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Validity and Reliability of a Self-Acceptance Scale for Youth with Physical Disabilities

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ABSTRACT

Youth with disabilities generally struggle to earn a good livelihood as they journey through life. Disability acceptance is acceptance of impairment or loss of worth or acceptance of failure in the sense of disability. It involves changes in one's values, placing less importance on one's physical disability and more on one's remaining assets or abilities. To develop the Self-Acceptance Scale for youth with physical disabilities (SAS-PD), this study adopted the sequential exploratory design. The scale was administered on 247 persons with physical disabilities. Following the compilation and analysis of qualitative data, a quantitative study was conducted. The Exploratory Factor Analysis (EFA) identified six factors, viz. social stigma, enlargement, and asset value, containment of disability effect, family support, and body acceptance that were represented by fifty items in a questionnaire that covered the attributes examined in the scale. The assessment of the level of self-acceptance by youth with disabilities using the SAS-PD may be a valuable intervention for transition programs. Going forward, the scale could also be used to build the profile of people with physical disabilities before they begin participating in any face to face or virtual training program. The assessment of youth with disability self-acceptance level enables their parents and teachers to be aware of their mental state and lead to more strategic planning for the teaching-learning approach.

Keywords: Self-acceptance scale, measurement, youth with a disability

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INTRODUCTION

Since the World Health Organization declared the outbreak of COVID-19 as a pandemic in March 2020, many lives worldwide have changed. In Malaysia, as in other countries, people have to change their daily routines and social habits. Everyone has to adjust to new routines of social distancing or confinement to home. Tandon (2020) found that Covid-19 was associated with mental health issues due to negative emotions and changes in moods. The ability to adapt is, indeed, very challenging. If people without disabilities have to struggle to adjust to the new normal due to the COVI-19 pandemic, what more people with disabilities. Even before the pandemic, studies have shown that youth with disabilities struggle to make a living. They experience poor mental health outcomes as they grapple with identity-building (Anaby et al., 2013; Karim, & Hassan, 2019), victimization, and depression (Berg et al., 2015). Moreover, due to unpleasant experiences and lack of support (Schuh et al., 2015), the dropout rate for high school students with disabilities was twice as high as their peers, according to Johnson et al. (2012), who also found that over 75 percent of young people with disabilities were under- or unemployed, did not participate in higher education, or stayed home after graduation.

The psychological well-being of youth with disabilities depends on the extent to which they can accept themselves. Studies on disabled youth have yielded mixed findings concerning the quality of life and acceptance of their disabilities. A systematic analysis conducted by Travlos et al. (2017) on young people aged 12-22 years with neuromuscular disorders and who were wheelchair-bound found that the physical and psychosocial quality of their lives was relatively much lower compared to that of their non-disabled peers. In other words, youths with disabilities are more likely to experience unhappiness. On the other hand, some studies have found that self-acceptance of their disabilities has a strong, positive influence on the well-being of such youth, regardless of social perception. A study by Gorter et al. (2014) on 90 youths with disabilities found that almost all the respondents did not accept or identify themselves as disabled. Interestingly, they were also reported to exhibit significantly higher self-esteem levels, i.e. they had positive self-perception, they were aware of their strengths, they liked themselves, they were satisfied with life, and felt socially-accepted. Very few reported that they had depression, fear, or feelings of being unloved.

Self-acceptance has an important influence on the lives of disabled people. They continue to achieve higher self-esteem, better coping mechanisms, higher expectations and are more motivated to excel as they recognize and embrace their disability (Carl, 2013). More studies need to be conducted on youth with disabilities. An article published by the American Psychological Association (APA) highlights the lack of research on people with disabilities (Walters, 2000), although some progress has been made. There is specifically a lack of research exploring the identification of impairment among young people and discrepancies between classes of disabilities (Physical Impairment, Chronic Disease, Deaf or Hard of Hearing, Emotional Disability, Learning or Attention Disability). Hence, in this study, we seek to investigate the degree of self-acceptance of young people with physical disabilities.

