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Social Support and Quality of Life Perceptions Among Persons with Disabilities

Isaac Nyame[1*], Emmanuel Kofi Gyimah[2], Irene Vanderpuye[2]

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ABSTRACT

Everyone may need some form of support at a point in time. Support networks assist when there are threatening life events. Whereas everyone needs support, persons who are vulnerable in society such as persons with disabilities (PWDs) may need it the most, hence, this study investigated the influence of social support on their quality of life (QoL). This study aimed to determine the impact of social support on the QoL of PWDs. The study sought to find the sources of social support, the relationship between social support and QoL, and the mechanism by which social support influences the QoL of PWDs. The study was mixed-method with an explanatory sequential design. The population of the study was PWDs in the Tamale Metropolis and Sagnarigu Municipality. A total of 117 PWDs participated in the study using stratified random sampling. A questionnaire and a semi-structured interview guide were the main instruments. The researchers administered the instruments personally. The quantitative data was analysed using simple linear regression, and One-way ANOVA while the qualitative data was analysed using thematic analysis. It was found that social support was a predictor of the QoL of PWDs especially, support from significant others and families but not from friends. Also, there was a significant difference in QoL among PWDs especially between the hearing impaired and the physically disabled. It was found that the support they received improved their health, well-being, and QoL. It was concluded that social support enhances the QoL of PWDs, hence, the need to strengthen social support systems for them.

INTRODUCTION

Life is full of many adversities and no one is fully immune to life's crises. Every individual at some point in their lives may experience some difficulties that may seem to threaten their survival and wellbeing. Some of these situations are temporal while others may last a lifetime. In such situations, the love, care, and support others give enable the individual to adjust, cope, and stay safe and sound. Everyone undoubtedly belongs to one or more social groups that serve as support networks for members in the face of threatening life events. The actual, perceived, or implied assistance others in a social network offer to enable people to adjust to life stressors has been conceptualized as social support (Uchino *et al.*, 2018; Unsar *et al.*, 2016).

Social support refers to the psychological, social, and material assistance people provide to enhance an individual's coping ability against stress or ailment (Sultan *et al.*, 2016). It emphasizes relationships that support or ensure the availability of support resources in times of need (Bedaso *et al.*, 2021; Thoits, 1995; Kort-Butler, 2018). Social support is the interactive process in which emotional, instrumental, or informational aid is obtained from members of a social network (Abbas *et al.,* 2024; Brown *et al.*, 2004). Espousing further, Abbas *et al.* (2024) argued that, informational support refers to the crucial knowledge one receives through social engagement with people. Thus, through friends, family, and significant others, a person may obtain useful information that can provide a direction for his life and relief from the perplexing situation. They further argued that instrumental support is evident in the material support one receives from others such as food, clothing, shelter, and financial support. Finally, emotional support refers to trust in others which is reliable when necessary.

Social support, therefore, is a multidimensional concept encompassing varied forms of assistance individuals receive or perceive from their social networks, including informational, emotional, and instrumental support, which combine to help individuals cope with stress and improve mental health and overall well-being (Acoba, 2024; Chen *et al.*, 2023). Liu *et al.* (2024) espoused that social support is a pivotal resource people leverage from social networks including friends, family, and significant others during difficult times.

Social support has been reported to offer relief from difficult experiences and enable people to cope with stressful events (Guardario *et al.*, 2024; Drageset, 2021; Owusu-Ansah & Nkrumah, 2017). Although social support is important for people with and without disabilities, it may be the most important determinant of the well-being and QoL (QoL) of persons with disabilities (PWDs), and chronic or terminal ailments (Kapp, 2018; Schippers & Van Hove, 2017). Adigun *et al.* (2022) reported that social support improves self-esteem, facilitates positive behaviour adjustment, and enhances the health outcomes of children with disabilities. A study on parenting special children by love and understanding

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[1] Department of Educational Foundations Studies, University for Development Studies, Ghana
[2] Department of Education and Psychology, University of Cape Coast, Ghana
[*] Corresponding author's e-mail: inyame@uds.edu.gh

revealed that support networks with strong emotional connections enhance resilience in navigating the distinctive demands of parenting children with special needs (Rune & Rana, 2024). Thus, social support improves the QoL of PWDs and their families.

QoL is multidisciplinary and multidimensional leading to a lack of consensus in its interpretation (Davidson *et al.*, 2017). According to the World Health Organisation (1998), as cited in Davidson *et al.* (2017), QoL is "Individuals' perceptions of their position in life in the context of culture and value systems in which they live and with their goals, expectations, standards, and concerns." Costanza *et al.* (2007) expressed QoL as the overall assessment of human experiences. QoL can therefore be conceptualised as an individual's perception of their ability to meet personal needs, health status, relationship with others, environment, and psychological well-being. QoL manifests in four major domains; physical health, psychological, social relationships, and relationship with the environment (Davidson *et al.*, 2017).

