

CHALLENGES AND COPING STRATEGIES OF VISUALLY IMPAIRED ADULTS IN ZEERUST, SOUTH AFRICA

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ABSTRACT

Despite efforts to reduce the adverse living conditions of people living with disabilities in South Africa, they continue to experience a myriad of challenges on a daily basis. The study aimed at exploring the challenges and coping strategies of Visually Impaired (VI) adults in Zeerust, South Africa. A qualitative research approach was adopted, and a descriptive (QD) design was used to collect data from fourteen participants with visual impairments. Purposive sampling and used to select participants and semi-structured interviews were used to collect data. Thematic content analysis and the Atlas Ti-version 8.4.23 software were used to analyse data. The results show that people with VI face different challenges such as unemployment, lack of privacy, illiteracy, stigmatization, accidental falls and isolation. To cope with such challenges, people with VI rely on support from family members, friends, social workers, nurses, and mobility instructors. Religion, self-acceptance, and addictive behaviours were also used as coping strategies. The study concludes that people with visual impairments in South Africa continue to face a number of challenges and efforts should be put in place to curb these challenges. Findings of this study may help relevant government departments and non-profit organisations working with people with disabilities to formulate appropriate policies and programmes. Community education remains crucial in creating conducive space for people with disabilities. Efforts should be put to continue providing life and vocational skills.

Keywords: challenges, visual impairments, Zeerust, coping strategies, disability

INTRODUCTION

It is estimated by the World Health Organisation (WHO, 2018) that about 253 million people worldwide are visually impaired. Many experience myriad of challenges such as lack of education, poor access to health care facilities, a lack of employment, low socio-economic status, stigmatization, and a lack of social support. In South Africa, there is a higher number of people with Visual impairments (VI) than of people of any other disability type (South African National Council for the Blind, 2018). Eide and Ingstad (2013) observed that there is a large gap between services offered to people with VI and services offered to sighted people in areas such as education, mental and physical health, employment, socio-economic activities, access to information, and social participation. The White Paper on the Rights of Persons with Disabilities (2015) pointed out that persons with disabilities are among the poorest of people. They face different levels of discrimination and exclusion. It is worse for girls and women with disabilities as they face double discrimination based on both their disabilities and gender and they face multiple layers of stigma in societies (White Paper on the Rights of People with Disabilities, 2015).

According to Kuper et al (2008), VI is a particular problem for people in developing countries, more than for those living in developed countries. The reason for this is because 90%

of VI people live in poor regions of the world (Kuper et al 2008). This geographical difference is linked to a higher prevalence of circumstances relating to poverty or poor environmental conditions and poor access to health care services in developing countries (Naipals & Rampersal 2018). According to the Stats SA 2001(cited by the South African National Council for the Blind (2018)), it was found that the prevalence of VI in South Africa is the highest of all disabilities (32%), followed by physical disability (30%), hearing disability (20%), emotional disability (16%), intellectual disability (12%) and communication disability (7%). The recent statistics for 2016 stated that incidence of vision difficulties remains the highest of all other disabilities in South Africa.

The North-West province in South Africa is ranked third on disability statistics, below Free State and the Northern Cape provinces. According to StatsSA (2016) in the North West Province alone, Ngaka Modiri Molema District has the highest number of people with vision difficulties followed by Bojanala District. With the highest prevalence of VI in the Ngaka Modiri Molema District, Mahikeng and Zeerust are the biggest cities and they have the highest population of people with disabilities (Stats SA 2016: 27). This study was conducted in Zeerust which is a town situated in the central region of the North-West Province of South Africa. Zeerust is under the Ramotshere Moilwa Local Municipality, which is divided into several villages. Furthermore, Zeerust is one of the more underprivileged towns in the province compared to areas such as Mahikeng, Rustenburg and Brits (Bizcommunity 2019). The current study therefore sought to explore the challenges and the coping strategies of people with visual impairments in Zeerust, South Africa. The study was informed by the ecological perspective. According to Zastrow and Kirst-Ashman (2013) people and the environment are interconnected and depend on one another. This perspective is vital in the study because it shows how the environment can affect people with VI.