Literature Review

Youth with Physical Disabilities. To formulate state policies and prepare future strategies, population and demographic statistics are collected by governments. In certain cases, changes in demographic dynamics or living habits can decide the course of policy. However, disability is hard to identify and quantify as a demographic feature (Heslop & Gordon, 2014). Current thinking has shifted from a 'medical model' to a 'social model,' which defines disability as a type of social disadvantage associated with having an impairment, such as debilitating characteristics that hinder access to buildings and transport systems. While the connection between the influence of a person's physical disability and the crippling effects of culture on the person continues to be addressed, the social model prevails as the normative framework used in the UK today (Heslop & Gordon, 2014).

In the United Kingdom Disability Discrimination Act (DDA) 1995, a disabled person is defined as "a person with a physical or mental impairment that has a serious and long-term adverse impact on the person's capacity to perform normal day-to-day activities." The DDA 1995 definition also notes that the disability must be such that it affects a person's ability to perform regular everyday activities and also only if it affects one or more items of a 'capacity list'. The Equality Commission in Northern Ireland (EQNI) recommends that the list of capacities be eliminated from the definition of the DDA to represent the 'social model' of disability, following the UNCRPD approach that describes disability as being:

> *"The relationship between people with disabilities and attitudinal and environmental obstacles that prevent their complete and successful involvement in society on an equal footing with others is an evolving definition and that impairment". (www.un.org).*

In this respect, young people with disabilities are among the most disadvantaged and excluded classes of youth, and their rights are widely violated. Discrimination does not occur because of the inherent existence of the disability of young people, but because of a lack of comprehension and awareness of its causes and effects, fear of distinction, infection or contamination, or a negative religious or cultural perception of disability. Frequently, young people with disabilities are described and judged by what they lack instead of what they have. They are made inherently fragile by their exclusion and invisibility, denying them respect for their integrity, their individuality, even their right to life itself (Karim, & Hassan, 2019).

Acceptance of Disability Scale (ADS). Disability is also seen as a misfortune or "loss of worth" (Dunn, 2019). The disability may lead to underestimating established abilities and a global devaluation of the entity when perceived as a misfortune or value loss. Disability acceptance, on the other hand, is an adjustment to the belief system of an individual in such a way that real or perceived disadvantages from disability do not adversely impact the value of existing skills. It is known that when people with disabilities and their significant others recognize the condition and adjust to changes that may occur from their condition, recovery is faster (Mach et al., 2019; Sabouripour & Roslan, 2015).

Disability acceptance suggests more than reverence. Acceptance goes beyond appreciation because it encompasses the sense that one's actions in self-acceptance are autonomous and responsible (Rashid, 2019; Plexico et al., 2019). Disability acceptance is acceptance of failure in the sense of disability, and it is a phase of improvement in value (Perrin, 2019). Self-acceptance was described by Ellis (2005) as having a positive regard or attitude towards oneself as a whole. The past life experiences of a person are a part of it. Self-acceptance has also been described as the positive or negative acceptance of all one's characteristics. It allows one's significant or non-efficient characteristics to be adequately analyzed and any negative aspects of one's personality to be acknowledged (Chamberlain & Haaga, 2001). Three behaviors that constitute self-acceptance are (1) acceptance of the body, (2) expressing comfort and love for the body, while all aspects of the body are not entirely fulfilled, and (3) self-protection from other people's negative judgments (Tylka, 2011).

Bennett et al. (2019) initially introduced the concept of recognition of disability based on coping versus succumbing structures that underscore the importance of not allowing society to devalue people with disabilities. The value shift theory shows the great variance in physical impairment reactions. By changing their beliefs to perceive increased personal worth, many individuals learn to handle the detrimental effects of their disability. The degree of disability acceptance is correlated with the degree to which a person (a) accepts values other than those that are in direct conflict with the disability; (b) emphasizes aspects of physical capacity and appearance that contradict his or her disabled condition; (c) does not extend his or her disability to other parts of the functioning self beyond actual physical impairment.