Evidence suggests that there are increasing research efforts on the influence of social support on QoL, particularly, among people living with chronic diseases or disability (Bishop *et al.*, 2024; Franqueiro *et al.*, 2023; Wilson *et al.*, 2022). Studies have reported that social support predicts health, subjective well-being, and QoL among varied groups (Abbas *et al.*, 2024; Beach *et al.*, 2018). For example, Abbas *et al.* (2024) found a strong positive relationship between social support and QoL among adolescents. Also, Charlton *et al.* (2023) found a positive relationship between social support and QoL of middle-aged and adult persons with autism. Further, social support has been reported to contribute to managing daily challenges, coping with crises, and improving an individual's overall mental health (Boersma & Vahratian, 2021).

Several studies suggest that social support affects QoL in complex ways. For example, social support systems reduce stress and mitigate social isolation which is crucial for psychological resilience (Mental Health First Aid USA, 2020). Acoba (2024) reported from her study that social support contributes to mental health by reducing anxiety and depression. She found that support from family and significant others decreased perceived stress, increased positive affect, and reduced anxiety and depression. However, support from friends played no significant role in positive affect, anxiety, and depression. Again, the mechanism by which social support influences QoL has been explored by Liu *et al.* (2024) who found that social support positively influences emotional well-being and resilience by serving as a buffer against life stressors (Liu *et al.*, 2024). It has also been reported that one's employment status mediates social support from the family. Cattaneo *et al.* (2020) found increased support for employed individuals in a family and lower support for the unemployed which was inherent in family dynamics where family members anticipate that their contributions will be returned when needed. This form of reciprocal altruism suggests that family support is not always generous but strategic for mutual benefit over time. It was reported that employed individuals were perceived to have greater potential to reciprocate the support received financially or through other means than unemployed individuals (Cattaneo *et al.*, 2020).

Despite the positive impact of social support on the QoL of individuals, it is essential to consider that not all individuals may have equal access to these support systems, which can lead to disparities in QoL outcomes in diverse populations, including marginalized groups such as PWDs. The relationship between social support and QoL may also be mediated by other factors such as employment. This study, therefore, sought to investigate the influence of social support on the QoL of PWDs in Ghana, where this remains understudied and where there is a substantial gap in meeting their needed social support (Owusu-Ansah & Nkrumah, 2016).

Purpose of the Study

The purpose of this study was to:

1. Determine the relationship between social support and QoL of PWDs.
2. Find out the sources of social support for PWDs.
3. Examine the influence of social support on QoL of PWDs.

Hypotheses

1. There is no statistically significant relationship between social support and QoL of PWDs.
2. There is no statistically significant difference in the QoL of PWDs.

Research Questions

1. What are the sources of social support among PWDs?
2. How does social support influence the QoL of PWDs?

LITERATURE REVIEW

There is no doubt that PWDs require support and assistance in various kinds for their welfare and QoL attainment (Almog, 2011; World Health Organisation, 2011). These kinds of support primarily come from family members, neighbours, and friends (Karimian *et al.*, 2016). Kort-Butler (2018) argued that social support can be sourced from individuals' primary groups, such as family, friends, and significant others, or drawn from secondary groups such as social institutions and religious organisations. Support from the family has been reported to serve as a buffer in stabilizing the QoL of PWDs (Alsubaie *et al.*, 2019). Also, support from friends has been reported to improve the QoL of PWDs in much the same way as family support (Feeney & Collins, 2015), however, other studies have reported a weak association between support from friends and the QoL of PWDs (Reyhani *et al.*, 2016).

Though studies have reported the family as the basic source of support for PWDs, it appears not all PWDs receive the support they need from their families. In

Ghana, some families consider PWDs burdensome and, hence, do not provide the needed love and affection as well as their other financial and material needs. Other families regard PWDs as the conduit for making money to supplement family income through beggarly activities. In yet other families, PWDs have become the main source of family income through their illicit soliciting for alms on the streets (Kassah, 2008). It is, therefore, not surprising that PWDs in Ghana have been reported to lack support from their families (Edusei *et al.*, 2017).

Globally, people with disabilities and their families experience economic and social disadvantages compared to those without disabilities, especially in developing countries where they encounter barriers to education, employment, income, healthcare, and increased disability-related expenditures (WHO, 2021; International Labour Organisation (ILO), 2020; Palmer, 2019). Limited access to education has been reported to reduce their opportunities to secure well-paying jobs, hindering their economic independence (Global Education Monitoring Report, 2020).

