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CHALLENGES AND COPING STRATEGIES OF THE VISUALLY IMPAIRED ADULTS: A BRIEF EXPLORATORY SYSTEMATIC LITERATURE REVIEW

Cherpet TSHUMA [1*]
Ngenisiwe Henrietta NTOMBELA [2]
Hester Carolina VAN WIJK [3]

[1] *North West University, Faculty of Health Sciences, cherpettshuma@gmail.com *Correspondent Author.*
[2] *North West University, Faculty of Health Sciences, ngenisiwe.ntombela@nwu.ac.za*
[3] *North West University, Faculty of Health Sciences, tessa.vanwijk@nwu.ac.za*

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Abstract

People, unlike most animals are born vulnerable, and they need to be nurtured and raised in a safe environment to thrive and survive. Human development is holistic and complicated. Much of development is dependent on learning through senses such as sight, hearing, touch, taste, and smell. People need all these senses to learn the world around them. Worldwide about 253 million people have visual impairment (VI) problem (WHO, 2018). Depending on the type of visual problem (congenital or adventitious), VI makes life difficult for people infected compared to sighted people. People with VI face challenges such as unemployment, injuries through falling and accidents, low-self-esteem, isolation, depression, and difficulty in mobility within communities.

The purpose of this literature study was to congregate relevant information on VI and coping strategies in South Africa. Articles reviewed were identified through search engines such as JSTOR, Google Scholar, Boloka-NWU Institutional Repository (NWUIR), ProQuest, EBSCOHost, Scopus, Science Direct and Web of Science were the databases and search engines used in the search. The data collected was then further presented and analyzed using AtlasTi version 8.4.23 software.

The results of this literature study found that people with VI face psychological challenges such as depression, low self-esteem, loss of self-worth and emotional distress. The results further point out that physical challenges are also experienced such as frequent falls, lack of societal resources, inability to perform daily living activities such as cooking, and transportation and mobility. Lastly people with VI also experienced social challenges and environmental challenges such unemployment, unable to use technology and poor quality of life. To cope with challenges, people with VI utilize strategies such strategic planning, meaning making, engage in mind stimulating activities, avoidance coping, substance abuse, family acceptance and optimism.

1. Introduction

People with VI experience many challenges such as a lack of education, inaccessibility to health care, unemployment, poverty, stigmatization and discrimination, and a lack of social support. In South Africa, there is a higher number of people with VI than of people of any other disability (South African National Council for the Blind (SANCB), 2010). 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 status, access to information, and social participation.

People with VI experience psychological challenges in form of depression, agoraphobia, and lack of confidence. They also experience social exclusion in social settings. For example, when sitting with their counterparts in social gatherings, they experience discrimination and poor services. In schools, there are lack of resources (Jaws software, Advanced Braille Equipment, and accessible buildings) to accommodate people with VI. People with VI face high unemployment rate and they are the poorest of the poor. VI is caused by many factors, in all causes, cataract (47.9%) remains the leading cause of VI in all areas of the world, except for developed countries (WHO, 2018).

Other main causes of VI (WHO, 2018) are glaucoma (12.3%), age-related macular degeneration (AMD) (8.7%), corneal opacities (5.1%), diabetic retinopathy (4.8%), childhood blindness (3.9%), trachoma (3.6%), and onchocerciasis (0.8%). The causes of VI worldwide are all the above except for AMD. The predominant causes of blindness in the western industrialized nations in recent years have been age-related macular degeneration (AMD), glaucoma, and diabetic retinopathy (Wolfram et al, 2019). In the least-developed countries, and Sub-Saharan Africa, the causes of VI are primarily, cataract (50%), glaucoma (15%), corneal opacities (10%), trachoma (6.8%), childhood blindness (5.3%) and onchocerciasis (4%) (WHO, 2018).

VI is also caused by auto-mobile accidents, injuries that result from falling, and sometimes crime and violence injuries. Coping is the process by which one makes use of intrapersonal, interpersonal, and environmental resources to manage a situation that has been deemed to be stressful (Yampolsky, Wittich, Webb, & Overbury, 2008). In the intrapersonal, a person with VI believes in themselves and the inner-being to cope. Interpersonal involves other people who can be family, friends, and other significant individuals. Lastly, to cope, people with VI rely on the resources available in the society such Community Based Organizations, Faith Based Organization, social clubs, stokvels and all available resources at their disposal. In this study, literature from different VI articles were compared and analysed using the AtlasTi software. The results are summarized in informative diagrams in the study

2. Research Method

2.1. Aim of the Study

The aim of the study is to explore, describe and summaries existing literature evidence about visual impairment and coping strategies.