The literature has documented a significant number of indicators of psychosocial adaptation to disability over the past century. Livneh and Antonak addressed at least five interventions that target a person's adaptation to impairment (2005), including the Millon Behavioral Health Inventory (MBHI), (Millon et al., 1979), the Psychosocial Adjustment to Illness Scale (PAIS), (Derogatis & Lopez, 1983), the Sickness Effect Profile (SIP), (Bergner et al., 1976), and the Reactions to Impairment and Disability Inventory (RIDI), (Livneh & Antonak, 1990). Theory-driven reasoning, reliability, and the use of multiple samples are major strengths inherent in the Acceptance of Disability Scale (ADS) (Livneh & Antonak, 2005). The definition of recognition of impairment is assessed and has been used in various studies (Nicholls et al., 2012; Townend et al., 2010). The original ADS consisted of fifty self-report items. Related to this, Wright's (1983) loss theory focuses on thoughts, beliefs, and emotions associated with having a disability.

Olkin (2017) studied the instrument, despite the broad and continued use of the ADS, and concluded that the ADS did not provide evidence of a systematic measure of the value shift process. In response to these criticisms and the initiative of the creator of the scale to update the language of disability to reflect socio-political and legislative changes, Sánchez et al. (2016) revised the original scale in an attempt to empirically encourage the reliability and validity of the acceptance of loss theory measurement of the scale, as well as to increase its relevance to people with disability.

Sánchez et al. (2016) discovered in their research that the number of ADS items could be decreased from fifty to thirty-two, while still retaining psychometric credibility. The phraseology of some items was updated to disclose terms compatible with wider disability problems, and not just those indicative of recovery programs. Their four subscales rated on a 4-point Likert score reflected four dimensions of adaptation to the impairment process. In previous studies (Chen et al., 2015; Jo et al., 2010), reliability values of .89 and .934 for the scale have been recorded. The creation and validation of the Self-Acceptance Scale for Persons with Early Blindness (SAS-EB) were undertaken by Morgado et al. (2014). The research participants were individuals with early-onset blindness. The self-acceptance scale included self-protection from social stigmas, feeling and trusting in one's ability, and acceptance of the body. The scale's internal reliability was moderate (range a=.69–.74). We adopt these dimensions to establish the Self-Acceptance Scale for Youth with Physical Disabilities (SAS-PD), as discussed below.

- The first transition, the broadening of the spectrum of values, occurs when the individual starts to understand the importance of the values he or she still holds. The need to control everyday life tasks and seek relief from sadness is also enhanced by recognition. People broaden the reach of their values when they can find meaning in events, retained skills, and goals.
- The second transition is the reversal of social stigma concerning a noticeable difference and physical impairment. For instance, following a lower-limb amputation, the individual might have a temporary or lifelong dependency on a walking aid or a wheelchair. There could be a social stigma associated with his or her physical impairment. Stigma

