

Impact of Social Support on the Psychosocial Adjustment of Children Living with a Disability (CLWD) as Perceived by Parents in the Lagos Metropolis

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Abstract

Disability in Africa is usually viewed as a consequence of evil. Thus, people living with disabilities tend to be treated with discrimination and stigmatization, which then leads to the neglect of their needs. A majority of children in this group are helpless and unable to function effectively. Hence, giving them the support they need is important to help them live a purposeful life. This research thus sought to determine the impact of social support on the psychosocial adjustment of children living with disabilities (CLWDs) as perceived by parents in the Lagos metropolis. It examined the differences in the parents' perceptions based on gender, age, and educational attainment. The study was a descriptive survey of the *ex-post facto* design where a multi-stage sampling technique was used to select the respondents. The final sample comprised 384 parents in the Lagos metropolis who responded to a 20-item researcher-developed questionnaire on perceived impact of social support (with $\alpha = .72$ reliability estimate). An independent samples t-test testing for gender differences in parents' perception and two sets of ANOVAs were used to test three null hypotheses at the .05 confidence level. The results revealed that increased self-esteem, positive behavioural adjustment and improved mental health were perceived by Lagos parents to be the most important impact factors of social support on the psychosocial adjustment of CLWDs. Gender and educational attainment did not exercise any influence on perceived impact, but parents' perception of it did differ significantly by age group where older parents perceived a greater impact than did younger parents. It was, therefore, concluded that social support (i.e., in terms of quality, type and amount) is significant for CLWDs to make the psychosocial adjustment needed in their lives. With such support, they can be useful to themselves and contribute meaningfully to the development of society. On this basis, family members and other support providers should give adequate attention to the needs of children living with disabilities.

Keywords: *Perceived impact, social support, psychosocial adjustment, children living with a disability, physical incapacities*

INTRODUCTION

Disability ranges from incapacities that are relatively mild to those that are profound and debilitating and those that will have to be endured for life. Depending on the case, it may involve medical conditions, developmental delays, congenital defects and psychiatric conditions that require a proper care, treatment and adjustment for the children affected with it to reach their full potentials (Turnbull, 2002). The Federal Republic of Nigeria (2013) described children living with a disability (CLWD) as those who have difficulties in learning which result from different kinds of conditions such as partial-sightedness, blindness, hardness-of-hearing, deafness, social maladjustments, mental retardation, and limbs deformity, among others. These children are different from normal children in sensory abilities, mental characteristics, social behaviour and communication attributes (Federal Ministry of Education, 2015). These conditions require that the learners be helped to adjust effectively to school life and demands. In other words, they should be given special education services.

According to Kagan (2021), children living with disabilities (CLWDs) are special needs children who require special attention and specific provisions different from those that are typically provided to normal children. Their disabilities could be learning disabilities, physical infirmities and terminal illnesses. In this view, for CLWDs to adjust effectively to the school environment, the teaching and learning process must be designed in such a manner that will enable them to benefit optimally from education and schooling so that they can later live a meaningful and productive life.

The World Health Organisation (2011) reported that over 10% of the world's population suffered from social, physical, and mental disabilities, out of which one-third of them were children. More than 80% of this population live in developing nations. Globally, about 360 million persons (i.e., 328 million adults and 32 million children) suffer from hearing impairment which represents 5.3% of the world's population (World Health Organisation, 2016). According to Olowoapejo (2018), the Lagos State government disclosed that not less than 3 million residents of the state were living with one form of disability or the other. It was also revealed that about 600,000 residents of the state experience major disabilities.

In society, CLWDs live a life of many challenges, ranging from neglect, criticisms, stigmatization, isolation, loneliness, bullying, mobility, movement difficulties, and a host of other predicaments. Adekeye (2008) stated that most CLWDs are sometimes ridiculed by their 'normal peers' and some of them often fail to acquire their full potentials, which results in their poor academic performance in school. CLWDs may suffer from anxiety and a loss of confidence that prevents them from living a normal life (Baron, 2017). In a focus group and in-depth interview by the National Council for Special Education (2004), it was found that disabled people felt less satisfied than non-disabled people. It was stressed further that CLWDs face notable problems such as limited choices of employment, lack of independence, inability to access places and spaces freely, marginalisation in the society, financial problems and other pressures limiting their ability to establish and maintain social connections. The problems that CLWDs face are not only due to their conditions of disability, but also to the generally poor

attitudes that society has towards them (Hayes & Bulat, 2017). The inadequate attention paid to the physical and psychosocial needs of these children may affect their mental health and participation in various aspects of life (REPPSI & Hanass-Hancock, 2014).