LITERATURE REVIEW

Literature reports several challenges faced by people with visual challenges globally. In a study by Marmamula et al (2020) which evaluated the prevalence of falls and their association with visual impairment in elderly residents in 'homes for the aged' in Hyderabad, India, a very high prevalence of falls among the elderly individuals living in homes for the aged was found. The prevalence of falls was significantly higher among those with low vision. The elderly with uncorrected refractive error had a higher odd of falls even after controlling for all other risk factors. In another study by Schölvinck, Pittens and Broerse (2017), almost all participants in their focus group discussions pointed out that reduction in mobility was caused both by the visual impairment itself and by the norms of a visually oriented society. According to Schölvinck, Pittens, and Broerse (2017), society provides more complications for people with visual impairments: a chaotic organization of public space, unreadable public transport information, inaudible broadcasting systems, and poorly visible sidewalks are but a few of the hurdles these people face when moving about outside. These factors disturb a person's ability to orient him or herself, cause fear of losing balance and cost time for travel preparation, thus hindering mobility. Reduced mobility in turn reduces an individual's independence, causes social isolation, and reduces the overall enjoyment of life.

In the longitudinal study by Choi, Lee, and Lee (2018), it was found that the risk of developing depression is significantly high in the VI population with or without further adjustments for possible confounding factors, including hypertension, diabetes, and dyslipidaemia compared to people without VI. It can be deduced that VI has a great impact on

mental health as the same with physical health. Those with VI develop depression and conditions that are accelerated by stress and depression such as diabetes and hypertension. In the study with Nepalese people, Haines-Wandga (1996) observed interesting results between socialization and loneliness. It was observed that more than half of the people with VI felt social isolation was not a worry and yet almost half of them felt lonely. While it was evident that in many cases the people with VI did not participate in the community in many ways, they did not feel isolated from the community. At the same time, they felt lonely.

Discrimination is more commonly reported by people with poor eyesight than those with good eyesight (Jackson et al 2019). The most common form of discrimination is being treated with less respect or courtesy and the least common is being threatened or harassed. Poor eyesight is associated with increased odds of reporting receiving poorer service in restaurants and stores to receiving poorer service or treatment in medical settings (Jackson et al 2019). In the study conducted by Stevelink, Malcolm and Fear (2015) with younger ex-service men suggested that becoming visually impaired had turned their life upside down. The associated consequences had adverse effects on a variety of life domains and adjusting was experienced as a difficult journey. Personnel struggled with an increased level of dependence on others, a loss of freedom, a lack of confidence and impaired feelings of self-worth. Ejiakor, Achigbu, Onyia, Edema and Florence (2019) note that participants with visual impairments reported having negative feelings. This study also demonstrated that the mean scores of the psychological domain decreased as the severity of visual impairment increased. This may be due to the psychological trauma that is associated with the uncertainties of visual loss. Vision loss leading to depression and subsequent falls were considered as a sequel of events.

According to Schölvinck, Pittens and Broerse (2017) people with vision loss often face incomprehension and even stigmatization due to the lack of obvious visible symptoms of visual impairments and ignorance in the general population about the consequences of ophthalmological disorders. In addition, in social interactions, eye contact and nonverbal communication are partly lost, causing people to have difficulty building up friendships. Spontaneity and communication are hindered. For example, it can be hard to recognize people at parties and on the street. In another study by Schölvinck, Pittens, and Broerse (2017) participants with visual impairments reported that they experience fatigue because of the difficulties faced in social life, disturbed biorhythms, side-effects of medications, or simply because all daily routines require more attention. Moreover, for many participants, the acceptance of their vision loss is hampered in multiple ways by reducing their self-esteem, making it more difficult to find a partner, and causing fatigue. This difficulty in accepting the vision loss reduces the quality of life, directly and indirectly, through social isolation and fear for the future (Schölvinck, Pittens & Broerse 2017). Several persons with VI find themselves on the lonely island of exclusion because they feel that “they are the only one,” or “they are not as good as others.” This is especially true among people who have just lost their vision due to ailments or injuries (Mabalot 2020).

