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Impact of Visual Impairment on Psychosocial Functioning and Coping Strategies among Children

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Abstract

The aim of the present study was to assess the impact of visual impairment on psychosocial functioning and coping strategies among children in selected special schools at Bangalore. The present study adopted a descriptive design. The sample comprise of 50 children with visual impairment selected by convenient sampling technique, attending special schools from Bangalore. Socio demographic data schedule, Impact of visual impairment questionnaire and Coping strategies questionnaire (developed by the researcher) were used for the data collection. Descriptive statistics such as frequency, and percentage were used to analyze socio-demographic data. Association of impact of visual impairment on psychosocial functioning and coping strategies with selected demographic variables were done by comparing means using independent 't' test, Kruskal-Wallis test, Mann-Whitney test. Majority of the study subjects were 14-16 years old (56%), male (68%), majority of the subjects were staying in the hostel (88%), 54.5% of the subjects were staying for more than five years, 52% were from urban areas, 44 % were studying higher primary, 46% of the subjects were average in academic performance and regarding the cause of visual impairment, majority 80% of the subjects were having congenital blindness. It was found that negative correlation between the mobility and independence with problem focused coping, and support from others, and negative correlation between emotional well being with positive thinking and physical activity. There was a negative correlation between Impact of visual impairment and Coping strategies. This study has found that the there was a severe impact of visual impairment on psychosocial functioning and poor coping strategies among children with visual impairment.

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Introduction

According to World health organization (WHO, 1992) low vision is defined as, a person with low vision is one who has impairment of visual functioning even after treatment, and/ or standard refractive correction, and has a visual acuity of less than 6/18 to light perception or a visual field of less than 10 degrees from the point of

fixation, but who uses, or is potentially able to use, vision for the planning and/or execution of a task. About 87% of the worlds visually impaired live in developing countries (WHO, 2009)¹. Child blindness remains a significant problem globally. More than 12 million children ages five to 15 are visually impaired because of uncorrected refractive errors². It has been estimated that there were 1.4 million blind children in the world, 1

million of whom live in Asia³. The prevalence ranges from 0.3/1000 children aged 0–15 years in affluent countries to 1.5/1000 children in very poor communities. A report showed that 500,000 children become blind each year (nearly one per minute). A survey done in India 2006-07 estimated the prevalence of blindness at 1%. In India the prevalence rate of visually impairment among children was 0.63%⁴. The main causes of blindness in India were Cataract (62.60%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complications (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%) and Others (4.19%). The estimated national prevalence of childhood blindness /low vision is 0.80 per thousand⁵. About 40% of the causes of childhood blindness are preventable or treatable. The causes of childhood blindness vary, but the main avoidable causes were corneal scar (26%), anomalies of the globe (25%), diseases of the retina (21%) and cataract (12%). Hereditary factors accounted for 23% of the causes of childhood blindness and postnatal factors for 28%.

National Association for Blind believes that prevention is better than cure and much cheaper than rehabilitation. To ensure this, it provide services to thousands of people in slums and rural areas through the Mobile Eye Clinic, free eye treatment, cataract surgery, spectacle distribution, eye check-ups and awareness generation⁶. The National Institute for the Visually Handicapped is committed to promote rights and dignity of persons with visual impairments. It produces trained manpower for providing quality education, vocational training and rehabilitation services to the visually impaired persons. It also undertakes research and developmental activities ensuring emergence of disability inclusive policies, programmes and practices. It had contributed a number of useful tools and enabling technologies for equal participation by the visually impaired persons in different aspects of life⁷.

The health-related fitness levels of individuals with visual impairments are generally lower than are those of sighted individuals⁸. Individuals with visual impairments lack motivation to engage in physical activity often become dependent members of society who rely on others for success in navigating the community⁹. Visual impairment has an impact on all aspects of a child's development¹⁰. Motor skills play a crucial role in the social and emotional functioning of a child and may impact quality of life and well being¹¹. Negative self-perceptions may leads to a reduction in physical activity,

an unwillingness to try unfamiliar activities or to meet new challenges, loneliness, and social dissatisfaction¹².

