Socio-Pedagogical Determinants of Social Acceptance of People with Disabilities

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ABSTRACT:

The social acceptance of people with disabilities is multidimensional and is often analyzed concerning various factors. Both external (demographic) factors, e.g. age, gender, place of residence, type of education or occupation, and internal factors (e.g. level of intelligence, self-esteem, sense of coherence) can be taken into consideration. The study presents the results of an analysis of the relationship between socio-demographic factors, characteristics of the family environment, social relations, contact with people who have disabilities, and the level of social acceptance of people with disabilities. The study uses the Disability Acceptance Scale, which consists of 27 statements and is a tool used to measure the level of acceptance of people with disabilities in three dimensions: (1) the acceptance of support given to people with disabilities; (2) the acceptance of inclusion of people with disabilities in the institutions of social life; (3) the acceptance of competences of people with disabilities to function in social roles. The study involved 313 people living in south-eastern Poland, including 156 women (49.84%) and 157 men (50.16%).The results of the research showed that regarding socio-demographic factors there are no statistically significant differences between the level of acceptance of people with disabilities depending on the gender of the respondent;, while differences are observed between different age groups and people living in different types of living environment. In the context of the family environment, the factors affecting the level of acceptance were the mother's education and the father's employment. Concerning social relations with people with disabilities, having a family member with a disability and having contact with a student with a disability at school were found to be significant factors affecting social acceptance.

Keywords: disability; family environment; social acceptance; social contacts; socio-demographic factors

INTRODUCTION

Attitudes of various social groups towards people with disabilities are a frequent subject of research. It is commonly believed that attitudes consist of three components: affective, cognitive and behavioural. Two opposing attitudes towards people with disabilities are most often mentioned in the literature: positive (acceptance) or negative (rejection). Attitudes are considered to be predictive of people's behaviour, mainly discriminatory behaviour (Ajzen & Fishbein, 2005). Acceptance is considered desirable, to a large extent conditioning real social inclusion and good relations between non-disabled and disabled people. Social psychology suggests that acceptance is probably one of the most important factors for people's well-being within a social context (DeWall & Bushman, 2011).

In the literature, acceptance functions in three forms: as self-acceptance, acceptance of others and the so-called „third wave" of behavioural and cognitive-behavioural approaches. Additionally self-regulation techniques or therapeutic activities based on acceptance. The variety of interpretations and definitions, the low level of specificity of the term and the range of overlapping components mean that despite many attempts to define, operationalise and measure acceptance, the literature highlights the insufficiency of a sufficiently comprehensive and systematic framework for understanding the broader multifaceted construct of acceptance (Williams & JanLynn, 2010). This report focuses on the acceptance of others as a phenomenon analysed by social psychology, and also present as pedagogical or sociological research. Acceptance of others can be understood as an individual's acceptance of group norms in the form of conformity to them, adherence to them, identification with them and internalisation (Cialdini & Goldstein, 2004), while acceptance „by others" refers to the consequences of being or not being accepted by others, e.g. acceptance of children by parents, acceptance of youth by peers, or social acceptance of people with disabilities (Willialms & JayLynn, 2010).

The purpose of the study is to examine the relationship between socio-demographic factors, characteristics of the family environment, social relations with people with disabilities, and the level of social acceptance of people with disabilities.

Social acceptance and its factors

Researchers studying the social acceptance of people with disabilities are more likely to use approaches that operationalise the phenomenon rather than theoretical definitions. They emphasise that the degree of social inclusion can be measured by the quantity and quality of social interaction between people with disabilities and other members of the community or group (Vornholt, Uitdewilligen & Nijhuis, 2013). Defining the phenomenon of acceptance in terms of attitudes is rooted in The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Vornholt, Uitdewilligen & Nijhuis, 2013), which explains the relationship between attitudes, intentions and behaviour. This theory suggests that we can predict an individual's behaviour through attitudes towards that behaviour, as well as the person's expectations of other people's reactions during the behaviour in question. According to this theory, acceptance can be understood as a consequence of attitudes towards people with disabilities. In traditional social psychology, attitudes have cognitive, emotional and behavioural dimensions. Applying the concept of acceptance to people with disabilities, cognitive acceptance refers to thoughts and ideas about them and a high level of acceptance means perceiving them as full members of a group, understanding the specifics of their disability (including their disorders or impairments) and appreciating their competence and value in action. Emotional acceptance, on the other hand, will concern feelings and emotions and a high level of acceptance will mean not being reserved towards people with disabilities and not having negative feelings when interacting with them or thinking about them. Behavioural acceptance concerns all behaviours and reactions towards people with disabilities. With a high level of acceptance, a person with disabilities is highly integrated with society and has access to all communal activities (e.g. educational or vocational). All these aspects together create a concept of social acceptance in which a person with a disability is treated as a full member of the community and disability is considered as one of the characteristics of diversity and not as an exclusionary or stigmatising characteristic (Kazanowski & Żyta, 2020). Social acceptance is a prerequisite for the development of close relationships, for social inclusion and also for the weakening of negative stereotypes about people with disabilities. Besides, it is an essential condition for creating a climate of integration that goes beyond mere physical accessibility (Devine, 2004).

