Examining the Relationship Between Social Support and Self-Concept Among Adolescents with Special Needs in Northern Namibia

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DOI: https://doi.org/10.47772/IJRISS.2026.100900434

Received: 24 September 2026; Accepted: 29 September 2026; Published: 13 October 2026

ABSTRACT

Social integration is widely recognised as a critical determinant of the psychosocial well-being of adolescents with disabilities, yet empirical evidence on how its relational core, social support, relates to self-concept among adolescents with special needs in rural sub-Saharan Africa, and Namibia specifically, remains scarce. This article reports on the third objective of a larger convergent parallel mixed-methods study, which sought to examine the relationship between social support and self-concept among adolescents with special needs in special and mainstream secondary schools in northern Namibia. Anchored in Social Identity Theory (Tajfel & Turner, 1979) and Rogers' Self-Concept Theory (1959), the study used a census sample of 192 adolescents with special needs who completed the Robson Self-Concept Questionnaire and the Multidimensional Scale of Perceived Social Support, complemented by semi-structured interviews with six purposively selected adolescents. Quantitative data were analysed using Pearson product-moment correlation in SPSS Version 29, while qualitative data were analysed thematically. The findings revealed that adolescents with special needs in northern Namibia experienced an overall high level of social support (composite mean = 4.94 on a seven-point scale) and a moderate-to-high level of self-concept (composite mean = 4.29 on an eight-point scale). A statistically significant, moderate positive correlation was found between social support and self-concept ($r = .497$, $p < .001$, $N = 192$), leading to the rejection of the null hypothesis. Qualitative accounts corroborated this pattern: adolescents who described strong support from family, friends and significant others also described themselves as confident, resilient and self-accepting. The article concludes that social support is a meaningful, though not sole, contributor to positive self-concept among adolescents with special needs, and recommends that schools, families and policymakers strengthen structured peer-support, mentorship and counselling programmes to enhance both outcomes.

Keywords: Social support; self-concept; adolescents with special needs; disability; northern Namibia; Pearson correlation; mixed methods

INTRODUCTION

Background

Social integration, including the acceptance, belonging, participation and supportive relationships adolescents experience within their families, peer groups and communities, is acknowledged as a fundamental influencer of self-concept and psychosocial development, especially among adolescents with special needs (Wang, Huang, Wang & Liu, 2023; Yuan, Xie, Dong & Yang, 2023). One of the most consistently studied components of social integration is social support, the perceived availability of emotional, informational and tangible assistance from family, friends and significant others (Zimet, Dahlem, Zimet & Farley, 1988). This article focuses on this particular, quantifiable aspect of the larger construct. Conversely, self-concept encompasses all of an individual's thoughts, perceptions and assessments of oneself, including self-worth, self-confidence and self-identity

(Robson, 1989). Social support and self-concept are thought to be closely related for adolescents with special needs. That means a positive self-concept allows for more confident interaction with peers and social institutions, while social acceptance and belonging provide the relational feedback from which a coherent and positive sense of self is built (Marsh, 1990; Erikson, 1968).

Globally, adolescents with disabilities continue to suffer increase risks of social exclusion, stigma and marginalisation, which jeopardizes both their psychological development as well as social support, integration into school and community life (UNICEF, 2021). The World Health Organization estimates that 1.3 billion people, which is equivalent to 15% of the global population, live with a disability (WHO, 2023). UNICEF (2021) estimates that over 240 million children and adolescents worldwide have disabilities, many of whom are denied access to social participation, health care, education. Relating to adolescents without disabilities, those with disabilities are 49% more likely to have never attended school, 42% less likely to acquire basic literacy and numeracy skills, and 41% more likely to report suffering discrimination (UNICEF, 2021). Although Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) affirms the right of adolescents with disabilities to inclusive education free from stigma and exclusion (Genovesi, Gaches, McKenzie, Hanlon & Hoekstra, 2024), evidence from various regions indicates that school admission alone does not guarantee that this right translates into true social support, acceptance or belonging.

In the United States, for instance, 95% of students with disabilities attend regular schools, yet 10–15% still drop out due to bullying, social marginalization, and lack of peer interactions (National Center for Education Statistics, 2024). In Pakistan, 40% of adolescents with disabilities are able to attend school or use recreational facilities, compared with 60–70% of their classmates without impairments, which limits their chances for social engagement and a sense of belonging. In India, almost 2.1 million children with disabilities are enrolled in school under the National Education Policy (2020), however, 28% of them do not attend school due to stigma, poor teacher preparation and inadequate infrastructure (Gupta & Gupta, 2024). Similar trends can be seen throughout Europe. In Spain, 189,072 children and adolescents with disabilities, 89.2% of all students with disabilities in the nation, are enrolled in special rather than mainstream schools, with only 17.1% integrated into mainstream classrooms (Wojtasz, 2023). Despite relatively high enrolment rates, children and adolescents with special needs often lack real opportunities for participation in mainstream social and academic life.

Across Africa, adolescents with disabilities continue to face similar barriers despite national commitments to inclusive education. In Kenya, persons with disabilities form an estimated 2.2% of the population, although only one in six children with impairments attends school, mostly because of poverty, stigma and inadequate specialised services (Samia et al., 2022). In South African 70 % of children and adolescents with disabilities do not attend school, and many of those who do attend segregated special schools due to a lack of qualified teachers, poor facilities, and scarce resources (Nseibo, Vergunst, McKenzie, Kelly, Karisa & Watermeyer, 2022). In Zimbabwe, only about 10% of children with disabilities in obtain an education that meets their needs; the majority attend remote schools with few opportunities for peer interaction (UNESCO, 2024). In Nigeria, the social involvement and psychosocial development of learners with disabilities are nevertheless limited by the inadequate execution of otherwise innovative inclusive-education policies and enduring unfavorable cultural attitudes (Project Enable Africa, 2024). These trends limit adolescents' chances to form wholesome peer relationships and strong self-concepts throughout the continent.