Problem Statement

As of 2018, the World Population Review (2018) estimated the total population of the Lagos state at 13,463,421 million people, making it the largest city in Africa. The metropolitan area begins on islands that are protected from the Atlantic Ocean by sand spits. Ikeja is the capital of Lagos, and the city has expanded onto the mainland west of the lagoon, extending over 25 miles northwest of the Lagos Island. Today, the high rate of people's migration (from far and near) into the city has made the Lagos state a city with the most diverse population. However, the Yorubas are the dominant tribe out of over 250 ethnic groups living in Lagos. Among the population are also people living with various forms of disability.

Based on World Bank data, Okogba (2018) reported that 1 billion people, i.e., equivalent to 15% of the world's population, are experiencing one form of disability or the other and the prevalence is higher in developing countries. In Nigeria alone, not less than 19 million people have incapacitating disabilities (National Population Commission, 2017). According to the Association of Indigenous People with Disabilities (AIPD) in Lagos, there were over 25 million Nigerians in 2017 who were suffering from different types of disability, with over 3.5 million of them having mobility problems (James, 2017). For this large group, there are no government programmes or special provisions to help them live a better life. If these statistics are anything to go by, we can conclude that on average, about 22 million people in Nigeria are living with disabilities.

Children living with disabilities are often neglected or sometimes rejected by their families, while many of them are rarely sent to school. Stigmatization and discrimination by society seem to have debarred these children from many educational opportunities. The exclusion of CLWDs from many life and educational opportunities appears to begin on the first day of their life through non-registration of their birth. They are often less recognised in the society, while many are disqualified from the social services and legal protections that are meant to aid their survival and life prospects. Their systematic marginalization by society's forces is further worsened by discrimination (Brussels, 2013).

Several studies have been conducted on the availability of social support for CLWDs, for instance, Senicar and Grum (2012) conducted a study on self-concept and social support among adolescents with disabilities attending special and mainstream schools. The findings of their study revealed that the educational institution and type of disability affected students' self-concept, self-esteem, and social support. Eugene et al. (2020) carried out a study on perceived social support and resilience amongst parents raising children with special needs in Ghana. The results underscored the critical importance of social support from significant people and its association with parental resilience. However, most previous studies did not focus on the impact that social support may have on the psychosocial adjustment of CLWDs and none of the

previous research was carried out in the Lagos metropolis. Given the gaps observed in previous works, the present study thus undertook to determine the impact of social support on the psychosocial adjustment of CLWDs as reported by parents in the Lagos metropolis.

LITERATURE REVIEW

CLWDs require important additional medical/health, social and educational supports for them to adjust effectively to their psychosocial life. Psychosocial adjustment thus refers to the psychological wellbeing of CLWDs that is influenced by their experiences with other human beings in the social sphere. In the context of this study, it refers to the ability of CLWDs to adapt to the psychological and social challenges in their environment. These challenges may include emotional, social and behavioural aspects that are associated with their mental health, which the World Health Organization (2014) defined as a state of well-being in which individuals realize their full potentials. Researchers (e.g., deRidder et al., 2008) have highlighted five core features of psychosocial adjustment, and they include the absence of psychological disorder, successful performance, adequate functional status, the presence of high positive affect, and satisfaction with various life domains.

One way of improving the psychosocial adjustment of CWLDS is to extend or broaden the support network provided to them (Taylor et al., 2008). Kanisty (2005) defined social support as social relationships that provide people with the actual support they need to properly function as human beings. Such support is entrenched into a system of interaction perceived to be caring, loving and swiftly available in times of need. This broad definition points to three major facets of support network, i.e., perceived support (i.e., the belief that help would be available if needed); received support (i.e., actual receipt of help); and social embeddedness (i.e., having good quality and different types of social relationship with others). According to Williams (2004), social support is any kind gesture, with or without financial aid, that is offered by a group of people who know or do not know each other resulting in positive emotional effects and/or positive behaviour in the receivers.

To socially support Nigerians living with a disability in the Lagos state, the Governor has recruited 250 disabled persons into the civil service, 100 into the mainstream and 150 into the local government and this cuts across all disabilities, i.e., blindness, deafness, and intellectual disability (Kasali, 2018). Project Enable Africa, a non-governmental organisation advocating for the rights and empowerment of people living with disabilities in Africa, also launched a disability-friendly digital hub in Lagos Nigeria, which aims at promoting the access of young people living with disabilities to ICT infrastructure and learning opportunities (Eweniyi, 2018).

