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MEASURED PERCEIVED SOCIAL SUPPORT AMONG MEN WITH DISABILITIES: IMPLICATIONS FOR SOCIAL WORK

Nguyen Thi Thanh Nhan[1], Mohan S. Singhe[2], Nguyen Thi Lan Vi[3], Hoang Thi Thu Trang[4]

[1] PhD. Research Scholar, Department of Post Graduate Studies and Research in Social Work, Mangalore University, Karnataka, India

[2] Professor, Department of Post Graduate Studies and Research in Social Work, Mangalore University, Karnataka, India

[3] Bachelor of Psychology, Haki Education, Danang, Vietnam

[4] Master of Library and Information Science, Deputy Head of the Science Research and Professional Guidance Division, National Library of Vietnam

ABSTRACT

The present study aimed to assess perceived social support among males with disabilities in a non-governmental organization (NGO) in Da Nang city, Vietnam. To satisfy the study purpose, the researchers employed primarily a quantitative single-case study design, along with four additional single-case study designs. The authors also utilized the multidimensional scale of perceived social support (Zimet et al., 1988) and implemented other demographic questionnaires to collect data through structured interviews. For the case studies, the researchers conducted semi-structured interviews. The study results demonstrated that the MSPSS Cronbach's Alpha was 0.855, presenting a significant interpretation. In addition, discriminant validity was supported by the Fornell-Larcker and HTMT measures, although the SO-FR group exhibited a confidence interval bootstrapping value greater than 1, indicating limited statistical discrimination. Primarily, there was no multicollinearity to investigate; however, a poor model fit necessitates further model refinement. The present study reported that male trainees with disabilities perceive varying degrees of social support from families, friends, and other special relationships, ranging from moderate to high, with the most significant level being modest. In essence, many participants found it difficult to establish connections within multiple social relationships, which may considerably affect the quality of life for these trainees with disabilities. Regarding social work practicums, all case studies emphasized the role of social work practice in enhancing these social relationships. The study concluded with implications for social work and a summary of the findings.

Keywords: *perceived social support**;** males with disabilities; MSPSS; social work; Vietnam*

Introduction

Background of the study

Social support can be understood as the interpersonal interactions or resource exchanges between at least two participants, facilitated by the provider and recipient, to enhance the recipient's well-being (Shumaker & Brownell, 1984). In other words, perceived social support can be considered an outcome of perspectives regarding self-dignity, as well as being readily accessible and committed to others (Wongpakaran et al., 2018). Lippold and Burns (2009) have recognized social support as a significant aspect of promoting mental health and quality of life.

The multidimensional scale of perceived social support (MSPSS) (Zimet et al., 1988) has been used and adapted in numerous studies to explore the psychological traits displayed by individuals from various cultural backgrounds. MSPSS illustrates three sources of perceived social support: families, friends, and significant others. It can be applied to assess the perception of social support among different populations, including elderly adults, psychiatric outpatients (Cecil et al., 1995), urban adolescents (Stanley et al., 1998), and females with disabilities (Murshid et al., 2023). Some studies have also examined the scale's validity and reliability in languages other than English (Din et al., 2024; Adamczyk, 2013; Hamza et al., 2012), along with its confirmatory factor analysis (Lopez Ramos et al., 2017; Wongpakaran et al., 2018). Research has confirmed that the MSPSS is a dependable measure with good to excellent internal validity and reliability in both clinical and non-clinical populations.

The literature reviews revealed inadequate exploration of social support among men with disabilities in Vietnam. Numerous studies have focused on the social stigma and discrimination that people with disabilities face, preventing them from fully participating in society. However, there was a lack of scholarship on how these individuals in Vietnam can address these issues or seek support from their social networks. Therefore, this study aims to fill the research gap regarding this topic. It primarily investigates how male trainees with disabilities at a non-governmental organization (NGO) in Da Nang, Vietnam, perceive the sources of multiple social supports. The study emphasizes the importance of testing the reliability and validity of the MSPSS, performing descriptive statistics, and utilizing mean comparisons. By analyzing the study results, the authors will provide specific implications for social workers to enhance opportunities for people with disabilities in social integration and improve their quality of life.

Statement of the problem

Although the MSPSS is regarded as a three-factor measure of perceived social support, it has been utilized and adapted in various populations across different countries. However, it has not been applied to males with disabilities in Vietnam. Furthermore, its suitability for men with disabilities has yet to be tested. Consequently, this study aims to identify and analyze the perceived sources of social support, including family, friends, and other significant relationships, among disabled males in Vietnam using the MSPSS instrument.

Study purpose

Main purpose of the study

The present study aimed to explore the level of perceived social support of males with disabilities

Specific objectives

- To measure the perceived social support level among men with disabilities.
- To assess the correlation between demographic information and perceived social support among males with disabilities
- To conduct a three-factor Reflective Measurement Model

Research questions

Main research question

What is the level of perceived social support among males with disabilities, and how do demographic variables influence their perceived social support?

Specific research questions

- How do men with disabilities view their sources of social support?
- Are there significant differences in perceived social support systems across demographic variables?
- To what extent does a three-factor reflective Measure Model of MSPSS show good fit, consistency, reliability, and validity for the participants in this study?