There is no doubt that an individual's QoL is linked with the QoL of people around them. Studies have shown that the social environment and support networks significantly shape personal well-being, improved health, and overall life satisfaction (Hughes *et al.*, 2020; Uchino, 2018). On the other hand, negative social interactions and strained relationships can diminish QoL causing stress and affecting personal health (Zhao *et al.*, 2022). The interconnection between an individual's QoL and the QoL of their social circles has been established where mutual care and support systems directly influence health, resilience, and coping strategies in times of adversity (Siedlecki *et al.*, 2019). Therefore, the QoL of PWDs may be influenced by their families, friends, and the wider society. It is against this backdrop that in most countries around the world, PWDs receive some government subventions to meet their daily living expenses and other disability-related costs.

In Ghana, PWDs receive support from the central government through the District Assembly Common Fund and the Livelihood Empowerment Against Poverty (LEAP) programme. However, it seems these have done little to alleviate PWDs and their families from poverty (Abebrese, 2011; Asuman *et al.*, 2021). Although social protection schemes may help alleviate poverty, PWDs encounter various challenges in accessing such programs as a result of a lack of accessible information, poor documentation, inaccessible grant offices, and pervasive discrimination by grant officers (Edusei *et al.*, 2017; United Nations, 2019). Others have attributed this to ineffective policies resulting in the institutionalization of discriminatory practices against PWDs which undermine their empowerment, economic well-being, and QoL (Afoakwah & Dauda, 2016; Attipoe, 2017; Ocran, 2019).

Although some studies have reported a positive relationship between social support and QoL of PWDs (Unsar *et al.*, 2016; Sultan *et al.*, 2016), others have found no or negative relationship between social support and QoL of PWDs (Forouzan *et al.*, 2013; Fyrand, *et al.*, 2002). Lund and Spilker (2019) reported that social support may not always enhance QoL, especially when perceived as insufficient, controlling, or invasive. Other studies suggest that PWDs may not benefit from social support in the same way as others as a result of stigmatisation or discrimination that shapes how support is perceived or received (Trani *et al.*, 2020). Again, it has been reported that family support although essential, can sometimes be a source of stress for PWDs if it is overprotective or limiting (Zielińska-Król *et al.*, 2015). It can therefore be concluded that relationships may not necessarily be sources of support unless the person perceives them as available and suitable for their needs (Cappe *et al.*, 2017). Cai *et al.* (2023) found that while social support mediates certain personality traits and QoL, it did not mediate the relationship between certain personality traits like neuroticism and QoL of PWDs. Pasin and Dogruoz Karatekin (2024) found in their study of determinants of social participation of PWDs that other factors such as socioeconomic status and mobility challenges rather than social support were significant determinants of QoL. They argued that social support does not always guarantee improvements in QoL, especially in the context of other external factors like employment status, and type of disability. Thus, the effect of social support on QoL may not be positive in all contexts. Literature on social support and QoL is inconclusive since contradictory findings have been reported which calls for further exploration.

MATERIALS AND METHODS

This study was mixed-methods research with an explanatory sequential design. In this design, the quantitative data was first collected and analysed followed by the collection and analysis of the qualitative data. The qualitative data was built on the quantitative results to offer deeper insight into the quantitative results through participants' lived experiences.

Population and Sampling Procedure

The population of this study was PWDs in the northern region of Ghana. The accessible population was PWDs in the Tamale and the larger Sagnarigu area. These persons were drawn from 3 major disability associations including the Ghana Blind Union; the Ghana Association of the Deaf; and the Ghana Association of the Physically Disabled of the Ghana Federation of PWDs. These categories were chosen because they are the major disability associations of the federation making them accessible. The accessible population was 180 comprising 41 visually impaired, 61 hearing impaired, and 78 persons with physical disabilities. A sample size of 123 was determined at a 95% confidence level, a 5% margin of error, and a population proportion of 50%. A proportional stratified random sampling was used to ensure representativeness across the subgroups. The sample was calculated using the formula $ni=Ni/N \times n$;

Where:
ni = the sample size for group 1;
Ni = population for group 1;
N = total population; and
n = the sample size.

This resulted in a sample size of 28 persons with visual impairment, 42 persons with hearing impairment, and 53 persons with physical disabilities. However, 117 completed questionnaires were retrieved giving a response rate of approximately 95%. Also, 18 out of the 117 participants were conveniently selected to participate in the follow-up interviews.

Research Instruments

Two main instruments were used for data collection; a questionnaire for the quantitative phase and a semi-structured interview guide for the qualitative phase. Two questionnaires were adapted for the study. These were the WHOQOL-BREF (2011) and the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet *et al.* (1990). The 26 items of the WHOQOL-BREF cover the four domains of QoL: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items); it also contains 2 items on QoL and general health respectively (Vahedi, 2010).