This kind of support towards CLWDs may not be forthcoming from individuals. This is because disability in Nigeria is viewed as a curse and as such, people tend to discriminate against persons with disabilities, even within the family system (Kolawole, 2016). Consequently, CLWDs have been systematically denied of their rights to the dignity and worth of human beings, thus incapacitating and hampering them from reaching their full potentials to actively participate in the progress and development of Nigeria.

According to the World Bank (Eweniyi, 2018), the disability population is the leading minority group. They are vulnerable and are the most excluded community anywhere in the world

The importance of social support for CLWDs is that it increases their self-esteem (Dolan & Brady, 2012; *Lestari & Fajar*, 2020), which subsequently contributes to their effective interaction with people. Cooper and Jacobs (2011) maintained that multiple effective behavioural outcomes result from the cognitive, emotional, and physiological support given to CLWDs. To add, Siegrist and Fekete (2017) found that satisfaction with social support was a significant contributor to the physical and mental wellbeing of CLWDs. However, it should be stressed that the quality of social support rendered to this group is more important than the amount of support given.

In terms of demographic influence on perception, Nina et al. (2016) showed that female CLWDs are better in their psychosocial functioning than their male counterparts. Other studies (e.g., Devine et al., 2012; Wilson et al., 2006) have revealed that age significantly influences the impact that social support is perceived to have on the psychological adjustment of CLWDs. Meanwhile, other studies (e.g., Bailey et al., 2005; Vilaseca et al., 2019) found that parents of different educational backgrounds tend to perceive different impacts of social support on CLWDs' psychosocial adjustment.

Research Objectives and Questions

The study aimed to determine parents' perception of the impact of social support on the psychosocial adjustment of CLWDs in the Lagos metropolis, Nigeria. The study also examined the differences in parents' perception of the impact based on selected demographic variables. The research questions based on the study's objectives were as follows:

1. What is the impact of social support on the psychosocial adjustment of children living with disabilities as perceived by parents in the Lagos metropolis?
2. Are there statistically significant differences in parents' perception of the impact by gender, age, and educational attainment?

Null Hypotheses

To test the assumptions stated in the second research question, the study formulated the following null hypotheses:

H₀₁: There is no significant difference in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by gender.

H₀₂: There are no significant differences in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by age group.

H₀₃: There are no significant differences in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by educational attainment.

METHODOLOGY

Research Design

The study was an *ex-post facto*, cross-sectional survey that employed the descriptive design. The construct of interest was the perceived impact of social support which was examined as a naturally formed phenomenon among the respondents who were parents residing in the Lagos metropolis. No experimental manipulation was exercised in this study to alter the respondents' perception of the impact. Due to its *ex-post facto* and description design, the study would not attempt to make any causal claims regarding the said impact.

Population, Sample and Sampling Procedure

The study's population comprised all parents in the Lagos metropolis whose number was estimated to be about 35% of 3,410,036 million people (hence, $N = 1,193,513$). They were distributed in five districts in Lagos (i.e., Ajeromi-Ifelodun, Mushin, Kosofe, Ojo and Surulere). On this basis, the required sample size was 384, determined at a 5% margin of error and 95% confidence level (Research Advisor, 2006). However, the researchers increased the sample size to 403 parents to cover for attrition. Because of the vastness and scatteredness of the study's population, which made sampling the opinions of everyone impossible, the researchers considered multi-stage sampling appropriate.

In stage one, random (dip-hat method) sampling was used to select the five local government areas in the Lagos metropolis. In stage two, proportionate sampling was used to select respondents based on the population distribution of the five selected areas in the Lagos metropolis. This is illustrated in Table 1:

Table 1

Summary of Population and Sample Size

LGA	Parents in the Lagos Metropolis	Proportionate Sampling	Sample Size
Ajeromi-Ifelodun	214,424	214,424 / 1,193,513*403	72
Mushin	295,109	295,109 / 1,193,513* 403	100
Kosofe	310,206	310,206 / 1,193,513* 403	105
Ojo	278,821	278,821 / 1,193,513*403	94
Surulere	94,953	94,953 / 1,193,513* 403	32
Total	1,193,513		403

In stage three, convenience sampling was used. The respondents were selected from various ministries, local government area secretaries, government ministries, hospitals, tertiary institutions, and private organizations in the three selected LGAs in the Lagos metropolis.