2.2. Design or Approach

Search procedure

Challenges and coping strategies of blindness or visual impairment or vision loss was used in a search box of NWU library and about 711-884 results appeared. The same search keywords were used in Google scholar, Jstor, SA ePublications, Ebscohost, A to Z Journals. The researcher reviewed majority of the articles and the articles were selected based on relevance to VI and coping strategies. The following inclusion criteria were used to help identify relevant and recent studies using key words regarding the topic of VI and coping strategies:

- chapters in books.
- conference proceedings.
- full-text journal articles.
- Higher degree papers.

Literature that addressed the challenges experienced by visually impaired adults and the coping strategies used by VI adults to deal with the challenges were also included. The studies and research papers were limited to 10 years, from 2015 to 2021, to cover current and past research that could help in addressing the research questions for this study. All the reviewed articles were published in English.

The focus of the electronic search was on finding the whole text, and not simply the abstracts or the title, which lessened the possibility of overlooking significant studies.

2.3. Data Analysis

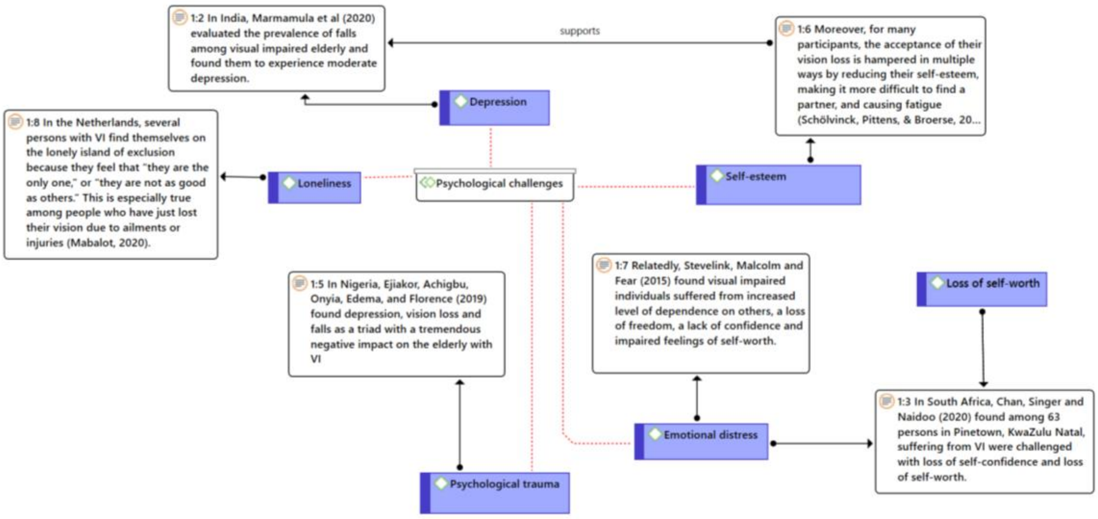
Thematic analysis was used to analyse the data. The researchers looked for underlying similarities, differences and deviations from the norm to identify different themes. The AtlasTi version 8.4.23 software was additionally used to get sufficient insight into the themes gathered in the literature.

3. The Themes Identified and a Discussion Thereof

Theme 1: Psychological challenges

In the study conducted by Stevelink, Malcolm and Fear (2015) with younger ex-service men suggested that becoming visually impaired had turned participants' lives 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, and a lack of confidence and impaired feelings of self-worth.

In another study by Marmamula, Barrenkala, Challa, Kumbham, Modepalli, Yellapragada, Bhakki, Friedman and Khanna (2020), the results found that the elderly with VI experience moderate depression. Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) reported that participants with VI experience negative feelings about life. Their study also demonstrated that the mean scores of the psychological domain decreased as the severity of VI increased. This may be due to the psychological trauma that is associated with the uncertainties of visual loss. Depression, vision loss and falls can act as a triad with a tremendous negative impact on the elderly. Vision loss leading to depression and subsequent falls were considered as a sequel of events. They hypothesized that this sequel can be broken by intervening to prevent or restore vision which in turn will lead to a decline in depression and subsequent falls. The psychological challenges are summarized in figure 1.