Socio-demographic factors
(gender, place of residence, age)
and attitudes towards people with disability

The attitudes to people with disability are influenced by demographic variables such as age, gender, nationality, marital status, educational level, socioeconomic status, place

of residence (such as rural versus urban), and experience with disability (Tervo 2004; Barr & Bracchitta, 2012).

Gender and age are among the most frequently analysed socio-demographic factors in research on attitudes including social acceptance of people with disabilities. There are several reports confirming that women's attitudes towards people with disabilities are more positive than those of men (Bossaert et al., 2011; Siperstein, Parker, Bardon, & Widaman, 2007), other reports state that gender does not influence attitudes towards disability (Tervo 2004).

The relationship between attitudes towards disabled people and age is sometimes considered unclear (Nowicki 2006; Barr & Bracchitta, 2012). Favourable attitudes increase from early childhood to adolescence, decrease in late adolescence and increase again in young adulthood and late adolescence, and then increase again in young adulthood to late adulthood (Harper & Peterson, 2001).

One of the elements influencing the attitudes towards people with disabilities and the level of their acceptance is the place of residence. The place of residence varies in terms of the degree of homogeneity of the inhabitants, the level of urbanisation and industrialisation, and the size of the community (Chodkowska & Kazanowski, 2019). In the classical view, urban areas foster more cosmopolitan and progressive views, more tolerant attitudes towards minority and commonly marginalised groups (Carter, Carter & Corra, 2016). At the same time, secondary rather than primary relationships, of a more impersonal nature, predominate here. In the rural environment, by contrast, residents are less anonymous and more exposed to the judgments of others. Both non-standard behaviour and appearance may meet with less tolerance in the countryside (Carter et al., 2016; Dudak, 2019). The distinction between rural and urban environments appears important in certain cultural contexts (Magiati, Dockrell & Logotheti, 2002). The level of social acceptance of people with disabilities among people living in big cities is usually higher than among people living in rural areas or small towns and reaches a significantly higher level of support for their participation in society (Carter et al., 2016; Chen et al., 2011; Chodkowska & Kazanowski, 2019). On the other hand, other studies report more positive attitudes towards students with disabilities among children living in rural environments (Gash & Coffey 1995; Magiati et al., 2002). This may suggest that, in addition to place of residence (number of inhabitants living in a given place, type of relations prevailing in a given environment, access to public facilities), the cultural context plays an important role.

Family environment and attitudes towards people with disabilities

The person's cultural and family background has a significant impact on attitudes toward people with disabilities. An important source of knowledge and the first agent of socialization is the family. Family can greatly influence the beliefs that someone holds, especially if they have never been exposed to a different perspective (Dalege & Degner, 2013). Children are shaped by their parents' values from an early age. Social learning theory suggests that parents serve as important models for children's behaviors and beliefs and that children begin to develop certain ideals based on what they are exposed to at home. Even when children enter school, their values and beliefs are more influenced by their parents than by their peers (Castelli, Tomelleri & Zogmaister, 2009). Children's feelings about people with disabilities and their behavioural intentions regarding inclusion decisions are related to how their parents perceive people with disabilities (Castelli et al., 2007). However, Hong et al. (2014) found that children may be influenced by parental attitudes towards people with disabilities only when the attitudes are explicitly expressed and modeled or when the children are told about the topic by their parents.

Social contacts and relations in the context of attitudes towards disabilities

Contact remains a very important variable in examining the relationships between people with and without disabilities (Barr & Bracchitta, 2012). Pettigrew and Tropp (2006) conducted a meta-analysis of over 500 studies relating to Gordon Allport's 1954 theory of inter-group contact, which emphasizes that personal contact improves attitudes towards negatively stereotyped groups. Optimal conditions during contact are important: personal interaction and cooperation that discourage stereotyping and promote equal status. The authors of a meta-analysis (of studies involving many groups, not only disabled groups) confirmed that contact alone is sufficient to improve attitudes towards group members.