Significance of the study

Firstly, this study provides valuable insights for both scholarship and practical fields regarding perceived social support among males with disabilities, which

remains underrepresented in the literature, especially within the Vietnamese cultural context. Secondly, the study's results may have significant implications in the multidisciplinary domain, contributing to the engagement of people with disabilities in social inclusion, particularly in social work practice. Thirdly, the present study is viewed as an informal means to amplify the authentic voices of males with disabilities, specifically, and people with disabilities in general, as they express their experiences and feelings about social support systems.

Methodology of the study

Study design

The current study employed a cross-sectional exploratory design to investigate the levels of perceived social support among males with disabilities in Vietnam.

Inclusive and Exclusive criteria

Inclusion of the study

- Males with disabilities were included in this study
- The respondents were trainees in a vocational training project focused on domestic electricity and solar energy for youth with disabilities in Danang City from 2021 to 2024, managed by Caritas Danang, Vietnam.

Exclusion of the study

- Females with disabilities were excluded
- The present study focused on respondents involved in a vocational training project aimed at domestic electricity and solar energy for youth with disabilities in Danang city in central Vietnam from 2021 to 2024, which was managed and operated by Caritas Danang, Vietnam. Consequently, males with disabilities from other organizations and institutions were excluded.

Settings

The current study involved a vocational training project in domestic electricity and solar energy for youths with disabilities in several provinces and cities in central Vietnam, particularly Da Nang City, sponsored by an international Catholic organization. This project was located in Danang City, Vietnam. The project has been designed and implemented to provide vocational training and social and life skills training for people with disabilities in the region.

Sampling technique

The present study aimed to measure perceived social support among males with disabilities in Vietnam. This research employed a predominantly quantitative single-case study design along with four individual case studies. The authors strictly adhered to the ethical considerations guided by the Committee on Ethics and Publications (n.d.).

Sample size determination formula

Sample size of a predominantly quantitative approach

After obtaining permission from the project director and the organization director, as well as consent from male trainees with disabilities, the authors began collecting data. The researchers applied the YAMANE formula (1967) to determine the sample size of a predominantly quantitative approach.

$$n = \frac{N}{1+Ne^2}$$

$$n = \frac{57}{1+57*0.05^2} = 49.89$$

Hence, the sample size for data collection of the present study is 50

Sample size of the case study approach

Four case studies (out of 50 participants) represent four project training courses that were approached to analyze the level of perceived multidimensional social support among males with disabilities.

Questionnaire design

The authors utilized the multidimensional scale of perceived social support (Zimet et al., 1988) along with various demographic questionnaires to collect data through structured interviews. For the case studies, they developed a semi-structured interview based on four main questions, including: Do you think special people are important in your life?; Do you think friendship is an important thing in your life?; Do you think family is an important thing in your life?; and Do you increase your ability to connect with your family, new friends, and other important relationships when the project has trained you?

Data collection process

In terms of quantitative data, the authors conducted face-to-face structured interviews with 50 participants (6 batches of the project) in the project's shared house. The authors then selected four participants from different project batches for semi-structured case studies. The researchers conducted all the interviews in Vietnamese over 10 days (from 5th September 2024 to 15th September 2024).

Analysis tools and software packages

The authors utilized the Statistical Package for the Social Sciences (SPSS) software (version 24) to analyze the quantitative data, test the reliability of MSPSS, conduct descriptive statistics, assess mean comparisons with one-way ANOVA, and perform regression analysis. The researchers also employed Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.1.1.2 to create a three-factor reflective measurement model of MSPSS and subsequently evaluate the outer model, also known as the measurement model. In terms of case studies, the researchers coded qualitative data into various themes and then analyzed and interpreted them.

Consent statement

The data collection for this study was authorized by the director of the trainees involved in a vocational training project focused on domestic electricity and solar energy for youths with disabilities across several provinces and cities in central Vietnam, particularly in Da Nang City. Importantly, the participants' consent was obtained from the project trainees.

Data analysis results and interpretation

Demographic variables

Table 1

Demographic information of participants with disabilities

N	50
Address	Danang city: 100%
Gender	Male: 100%
Age	18 - 30: 84%; 31 - 40: 10%; 41 - 50: 6%
Marital status	Single: 96%; Married: 2%; In a relationship: 2%

Religion	Buddhism: 38%; Catholic: 52%; Atheism: 10%
Types of family	Nuclear family: 54%; Single-parent family: 32%; Extended family: 10%; Joint family: 4%
Ethnicity	The Kinh/Vietnamese: 100%
Monthly household income	Below 5 million VND (196.47$): 42%; 5 million to 10 million VND (196.47-392.94$): 40%; 11 million to 30 million (431.79 to 1178.83$): 18%
Types of disabilities	Mobility: 14%; Hearing and Speaking: 16%; Vision: 6%; Mental Disabilities: 38%; Intellectual disabilities: 20%; Other: 6%
Point disability began	Since birth: 86%; Accident: 4%; Illness: 2%; Do not remember: 8%
Educational Background	No schooling: 28%; Early childhood education: 4%; Primary school education: 10%; Secondary school education: 34%; High school education: 16%; Bachelor level: 8%
Types of jobs	Unemployed: 46%; Self-employed: 4%; Part-time Employed: 30%; Vocational Trainee: 18%; Other: 2%