can be a significant barrier to community participation for people with disabilities. Stigmatizing disability behaviors can also impact interactions between individuals with physical disabilities and non-disabled individuals.
- The third change in the value system is to turn comparative-status values into asset (intrinsic) values. Comparative status values are formed when an individual compares a personal quality or skill to some standard. When something is evaluated on its inherent attributes, meaning, and usefulness, asset (intrinsic) values are formed. Instead of being compared to something or someone else, the emphasis is on the intrinsic quality of the item, skill, or entity being measured. Asset valuation causes the value of something that would usually be devalued to be appreciated instead. Comparative claims of status value are harmful to the acceptance process because they represent derogatory personal value assessments and can hurt self-worth and self-esteem.
- The fourth shift, disability containment, occurs when a person can contain the effects of the disability so that functioning structures are not affected. Although an impairment affects only one area of functioning, it can transcend its actual impact and damage other areas, such as the emotional and intellectual domains, unaffected physical capacity, and overall self-value. This overreaching effect of an impairment is called the spread effect, according to Dunn (Dunn, 2019). If impairment is viewed as a possession instead of a personal attribute, dissemination is less likely (Dunn, 2019). If the disability is viewed as a personal trait, the individual becomes a disabled person, and the trait disability becomes a single whole. As such, spreading is more likely to occur because emotions about the impairment are being lumped together as a personal trait that can impact other individual areas just as any other personal characteristic can. If the impairment, on the other hand, is seen as a property, the individual and the impairment are perceived differently; the disability is not central, but secondary, from this perspective. The user is not a person with an impairment, but a person with a disability.
- When an individual can look beyond physical imperfection and base self-worth on other abilities and values, the fifth shift, subordination of physique relative to other values, occurs. Physical appeal and integrity are highly regarded in our culture. If a person with a disability feels that certain physique qualities have been lost, their emphasis may

increase physical appearance and physical capacity. This physical over-focusing can lead to missing other important values such as friendship, intellect, work, and creativity (Chai et al., 2016). When a person broadens the spectrum of his or her value system, in addition to those related to physique, the focus on physique decreases, and self-worth starts to be decided by abilities and characteristics.

- Changes in family support are the sixth shift. Family members are a vital source of care and support for young people with disabilities in life. With encouragement and support from their families, they would not shy away from interacting with others in the community.

When people make the above improvements, they will be more tolerant of their impairment and will be able to work more adaptively. As it increases self-esteem and self-concept, acceptance is successful in increasing functioning. A strong link between impairment acceptance and self-esteem was found by Ferrin et al. (2011). These results, along with Tutuncu's (2017) study, show that the relationship between acceptance and self-esteem is bidirectional, i.e. increasing acceptance increases self-esteem and vice versa.

The way people with disabilities relate to and perceive others is also affected by acceptance. Meeks et al. (2018) found that there were more optimistic views towards those with disabilities and stronger self-conceptions towards people with quadriplegia who acknowledged their condition. Another research discovered a major association between disability recognition and overall social relationship satisfaction and improved self-esteem (Tutuncu, 2017).

It was found that young people with disabilities and who understand their disabilities can adjust and deal with their impairments better than those who do not (Dunn, 2019). Whether or not young people recognize their disabilities affect not just how they respond to functional disability but also their potential aspirations and motivation levels. Carl (2013) found that students who accepted their learning disabilities were more inspired than students who did not. Another research showed that people with dyslexia who acknowledged their diagnosis had higher educational targets than those who did not, although the two groups had a similar functional disability (Dunn, 2019). This study also showed that young people who acknowledged their diagnosis put more emphasis on problem-focused coping. While attempting to master challenging content, they were more likely to seek substantive assistance from others and were more likely to stress the importance of social support. This culminated in their being able to withstand the frustration of having to deal with constraints. Conversely, by avoiding exposure to deficits, and denying unpleasant feelings about one's disability, such a diagnosis-rejecting individual was likely to deny the reality that he or she has a disability.

Recognition of one's impairment has a significant effect on the future success of the youth. Studies have indicated that acceptance of one's disability results in one having higher self-esteem, stronger coping skills, higher expectations, and more motivation. The rewards of acceptance would enable young people with physical abilities to be more successful in their personal and academic lives. Unfortunately, there is scant research on such youth, especially in the Malaysian context.

MATERIAL AND METHODS

Participants

The study sample consisted of 247 respondents with physical disabilities. One hundred and thirty-six (71.3%) of them were male, and 71 (28.7%) were female. Before data collection, all participants stated their consent to participate in the study, either by signing an informed consent document or ticking 'I agree to take part in this study' on the online Google form. Sixty-one of them were aged between 20 and 30 years, 92 of them 31 to 40 years, 52 of them were 41 to 50 years, and 42 of them were above 51. Half of them completed their secondary school education (52.2%); while 37.2% had tertiary education (certificate, diploma, and Bachelor or Doctor of Philosophy degrees). A very small group (10.6%) had only primary school education.