More frequent contacts influence more favorable attitudes towards people with disabilities in adults (Seo & Chen, 2009), adolescents (McDougall et al., 2004), and children (Kalyva & Agaliotis, 2009). McManus et al. (2010) reported that better quality of contact influences positive attitudes towards people with disabilities, whereas more contact and greater knowledge about disability are not related to positive attitudes. Barr and Bracchitta (2012) reported that the type of relationship an indivi-

dual has with a person with a disability is related to positive attitudes to a greater extent than contact with such people. In addition to this, Barr and Braschitta (2015) found that mere contact with people with disabilities is not necessarily associated with positive attitudes. The type of disability a person comes into contact with appears to be a better predictor of positive attitudes. While greater contact with people disabilities may allow others to gain a more accurate picture and understanding of people with disabilities, contact with certain types of disabilities may provide unique information about the disability that is not readily apparent through ordinary contact.

METHODOLOGY

The aim of our research is cognitive and is to determine the level of social acceptance of people with disabilities due to socio-demographic factors; characteristics of the family environment and social relations with people with disabilities

The designed diagnostic will allow us to assess the variation in the level of acceptance studied (dependent variable) in the context of the set of independent variables that make up the characteristics of the group studied. We omitted to take into account the type of disability (although such data was collected) and other more specific aspects related to the contact itself. We decided to limit ourselves to a very general analysis with the conviction that this would be conducive to forming more universal conclusions about overcoming the problems observed. The main aspect of the research was formulated in the form of the question: What factors influence the intensity of social acceptance of people with disabilities expressed in the acceptance of the support given to them, in the support of their participation in social life, and in the recognition of the competencies required to perform social roles? Additionally, three specific questions were constructed:

1. How do demographic and social factors that characterize the study participants, i.e. gender, age, and place of residence, affect the social acceptance of people with disabilities?
2. How do family factors, i.e. parents' education, the structure of the family environment, and the presence of unemployment in the family affect the social acceptance of people with disabilities?

3. How do relations with people with disabilities in the family, school, and local environment affect the social acceptance of people with disabilities?

Our study is exploratory and descriptive in nature. This type of study does not require hypotheses.

INSTRUMENTS

In the research, we used the diagnostic survey method and the questionnaire technique. We collected material for quantitative analysis aimed at achieving the planned goal. The survey questionnaire consisted of three parts: 1) the Acceptance of Persons with Disabilities Scale, 2) the Social Approval Questionnaire (KAS) and 3) Information about the people participating in the study. The Disability Acceptance Scale allows for the collection of research material which can then be analysed in three areas: 1- acceptance of the support provided to people with disabilities, 2 - acceptance of the inclusion of people with disabilities in institutions of social life and 3 - the expression of acceptance of the competence of people with disabilities to function in social roles.

The Social Approval Scale was used as a tool to monitor the level of social approval. As noted by J. J. Shaughnessy, E. B. Zechmeister and J. S. Zechmeister (2002, p. 182), „the quest for social approval may cause respondents not to answer truthfully, but according to an idea of what they should answer". The research of B. Weigl confirmed that „secondary school students display less stereotypical perception and less overt prejudice (which, however, is significantly correlated with the need for social approval: the greater the need for approval, the more favourable the image of others)." (Weigl, 1999, p. 140). By controlling for the level of social approval, a serious source of distortion of the obtained research results can be avoided. Finally, after taking into account the KAS criterion (subjects with scores below 7 and above 21), the results of 41 subjects were rejected.

PARTICIPANTS

There were 313 participants in the study, including 156 (49.84%) women and 157 (50.16%) men. The mean age of the participants was 35.76 years. Detailed characteristics of people participating in the study are presented in Table 1.

Table 1.

The Characteristics of the Study Groups

Variable	N	%
SEX OF THE RESPONDENTS		
Female	156	49.84
Male	157	50.16
AGE OF THE RESPONDENTS		
16 - 18 y.o	97	30.99
31 - 40 y.o	107	35.14
Pow. 50 y.o	106	33.87
PLACE OF RESIDENCE		
Rural	116	37.06
Town	93	29.71
City	104	33.23
MOTHER'S EDUCATION		
Primary education	45	14.38
Vocational education	96	30.67
Secondary education	108	34.50
Higher education	64	20.45
FATHER'S EDUCATION		
Primary education	50	15.97
Vocational education	126	40.26
Secondary education	81	25.88
Higher education	51	16.29
No answer	5	1.60
MOTHER'S EMPLOYMENT *		
Unemployed	109	34.82
Employed	142	45.37
No answer	62	19.81
FATHER'S EMPLOYMENT*		
Unemployed	66	21.09
Employed	179	57.19
No answer	68	21.72
STRUCTURE OF THE FAMILY ENVIRONMENT **		
Two-parent family	279	87.14
Single-parent family	34	10.86
SIBLINGS		
Yes	247	78.91
No	66	21.09
PERSONS WITH DISABILITIES IN FAMILY		
Yes	45	14.38
No	267	85.30
No answer	1	0.32

