

Lived experiences of adults with acquired visual impairment in Nigeria:

A preliminary study focusing on social capital

Emmanuel Ita Bassey, MBBCh

Submitted for the Degree of
Master of Disability Policy and Practice (MDPP)

Disability and Community Inclusion Unit
School of Health Sciences
Faculty of Medicine, Nursing and Health Sciences
Flinders University, Adelaide, Australia

October 2016

Dedication

To

Helen Bassey

My dear wife and soul-mate

For your priceless support. Thanks for being a motivator, a driver, a tea maker, a cake provider, a partner and a best friend, and without whom this thesis would never have been completed.

and

Vania Bassey

My gracious gift from God

Born at the height of my dissertation, your cries and sleepless nights added fuel while writing this thesis.

Acknowledgement

I would first like to express my gratitude to God, for His grace and protection during the last two years. Words are not enough to say how thankful I am; *You* made all of this possible!

I am also grateful to my sponsors, The Commonwealth of Australia via the Australia Awards Postgraduate Scholarship Programme. Thank you for the financial support and believing in me.

Special thanks to my amiable supervisors and lecturers, Associate Professor Caroline Ellison, and Dr Ruth Walker; your invaluable guidance and support made a huge difference while writing this dissertation. My heartfelt appreciation to Associate Professor Salah Kutieleh, Director of Transition, Flinders University for the encouragement and important contributions made. I would also like to thank Nikki May, librarian for Disability and Community Inclusion Unit, and all the lecturers and administrative staff of the Disability and Community Inclusion Unit. You all gave your best to satisfy our quest for knowledge.

Many thanks to my friends: Hanh Nguyen, Mabel Seglah, Melina Amedee, Nnemeka Meribe, and Viengsam Indavong for their support, encouragement, and contribution to my learning and living in Adelaide. To my colleagues and course-mates, it was a pleasure to have spent two years with such a wonderful bunch of people. You guys made Adelaide interesting. A huge thank you goes out to Bill and Catherine Holst, David and Judy Holst, David and Liz Pearce, Emmanuel and Iboro Edem, Esther Intveld, Temi and Joy Abrahams, Lyndal Daly, and Raechel Joyce for making Adelaide a memorable home for my family.

I want to particularly acknowledge my mentors Prof. Hogan Itam, Dr Thomas Agan, Dr Denis Nkanga, and Dr Roseline Duke for their support and encouragement; I am most appreciative.

My gratitude also goes to the management of the University of Calabar Teaching Hospital for granting me time to undertake this course.

Finally, I cannot forget to thank my family – the Basseys, Itams, and the Tsos for your prayers and words of encouragement throughout my stay in Adelaide.

Thank you all!

Table of Contents

Dedication.....	2
Acknowledgement.....	3
Table of Contents.....	4
Definition of Terms.....	7
Abstract.....	8
Chapter One.....	10
1.1 Introduction.....	10
1.2 Rationale for the study.....	12
1.3 Key research questions.....	15
1.4 Objectives.....	15
1.5 Dissertation structure.....	16
1.6 Chapter summary.....	17
Chapter Two: Literature Review.....	18
2.1 Introduction.....	18
2.2 Social capital.....	18
2.2.1 Individual social capital.....	19
2.2.2 Collective social capital.....	20
2.2.3 Bonding, bridging, and linking social capital.....	20
2.3 Social resources and networks.....	22
2.4 An implication of visual impairment – social isolation.....	23
2.5 Visual rehabilitation services.....	24
2.6 Visual rehabilitation and social capital.....	26
2.7 Theoretical framework.....	27
2.8 Chapter summary.....	28
Chapter Three: Research Methodology.....	29
3.1 Introduction.....	29

3.2 Study design	29
3.2.1 The qualitative approach	29
3.2.2 The phenomenological approach.....	30
3.2.3 In-depth interview	32
3.3 Sampling procedures and selection	34
3.3.1 Location of study	35
3.3.2 Participants	35
Table of participant information.....	36
3.3.3 Recruitment	36
3.4 Ethical considerations	38
3.5 Method of data collection.....	38
3.6 Method of data analysis	40
3.7 Chapter summary	41
Chapter Four: Research Findings	42
4.1 Introduction	42
4.2 Relationships with friends and others	42
4.2.1 Relationships with friends and others prior to vision loss.....	42
4.2.2 Relationships with friends and others after vision loss	43
4.3 Finding strength in family relationships	45
4.3.1 “A very good relationship”	45
4.3.2 “They were very supportive”.....	47
4.4 Changes to relationships with friends	48
4.5 The impact of acquiring a vision impairment	49
4.5.1 “Devastating and frightening experience”	50
4.5.2 “Unable to complete usual tasks”	51
4.6 Perceptions of visual rehabilitation services	53
4.6.1 Regaining hope and functional ability.....	53
4.6.2 Becoming confident to communicate.....	54