1:2 In India, Marmamula et al (2020) evaluated the prevalence of falls among visual impaired elderly and found them to experience moderate depression.

1:6 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 (Schölvinck, Pittens, & Broerse, 20...

1:8 In the Netherlands, 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).

1:5 In Nigeria, Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) found depression, vision loss and falls as a triad with a tremendous negative impact on the elderly with VI

1:7 Relatedly, Stevelink, Malcolm and Fear (2015) found visual impaired individuals suffered from increased level of dependence on others, a loss of freedom, a lack of confidence and impaired feelings of self-worth.

1:3 In South Africa, Chan, Singer and Naidoo (2020) found among 63 persons in Pinetown, KwaZulu Natal, suffering from VI were challenged with loss of self-confidence and loss of self-worth.

Figure 1. Psychological challenges network

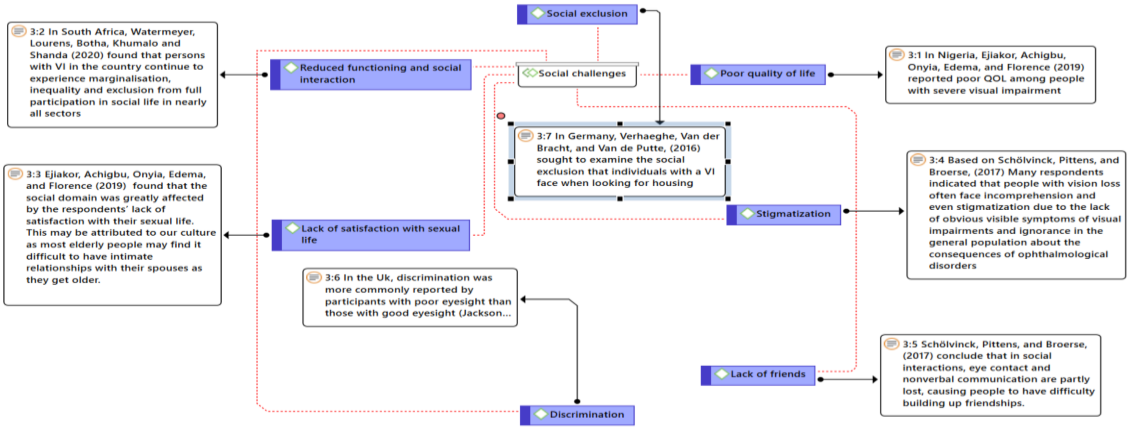
Source: Psychological challenges using ATLAS.ti 8.4.23

Theme 2: Social challenges

According to Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) the social domain was greatly affected by the respondents' lack of satisfaction with their sexual life. This may be attributed to the culture as most elderly people in Nigeria may find it difficult to have intimate relationships with their spouses as they get older. However, most of them were satisfied with the support they got from their family and friends. While this result highlights the importance of the African culture of family support, there is also a need to develop focal support groups for people with VI and their relations to help reduce the effect of vision loss. Health educators and eye caregivers have a role to play in this area.

Based on Schölvinck, Pittens, and Broerse, (2017) people with vision loss often face incomprehension and even stigmatization due to the lack of obvious visible symptoms of VI 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. Schölvinck, Pittens, and Broerse, (2017) Further reported that people with VI 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). The reason they felt loneliness depended on the company they find themselves in. It could be better if they are surrounded by their loved ones and other people with VI as they can relate and share their survival skills. People in the community do not understand how to communicate with people with VI. The researcher once heard a VI person complaining that people do not maintain eye contact (as it can be sensed in their voice), and when they speak, they do not probe by saying "yes" or "yeah" to show them that they are paying attention. Also, when there is a joke, VI people just hear people laughing and they get confused, as sighted people cannot narrate every joke taking place. The social network mechanism and flow is summarized in figure 2.



3:2 In South Africa, Watermeyer, Lourens, Botha, Khumalo and Shanda (2020) found that persons with VI in the country continue to experience marginalisation, inequality and exclusion from full participation in social life in nearly all sectors

3:3 Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) found that the social domain was greatly affected by the respondents' lack of satisfaction with their sexual life. This may be attributed to our culture as most elderly people may find it difficult to have intimate relationships with their spouses as they get older.

3:6 In the Uk, discrimination was more commonly reported by participants with poor eyesight than those with good eyesight (Jackson...