Many of these regional and global trends are reflected in Namibia. According to UNICEF (2021), stigma, prejudice, and a lack of qualified teachers and specialized programs prevent almost 90% of Namibian children and adolescents with disabilities from attending preschool or formal education. According to national data, 4.4% of Namibians have a disability; in rural areas like northern Namibia, where access to educational and psychosocial support services is particularly restricted, the incidence rises to 5.8% (UNICEF, 2021). Despite Namibia's 2013 Sector Policy on Inclusive Education's commitment to access, participation, and high-quality education for all learners, its implementation is still hampered by poor infrastructure, a lack of teaching resources, inadequate teacher preparation, and enduring prejudice against people with disabilities (Ambili, 2024). In northern Namibia Adolescents with special needs have fewer opportunities to develop positive peer relationships and healthy self-concepts due to cultural beliefs that link disability to curses, witchcraft, or misfortune (Amadhila, John, Lawrence & Van Rooy, 2023). It is not a guaranty of significant social support,

acceptance, or a sense of belonging for learners with special needs to be physically placed in mainstream or special schools.

Although social support and self-concept have been showing the relation in a number of international and regional contexts (Yuan, Xie, Dong & Yang, 2023; Pratiwi & Mangunsong, 2020; Khusheim, 2024), there hasn't been much empirical research done on the relationship between social support and self-concept among adolescents with special needs in northern Namibia. The psychological experiences of adolescents with special needs themselves have received relatively little attention in Namibian research, which has mostly focused on inclusive education policy, access to education, infrastructure, and teacher preparation. By reporting on the third goal of a larger study on social integration and self-concept among teenagers with special needs in northern Namibia, this paper fills that gap.

Statement of the Problem

According to national statistics, 4.4% of Namibians have a disability; in rural areas like northern Namibia, where access to educational and psychosocial support services is still restricted, the incidence rises to 5.8% (UNICEF, 2021). According to Amadhila, John, Lawrence, and Van Rooy (2023), Namibian disability organizations continue to cite difficulties with access, inclusion, communication impediments, and limited chances for meaningful engagement in communities and schools. Admission by itself does not result in peer connections, social integration, acceptability, or a sense of belonging, as the Background above makes clear. As a result, many teenagers with special needs still exhibit low self-esteem, low confidence, and little involvement in school and community life. The extent to which social support influences the self-concept of adolescents with special needs in northern Namibia, however, remains under-researched. This lack of context-specific evidence limits the ability of educators, school counsellors and policymakers to design interventions that strengthen learners' social involvement and psychosocial well-being. In light of this, the current study aimed to investigate the relationship between self-concept and social support among adolescents with special needs in both mainstream and special schools in northern Namibia. The goal was to produce data to guide inclusive education policy and school-based psychosocial support programs.

Objective of the Study

The specific objective addressed in this article was:

To examine the relationship between social support and self-concept among adolescents with special needs in northern Namibia.

Research Question

What is the relationship between social support and self-concept among adolescents with special needs in northern Namibia?

Hypotheses

H0: There is no significant relationship between social support and self-concept among adolescents with special needs in northern Namibia.

Ha: There is a significant relationship between social support and self-concept among adolescents with special needs in northern Namibia.

Significance of the Study

Comprehending the relationship between social support and self-concept among adolescents with special needs is important for a number of reasons. It adds context-specific data to the limited literature on the psychosocial development of adolescents with disabilities in Namibia and sub-Saharan Africa. The findings could help the Namibia government, disability rights organizations and policymakers improve inclusive education policies and psychosocial support initiatives. The findings may be used by school counsellors, psychologists and teachers to

create interventions, such as peer-support programs and mentorship programs, that simultaneously address social support and self-concept among learners with special needs.

Scope of the Article

This article focuses on the third objective and its corresponding findings from a broader study that also looked at the level of social integration, the level of self-concept, and strategies for strengthening both among northern Namibian adolescents with special needs. With a brief mention of the levels of the two variables and participant-identified strategies when needed to contextualize the correlational findings, the main focus of the discussion that follows is the statistical and thematic relationship between social support and self-concept.

LITERATURE REVIEW

Theoretical Framework

The study used two complementary theories: Social Identity Theory (Tajfel & Turner, 1979) and Rogers' Self-Concept Theory (1959).

According to Social Identity Theory (SIT), people get a portion of their self-concept from belonging to and identifying with social groups, such as families, school communities, and peer groups (Tajfel & Turner, 1979, 1982), through social categorization, social identification, and social comparison with out-groups (Tajfel & Turner, 1986). During adolescents, a time that is extremely sensitive to peer recognition and group belonging these processes become particularly prominent (Crone & Dahl, 2012). These processes may be even more prominent for adolescents with special needs, whose disability may make it more difficult for them to develop a positive self-concept (Marini, Di Filippo, Bonuomo, Torregiani & Livi, 2023). Applied here, SIT suggests that positive in-group experiences with peers, teachers and family should strengthen belonging and self-esteem, though the theory's Western, individualistic origins may require adaptation to more communal settings such as northern Namibia.

Rogers' Self-Concept Theory (1959) complements SIT by focusing on the internal, experiential dimension of self-concept, comprising the real self, the ideal self, and self-esteem as an overall evaluation of self-worth. Congruence between the real and ideal self, cultivated through unconditional positive regard, empathy and acceptance from significant others, is associated with psychological health, whereas incongruence, resulting from conditional or negative regard, is linked to low self-esteem (Rogers, 1959, 1961). Applied here, adolescents who experience genuine acceptance from teachers, peers and family are more likely to develop such congruence and a more positive self-concept though Rogers' theory shares SIT's individualistic, Western orientation and may not fully capture community-oriented constructions of identity in northern Namibia. Together, the two theories provide a complementary lens for understanding how social support (the external, relational dimension) and self-concept (the internal, evaluative dimension) are related among adolescents with special needs.