4.7 Chapter summary	56
Chapter Five: Discussion and Analysis of Findings.....	57
5.1 Introduction	57
5.2 The experience of social relationships for adults with acquired visual impairment	57
5.3 Diminished social support.....	61
5.4 The impact of visual rehabilitation services.....	63
5.5 Other findings.....	66
5.6 Limitations of the current study	67
5.7 Chapter summary	67
Chapter Six: Conclusion and Recommendations.....	69
6.1 Conclusion.....	68
6.2 Recommendations	71
6.2.1 Future research	72
6.2.2 Implications	72
6.3 Reflection	72
References.....	74
Appendix One: Information Sheet	78
Appendix Two: Letter of Introduction.....	82
Appendix Three: Consent Form	84
Appendix Four: Interview Protocol	86

Definition of Terms

FMWASD - Federal Ministry of Women Affairs and Social Development

Friends – individuals other than family members that have a close relationship with participants.

Others – people in the neighbourhood, work colleagues, or people in positions of power including employers.

Social module - the term used to describe the way in which the lack of social component of visual rehabilitation services can be addressed involving strategies that will facilitate social relationships between adults with acquired visual impairment, and non-disabled people in society.

Working-age – within the legal age to work in Nigeria (Nigeria Labour Act).

Abstract

Background: This study investigates the social capital implications of vision loss among working-age adults with acquired visual impairment in Nigeria. This includes exploring the challenges of acquiring and maintaining social relationships and supports for adults who acquire a significant vision impairment in adulthood, as opposed to being blind from birth or early in life. The study also investigates if visual rehabilitation services address the social goals of working-age adults with acquired visual impairment using the concepts of bonding, bridging, and linking social capital as the theoretical concept. The experience of living with a visual impairment has been linked to social isolation, diminished social relationships, reduced network size, and decreased social support. These challenges may result in low access to social resources, diminished social capital, decreased social wellbeing, and quality of life among working-age adults with acquired visual impairment. In Nigeria, social relationships and social connectedness are valued and are important aspects of culture and custom. Hence, understanding the impact of vision loss on the established social networks among this group of individuals was the key aspect of this study.

Methodology: A qualitative study using a phenomenological approach was undertaken. Eight adults, ages 18-59, were recruited from a disability service organisation in Nigeria. Telephone interviews were conducted with four males and four females. Interviews were recorded and transcribed to text. Data was analysed manually.

Findings: five broad themes were developed from participants' accounts: (i) relationships with friends and others; (ii) finding strength in family relationships; (iii) changes to relationships with friends; (iv) the impact of acquiring a visual impairment; and (v) perception of visual rehabilitation services. The study findings indicated that the relationship between working-age adults with acquired visual impairment in Nigeria and their family members improved post vision impairment, with stronger family ties resulting in enhanced bonding social capital. However, participants experienced diminished bridging and linking social capital, which was demonstrated by barriers to external social resources, decreased social wellbeing, and quality of life. Furthermore, findings showed that visual rehabilitation services, while assisting participants in terms of psycho-emotional and functional adjustment, were lacking in addressing the social goals of working-age adults with acquired visual impairment in Nigeria. These findings were highlighted by both male and female study participants, indicating that this was not a gendered phenomenon.

Conclusion: Because social connectedness and relationships are valued in Nigerian society, Nigerian visual rehabilitation services will need to place more emphasis on addressing the social goals of working-age adults with acquired visual impairment. It would be expected that this will, in turn, facilitate access to external social resources such as employment information and instrumental support, which may facilitate bridging and linking social capital, social wellbeing, and quality of life of working-age adults with acquired visual impairment in Nigeria.

