

# SOCIAL ACCEPTANCE FOR PERSONS WITH LOW VISION

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## ABSTRACT

**OBJECTIVES:** To evaluate the level of social acceptance and rejection experienced by person with low vision, to know the conditions which people with visual ailment face with identification of barriers for inclusion in society and also to analyze the behavior of society towards persons with low vision.

**METHOD:** A sample size of total 60 people was asked to fill the self-designed questionnaire regarding social acceptance for the persons with low vision. Informed Consent was used to seek permission from participants. Persons with low vision above 10 to 30 years of age were included along with the family members of such persons.

**RESULTS:** Twenty one (35%) persons had good health during childhood. 73% persons with low vision faced difficulty during independent mobility. 15% low vision persons had training for mobility. 45% low vision persons were students while 55% persons with low vision were not studying. 23.3% people having low vision were doing jobs while 70% of the low vision population was inclusive in the society.

**Conclusion:** This study concluded that people having low vision face difficulties in daily living and feel secluded in the society and society doesn't accept them as their active members. Social acceptance and inclusion are two main things to be imported in the society. cross fixation

**KEYWORDS:** Intravitreal injection, Bevacizumab

## INTRODUCTION

Low vision is stated as best-corrected visual acuity which is worse than 20/40 in the eye having better visual acuity, consider able loss of visual field, or significant deprivation of contrast sensitivity which cannot be corrected by refraction, medication or surgical treatment.<sup>1</sup> The World Health Organization has defined low vision in terms of "visual impairment after treatment and/or standard refractive correction with visual acuity (VA) of less than 6/18 to light perception, or a visual field less than 10 degrees from the fixation point, in a person who uses or is likely able to use vision for the planning and/or implementation of a task for which vision is important".<sup>2</sup> People with low vision have complications because it affects their rate of success. They have fewer chances for education and jobs and so they are not proper part of economy. Visually impaired people suffer from depression as they cannot cope with their lives. Low vision persons use cane or stick while walking so people see them with the sight of sympathy.

Eyes are the beautiful gateway for social interaction and when low vision persons can't make an eye contact it lowers their self esteem.<sup>3</sup> Vision screening for refractive errors and early eye diseases can reduce or prevent a large proportion of people from experiencing unnecessary loss of vision, blindness and contribute to better quality of life.<sup>4</sup> Low vision (LV) has adverse effects on one's health like difficulty in performing routine life activities, mental health problems, physical malfunction and poor health related quality of life (QOL). Eye care specialists in low vision clinic can reform their quality of life.<sup>5</sup>

Social acceptance means that the society signals that it wishes to include you in their groups and relationships. Social acceptance occurs on a perpetuity that ranges from merely admitting another person's presence to actively pursuing someone as a relationship partner. Social rejection accounts for little desire to include you in their groups and relationships by people. Social

rejection also is a complex structure, including behaviors that include from ignoring another person's presence to actively dislodging him or her from a group. People in society experience acceptance and rejection on smaller level as well as chronically.<sup>6</sup> Individuals' opinion to restoration and cooperation limitation is affected by their modification and compliance to decrease vision. Adverse criticism to visual loss involve stroke, annoyance, rejection, departure, loss of dignity and independence.<sup>7</sup>

The degree to which socially excluded individuals are willing to collaborate with others is an important theoretical and practical question. There are four contrasting predictions based on the existing psychological literature. The first two are derived from the need-threat literature: Following social rejection individuals may withdraw from cooperative interaction in general or cooperate more in general. On the other hand, performance of the excluded individuals in cooperative tasks may worsen, reflecting reduced ability to deliberate. As a final point, excluded individuals may cooperate less with those who rejected them.<sup>8</sup>

There are different factors which make the social acceptance or rejection of low vision persons easier in their habitual lives. Some of the main factors include their wish to live an independent life, optimistic approach towards life, social and economical assistance, lack of awareness for low vision rehabilitation, and community based support.<sup>9</sup>

