




Prediction of Mental Health and Self-Esteem Based on Perceived Social Support in Youth with Physical Disabilities in Tehran

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ABSTRACT

Objective: Disability of any type and in any form often leads to mental crises by causing anxiety, worry, reduced self-confidence, and psychological difficulties. The present study aimed to predict mental health and self-esteem based on perceived social support in youth with physical disabilities in Tehran.

Methods and Materials: The research method was descriptive and correlational. The statistical population consisted of youth aged 20-35 with physical disabilities from seven centers for individuals with disabilities in Tehran in 2023, totaling approximately 1500 individuals. Of this population, 400 were accessible samples (characteristics of the samples included: having only physical disabilities and being aged 20-35), of which 250 were male, and the rest were female. From this number, 196 young people, both male and female, were randomly selected and participated in the tests according to the Morgan table. The research instruments included the Multidimensional Scale of Perceived Social Support by Zimet et al. (1988), the General Health Questionnaire by Goldberg (1972), and the Coopersmith Self-Esteem Inventory (1967). Data analysis was performed using multiple regression analysis with SPSS version 27.

Findings: The results of the study showed that the components of family, others, and perceived social support could predict mental health. The findings indicate that perceived social support ($\beta=2.170$) was identified as the strongest predictor of mental health. Additionally, perceived social support and its components could not predict self-esteem, and thus the second hypothesis was not confirmed with 95% confidence.

Conclusion: Based on the research findings, it can be concluded that perceived social support can predict mental health.

Keywords: Mental Health, Self-Esteem, Perceived Social Support, Physical Disability.

1. Introduction

Disability, as a social phenomenon, has existed in various societies from ancient times to the present, constantly recognized as a fundamental issue in terms of understanding existence and social relationships. There has not always been a stable relationship between human social and scientific development on one hand and the social status of individuals with disabilities on the other (Ismail et al., 2020; Yaghoubi et al., 2022). With the onset of an impairment and the emergence of physical weakness, individuals with disabilities become less self-reliant, and their need for and dependence on others appear and gradually increase. Reduced self-confidence, negative self-concept, feelings of inadequacy and burden, overshadow even the minimal remaining abilities in the disabled individual, causing feelings of sadness and ambiguity (Yaghoubi et al., 2022). One of the psychological characteristics affected in individuals with disabilities is self-esteem. Self-esteem refers to liking oneself and valuing and respecting oneself. The manifestations and consequences of chronic physical disabilities severely affect an individual's self-concept and have highly detrimental effects on self-esteem (Rajabi et al., 2015; Tahere et al., 2015; Vernosfaderani, 2013).

Disability of any kind and in any form often leads to mental crises by causing anxiety, worry, reduced self-confidence, and psychological difficulties (Habibikaleybar, 2021; Hammer et al., 2017). Individuals with physical-motor disabilities face an unchangeable reality in their lives. Therefore, attention to the mental health of this group is necessary. Individuals with disabilities need to develop specific characteristics to cope with their problems, one of which is self-esteem. People with disabilities tend to have weaker social interactions, lower self-esteem, and self-confidence, and experience more psychological stress compared to others (Mammarella et al., 2021; Marinelli et al., 2020; Masumi tabar et al., 2020).

Perceived social support is formed from an individual's cognitive evaluation of their environment and relationships with others. Theorists of perceived social support state that not all relationships a person has are considered social support. In other words, social interaction is not a source of social support unless the individual perceives it as an available or appropriate resource to meet their needs. Therefore, it is not the support itself but the individual's perception of the support that matters (Allison et al., 2023). On the other hand, social support can be a significant factor

in the quality of life for young people. Social support, as a protective factor against stress, significantly impacts health and social functioning by making the individual feel cared for, valued, and part of a network of relationships (Khoshroo et al., 2023; Saadati & Saadati, 2023). Social support can be categorized into four types of supportive behaviors: emotional support, which includes empathy, affection, trust, and care, and has a strong relationship with health; material support, which involves providing material help and services to those in need; informational support, which includes advice, suggestions, and information that a person can use to deal with problems; and evaluative support, which involves providing useful information for self-assessment (Sadat Mousavi & Ebrahimi, 2024; Saket et al., 2023). When an individual believes that there are people available to help in times of need, their ability to cope with psychological pressures improves. Emotional support moderates life stressors and positively impacts physical and psychological health (Chen et al., 2023; Hanachi et al., 2023).