Lived experiences of adults with acquired visual impairment in Nigeria:

A preliminary study focusing on social capital

Chapter One

1.1 Introduction

Visual impairment is a general term that refers to the condition in which individuals have a vision loss that affects their functional lives in areas such as learning, living or working (Dandona, & Dandona, 2006; Pagliano, 2005; West et al., 2002). Globally, the World Health Organisation estimates that 285 million people are living with a visual impairment; 39 million are blind, and 246 million have low vision (Pascolini, & Mariotti, 2011). About 90% of these individuals live in low-income settings and 82% of people living with blindness are aged 50 and above (Pascolini, & Mariotti, 2011). In a national visual impairment survey carried out in Nigeria, it was estimated that 4.25 million people of 40 years and above were living with a visual impairment; findings from the study demonstrated that most people acquired their visual impairment at this age and glaucoma was identified as the second leading cause of visual impairment among this group (Dineen et al., 2008; Kyari et al., 2009), thus indicating a high prevalence of acquired visual impairment among middle age adults in Nigeria (Kyari et al., 2009).

Visual impairment is defined as the condition where a person has sight loss that cannot be fully corrected with contact lenses or glasses (Pagliano, 2005; West et al., 2002). Visual impairment is described as functional limitation of the eye or eyes or the vision system that may lead to loss of visual acuity and visual field (Dandona, & Dandona, 2006; Pagliano, 2005; Pascolini, & Mariotti, 2011; West et al., 2002). Acquired visual impairment occurs later in life after visual memory has been established, that is after having normal vision with development of cognitive, functional and social skills (Pagliano, 2005). Evidence has shown that visual impairment that occurs later in life, that is acquired vision loss, may interfere with an individual's functional life goals (Boerner, & Cimarolli, 2005). As a result, working-age adults with acquired visual impairment may experience some form of functional limitation, and visual rehabilitation services aim to address these limitations (Luxton, Bradfield, Maxson, & Starkson, 1997; West et al., 2002). Therefore, it is suggested that the objective of visual rehabilitation services is to facilitate the social

integration of people with visual impairment in society through the acquisition of compensatory basic life skills, regain functions, and become independent (Crews, & Luxton, 1992; Kuyk et al., 2008; Luxton et al., 1997).

In spite of this, people with visual impairment appear to continue to experience diminished social relationships, which may be due to lack of understanding of others, and lack of visual cues in social situations (Wang, & Boerner, 2008). Evidence has shown that visual rehabilitation services provide well defined functional and self help independence support and training but may be lacking in addressing psychosocial elements that may be helpful in supporting the social goals of people with visual impairment (Boerner, & Cimarolli, 2005; Wang, & Boerner, 2008). In Nigeria, evidence has shown that people with visual impairment in visual rehabilitation centres perceive diminished social relationships with family and friends as a major problem (Ajobiwe, & Ayena, 2012). Interestingly, in developed countries, findings have demonstrated that guide dogs used as a mobility aid for people with visual impairment may in some degree facilitate social interaction between people with visual impairment and people without visual impairment (Sanders, 2000). But exploration of the use of, and value of, guide dogs and similar practices are yet to be included into Nigerian practice.

It appears that the origin of visual rehabilitation services in Nigeria is not well articulated in the literature (Ozaji, 2003). However, there is evidence suggesting that visual rehabilitation practice in Nigeria evolved from Western practice, with the Nigerian Government adopting the Western conventional model of visual rehabilitation (Ajobiwe, & Ayena, 2012; Daramola, 1976). This conventional model empowers individuals with a visual impairment to regain functions and become self-sufficient (Agomoh, 2006). Anecdotal evidence suggests that the key conventional models in current Nigerian practice comprise mainly braille literacy, activities of daily living, orientation and mobility, and assistive computer technology. Thus the objectives of current visual rehabilitation services are to facilitate integration and equal participation of people with visual impairment within Nigerian society (Ozaji, 2003).

Prior to the introduction of Western models of visual rehabilitation, Nigeria practice was to use informal or traditional approaches (Ajobiwe, & Ayena, 2012; Ozaji, 1992). There is some evidence to suggest that life in the community was basic, and people with visual impairment acquired basic life skills through traditional vocational activities (Ozaji, 1992). At that time, people with visual impairment were taken care of through the extended

family (Ajobiewe, & Ayena, 2012; Ozoji, 1992). Owing to this, it can be argued that people with visual impairment experienced strong family ties, that is bonding or social cohesion, which may have resulted in a social support experience for people with visual impairment.

