermore, it has also been observed that as compared to disabled people, typical student enjoy great percentage of family support which results in developing healthy esteem and self-concept, whereas for disabled student this support is only observed in materialist aid and support, which most of the time make them depress and low self-esteem^{18,19}.

From ample of studies, it has been observed that lack of social support, particularly on the part of family and friends result in social and psychological issues^{20,21}. Meanwhile it was also found that individuals with special needs have to face negative attitude regarding their body which most of the time become a source of reducing their self-esteem and develop sense of poor body image among disabled people^{22,23}. But by developing positive interaction with one's locality and environment, he could easily cope with all sorts of psychological and mental ailments²⁴.

Besides family support, peers support and acceptance is positively associated with psychological functioning and active physical participation²⁵. From different literatures it has been explored that as regular to normal student, disabled students tend to have more psychological and moral support on the part of peer²⁶. According to a study, social support along with social acceptance not only improve quality of life but it would

also help an individual to enhance his or her will power to fight against his or her mental issues²⁷.

Meanwhile, from ample of research evidences it has been found that those disabled children and adults who are having meager numbers of friends are more likely to experience isolation and social dejection and have to face magnificent level of teasing and ignoring attitude on part of society as compared to those who have some social backing²⁸.

From different researches it have been concluded that besides psychological support, materialistic and domestic support also facilities and help an individual to develop better quality of life which could help him to lead a healthy and prosperous life²⁸. From researches it has been found that lack of welfare services and poor health conditions, are the major factors that results in developing poor QoL among people with special need²⁹.

Therefore, lack of care and social support may adversely impact on the performance level of people with special need in various dimensions of life and make that individual maladapted for society. A research was carried out in order to find social support and related factors among people with special need in the city of Tehran. From results it was found that social support play a significant role in enhancing psychological conditions along with quality of life among disabled individuals³⁰.

From studies it also found that the individual perception of having family and friends support at the time of need, stress and mental ailment significantly improve quality of life, reduces stress level, psychiatric symptoms and improve psychological functioning. Subjective opinion of having caring family and associates who provide valuable support in times of stress and in mental ailments are linked with psychological satisfaction, enhanced functioning, quality of life, and decreased psychiatric symptoms⁵.

LIMITATION

In present study sample size was not large enough therefor results of regression analysis should be seen with caution and these cannot be generalized all over the Pakistan.

CONCLUSION

Quality of life could be enhanced through proper social support. Typical students tend to better quality of life as compared to disabled students and is mainly because of level of social support they have been getting from their respective milieu.

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CONTRIBUTORS

BS conceived the idea, planned the study, and drafted the manuscript. NIM and MA helped acquisition of data and did statistical analysis. All authors contributed significantly to the submitted manuscript.