

EFFECT OF SOCIAL ACCEPTANCE ON QUALITY OF LIFE AMONG ORTHOPEDICALLY DISABLED STUDENTS FROM INCLUSIVE AND SPECIAL INSTITUTES

Bukhtawar Sultan¹, Mohsin Atta², Najma Iqbal Mlik³

¹⁻³ Department of Psychology, University of Sargodha - Pakistan.

Address for Correspondence:

Dr. Najma Iqbal Mlik

Chairperson,

Department of Psychology, University of Sargodha - Pakistan.

Email: najmamalik@gmail.com

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ABSTRACT

Objective: To explore the impact of social acceptance on quality of life among orthopedically disabled students from special and inclusive institutes.

Methodology: Sample composed of 150 orthopedically disabled students from special (n= 75) and inclusive institutes (n= 75) of Sargodha, Rawalpindi, Khushab and Jhelum districts from December, 2014 to June, 2015 and was selected through purposive sampling technique. WHO Quality of Life Scale (Urdu version)¹ and Scale of Social Acceptance were used as study tools.

Results: Age range students was 12 to 35 (M= 17.11 ±4.71) years. Social acceptance was a strong predictor of quality of life among physically disabled students of special institutes showing the beta value ($\beta = .54$, $t = 5.5$, $p < .001$). Social skill was the most significant component of social acceptance in positively predicting quality of life showing the beta value ($\beta = .69$, $t = 8.52$, $p < .001$). Student behavior and peer attitude sub-scales was found to be non-significant predictors of quality of life. Significant mean differences were found in QoL { $t(148) = 2.80$, $p < .006$ } where students from inclusive institutes have high level of QoL as compared to special institute students (M= 80.66 ±16.73). Significant differences were also observed on physical { $t(148) = 2.95$, $p < .004$ } and psycho-logical functioning { $t(148) = 3.35$, $p < .001$ }. .

Conclusion: Student from inclusive institutions tend to have better quality of life and social acceptance as compared to those from special institutions.

Keywords: Social acceptance, Quality of life, Orthopedically disable

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INTRODUCTION

According to survey, more than 80 percent population of developing countries is facing the curse of disability¹. In addition to that; every four or fifth child in developing countries is facing some sort of disability during his life course². According to literature, students with disabilities are more vulnerable to social and psychological issues instead of physical problems³. It has been found that lack of social acceptance and approval are the prominent factors that lead towards poor quality of life among disabled students⁴. Although disability place serious hurdles in academic and social life of disabled child, but still schooling holds very significant position in the life of child because its school from where child learn to develop social relations⁵.

Social acceptance (SA), is defined as degree of membership one is having in his in-group and as well as his social involvement within that unit. Human being needs social reorganization and acceptance in order to

perform normal social duties. Whereas, lack of social support might impose hurdles in performing routine functions, as its quite evident in the case of disabled people^{4,6}. According to studies, societal and family acceptance play an important role in the development of healthy emotions, enhancement of quality of life and reduced pain⁷.

Quality of life deals with individual perception regarding his position in life with respect to his or her culture and society as well as his personal aims, objectives and expectations⁸. It has been found that youngsters, who strive hard for social acceptance are at more risk for developing poor quality of life. Meanwhile, teenagers, who tend to perceive himself/herself isolated and lonely are found to be more vulnerable for having low self-esteem and low quality of life^{9,10}. Social acceptance and social support are very essential in order to lead a normal and healthy social life, and significant deviation from normal developmental pathways both in physical

and mental terms could significantly affect the level of social acceptance as well as social support one received from his or her milieu, specifically from his or her academic environment¹¹.