It has been documented that Western Christian missionaries spearheaded the introduction of formal visual rehabilitation services through the establishment of visual rehabilitation centres in Nigeria (Ajobiewe, & Ayena, 2012). In addition, studies have shown that international voluntary organisations such as The Royal Commonwealth Society for People with Visual Impairment made significant impact in instituting vocational rehabilitation services and centres in Nigeria (Ayoku, 2000; Mba, 1995; Ozoji, 2000). These centres were located in different parts of the country and trained people with visual impairment in activities of daily living, self-care, communication skills, and vocational skills such as typing, cane-work, tie and dye, leatherwork, farming, art and decorations (Ajobiewe, & Ayena, 2012). It may be asserted that Western influence and practices saw Nigeria move away from an informal or traditional rehabilitation system involving family social support to the Western formal visual rehabilitation system, and that may have impacted on the social support provided by families in the community (Ajobiewe, & Ayena, 2012).

1.2 Rationale for the study

In light of the above, it can be argued that, while people with visual impairment in Nigeria may receive rehabilitation that meets their functional goals, current practice in visual rehabilitation may ignore changes to social relationships that are experienced by working-age adults when they experience vision loss. As Rostila (2011) observes, diminished social relationships may result in an individual's diminished social capital. Social interaction and relationships are crucial to social connectedness, and lack of specific rehabilitation supports focusing on maintaining and supporting social relationships is likely to diminish the social capital of working-age people with acquired visual impairment in Nigeria.

The concept of social capital is based on the notion that an individual can acquire social resources that evolve from accessible social networks or social structures characterised by mutual trust (Bourdieu, 1986; Coleman, 1988; Lin, 2001; Putnam, 2000, 1995). It is believed that social relationships such as close social contacts with family, relatives and friends facilitate exchange of social resources in networks (Flap, 2004; Lin, 2001; Portes, 1998). However, recent studies have shown that people with disabilities, including working-age adults with acquired visual impairment do experience some form of

diminished social capital (Chenoweth, & Stehlik, 2004; Phillips, Robison, & Kosciulek, 2014; Potts, 2005).

Nigeria is a multicultural society with over 250 ethnic groups (African Strategic & Peace Research Group, 2003; Gbenga, 2008), some evidence suggests that social relationships or networks with people are valued in Nigerian society (Gbenga, 2008; Smith, 2004). As a result, social connectedness with people of different cultures may be an integral part of an individual's social life context. Studies have shown that relationships with people may support and build an individual's social wellbeing and quality of life (Thurston, 2010), and adults living with a visual impairment in Nigeria are no exception. Evidence has shown that people with disabilities, including people with visual impairment, in Nigeria are somewhat faced with social isolation (Ajobiewe, & Ayena, 2012; Amusat, 2009; Smith, 2011). This may result in diminished social relationships and social capital among people with visual impairment (Chenoweth, & Stehlik, 2004; Rostila, 2011).

It has been observed that working-age adults with acquired visual impairment may experience social isolation, and that visual rehabilitation services for this group do not address social issues or the impact of vision loss on social goals (Wang, & Boerner, 2008). Previous studies have explored the emotional and functional impact of vision loss among working-age adults, including depression, isolation, and functional disability including activities of daily living (McCabe, Nason, Turco, Friedman, & Seddon, 2000; Senra, Oliveira, & Leal, 2011; Thurston, 2010). However, there is evidence suggesting that visual rehabilitation services predominantly address functional goals to equip adults with acquired visual impairment with basic life skills that, in turn, enhance their daily functions (Boerner, & Cimarolli, 2005; McCabe et al., 2000; Senra et al., 2011). Some scholars have identified the need for training in social interaction as an important factor for job retention among working-age adults with visual impairment in Nigeria (Wolffe, Ajuwon, & Kelly, 2013), but this has not been the focus of visual rehabilitation services (Boerner, & Cimarolli, 2005; Wang, & Boerner, 2008). Anecdotally, working-age adults with acquired visual impairment in Nigeria may experience diminished social relationships and social skills that may result in job loss, under employment, or discontinued education owing to their vision loss. This may result in reduced access to social resources (Finsveen, & van Oorschot, 2008); diminished social capital (Rostila, 2011); and decreased social wellbeing (Thurston, 2010). Evidence suggests that positive relationships with coworkers and employers is key in job retention among adults with acquired visual impairment (Crudden, 2002).

Consequently, this study seeks to partly explore the gap between the functional goals of visual rehabilitation services, and the impact of visual impairment on the social capital of working-age adults with acquired visual impairment. In particular, this study will use Nigeria as a case study to explore social experiences prior to vision loss, post vision loss, and the efficacy of visual rehabilitation services in addressing social goals.