The WHOQOL-BREF has been developed cross-culturally to ensure the validity of the QoL assessment across the adult lifespan (WHOQOL-Disability Module, 2011). The reliability of the instrument has been estimated at an acceptable level of (>0.7) for Domains 1, 2, and 4 (physical health 0.82, psychological 0.81, environment 0.80), but marginal for social relationships 0.68 using Cronbach's alpha (Skevington *et al.*, 2004). The reliability of the MSPSS also has been estimated at .83, .81, and .90 across the significant others, family, and friends respectively using Cronbach's Alpha (Zimet *et al.*, 1990).

A pilot testing of the questionnaire was conducted in Savelugu Municipality. This was because the Municipality shares a boundary with the Tamale Metro and Sagnarigu Municipal with common characteristics. Although the two questionnaires have been developed cross-culturally and used in several studies in many different settings, the questionnaires were subjected to expert approval to ensure content and face validity (Gay *et al.*, 2012). Also, the questionnaires were piloted to ensure their cultural and contextual appropriateness for the study. Fifteen, including 4 visually impaired, 6 hearing impaired, and 5 physically disabled persons, participated in the pilot test. Fink (2003) cited in Saunders *et al.* (2007) argued that the minimum number for a pilot test is 10; hence, involving 15 participants in the pilot test was appropriate.

The reliability of the questionnaires was estimated using Cronbach's alpha for the main scales and the sub-scales. The reliability coefficient for the WHOQOL-BREF was estimated at 0.89. The subscales showed 0.60 for the physical domain, 0.55 for the psychological domain, 0.65 for the social domain, and 0.79 for the environmental domain respectively. This means that even though the overall scale showed a high reliability value, only the environmental domain showed a high level of reliability among the subdomains. All the other domains showed moderate reliability values. These were compensated for by further gathering qualitative insights into the results.

Similarly, the internal consistency of the MPSS was estimated using Cronbach's alpha. The overall scale showed a high reliability of .88. The reliabilities of the subscales were also calculated at .69 for friends, .77 for family, and .81 for significant others, respectively. Thus, significant others and family showed high internal consistency while the friends' domain showed moderate internal consistency which was also elaborated through the qualitative phase. After the quantitative data had been analysed, a semi-structured interview guide was used to collect qualitative data from selected participants. The semi-structured interview guide was constructed from the survey questionnaire based on the results of the survey due to the study's design (Creswell, 2012). The semi-structured interview guide had 4 sections apart from demographic information. Section I considered the impact of disability on QoL; Section II looked at the sources of social support for PWDs, Section III solicited information on the types of support, while the last Section IV considered how social support influences the QoL of PWDs. The semi-structured interview guide was subjected to expert approval for face and content validity. These experts were practitioners in the field of special education and social work who had much knowledge of QoL and its constituents. The interview guide was piloted with 7 PWDs in Savelugu comprising 2 visually impaired, 3 hearing impaired, and 2 persons with physical disabilities. This led to the revision of the interview guide for actual administration.

Korstjens and Moser (2017) argued that the criteria for evaluating quantitative research (i.e., internal consistency, generalizability, reliability, and objectivity) are not appropriate for judging the quality of qualitative research. Researchers operating from a qualitative paradigm speak of trustworthiness and dependability (Guba & Lincoln, 1994). Trustworthiness answers a fundamental question about whether the results of the study can be trusted. Trustworthiness can be established using criteria such as credibility and transferability. Credibility entails the authenticity of the data and whether the data can be believed to be true. Credibility can be established through prolonged engagement, persistent observation, triangulation, and member checking (Korstjens & Moser, 2017).

In this study, prolonged engagement was done during the data collection. The interviews were done in a relaxed manner spanning an average of 45 minutes per participant. The participants were encouraged to support their statements with examples, and follow-up questions were asked to get detailed information from them. Also, to ensure persistent observation, the researchers developed codes and themes for the study.

In this approach, the transcriptions were read over and over before analysing them to generate subthemes for the main themes identified. It also enabled the researchers to reposition certain subthemes under the main themes that were most suitable. Member-check was done where all transcripts of the interview were sent back to participants for them to authenticate whether the transcripts were true records of what they wanted to say. In most instances, participants did not make any further inputs into the transcripts indicating acceptance of the transcripts to be true records of their responses.

According to Guba and Lincoln (1994), persistent observation involves describing the behaviour and experiences as well as their contexts to make them meaningful. This can be done through a "thick description" of the participants and the research process. This criterion was met through a detailed description of the research process including sample and sampling strategies, a description of the demographic features of the participants, and a detailed description of the interview procedure to make the study transferable to other settings.

Regarding dependability and confirmability, Korstjens and Moser (2017) indicated that dependability can be verified by checking to see whether the analysis process is appropriate for a particular design. Confirmability concerns the researcher's neutrality. Thus, the interpretation should not be based on the researcher's subjective interpretation rather it should be grounded in the data. To ensure dependability and confirmability, we reported the findings as they were with no attempt to influence the presentation of data and interpretation of findings. Therefore, the presentation of data and interpretation of findings were grounded in the data obtained with no attempt to influence or make subjective judgements about the data.