Instrument

A self-developed 20-item questionnaire named “Social Support of Children Living with Disabilities Questionnaire” was used to collect data. The instrument had two (2) sections: A and B. Section A requested the respondents’ demographic information, while Section B contained twenty (20) items on perceived impact of social support measured on a four-point rating scale that consisted of Strongly Agree; Agree; Disagree and Strongly Disagree. Considering the significance of support needed by CLWDs, the researchers made use of a 4-point scale to ensure that the respondents would give careful thought to every item on the scale before committing to a specific response. The questionnaire was validated by three research experts in Rehabilitation Counselling. Also, the instrument was subjected to the test-retest reliability procedure from which a co-efficient of .72 was obtained for the perceived impact construct.

Data Collection and Analysis

The questionnaire was personally administered by the researchers with the help of two research assistants. The personal involvement of the researchers in data collection was necessary because of the advantage of establishing a rapport with the respondents and the opportunity of explaining items that were not clear to them. In view of this, the researchers sought the consent and permission of the authorities of the institutions involved in the survey. After completing the survey administration, copies of the questionnaire were collected immediately from the respondents to avoid getting lost. Initially, four-hundred and three (403) copies of the questionnaire were distributed, out of which 399 were retrieved. However, fifteen (15) of the retrieved cases were invalid. Thus, data analysis was done on the 384 valid copies.

Data from Section A were scored using percentages, while the 20 perceived impact items in Section B were examined using means and standard deviations and then rank ordered. Analysis of Variance (ANOVA) and independent samples t-test were used to compare the means of different groups (i.e., parents of different gender, age groups and educational attainments) regarding their perception of social support impact on CLWDs.

RESULTS

Respondents’ Profile

As explain earlier, the final sample whose data could be used in the analysis comprised 384 parents from the Lagos metropolis. Their demographic characteristics are summarized in Table 2.

Table 2*Sample Characteristics by Gender, Age and Educational Attainment*

Variable	Frequency	Percentage
Gender		
▪ Male	142	37.0
▪ Female	242	63.0
Age (in years)		
▪ 20-30	59	15.4
▪ 31-40	127	33.0
▪ 41 & above	198	51.6
Educational Attainment		
▪ Primary	39	10.2
▪ Secondary	58	15.1
▪ NCE/ND	84	21.8
▪ HND/Bachelor degree	117	46.1
▪ Postgraduate	26	6.8
Total	384	100.0

The sample comprised 142 male (37.0%) and 242 female (63.0%) parents. In terms of age, 59 (15.4%) of the respondents were between 20 and 30 years of age, 127 (33.0%) were between 31 and 40, while 198 (51.6%) were 41 and above. This shows that most respondents were in the 41-and-above age range. In terms of educational attainment, a majority of the respondents were HND/Bachelor degree holders (46.1%).

Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment

Table 3 shows the rank order of social support impact items based on their mean scores.

Table 3*Mean Ranking of Responses on Social Support Impact on Psychosocial Adjustment of CLWDs*

As a parent, I believe social support helps children living with disabilities to:	M	SD
1. improve their self-esteem	3.54	.88
2. develop a positive behavioural adjustment	3.23	.86
3. improve their mental well-being	3.15	.87
4. reduce stigmatization faced in the society	3.14	.72
5. become emotionally stable	3.14	.75
6. be effective in their inter/intrapersonal relationships	3.13	.69
7. have a good mental health	3.11	.78
8. become physically functioning	3.11	.78
9. develop appropriate personal skills	3.08	.86
10. become socially functioning	3.06	.89
11. develop talents and abilities	3.06	.89
12. develop effective coping methods	3.02	.91
13. develop self-confidence	3.00	.86

Notes: M = Mean; SD = Standard Deviation

Table 3*Continued*

As a parent, I believe social support helps children living with disabilities to:	M	SD
14. develop a positive attitude toward siblings	2.99	.88
15. develop close personal relationships with others	2.93	.93
16. enhance their social development	2.89	1.00
17. enhance their psychological development	2.88	.92
18. improve their academic performance	2.81	.89
19. have a positive self-image	2.79	.91
20. be psychologically well-adjusted	2.79	.90

Notes: M = Mean; SD = Standard Deviation

We can see in the table that all the 20 items have mean scores that are above the average mean value of 2.50. This implies that all items showing the impact of social support on the psychosocial adjustment of CLWDs were positively endorsed by the respondents. Among the 20 factors, items 13 (i.e., improved self-esteem) ($M = 3.54$; $SD = .88$), 4 (i.e., development of a positive behavioural adjustment) ($M = 3.23$; $SD = .86$) and 7 (i.e., improved mental health) ($M = 3.15$; $SD = .87$) were rated as the top three impacts of social support on CLWDs. Based on the mean scores, it can be inferred, therefore, that Lagos parents perceived social support to have numerous impacts on the psychosocial adjustment of CLWDs. Parents agreed that improved self-esteem, positive behavioural adjustment and improved mental health were among the topmost impact factors.