Using key aspects of social capital including bonding, bridging, and linking social capital, this study aims to theorise how acquired vision loss impacts on social capital.

Bonding social capital refers to relationships between family members, close friends and neighbours, while bridging social capital refers to more distant friends, associates and colleagues (Putnam, 1993). Linking social capital refers to the social interaction between individuals and persons in position of power (Poortinga, 2012; Szreter, & Woolcock, 2004).

1.3 Key research questions

Evidence suggest that visual rehabilitation services are useful in supporting adults to address the challenges of living with acquired vision impairment, including to regain lost functions and independence (McCabe et al., 2000; Senra et al., 2011). However, people with acquired visual impairment may experience diminished social relationships with family and friends, which appear to not be addressed by current models of visual rehabilitation services (Wang, & Boerner, 2008). Given this, this study seeks to explore these issues through the lens of social capital by answering the following research questions:

1. What is the social experience of vision loss among working-age adults with acquired vision impairment?
2. To what extent could it be argued that vision impairment interferes with an individual's social capital?
3. Do visual rehabilitation services address the issue of diminished social capital experienced by working-age adults with acquired vision loss?

1.4 Objectives

The objectives of this study are as follows:

1. To explore the social experience of vision loss, and the importance of social capital among eight working-age adults with acquired visual impairment

2. To investigate whether the eight respondents perceive that their visual impairment impact on their social capital
3. To better understand the perceptions of eight working-age adults with acquired visual impairment in Nigeria regarding the impact of visual rehabilitation services on their diminished social capital.

1.5 Dissertation structure

This thesis will be structured as follows: literature review, research methodology, results and findings, discussion of findings, and conclusion and recommendations.

The literature review will focus on salient issues in the field of visual rehabilitation services with a focus on social capital including the theoretical underpinnings of the concept of social capital and the basic arguments of the various concepts that have emerged from the theory. The review will highlight research trends and look at the link between implications and impacts of visual impairment, visual rehabilitation services, and social capital. It will also identify gaps in the literature, which this study will be designed to fill. The literature review section will cover implications and impacts of acquired visual impairment such as social isolation, visual rehabilitation services, visual rehabilitation and social capital, and theoretical framework.

The methodology section will outline the method chosen to explore the research questions. It includes the study design, type of data, and the method to be employed in the data collection. These are, qualitative research design using a phenomenological approach, sampling procedure, location of the study, participant type and sample size, recruitment and recruiting criteria, ethical considerations and consent request from both participants and recruiting organisations, data collection, and data analysis.

In the result and findings section, the study findings will be presented with a focus on the themes identified during the data analysis.

In the discussion of findings section, findings will be presented and discussed with reference to relevant literature. The section will include findings, discussion, and limitations of the study.

Finally, the conclusion and recommendations section will present an overview of the findings following the results. It will summarise the project and highlight key aspects of the research. Recommendations will be made for future research.

1.6 Chapter summary

Chapter One has established the focus of this thesis. It has identified the problem and justified the need for the study. It has highlighted the potential social issues faced by working-age adults with acquired visual impairment in Nigeria with a focus on the lack of a social component in visual rehabilitation services in Nigeria. Historically, the focus of visual rehabilitation practice in Nigeria has been based on the belief and expectation that people with visual impairment will have some form of family social support, given informal or traditional practice, which is not the case currently. As a result, adults with acquired visual impairment may experience diminished social relationships that may in turn, result in diminished social capital for the individual. Therefore, the current study is necessary to partly address the gap in knowledge regarding the impact of vision loss on the social capital of working-age adults with acquired visual impairment in Nigeria.

Chapter Two, a literature review, will focus on salient issues in the field of visual rehabilitation services and take a critical look into the theory behind social capital.

Chapter Two

Literature Review

2.1 Introduction

The literature review included searching for key words via google scholar, proquest, and cinahl using the Flinders University e-library. The key words are ‘social capital’, ‘visual impairment’ and ‘visual rehabilitation services’. This review focuses on salient issues in the field of visual rehabilitation services with a focus on social capital. Thus, this review will discuss salient points in the literature under these headings: Social capital, implication of visual impairment – social isolation, visual rehabilitation services and social capital, and theoretical concept. It explores the theoretical foundation of the concept of social capital and discusses the basic arguments of the various concepts that have emerged from the theory. Current research focusing on the links between visual impairment, visual rehabilitation services and social capital are also discussed, along with gaps in the literature, which the current study is designed to fill. Hence, literatures with focus on social capital, visual impairment and visual rehabilitation services were identified using these key words.