Data Collection Process

The researchers administered the instruments personally. In each case, informed consent was given to participants to assure them of volunteerism, confidentiality, and anonymity. For persons with visual impairment, each item on the questionnaire including the informed consent was read to them and their responses were recorded by the researchers. However, the questionnaires were given to persons with hearing impairments and physical disabilities to complete and return to the researchers after one week. After the survey questionnaire had been analysed, semi-structured interviews were conducted to obtain explanations for the findings from the survey. Face-to-face interviews were conducted with 18 participants who were conveniently selected due to data saturation. The services of a sign language interpreter were employed when interviewing the hearing impaired.

Data Analysis Procedure

The quantitative data was analysed descriptively using frequency counts for the demographic data and simple linear regression to test the hypothesis while the qualitative data was analysed thematically. Simple linear regression was used because social support was a continuous variable with three main components (friends, family, and significant others) while QoL was also measured as a continuous variable. Again, One-way ANOVA was used to estimate the difference in QoL perception among the participants. The thematic analysis enabled the researchers to report semantic meanings in the data and examine latent meanings and ideas behind what was explicitly stated by the participants in their responses (Braun & Clarke, 2006). Thus, the researchers did not merely describe findings, list data extracts, or paraphrase responses, rather, I engaged the entire data set in an interpretive way to derive and report semantic and latent meanings from the data (Kiger & Varpio, 2020).

The deductive approach to thematic analysis was used. This approach involves approaching the data with some preconceived themes based on the existing knowledge (Caulfield, 2020; Braun & Clarke, 2012). This approach was used because the qualitative data focused on three major themes (sources of social support, types of social support, and the influence of social support on Qo). Though it was difficult to report findings purely from participants' perspectives, setting aside personal views and experiences, the researchers tried as much as possible to maintain their position as researchers in order not to take insider perspectives.

Braun and Clarke's (2006) six steps in the thematic analysis were followed to analyse the interview data. These steps included; familiarisation with the data, assigning initial codes, searching for patterns or themes in the codes, reviewing themes, defining and naming themes, and producing the final report. In familiarising with the data, expert assistance was engaged in transcribing the interview data. However, every transcription was replayed against the audio recordings to make sure that all errors involving participants' verbal utterances were corrected. This provided a foreknowledge of what the data were all about and the pattern of participants' responses. After the transcription, each member of the research team read through all the transcriptions twice to ensure a broad knowledge of the data set. The participants were given initials as codes (such as VI 1, HI 1, and PD 1, representing the first visually impaired respondent, first hearing-impaired respondent, and first physically disabled respondent respectively) for easy identification.

The second stage was to generate initial codes. While trying to familiarise ourselves with the data, we independently took notice of recurrent ideas that seemed to span across the entire data set. Thus, ideas that seemed common among the participants' responses were noted. These ideas were colour-coded with the idea they represented put in parenthesis against them and a coding scheme was developed to generate the codes independently. These researchers later met to put their codes together to ensure inter-coder reliability and resolve identified differences.

The third stage was to search for themes. After the researchers agreed on the coded data, we started looking for how the codes related to the predefined themes that informed the study. Three main themes guided the analysis with sub-theme(s) generated from the data. The researchers again tried to see how different themes combined to form overarching themes and themes that were closely related were put together to aid the analysis.

The fourth stage of the thematic analysis was reviewing themes. At this stage, the researchers read again the existing themes and the codes that had been captured under them. This ensured that the codes were captured under the various themes related to those themes. This also allowed the researchers to reposition certain codes under more related themes than their initial ones.

The next stage was to define the themes. Since the data gathered centered around some pre-existing themes, the researchers did not have to give new names to the various themes. The themes were sources and kinds of social support, social support, and QoL of PWDs. These themes were defined to capture their central ideas; however, no new names were given to them.

The final stage was producing the report which involved a write-up of the research report. The researchers were as analytical as possible by interpreting the data bearing in mind the research questions and the findings from the survey data. We tried to make sense of the data gathered under the various themes bearing in mind the research questions and findings from the survey. We also produced evidence from the data that supported previous studies and those that were inconsistent with previous research were also presented in the research report. The pseudonyms given to participants were in bold type for emphasis and attention. Also, verbatim responses were presented in italics with double quotation marks.

RESULTS AND DISCUSSION

Among the 117 participants, 69 (59%) were males and 48 (41%) were females. A majority, 97 (82.9%) of the participants were between 21 and 40 years old, while 18 (15.4%) were more than 40 years of age. Also, 25 (21.4%) were visually impaired, 52 (44.4%) had physical disabilities and the rest 40 (34.2%) were hearing impaired. Among them, 69 (59%) were employed, while the rest, 48 (41%), were unemployed.