Mental health can enhance self-confidence, which is a natural and inevitable aspect of contemporary human life, defined in various ways. According to the World Health Organization, health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity (Ansari Sheikmahalleh et al., 2023; Barari & Ghaffari, 2015; Baraz Pordanjani et al., 2012). Stress, whether intense or mild, undoubtedly provokes a range of emotional reactions in an individual, leading to feelings such as a lack of self-confidence. Mental health skills training can influence both individual and environmental self-confidence. Facing life challenges without being able to control or find solutions can lead to a lack of self-confidence. Through efforts to eliminate or tolerate lack of self-confidence, one can combat it with mental health (Liu et al., 2021; Na & Singh, 2021).

The phenomenon of lack of self-confidence among students is a widespread issue, especially during final exams, and addressing it requires common and acceptable solutions at regional and local levels. Students' lives, being considered new situations, can be a ground for lack of self-confidence, which often a supportive network of family, friends, and significant others can help address. This issue is crucial as students' mental health impacts the present and future health of society and is a key factor in national progress, which unfortunately has received less attention (Kim & Ahn, 2021; Liu et al., 2021; Maryam et al., 2011). It is important to note that students facing a lack of self-confidence do not know how to overcome its detrimental effects or prevent its

occurrence. Studies have shown a relationship between academic underachievement and factors such as lack of self-confidence and lack of social self-commitment. Researchers believe that student performance is not solely related to their academic abilities and knowledge but also to their self-perception and their environment (Ghorbani Dolatabadi, 2021; Kim & Ahn, 2021; Zamani Ghale Shahi et al., 2020). The main question of this research is whether mental health and self-esteem are predicted based on perceived social support in youth with physical-motor disabilities in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

The research method was descriptive and correlational, and based on the stated goal, it was fundamental. The statistical population included youth aged 20-35 with physical-motor disabilities from seven centers for individuals with disabilities in Tehran in 2023, totaling approximately 1500 individuals. Of this population, 400 were accessible samples (characteristics of the samples included: having only physical-motor disabilities and being aged 20-35), of which 250 were male, and the rest were female. From this number, 196 young people, both male and female, were randomly selected and participated in the tests according to the Morgan table.

Ethical considerations refer to the set of rules and guidelines intended to prevent possible harm to others and must be observed from the selection of the research topic to the writing of the research report. In this study, the researcher adhered to the following ethical principles. The data collection method was fieldwork. In the first stage, the researcher obtained the necessary permits from the university to conduct the research and then visited the main welfare center of Tehran, presenting an introduction letter and obtaining permission to enter and conduct the research in seven centers for individuals with disabilities in Tehran. The researcher collected data randomly and accessibly, identifying approximately 1500 individuals with disabilities in these centers, of which 400 were accessible samples (characteristics of the samples included: having only physical-motor disabilities and being aged 20-35). From this number, 250 were male, and the rest were female. From this sample, 196 young people, both male and female, were randomly selected following ethical research guidelines. The researcher first administered Zimet et al.'s Perceived Social Support Scale to the participants, followed by Goldberg's General Health Questionnaire 20 minutes later, and finally

Coopersmith's Self-Esteem Inventory 20 minutes after the second test.

2.2. Measures

2.2.1. Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) was designed in 1988 by Zimet, Dahlem, Zimet, and Farley. It is a 12-item instrument intended to assess perceived social support from three subscales: friends, family, and significant others. The aim of the MSPSS is to measure the amount of perceived social support received from these three subscales in the participants (Zimet et al., 1988). Canty-Mitchell and Zimet (2010) reported the reliability of this scale using Cronbach's alpha as 0.93 for the entire scale, and 0.91, 0.89, and 0.91 for the subscales of family, friends, and significant others, respectively. Joushanlou, Daemi, and Bakhshi (2020) reported the reliability of this scale in their research using Cronbach's alpha coefficient as 0.89 (Ghorbani Dolatabadi, 2021; Zimet et al., 1988).

2.2.2. Mental Health

The General Health Questionnaire was first developed by Goldberg (1972). The original questionnaire has 60 items, but shorter forms of 30, 28, and 12 items are used in various studies. Researchers (Murray & Williams, 1985; Shamsunder et al., 1986, as cited in Taghavi) believe that different forms of the General Health Questionnaire have high validity and efficacy, and the efficacy of the 12-item form is almost equal to that of the 60-item form. The 28-item form used in this study consists of four subscales, each containing seven items. Items 1-7 pertain to the physical symptoms and general health subscale. Items 8-14 pertain to the anxiety subscale, items 15-21 pertain to the social dysfunction subscale, and items 22-28 pertain to the depression subscale. All items in the General Health Questionnaire have four options. Goldberg and Williams (1988) reported a split-half reliability of 0.95 for this questionnaire, which was completed by 853 people. Chan (1985) reported an internal consistency coefficient of 0.93 for this questionnaire, obtained by administering it to 72 students in Hong Kong using Cronbach's alpha. Robinson and Price (1986) had 103 patients who had previously experienced heart attacks complete the General Health Questionnaire twice, eight months apart, resulting in a reliability coefficient of 0.90. Tabatabaei and Hosseinian