METHODOLOGY

The study adopted a qualitative approach and used a descriptive design. Data was collected from two welfare organisation for people with VI in Zeerust, North-West Province, South Africa. Purposive sampling was used to select study participants. To qualify for participation in the study, a person was supposed to have lived with a visual impairment for at least two years, was supposed to be above 18 years of age and be a client of the two participating welfare

organisations in Zeerust. Data was collected through semi-structured interviews with 14 participants. The semi-structured interview allowed for a detailed investigation of the challenges faced by the participants as well as their coping strategies. The researchers used thematic content analysis with Atlas-Ti version 8.4.23 was used for data coding of the interview transcripts. Data was arranged into two main themes; challenges and coping strategies. Several research ethics were observed during the data collection process. To ensure confidentiality and privacy, the researchers did not solicit for any identifying information from the participants. The interview venues ensured privacy and were free from distractions. All the participants signed informed consent forms and were given pseudonyms.

RESEARCH FINDINGS

The participants reported numerous challenges and coping strategies. The challenges included lack and low levels of education, exposure to danger, unemployment, stigmatisation, problems in maintaining personal hygiene and psychological stress. The coping strategies included among other things; acceptance, religion and use of social networks.

Challenges

Participants expressed that life was dangerous for them especially whenever it was cloudy and dark. The dangers were explained as missteps, stubbing against obstacles, falling, difficult night walks, inability to travel far, and attacks from robbers.

Below are responses in this regard:

...My life is not good, sometimes I lose steps or kick a stone and fall when I am walking. It is dangerous to be blind. Lastly, people do not understand us it becomes worse when it's dark or cloudy (P1).

...I cannot walk at night or travel far; I move only short distance (P7).

... It is difficult to lose sight sometimes you fall in the potholes and holes in the roads., you cannot even read, even if you desire to read but you cannot do anything about It (P10).

For me to walk anywhere is also a challenge because here in Zeerust the roads are sloppy, and I need a personal helper/guide as we are living in deep rural areas. If I walk alone, I fall in dongas and experience stones, so I need someone to assist me (P2).

Unemployment was another challenge faced by all the 14 participants. Some had to stop working due to their VI conditions. Low level of education was another challenge raised, not being able to read nor sign documents on a straight line impacted on VI individuals. Low level of education prevented majority of VI individuals from getting employed. On the other hand, lack of educational equipment and devices for VI impedes teaching and learning. Adults who became VI while at the school-going age, were excluded from the education due to lack of assistive devices and resources. As a result, they grew up to be uneducated individuals.

Furthermore, the lack of grant for further education was challenging; the grants received were insufficient for their upkeep. Below are examples of participants' words:

It is difficult to uplift or change the standard of living. There is no employment for us because of our blindness and our level of education as most of us we not educated, we also lack assistive devices, even when I want to pursue education, there is no equipment in our education system. The grant we receive is not enough to take care of the family of 6 people (P6).

... I cannot read, or sign in a paper, as I put letters on top of others, and I cannot sign in a signature line (P7).

...After the medical procedures I was given retirement package because it was clear that I would not be able to see again (P2).

...I cannot work anywhere; I do not have income and I cannot do anything for myself (P11).

Stigmatization was another challenge faced by VI participants. One of the participants said only 3 people were VI in his village and they were continually mocked and laughed at. Having a romantic relationship was another issue, it was difficult to express love interests without being scorned and rejected. Below are extracts of participants' verbatim word:

...When I ask help, people get tired and impatient with me, I just need to live for myself. Also, in terms of romantic relationship, girls take advantage of us because of our disability (P12).

.... in 1958 it was most difficult as in our village it was only 3 of us with VI and people stigmatized us. When I was a boy and had romantic attraction to girls, they rejected me as they said what can they do with a blind person. Losing sight is so painful, even if I throw money or a pill/tablet it is hard for me to find it (P3).

... The other challenge is that people do not have information about our VI conditions then they isolate us and stigmatized us (P5).

Inability to maintain personal hygiene was another challenge faced by the visually impaired. Some of the participants expressed that they encountered difficulty brushing their teeth, dressing, bathing well and in fact one of them affirmed skipping baths. Usage of mobile cell phone was also reported as a challenge. One participant also said that he experienced sadness whenever he was with friends that had personal cars. For him, his standard of living was poor because of his condition.

Participants' responses were:

...I struggle to dress myself; it was difficult to wear a trouser (P2).