Gender Differences in the Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment

The analysis in this section addresses the study's first null hypothesis, which was stated as follows:

H₀₁: There is no significant difference in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by gender.

Table 4 shows the results of the independent samples t-test performed on the mean scores of male ($n = 142$) and female ($n = 242$) parents.

Table 4

Gender Difference in the Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment: Independent Samples t-test Results

Gender	n	Mean	SD	df	Cal. t	p-value	Remark
Male	142	60.43	8.61	382	.82	.452	H₀₁ Accepted
Female	242	61.14	7.92				

Table 4 indicates no statistically significant difference, ($t[382] = .82$; $p = .452 > .05$), in male ($M = 60.43$; $SD = 8.61$) and female ($M = 61.14$; $SD = 7.92$) parents' perceptions of the impact of social support on the psychosocial adjustment of CLWDs. In other words, male and female parents in the Lagos Metropolis were similar in what they perceived to be the impact of social support on the psychosocial adjustment of CLWDs. Hence, the first null hypothesis was retained.

Age Differences in the Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment

Table 5 shows the results of ANOVA that address the second null hypothesis, which was stated as follows:

H₀₂: There are no significant differences in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by age group.

Table 5

Age-Group Differences in the Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment: One-Way ANOVA Results

Sources	Sum of Squares	df	Mean Square	Cal. F	P-value	Remark
Between group	588.555	2	294.277	4.47*	.012	H₀₂
Within group	25068.693	381				Not Accepted
Total	25657.247	383	65.797			

Notes: * Significant at $p < .05$

Table 5 shows the results of the One-Way ANOVA performed on the data to compare the respondents' perception by age group. The results revealed that there is a statistically significant difference in the mean scores of the three age groups ($F [2, 381] = 4.47$; $p = .012 < .05$). This implies that parents from the three age groups perceived the impacts differently. Hence, the study's null hypothesis failed to be accepted. A post-hoc analysis for ANOVA was carried out using the Duncan Multiple Range Test (DMRT) to reveal which groups differed in their perception. Table 6 shows the outcomes of the post-hoc analysis.

Table 6

DMRT Results on the Age-Group Differences in Parents' Perception of Social Support

Age	N	Subset for alpha = 0.05		
		1	2	3
20-30	59	58.02		
31-40	127		61.10	
41 & above	198		61.59	61.59
Sig.		1.000	.132	.258

The Duncan Multiple Range Test for multiple comparisons found the mean scores of perceived impact to differ slightly between groups 2 and 3 ($M = 61.59$ and $M = 61.10$, respectively) and were significantly different from that of group 1 ($M = 58.02$). This implies that younger parents in the 30-40 age group differed in their perception of impact from older parents in the 41-and-above age group. This could be due to older parents' having greater knowledge of how social support works on the psychosocial adjustment of CLWDs.

Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment: Differences by Educational Attainment

Table 7 shows the one-way ANOVA results depicting differences in the respondents' perceptions of the impact of social support on the psychosocial adjustment of CLWDs by educational attainment. The results address the third null hypothesis, which states that:

H₀₃: There are no significant differences in parents' perception of the impact of social support on the psychosocial adjustment of CLWDs by educational attainment.

Table 7

Differences in the Perceived Impact of Social Support on CLWDs' Psychosocial Adjustment by Educational Attainment: One-Way ANOVA Results

Sources	Sum of Squares	df	Mean Square	Cal. F	p-value	Remark
Between group	259.999	4	65.000	.97	.421	H₀₃
Within group	25397.248	379				Accepted
Total	25657.247	383	67.011			

The results revealed no statistically significant differences in the mean scores of the three educational attainment groups, ($F [4, 379] = .97$; $p = .421 < .05$), which means that parents from different levels of educational background had similar perceptions of the impact. Hence, the null hypothesis was retained.

DISCUSSION

This study found high parental perception mean scores on three impact factors, namely improved self-esteem, positive behavioural adjustment and improved mental health. The results support the contention that social support does play a significant role in the psychosocial adjustment of children living with disabilities. The most highly rated impact, i.e., improved self-esteem, is important for CLWDs as such positive emotion enables them to face life challenges and increases their belief in their strengths and weaknesses. This belief empowers them with the will to go through life and contribute meaningfully to the development of the nation and society.