Impaired vision and social acceptance are related to each other. Visual impairment is more common in older people and depression is also mostly associated with them. It goes without saying that social acceptance is affected by loss of vision.<sup>10</sup> Many individuals with low vision (LV) have very less social web because of their inability to take part in communal activities. Social help is the main contributor to health linked quality of life for visually impaired individuals. Low vision (LV) services enable the individuals to spend a self-determining life.<sup>11</sup>

Social acceptance becomes very difficult for persons with low vision because of the some complications for example, they are unable to perform daily life activities, are being mistrusted, death rate increases, increase demand of health related services and self-care, loss of intellectual abilities and loss of memory.<sup>12</sup>

Increase level of low vision is related mostly to the social acceptance and it decreases the contentment with life. As age progresses, visual loss will also enhance. In other words increase in age is an important indicator of visual impairment.<sup>13</sup>

If the refractive errors are not corrected they can lead to low vision. Cataract and pathologies of retina are the main causes of mild, medium impaired vision and complete blindness in older ages and these persons become unacceptable to the society.<sup>14</sup>

Adapting vision loss is a constant and complex process that may be assisted interactions and more socialization for rehabilitation needed in the community. To best rehabilitate people with low vision, there is a need of physical social as well as psychological adaptation to be taken under practice.

## METHODOLOGY

Ethical clearance to conduct this study regarding social acceptance for person with low vision was obtained from the College of Ophthalmology and Allied Vision Sciences, King Edward Medical University, Lahore. A descriptive cross-sectional study was utilized. The size of sample obtained was 60. The demographic details were also noted which including people with visual impairment above 10 years to 30 years age and family members of people with low vision problems were also included in this study. Mentally retarded and uncooperative persons, persons with hearing impairment and patients having mental disorder were excluded. Ethical sanction and informed consent was also obtained. Information gathered by self made questionnaire in the form of hard copy. Data was captured by SPSS version 20 and Microsoft Excel 2010. The informed consent of every patient was taken before collecting the data.

## RESULTS

This study included a total of 60 Low vision persons. Out of these 60 persons, 21(35%) patients had good health during childhood. 73% persons with low vision face difficulty during independent mobility while 15% people with low vision don't face any difficulty during independent mobility. Moreover, 15% low vision persons have got training for mobility while & 6.7% were untrained. 45% low vision persons were students while 55% persons with low vision were not studying.

23.3% people having low vision were doing jobs while 76.7% were unemployed. 70% of the low vision population was inclusive in the society while 30% was secluded. After filling self made Questionnaire, we concluded that in Low Vision patient's quality of life can improve through environmental modification, through optical and non-optical devices, advanced technologies and conduct counseling session consanguinity among families and within society.

**Table-1: RECREATIONAL OR PHYSICAL ACTIVITY**

Questions	YES		NO		N/A	
	Frequency	%	Frequency	%	Frequency	%
Feeling difficulty in Locating Friends or people around you<	40	66.7	19	31.7	1	1.7
Facing difficulty in using Public Transport<	28	46.7	31	51.7	1	1.7
Facing difficulty in crossing roads<	44	73.3	15	25	1	1.7
Facing difficulty in shopping<	34	56.7	24	41.7	1	1.7
Facing difficulty in access to health services<	30	50	29	48.3	1	1.7
Having had any training for mobility<	9	15	46	76.7	5	8.3
Facing difficulty in watching TV<	38	63.3	22	36.7		

Table 1 shows that 73% persons with low vision face difficulty during independent mobility while 15% people with low vision don't face any difficulty during independent mobility. Moreover, 15% low vision persons have got training for mobility while 6.7% were untrained.

**Table 2: SOCIAL INTERACTION OR COMMUNICATION**

Questions	YES		NO	
	Frequency	%	Frequency	%
Are you doing any job<	14	23.3	46	76.7
Are you studying<	27	45	33	55
Do people show negative behavior on your interaction with them<	37	61.7	23	38.3
Does your family pay equal attention towards you and other family members	33	55	27	45
Do you feel Inclusive in all aspects in society<	42	70	18	30

Table 2 shows that 45% low vision persons were students while only 23.3% were doing jobs. More than half believed that their families paid equal attention to

them as compared to other family members, yet majority also felt that the society showed a negative behavior while interacting with them. Ultimately, 70% of the low vision population felt that they were inclusive in the society in all aspects.