Measures

A comprehensive literature review and a series of instrument development workshops were conducted to establish the Self-Acceptance Scale for People with Physical Disabilities (SAS-PD) in the Malaysian context, common items were used to assess the different domains of physical disability (Abeza et al., 2015). Accordingly, to establish content validity, Ramli et al., (2020), a team of experts also revised the items for face validation and translated them into Malay, taking into account the wordings of the items. In order to create the conceptualization of self-acceptance in physical disability and to assess language suitability, clarity, readability, beauty, accuracy, and logical sequence of items relating to the structure of the SAS-PD Malay edition, after the experts had reached agreement on the wording, a group discussion with the participation of four Malaysian people with physical disabilities. All respondents rated all items relevant to measure self-acceptance in physical disability. They also recommended to the experts the use of simple sentences and easy language.

A pilot test was carried out, with participation by 25 persons with physical disabilities to check on the experience of completing the survey and the reliability value of the instrument. The conducted pilot test resulted in positive feedback from the respondents on the ease of completing the questionnaire. The Cronbach's alpha value of the instrument was between .772 to .988. Therefore, the researchers decided to proceed with the same set of questionnaires for actual data collection. Conducted via two modes, the first mode was face to face data collection with physically disabled respondents, while the second mode was online, via a Google form as a study conducted by Ghoroghi et al. (2015).

Data Analysis

The IBM SPSS was used to process the data. Before conducting the statistical tests, an exploratory data analysis was carried out to identify missing values and outliers. The SAS-PD factor structure was determined by conducting item analysis and exploratory factor analysis (EFA). The Principal Components with Promax (oblique) rotation was conducted to identify the questionnaire's factor structure in order to establish the construct validity of the instrument (Sahranavard, & Hassan, 2015).

RESULTS AND DISCUSSION

Exploratory Factor Analysis

Assessment of the Suitability of the Data for Factor Analysis. Before conducting the exploratory factor analysis, an assessment was carried out to determine the suitability of the data for factor analysis. The sample size for this study was 247, a figure that was adequate for factor analysis. To check the sampling adequacy of the data for the exploratory factor analysis, Kaiser-Meyer-Olkin (KMO) and Bartlett Tests were conducted. The KMO statistic returns values between 0 to 1, with values closer to 1 indicating that patterns of correlation are relatively compact (Kline, 2016). The results in Table 1 show the KMO statistic for the 65 items was 0.930. According to Kaiser and Rise, KMO values 0.9 and above are excellent. In terms of commonalities, the obtained scores were higher than .3.

Factor Extraction

Factor extraction involves determining the smallest number of factors that can best represent the interrelations among the set of variables. The method used in the factor extraction is the principal component analysis (Keith et al., 2016). Meanwhile, three techniques were used in assisting in the decision concerning the number of factors to retain, namely, the Kaiser's criterion, scree test, and parallel analysis (Çokluk & Koçak, 2016; DeVellis, 2016). The parallel analysis scree plot (Figure 1) suggested six factors that explained 61.78% of the total variance.

Table 1

Result of sampling adequacy test by using Kaiser-Meyer-Olkin (KMO) and Bartlett's test

KMO and Bartlett's Test		
KMO Measure of Sampling		0.930
Adequacy	Approx. Chi-Square	14204.992
	df	2080
Bartlett's Test of Sphericity	Sig.	0.000