Childhood vision impairment has an impact on all aspects of a child's life and has profound implications for parents and family functioning¹³. Research suggests that some children with disabilities may be at risk of temperamental qualities that predispose them to a poor fit with their environments¹⁴. Previous studies have indicated that young adults with visual impairments are at risk of becoming more socially isolated the longer they are out of school¹⁵. Alcohol may be used to cope with the frustrations with the disability and low self-esteem and to gain social acceptance among peers¹⁶. However, blindness in childhood profoundly affects educational, employment, personal, and social prospects. Thus, the control of childhood blindness has been identified as a priority of the World Health Organization's (WHO) global initiative for the elimination of avoidable blindness by the year 2020¹⁷. This study will identify the impact of visual impairment on psychosocial functioning and coping strategies among the children with visual impairment.

Materials and Methods

The present study used descriptive design. It was conducted in the Shree Ramana Maharshi Academy for Blind, Special School, and Mathru School for the blind, Bangalore. The sample comprises of 50 children, studying 8th, 9th and 10th standard, who were selected by convenient sampling technique. The data was collected using Socio-demographic data schedule, Impact of visual impairment questionnaire (Weih L M, Hassell J, Keeffe J E (2002)) and coping strategies questionnaire for visually impaired children (developed by the researcher). Data were analyzed using SPSS 11, windows 2000 version. Descriptive statistics such as frequency and percentage were used to analyze socio-demographic data. Chi square test was used to find the association between socio demographic variables, impact of visual impairment on psychosocial functioning and coping strategies.

Results and Discussion

Socio demographic profile of the subjects

Majority of the study subjects were 14-16 yrs old (56%), male (68%), belonged to Hindu religion (96%), and belonged to nuclear family (56%), majority of the study subjects' father's studied up to higher primary (38%) and the fathers' occupation, agricultural work (36%).

Mother's studied high school (52%) and housewife (68%). Majority of the study subjects have no family history of blindness (80%). Income of the family was Rs.2, 000-5,000 per month (38%), birth order was second born (38%), and number of siblings of the subjects was less than or equal to three siblings (82%). Majority of the study subjects were staying in the hostel (88%). Staying more than five years (54.5%), from urban background (52%), studying higher primary (44%), and average in academic performance (46%). Majority of the study subjects cause of visual impairment was congenital (80%). the acquired visual impairment is due to ocular infection (60%), partial visual impairment (58%) since birth (78%) and the use of assistive devices were about (38%).

Table 1 reveals the Range, Mean and Standard Deviation of the scores obtained by the study subjects in relation to Impact of visual impairment on psychosocial functioning.

Possible range of score for Mobility and independence subscale is between 0 and 33. The minimum score obtained by the study subjects were 14 and maximum was 33. The Mean and Standard Deviation was 22.02 ± 5.9 . Possible range of score for Emotional wellbeing subscale is between 0 and 24, the minimum score obtained by the study subjects was 4 and maximum was 24. The Mean and Standard Deviation of the Emotional wellbeing subscale was 14.00 ± 6.1 respectively. Possible range of score for Reading and Accessing Information subscale is between 0 and 27. The minimum score obtained by the study subjects were 11 and maximum was 24. The Mean and Standard Deviation was 15.86 ± 3.3 .