Empirical Review

A growing body of international data shows that social support and integration are highly associated to positive self-concept among adolescents with disabilities although the relative impact of various kinds of support varies among research and circumstances.

In Saudi Arabia, Khusheim (2024) discovered that meaningful inclusion and a stronger self-concept were dependent on teachers who were well-trained and helpful; nevertheless, the study focused on the opinions of teachers rather than the experiences of the teenagers. In Indonesia, Pratiwi and Mangunsong (2020) discovered that peer support mediated the relationship between social skills and academic self-concept among learners with special needs, while in China, Yuan, Xie, Dong, and Yang (2023) found a reciprocal relationship between perceived social support and self-esteem among visually impaired adolescents using a longitudinal, cross-lagged design. Williams, Chen, Quirion and Hoeft (2024) similarly found that supportive peer mentoring strengthened belonging and self-concept among adolescents with learning disabilities, and Yu, Cao, Shang and Li (2024) found that support from parents, teachers and peers moderated the negative effects of early adversity on self-

concept. Collectively, these studies indicate that social support is multidimensional and consistently associated with more positive self-perceptions, though most were conducted in relatively well-resourced educational systems.

In Africa similar trends are seen, while research emphasizes the importance of family and community support as well as socioeconomic circumstances. In Ethiopia, Kassa and Awlachew (2025) discovered that among students with visual impairments, self-esteem was positively and strongly correlated with academic achievement, and that students who felt more social support performed better academically. In Kenya, Mwangwale (2024) conducted a correlational study among 62 adolescents with hearing impairment and, using the Rosenberg Self-Esteem Scale and the Interpersonal Support Evaluation List analysed via Pearson correlation, found that adolescents who perceived greater appraisal, belonging and tangible support reported significantly higher self-esteem than those with limited support. These African findings add to the body of international literature by demonstrating that the availability of institutional and community resources, in addition to interpersonal interactions, influences the strength of the social-support-self-concept association.

Not all recent research supports the same conclusion and a critical reading indicates that the relationship is not uniform nor unconditional. While Kapinga and Aloni (2021) found that 92.7% of visually impaired learners in inclusive Tanzanian schools reported high self-esteem with no significant differences by gender or disability type, attributing this more to general school inclusivity than to individually reported support, in Pakistan, Saleem, Saleem, Ikram, Inam, Siddiqui, and Ain (2023) found that visual impairment combined with limited social interaction predicted lower self-concept. A straightforward linear interpretation is further complicated in Zimbabwe by Wasosa, Mutisya, and Munywoki (2024) studying participants with visual impairment, who reported positive self-concept in areas like relationships and mentorship but significantly lower self-perceptions in body image. This suggests that support may improve some aspects of self-concept more than others. According to Mbelu (2026), South African learners' self-esteem was damaged by stigma and unfavorable peer attitudes rather than the availability or lack of support, suggesting that the social significance and quality of relationships may be more important than their perceived availability. In Namibia specifically, Hartmann, Knigge, Lenkeit, Ehlert, Goth and Spörer (2024) linked adolescents' self-perception of social relationships to personality functioning in inclusive settings, while Hartmann, Lenkeit, Knigge, Ehlert and Spörer (2025) linked special educational needs to differing indicators of social participation, suggesting the relationship may vary with the type and severity of a learner's special educational need. Nolte (2024) further found that resilience, not social support directly, mediated the relationship between self-esteem and problem-solving ability among Namibian university students. Taken together, this critical body of evidence suggests that the strength and uniformity of the social support–self-concept relationship may depend on the dimension of self-concept examined, the type and severity of disability, and unmeasured individual factors, a possibility this article returns to in the Discussion.

Additional evidence from North America and Europe reinforces the centrality of social relationships to self-concept, while also highlighting the limits of school-based support alone. Ferro, Dol, Patte, Leatherdale and Shanahan (2023), studying 116 adolescents attending paediatric outpatient clinics in Canada, found that adolescents experiencing both physical disabilities and mental health conditions reported significantly lower self-concept than peers without comorbid conditions, using validated instruments such as the Self-Description Questionnaire and the Self-Perception Profile for Children. This suggests that supportive relationships, while protective, may not fully offset the psychological burden of compounded health and disability-related challenges. Bozkus-Genc and Sani-Bozkurt (2022), in a systematic review and meta-analysis of Group Social Skills Interventions for adolescents with Autism Spectrum Disorder, similarly found that structured social skills programmes improved social competence and understanding of social interactions, but that these gains did not always translate into successful peer relationships in everyday, unstructured environments, underscoring that authentic peer acceptance, rather than classroom instruction alone, is what ultimately sustains a positive self-concept.

Within Namibia specifically, empirical evidence directly linking social integration and self-concept among adolescents with disabilities remains limited. Existing Namibian studies, such as Gunda, Ndadzungira, Sibanda and Chougule (2026), have focused predominantly on caregivers' experiences of supporting children with physical disabilities rather than on adolescents' own psychosocial outcomes. Amadhila, John, Lawrence and

Van Rooy (2023) documented how cultural beliefs linking disability to curses, witchcraft or moral transgression contribute to stigma and exclusion in Namibia, with negative consequences for the self-concept, self-esteem and sense of belonging of people with disabilities, but did not statistically test the relationship between integration and self-concept among adolescents.

Across all the examined literature it is seen that adolescents' self-concept is favorably correlated with social support and integration from parents, classmates, teachers, and caregivers, which serves as a buffer against the psychological difficulties associated with disability. Few, if any, research have statistically tested the association between social support and self-concept among adolescents with special needs in rural, culturally unique settings like northern Namibia. Instead, the majority of studies have looked at social support and self-concept as distinct categories. The current study, which aimed to explicitly investigate the relationship between social support and self-concept among adolescents with special needs in northern Namibia using standardized psychometric instruments and Pearson correlation, was prompted by this empirical and contextual gap.