2.2 Social capital

The theory of social capital evolved from the work of Bourdieu (1986) and it was further underpinned by the work of Coleman (1988); Portes (1998) and Putnam (1993). In recent times, it has gained much attention in various disciplines and the concept of social capital has been utilised to comprehend the mechanisms that influence the life chances of individuals and the social wellbeing of a community (Lin, 2001). Although the concept of social capital is lacking in a widely agreed definition, there are two overarching facets of social capital: individual social capital, and collective social capital, albeit there being some degree of similarity and dissimilarity between these facets. It can be suggested that the concept of bonding, bridging, and linking social capital presented by Szreter, & Woolcock (2004) apparently reconciles the debate between the individual and collective facets of social capital. It can be argued that three elements, that is, networks, norms of reciprocity, and trust are common among these facets. Thus, social resources are seemingly the core of these different types of social capital (Chen, & Meng, 2015; Finsveen, & van Oorschot, 2008; Rostila, 2011).

2.2.1 Individual social capital

The concept of social capital involves social networks, and it is believed that these influence an individual's quality of life, civic participation, and health status (Bates, & Davis, 2004; Kim, & Kawachi, 2006). In addition, several studies have demonstrated that social capital refers to resources developed in specific types of relationships involving social trust and mutuality (Finsveen, & van Oorschot, 2008; Jochum, 2003; Phillips et al., 2014). Utilising Bourdieu's concept of social capital might enhance our understanding of the social resources based nature of social capital accessible to an individual within a network or structure, that is, individual social capital. Bourdieu (1986) defines social capital as the "aggregate of the actual or potential resources which are linked to possessions of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition..." (p. 248). This definition highlights four key elements of social resources, which are social support, social leverage, informal social control, and neighbourhood organisation participation (Kawachi, Subramanian, & Kim, 2008). The links to a durable network, that is relationships, enables an individual to have access to social resources.

In addition, Coleman (1988) argues that social capital is "not a single entity, but a variety of different entities having two characteristics in common: they all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure" (p. 302). In his work, Coleman identified three elements of social capital: reciprocity, effective norms, and trust. Most importantly, Coleman further argued that social capital lies within the social structure of relationships between individuals and among individuals. Furthermore, Lin (2001) posits that social capital is "investment and use of embedded resources in social relations for expected returns" (p. 786). This, however, explains that social resources are embedded within a network, and that an individual can access and secure these resources within the networks by virtue of being a member of the network or social structure (Burt, 2000; Lin, 2001; Portes, 1998).

These definitions outline the concept of social capital. It has been argued that social capital consists of social resources that can be accessible through membership of social networks or social structures (Bourdieu, 1986; Coleman, 1988; Lin, 2001; Portes, 1998). Ordinary resources, such as money, information, or knowledge owned by an individual, may be available for another individual within a social network or structure, and these resources may define his or her social capital (Rostila, 2011). However, social capital is not owned by an individual but it is inherent in the structure of relationships between individuals

(Burt, 2000; Putnam, 1993). Hence, these social resources may disappear if the relationship is broken (Rostila, 2011).

2.2.2 Collective social capital

In contrast to individual social capital, Putnam (1993) conceptualised social capital as “those features of social structures or organisations, such as trust, norms, and networks that facilitate action and cooperation for mutual benefit” (p. 35). For Putnam, social capital is not an individual property but a property of a community, a city, and even of nations. This is, therefore, referred to as the concept of collective social capital. Supporting Putnam’s work, Kawachi and Berkman (2000) argued that collective social capital is a feature of the social structure, and not of the individual within the structure. Therefore, it is an ecological characteristic (Kim, & Kawachi, 2006). These social structures may include neighbourhoods, states, countries, organisations and communities (Kawachi, & Berkman, 2000).

In light of this, the collective concept refers to features of a larger social structure generated through coordinated action, whereas the individual concept suggests that social capital is an individual property and can be used to acquire individual ends (Rostila, 2011).