Results of the Hypotheses Test

Hypothesis 1

A simple linear regression was used to determine the relationship between social support and QoL since social support was a continuous variable with three components (family, friends, and significant others). Table 1 shows the model summary of the regression output.

Table 1: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.617[a]	.380	.364	.11625
a. Predictors: (Constant), Family, Friends, Significant Others				

The R value (0.617) shows a relatively good level of prediction of QoL by the components of social support. It can also be seen from the R^2 value that the components of social support accounted for approximately 38% of the variability in the QoL of PWDs. It was also observed that the components of social support statistically significantly predicted QoL, $F(3, 113) = 16.887$, $p < 0.05$ as shown in Table 2 which indicates that the model is a good fit for the data.

Table 2: ANOVA Results

Model	Sum of Squares	Df	Mean Square	R Square Change	F	Sig.
Regression	9067.006	3	3022.335		16.887*	.000
Residual	20223.473	113	178.969	.310		
Total	**29290.479**	**116**				

**Significant, p < .05*

The p-value (.000) in Table 2 suggests that social support has a statistically significant relationship with the QoL of PWDs. Standard multiple regression analysis was conducted to ascertain the distinctive influence of the components of social support on QoL. The result is shown in Table 3.

Table 3: Regression Analysis of Components of Social Support and QoL

	Unstandardized	Coefficients	Standardized Coefficients		
Model	B	Std. Error	Beta	T	Sig.
(Constant)	52.534	6.603		7.956*	.000
Significant Others	1.547	.480	.348	3.221*	.002
Family	1.273	.516	.287	2.468*	.015

Friends	-.234	.558	-.043	-.420	.675

**Significant, p < .05*

It is evident from Table 3 that significant others and family were statistically significant predictors of QoL since their significant values were less than 5% ($p < .05$). Regarding the standardized beta values, it was discovered that the significant others and family significantly predicted the dependent variable, QoL at (beta = .348 or 34.8% and beta = .287 or 28.7%) respectively. However, the effect of friends on the QoL of PWDs was not statistically significant ($p > .05$) with a negative beta value of -.043.

It can therefore be concluded that social support is a significant predictor of QoL of PWDs, particularly, support from significant others and family. No significant relationship was found between the friends' component of social support and QoL.

Hypothesis 2

One-way ANOVA was used to explore the variations in the QoL perception among the study's participants. The normality test is depicted in Table 4.

Table 4: Test of Normality

			Shapiro-Wilk	
	Type of Disability	**Statistic**	**Df**	**Sig.**
Quality of Life	Visual Impairment	.932	25	.096
	Hearing Impairment	.966	40	.265
	Physical Disability	.974	52	.302

Table 4 shows that the relationship between disability and QoL is normally distributed. This is because the Sig. value of the Shapiro-Wilk Test is greater than .05 ($p > 0.05$). The result for the difference in the quality of life for PWDs based on type of disability is presented in Table 5.

Table 5: Difference in the Quality of Life of Persons with Disabilities Based on the Type of Disability

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.343	2	1.172	3.259*	.042
Within Groups	40.986	114	.360		
Total	**43.329**	**116**			

*Source: Fieldwork data (2021) *Significant, p < .05*

The results from Table 5 indicate that there was a statistically significant difference in the QoL of PWDs based on the type of disability (F = 3.259; df = 2, 113; sig < .05). This means that the QoL of PWDs is sensitive to their type of disability. A post hoc test was conducted to find out where the difference occurred. Table 6 summarises the post-hoc analysis of the difference in the QoL of PWDs based on their type of disability.

Table 6: Multiple Comparisons

	(I) Type of Disability	(J) Type of Disability	Mean Difference (I-J)	Std. Error	Sig.
Tukey	Visual impairment	Hearing impairment	-.29154	.15287	.141
HSD		Physical disability	.00994	.14593	.997
	Hearing impairment	Visual impairment	.29154	.15287	.141
		Physical disability	.30148*	.12610	.048*
	Physical disability	Visual impairment	-.00994	.14593	.997
		Hearing impairment	-.30148*	.12610	.048*

*Source: Fieldwork data (2021) *Significant, p < .05*

In Table 6, the post hoc test of Turkey's HSD indicates that there is a significant difference in the QoL of PWDs between those with hearing impairment and physical disability ($p < .05$). However, the differences between those with visual and hearing impairment, and those with visual impairment and physical disability were not statistically significant ($p > .05$)

Analysis of Qualitative Data

Thematic analysis of the interview data revealed 2 major themes with their respective subthemes. The main themes were sources and kinds of social support and the influence of social support on QoL.