At home we are experiencing electricity problems/load shedding so we must go to the bush to collect wood, as a man I have children and lovely wife, I have to assist her in collecting woods so we can make fire. Along the way there are trees that can scratch and hurt me (P2)

...There are many challenges, if I had vision, I could have achieved something in life and maybe I could have been a better person. But with VI I am nobody, I become so sad when my friends visit me with their own cars, and I feel if I had eyesight, I could have had my own car. (P3).

...The other challenge is a cell phone screen as I cannot see it. I had to have good memory to store all the cell phone numbers without any other assistance and it can be difficult for those who did not attend school (P2).

... but now because of poverty and life, I skip one day without bathing. Another challenge is that I have high blood pressure, I drink tablets/pills and if my tablet falls, I cannot get it and I risk getting any object and drink it without knowing (P2).

Another participant said he was used as a tool for collecting grants, badly treated, and shouted at. When he asked for help from people around him, they rather expected something in return. This participant expressed unhappiness as he realized that life had changed; he did not only lose his sight, but he also lost his mother as well. This led to loneliness. Majority of the participants expressed loneliness.

Some of participant words were:

...It was pointless to complain about my problems, I had to find ways to solve such problems. In short even in our community I do experience challenges (P4).

...Since I lost vision, I am suffering, especially after my parents died. People started treating me differently, they started to use me to gain grants money and such, when I asked help from them, they expected something in return, they started shouting at me and giving me negative remarks. I realized that life has changed, and I had to do something about it (P4).

Privacy issue was indicated as a challenge. participants experience lack of privacy, even when they want to engage in confidential matters, it became impossible because of personal assistants. Below is a participant's expression in this regard:

... I encounter challenges such as lack of privacy. I am always with an assistant even if I want to do confidential things.

Psychological stress was expressed by one of the participants. VI is challenging and it is indicated to have negative effect on emotional well-being. A participant said he was self-

independent when he had his sight before. Inability to continue to do those activities became emotionally hurting. This participant was sad because he had dreams to be a footballer in future but the VI limited him. Below are participants' words:

...It is challenging, and it affected me emotionally as I knew how to do everything for myself, but now its emotionally hurting me as I cannot do those activities anymore. Sometimes I want to go somewhere, and I cannot P8).

First it was difficult to accept the situation. I loved sport and used to be a good sports person, and now, I get sad when I hear people playing soccer, I believe I could have achieved more in the sport. P14

Coping Strategies

The most common coping strategy mentioned was acceptance. Six of the participants attested to using this strategy. Patience and commitment were other coping strategies used by participants. They became patient with themselves as they are adjusting to their environments and they became patient to others so they cannot jeopardize the relationship with significant others. They explained that getting things done at their own time and pace was almost impossible, because often they must wait for others to assist them. Below are some of participants' response:

...Acceptance is the greatest coping strategy, I have accepted myself then I can cope better, and I leant to accept the situation I cannot change (P1).

...I need to be extra patient and committed; it is the way I try to live my life. Sometimes when I need help in a hurry for example when I need to load airtime in my phone, I ask someone to assist me and they might be busy so I have to wait for them to finish so they can help me. So patience is the greatest coping strategy for me. But it is inconveniencing because probably someone just called and need an answer that moment but I must wait for assistance (P2).

...I teach people to accept me, I also accept things I cannot change (P5).

...There is nothing I can do about my condition, so I have accepted it (P9).

...There is nothing I can do to help myself; I just need to accept myself and my disability and to have patience (P10).

...I accepted the way I am, I learned to do everything any able-bodied person can do (P13).

Religion and believing in God were other coping techniques used by people with VI. Two participants reported using religion as their coping strategy. Resilience was mentioned as very important. Four participants reported that bouncing back from their challenges help them cope. Another coping tool often used was independence. Four participants mentioned

being independent as their way of coping. This was explained to be a very important coping tool and the reason is that when people notice that VI people are independent, they would voluntarily assist them in house chores. VI people were advised to do chores like cooking, ironing, and washing because this would make them more independent.

Below are some of participants' words:

...calling the name of the Lord and praying is the way I cope. The challenges should not control me, rather I should control them. One must learn to cope and if people say negative remarks about my VI, I am used to that, so I just avoid them... I have learned to have my roots deep in the soil and not to be moved by people and challenges (P3).

...Independence is of paramount importance, everything resolves around it as I can learn anything I never experienced, if you are independent people would help you voluntarily because if you want to cook, wash clothes or iron you do it yourself. Anything you think you can do it you get it done (P4).