3:7 In Germany, Verhaeghe, Van der Bracht, and Van de Putte, (2016) sought to examine the social exclusion that individuals with a VI face when looking for housing

3:1 In Nigeria, Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) reported poor QOL among people with severe visual impairment

3:4 Based on Schölvinck, Pittens, and Broerse, (2017) Many respondents indicated that 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

3:5 Schölvinck, Pittens, and Broerse, (2017) conclude that in social interactions, eye contact and nonverbal communication are partly lost, causing people to have difficulty building up friendships.

Figure 2. Social challenges network

Source: Social challenges using ATLAS.ti 8.4.23

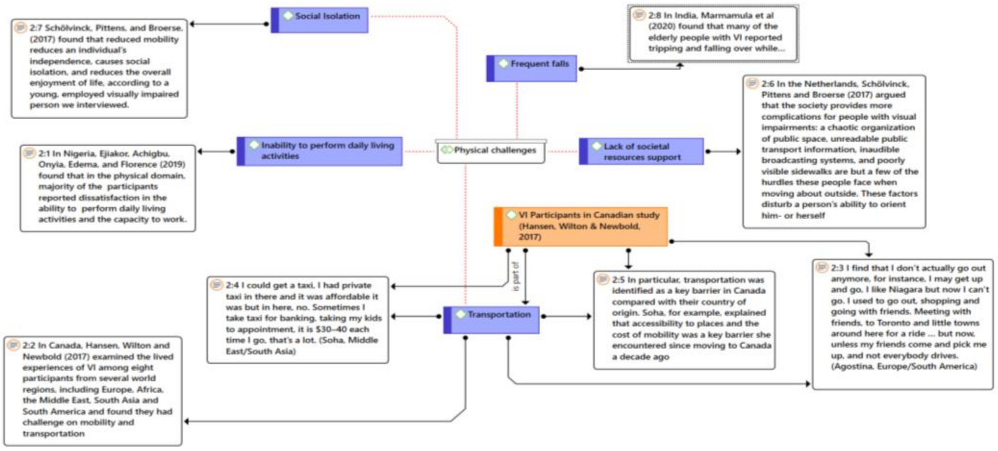
Jackson et al. (2019) explained that discrimination as a social challenge was more commonly reported by participants with poor eyesight than those with good eyesight. The most common form of discrimination was being treated with less respect or courtesy reported by participants with poor eyesight, and the least common was being threatened or harassed (Jackson et al, 2019). Poor eyesight was 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). As for overall ratings of eyesight, participants who reported poor eyesight for seeing things up close had significantly higher odds of perceived discrimination overall (Jackson et al, 2019).

Reports of being treated as if they were not clever were more common among the group with poor eyesight up close than in the group reporting poor overall eyesight. Reports of being threatened or harassed were also more common among the group with poor eyesight up close than in the group reporting poor overall eyesight (Jackson et al, 2019). In the study by Verhaeghe, Van der Bracht, and Van de Putte, (2016) that sought to examine the social exclusion that individuals with a VI face when looking for housing. It was found that individuals with a VI who look for housing in the private rental market face substantial levels of discrimination. More than one in three lessors discriminate against individuals with a VI.

Theme 3: Physical challenges

Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) indicate that about the physical domain, that majority of the participants reported dissatisfaction in the ability to perform daily living activities and the capacity to work. Individuals are less likely to enjoy their work if they have difficulty doing the work and appreciating a good outcome. The tendency may be to ignore the activities and its frustrations.

The physical challenges are indicated in the figure 3 below:



2:7 Schölvinck, Pittens, and Broerse, (2017) found that reduced mobility reduces an individual's independence, causes social isolation, and reduces the overall enjoyment of life, according to a young, employed visually impaired person we interviewed.

2:8 In India, Marmamula et al (2020) found that many of the elderly people with VI reported tripping and falling over while...

2:1 In Nigeria, Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) found that in the physical domain, majority of the participants reported dissatisfaction in the ability to perform daily living activities and the capacity to work.