Table 2 reveals the domain wise Range, Mean and Standard Deviation of the scores obtained by the study subjects in relation to coping strategies. Possible range of score for Problem focused coping subscale is between 11 and 44. The minimum score obtained by the study subjects were 16 and maximum was 39. The Mean was 30.58 and the Standard Deviation was 5.8. Possible range of score for Wishful thinking subscale is between 4 and 16, the minimum score obtained by the study subjects was 5 and maximum was 16. The Mean and Standard Deviation of the Wishful thinking subscale was 10.08 and 2.2 respectively. Possible range of score for Detachment subscale is between 17 and 68. The minimum score obtained by the study subjects were 35 and maximum was 65. The Mean was 47.64 and the Standard Deviation was 7.4. Possible range of score for

Support from others subscale is between 7 and 28. The minimum score obtained by the study subjects were 11 and maximum was 28. The mean was 19.06 and the standard deviation was 4.1. Possible range of score for Positive thinking subscale is between 8 and 32, the minimum score obtained by the study subjects was 12 and maximum was 29. The Mean and Standard Deviation of the Positive thinking subscale was 20.74 and 4.2 respectively. Possible range of score for Physical activities subscale is between 7 and 28. The minimum score obtained by the study subjects were 10 and maximum was 22. The Mean was 16.78 and the Standard Deviation was 2.7. Mean and Standard Deviation of the total scores obtained by the study subjects in relation to coping strategies. The possible minimum score in coping strategies main scale is 54 and maximum score is 216. The minimum obtained by the subjects were 111 and the maximum score was 188. The Mean was 144.88 and the Standard Deviation was 16.5

Fig.1. depicts the categories of coping strategies of study subjects. Among the study subjects, 24 (48%) were using less effective coping strategies and 26 (52%) effective coping strategies.

Associations between the impacts of visual impairment on psychosocial functioning with the selected demographic variables

It was found that there was a significant association between the domains of impact of visual impairment such as mobility and independence with family type ($\chi^2 - 8.9$, $p-0.01$) and type of visual impairment ($\chi^2-6.32$, $p-0.001$). Emotional wellbeing with education of mother ($\chi^2 -6.1$, $p-0.01$), residential status ($\chi^2-16.5$, $p-0.001$), current educational status ($\chi^2-8.34$, $p-0.01$), and background ($\chi^2-2.48$, $p-0.01$) and Reading and accessing information with family type ($\chi^2 -6.2$, $p-0.01$), residential status ($\chi^2-62.5$, $p-0.01$), and type of visual impairment ($\chi^2-4.8$, $p-0.001$).

Associations between the coping strategies with the selected demographic variables

It was found that there was a significant association between the domains of coping strategies such as problem focused coping with gender ($\chi^2 -1.8$, $p-0.01$) and background ($\chi^2 -2.33$, $p-0.01$). Wishful thinking with family history of blindness ($\chi^2 -101.5$, $p-0.01$) and current educational status ($\chi^2 -7.23$, $p-0.01$). Detachment with age ($\chi^2 -2.4$, $p-0.01$), number of siblings ($\chi^2 -95$, $p-0.01$), current educational status ($\chi^2 -8.36$, $p-0.01$) and

type of visual impairment (χ^2 -1.23, p-0.01). Support from others with family history of blindness (χ^2 -117.0, p-0.01), and use of assistive device (χ^2 -2.24, p-0.01). An physical activities with gender (χ^2 -1.3, p-0.001), residential status (χ^2 -43.0, p-0.01) and use of assistive device (χ^2 -3.12, p-0.01).

Correlation of the impact of visual impairment and coping strategies of children

It was found that there was a significant negative correlation between the domain of impact of visual impairment, mobility and independence with domain of coping strategies, problem focused coping (γ -0.350, p 0.01) and support from others (γ -0.359, p 0.01). Emotional wellbeing with domains of coping strategies such as positive thinking (γ -0.338, p 0.01) and physical activity (γ -0.378, p 0.01). And reading and accessing information with domain of coping strategies such as, problem focused coping (γ -0.273, p 0.01) and support from others (γ -0.285, p 0.01). This shows that there was a negative correlation between impact of visual impairment and coping strategies among the study subjects.