...do what you can do, meaning you must be independent, meet people halfway so people cannot be impatient with you (P5).

...Being independent is the only way, I have realized that as a visually impaired person I should be courageous and patient (P12).

... I believe God is the creator of everything and other people get employment I believe my day would come to be employed and successful (P14).

Support networks such as mobility instructors and social workers play a critical role in helping people with VI to cope with their conditions. One participant mentioned social workers and nurses' assistance in their coping. In addition, one participant mentioned interaction with other people who are VI as a significant coping factor, as advises and ideas shared during such interactions help to increase self-esteem, keep the mind busy, and decrease loneliness. Below are words in this regard:

Mobility instructors help us to go anywhere we want, even our social workers and nurses help us with their services. Sometimes we need to associate with people, I like associating with people to share advises and ideas, it also helps me to avoid depression and loneliness. No man is an island, it is important to have many associations (P6).

...I cannot go anywhere, I cope by getting support from people that understand that in our family that when we reach certain age, we become VI (P7)

Involvement in trade is another coping strategy used by VI persons, one of the participants is self-employed and specialises in weaving baskets and selling them. The participant said:

...I cope by working with my hands, I used to be a tailor and clothes designer before, I love hand work, so after being VI I heard about the project and decided to join. We do baskets and sell them for our project. When I am at home, I ask my children to buy shoes in Johannesburg so I can sell and make a living (P8).

Addictive behaviour such as smoking was expressed by one of the participants as a coping strategy. This behaviour can be classified as a maladaptive coping. Below is a participant's word:

...when stressed I end up smoking and sometimes when a person is talking to me, I become impatient and angry with people. I developed short temper after losing my sight (P11).

DISCUSSION

The study established several challenges which faced by people with visual impairments in Zeerust. It was found out that life was dangerous for VI as they risked falling and injuring themselves as they tried to be mobile without assistance of other people. The eminent dangers were in missteps, bumping against obstacles, falling, and attacks by robbers. Most of the participants faced a challenge in securing employment while some had to stop working due to their visual impairments. This was mainly due to the fact that most people born with disabilities have low levels of education compared to their abled counterparts. Social attitudes also worsen the situation as they sometimes face discrimination. This is confirmed by Eide and Ingstad (2013) who observed that there is a large gap between services offered to people with VI and services offered to sighted people in areas such as education, mental and physical health, employment, socio-economic activities, access to information, and social participation. In line with the ecological systems theory, a person's environment therefore is influential in determining their quality of life.

Early retirement triggered bitterness and ushered the participants into poverty. Brown and Barrett (2011) made the same observation that VI as a disability led to unemployment resulting in loss of income, increased level of poverty, lower standard of living and decrease in affordability of health care services. People with VI experienced sadness whenever they were with their friends that had cars. For them, their standard of living was poor because of their condition. This study proves that VI lead to unemployment which escalates to other challenges such as sadness, frustration, and despair. Participants compared their lifestyles with their sighted counterparts, which led to dissatisfaction with life. The participants perceived VI as a burden and believed their lifestyles could have been better or the same with their successful sighted counterparts. It can therefore be deduced that level of life satisfaction is generally low among people with visual impairments.

Low levels of education also negatively impacted on participants' quality of life. Some people with visual impairments are not able to read nor sign documents. A similar observation was made by Akano (2017) who found that Nigeria, illiteracy and poor levels of education are linked with VI and blindness. But the concern in Akano (2017) was that people with VI lacked the ability to read and write and as a result faced more challenges of understanding medical information and complying with treatment regimens for various eye diseases like cataract, glaucoma and diabetic retinopathy that could lead to VI and blindness. Rather, education could have made their lives easier, especially with technology and employment as it emerged from

the data that low level education prevented majority of VI individuals from getting employment. On the other hand, the lack of educational equipment and devices for VI impede teaching and learning.