2:6 In the Netherlands, Schölvinck, Pittens and Broerse (2017) argued that the 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

2:4 I could get a taxi, I had private taxi in there and it was affordable it was but in here, no. Sometimes I take taxi for banking, taking my kids to appointment, it is $30–40 each time I go, that's a lot. (Soha, Middle East/South Asia)

2:5 In particular, transportation was identified as a key barrier in Canada compared with their country of origin. Soha, for example, explained that accessibility to places and the cost of mobility was a key barrier she encountered since moving to Canada a decade ago

2:3 I find that I don't actually go out anymore, for instance, I may get up and go, I like Niagara but now I can't go. I used to go out, shopping and going with friends. Meeting with friends, to Toronto and little towns around here for a ride ... but now, unless my friends come and pick me up, and not everybody drives. (Agostina, Europe/South America)

2:2 In Canada, Hansen, Wilton and Newbold (2017) examined the lived experiences of VI among eight participants from several world regions, including Europe, Africa, the Middle East, South Asia and South America and found they had challenge on mobility and transportation

Figure 3. Physical challenges network

Source: Physical challenges using ATLAS.ti 8.4.23

Marmamula, Barrenkala, Challa, Kumbham, Modepalli, Yellapragada, Bhakki, Friedman and Khanna (2020) evaluated the prevalence of falls and their association with VI in elderly residents in 'homes for the aged' in Hyderabad, India. They found a very high prevalence of falls in the elderly individuals living in homes for the aged in Hyderabad, India. 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 the study by Schölvinck, Pittens and Broerse (2017) almost all participants in the focus group discussions pointed out that reduction in mobility was caused both by the VI itself and by the norms of a visually oriented society.

According to Schölvinck, Pittens, and Broerse, (2017) Society provides more complications for people with VI: 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.

Marmamula et al. (2020:) Also found that many of the elderly people with VI reported tripping and falling over while walking. A conducive physical environment can help in preventing falls in the elderly. Having railings in common places can be of immense help to prevent falls. These measures are expected to help those with irreversible vision loss. This becomes even more vital as the number of homes for the aged in India is set to increase in the coming years. There is a definite need to define the basic minimum infrastructure requirements that should be made mandatory for establishing the homes for the aged or for converting general residences to homes for the aged.

Theme 4: Environmental challenges

Ejiakor, Achigbu, Onyia, Edema, and Florence (2019) assessed the different domains of quality of life in Nigeria, the environmental domain was mostly affected. In the study, finance and limited opportunity for leisure were the major problems noted by the participants. They also reported that having an income of <5000 Naira (R193.55)/month has been associated with poor QOL. With the recent inflation in the country, N5000/month is grossly insufficient to cater for health needs and daily upkeep. Worldwide, employment rates of people with disabilities are consistently lower than those of people without disabilities. According to Gewurtz, Langan and Shand 2016 (cited by Goertz, Houkes, Nijhuis & Bosma 2017) people with disabilities are confronted with many barriers on their way to finding and keeping jobs (e.g., stigmatization, lack of information among employers). People with VI appear to be highly stigmatized by employers and face many difficulties on the labour market (Goertz, Houkes, Nijhuis & Bosma 2017).

The environmental challenges are indicated in figure 4 below:

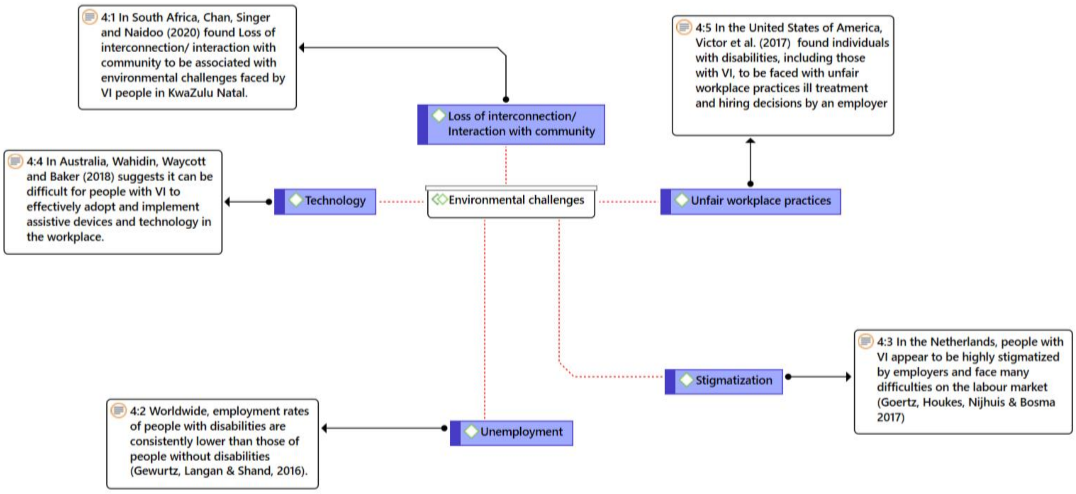


Figure 4. Environmental challenges network

Source: Environmental challenges using ATLAS.ti 8.4.23

According to Wahidin, Waycott and Baker (2018) assistive technologies such as computer screen readers and enlarging software are commonly used to help overcome employment barriers and enable people with VI to contribute to, and participate in, the workforce. However, recent research suggests it can be difficult for people with VI to effectively adopt and implement assistive devices and technology in the workplace (Wahidin, Waycott, & Baker 2018).