In the present study the minimum score obtained in the mobility and independent subscale of the present study subjects was 14 and maximum was 33. The Mean and SD was 22.02±5.974. Visual impairment has a significant impact in areas such as functional visual deficit as reported by Nirmalan, *et al.*, (2004)¹⁹. Gold, *et al.*, (2010)²⁰ reported that there was less participation in leisure and social activities by the subjects. Studies conducted by Mary B., Linda H., Diane and Alistair (2006)²¹, Brambring (2001)²² revealed that the subjects with visual impairment performs less physical activities. Yet another studies conducted by Sunilkumari (2009)²³ showed that there was an decrease in activities of daily living by the subjects.

Regarding the scores in emotional wellbeing subscale, the study subjects obtained minimum 4 and maximum 24. The mean and standard deviation of the emotional wellbeing subscale was 14.00 ± 6.1 respectively. The common impact of visual impairment over the emotional wellbeing of the subjects with visual impairment includes anxiety, and various levels of depression ranging from mild to moderate as noted by Ajay Kumar, *et al.*, (2010)²⁴. Another study conducted by Dyck, *et al.*, (2004)²⁵ had reported that there was a delay in acquiring

emotional recognition, and emotional understanding abilities of the participants with visual impairment, and in the study conducted by Irena Kaffemaniene (2000)²⁶ showed that for over one third of children (34%) slight emotional ailments and accompanying slight emotional and medium symptoms of disturbed behavior. The other group of children (26%) had combination of slight emotional and medium symptoms of disturbed behavior. The third group of children (34.0%) was characterized by combination of severe emotional and behavior disturbances. Dote-Kwan, Jane, Chen and Deborah (2010)²⁷ examined the temperamental characteristics of young children with visual impairments. The results showed that three temperament categories (approach or withdrawal, mood, and persistence) were related to the children's levels of functional vision; Young children with higher levels of negative emotionality were at a greater risk of developing internalizing and externalizing problems. Visual impairment even contributed to the psychopathological issues such as autism by Mukaddes, *et al.*, (2007)²⁸. Neurotic reactions in participants with visual impairment as reported by Irena Kaffemaniene (2000)²⁶.

The minimum score obtained in the reading and accessing information subscale by the present study subjects, were 11 and maximum was 24. The mean was 15.86 and the standard deviation was 3.3. Greater incidence of global learning difficulties were reported by Naomi Dale (2002)²⁹. Another study conducted by Bardin, Julie, Lewis and Sandra (2008)³⁰ reported a below grade level academic performance in the participants with visual impairment in the related literatures.

The impact of visual impairment to the mobility and independence differ significantly among family type and type of visual impairment. The emotional wellbeing shown significant relationship with the residential status, current educational status, background, types of visual impairment, use of assistive device and educational status of mother. Reading and accessing information significantly differ with family type, residential status and type of visual impairment.

The mean score obtained in the problem focused coping subscale was 30.58. The mean and standard deviation of the wishful thinking subscale was 10.08 and 2.2 respectively. The mean score for detachment subscale was 47.64 and the standard deviation was 7.4.

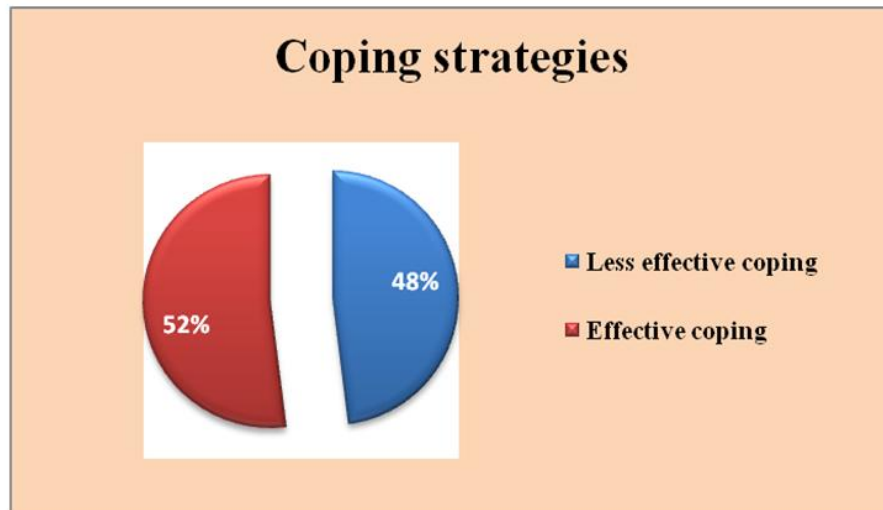
Table.1 Impact of visual impairment on psychosocial functioning scores of study subjects