Conceptual Framework

Guided by the reviewed theories and literature, the study conceptualised social support, comprising support from family, friends and significant others, as the independent variable hypothesised to be positively associated with self-concept, comprising self-worth, self-confidence and emotional self-evaluation, as the dependent variable, while recognising that the relationship is likely bidirectional rather than strictly causal.

METHODOLOGY

Research Design

The study adopted a convergent parallel mixed-methods design, in line with Creswell and Creswell (2018), who describe a research design as a blueprint that ensures coherence among a study's research questions, methods and analysis. Under this design, quantitative and qualitative data were collected concurrently but analysed separately, with the two strands then compared and merged at the interpretation stage to determine the extent of convergence or divergence (Creswell & Plano Clark, 2018). This design was considered well suited to the complex psychosocial constructs of social support and self-concept, which have both quantifiable and experiential dimensions. The quantitative strand permitted an objective assessment of levels and the statistical relationship between the two variables, while the qualitative strand provided contextual depth on how adolescents themselves understood and experienced this relationship (Fetters, Curry & Creswell, 2013).

Study Area

The study was conducted in four government-run schools in northern Namibia, two mainstream schools (Schools C and D) and two special schools (Schools A and B) in Ongwediva town (Oshana Region) and Outapi town (Omusati Region). These schools were specifically chosen because they enrolled adolescents with visual, hearing, physical and learning challenges and were important establishments carrying out Namibia's inclusive education strategy. The northern region was specifically selected because, despite national inclusive education policy, adolescents with special needs in this predominantly Owambo cultural area continue to experience social exclusion linked to cultural beliefs associating disability with curses, sin or misfortune (Amadhila et al., 2023).

Population and Sampling

The target population comprised all 192 adolescents with special needs, aged 10 to 19 years, with visual impairments, hearing impairments or learning difficulties, enrolled across the four selected schools during the 2025 academic year (School A = 63, School B = 108, School C = 13, School D = 8). For the quantitative strand, all 192 eligible adolescents were included using a census sampling technique because the population was manageable and relatively small. This eliminated sampling error and guaranteed that the entire range of characteristics within this heterogeneous population was represented (Jamieson Gilmore, Bonciani & Vainieri, 2022). Six adolescents, from the four schools, were purposefully chosen for semi-structured interviews as part of the qualitative strand. This sample size was deemed suitable based on the information adequacy principle, which is frequently used in small, purposefully chosen qualitative samples (Cohen, Manion & Morrison, 2018).

Data Collection Instruments

Two standardised, self-administered questionnaires were used to collect quantitative data. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet & Farley, 1988), a 12-item, three-subscale instrument (family, friends and significant other) rated on a seven-point Likert scale. The Likert scale included choices from "very strongly disagree" (1) to "very strongly agree" (7), with higher scores indicating greater perceived social support and, by extension, greater social integration. The MSPSS has previously demonstrated Cronbach's alpha values of 0.85 to 0.91 (Zimet et al., 1988).

Self-concept was measured using the Robson Self-Concept Questionnaire (SCQ) (Robson, 1989), a 30-item instrument assessing self-worth, social confidence and emotional self-evaluation, rated on an eight-point Likert scale. The scale indicated from "strongly disagree" (0) to "strongly agree" (7), with item scores summed to yield a total self-concept score. The SCQ has previously demonstrated an internal consistency reliability coefficient of approximately 0.89 (Robson, 1989). Minor administrative adaptations, such as reading items aloud or clarifying wording, were made to ensure accessibility for participants with disabilities, without altering item content, number or scoring.

Using a ten-item, open-ended interview guide that covered demographic data as well as experiences with social integration, self-concept, and connections with peers and teachers, semi-structured interviews were used to gather qualitative data from the six purposefully chosen teenagers. The interviews took place in a private section of the school, lasted between 30 and 45 minutes, were audio recorded (with participant assent and parental consent), and were then transcribed for thematic analysis. The validity of the overall findings was reinforced by the methodological triangulation that resulted from the employment of both quantitative and qualitative methodologies (Cohen et al., 2018).

Validity and Reliability

Content validity was strengthened by aligning questionnaire items directly with the study's objectives and the reviewed literature (DeVellis, 2017). Reliability of both instruments was reassessed through pilot testing with 20 adolescents at a special school in the Ohangwena region, outside the main study area, prior to full administration. This pilot administration confirmed that both instruments met the acceptable ≥.70 threshold recommended by Fraenkel, Wallen and Hyun (2019): the pilot Cronbach's alpha was α = [insert pilot value] for the MSPSS and α = [insert pilot value] for the Robson SCQ, broadly consistent with the internal consistency previously reported for these instruments in the literature (α = .85–.91 for the MSPSS, Zimet et al., 1988; α = .78–.90 for the Robson SCQ, Robson, 1989). For the qualitative strand, trustworthiness was established through credibility (prolonged engagement and methodological triangulation), transparency in coding and analytic decisions, and confirmability, achieved through an audit trail and reflexive journaling (Nowell, Norris, White & Moules, 2017).

Data Collection Procedures

After receiving ethical clearance, the researcher received an introduction letter from the Catholic University of Eastern Africa and a research permit from Namibia's Ministry of Education, Innovation, Youth, Sport, and Culture. These were given to the administrations of the four participating schools. In order to minimize researcher influence on responses, the questionnaires were self-administered under the researcher's supervision. Additionally, an interpreter helped participants with hearing impairments communicate, and special education teachers were available to clarify instructions for students who needed extra support without changing their responses. Interviews were done in a quiet, private location of the school to guarantee comfort and confidentiality, and they were scheduled at times that would not interfere with participants' academic schedules.