(2011) used the General Health Questionnaire to assess the general health of individuals with disabilities, reporting a reliability coefficient of 0.97 using Cronbach's alpha and 0.70 using the test-retest method over a two-week interval. The questionnaire's validity was determined using factor analysis, identifying five subscales (Navah et al., 2020).

2.2.3. *Self-Esteem*

The Coopersmith Self-Esteem Inventory (1967) is a 58-item self-report, pencil-and-paper scale, with eight items serving as a lie detector and the remaining 50 items divided into four subscales: general self-esteem, social self-esteem, family self-esteem, and academic self-esteem. Coopersmith et al. (1967) reported test-retest reliability of 88% after five weeks and 70% after three years for this scale. Factor analysis indicated that the scales measure different factors of self-esteem. Shokrkon and Nisi (2014) reported test-retest reliability coefficients of 90% for female and 92% for male high school students in Najafabad. Allameh (2015) estimated the scale's reliability as 83% using the split-half method and 84% using Cronbach's alpha by administering it

to a sample of students. Various studies have confirmed the validity of the Coopersmith Self-Esteem Inventory, with Shokrkon and Nisi (2014) calculating validity coefficients of 69% for male and 71% for female students by correlating test scores with students' year-end averages ($p=0.001$). Allameh (2015) calculated the questionnaire's validity by correlating it with social anxiety scale scores, obtaining a validity coefficient of -0.53 ($p<0.001$) (Ghorbani Dolatabadi, 2021).

2.3. *Data analysis*

For data analysis, indicators such as mean and standard deviation were used, and inferential statistics were analyzed using regression correlation. Data analysis was conducted using SPSS version 27.

3. **Findings and Results**

The results of the demographic characteristics of the study participants showed that the mean (standard deviation) age of the participants was 31.77 (4.89).

Table 1

Descriptive Statistics for All Research Variables

Components	N	Mean	Std. Deviation	Skewness	Kurtosis
Friends	196	15.17	4.383	-0.504	-0.336
Family	196	16.74	4.678	-1.125	-0.052
Others	196	15.36	4.044	-0.161	0.238
Perceived Social Support	196	47.22	10.734	-1.025	-0.005
Physical Symptoms	196	60.61	12.577	-0.692	0.267
Anxiety	196	16.08	3.193	-0.247	-0.576
Social Functioning	196	15.59	3.390	-0.605	-0.528
Depression	196	12.73	2.682	2.202	-1.485
Mental Health	196	104.90	15.798	-0.255	0.120
General Self-Esteem	196	16.52	3.813	-0.875	0.233
Social Self-Esteem	196	17.15	3.234	-0.452	0.144
Family Self-Esteem	196	19.78	3.664	-0.424	0.245
Academic Self-Esteem	196	18.05	3.207	-0.614	-0.232
Total Self-Esteem	196	70.79	9.558	-0.460	-0.011

Considering the scale of research variables (Likert scale), the central tendency and dispersion indices were calculated. Table 1 also shows the skewness and kurtosis of the research variables. The five-point Likert scale data were converted to quasi-interval scales by assigning values from 1 to 5. The

higher the mean values of the model variables, the more favorable the assessment. Since the skewness and kurtosis values are within the range $(-2, 2)$, this indicates the normal distribution of the data, allowing for the use of parametric statistical methods such as multiple regression analysis.