The result of this study on improved self-esteem is in line with the outcomes of Dolan and Brady's (2012) study, which indicated that one important impact of social support is that it

increases CLWDs' self-esteem and feelings about themselves. This finding also corroborated the finding of *Lestari and Fajar (2020)*, who demonstrated how CLWDs' increased self-esteem facilitated their positive contribution to society's social development. It implies that CLWDs can be empowered with the ability to cope with their mental and social challenges if they are given adequate recognition and encouragement from different social networks of people. Such support enables them to see themselves as being endowed with potentials that are useful for themselves and society at large.

Parents also perceived that social support can help CLWDs to develop a positive behavioural adjustment, which means that they saw social support as a factor that can help shape the behaviour of CLWDs. To be able to adjust their behaviour socially is critical to their interaction with others, especially in portraying them in a positive image to society. Thus, a supportive network of people can encourage a positive behavioural adjustment and diminish the physiological reactivity to stress among CLWDs. This finding supports the results of *Cooper and Jacobs (2011)* which showed that effective behavioural outcomes can be expected from the cognitive, emotional and physiological support given to CLWDs. The finding of this study suggests that social support is a source of effective behavioural adjustment for children with disabilities.

Another finding of this study is that social support can improve the mental health status of CLWDs, implying that a broad network of support can boost the mental functioning of these children. The healthy mental status of CLWDs will as well contribute to their physical health status and enhance their social interaction among people in society. This finding is in tandem with that of *Tough et al. (2017)*, who found that satisfaction with social support was significant to the physical and mental wellbeing of CLWDs, although at the same time stressing that society pay proper attention to the quality of social support given, which is more important than the amount of support rendered.

It was found that male and female parents are similar in their views of the impact of social support on the psychosocial adjustment of CLWDs in the Lagos metropolis. This finding disagrees with the study of *Nina et al. (2016)* in which females perceived better psychosocial functioning of children with hearing loss than did their male counterparts. This follows that both male and female parents believed that social support can help CLWDs to adjust more effectively with their psychological and social milieus. The finding of this study differed from those of previous research, perhaps because they were conducted in different locales involving respondents with different attributes.

Parents of different age groups in the Lagos metropolis perceived different impacts of social support on CLWDs' psychosocial adjustment. This finding agrees with *Wilson et al. (2006)* and *Devine et al. (2012)* whose studies found that age significantly influenced the perception of social support impact on the psychological adjustment of CLWDs. In contrast, there was no significant difference in perceived impact by educational attainment. This suggests that the educational attainment of respondents does not influence their perception of the impact of social support on CLWDs' psychosocial adjustment. This finding does not corroborate the findings of *Bailey et al. (2005)* and *Vilaseca et al. (2019)* which revealed that the perception of

parents with different levels of education differed on the social support influence on the psychosocial adjustment of CLWDs. The exposure of many Nigerian parents to the discrimination against and neglect of people with disability conditions (Etieyibo & Omiegbe, 2016) might have influenced their understanding of the impact that social support can have on CLWDs. Rather than level of education, it was this exposure that had shaped the views of parents. Moreover, the fact that a previous study involving Latino families—whose cultural and social circumstances would have differed from those of Nigerian families—had produced findings that supported this result shows that a direct experience with CWLDs is more influential in shaping parents' views of the impact of social support than any level of education obtained by parents.

RECOMMENDATIONS

Following the results, it is recommended that family members and other support providers give adequate attention to CLWDs so that they can develop a positive belief in themselves and the ability to achieve good things in life. Parents and peers should support CLWDs with care and moral development which will in turn help to shape appropriate social behaviour in them. CLWDs need this ability to adjust to their immediate environment. Furthermore, the government and non-governmental organizations should provide adequate facilities and tools to aid the education of CLWDs, improve their academic performance and encourage them to develop a positive attitude towards learning. Counsellors should as well equip CLWDs with appropriate social skills that can help them to develop positive self-esteem and make proper behavioural adjustment. Counsellors should also provide adequate emotional support to improve their mental health. This will go a long way in helping these children to perform decently in their life endeavours.

LIMITATIONS OF THE STUDY

This study did not examine various other types of social support (in the forms of finances, education, food, shelter, clothing, etc.) and the sources of support (such as government and non-government organisations, parents, relations, friends, schools, etc.) received by CLWDs. The study had also surveyed the parents of normal children who might not have a proper, in-depth experience and knowledge of what the challenges of living with CLWDs would be. In terms of methodology, the study had employed convenience sampling in the second stage of obtaining the sample, and this limits the generalizability of its results to the larger population of parents in Lagos.