In a qualitative study of 20 women between the age of 75 and 93 years on, “how older women living alone perceive their social environment”, conducted in Adelaide by Walker, & Hiller (2007), findings demonstrated that features of collective social capital were fundamental to these women. It was argued that social networks in the neighbourhoods of study participants promoted their social and physical wellbeing. Walker and Hiller, further described the bonding and bridging social capital enjoyed by these women (Walker, & Hiller, 2007). Owing to the findings of that study, it can be suggested that the social relationships and networks experienced by people within their neighbourhoods may enhance their social capital, thus promoting their social and physical wellbeing.

2.2.3 Bonding, bridging, and linking social capital

The concepts of bonding, bridging, and linking social capital have been used to understand social capital at both an individual and community level (Chen, & Meng, 2015; Woolcock, & Narayan, 2000). Therefore, it can be suggested that the concept of bonding, bridging, and linking social capital addresses the debate over individual and collective social capital (Chen, & Meng, 2015; Szreter, & Woolcock, 2004). However, there is evidence suggesting the relevance of both individual and collective social capital in underpinning the social

wellbeing of an individual and their local community (Chen, & Meng, 2015; Poortinga, 2012; Rostila, 2011).

Drawing from Granovetter's (1973) work on "strong and weak ties..." it can be suggested that this concept reflects the concepts of bonding and bridging social capital. It has been written that bonding social capital refers to relationships between family members, close friends and neighbours, while bridging social capital refers to more distant friends, associates, and colleagues (Szreter, & Woolcock, 2004; Woolcock, 2001). This supports Putnam's (1993) claims on bonding and bridging social capital. He argues that bonding social capital is inward-looking and exists among homogeneous groups, that is, trusting relationships among people with shared social identity and solidarity. Hence, this is consistent with the concept of social cohesion (Woolcock, 2000).

Conversely, bridging social capital is outward looking, and encompasses people from diverse social groups, that is, heterogeneous groups. Therefore, this type of social capital provides connections to outer resources, fosters information dissemination and is described by respect and mutuality between individuals who predominantly realise that they are dissimilar in some socio-demographic sense, such as, age, ethnicity, or class (Woolcock, & Narayan, 2000). Thus, bridging social capital encourages collaboration between different individuals in a given social structure (Putnam, 1993; Rostila, 2011).

In addition, Woolcock (2001) posits that social capital has two dimensions: horizontal and vertical. He argues that bridging social capital is, "essentially a horizontal metaphor, implying connection between people who share broadly similar characteristics" (p. 120). On the other hand, the vertical dimension refers to vertical ties between individuals and community with persons in positions of power, such as, professionals and politicians. (Szreter, & Woolcock, 2004). This form of social capital is referred to as linking. Hence, linking social capital is characterised by the capacity to influence resources, ideas, and information from formal institutions beyond the community (Poortinga, 2012).

There is some evidence to suggest that bonding social capital facilitates social support, such as emotional, informational and instrumental support within homogeneous groups or families (Narayan, 1999). However, it has been demonstrated that it may restrict individuals within the homogeneous group from accessing social resources that may be achieved by bridging and linking with other groups (Portes, 1998). In a study of the relationship between bonding, bridging, and linking social capital and self-rated health among Chinese adults by Chen and Meng (2015), findings demonstrates that individual

level bonding social capital has a positive impact on people's health but community level bonding social capital may compromise health by preventing individuals from obtaining resources from other social groups (Chen, & Meng, 2015). In addition, their findings support the concepts of bridging and linking social capital, which indicate that individuals and communities with high bridging and linking social capital experience better self-rated health. Thus, it can be argued that bridging and linking social capital facilitate access to social resources from other social groups that may in turn, enhance the social wellbeing of individuals within the heterogeneous networks or relationships (Chen, & Meng, 2015; Szreter, & Woolcock, 2004). Therefore, it can be suggested that social isolation or diminished social relationships experienced by people with visual impairment may impact on their bonding, bridging, and linking social capital.

2.3 Social resources and networks

It is evident that individual, collective, and bonding, bridging, and linking social capital comprise social networks, social relationships, social support, social trust, and social resources (Coleman, 1988; Finsveen, & van Oorschot, 2008; Kawachi, & Berkman, 2000; Kim, & Kawachi, 2006; Lin, 2000, 2001; Putnam, 2000, 1993; Woolcock, 2001). These elements of social capital can be accessed via informal and formal social networks (Putnam, 2000; Rostila, 2011). Social resources are embedded within these networks and an individual may not acquire these resources without social relationships (Lin, 2001; Phillips et al., 2014).