Theme 1 - Sources and Kinds of Social Support

Consistent with earlier literature, participants' responses revealed that family, friends, and significant others were the main sources of social support. The excerpt below summarises the sources and kinds of social support.

"From the assembly, financial support, like school fees they will help you to pay the school fees and if you want to be doing a business, sometimes they do help to get something to be doing for a living. And the family provides daily needs, food and movement and my friends do help me to move around." (PD 1)

Subtheme 1 – Support from the Family

When participants were asked to indicate their sources of support, most of them mentioned the family as the first source of support and the kind of support they obtained from their families as shown in the following excerpts:

"My family has been supportive. For instance, I get information from them. But financially, because I'm working, they feel that I don't need financial support from them." (VI 1)

"I can say I get support from my family and they do help a lot. My family helped me to complete school and I can't come out and say I'm going to be a burden on them again. Sometimes when I have a problem and I go to them they can help if they have but if they don't have, they can't do anything. They may give me good advice and ideas to help reduce my tension." (PD 2)

"If you don't have a job, it is difficult to obtain support from others even in your own family, because they know that if they also need support, you can't help them, so it is difficult to get support from them. Maybe food, once they cook, they will serve you but apart from that, it is difficult." PD 4)

Evidence from the participants' responses reveals that the support they received from their families was mainly informational, personal assistance in terms of mobility, and food for their sustenance. It was revealed that personal assistance in terms of mobility was quite frequent, however, financial support was mostly occasional depending on the family income and the circumstances at the time. It can also be inferred that family support may sometimes be conditioned upon the individual's ability to reciprocate such a gesture someday, hence if the family finds that the person is resourced and can help others when the others are in need, they may support, otherwise, they may not support the person with a disability.

Subtheme 2 – Support from Friends

When participants were asked whether they receive support from their friends, their responses can be summarised in the following excerpts:

"My friends help me when I want to go to someplace. Let me just say, if there is an occasion and I want to attend, I will just call a friend to take me there and they often don't hesitate, they go with me. Apart from that I don't really get support from them." (VI 3)

"I get some information from friends without that there are many things that I wouldn't know. The information my friends give me helps me to know a whole lot of things, so that helps me a lot. Also, when I am going somewhere and need some translators, my friends move along with me to interpret for me." (HI 2)

"I get support from friends. They advise me. Sometimes when I feel down and I go to my friends, they may give me some ideas. So actually, I'm getting some advice from my colleagues. Except that if you want to depend on them for money, you would end up having no friends at all so hardly do I get financial support from them." (PD 2)

It can be inferred from the excerpts that the support they receive from their friends related to their movement and interpretation for those with hearing impairment. For persons with visual impairment and physical disabilities, it was revealed that the support they get from friends relates to their mobility where their friends help to transport them to and from places. However, for the hearing impaired who have challenges in communicating with the 'hearing world,' they require those who can interpret sign language to move with them when they are going to places. PWDs did not receive much financial and material support from their friends. Perhaps, consider financial and material support more valuable than personal and informational support, and hence, did not see support from friends contributing meaningfully to their QoL. It is therefore not surprising that the friends' component of social support showed no significant relationship with their QoL.

Subtheme 3 – Support from Significant Others

The last source of social support deduced from the participants' responses was support from others apart from family and friends. These could be benevolent individuals, religious groups, or even the government. The following excerpts highlight what participants said in response to this.

"Sometimes, I get support from the government. The disability allowance which supports me sometimes to meet certain needs." (HI 2)

"The government sometimes supports through the Disability Common Fund and the LEAP programme. Actually, I last applied and they gave me a fridge. Though how to get items in the fridge to sell was difficult but at least, it has been helpful." (PD1)

"When I was going to school, the District Assembly supported me with some amount to pay my fees. When I completed and came there was no job for me so I went to the DCE to talk to him. Actually, he gave me a machine. The machine is inside which I am using to work. And sometimes, my church does support me with some cash and occasionally, food items, other benevolent individuals also do help sometimes." (PD 2)

The excerpts above show the participants' responses to significant others as a source of social support. Generally, it was evident that the major source of support has been from the Central Government through the District Assembly Common Fund and the LEAP programme. For persons with hearing and visual impairments who were employed, they claimed they received a percentage of their basic salary as allowance for their movement which they use to pay their assistants. But this was not so for those who were unemployed. This means that life may be very challenging for PWDs who are unemployed because they do not receive this kind of support from the government. Therefore, they have to take care of personal assistance from others in case they need such assistance. Thus, unemployment may affect them in complex ways; on one hand, they do not receive income, and on another hand, they have to bear the extra costs related to their disabilities. This can make life challenging for them.

Notwithstanding, the researchers tried to direct those who were unemployed to the District Assembly for the (LEAP) program where PWDs are supported with some initial resources and start-up capital to operate their businesses. However, some of them claimed their attempt to access this had yielded no results as evident in the excerpts below.