SUGGESTIONS FOR FURTHER RESEARCH

In view of the above limitations, further research should explore the views and perceptions of CLWDs themselves or the parents of disabled children to get more accurate insights on the impact of social support. Future researchers could also consider the types and sources of social

support received by CLWDs and document how these had empowered and shaped them in positive or favourable ways. In addition, future studies on social support impact should involve the three major ethnic groups in Nigeria (i.e., Yoruba, Hausa and Igbo) to enable greater generalizability of the results across the Nigerian population.

CONCLUSION

It was concluded based on the findings of this study that social support has significant impacts on the psychosocial adjustment of CLWDs as it helps improve their self-esteem and mental health, as well as promote their behavioural adjustment in society and social groups. Therefore, adequate and customized social support must be provided to CLWDs so that they can lead a more meaningful and happier social life and psychologically adjust to varying and different life circumstances.

REFERENCES

- Adekeye, J. G. (2008). *Mainstreaming of special needs children*. Ibadan: University Press.
- Akbarian, M. S. (2007). Disability with approach of social welfare. *Journal of Student Mohaghegh*, 1(2), 47-55.
- Bailey, D. B., Skinner, D., Correa, V., Arcia, E., Reyes-Blanes, M. E., Rodriguez, P., Vazquez-Montilla, E. & Skinner, M. (2005). Needs and supports reported by Latino families of young children developmental delays. *American Journal on Mental Retardation*, 104(5), 437-451.
- Baron, F. (2017). *Major survey identifies social barriers for disabled people: get the data*. Retrieved from <http://www.theguardian.com/news/datablog/2010/dec/09/>.
- Brussels, B. (2013). *Inclusion of children with disabilities benefits society as a whole*. Retrieved from <https://www.unric.org/en/latest-un-buzz/28497-inclusion-of-children-with-disabilities-benefits-society-as-a-whole>.
- Cooper, P. & Jacobs, B. (2011). *Evidence of best practice models and outcomes in the education of children with emotional disturbance/behavioural difficulties: An International review*. https://ncse.ie/wp-content/uploads/2016/08/ResearchReport7_EBD.pdf.
- deRidder, D., Geenen, R., Kuijer, R. & van Middendorp, H. (2008). Psychological adjustment to chronic disease. *The Lancet*, 372(9634), 246-255.
- Devine, K. A., Holbein, C. E., Psihogios, A. M., Amaro, C. M. & Holmbeck, G. N. (2012). Individual adjustment, parental functioning, and perceived social support in Hispanic and Non-Hispanic White Mothers and Fathers of children with Spina Bifida. *Journal of Pediatric Psychology*, 37(7), 769-778. Retrieved from <https://doi.org/10.1093/jpepsy/jsr083>.
- Dolan, P. & Brady, B. (2012). *A guide to youth mentoring: Providing effective social support*. Jessica Kingsley Publishers.
- Ellis, P. & Standing, M. (2010). *Understanding research for nursing students*. Learning Matters Ltd.
- Etieyibo, E. & Omiegbe, O. (2016). Religion, culture and discrimination against persons with disabilities in Nigeria. *African Journal of Disability*, 5(1), 192-205. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5433448/>.
- Eugene, N., Dey, Y. & Amponash, B. (2020). Sources of perceived social support on resilience amongst parents raising children with special needs in Ghana. *Heliyon*, 6(11), e05569. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2405844020324129>.
- Eweniyi, O. (2018). A tech hub for people living with disabilities has launched in Lagos. Retrieved from <http://www.konbini.com/ng/>.
- Federal Republic of Nigeria (2013). *National policy on education, NERDC* (4th ed.). Abuja: NERDC Press.