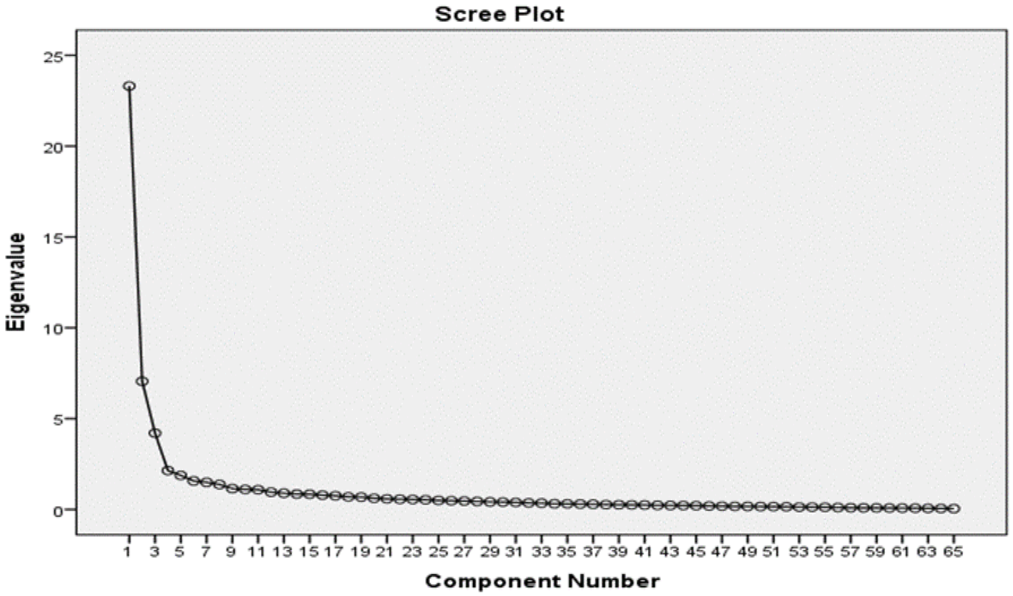

Figure 1. Scree plot

Factor Rotation and Interpretation

Once the number of factors had been determined, the next step was to interpret them. To support the process, the factors were rotated. Several approaches were carried out to determine the rotation that was the clearest and most amenable to interpretation. The best approach chosen was the oblique approach using the Promax method (Weaver & Maxwell, 2014). The results are shown in Table 2. The Pattern Matrix showed that fourteen items could be deleted; the final instrument contained six factors with 50 items. The items characterized these six factors, viz. "social stigma", "enlargement", "asset value", "containment of disability effect", "family support", and "body acceptance".

The social stigma factor had six items. Social stigma refers to the disabled person's ability to protect himself or herself from societal judgment. All items had a factor loading value of between .589 and .936. The item that scored the highest factor loading was "*I know my strength, even though other people don't*" while the item "*I do not feel annoyed by other people's remarks about my disability.*" had the lowest factor loading score for social stigma.

The enlargement factor had 10 items, and all these items belonged to the same factor as in the original scale (Groomes & Linkowski, 2007). Enlargement refers to the disabled person's feelings of adequacy, sufficiency, and competence. All the items had a factor loading ranging between .597 and .818. The item "*I feel capable despite certain limitations*" achieved the highest factor loading score. On the other hand, the items "*Now I am starting to inspire other*

Table 2

Factor loadings and Cronbach's alpha of final factors

Factor	Items	Factor Loading	α
Social Stigma (6 items)			.903
	I know my strength even though other people don't.	.936	
	I am not worried about how people see me.	.908	
	I am not worried about what other people feel about me.	.847	
	I am not worried about how people treat me.	.829	
	I am grateful because I know there are others out there whose conditions are worse than mine.	.677	
	I do not feel annoyed by other people's remarks about my disability.	.589	
Enlargement (10 items)			.941
	I feel capable despite certain limitations.	.818	
	I am now capable of doing many things despite certain limitations.	.811	
	There are many more essential things in life than physical abilities and appearance.	.783	
	There are many things that people with disabilities like me can do.	.783	
	Despite the disability, I am having a blessed life.	.776	
	I feel satisfied with my abilities.	.772	
	I will do the best in my life now.	.685	
	Now I am starting to help other newly disabled people.	.635	
	Sometimes I forget that I am a disabled person.	.630	
	Now I am starting to inspire other newly disabled people.	.597	