"I've tried but up to now, I've not gotten it." (VI 1)

"I have applied but they have not given me up to now." (PD 4)

These responses show that though PWDs try to access the LEAP programme, most of the participants who claimed to have applied before said they had not received as at the time of the study.

Theme 2 – Influence of Social Support on QoL

Considering how the support they get from friends, family, and significant others impacts their QoL, it was revealed that these supports make them feel happy and healthy and also facilitate their movement. The excerpts below highlight these:

"In fact, I'm very happy because I'll not go to the street and be begging. Because if you go to town, you'll see some of our colleagues there begging so with the support I get, it will not let me beg so I'm very happy." (PD 1)

"If I want to leave my child behind with someone, I have to give something out to take care of the child and then the one that is moving with you even if you are not taking a bike and you are to pick a car, you'll pay double because you can't go and come alone so you have to pay double to go and come so, if you don't receive any support, it is going to be very difficult so the support we get from others help a lot." (VI 4)

"It makes me healthy because if the support were not there, I would have been thinking and you know too much thinking will also make me unhealthy." (VI 1)

The excerpts above highlight the role of social support in improving the QoL of PWDs. It is revealed from the excerpts that the support they get from social networks like family, friends, and significant others prevents them from begging for alms in the streets. Of course, if someone would assist them meet their needs, why would they not save their dignity by avoiding begging on the streets? Also, the support they get facilitates their movement from one place to another, gives them relief from the burden of moving with their kids, and improves their health which eventually improves their QoL.

Discussion of Findings

It was evident from the quantitative survey that social support had a significant relationship with the QoL of PWDs. This was supported by evidence from the qualitative interviews where social support was reported to prevent PWDs from begging for alms on the streets, improving their health status, and mobility and also making them happy. This corroborates earlier studies that have reported social support as a significant predictor of QoL and adjustment to stressful life events (Acoba, 2024). These findings also corroborate other earlier studies that have reported a positive association between social support and QoL as a result of improved health status (Unsar *et al.*, 2016; Sultan *et al.*, 2016).

The study further found that there was a significant difference in the QoL perception among PWDs with the difference occurring between those with hearing impairment and physical disabilities. This finding may be attributable to the variations in the needs of persons with different disabilities. For example, whereas those with physical disabilities may have pervasive difficulty with movement, those with hearing impairment may have no limitation in movement but in communication and social interaction. Thus, QoL interventions should focus much on movement for those with physical disabilities but on communication and social relationships for those with hearing impairment. However, the variations may also be attributable to personality factors and not the disability per se (Cai *et al.*, 2023).

The interviews revealed that the kinds and sources of social support are interlinked. For example, support from the families included financial support, informational support, and personal assistance similar to other earlier studies that considered such support from the family as critical for the welfare of PWDs (Acoba, 2024; Almog, 2011). Unlike the findings from earlier studies that have reported the family as the most important determinant of social support (Alsubaie *et al.*, 2019), it was found in this study that support from significant others had the greatest impact as a predictor of QoL among PWDs followed by the family. However, support from friends showed no statistically significant relationship with QoL of PWDs as reported in earlier studies (Reyhani *et al.*, 2016).

Again, low family support, especially for unemployed PWDs, may be attributable to low family income, especially in large-size families leading to increased inaccessibility of necessities of life among PWDs (Edusei *et al.*, 2017). The increased support for those who were employed and low support for the unemployed can be explained by the symbiotic relationships among members of some families where support is given in anticipation that such a gesture can be returned someday (Cattaneo *et al.*, 2020). For these reasons, PWDs who were employed were considered contributors to family income rather than proteges. For those who were unemployed, it could be inferred that the lack of social support from family may significantly predict poor QoL outcomes for them, especially in low-income and large-size families (Edusei *et al.*, 2017).

CONCLUSION AND RECOMMENDATIONS

Findings from this study revealed that social support generally and specifically support from significant others and families predicts the QoL of PWDs. It can therefore be concluded that social support improves the QoL of PWDs. Since social support improved the QoL of the employed PWSs more than the unemployed who even needed it the most, it can be concluded that social support partly depends on one's employment status hence, efforts should be made to integrate PWDs into the labour force. Based on the findings from this study, it is recommended that efforts should be made to strengthen social support systems for PWDs. Families should accept PWDs as members of the family and attend to their needs regardless of whether they are employed or not. Support from the government should be increased and paid timely to support PWDs. Likewise, friends should be encouraged to support PWDs financially and materially to improve their QoL. Again, efforts should be made by the government, private individuals, and other corporate bodies to integrate PWDs into the workforce to enable them to earn income to cater to their needs. Finally, social support systems should channel much of their services to those who are unemployed and may have a greater need for support and assistance so that they will not engage in illicit soliciting for alms from people on the streets.

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