The purpose behind conducting the present study was to explore relationship between social-acceptance (SA) and quality of life (QoL) among orthopedically disabled students from inclusive and special institutions. Previously a very little attention has been paid on institutional based sample of physically disabled students. Current study will be explorative in nature to examine the study variables among orthopedically disabled students of special and inclusive institutions. It will help health professionals to have understanding of the impact of social acceptance on quality of life in orthopedically disabled students and to develop more effective treatment strategies accordingly. The present study hypothesized that social acceptance will positively and significantly predict quality of life among orthopedically disabled students from inclusive and special institutes.

METHODOLOGY

In the current research, sample was extracted from the inclusive and special educational institutes of Sargodha, Rawalpindi, Khushab and Jhelum from December, 2014 to June, 2015. Moreover, G-power data analysis with the effect size of 0.5 was used in order to decide and select the study sample size. Samples of orthopedically disabled students from special (n= 75) i.e. segregated educational set up for physically and mentally challenged students¹² and inclusive institutions (n= 75) i.e. side by side educational structure, in which both disabled and non-disabled students study together¹² were drawn with the help of purposive convenient sampling method from University of Sargodha, Fazia Inter College Mushaf Sargodha, Government Deaf and Physically Disabled Institute of Sargodha, Government Special Institute of Khushab, Government College for Boys Jhelum and Government College for Girls Rawalpindi districts. Additionally, sample was further segregated into male (n= 64) and female (n= 86) students. The base line for sample selection was at minimum primary level education, and the age of the sample ranged from 12 to 35 years (M= 17.11 ±4.71) years. Only orthopedically challenged pupils falling under realm of educational qualification and age range were made part of the current research. Whereas, students having other than orthopedic disabilities and those with less than primary education were excluded from the research.

Scale of Social Acceptance (SSA)¹³ is consisted of 32 items with 3-point response pattern i.e. 1= agree, 2= neutral and 3= disagree. Further, SSA consisted of three sub-domains i.e. social skills, students' behavior and peer attitude. The Chronbach alpha (α) coefficient reported by authors is .92.

WHO Quality of Life Scale was originally developed by WHO¹⁴ and was later adapted and translated in Urdu language by Akhter, Ayub, Alam and Laghari¹¹. WHO-QoL-BREF comprised of 26 items divided in four dimensions of physical, psychological, social and environmental dimensions. The Chronbach alpha (α) coefficient reported by authors is .87.

After taking permission from authors of scales the questionnaires were ready to be administered. In order to ensure APA ethical considerations, selected study sample (N = 150) and concerned authorities were briefed about the goals, purpose and significance of the current study. Later on, informed consents and permission letters was taken from study participants and concerned authorities. Participants were given instructions about questionnaire response formats and items related ambiguities. Furthermore, interview format was used for those participants who found difficulty in reading and comprehending questionnaires statements. At the end, data was collected from the research participants and they were thanked for their participation and cooperation.

Descriptive and alpha coefficients were enumerated to ensure psychometric soundness of scales. In order to test the hypothesis Pearson correlation matrix and linear regression analysis were carried out. Multiple regression analysis was conducted in order to view the effect of the components of social acceptance in predicting quality of life.

RESULTS

The results in Table 1 show means, standard deviations and alpha reliabilities of all scales and subscales used in the present study. Alpha reliabilities ranged from .43 to .90. All scales show satisfactory reliabilities except peer attitude i.e. .43 whereas quality of life has highest value i.e., .90. From correlation matrix it has been found that social acceptance and its subscales have positive correlation with quality of life excluding peer attitude, which showed non-significant relation with psychological functioning among students from special institutes.