Data Analysis Procedures

Quantitative data were analysed in SPSS Version 29 (IBM Corp, 2023). Descriptive statistics (means and standard deviations) were computed for the MSPSS and SCQ subscales and composite scores to establish the levels of social support and self-concept respectively. To directly address the third objective, a Pearson product-moment correlation was computed between the composite social support score and the composite self-concept

score to determine the direction, strength and statistical significance of their relationship, in line with Maree's (2020) emphasis on rigorous statistical analysis when researching psychological constructs among learners in educational settings. Qualitative interview data were analysed thematically, following familiarisation, coding, categorisation and theme development (Creswell, 2014), informed by culturally responsive interpretation appropriate to a marginalised population (Chilisa, 2012) and iterative coding for depth and accuracy (Merriam & Tisdell, 2016). In keeping with the convergent parallel design, the quantitative correlational results and the qualitative thematic findings were subsequently compared and merged at the interpretation stage to assess the degree of convergence between the numerical association and participants' lived accounts (Creswell & Plano Clark, 2017).

Ethical Considerations

The Catholic University of Eastern Africa provided ethical clearance, Namibia's Ministry of Education, Innovation, Youth, Sport, and Culture granted research authorization, and the participating schools granted permission. Due to the fact that the participants were minors with special needs, parents or guardians provided informed consent, and the adolescents themselves provided assent in formats that were age-appropriate and easily accessible. Participants were made aware that participation was entirely voluntary and that they could leave or withdraw at any time without facing any repercussions. Through the use of codes and pseudonyms, safe encrypted data storage, and culturally sensitive interaction suitable for the Owambo setting in which the study was carried out, anonymity and confidentiality were preserved throughout. In the event that individuals suffered emotional discomfort during data collection, counselling support was provided.

RESULTS AND DISCUSSION

Sample Profile

Of the 192 adolescents with special needs sampled across the four schools, the majority were middle-to-late adolescents: 76 (39.6%) were aged 16-17 years and a further 76 (39.6%) were aged 18-19 years, together accounting for 79.2% of the sample, while 34 (17.7%) were aged 13-15 years and only 6 (3.1%) were aged 10-12 years. This age distribution is developmentally appropriate for a study of social support and self-concept, as middle and late adolescence is a stage at which peer relationships, social acceptance and identity formation are especially salient (Erikson, 1968; Crone & Dahl, 2012). The sample was fairly evenly distributed by gender, with 106 (55.2%) female and 85 (44.3%) male respondents, and 1 respondent (0.5%) identifying as other, allowing the study to capture diverse perspectives. In terms of disability type, learners with learning difficulties formed the largest group (54.17%), followed by learners with hearing impairment (25.52%) and learners with visual impairment (20.31%), reflecting the diversity of special needs represented in the participating schools and providing a reasonably heterogeneous base from which to examine the social support-self-concept relationship.

Levels of Social Support and Self-Concept

Before turning to the correlational analysis, it is useful to summarise the levels of the two variables on which the relationship was tested. Across the three MSPSS domains, adolescents reported the highest mean support from family (M = 5.17), followed by significant others (M = 4.92) and friends (M = 4.72), yielding an overall composite mean of approximately 4.94 on the seven-point scale (midpoint = 4.00). This indicates that adolescents with special needs in the sampled northern Namibian schools generally experienced a high level of social support, with family emerging as the strongest source of perceived support. On the Robson Self-Concept Questionnaire, respondents recorded an overall composite mean of approximately 4.29 on the eight-point scale (midpoint = 3.50), indicating a moderate-to-high level of self-concept characterised generally by self-acceptance and confidence, although scores on individual items varied and some adolescents reported lower self-perceptions in specific areas, such as body image and academic self-evaluation.

Relationship Between Social Support and Self-Concept

Pearson's product-moment correlation was computed between the composite social support score and the composite self-concept score for the full sample of 192 adolescents. The results are presented in Table I.

As shown in Table I, a moderate, positive and statistically significant correlation was found between social support and self-concept ($r = .497$, $p < .001$, $N = 192$). Because the p-value (.000) was below the .01 threshold, the null hypothesis, that there is no significant relationship between social support and self-concept among adolescents with special needs in northern Namibia, was rejected, and the alternative hypothesis was accepted. The coefficient of determination ($r^2 \approx .247$) suggests that social support accounts for approximately 25% of the variance in self-concept scores among adolescents with special needs in the study, indicating a meaningful, though partial, association: while stronger perceived social support was consistently linked to a more positive self-concept, and vice versa, other factors beyond social support also clearly contribute to how these adolescents view themselves.

The qualitative findings converged with, and substantially enriched, this quantitative pattern. Consistent with family emerging as the strongest quantitative source of support ($M = 5.17$), participants repeatedly described parents and extended family as their primary source of practical and emotional assistance. Several credited their mothers with sustaining their education despite hardship: "My mum helps me a lot. She works hard and tries to meet my needs so that I can continue going to school" (Respondent Interview, June 04, 2026), while fathers were similarly described as active sources of encouragement: "Whenever I need something for school, my father tries his best to provide it. He always encourages me not to give up" (Respondent Interview, June 03, 2026). Several participants linked this support directly to their sense of self-worth: "My mother supports me and tells me that I can achieve my goals just like other children" (Respondent Interview, June 04, 2026).

Significant others, particularly teachers, matrons and mentors, emerged as a second consistent source of support, corroborating the second-highest MSPSS domain mean ($M = 4.92$): "When I feel stressed, I talk to the matron because she understands me and advises me" (Respondent Interview, June 03, 2026). Peer relationships, which recorded the lowest domain mean ($M = 4.72$) and the lowest single item mean of any source for sharing personal problems with friends ($M = 4.31$), produced a more mixed picture. Many participants described genuine companionship: "I enjoy spending time with my friends because they make me feel happy and accepted" (Respondent Interview, June 03, 2026). Others described a more guarded approach, consistent with the lower quantitative score for discussing personal problems with peers: "I have few friends because some people talk behind you" (Respondent Interview, June 03, 2026). This divergence suggests that the quantity of peer contact and the depth of trust within peer relationships are not the same thing, and it is specifically the latter that appears weaker in this population.