For individuals with disabilities, including those with VI, unfair workplace practices may prevent employment or satisfaction with employment (Victor et al, 2017). Treatment and hiring decisions by an employer should be based on an individual's merit instead of the existence or consequence of a visual disability or impairment). Unfavourable employer treatment of a qualified individual because of VI is disability discrimination (Victor et al, 2017).

Those with VI supposedly must work twice as hard for the same amount of output, recognition, pay equity, or job performance in comparison with their sighted colleagues (Outwater-Wright 2020). In a time in which assistive technology, changing perceptions, and innovation are so readily available and diverse, it is time to retire the idea that certain segments of the workforce need to do twice as much. There are enough accessible technologies, tools, resources, and changing conceptualization of VI to put this idea to bed and move into a time where blindness does not put the burden on blind people alone to succeed in the workplace (Outwater-Wright 2020).

Coping

Rai, Rohatgi, and Dhaliwal (2019) found that participants opted for reflective coping and avoidance coping rather than other strategies. They were using reflective coping strategy because this strategy is known to keep people occupied and optimistic. While avoidance coping, on the other hand, is a passive and distanced approach to challenges, it is not always a bad thing. For example, if the problem is too difficult to deal with, as in the case of VI, people may put it aside and deal with it whenever they feel they are ready. This allows them a breather during which time they may be able to build up other networks and means of coping.

In figure 5. that follows the coping strategies:

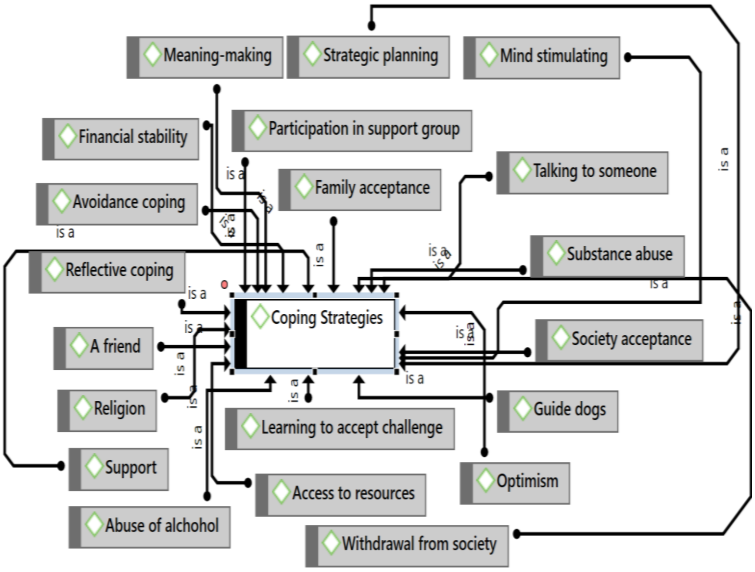


Figure 5. Coping strategies used by visual impaired people

A coping behaviour such as avoidance may be positive and helpful in the short run but harmful in the long run if it results in social isolation. Thus, avoidance coping for a short time may be acceptable, if it gives way to other, more proactive ways of coping. A very few participants employed strategic planning as a coping strategy suggesting that they do break up their problems into small manageable components. Strategic planning has been shown to improve the ability of people with chronic diseases to function effectively and it can be learned through training. Emotion-focused coping results when stressful situations cannot be easily resolved by a person's action and all the person can do is to reduce the resultant emotional distress.

In the proposed model by Gonella (2014) after several studies with people with VI, the results show that challenges of people with VI are: changes to physical self (loss of mobility), changes to social relationships (family and friend), changes to lifestyle (loss of employment and financial problems), and changes to emotional stability (depression and suicide ideation and changes to identity). The coping of the VI individuals relied on access to resources and support, financial stability, acceptance in family and society, and connection to religion (Gonella, 2014).