Variable	N	%
INTERACTION WITH PUPILS WITH DISABILITIES IN PRIMARY SCHOOL		
Yes	34	10.86
No	269	85.94
No answer	10	3.20
INTERACTION WITH PUPILS WITH DISABILITIES IN LOWER SECONDARY SCHOOL		
Yes	20	6.39
No	249	79.55
No answer	44	14.06
INTERACTION WITH STUDENTS WITH DISABILITIES IN SECONDARY SCHOOL		
Yes	24	7.67
No	285	91.05
No answer	4	1.28
CONTACT WITH PEOPLE WITH DISABILITIES IN THE LOCAL COMMUNITY		
Yes	68	21.73
No	244	77.95
No answer	1	0.

* for the second and third age groups, it is the period during the developmental age
** in the case of the second and third age group, it is the family of origin in which the respondents were brought up at the developmental age
Source: Authors' own study.

PROCEDURE

Probabilistic stratified sampling was applied. The research covered adolescents attending general secondary schools in the south-east of Poland. The sampling frame was a list of general secondary schools located in rural areas, in towns, and cities. On this basis, nine schools were selected - three representing each community (proportional variant). As a result of contacting the schools and obtaining appropriate permissions (from the school management and parents' councils), meetings with the youth selected for the research were held on the school premises during tutor training hours. During the meetings organised in selected classes at school, students were asked to take part in the research, and each of them was given three copies of the questionnaire (one for a student and two for other adults living together) to complete at home. Respondents answered the questionnaires on their own. Respondents were given three days to return the questionnaires they had completed.

The statistical analysis comprises descriptive statistics (means and standard deviations) and inferential statistics (F-test, Z-test, and Kruskal-Wallis test).

Table 2.   **The results of the analysis of social acceptance of people with disabilities considering socio-demographic variables**

SEX	Female		Male		F	p
	M1	SD1	M2	SD2		
Factor 1	3,59	0,68	3,53	0,56	1,234	0,190
Factor 2	3,99	0,71	3,98	0,69	1,055	0,741
Factor 3	3,28	0,62	3,32	0,58	1,144	0,402
AGE	**16-18 y.o (1)**		**31-40 y.o (2)**		**>50 y.o (3)**		**F**	**p**
	M1	SD1	M2	SD2	M3	SD3		
Factor 1	3,44	0,56	3,54	0,64	3,69	0,54	4,607	0,0111
Factor 2	3,87	0,77	4,09	0,66	3,98	0,66	2,504	0,083
Factor 3	3,16	0,56	3,37	0,57	3,36	0,65	4,118	0,0172
PLACE OF RESIDENCE	**Rural (1)**		**Town (2)**		**City (3)**		**F**	**p**
	M1	SD1	M2	SD2	M3	SD3		
Factor 1	3,52	0,56	3,53	0,50	3,63	0,68	1,060	0,348
Factor 2	3,95	0,68	3,88	0,75	4,12	0,65	3,170	0,0433
Factor 3	3,26	0,55	3,27	0,61	3,37	0,65	1,076	0,342

Factor 1: Accepting the support to be provided to people with disabilities
Factor 2: acceptance of the inclusion of people with disabilities in society' institutions
Factor 3: Acceptance of the competences of people with disabilities to functioning in social roles
[1]Statistically significant differences as determined by Tukey's RIR test among groups 1/3 (p = 0.007);
[2]Statistically significant differences as determined by Tukey's RIR test among groups 1/2 (p = 0.027) and 1/3 (p = 0.039).
[3]Statistically significant differences as determined by Tukey's RIR test among groups 2/3 (p = 0.039)
Source: Authors' own study.

RESULTS

The analysis of social acceptance of persons with disabilities was conducted in the context of demographic and social variables describing persons participating in the research. The importance of gender in differentiating interpersonal attitudes, including those relating to people with disabilities, justifies the assumption that this factor may also prove significant in measuring acceptance concerning people with disabilities (Table 2).

No statistically significant differences were confirmed between male and female respondents in the area of social acceptance of persons with disabilities. The greatest difference between male and female respondents occurred in the area of acceptance of support provided to people with disabilities (factor 1). Both male and female respondents showed the highest intensity of acceptance concerning the inclusion of persons with disabilities in institutions of social life (M=3.99 and M=3.98; factor 2), while the lowest intensity of acceptance was associated with their recognition of the competence of persons with disabilities to function in social roles (factor 3).