Table 2 *(Continued)*

Factor	Items	Factor Loading	α
Asset Value (11 items)			.859
	I became a better person after I am disabled.	.836	
	My life changed for the better after I became disabled	.829	
	No matter how hard I try, I will never be better than an able-bodied person.	.807	
	No matter what I achieve, I will not be as great as a non-disabled person.	.773	
	My disability limits many opportunities in my life.	.733	
	I cannot do as many things as a non-disabled person can.	.723	
	My physical disability is the worst thing that could happen to me.	.699	
	The life of non-disabled people is more meaningful than my life.	.686	
	I started looking for my strength after I became disabled.	.663	
	I cannot contribute much because I am disabled.	.601	
	Even though disabled people can excel, our lives are still not normal.	.574	
Containment of Disability Effect (10 items)			.889
	I feel restrained to be like my idol.	.799	
	I feel restrained to do what I want.	.783	
	I get frustrated when I cannot do the things that a non-disabled person can do.	.741	
	My disability hinders me from doing what I wish to do.	.727	
	My disability has negative impacts on my life.	.677	
	Due to my disability, various things in my life did not go as planned	.670	
	I feel messy due to my disability.	.661	

Table 2 *(Continued)*

Factor	Items	Factor Loading	α
	My disability is so annoying that I cannot enjoy my life.	.660	
	I can accept my condition.	.634	
	My life is meaningful even though I am disabled.	.610	
Family Support (9 items)			.970
	I am comfortable with daily conversations with my family.	.925	
	My relationship with my family members is good now.	.916	
	My family members believe in my ability.	.908	
	My family members make me aware of my strengths.	.899	
	My family members listen to my point of view.	.898	
	My family members encourage me.	.893	
	My family members take me along to functions so I can interact with others.	.876	
	My family members give me positive support.	.872	
	Now my family members are comfortable with my condition.	.809	
Body acceptance (4 items)			.905
	I appreciate my body condition now.	.815	
	I appreciate my appearance now.	.728	
	I take care of my appearance now.	.698	
	I know my good qualities.	.692	

newly disable people" and *"Sometimes I forget that I am a disabled person"* were the bottom two terms of factor loading score.

The asset value factor had 11 items, and they did not vary from the original scale. Asset value refers to the disabled person's feeling of self-worthiness in leading a quality life. Ten of these items had a factor loading score of .6 and above. The lowest loading score was recorded by the item "*Even though disabled people can excel, our lives are still not normal"* which yielded a score of .574.

The next factor was the containment of disability effects that had ten items. Containment of disability refers to the disabled person's ability to suppress the inability to achieve due to self-condition and external surroundings. The factor loading score of all these items was above .6, with the higher scores being obtained by the item "*I feel restrained to be like my idol"* and "*I feel restrained to do what I want".* On the other hand, the item that had the lowest score was "*My life is meaningful even though I am disabled".*

The next identified factor was family support. Family support refers to encouragement and motivation from the disabled person's family members. Originally this factor had nine items. After carrying out the exploratory factor analysis, the results showed that all items should be retained. The factor loading scores of these items ranged between .809 and .925.

The last factor identified in this study was body acceptance. Body acceptance refers to the disabled person's readiness to accept his or her physical self. A total of four items constituted this factor: "*I appreciate my body condition now*," "*I appreciate my appearance now*," *I take care of my appearance now*," and "*I know my good qualities*." The factor loading scores of these items ranged between .692-.815.

Next, a reliability analysis was carried out on all these items grouped under these six factors. The results yielded a score of .903 for social stigma, .941 (enlargement), .859 (asset value), .889 (containment of disability effect), .970 (family support) and .905 for body acceptance. It indicated that on all six variables, the range of Cronbach's alpha was between .859 and .970, indicating the instrument's soundness.