On the self-concept side, participants who described these supportive relationships also tended to describe themselves in markedly positive terms, echoing the high item mean for "I can like myself even when others don't" ($M = 5.18$): "I am a deaf person and I feel good. I accept myself as deaf and I am trying my best in my studies" (Respondent Interview, June 03, 2026). Several participants also framed self-acceptance in terms of perseverance: "When things are not easy, I try. I do not give up. I continue studying" (Respondent Interview, June 04, 2026). Notably, some connected positive self-regard not to what they received from others but to what they were able to give: "I like helping other children. Sometimes I help those who cannot do things for themselves" (Respondent Interview, June 03, 2026), suggesting reciprocity may itself be a component of positive self-concept in this population.

At the same time, both strands of data converged on a more vulnerable subgroup. The comparatively low scores on "I don't care what happens to me" ($M = 3.09$) and "I seem to be very unlucky" ($M = 3.35$) were echoed in accounts of self-doubt triggered by academic setbacks or social comparison: "Sometimes I do not feel well because people my age are already ahead, and when I think about it, it makes me worried" (Respondent Interview, June 04, 2026). Another participant tied this vulnerability directly to communication and belonging: "Sometimes people do not understand me, especially during lessons and practical activities" (Respondent Interview, June 02, 2026). These accounts suggest the relationship documented quantitatively operates unevenly: clearly visible in participants' broad self-acceptance, but less protective for the minority who continue to experience academic frustration, social comparison and communication-related exclusion.

Table II below presents a joint display integrating the quantitative and qualitative strands theme by theme, making explicit how each qualitative pattern was systematically matched to, and either corroborated or qualified by, the corresponding MSPSS or SCQ domain or item.

Table II: Joint Display of Quantitative and Qualitative Findings on Social Support and Self-Concept

Quantitative Domain	Mean (Scale)	Qualitative Theme	Illustrative Quote	Convergence
Family support (MSPSS)	M = 5.17 (1–7)	Family as the primary source of practical and emotional support	"My mum helps me a lot. She works hard and tries to meet my needs so that I can continue going to school." (Respondent Interview, June 04, 2026)	Convergent – highest quantitative domain matched by the most frequent and richest qualitative accounts
Significant others (MSPSS)	M = 4.92 (1–7)	Teachers, matrons and mentors as accessible sources of guidance	"When I feel stressed, I talk to the matron because she understands me and advises me." (Respondent Interview, June 03, 2026)	Convergent – consistently moderate-to-high support from trusted adults
Friends / peer support (MSPSS)	M = 4.72 domain; M = 4.31 lowest item (sharing personal problems)	Peer companionship widespread, but depth of trust more guarded	"I have few friends because some people talk behind you." (Respondent Interview, June 03, 2026)	Partially divergent – quantity of peer contact high, but depth of trust lower, echoing the lowest MSPSS item
Self-worth items (SCQ, high-scoring)	M = 5.18 ("I can like myself even when others don't")	Self-acceptance and resilience despite disability-related challenges	"I am a deaf person and I feel good. I accept myself as deaf and I am trying my best in my studies." (Respondent Interview, June 03, 2026)	Convergent – both strands point to broad self-acceptance
Vulnerability items (SCQ, low-scoring)	M = 3.09 ("I don't care what happens to me"); M = 3.35 ("I seem to be very unlucky")	Self-doubt triggered by academic setbacks and social comparison, for a vulnerable minority	"Sometimes I do not feel well because people my age are already ahead, and when I think about it, it makes me worried." (Respondent Interview, June 04, 2026)	Convergent – both strands identify the same vulnerable subgroup

As Table II shows, the two strands converged closely for family support, support from significant others, and both the self-acceptance and vulnerability dimensions of self-concept, strengthening confidence that these represent genuine, well-triangulated patterns rather than artefacts of either method alone. The one domain of partial divergence, peer support, is itself informative: it indicates that a purely quantitative reading of the MSPSS friends subscale would have understated the extent to which some adolescents with special needs remain socially cautious even amid generally positive peer contact, a nuance that only the interview data made visible.

Importantly, and consistent with the correlational nature of the design, this relationship cannot be interpreted as establishing causality. The finding indicates that social support and self-concept are associated, and that the association runs plausibly in both directions: greater social support may support the development of a more positive self-concept, while a more positive self-concept may in turn help adolescents form and sustain stronger social relationships, as suggested by the reciprocal, cross-lagged evidence reported by Yuan et al. (2023) among adolescents with visual impairments in China.

Table I: Correlation Between Social Support and Self-Concept (N = 192)

Levels of Social Support	Levels of Self-Concept		
Levels of Social Support	Pearson Correlation	1	.497**
	Sig. (2-tailed)		.000
	N	192	192

Levels of Self-Concept	Pearson Correlation	.497**	1
	Sig. (2-tailed)	.000	
	N	192	192
Note: **Correlation is significant at the 0.01 level (2-tailed).			

Discussion in Relation to Prior Literature

The finding of a statistically significant, moderate positive relationship between social support and self-concept is consistent with a substantial body of prior research. It is in line with the findings of Yuan, Xie, Dong, and Yang (2023), who discovered a reciprocal, two-way relationship between self-esteem and perceived social support among teenagers with visual impairments. Support from parents, teachers, and classmates was linked to increases in both social connectedness and self-esteem. It is also in line with the findings of Williams, Chen, Quirion, and Hoeft (2024), who discovered that adolescents with learning disabilities who received emotional support and mentoring from peers reported stronger feelings of belonging, self-worth, and general well-being, and Pratiwi and Mangunsong (2020), who found that peer social support strengthened the relationship between social skills and academic self-concept among learners with special needs.