Table 2 showed results of linear regression analysis to predict quality of life from social acceptance. The whole model was significant at (F= (1, 73) 30.86, p< .001). Results suggested social acceptance as a strong predictor of quality of life among physically disabled students of special institutes showing the beta value (β = .54, t= 5.5, p <.001). Table 2 also presented stepwise multiple regression analysis. The whole model was significant at (F= (2, 72) 34.31, p <.001). The model explained 59% variance in quality of life which can be explained by the contribution of sub-factors of social acceptance. The results suggested that social skill was the most significant component of social acceptance in positively predicting

Table 1: Descriptive, alpha coefficients and pearson correlation matrix between all study variables among orthopedically disabled student from special and inclusive institutions (n= 150)

Variables	M	SD	α	1	2	3	4	5	6	7	8	9
1	21.21	2.93	.90	--	.92***	.77***	.88***	.93***	.54***	.74***	.24*	.27*
2	18.40	4.24	.80	.19	--	.55***	.79***	.82***	.44***	.68***	.26*	.32**
3	9.60	2.58	.76	.05	.36**	--	.59***	.63***	.47***	.48***	.33**	.03
3	25.08	4.58	.69	.128	.26*	.67***	--	.76***	.45***	.63***	.28*	.29*
5	80.40	14.34	.61	.38**	.29*	.52***	.56***	--	.51***	.76***	.26*	.32**
6	27.90	5.19	.80	.24*	.64***	.33**	.40***	.95***	--	.78***	.67***	.35**
7	20.66	2.94	.63	.75***	.37**	.76***	.24*	.82***	.81***	--	.27*	.29*
8	11.46	2.99	.58	.71***	.89***	.70***	.74***	.63***	.64***	.73***	--	.10
9	68.81	7.99	.73	.69***	.56***	.94***	.59***	.77***	.45***	.59***	-.91***	--

Note. 1= quality of life; 2= physical functioning; 3= psychological functioning; 4= social domain; 5= environment; 6= social acceptance; 7= social skills; 8= students behavior; 9= peer attitude.

Upper diagonal is for special institutes' students, while lower diagonal is for inclusive institutes.

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

Table 2: Regression analysis for social acceptance and its construct scales predicting quality of life among orthopedically disabled student from special institutes (n= 75)

Predictor Variable	β	R2	F (Model)
Social Acceptance	.54***	.29	30.86***
Social Skills	.69***	.59	34.13***
Student Behavior	.09		
Peer Attitude	.08		

***p <.001

Table 3: Regression analysis for social acceptance and its construct scales predicting quality of life among orthopedically disabled students from inclusive institutes (n= 75)

Predictor Variable	B	R2	F (Model)
Social Acceptance	.55***	.31	32.54***
Social Skills	.88***	.51	24.69**
Student Behavior	.12		
Peer Attitude	.21		

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

quality of life showing the beta value ($\beta = .69$, $t = 8.52$, $p < .001$). Student behavior and peer attitude subscales were found to be non-significant predictors of quality of life.

Table 3 showed results of linear regression analysis to predict quality of life from social acceptance. The whole model was significant at ($F = (1, 74) 32.54$, $p < .001$). Results suggested social acceptance as a strong predictor of quality of life among physically disabled students of special institutes, showing the beta value ($\beta = .55$, $t = 5.70$, $p < .001$). Table 3 also presented stepwise multiple regression analysis. The whole model was significant

at ($F = (3, 72) 24.69$, $p < .001$). There was 51% variance in quality of life which can be explained by the contribution of sub-factors of social acceptance. The results suggested that social skill is the significant component of social acceptance in predicting quality of life showing the beta value ($\beta = .88$, $t = 7.42$, $p < .001$). Whereas, sub-scale of student behavior and peer attitude were found to be non-significant predictors.

Table 4 shows the mean, standard deviation and t values for inclusive and special institute's students on SSA, QoL and its subscales. Significant mean differences were found in QoL ($t(148) = 2.80$, $p < .006$) where stu-

Table 4: Mean, standard deviation and t-values for education system among orthopedically disabled student from inclusive and special institutes on study variables (n= 150)