Another demographic variable analyzed was the age of the respondents. The analysis conducted in this respect revealed statistically significant differences between the examined age groups in two areas of acceptance of persons with disabilities: acceptance of support provided to persons with disabilities and acceptance of the competence of persons with disabilities to function in social roles. The lowest level of acceptance is found in the group of people aged 16 - 18 years. These people declare a significantly lower level of acceptance of providing support to people with disabilities (as compared to people over 50) as well as acceptance of their competencies to function in social roles (as compared to the oldest as well as the middle age group). In all age groups, the greatest acceptance is shown for including people with disabilities in social institutions (factor 2: M1 = 3.87; M2 = 4.09 and M3 = 3.98), and the least acceptance is shown for the belief that people with disabilities are competent to function in social roles (factor 3: M1 = 3.16; M2 = 3.37 and M3 = 3.36).

A comparison was also made between the respondents' declared intensity of acceptance relating to people

Table 3.   **Results of the analysis of social acceptance of persons
with disabilities depending on the parents' education**

EDUCATION	Primary (1)		Vocational (2)		Secondary (3)		Higher (4)		Kruskal-Wallis Test
	M	SD	M	SD	M	SD	M	SD	
Mother									
Factor 1	3,52	0,52	3,68	0,53	3,48	0,61	3,54	0,65	H (3, 313) = 8,499, p = 0,0371
Factor 2	3,99	0,67	3,93	0,66	4,00	0,77	4,07	0,66	H (3, 313) = 1,870, p = 0,600
Factor 3	3,23	0,49	3,36	0,57	3,26	0,66	3,33	0,64	H (3, 313) = 1,578, p = 0,664
Father									
Factor 1	3,69	0,49	3,59	0,56	3,55	0,59	3,36	0,70	H (3, 308) = 5,556, p = 0,135
Factor 2	3,99	0,56	4,02	0,71	3,89	0,79	4,00	0,66	H (3, 308) = 1,052, p = 0,789
Factor 3	3,30	0,58	3,31	0,57	3,23	0,70	3,36	0,56	H (3, 308) = 1,022, p = 0,796

[1]Statistically significant differences as determined by Tukey's RIR test among groups 2/3 (p = 0.043).
Source: Authors' own study.

with disabilities and their place of residence. There is a statistically significant difference in the acceptance of the inclusion of people with disabilities in institutions of social life between people who live in small towns and those who live in larger cities (p=0.039). It is worth stressing that people living in small towns are less accepting of the inclusion of people with disabilities in institutions of social life (M=3.88). It is also worth stressing that in all selected groups, the lowest results refer to the assessment of the readiness of persons with disabilities to perform social roles and the highest to the acceptance of the inclusion of persons with disabilities in institutions of social life. It can also be noted that respondents living in cities declare a higher general level of acceptance of people with disabilities (M=3.71) than respondents living in towns (M=3.56) or in rural areas (M=3.58). On the other hand, if people living in cities and towns were to be combined into one group, it would transpire that the general level of acceptance of people with disabilities among respondents living in urban areas (M=3.63) is higher than among respondents living in rural areas (M=3.58).

The second part of the analysis focused on factors characterizing the family environment of people participating in the research. The education of the parents, the presence of unemployment among the parents, the structure of the family environment, and having siblings were considered important for the intensity of social acceptance towards people with disabilities.

A comparison of the intensity of social acceptance of people with disabilities according to the father's education did not show statistically significant differences. However, when the intensity of acceptance was analyzed in relation to the mother's education, it was observed that it can differentiate declarations of willingness to support

Table 4.   **Results of the analysis of social acceptance of persons
with disabilities according to parents' employment**

Employment	Does not work		Work		F	p
	M1	SD1	M2	SD2		
Mother						
Factor 1	3,66	0,57	3,48	0,60	1,095	0,621
Factor 2	4,05	0,72	3,92	0,73	1,034	0,860
Factor 3	3,34	0,63	3,28	0,57	1,200	0,309
Father						
Factor 1	3,71	0,65	3,50	0,57	2,710	0,007
Factor 2	4,01	0,74	3,98	0,73	0,404	0,686
Factor 3	3,37	0,68	3,28	0,56	1,249	0,212

Source: Authors' own study.

Table 5.   **Results of the analysis of social acceptance of persons with disabilities by structure of the family environment**

PARENTS	Two-parent family		Single-parent family		Z	p
	M1	SD1	M2	SD2		
Factor 1	3,55	0,58	3,64	0,66	-1,062	0,288
Factor 2	3,97	0,70	4,10	0,64	-1,071	0,284
Factor 3	3,30	0,62	3,28	0,51	-0,002	0,998
SIBLINGS	Yes		No		Z	p
	M1	SD1	M2	SD2		
Factor 1	3,56	0,55	3,55	0,72	0,462	0,644
Factor 2	4,00	0,69	3,95	0,71	-0,572	0,567
Factor 3	3,32	0,58	3,22	0,70	-0,664	0,507

Source: Authors' own study.

people with disabilities ($H (3, 313) = 8.499$, $p = 0.037$). At the same time, it was noted that in this area, mothers with secondary education scored significantly lower than mothers with vocational education ($p = 0.043$).