Note: The authors compiled the table using SPSS

The data analysis indicated that 100% of the participants are males with disabilities from Da Nang city, and they are all of Vietnamese ethnicity. Furthermore, the majority of these males, 84%, are between 18 and 30 years old. The remaining participants, 10% and 6%, fell into the age groups of 31 to 40 years and 41 to 50 years, respectively. In terms of marital status, 96% of the participants were single, 2% were married, and 2% were in a relationship. Furthermore, over half, representing 54%, live in nuclear families. The remaining categories included single-parent families, extended families, and joint families, accounting for 32%, 10%, and 4%, respectively. Additionally, nearly half of the participants came from low-income families, with 42% living in households with a monthly income of under $196. 47, equivalent to 5 million Vietnamese Dong. However, 40% of the participants' families earned between 5 million and 10 million VND ($ 196.47-$ 392.94), while only 18% earned between 11 million and 30 million, equivalent to $431. 79 to $1178.83. Regarding disability categories, 14% of participants had locomotor disabilities, 16% had hearing and speaking disabilities, 6% had visual disabilities, 38% had mental disabilities, 20% had intellectual disabilities, and 6% had other types of disabilities. Notably, 86% of participants were congenitally disabled, 4% had disabilities due to accidents, 2% due to illness, and 4% were unaware of the reasons for their disabilities. In

terms of educational background, 28% of participants did not pursue schooling, while only 4% experienced early childhood education. 10% attended primary school, 34% went to secondary school, 16% attended high school, and 8% completed a bachelor's degree. Regarding jobs, the study results showed that nearly half of the participants (46%) were unemployed; only 4% were self-employed, 30% had part-time jobs, 18% participated in a vocational training program at Caritas Danang, and 2% held other types of jobs. These demographic variables may affect how males with disabilities perceive the social support system.

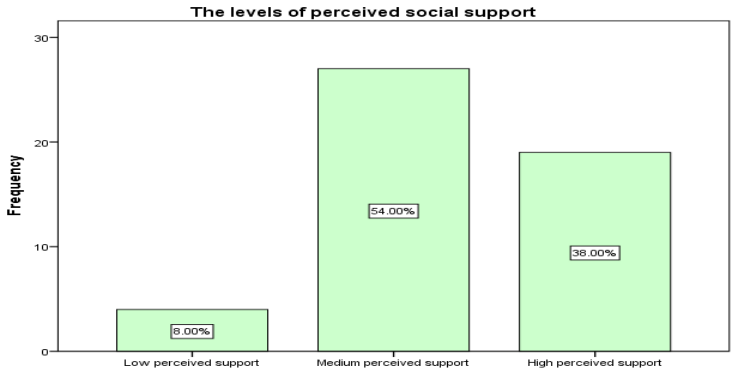
Descriptive statistics

Overall scale

According to Zimet et al. (1988), the 7-point Likert scale ranges from 1 (strongly disagree) to 7 (strongly agree), resulting in a score range of 12 to 84. The data analysis revealed that males with disabilities in the study setting had social support scores ranging from 26 to 74. Figure 3 shows that over half of the participants (54%) perceived a moderately intense level of sources of social support. However, a significant number of participants experienced a high level of perceived social support, accounting for 38%, while only 8% of participants reported a low level of perceived social support. Plus, the mean score on the MSPSS was 54.72, with a standard deviation (SD) of 14.46, suggesting moderate to high levels of perceived social support among males with disabilities.

Figure 1

The levels of perceived social support



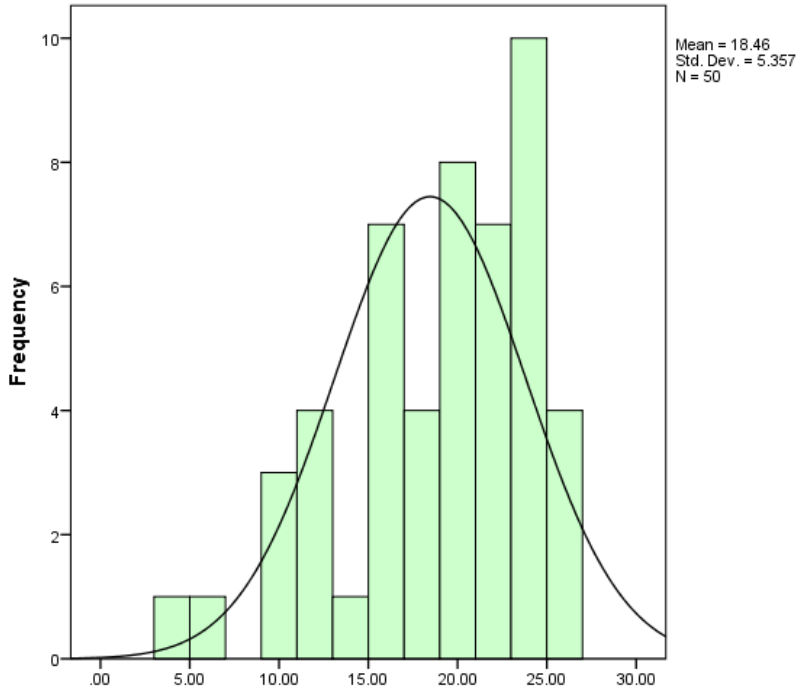
Note: The authors compiled the image using SPSS