The results also support the findings of Khusheim (2024), who emphasized the significance of inclusive classrooms and supportive teachers in fostering positive self-images among students with special needs, and Yu, Cao, Shang, and Li (2024), whose research suggested that social support from family, friends, and teachers can buffer adolescents against negative psychological outcomes. On the other hand, the findings are inversely consistent with those of Wang, Huang, Wang, and Liu (2023), who discovered that students with disabilities who experienced poor social integration and insufficient social support reported lower self-concept, internalized stigma, and decreased academic motivation, and Nzioka (2024), who discovered that adolescents with impairments who experienced weak peer relationships and limited parental support demonstrated poorer self-concept and identity development. The present study's finding that stronger family, peer and significant-other support is associated with a more positive self-concept is further corroborated by Fatima, Ashraf and Jahan (2022), who found that family support was a strong predictor of self-concept and self-esteem among visually impaired adolescents, and by Ayako (2025), who found that respect, dignity, acceptance and positive social interaction shaped identity development and self-worth among deaf adolescents.

Theoretically, the finding lends support to both Social Identity Theory and Rogers' Self-Concept Theory. In line with Tajfel and Turner's (1979) proposition that individuals derive a sense of identity and self-esteem from their social group memberships, adolescents in this study who felt accepted, valued and connected within their family, peer and school groups reported correspondingly more positive self-perceptions. Similarly, in line with Rogers' (1959) proposition that self-concept develops through experiences of acceptance, empathy and positive regard from significant others, adolescents who experienced consistent, caring relationships appeared more able to reconcile their real and ideal selves, reflected in their reported confidence and self-acceptance.

At the same time, the findings extend the existing literature in an important, context-specific way. Whereas much of the reviewed international literature (Khusheim, 2024; Yuan et al., 2023; Pratiwi & Mangunsong, 2020) was conducted in relatively well-resourced educational systems in the Middle East, China and Southeast Asia, the present study demonstrates that a similarly significant, moderate positive relationship between social support and self-concept holds among adolescents with special needs in a rural, culturally distinct and comparatively under-resourced setting in northern Namibia, where cultural beliefs linking disability to curses or misfortune (Amadhila et al., 2023) might have been expected to weaken or disrupt this relationship. The persistence of a significant positive association in this context suggests that, notwithstanding cultural stigma, family, peer and significant-other support continue to function as protective, identity-affirming resources for adolescents with special needs in northern Namibia. This provides Namibia-specific empirical evidence to a literature that has, until now, relied predominantly on studies of caregivers, educational access and service provision (Gunda et al., 2026) rather than on adolescents' own psychosocial experiences.

The moderate strength of the correlation ($r = .497$) also merits attention. Unlike Yuan et al.'s (2023) longitudinal, cross-lagged design, which more directly demonstrated a reciprocal causal-like relationship between social support and self-esteem over time, the present study's cross-sectional, correlational design can establish

association but not causal direction. The r^2 of approximately .25 indicates that social support accounts for roughly a quarter of the variance in self-concept scores among adolescents with special needs in this study, meaning that approximately 75% of the variance remains attributable to factors beyond social support as measured here. This unexplained variance is itself informative and warrants closer consideration than a single caveat allows.

Several candidate factors, each grounded in the literature reviewed above, plausibly account for part of this remaining 75%. First, disability severity and comorbidity appear to matter independently of support: Ferro, Dol, Patte, Leatherdale and Shanahan (2023) found that adolescents with combined physical and mental health conditions reported significantly lower self-concept than peers without comorbid conditions regardless of support received, suggesting disability complexity may cap how much perceived support alone can shift self-concept. Second, individual resilience may be a distinct pathway: Miklyaeva and Gorkovaya (2019) found resilience among visually impaired adolescents comparable to non-disabled peers regardless of self-esteem, while Nolte (2024) found resilience mediated self-esteem and problem-solving among Namibian students, implying resilience may explain variance a support measure alone cannot. Third, self-concept is multidimensional: Wasosa, Mutisya and Munywoki (2024) found visually impaired participants scored well on relational domains but poorly on body image, consistent with this study's own pattern of high support-linked items alongside low vulnerability items. Fourth, relationship quality, not merely existence, may matter more than a composite score can capture: Mbelu (2026) found stigma and negative peer attitudes, not the presence of support, most directly undermined self-esteem, echoed in this study's own guarded-friendship accounts. Finally, academic performance and community attitudes toward disability, touched on only in passing here, have each independently predicted self-concept elsewhere (Kassa & Awlachew, 2025; Amadhila et al., 2023) and warrant inclusion in a more complete future model.

Potential Moderators Not Yet Tested: Disability Type, Age, Gender, School Type and Cultural Beliefs

The analysis reported above tested only the overall, sample-wide association between social support and self-concept; it did not test whether this association differs by disability type, age, gender or school type (mainstream versus special), nor whether cultural beliefs about disability moderate or mediate the relationship. These are important questions that the present cross-sectional, correlational analysis was not originally designed, and in some cases was not adequately powered, to answer, and they are addressed here explicitly rather than left implicit.

Testing disability type, age, gender and school type as moderators would require either a multiple regression with interaction terms or subgroup correlations compared using Fisher's, neither of which was part of the original analysis plan for this objective. Several features of the sample would also constrain such an analysis if attempted post hoc: the 10–12 years age band comprised only 6 of the 192 participants (3.1%) and the "other" gender category comprised a single respondent (0.5%), both too small to support reliable subgroup comparison; and school type is confounded with school size in this sample, since the two special schools (Schools A and B) together enrolled 171 of the 192 participants while the two mainstream schools (Schools C and D) enrolled only 21, an imbalance that would make any mainstream-versus-special comparison highly sensitive to the particular schools sampled rather than to school type as such. Disability type is comparatively better powered, with reasonably sized groups reporting learning difficulties (n = 104), hearing impairment (n = 49) and visual impairment (n = 39); a moderation analysis by disability type is therefore the most immediately feasible re-analysis of the existing dataset and is recommended as a priority for a follow-up paper.