- Federal Ministry of Education (2015). *National policy on special needs education in Nigeria*. Federal Ministry of Education, Nigeria.
- Hastings, R. P. (2003). Behavioural adjustment of siblings of children with autism engaged in applied behaviour analysis early intervention programmes: The moderating role of social support. *Journal of Autism and Developmental Disorders*, 33, 141–150. Retrieved from <https://link.springer.com/article/10.1023/A:1022983209004>.
- Hayes, A. M. & Bulat, J. (2017). *Disabilities inclusive education systems and policies guide for low- and middle-income countries*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK554622/>.
- Heidarzadeh, M. G. A., Hagigat, A. & Yoosefi, E. (2009). Relationship between quality of life and social support in stroke patients. *National Heart Institute*, 22(59), 23-32.
- Hopper, J. (2021). *Why you need 4-point scales*. Retrieved from <https://verstaresearch.com/blog/why-you-need-4-point-scales/>.
- James, S. (2017). *Over 25m Nigerians are disabled*. Retrieved from <http://www.thisdaylive.com>.
- Kagan, J. (2021). *Special needs child*. Retrieved from <https://www.investopedia.com/terms/s/specialneedschild.asp>.
- Kaniasty, K. (2005). Social support and traumatic stress. *PTSD Research Quarterly*, 16(2), 1-8.
- Kasali, S. (2018). *Enforce Lagos state special people's law and disabilities, government urged*. Retrieved from <http://www.tribuneonlineng.com/>.
- Kolawole, F. M. (2016). *Measurement of disability through sample surveys: Nigeria experiences*. National Bureau of Statistics, Nigeria.
- Lestari, R. & Fajar, M. (2020). Social support and self-esteem in people with physical disability. *Indigenous: Journal of Ilmiah Psikologi*, 5(2), 207-217. Retrieved from <http://journals.ums.ac.id/index.php/indigenous/article/view/11408/6299>.
- National Council for Special Education (2004). *Children with special educational needs: Information booklet for parents*. Milt-Street, Trim: NCSE.
- National Population Commission (2018). *Nigeria demographic and health survey 2018*. Federal Republic of Nigeria.
- Nina, J. L., Karl, H. J., Rieffe, C. & Wichstrom, L. (2016). Predictors of psychosocial outcomes in hard of hearing preschool children. *Journal of Deaf Studies and Deaf Education*, 1, 1-9.
- Obani, T. C. (2006). Special education ans special educational needs. In; T. C. Obani (ed.) *Teaching pupils with special educational needs in regular USE classroom*. Oluben Printers.

- Okogba, E. (2018). *NPC puts Nigeria's disabled population at 19million*. Retrieved from <http://www.vanguardngr.com/>.
- Olowoapejo, M. (2018). *3 million Lagosians living with disability*. Retrieved from <https://www.vanguardngr.com/2017/10/3m-lagosians-living-disability-govt/>
- REPPSI & Hanass-Hancock, J. (2014). *Psychosocial support for children with disability and their carers: Discussion paper*. Retrieved from https://www.researchgate.net/publication/30757539_5_Psychosocial_Support_for_Children_with_Disability_and_their_Carers.
- Research Advisor (2006). *Sample size table: From the research advisor*. Retrieved from <https://www.research-advisors.com/tools/SampleSize.htm>.
- Senicar, M. & Grum, D. K. (2012). *Self-concept and social support among adolescents with disabilities attending special and Mainstream schools*. Published Thesis submitted to Faculty of Arts, Department of Psychology, University of Ljubljana.
- Taylor, M. A., Goldberg, C., Shore, L. M. & Lipka, P. (2008). The effects of retirement expectations on post-retirement adjustment. *Journal of Managerial Psychology*, 23(4), 458-470.
- Tough, H., Siegrist, J. & Fekete, C. (2017). Social relationships, mental health and wellbeing in physical disability: A systematic review. *BMC Public Health*, 17(414). Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4308-6>.
- Turnbull, R. (2002). *Exceptional lives: Special education in today's schools (3rd ed.)*. Merrill Prentice Hall.
- United Nations (2019). *World urbanisation prospect for Lagos agglomeration*. Retrieved from <https://en.wikipedia.org/wiki/Lagos#mw-head>.
- Vilaseca, R., Rivero, M., Bersabe, R. M., Cantero, M-J., Navarro-Pardo, E., Valls-Vidal, C. & Ferrer, F. (2019). Demographic and parental factors associated with developmental outcomes in children with intellectual disabilities. *Frontiers in Psychology*, 10(872), 1-15. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00872/full>.
- Williams, K. (2004). The transition to widowhood and the social regulation of health: Consequences for health and health risk behaviour. *Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, 59, S343-S349.
- Wilson, S., Washington, L. A., Engel, J. M. & Ciol, M. A. (2006). Perceived social support, psychological adjustment, and functional ability in youths with physical disabilities. *Rehabilitation Psychology*, 51(4), 322-330. <https://www.researchgate.net/publication/232436196>.
- World Health Organization (2011). *World report on disability 2011*. World Health Organization.
- World Health Organization (2014). *Mental health: A state of well-being*. Retrieved from http://www.who.int/features/factfiles/mental_health/en/.

World Health Organization (2016). *Disabilities*. World Health Organization.

World Population Review (2018). *Lagos population 2018*. Retrieved from countries.nigeria population.