Significant other support's subscale (SO's subscale)

The study's results indicated that participants often expressed moderate agreement with specific patterns but did not strongly agree, as evidenced by the lack of substantial agreement at levels 6 (agree) or 7 (total agree). For instance, 34% of participants agreed that they had a special person to turn to when needed; however, only 8% completely agreed with this statement. Furthermore, 12% of participants indicated having a special person who provides comfort. The histogram illustrates the distribution of scores for the SO's subscale, which ranges from approximately 5 to 25, with a mean of 18.46 and a standard deviation of 5.36. This distribution is slightly skewed, suggesting that many participants scored below the mean, while some scored above, which implies a normal distribution. Nonetheless, it is not perfectly symmetrical.

Figure 2

Mean and Standard Deviation of the significant other support subscale



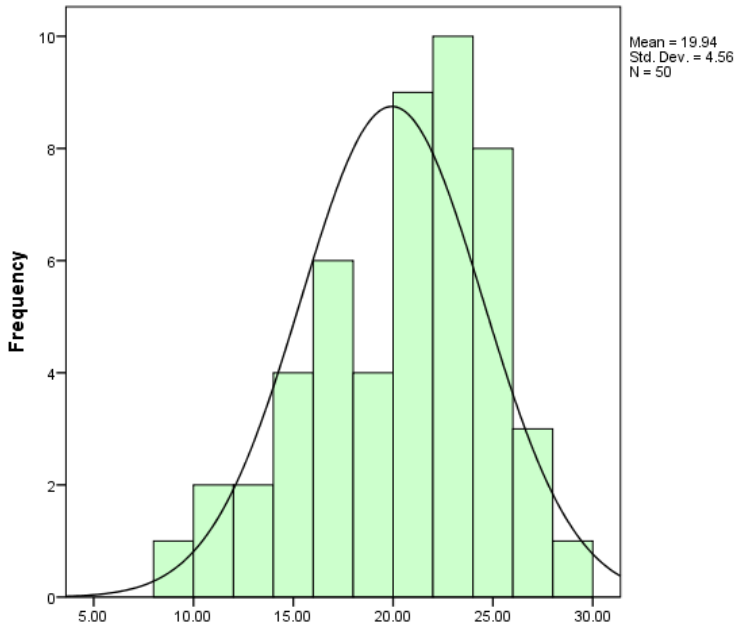
Note: The authors compiled the image using SPSS

Family support subscale (FA's subscale)

The study results indicated that participants had a moderate to high level of perceived familial support, which was in substantial agreement with the concept of positive family support. Figure 4 displays the distribution of scores for the FA's subscale scores. These scores range from 5 to 25, with a mean of 18.46 and a standard deviation (SD) of 5.36. As a result, it is slightly skewed, suggesting a normal distribution. However, it is not perfectly symmetrical.

Figure 3

Mean and Standard Deviation of the Family Support Subscale



Note: The authors compiled the image by SPSS

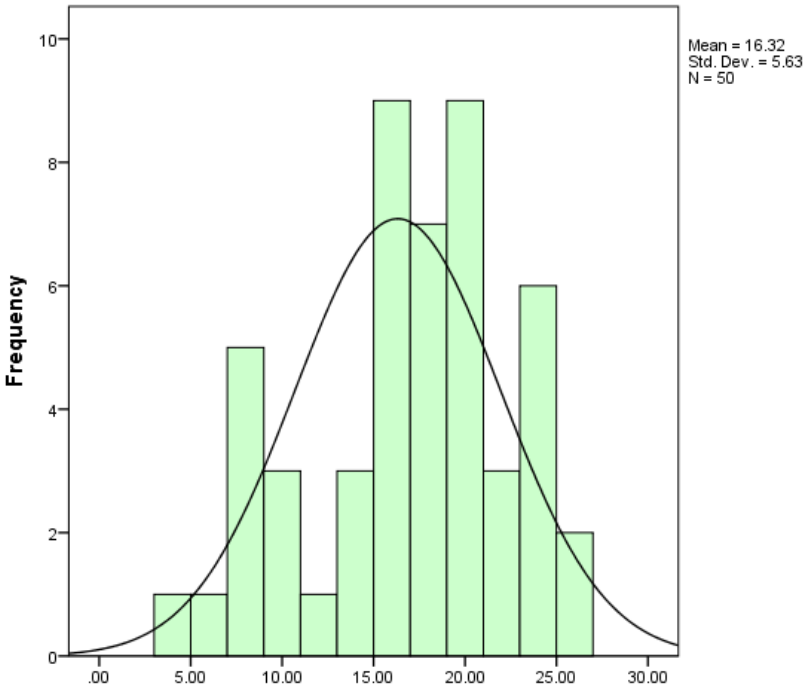
Friend support's subscale (FR's scale)

The study results indicated that participants tended to feel less connected to and supported by their friends. Since the FR subscale scores were lower than those of the other subscales, this may suggest that individuals receive less support from their friends compared to other sources, including family and significant others. The current research also found that 38% of male trainees with disabilities did not share their problems with friends, and 28% did not receive any support from them. The lower averages of the FR subscale may imply weak peer networks among male trainees with disabilities. The scores of this subscale range from

approximately 5 to 26, with a mean of 16.32 and a standard deviation of 5.63. Plus, there are no extreme outliers, suggesting that the data from the FR score scale is normally distributed. Therefore, the data is suitable for parametric statistical tests.