This study describes the development and validation of a Self-Acceptance Scale of youth with Physical Disabilities (SAS-PD) in Malaysia. The results show that SAS-PD is highly reliable and valid. Internal consistency supplements our understanding of reliability, and this measure lets researchers analyze the relationship between the six subscales to see whether they are related and complementary (Shek & Yu, 2014).

While the various subscales assess different aspects of self-acceptance of people with physical disabilities, this study suggests that the six subscales together offer a measure of the degree of self-acceptance or status of people with physical disabilities. The inter-rater reliability of the SAS-PD in Malaysia is excellent.

Using EFA, we identified six factors that were essential to the scale, viz. social stigma, enlargement, asset value, containment of disability effect, family support, and body acceptance. In this six-factor structure, we noted that 4 items had undesirably low factor loadings. They were "*I do not feel annoyed with other people's remarks about my disability.*" (social stigma), "*Now I am starting to inspire other newly disabled people*" (enlargement)

In summary, this study examined whether the previous subscales in the measurement of self-acceptance of disabilities (Chiu et al., 2013; da Rocha Morgado et al., 2014; Groomes & Linkowski, 2007) could be adapted to apply to those who are physically disabled in Malaysia. This is the first study to have identified family support as one of the subscales in measuring people's self-acceptance of physical disabilities. In line with the recommendation by Li et al. (2020) for the process of instrument development, in-depth interviews were conducted to collect relevant information.

CONCLUSION

This study provided important, comprehensive information for the assessment of self-acceptance of people with disabilities in Malaysia. The SAS-PD could be a useful assessment tool for teachers and family members to better understand physically disabled youths' self-acceptance and render the necessary assistance. Researchers and practitioners have identified a range of key success ingredients of a profession, a college, positive relationships, and opportunities to contribute to the community. These elements include involvement in inclusive education and other settings (Lavasani et al, 2015; Wehman, 2006), opportunities for leadership growth (Wehmeyer et al., 1998), mentoring, target design experience (Kim & Turnbull, 2004), being polite and maintaining positive social relationships. However, none of the previous efforts have included self-acceptance assessment interventions to understand the participants' profiles in transition programs. With the identification of such profiles, teachers and relevant stakeholders would be more sensitive to designing more effective transition programs for youth with disabilities. Besides, the scale could also be used to build the profiles of people with physical disabilities before they begin participating in any face to face or virtual training program (Abdul Wahat & Hamid, 2018).

LIMITATIONS

There are several limitations to this study. Although the development and validation of the SAS-PD appear to be psychometrically sound, it needs to be improved further. First, as data were taken only from urban areas, future studies could consider gathering data from rural folks in Malaysia. Differences in social status and environment could yield different results regarding the self-acceptance of youth with disabilities. Secondly, further effort should be made to adapt the self-acceptance scale to other disabilities such as visual impairment, hearing impairment, and intellectual disabilities. Different challenges are associated with different types of disabilities. Thus, there could be different contributory factors that impact the self-acceptance of youth with disabilities.

THE IMPLICATION OF THE STUDY CONCERNING COVID-19 PANDEMIC

As COVID-19 continues to spread at the time of writing, youth with physical disabilities may be at increased risk for complications. Schools, support services, and routine activities are also disrupted on an ongoing basis. Youth with disabilities would need even more care and attention at such times. If their disabilities are paired with a certain illness, both their physical as well as psychological well-being may be at risk. Following such circumstances, their self-acceptance may or may not be harmed.

Thus, future studies can explore the impact of COVID-19 on youth with disabilities so that better response strategies can be planned in aspects of ensuring that youths with physical disabilities are at their best conditions to access quality teaching-learning experience. The assessment of their self-acceptance landscape based on SAS-PD enables their parents and teachers to be aware of their mental state. The awareness and understanding of their levels of self-acceptance enable parents and teachers to be more strategic in planning appropriate teaching-learning approaches and accommodate their special needs to ensure the best schooling experiences. Youths with physical disabilities deserve as much educational privilege as their able-bodied peers.

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