Scales & Subscales	Inclusive Institute (n= 75)		Special Institute (n= 75)		t (148)	P	95% CI LL	95% CI UL	Cohen's d
	M	SD	M	SD					
SSA	65.82	18.02	63.88	7.05	.85	.30	-6.4	2.53	0.18
SSK	33.82	10.88	31.74	5.14	1.49	.13	-4.88	.66	.01
SB	21.13	6.29	20.66	2.94	.58	.56	-2.05	1.11	.19
PA	11.46	3.29	11.46	2.99	1.16	.24	-.41	1.61	.01
QoL	87.85	16.74	80.66	16.73	2.80**	.006	-12.26	-2.12	.45
PsyF	22.94	3.14	21.26	2.99	3.35**	.001	-2.67	-.68	.54
PhyF	20.58	4.65	18.24	4.27	2.95**	.004	-3.60	-.76	.48
SD	10.25	3.61	9.60	2.58	1.23	.20	-1.66	.36	.20
Env	27.73	6.45	25.16	4.66	1.71	.08	-3.39	.24	.10

Note: SSA= social acceptance; SSK= social skills; SB= student behavior; PA= peer attitude; QoL= quality of life; PsyF= psychological functioning; PhyF= Physical functioning; SD= social dimensions; Env= environment.

**p <.01.

dents from inclusive institutes have high level of QoL as compared to special institute students (M= 80.66 ±16.73). Significant differences were also observed on physical (t (148)= 2.95, p <.004) and psychological functioning {t (148)= 3.35, p <.001}. Whereas non-significant mean differences were found on social dimension, environment, social acceptance, social skill, student behavior and peer attitude.

DISCUSSION

Current study was carried out in order to investigate and explore the effect of social acceptance on quality of life among orthopedically challenged pupils from special and inclusive institutes. For both samples, significantly positive relationship was observed between social acceptance, quality of life and subscales. Social acceptance significantly predicted quality of life (Table 2, 3 and 4) which supported our hypothesis i.e. social acceptance will positively predict quality of life. Furthermore, from the results of multi-linear regression, social skill was found to be the only subscale that significantly predicted quality of life for each sample (Table 2 and 3).

Social reorganization and acceptability plays a vital and significant part in enhancing psychological and emotional state along with quality of life among mentally and physically challenged and stigmatized individuals^{15,16}. A research was conducted in order to explore the moderating effect of perceptive social acceptance and quality of life amongst teenagers with physical disabilities, who were enrolled in rehabilitation centers along with peers having different disabilities. Significant relationship was observed between quality of life

and perceived social acceptance. It was concluded that quality of life among disabled and other deprived community can easily be enhanced by improving the quality and quantity of support and social acceptance delivered to them¹⁷⁻¹⁹.

Furthermore, constant and efficient utilization of acquired social skills is more probable to happen in inclusion classrooms having a constructive social ambiance. Most adults can think of circumstances in which they didn't feel esteemed and, as a result, failed to respond correctly or empathetically to others. The enclosure classroom can make certain that all students identify they are appreciated and cherished members of a education community by taking the subsequent steps to generate an optimistic education environment^{20,21}.

Orthopedically disabled from inclusive institutes scorer higher on quality of life as compare to those from special institutes, whereas no significant mean difference was found for social acceptance (Table 4). According to research evidence, the most beneficial effect of inclusive education system is that, its gives disabled student with greater level of social acceptance, which ultimately helps them in development of social skills as compared to those from special educational institutes^{22,23}. In addition, students with disabilities are vulnerable for facing negative attitude which frequently results in reducing their self-belief, which ultimately develop negative and unhealthy bodily image among disabled people. These effects could be buffered and modified through healthy, positive milieu and social acceptance^{24, 25}.

LIMITATION

Due to small sample size results of current studies cannot be generalized all over the Pakistan.

CONCLUSION

Significantly positive relationship has been found among social acceptance, quality of life and their respective sub-scales for both samples, except peer attitude which was non-significant. Social acceptance was found to positively predict quality of life for both samples. Significant mean differences were also found on quality of life between both samples. Student from inclusive institutions tend to have better quality of life and social acceptance as compared to those from special institutions.

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CONTRIBUTORS

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