Figure 4

Mean and Standard Deviation of the friend support subscale

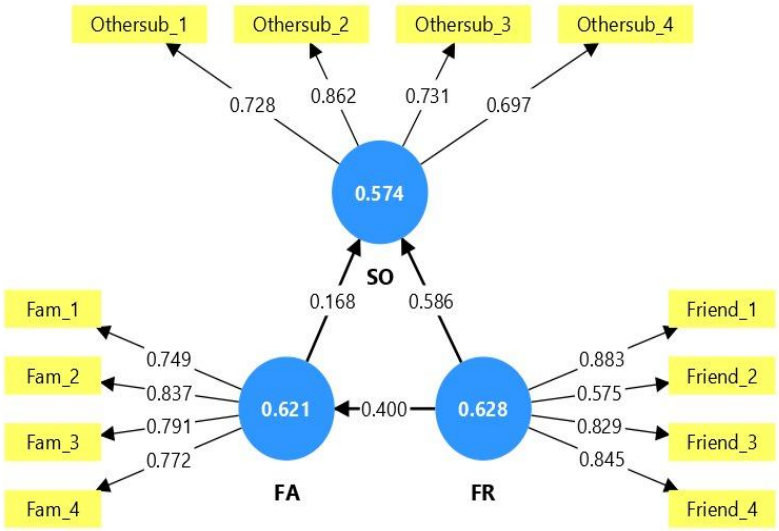


Note: The authors compiled the image by SPSS

Assessment measurement model/outer model

Figure 5

Assessment measurement model/outer model



Note: The authors compiled the image using SmartPLS

Outer loadings- Matrix

Table 2

Outer loadings -Matrix

	FA	**FR**	**FO**
Fam_1	0.749		
Fam_2	0.837		
Fam_3	0.791		
Fam_4	0.772		
Friend_1		0.883	
Friend_2		0.575	
Friend_3		0.829	
Friend_4		0.845	
Othersub_1			0.728
Othersub_2			0.862
Othersub_3			0.731
Othersub_4			0.697

Note: The authors created the table using SmartPLS

Most of the outer loadings of MSPSS variables exceeded 0.70, indicating strong indicator reliability. However, regarding exploratory research design, variables with loadings as low as 0.5 can still be acceptable (Hair et al., 2021).

Construct reliability and validity

Table 3

Construct reliability and validity

	Cronbach's alpha	**Composite Reliability (rho_a)**	**Composite Reliability (rho_c)**	**Average Variance Extracted (AVE)**
FA	0.803	0.840	0.867	0.621
FR	0.799	0.857	0.868	0.628
SO	0.752	0.765	0.842	0.574

Note: The authors created the table using SmartPLS

The reflective measurement model illustrated significant reliability and validity. All constructs satisfied the recommended thresholds for AVE (≥ 0.50), Cronbach's alpha (≥ 0.70), and composite reliability (≥ 0.70), suggesting internal consistency and convergent validity (Hair et al., 2021).

Discriminant validity

Discriminant validity – Heterotrait-monotrait ration (HTMT)

Table 4

Heterotrait-monotrait ration (HTMT)

	HTMT
FR <-> FA	0.443
SO <-> FA	0.504
SO <-> FR	0.796

Note: The authors created the table using SmartPLS

Table 5 shows that the HTMT values were clearly below 0.85, indicating a good discriminant value among the three constructs (Henseler et al., 2015). However, to confirm their statistical significance, the authors conducted a test to determine if each HTMT is significantly lower than one by employing bootstrapped confidence intervals (CI). The theory supposes that when HTMT is lower than 0.85 and the upper CI is below 1, this provides strong evidence of discriminant

validity. Meanwhile, when HTMT is below 0.85 but the upper CI is equal to or greater than 1, it demonstrates distinct differences, although the CI allows for potential overlap.

Table 5

Heterotrait-monotrait ratio (HTMT)- Confidence intervals

	Original sample (O)	**Sample mean (M)**	**5.0%**	**95.0%**
FR <-> FA	0.443	0.496	0.322	0.699
SO <-> FA	0.504	0.547	0.275	0.860
SO <-> FR	0.796	0.822	0.579	1.064

Note: The authors created the table using SmartPLS

Table 6 demonstrates that FR-FA and SO-FA performed distinctly as separate constructs both heuristically and statistically. On the contrary, the authors cannot statistically confirm SO-FR since CI is higher than 1. As a consequence, their correlation potentially could be 1. Discriminant validity – Fornell-Larcker criterion

Table 6

Fornell-Larcker criterion

	FA	**FR**	**SO**
FA	**0.788**		
FR	0.400	**0.792**	
SO	0.402	0.653	**0.757**

Note: The authors created the table using SmartPLS

Table 7 indicates that all constructs have a root square of AVE higher than their correlations with any other construct. As a result, according to Fornell and Larcker, this supported discriminant validity among the constructs.