The presence of unemployment among parents also did not obtain the status of a significant factor differentiating social acceptance towards people with disabilities.

Significant differences were found when considering the employment of fathers. People who declared a significantly higher intensity of acceptance in the area of support provided to people with disabilities were those whose fathers did not work ($p=0.007$). It is also noteworthy that the average intensity of acceptance was in all examined areas higher in the case of people whose parents had problems with employment.

In this part of the research, we were also interested in the structure of the family environment of the participants of the study (as a place of the implementation of upbringing functions, including the transmission of values and shaping of attitudes), as well as having siblings.

Growing up in a complete (two-parent family) or incomplete (single-parent) family structure does not statistically significantly differentiate respondents' acceptance of people with disabilities. Both persons brought up in two-parent families and persons from families without both parents declared the highest level of acceptance concerning the inclusion of persons with disabilities in institutions of social life and the lowest level of acceptance about the competence of persons with disabilities to function in social roles. In two di-

mensions (factor 1 and factor 2), mean scores expressing acceptance of persons with disabilities are higher among persons brought up in single-parent families and one dimension (factor 3) among persons brought up in families with both parents.

On the other hand, taking into consideration the possibility of the respondents' interaction with their siblings (having siblings), it was found that the respondents with siblings achieved higher average intensities of acceptance towards people with disabilities compared to the respondents - only children, but these differences were not statistically significant. As in previous analyses, the highest intensity of acceptance of both siblings and singles concerned the inclusion of persons with disabilities in institutions of social life and the lowest intensity concerned the acceptance of the competencies of persons with disabilities to function in social roles.

The last part of the analysis focused on relations with people with disabilities. It was attempted to determine their importance in differentiating the intensity of social acceptance towards people with disabilities.

The data in Table 6 shows that having a person with a disability in the family may be important for the acceptance of the inclusion of people with disabilities in institutions of social life (factor 2). Differences between the mean scores obtained by the respondents differ in this area at a statistically significant level ($p=0.003$). The comparison of mean results also shows that respondents who have a person with disabilities in their family are characterized by higher acceptance intensity than people who do not have such circumstances.

Table 6.   **Results of the analysis of social acceptance of persons with disabilities in relation to interactions with such persons**

PLACE OF CONTACTS	Contacts with PWD		No contacts with PWD		z	p
	M1	SD1	M2	SD2		
FAMILY						
Factor 1	3,62	0,60	3,54	0,58	-1,136	0,256
Factor 2	4,27	0,65	3,94	0,70	-2,984	0,003
Factor 3	3,31	0,67	3,30	0,59	-0,412	0,681
PRIMARY SCHOOL						
Factor 1	3,37	0,62	3,57	0,59	2,053	0,040
Factor 2	4,03	0,69	3,96	0,70	-0,705	0,481
Factor 3	3,20	0,58	3,31	0,61	0,968	0,333
LOWER SECONDARY SCHOOL						
Factor 1	3,30	0,70	3,58	0,58	1,979	0,048
Factor 2	3,94	1,06	3,90	0,66	-0,951	0,342
Factor 3	3,37	0,47	3,27	0,60	-0,813	0,416
SECONDARY SCHOOL						
Factor 1	3,63	0,55	3,55	0,59	-1,010	0,312
Factor 2	4,37	0,32	3,95	0,71	-2,878	0,004
Factor 3	3,48	0,51	3,29	0,61	-1,813	0,070
LOCAL COMMUNITY						
Factor 1	3,56	0,61	3,56	0,58	-0,185	0,853
Factor 2	4,09	0,67	3,96	0,70	-1,606	0,108
Factor 3	3,31	0,62	3,30	0,60	-0,354	0,723

PWD – persons with disabilities
Source: Authors' own study.

Analysing data concerning contacts in the school education period, it can be observed that there is a statistically significant difference in the acceptance of support given to persons with disabilities (factor 1) between persons who had contact with disabled peers in primary school and those who did not experience such support in that period (p=0.040). It is particularly noteworthy that it is the latter group that is more accepting of providing support to people with disabilities.

The inclusion in the analysis of contact with peers with disabilities in the period of attendance at lower secondary school was also a source of significant variation in the research results.

It has been found that these contacts can be a factor reducing the level of acceptance of the support given to people with disabilities (factor 1; p = 0.048).