Table 2

Correlation Matrix of Research Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1	0.406*	0.358*	0.586*	0.677*	0.735*	0.214*	0.391*	0.745*	0.636*	0.665*	0.477*	0.648*	0.647*
2		1	0.589*	0.296*	0.687*	0.705*	0.308*	0.090	0.442*	0.814*	0.360*	0.083	0.045	0.077
3			1	0.368*	0.654*	0.697*	-0.121	0.092	0.536*	0.465*	0.253*	0.024	0.112	0.135
4				1	0.499*	0.674*	0.042	0.211*	0.576*	0.400*	0.380*	0.237*	0.463*	0.379*
5					1	0.895*	0.167*	0.279*	0.863*	0.608*	0.745*	0.381*	0.475*	0.539*
6						1	0.017	0.188*	0.827*	0.688*	0.618*	0.245*	0.407*	0.430*
7							1	0.744*	0.527*	0.314*	0.509*	0.907*	0.785*	0.822*
8								1	0.645*	0.008	0.427*	0.828*	0.755*	0.794*
9									1	0.434*	0.793*	0.718*	0.779*	0.826*
10										1	0.382*	0.011	0.050	0.191*
11											1	0.686*	0.657*	0.785*
12												1	0.880*	0.970*
13													1	0.932*
14														1

1. Friends; 2. Family; 3. Others; 4. Perceived Social Support; 5. Physical Symptoms; 6. Anxiety; 7. Social Functioning; 8. Depression; 9. Mental Health; 10. General Self-Esteem; 11. Social Self-Esteem; 12. Family Self-Esteem; 13. Academic Self-Esteem; 14. Total Self-Esteem

*p<0.01

Table 2 shows the correlation matrix of the research variables. The observed correlations indicate that there is a significant relationship between mental health and perceived social support with a correlation coefficient of 0.576, between self-esteem and perceived social support with a correlation coefficient of 0.379, and between mental health and self-esteem with a correlation coefficient of 0.826.

To determine the effect of independent and contextual variables on mental health, multiple regression analysis was used. The multiple correlation coefficient (R) was calculated

to be 0.85, indicating that the variables of perceived social support, others, friends, and family collectively have a 0.72 correlation and association with mental health. The coefficient of determination (R²) was calculated to be 72.7, meaning that approximately 72.7% of the variance in mental health is explained by these variables.

Given the F score (127.029) and the significance level less than 0.01, it can be concluded with 99% confidence that the predictor variables of perceived social support significantly influence mental health.

Table 3

Regression Coefficients

Variables	B	Std. Error	Beta	t	Sig.
Constant	46.221	2.777		16.642	0.000
Friends	0.809	0.880	0.224	0.919	0.359
Family	0.996	0.848	0.295	1.174	0.242
Others	0.965	0.872	0.247	1.107	0.270
Perceived Social Support	2.170	0.844	1.474	2.571	0.011

Error! Reference source not found. reports the regression coefficients and Betas (standardized coefficients). Larger Beta and t values and smaller significance levels (Sig) indicate a stronger impact of the independent (predictor) variable on the dependent variable. According to the equation, the components of family, others, and perceived social support can predict mental health. The findings in the table above show that perceived social support (b = 2.170) was determined as the strongest predictor of mental health.

To determine the effect of independent and contextual variables on self-esteem, multiple regression analysis was used. The multiple correlation coefficient (R) was calculated to be 0.12, indicating that the variables of perceived social support, others, friends, and family collectively have a 0.14 correlation and association with self-esteem. The coefficient of determination (R²) was calculated to be 0.14, meaning that approximately 14% of the variance in self-esteem is explained by these variables. Given the F score (0.695) and the significance level greater than 0.05, it can be concluded

with 95% confidence that the predictor variables of perceived social support do not significantly influence self-esteem.

Table 4

Regression Coefficients

Variables	B	Std. Error	Beta	t	Sig.
Constant	69.615	3.192		21.812	0.000
Friends	0.447	1.012	0.205	0.442	0.659
Family	0.007	0.975	0.003	0.007	0.994
Others	0.030	1.002	0.013	0.030	0.976
Perceived Social Support	0.181	0.970	0.203	0.186	0.852

Table 4 reports the regression coefficients and Betas (standardized coefficients). Larger Beta and t values and smaller significance levels (Sig) indicate a stronger impact of the independent (predictor) variable on the dependent variable. According to the equation, perceived social support and its components cannot predict self-esteem, and thus the hypothesis is not confirmed with 95% confidence. The findings of the present study showed that there is a significant relationship between mental health and perceived social support, between self-esteem and perceived social support, and between mental health and self-esteem. Although there is a statistically significant relationship between perceived social support and self-esteem, clinically, this relationship is very weak. Other factors such as resilience and spiritual health, which were not examined in this study, could also influence this relationship and should be considered in future studies.