**DISCUSSION:**

Social acceptance is one of the most influential elements when it comes to a person's personality and actions are the acceptance of the people around them. The thing about social acceptance is that it is impossible to obtain the level of attention and appreciation from other people that you feel you deserve.

Low vision is a decrease of best corrected visual acuity and it occurs because of irreversible ocular pathology. World Health Organization defined the low vision as "A person with low 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 perception of light, or a visual field of less than 10o from the point of fixation, who uses, or is potentially able to use, vision for the planning of a task or project".<sup>2</sup> Persons with disability suffer from depression and enigma in developing countries. They are excluded from basic rights of living and can't survive in the society as other human beings due to lack of education, jobs and other facilities.<sup>8</sup>

These rules should be followed for inclusive and accretive environment for low vision persons.

- All the human beings have equal right to participate in the society.
- Respect and recognize the dignity of every person.
- Consider the capacities of every person worth respecting.

And the prime goal should be that all the persons having visual problems should have same opportunities as anybody else to flourish in society.

Visual impairment is defined as visual acuity <20/60 with best optical correction or serious central field loss. It is also referred to as distance VA of 20/50 or poor in good viewing eye. Vision is an essential hint of health and Quality Of Life. Quality of life is referred to as person`s thinking about their status in life in relation to their civilization and customs in which they live and is linked to their aims, intentions, code and

entanglement. It is defined as the physical, mental, practical, communal and financial welfare of a person. The effect of pathology is that it will result in loss of healthiness related Quality Of Life and vision related Quality of Life.

Older patients with visual impairment are at high danger of falls and fractures. Regardless of being registered blind, some were concerned that others would distinguish them as a fraud because they still had residual vision and e.g. were still able to walk without help. Indeed, some others people did not believe they had a visual impairment or that loved ones did not understand the impact of their vision loss, which in turn led to reduced social contact.<sup>15</sup>

It was reported in a study that the main reasons of blindness and impaired vision in children are congenital disorders, glaucoma, cataract, retinal disorders, strabismus and retinopathy of prematurity. Proper screening during childhood can help to prevent visual loss at growing age. If these ocular problems are diagnosed and treated at earlier age person can be prevented from permanent visual loss.<sup>16</sup>

Previous studies suggested that a person with visual disability who had ability to adjust to the alternate situation had potential to handle better and social acceptance would be easier. Thus, decrease burden on family and society. O & M training is a dynamic procedure to support in adjustment to disability.<sup>17</sup>

A previous study suggested that Low vision (LV) specialists (optometrists) should be aware of their patients' Social problems and personal developmental issues and encourage them to take part in active rather than avoiding dealing with the problems of their vision impairment. They should be aware of their other health issues and should be guided properly. Not only persons suffering with low vision but their family members should also be informed about their needs. Life styles of person with low vision can be improved with the help of Government, Non-Government authorities, societies and most importantly family members.<sup>18</sup>

Persons with low vision or visual disparity face problems in independent mobility as they walk in streets, crossing roads or climbing stairs. It makes them dependent on others and harms their self esteem. They are required to get training and sessions regarding independent mobility. It is important for them to learn

how to use white canes while moving around. This study included a total of 60 Low vision persons out of whom 21(35%) patients had good health during childhood. 73% persons with low vision face difficulty during independent mobility while 15% people with low vision don't face any difficulty during independent mobility. Moreover, 15% low vision persons had got training for mobility while 45% low vision persons were students while 55% persons with low vision were not studying. 23.3% people having low vision were doing jobs while 76.7% were unemployed. 70% of the low vision population were inclusive in the society.

Adapting vision loss is a constant and complex process that may be assisted interactions and more socialization for rehabilitation needed in the community. To best rehabilitate people with low vision, there is a need of physical social as well as psychological adaptation to be taken under practice.

#### INDICATIONS FOR REHABILITATION

Social as well as physical environment is the important factor in the betterment of persons with low vision in society.

Accepting the living conditions and barriers in normal living for a person with low vision having sudden onset of visual loss is difficult condition if people around that person are not cooperative.