Table 6 also includes an analysis of the significance of the occurrence of contacts of the respondents with disa-

bled peers in secondary school. In this aspect, a statistically significant difference occurred with the acceptance of the inclusion of people with disabilities in institutions of social life (factor 2). It is noteworthy that this time a higher level of acceptance was obtained by those who had relations with disabled peers in secondary school (p=0.004). The high value of the mean suggests that in the analyzed group of respondents there were clearly more people who did not have any doubts that people with disabilities should actively participate in social life and use all forms of such participation available to all citizens.

The research showed that most contacts of people surveyed with people with disabilities concerned the local environment. Although they referred to only 21.73% of respondents, in comparison with, for example, interactions in the school environment, they were 2-3 times more frequent. When analyzing the diversity of the intensity of acceptance towards people with disabilities, ta-

Table 7.   **Results of the analysis of acceptance of people with disabilities considering contacts with people with disabilities in any environment (family, school or community)**

ENVIRONMENT	Contacts with PWD in any environment		No contacts with PWD in any environment		Z	p
	M1	SD1	M2	SD2		
Factor 1	3,55	0,62	3,56	0,564	-0,235	0,814
Factor 2	4,10	0,70	3,91	0,690	-2,740	0,006
Factor 3	3,31	0,60	3,29	0,608	-0,489	0,625

Source: Authors' own study.

king into consideration the factor of local contacts, no statistically significant differences were found. Finally, the analysis of acceptance towards people with disabilities was conducted without specifying the place (Table 7).

Experiencing relationships with people who have disabilities, therefore, appeared to be of greatest importance in the area of acceptance for the inclusion of people with disabilities in institutions of social life (factor 2). People who had interactions with people with disabilities showed a significantly higher intensity of acceptance in this area compared to people who did not have such experiences (p=0.006).

DISCUSSION AND CONCLUSIONS

The results of the research showed that socio-demographic factors, characteristics of the family environment, and contacts with people with disabilities can influence the intensity of the level of acceptance towards these people.

When analyzing socio-demographic factors, the importance of age and place of residence was found. Particularly worrying is the low intensity of acceptance declared by the youngest age group (people aged 16 - 18), which may result from personal experience of contact. Younger people tend to have less interpersonal experience compared to older people and their experience of contact with people with disabilities is less frequent and less diverse. This result is in line with the findings of A. J. Murch, T. Choudhury, M. Wilson, E. Collerton, M. Patel, and K. Scior (2018, p.782) who believe that this may be due to older people's increasing social tolerance and their higher education.

Exploring the meaning of age as an explanation for the existing differences in social acceptance of people

with disabilities should therefore always take into account additional variables (e.g. it cannot omit the analysis of contacts with such people). The same is true when taking into account the place of residence. Here, too, differences can be explained by the density of interpersonal relations, their diversity, and greater accessibility in the case of inhabitants of large cities. In conclusion, the demographic factors of particular importance to be taken into account in measuring the acceptance of people with disabilities are age and place of residence. Gender, on the contrary, tends to disappear as a criterion clearly indicating more positive reactions of women to disability compared to men (Murch, Choudhury, Wilson, Collerton, Patel & Scior, 2018, p.782).

In the analysis of the factors characterizing the family environment of the research participants, two deserve attention: 1) mother's education (mothers with vocational education declared higher intensity of acceptance of people with disabilities than mothers with secondary education) and 2) father's employment (unemployed fathers declared higher intensity of acceptance of people with disabilities than working fathers). The result of the study relating to education requires further explanation. We are far from claiming that a lower level of education is conducive to the acceptance of people with disabilities, since, as our research indicates, it would be more correct to acknowledge the insignificance of this variable and to emphasize that high intensity of social acceptance is available to people with both low and high levels of education. On the contrary, concerning the difficulty of finding a job, as a variable supporting a higher intensity of acceptance of people with disabilities, we should consider giving it a broader meaning, as a factor favoring solidarity with other people in a difficult professional situation, which are undoubtedly also people with disabilities in the labor market. A study by D. W. Wong et al. (2004, p. 201) found that students felt more comfortable interacting

with people they perceived as more like themselves. This result confirms one of the conditions for successful contact, which speaks of equal statuses between groups that meet (Connolly, 2000, p. 172).