Sl. No.	Item labels	Range	Mean ± SD
1.	Mobility and independence	14-33	22.02 ± 5.9
2.	Emotional Wellbeing	4-24	14.00 ± 6.1
3.	Reading and Accessing Information	11-24	15.86 ± 3.3

Table.2 Domain wise Mean scores of coping strategies study subjects

Sl. No.	Item labels	Range	Mean ± SD
1.	Problem focused coping	16-39	30.58 ± 5.8
2.	Wishful thinking	5-16	10.08 ± 2.2
3.	Detachment	35-65	47.64 ± 7.4
4.	Support from others	11-28	19.06 ± 4.1
5.	Positive thinking	12-29	20.74 ± 4.2
6.	Physical activities	10-22	16.78 ± 2.7
	Coping strategies	111-188	144.88 ± 16.5

Fig.1 Pie diagram showing the categories of coping strategies of study subjects



The mean score for support from others subscale was 19.06 and the standard deviation was 4.1. The mean and standard deviation of the Positive thinking subscale was 20.74 and 4.2 respectively. The mean for Physical activities subscale was 16.78 and the standard deviation was 2.7. The possible minimum score in coping strategies main scale is 54 and maximum score is 216.

The minimum obtained by the subjects were 111 and the maximum score was 188. The mean was 144.88 and the standard deviation was 16.5. The coping strategies such as praying to God, and help seeking behavior were used by the participants as reported by Sunilkumari (2009)²³. The coping strategies such as problem focused tasks, were the common adaptive strategies among participants with visual impairment, as reported by Sunilkumari (2009)²³ and Carmen Calvo-Novell (2003)³¹. Support

from peer and, siblings as noted by Carmen Calvo-Novell (2003)³¹ and seeking parental support as a coping strategies were used by the participants with visual impairment as reported by Chang, *et al.*, (2000)³².

In a study conducted by Sabina Kef and Maja Dekovi (2004)³³ revealed that the participants used various useful coping strategies like support of peer, friends and parents. Maladaptive coping strategies such as being depressive or aggressive and crying were also been reported Sunilkumari (2009)²³. Substance use as the coping strategy used by the participants with visual impairment also reported by Pinguart, *et al.*, (2010)³⁴. All the above mentioned studies were conducted on specific aspects of overall functioning, and there were no finding which identified the impact of visual impairment on psychosocial functioning and the correlation between

the impact of visual impairment and the coping strategies used by the children with visual impairment. Hence the present study finding revealed that there was a significant relationship between the impact of visual impairment and the coping strategies, especially among the older children, this may be due to the biopsychosocial changes which normally occur in the developmental process.

In the present study there is an increase in Impact of visual impairment on psychosocial functioning of the children, and there is also decrease in the Coping strategies among children. It is because the disabilities caused by visual impairment make the children to be passive in overall functioning which may leads to decrease in using the coping strategies.

This study has shown that there is a severe impact of visual impairment on psychosocial functioning and the coping strategies among children with visual impairment, which is important in all round development of the children and adolescent because they are interrelated. Children with any deviation from the normal development and functioning may develop maladaptive coping and behavioral problems. Children who are effectively coping with the disability are able to perform better in the academic and personal life. Therefore, the educational policies and the nursing interventions should be aimed at promoting children's mental health.

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