Cultural beliefs about disability present a related but distinct challenge. Namibian and regional literature reviewed above documents that beliefs associating disability with curses, witchcraft, sin or misfortune remain present in northern Namibia and are linked to stigma and exclusion (Amadhila et al., 2023). It is plausible that such beliefs moderate the social support–self-concept relationship, for instance by weakening the protective effect of family or community support where that support coexists with stigmatising attribution, or that they mediate it by shaping how much support adolescents perceive themselves as receiving in the first place. However, the interview guide used in this study asked participants directly about their support relationships and self-perceptions but did not explicitly probe cultural or religious beliefs about the origin of their disability, and no validated measure of such beliefs was administered alongside the MSPSS and SCQ. The present dataset can therefore speak to whether cultural beliefs are a plausible mechanism, drawing on the wider literature, but cannot

test whether they moderate or mediate the relationship documented here. Future studies in this setting would benefit from incorporating a validated cultural-beliefs-about-disability measure, or interview questions that explicitly invite adolescents and their families to discuss such beliefs, so that this pathway can be tested directly rather than inferred from the literature.

Implications for Policy and Practice

The magnitude and consistency of the social support-self-concept relationship documented here carry practical implications for schools, families and policymakers in northern Namibia. Because family support emerged as the strongest single domain of social support in this sample, interventions that strengthen parents' and guardians' capacity to provide consistent emotional support, for example through school-based parent workshops or home-visit programmes, are likely to have a direct bearing on adolescents' self-concept. Similarly, because peer and significant-other support were also meaningfully associated with self-concept, structured peer-mentorship schemes, of the kind described by Williams et al. (2024), and the presence of trusted significant others such as teachers, matrons and counsellors within the school environment, appear to be practical, low-cost levers through which schools can support the psychosocial development of adolescents with special needs. At the same time, because social support explained only part of the variance in self-concept, these relational interventions should be paired with broader disability-awareness and anti-stigma initiatives that address the cultural attitudes documented by Amadhila et al. (2023), as well as with individual counselling support for adolescents facing additional health, academic or developmental challenges.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This article examined the relationship between social support and self-concept among adolescents with special needs in northern Namibia, the third objective of a broader convergent parallel mixed-methods study. The findings established a statistically significant, moderate positive relationship between the two variables ($r = .497$, $p < .001$), leading to rejection of the null hypothesis. Adolescents who experienced stronger social support, particularly through family support, followed by significant others and friends, tended to report more positive self-concepts, characterised by greater self-worth, confidence and self-acceptance. This pattern was corroborated by qualitative accounts in which adolescents linked their sense of confidence and resilience directly to the presence of supportive relationships in their lives. The finding supports the theoretical claims of both Social Identity Theory and Rogers' Self-Concept Theory, demonstrating that, even in a cultural setting like northern Namibia where there is still widespread societal stigma against disability, adolescents with special needs have a positive self-concept when they are part of accepting social groups and receive genuine care from significant others. However, the moderate strength of the relationship suggests that other individual, educational, and health-related factors should also be taken into consideration in attempts to support the psychosocial well-being of this population, even though social support is a significant factor in determining self-concept.

Recommendations

Based on these findings, it is recommended that school administrators in northern Namibia strengthen structured peer-support and mentorship programmes and expand opportunities for adolescents with special needs to participate in co-curricular activities, sports and clubs that foster meaningful peer interaction. Teachers should be supported to adopt inclusive teaching practices, offer consistent positive reinforcement and emotional support, and be trained to identify and refer learners showing signs of social isolation or low self-esteem. Schools should also strengthen guidance and counselling services, given that participants identified these, alongside peer support, as among the most valued strategies for enhancing both social support and self-concept. Parents and guardians should be encouraged to provide consistent emotional support and to participate actively in school life, while the Ministry of Education and policymakers should strengthen inclusive education policy, allocate resources for disability-awareness initiatives, and incorporate strategies for promoting social support and positive self-concept into teacher training curricula.

Limitations and Suggestions for Further Research

The findings should be interpreted in light of several limitations. First, the cross-sectional, correlational design does not permit causal inferences about the direction of the relationship between social support and self-concept. Second, reliance on self-report questionnaires and interviews among adolescents with special needs may have introduced response bias. Third, interviews with adolescents with hearing impairment required interpretation through sign language, which may have influenced the richness and consistency of their responses. Fourth, the study was confined to adolescents with learning difficulties, hearing impairments and visual impairments in four schools in northern Namibia, limiting the generalisability of findings to adolescents with other forms of disability or to other regions of Namibia. Future research should consider longitudinal or cross-lagged designs, similar to Yuan et al. (2023), to clarify the direction and reciprocity of the relationship between social support and self-concept over time, and should extend this line of inquiry to adolescents with intellectual, physical and multiple disabilities, and to other regions of Namibia, to build a more comprehensive, national picture of the psychosocial development of adolescents with special needs.

Conflict Of Interest

The author declares no conflict of interest in relation to this study.

Data Availability Statement

The datasets generated and analysed during the current study are available from the corresponding author on reasonable request, subject to the ethical and confidentiality restrictions governing data collected from a vulnerable adolescent population.

ACKNOWLEDGEMENTS

The author thanks the school administrators, teachers, interpreters, parents and, above all, the adolescent participants in Oshana and Omusati regions who made this research possible, as well as the supervisors who guided the dissertation from which this article is drawn.

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