The final part of the analysis focused on contact with people who have disabilities. Although a study by Douglas C. Strohmer, Sheldon A. Grand, and Michael J. Purcell (1984, p. 142) found that the degree of contact with people with disabilities is the most important factor associated with more favorable attitudes, the results of other studies in this area do not allow for clear conclusions (Scior, 2011, p. 2177 - 2178). Although contacts are considered as a factor that allows the formation of all components of overt attitudes (Hein, Grumm & Fingerle, 2011, p. 518). However, as Douglas C. Strohmer, Sheldon A. Grand, and Michael J. Purcell (1984, p. 143) state, a satisfactory explanation in this regard is still lacking. „For example, Antonak (1980) reports that intensity of contact with the disabled accounted for only 4% of the variance in scores on the Attitudes Toward Disabled Persons Scale, Form O" (Strohmer, Grand, & Purcell, 1984, p. 143). Our results confirm the need to look for other predictor variables and the multi-dimensionality of the phenomenon of social acceptance of people with disabilities.

It has been shown that low levels of acceptance are also to be expected among people who have encountered students with disabilities during their education. Gary N. Siperstein, Jennifer Norins, and Amanda Mohler (2007, p. 136), present findings from several studies conducted in different historical periods (Goodman et al., 1972; Brewer & Smith, 1989; Manetti, Schneider & Siperstein, 2001; Stager & Young, 1981) which confirm that the more contact primary school students have with peers with intellectual disabilities, the more negative their attitudes become and that the inclusion of students with intellectual disabilities in mainstream classrooms does not foster more positive attitudes or greater social acceptance.

At this point, it is also worth recalling the research of Barnes (1990) who noted that people with disabilities consistently experience a lack of social acceptance in the work environment (Devine & Lashua, 2002, p. 67). Thus, it can be concluded that experiencing contact with people with disabilities is a variable that may be important in generating cross-group differences, but creating characteristics of such contact that would foster higher

levels of acceptance requires more detailed research. For research to assist in the development of specific strategies at the level of interaction, there needs to be a significant change in the methods used in the researching of interpersonal contacts and, taking into account all the conditions derived from the theory of inter-group contact. As P. Connolly (2000, p. 190) notes, without a more grounded, qualitative analysis to explore how particular patterns of contact have been experienced, and thus to explore the meanings and motivations behind participants' actions, it is very difficult to adequately assess the impact and effectiveness of these conditions. This includes the informal context of establishing personal relationships between non-disabled people and people with disabilities as a factor in encouraging acceptance (McKittrick, 1980 after Devine & Lashua, 2002, p. 67).

Taking into account the three dimensions of the studied phenomenon and the existence of statistically significant differences in inter-group comparisons, it can be concluded that:

1. the highest level of acceptance in all sets occurred concerning the inclusion of people with disabilities in institutions of social life;

2. the lowest level of acceptance in all sets was concerning the recognition of competencies of people with disabilities to function in social roles;

3. the following factors were particularly important in differentiating the intensity of acceptance for the support provided to people with disabilities:
   (a) experiencing contacts with a person with a disability while attending secondary school,
   b) experiencing contacts with a person with a disability while attending primary school,
   c) work (employment) of the father,
   (d) mother's education,
   (e) age ;

4. The following factors were particularly important in differentiating the intensity of acceptance for the inclusion of people with disabilities in institutions of social life:
   (a) experiencing contact with a person with disabilities while attending secondary school,
   b) Experience of contact with a person with a disability in the family,
   c) place of residence.

Age was particularly important in differentiating the intensity of acceptance for the competence of persons with disabilities to function in social roles.

This statement suggests that treating social acceptance as a multidimensional phenomenon provides an opportunity to uncover detailed conditions related to its structure and that interventions towards developing acceptance may prove more effective when they take into account its individual profile.

It would therefore be interesting to investigate further whether awareness of the problems accompanying the work of people with disabilities would be conducive to their acceptance concerning the provision of support, or how different forms of relationships with people with disabilities are conducive to their acceptance of participation in social life. As noted by O'Brien (1987), this participation should not be purely formal, because even when people with disabilities are physically included in the community, this is often accompanied by a lack of social acceptance. Limitations in acceptance, make the active participation of people with disabilities in community life inhibited (Safilios-Rothschild, 1970) (after: Devine & Dattilo, 2001, pp. 319-320).

The greatest challenge, however, in the context of the results obtained, would be to convince society that people with disabilities can achieve such a high level of preparation for fulfilling social roles that their performance will be neither threatened nor marked by the stigma of disability.

LIMITATIONS

A number of caveats need to be noted regarding the present study. Firstly, the study highlighted contacts with people with disabilities but did not produce conclusive results in this respect. The respondents' experiences of contact with people with disabilities should be further explored, taking into consideration different aspects such as quality and intensity. Secondly, the study used the general category of „disability", which makes it impossible to relate the results precisely to any specific type of disability. Thirdly, taking into consideration the size and scope of the sample, the results of the study should be treated as a proposal for a set of factors determining the acceptance of people with disabilities and constitute a starting point for more in-depth exploration.

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