4. Discussion and Conclusion

The present study aimed to predict mental health and self-esteem based on perceived social support in youth with physical-motor disabilities in Tehran. The findings of this study indicated that the components of family, others, and perceived social support can predict mental health. The findings showed that perceived social support ($b = 2.170$) was determined as the strongest predictor of mental health. This finding is consistent with the results of prior (Ahmad, 2006; Kase et al., 2016; Liu et al., 2021; Na & Singh, 2021; Naghibi et al., 2014; Navah et al., 2020; Rajabi et al., 2015; Razavizadeh et al., 2004; Tavakkol & Maghsoodi, 2011; Wight et al., 2006), which indicated that perceived or received social support can improve mental health. With the emergence of physical problems, the variety, amount, and quality of social contacts and consequently social support decrease. Thus, functional impairment can lead to a lack of

perceived support from various sources. Studies by White et al. (2016) showed that individuals with disabilities and poor functional conditions experience limitations in social activities, distance themselves from friends and family members, withdraw from social contacts, and thus the quality of their perceived social support decreases. Individuals with physical disabilities may experience body hatred and shame due to not conforming to culturally accepted ideals, which can affect their self-esteem and lead to a decline in self-esteem. They may long for bodies they cannot have at the moment. As expected, the findings showed that the mental health of youth with disabilities improves with increased perception and understanding of the level of social support received from family, friends, and significant others, and their mental health is at risk with the reduction of support resources. One significant finding of the study is that higher levels of social support are received from family members compared to friends and others. This finding is particularly important considering that the youth with physical-motor disabilities in the study are in their young age, during which emotional connections with friends and significant others in their lives are expected to be strong. It seems that the intimate family environment in Iran still serves as a valuable source of emotional social support for children.

The findings of the present study showed that perceived social support and its components do not predict self-esteem, and thus the hypothesis is not confirmed with 95% confidence. This finding is inconsistent with the results of prior research (Ghorbani Dolatabadi, 2021; Heidari, 2015; Huang et al., 2022; Ismail et al., 2020; Liu et al., 2021; Rajabi et al., 2015; Razavizadeh et al., 2004; Seied Salman & Fereshte, 2012; Yuan et al., 2023). In explaining this finding, it can be said that self-esteem is the belief that an individual has about their abilities, characteristics, and

competencies. Moreover, self-esteem is the degree of approval, acceptance, and worthiness that a person feels towards themselves. Therefore, a person with high self-esteem has a greater capacity to assert themselves in interactions with others. Such a person never allows anxiety or a lack of security to disturb them. Considering that social support is a subjective feeling of belonging, acceptance, and being loved, support provides a secure and reassuring relationship characterized by intimacy and closeness. Self-esteem also protects individuals against various psychological pressures and life problems and can affect an individual's perception, interpretation, and emotional reactions. Social support is a mutual aid that creates a positive self-concept, self-acceptance, and feelings of love and worthiness. In Motillon-Toudic et al.'s (2022) study in the United States on women who attempted suicide, it was proven that social support has a direct relationship with individuals' self-esteem. However, it should be noted that self-esteem is part of personality and is related to all periods of life, especially childhood. Throughout life, other important factors such as economic and cultural factors may affect its increase or decrease (Motillon-Toudic et al., 2022). However, a more important issue is determining precisely which of these two factors has a causal effect. To find a clearer answer, more complex statistical designs are needed. It is evident that social support and self-esteem are positively related and mutually affect each other. However, further research is needed in this area. If social support increases, individuals' self-esteem will increase, and their suicide attempts will decrease. Conversely, the absence of support and a lack of a secure relationship, which is fostered by social support from others, reduces individuals' positive self-concept and, consequently, decreases their self-esteem.

5. Limitations & Suggestions

One of the most significant limitations of the present study is related to the validity and reliability of the data collection tools (scales measuring mental health, perceived social support, and self-esteem). In this study, only Cronbach's alpha was used to test the reliability of the scales. Considering the significant predictive power of the variables studied, it is suggested that future studies examine other potential factors influencing the self-esteem of individuals with disabilities and use correlation models to verify the presence of relationships, allowing for more confident reporting of results. It is recommended that similar studies be conducted on individuals with other physical disabilities

or regarding factors influencing these two variables. Additionally, to better understand these two variables in the Iranian disabled community, it is suggested that future studies adopt a qualitative approach. Given the significant role of perceived social support in the self-esteem of individuals with disabilities, it is recommended that social workers identify high-risk groups in terms of receiving and perceiving social support, continually assess the support needs of individuals with disabilities, and strive to enhance their self-esteem by improving mental health and connecting them with the community, families, and groups of friends. Considering the importance of mental health for the entire community, especially individuals with disabilities, it is suggested that educational and psychological strengthening packages be provided to those at risk of psychological disintegration, and proper methods of social support for these individuals can improve mental health levels and enhance perceived social support.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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