Psychological adaptation to vision loss is associated with severe depression, rejection which affects the mind set of person with low vision to visit low vision clinic.<sup>14</sup>

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## REFERENCES

- Shah P, Schwartz SG. Low vision services: a practical guide for the clinician. 2018;10:2515841418776264.
- Do AT, Ilango K, Ramasamy D, Kalidasan S, Balakrishnan V, Chang RT. Effectiveness of low vision services in improving patient quality of life at Aravind Eye Hospital. *Indian J Ophthalmol*. 2014;62(12):1125-31.
- Pinquart M, Pfeiffer JP. Perceived social support in adolescents with and without visual impairment. *Res Dev Disabil*. 2013;34(11):4125-33.
- Varma R, Vajaranant TS, Burkemper B, Wu S, Torres M, Hsu C, et al. Visual Impairment and Blindness in Adults in the United States: Demographic and Geographic Variations From 2015 to 2050. *JAMA Ophthalmol*. 2016;134(7):802-9.
- Kempen GI, Balleman J, Ranchor AV, van Rens GH, Zijlstra GA. The impact of low vision on activities of daily living, symptoms of depression, feelings of anxiety and social support in community-living older adults seeking vision rehabilitation services. *Qual Life Res*. 2012;21(8):1405-11.
- DeWall CN, Bushman BJ. Social Acceptance and Rejection: The Sweet and the Bitter. *Current Directions in Psychological Science*. 2011;20(4):256-60.
- Hernandez Trillo A, Dickinson CM. The impact of visual and nonvisual factors on quality of life and adaptation in adults with visual impairment. *Invest Ophthalmol Vis Sci*. 2012;53(7):4234-41.
- Walasek L, Juanchich M, Sirota M. Adaptive cooperation in the face of social exclusion. *Journal of Experimental Social Psychology*. 2019;82:35-46.
- Naraine MD, Lindsay PH. Social inclusion of employees who are blind or low vision. *Disability & Society*. 2011;26(4):389-403.
- Renaud J, Bedard E. Depression in the elderly with visual impairment and its association with quality of life. *Clin Interv Aging*. 2013;8:931-43.
- Wang C-W, Chan CLW, Chi I. Overview of Quality of Life Research in Older People with Visual Impairment. *Advances in Aging Research*. 2014;3(2):16.
- Brown RL, Barrett AE. Visual impairment and quality of life among older adults: an examination of explanations for the relationship. *J Gerontol B Psychol Sci Soc Sci*. 2011;66(3):364-73.
- Zhang L, Cui H, Zhao J, Ellwein LB, Li Z, Li M, et al. [Prevalence of blindness and moderate and severe visual impairment among adults aged 50 years or above in Shuangcheng City of Heilongjiang Province: the China Nine-Province Survey]. *Zhonghua Yan Ke Za Zhi*. 2014;50(3):173-8
- Kaminsky TA, Mitchell PH, Thompson EA, Dudgeon BJ, Powell JM. Supports and barriers as experienced by individuals with vision loss from diabetes. *Disabil Rehabil*. 2014;36(6):487-96.
- Brundle C, Waterman HA, Ballinger C, Olleveant N, Skelton DA, Stanford P, et al. The causes of falls: views of older people with visual impairment. *Health Expect*. 2015 Dec; 18(6): 2021–31.
- Gogate P, Gilbert C, Zin A. Severe visual impairment and blindness in infants: causes and opportunities for control. *Middle East Afr J Ophthalmol*. 2011 Apr;18(2):109-14.
- Kaiser JT, Cmar JL, Jennifer, Rosen S, Anderson D. Scope of Practice in Orientation and Mobility. [Online] (cited Dec 2018). [Available from URL: [https://www.researchgate.net/publication/331135030\\_Scope\\_of\\_Practice\\_in\\_Orientation\\_and\\_Mobility](https://www.researchgate.net/publication/331135030_Scope_of_Practice_in_Orientation_and_Mobility)].
- Nakade A, Rohatgi J, Bhatia MS, Dhaliwal U. Adjustment to acquired vision loss in adults presenting for visual disability certification. *Indian J Ophthalmol*. 2017 Mar;65(3):228-232.