Collinearity statistic (VIF)

The data analysis revealed that there was no collinearity among constructs, as all VIF values were below the critical thresholds (5 or 10), thereby contributing unique information and enhancing the suitability of the data collected.

Model fit

The model did not satisfy standard model fit criteria in SmartPLS, as the current metrics, such as SRMR (0.111), were too high compared to their thresholds (<0.08), and NFI (0.619) was lower than the acceptable fit (>0.90). Therefore, these values confirmed a poor fit of the model.

Group comparisons

One-way ANOVA test

The researchers performed a one-way ANOVA to examine statistically significant differences in the means of overall scale scores and three subscale scores across various demographic variables, such as age, marital status, religion, family type, ethnicity, monthly household income, types of disabilities, educational background, and occupations. However, the research results indicated that there were no statistically significant differences in the means of overall scale scores and three subscale scores across demographic variables.

Regression test

The authors also conducted regression analysis to examine the impact of job types and disabilities on the second item (Friend_2) of FR's scale, which was labeled "I can count on my friends when things go wrong." The ANOVA results reported that the regression model provided a statistically significant explanation for the variance in Friend_2 ($p = 0.027<0.05$). Additionally, the table summarizes the outcomes of the regression analysis, where the independent predictors are job types and disabilities, and the dependent variable is Friend_2.

Table 7

Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.377[a]	.142	.106	1.529	1.775

a. Predictors: (Constant), Types of disabilities, Types of Jobs
b. Dependent Variable: Friend_2

Note: The image was compiled by the authors using SPSS

The authors also conducted regression analysis to examine the impact of job types and disabilities on the second item (Friend_2) of FR's scale, which was labeled "I can count on my friends when things go wrong." The regression model provided a statistically significant explanation for the variance in Friend_2 ($p = 0.027<0.05$). Table 7 reflects the regression analysis outcomes, where the independent predictors were types of job and disabilities, and the dependent variable was Friend_2.

Case study analysis

Importance of friends

The study analysis revealed that 3 out of 4 case studies strongly agreed that friends play a significant role in their lives. This supported the quantitative research results, indicating that a considerable participants share their happiness and grief with their friends. However, one of the case studies shared that he does not value friendship. "I think that friends are not important. I do not share with my friends anything. I keep things private. However, sometimes, I keep in touch with two co-trainees of the project, who reside in my villages" (Case study four, personal communication, December 30, 2024). This result, along with the quantitative data analysis findings, suggests that male trainees with disabilities need to enhance their peer network to improve their well-being.

Importance of family

Regarding the significance of families, all the case studies indicated that they highly value their families. Four case studies strongly confirmed that family is the most important to them. Three case studies reported that they have the closest relationship with their mothers. Additionally, "Family is the most important thing in my life. Family is a safe place where I was born, protected, cared for, and loved unconditionally. I am close with my parents and little sister; however, I am closest with my younger sister because she understands me and we have no gap to share everything" (Case study 4, personal communication, December 29, 2024).

Importance of significant others

Regarding significant others, most case studies indicated that they prioritize other important relationships, such as those with partners or mentors. However, one case study did not examine other important correlations that align with quantitative data analysis, revealing a moderate level of happiness or connection in close relationships. I do not have a significant other, such as a soulmate or lover, because I believe such interactions lack significance (Case study 1,

personal communication, December 28, 2024). Notably, case study four did not prioritize friendship; however, he highly valued significant others and expressed a desire for a unique companion.

Social work impact

In terms of social work practicums, all the case studies highlighted the impact of social work practice on strengthening participants' social relationships. Social workers play a crucial role in enhancing the connections between trainees with disabilities and various sources of social support. All the case studies confirmed that the project's social workers conduct social and life skills lessons; as a result, participants learned how to share household chores with their parents and communicate and connect with others. “Since receiving training from project teachers and social workers, I have matured. The opportunity to connect, meet many people, and learn new knowledge was truly invaluable. I can earn money by repairing electricity and helping my parents do housework” (Case Study three, Personal Communication, December 27, 2024). "Alternatively, during our project, I harbored a dream, forged strong connections with others, and pursued training for a domestic electricity job to generate income. However, when the project ends, I feel sad because I could not meet my co-trainees and mentors” (Case study one, personal communication, December 30, 2024).

Discussion

Levels of perceived social support system

The current research mainly aimed to assess how males with disabilities perceive multidimensional social support. The study findings indicated that male trainees with disabilities perceive varying levels of social support from family, friends, and other special relationships, ranging from moderate to high, with the most significant level being modest. In other words, a large number of participants struggled to connect with multiple social relationships, which may strongly affect the quality of life of these trainees with disabilities. This result is in contrast with the study of Jensen et al., 2014 indicating that males and senior citizens experience lower levels of perceived social support system.