The latter (religion) is supported by (Yampolsky, Wittich, Webb, & Overbury, 2008) in the study that examined the role of spirituality in coping with VI. They found that individuals with higher levels of religion and existential wellbeing engaged in more adaptive coping behaviours. Regarding religion in South Africa, Murray, McKay and Nieuwoudt (2011) in the study that observed how people use religion, faith, and God to deal with their loss of sight, they found that half of the participants mentioned God, religious faith or spiritual values as being critical in giving meaning to their lives as visually impaired adults and helping them cope with, and adjust to, their VI. The existing study about religion does not mention how non-religious VI people cope. It is also not clear how does African cultures and indigenous knowledge contribute to the VI people coping strategies.

Meyer (2006) found that people with VI coped with their situations by talking to someone, seeking information, participating in support groups, and learning to accept their challenges.

In the study by Skarra (2014) with the rationale of identifying the relationship between age, accommodative coping, meaning-making, and psychosocial adjustment to vision loss, it was established that age does not predict better coping, but the study showed the significant difference for meaning-making among the middle-aged adults had higher scores for meaning-making.

Also middle-aged adults utilized more rehabilitation services than older adults and this might have positively impacted meaning-making for middle-aged adults. Study by Skarra (2014) suggested that clinicians and professionals who work with clients who are visually impaired might use intervention that increase coping and meaning making and thereby may increase their clients' healthy psychosocial adjustment to vision loss. In addition, Stevelink et al. (Bullins, 2018) support the finding of VI adults seeking counselling to cope with their VI.

Acceptance of the VI person can be defined as agreeing with oneself, and to appreciate, value, accept, and support oneself at a particular moment. Acceptance is considered an important factor in someone's adjustment to and daily functioning with a disability. Adjustment is a multi-dimensional construct, referring to the process of behavioural, cognitive, emotional, and social adaptation to positive and negative life changes, as well as to the outcome of this process (Sampson, 2000: p253 cited by Goertz, Houkes, Nijhuis & Bosma 2017).

According to Sampson (2000) for instance, acceptance is a very important factor in the process of adjusting to a disability. And adjustment is linked to greater self-efficacy, higher self-esteem, lower levels of depression and a more internal locus of control and is likely to be a necessary factor for adequate functioning in various areas of life, including work. Ben-Zur and Debi (2005) cited by Goertz, Houkes, Nijhuis & Bosma 2017 added that in addition to acceptance, optimism is important, and it might be linked to the motivation of people with VI to cope adaptively with their vision loss and may also be associated with psychological and physical well-being. Mabalot (2019). Laughter and optimism come in handy when facing barriers in the world out there, the biggest of which are cultural and social. Acceptance is critical in coping with VI. Acceptance depends on factors such as supportive family members and friends. If family members are patient with people with VI, it become easy for self-acceptance. Navigation and orientation are crucial activities of human beings which need to be achieved daily. The usual way to perform these tasks involves the visual sense, which is used for example to recognize known places and buildings or signs and structures which are familiar to the person (Koutny, & Miesenberger, 2014). Unfortunately for people with VI, their vision is lost, as a result, they rely on other senses such as hearing and touch. When for example, a VI person goes to kitchen to drink water, they touch everything in their way in the house while moving towards water. While they are walking outside, they use walking canes, and they must listen and pay attention for potential harm.

The researcher overheard a VI say if they are walking to a nearby shop, they must pay attention to sound and to the road to a point that if someone meet them and make a conversation, they lose concentration and be disorientated. But with mobility, the challenges become easy as they are trained on how to travel independently.

Orientation is the ability to process information received through the senses (including vision) to determine the position of a person in space relative to other surrounding objects in the environment when stationary, and then update this information when moving (Chang, et al., 2020). Chang et al, (2020) added that mobility is the ability of an individual to move through space.

Guide dogs have also been of great help for VI people. They perform well for important tasks such as avoiding obstacles and basic navigation (Jubril et al, 2013). The dog can detect and analyse complex situations: cross walks, stairs, potential danger, know paths and more. Most of the information from the animal is passed through tactile feedback of the handle fixed on the animal (Jubril et al, 2013).

The user can feel the attitude of his dog, analyse the situation, and give him appropriate orders. However, coupled with the fact that guide dogs are expensive and have a limited working time, it is difficult to train them, and they can be challenging and inconvenient for a visually impaired person to look after (Jubril et al, 2013). The O&M is an important skill needed to live as independently as possible in relation to traveling independently (Chamberlain, 2004). VI people need to be able to use public transportation, to travel and have good cane and orientation skills. But the most important of all the skills people need to know is how to cook. (Chamberlain, 2004).