Morelle and Tabane (2019) found that the learning environment was perceived as not being user-friendly for the inclusion of learners with VI as they lacked educational equipment and resources. In the current study, those that attended schools for the blind had experienced better environments as they could read on their own. It can be noted that some of the participants' education did not relate to their VI as they did not attend school while they had sight. There is a correlation between unemployment and lack of education; majority of the participants did not have formal education, which makes it difficult for them to secure employment in soft skills industries like call centres. One participant did wish to further his studies to the tertiary level but the lack of grant for further education was challenging. The disability grant received often was insufficient for their upkeeps and they lacked information about the studies. Stigmatization was also one of the challenges faced by VI participants. VI people were mocked and laughed at in the community. Exclusions come in a form of intimate relationships, in which it is difficult for VI person to have an intimate relationship with a sighted person. Participants believed that they are used as tools for collecting disability grants.

They also reported being badly treated, shouted at, and when they ask for help from people around them, those people rather expect something in a form of money or goods in return. Inability to care for personal hygiene was another challenge faced by VI people. Some of the participants with VI expressed that they encountered difficulty brushing their teeth and bathing well. Most people with VI who struggled with personal hygiene did not attend any orientation and mobility trainings as it covers basic hygiene, cooking, cleaning, and walking. Using cell phone is another challenge. People with cell phones could not use talkback feature in their cell phones. This was because the android was expensive, and they could not afford it and were forced to use cheap cell phones which were difficult to use. When using cell phones with no talkback, people with VI had to rely on other people to assist them. Loneliness as a challenge was caused by lack of movement and interactions. The finding about loneliness agrees with Haines-Wandga (1996) who observed interesting results between socialization and loneliness. It was observed that more than half of the people with VI felt social isolation. Lack of privacy was indicated as a challenge. It is difficult for people with VI to enjoy their privacy such as visiting friends. It is evident that VI people rely on the help from the sighted people, on the other hand, their privacy was compromised. Challenges also led to psychological stress which can have a negative effect on emotional well-being. Stress came from inability to continue activities they once performed before VI such as sport.

Though the participants reported several strategies to cope with their challenges, the most reported coping strategy used by VI people is acceptance, followed by patience and commitment. This finding is supported by Goertz, Houkes, Nijhuis and Bosma (2017) and Meyer (2006) who noted that most people with disabilities cope through accepting their conditions. Acceptance is twofold, first the person with VI has to accept him/herself and be committed to adjusting to VI and cope with it and secondly, other people need to accept them so they can cope and thrive. By being patient, it simply meant waiting for their assistants to assist them because if they become impatient, they can jeopardise their relationship with their assistants.

Religion was another coping technique used by people with VI. A similar observation was made by Meyer (2006), who note that people with VI find hope in religion as they believe God has a greater purpose for their lives. This finding does not mean that those who are not

religious cannot cope, but it shows that believing in supreme powers help in restoring hope to people with VI. Resilience was mentioned as important; a VI individual needs to be very strong, learn to be in control of self and never allow negative comments affect his/her day-to-day living. Participants expressed the need to exercise control with daily activities and explained that challenges should not control people; rather people should control challenges.

Another coping strategy often used was independence as it was explained to be a very important coping tool and the reason being that when people notice that VI people are independent, they would voluntarily assist them in house chores. Support networks such as mobility instructors, nurses and social workers play a critical role in helping people with VI to cope with their conditions. In addition, interaction with other people was also a significant coping factor, as advices and ideas shared during such interactions help to increase self-esteem, keep the mind busy and decrease loneliness. The findings were similar to Skarra's (2014) who concluded that clinicians and professionals played a key role in coping. Involvement in trade and crafts was another coping strategy used by VI persons. Self-employment allows people with disabilities a chance to occupy themselves while at the same time generating income for themselves.

CONCLUSION

Despite efforts to bring balance between sighted and people with visual impairments, visually impaired people continue to face numerous challenges in Zeerust, South Africa. The challenges include *inter alia* lack of education, lack of employment, discrimination, loneliness, home accidents and poor mobility. These challenges are not unique to Zeerust and the Government of South Africa should continue putting measures in place to assist people with disabilities. However, despite their challenges VI people employ several coping strategies such as making use of social networks, acceptance and getting solace from religion. Findings of this study may be used by the government of South Africa in developing appropriate policies and programmes to assist people living with disabilities. The study recommends that the Government of South Africa and its development partners should implement community education programmes to curb the discrimination of people with disabilities. Furthermore, institutions for people with disabilities should be given more resources so that none of their clients is left behind. People with VI require life skills training to avoid negative coping strategies such as smoking or drinking alcohol.

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