Vietnam is a developing country located in Southeast Asia and is home to one of the largest populations of people with disabilities in the world. According to the General Statistics Office (2019), the results of the Vietnam National Survey on People with Disabilities indicate that the disability prevalence among the

population aged two and older is 7.06%. While there is source material on the perceived multiple social supports for vulnerable groups of people with disabilities, it remains limited in Vietnam. By using MSPSS as a rigorous protocol for data collection, the authors have an excellent opportunity to measure the psychological traits of male trainees with disabilities involved in a non-governmental organization project in Da Nang, Vietnam. Although it does not provide a comprehensive overview of the perceived multidimensional social supports for those with disabilities in Vietnam, it nonetheless illustrates a small part of the intricate landscape.

Families play a crucial role in providing support to people with disabilities throughout their lives, empowering them to reside at home and within the community (Grossman & Magaña, 2016). The present study outcomes show that more than half of male trainees with disabilities in the vocational training project have good relationships with their families compared to friends and significant others. This study result somehow aligns with Kutner (1987), indicating that men with disabilities experience significant levels of perceived social support from their families. There are no significant statistics between other demographic information and family support. The authors would like to investigate the correlation between family types and perceptions of family support among men with disabilities; however, no significant statistical association existed between these variables. Single-parent families constitute a notable proportion, ranking among the top three family types overall.

The study findings also showed that a comparatively large segment of participants expressed inadequate family support. Parents of children with disabilities who held lower positions, had limited education, or fewer experiences presented their attitudes more unfavorably than those with high-quality education and extensive experiences in terms of inclusive education (De Boer et al., 2010). Many parents exhibit negative attitudes and only moderate trust in their children with cerebral palsy (Al-Dababneh et al., 2018). Family members should not show an unfavorable attitude toward children with disabilities; some unconsciously prefer their children without disabilities to those with special needs (Friedman, 2019). Furthermore, families with disabled members face various challenges and burdens, which limit their ability to support those children. For instance, autistic children and their parents experience different forms of stigmatization and discrimination (Ha et al., 2014). Research on the stigma faced by caregivers in Asia indicates distinct cultural effects (Ngo et al., 2012).

In addition, friendship is one of the most important factors in significantly improving the quality of life for people with disabilities. By fostering friendships between individuals with disabilities and those with and without disabilities, young people can find companionship, seek psychological and practical support, acquire new knowledge and skills, feel a sense of belonging in a friendship, and enhance their quality of life (Cater et al., 2013). The present study highlighted that males with disabilities had comparatively poor connections with their peers. The research findings indicated that several factors, such as types of disabilities and job roles, have influenced how participants perceive friend support. The case study of a person with multiple disabilities revealed a lack of value in friendship.

These results also reflected that most males with disabilities were not satisfied with their friend supports, and it looked challenging for them to create and maintain friendships (Friedman & Rizzolo, 2018; Matheson et al., 2007). People with disabilities seem hesitant to share their problems and emotions with other people. They are also not ready to join extra activity groups (Rodriguez et al., 2007). Labeling students with disabilities can create prejudgment, isolation from peers, feelings of worthlessness, limited expectations, and fewer opportunities (Florian et al., 2006). Youths with disabilities, excluding emotional and behavioral disorders, likely experienced school bullying. Furthermore, students with physical or mental disabilities are likely to experience violations (Maag & Katsiyannis, 2012). Overall, disabled people experience higher prevalence of violence, including physical bullying, isolation, and even harassment (Rose et al., 2012).

Although establishing and nurturing intimate relationships can be challenging for people with disabilities, these relationships can be highly beneficial, fostering self-acceptance, reducing self-stigma, and enhancing companionship (Friedman, 2019). The study findings indicated that nearly half of the participants were dissatisfied with their significant other relationships. In other words, individuals with disabilities face attitudinal and service challenges when approaching intimacy with others (Rushbrooke et al., 2014). Several female trainees in the project expressed that they have no one special in their lives. Some participants did not value friendship but desired to have one special person by their side. These special individuals can be partners, lovers, mentors, or therapists who are ready to listen to their stories, offer assistance, and even guide them in overcoming their challenges and enjoying their lives. Partnerships are seen as an effective way to address many challenges related to healthcare, research, technology development, and policy-making. However, people with disabilities

continue to experience unhappiness due to insufficient power sharing (Krogh, 1998).

The outer model discussion

The measurement model indicated acceptable reliability, with most loadings being high and few acceptable for a cross-sectional exploratory research design (Hair et al., 2021). In addition, discriminant validity was strongly supported by the Fornell-Larcker and HTMT, even though the SO-FR group demonstrated a confidence interval bootstrapping value higher than 1, indicating restricted statistical discrimination. This result is similar to study outcomes by Zimer et al. (1990) and Chou (2000), showing overlap between social support sources. Furthermore, there was no multicollinearity to investigate, which aligns with previous studies (Dahlem et al., 1991). However, a poor model fit, which differs from other food fit models in previous research (Canty-Mitchell & Zimet, 2000), potentially demonstrates cultural and contextual variances and requires further model refinement.