Taking into consideration that people are unique and different, Bullins (2018) holds the view that the problem-solving skills and strategies they use to cope and adjust to significant life events vary. As some use support systems such as religion, family and community at their disposal, some show negative coping ability as observed by Stevelink et al (cited by Bullins, 2018) in the study that sought to examine the impact of VI and coping strategies. The results showed that people with adventitious VI often felt the need to withdraw from society and develop a reliance on alcohol and mind stimulating substances to make it through their day. Furthermore, in another study by Stevelink and Fear, one out of ten women experienced depressive symptoms, Post Traumatic Stress Disorder (PTSD), and resorted to alcohol as a strategy to cope with VI.

According to Brooks (2002) substance use in people with VI can be categorized into two types which are type A and type B. Type A is the person who uses alcohol and has been using it before being affected by VI and the second category, Type B, is the person who develops a drinking problem following the onset of a VI (Brooks, 2002). Type A drinkers have a history of life challenges that tend to cause the drinking behaviour. Glass (1981) (Cited by Brooks, 2002) states that Type B drinkers have a limited coping skill, but the pattern of alcohol abuse is not the primary response characteristic such as in Type A drinkers.

Both Type A and Type B problem drinkers share several principal characteristics, especially a limited range of coping skills and an underlying attitude of cultural tolerance toward alcohol use as a coping technique. Also, those who use substances have lack of information about counselling, orientation and mobility, self-care, and relearning the use of tools necessary to earn a living

(Brooks, 2002). Additionally, Stevelink, Malcolm and Fear (2015) in a study of ex-military VI participants, found that the unavailability of support and resources influenced how younger members coped with their loss. As a result, ex-Service personnel tried 'to escape' by, for example, substance abuse or made a non-fatal suicide attempt.

5. Conclusions

The aim of this study was to explore, describe and summarize the existing literature regarding VI and coping strategies. Challenges and coping strategies of blindness or visual impairment or vision loss was used in a search box of NWU library. The above mentioned was used as a search strategy and it yielded 711 884 results. The same search keywords were used in Google scholar, Jstor, SA ePublications, Ebscohost, A to Z Journals. The researcher carefully reviewed majority of the articles and the articles were selected based on relevance to VI and coping strategies. The results were then summarized as themes and analysed using the Atlas Ti software, which is a qualitative data analysis tool. The results were grouped in categories such as psychological, social, environmental, and physical networks. Also coping strategies were summarized and explored.

The study explored and summarized how these networks affect VI people and was followed by coping strategies used to deal with challenges. The results show that people with VI suffer from depression, low self-esteem, emotional and psychological trauma. Socially, they struggle to have friends, face discrimination and experience poor quality of life. The most common form of discrimination was being treated with less respect and courtesy, being threatened, or harassed, and increased odds of receiving poorer service in restaurants and stores to receiving poorer service or treatment in medical settings. As people rely on sight to move around, it is extremely difficult to be mobile without sight.

VI people face frequent falls, accidents, lack of inclusive transportation, inability to enjoy daily activities such as cooking, cleaning, and reading newspapers. When discussing frequent falls, literature show that society makes it more complicated for people with VI. They live in a chaotic organization of public space, unreadable public transport information, inaudible broadcasting systems, and poorly visible sidewalks are but a few of the hurdles people with VI face when moving 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.

Unemployment is high among people with VI and if they find employment, they receive bad workplace treatment. The study established that high unemployment causes poverty. Lack of assistive technology also makes it difficult for people with VI to cope in the workplace, as the work becomes more difficult for them.

Additionally, the study found that to cope with such challenges, people with VI utilize skills such as strategic planning, meaning making journey, avoidance coping, acceptance, substance abuse and family support. The study explored both adaptive and maladaptive coping based on literature reviewed, it was deduced that while others use positive coping such as interacting with family, others resort to substance abuse or in the worst cases, attempt suicide. The results show that coping of the VI individuals relied on access to resources, financial stability, acceptance in family and society, and connection to religion. Individuals with higher levels of religion and existential wellbeing engaged in more adaptive coping behaviours compared to non-religious counterparts. Lastly, optimism, acceptance and laughter played a critical role in coping. Acceptance was critical in coping with VI and it depended on factors such as supportive family members and friends. For example, if family members are patient with individuals with VI, it became easy for self-acceptance.

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