The impacts of demographic variables on the level of perceived social support sources

The study results indicated that there are no correlations between demographic variables such as age, marital status, monthly household income, types of families, and types of disabilities on the level of perceived social support systems for males with disabilities in the study settings. This finding contradicts several previous studies that confirmed demographic aspects are significant predictors of perceived social support, particularly in the general population. Likewise, Krause (1990) indicated that senior citizens with higher incomes and strong educational backgrounds tend to experience greater social support. Siedlecki et al. (2014) also reported that age and education are significantly positively associated with perceived social support. Nevertheless, studies focusing on individuals with disabilities present more mixed findings. Regarding the disability population, literature reviews reveal that the social support system is negatively linked with depressive symptoms across various demographic variables such as disability diagnosis, gender, and age (Jensen et al., 2014; De la Vega et al., 2019). Forouzan et al. (2013) also stated that socioeconomic background and marital status influenced the structural and functional support.

Potential reasons for the lack of a social support system

Therefore, what are the hidden reasons for the lack of perceived multidimensional social supports for people with disabilities in general and males with disabilities

in particular? Stigma is one of the most significant factors for this issue. Culturally related stigma is an important aspect we need to discuss to have more insights to explain the lack of social support for people with disabilities. Confucianism in China, which introduced the concept of "karma," significantly influenced Vietnamese Buddhism. This doctrine emphasizes that one's actions, whether virtuous or wicked, have a profound influence on what happens next. Therefore, some Vietnamese people view disabilities as a form of karma. For instance, some Vietnamese people refuse to allow disabled individuals to visit their homes during the Lunar New Year celebrations. This is due to their belief that disabled individuals may bring misfortune to their families during the Lunar New Year celebration. Consequently, individuals with disabilities often experience a lack of multiple forms of social support from their families, friends, and other relationships.

Societal misconceptions associated with disabilities are prevalent misunderstandings that lead to the stereotyping of those with multiple disabilities. Some stereotypes are unfavorable, considering them as "strange," while others are positive, believing that they have some special superpower compared to others. Overall, both types of misunderstandings generate negative perceptions that enhance the tendency to stereotype people with disabilities, creating stigmatization, discrimination, and labeling (Victoria, 2023). Various misconceptions prevent people with disabilities from developing and maintaining social relationships, such as the belief that disabilities are infectious or that people with disabilities only want to mingle with other people with disabilities (Sutton, 2020, as cited in Victoria, 2023).

Limitations of the study

Although the MSPSS used in this study demonstrated acceptable to good reliability, it was translated by the authors without a comprehensive translation process. Dambi et al. (2018) identified 22 non-English versions of the MSPSS, which often emphasized psychological qualities, including rigorous factor analysis. However, various instruments did not follow a robust translation protocol, resulting in insufficient evidence for structural validity.

Additionally, the sample size for this study was small (50 participants), which may limit the quantitative analysis and affect the interpretation of the data. As a result, the authors were unable to conduct several post hoc tests, crosstabs, ANOVA tests, exploratory factor analysis, and confirmatory factor analysis (Marsh & Balla, 1994) for further exploration. Furthermore, a small sample size

may potentially impact the model fit of the assessment measurement model or outer model, as well as the possibility of correlations between demographic variables and the level of perceived social support among participants. Moreover, the current study employed a primarily quantitative single-case study design and a four-case study design for data analysis.

Thus, generalizing to a larger population poses challenges. In other words, this study investigates the perceptions of social support among men with disabilities; therefore, it cannot be applied to the entire community of individuals with disabilities in Vietnam. Additionally, the current study could not investigate the differences in gender perceptions of social support among individuals with disabilities.

Furthermore, there is a lack of literature reviewing perceived social support among males with disabilities, particularly in Vietnam. As a result, authors found it difficult to directly compare the outcomes of the current study with previous studies addressing this research issue within the specific cultural and social context Vietnam.

Social work implications

The study results showed that males with disabilities significantly lacked perceived social support. Furthermore, the research outcomes indicated that social workers play a crucial role in encouraging people with disabilities to establish and maintain various social relationships, including those with family, friends, and significant others. There are multiple implications for social work that can enhance the social relationships of males with disabilities, ultimately improving their quality of life.

- Conducting social and life skill training for people with disabilities to strengthen their communication, listening, and maintaining social relationship skills.
- Connecting people with disabilities with their family members, friends, and other significant relationships.
- Providing counseling sessions to support people with disabilities so they can deal with their relationships.
- Implementing group work activities for people with disabilities to share their experiences, opinions, and feelings regarding controversial topics of perceived multidimensional social supports.
- Creating opportunities for people with disabilities to build up and maintain their relationships with families, friends, and significant others.

- Strengthening people with disabilities in social inclusion.
- Connecting people with disabilities to recruitment units to increase their job opportunities and social relationships.

Conclusions

Men with disabilities, specifically, and individuals with disabilities more generally, continue to face challenges in their social relationships, adversely affecting their mental health and overall well-being. Research findings indicate that about fifty percent of males with disabilities express dissatisfaction with their various social supports. Nonetheless, they find greater satisfaction in familial support compared to other forms of social assistance. The current research shows that young males with disabilities do not socialize with their peers and experience limited relationship connections. Reduced perceived multidimensional social support among individuals with disabilities impedes their social inclusion. Myths and misconceptions about disabilities, which contribute to stigma and discrimination, are the underlying causes of the poor perceived social support for those with disabilities in Vietnam. Social work is a vital approach for empowering males with disabilities specifically and individuals with disabilities more broadly to enhance their social inclusion and foster meaningful social interactions.

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