Furthermore, previous studies have shown that social resources are the core of social capital (Kim, & Kawachi, 2006). Social resources that may lie within or are transmitted through social individuals' networks may include informational, emotional, instrumental, and appraisal supports (Berkman, & Glass, 2000; Due, Holstein, Lund, Modvig, & Avlund, 1999). Informational support refers to the various types of knowledge, information and advice that are exchanged in an individual's network. Emotional support fosters feelings of comfort, respect, and love. Instrumental support may include help, aid or assistance with tangible needs such as labour, or money. Appraisal support refers to help in decision-making and giving appropriate feedback (Berkman, & Glass, 2000; Briggs, 1998; Dominguez, & Watkins, 2003). Lin (2001) proposed two categories of social support: instrumental and expressive returns. Instrumental returns include economic returns, referring to financial gain; political returns, referring to hierarchical position; and social returns, referring to an individual's reputation within his or her network. Expressive returns

are consequences of emotional support and may include physical and mental wellbeing, and life satisfaction. An individual may experience diminished social capital owing to situations that foster social isolation, breakdown of social networks and relationships, and chronic illness. Such situations include visual impairment, including acquired visual impairment. (Chenoweth, & Stehlik, 2004; Phillips et al., 2014; Potts, 2005).

2.4 An implication of visual impairment – social isolation

Empirical studies have demonstrated friendships, and other social relationships, are critical, and that their importance to wellbeing cannot be underestimated in the daily lives of individuals. Ryan and Deci (2000) described social relationships as a fundamental human need. People with visual impairments are no exception (Reinhardt, 1996). So, it appears evident that visual impairment may lead to social isolation and diminishment of an individual's social network(s) (Thurston, 2010). The negative impact of acquired visual impairment on both functional ability and social activity has been shown to put individuals at risk of poorer perceived life quality (Ajobiwe, & Ayena, 2012; Ajuwon, & Brown, 2012; Thurston, 2010). People with acquired visual impairment are more likely to feel lonely and lacking in social support (Wang, & Boerner, 2008). Additionally, it is evident that people with acquired visual impairment may experience the different phases of the loss model, such as denial, anger, withdrawal, mourning, acceptance and re-adjustment (Dodds, 1989; Tuttle, & Tuttle, 2004). These various reactions may explain the loneliness and lack of social support experienced by people with acquired visual impairment (Tuttle, & Tuttle, 2004; Wang, & Boerner, 2008).

Similar situations linking visual impairment with social isolation have also been identified in Nigeria (Ajobiwe, & Ayena, 2012). Amongst other problems, people with visual impairment in Nigeria identified diminished social relationships as one of their key issues (Ajobiwe, & Ayena, 2012). In addition, in the work of Wolffe, Ajuwon and Kelly (2013) outlined in, 'Working with Visual Impairment in Nigeria: A Qualitative Look at Employment Status', the need for training in social interaction for people with visual impairment in the work force was identified as one of the key factors that may foster job retention for people with visual impairment. These findings highlighted the social relationship implications of vision loss among working-age adults with acquired visual impairment in Nigeria.

In light of this, people with acquired visual impairment may experience a diminishment in social capital owing to social isolation. This may result in diminished social resources that

may otherwise be acquired through social contacts. Such social resources may include employment information, social support, physical and mental wellbeing, and knowledge. (Potts, 2005). It can be suggested that visual impairment results in social isolation, which in turn diminishes the social capital of working-age adults with acquired visual impairment.

Studies have shown that people with a disability, broadly defined, may experience diminished social relationships that may result in little or no social contact or employment information (Phillips et al., 2014). As a result, these individuals may experience diminished social capital (Phillips et al., 2014; Potts, 2005). In a study of the leisure and recreational pursuits of employed adults with visual impairment in Nigeria conducted by Kelly, Ajuwon, and Wolffe (2015), participants identified social issues as one of the factors restricting participation in leisure for individuals considered in that study. Most importantly, social factors, such as social contact, networks, and relationships are identified as one of the key issues confronting people with visual impairment. This current study supports the contention that diminished social interaction may be observed in people with acquired visual impairment.

2.5 Visual rehabilitation services

Many scholars have argued that visual impairment impacts on the functional ability of people with visual impairment. McCabe et al. (2000) demonstrate the relationship between vision impairment and impaired functional ability. Additionally, Ajuwon and Brown (2012) explain that vision loss may impact on an individual's function and quality of life. It has been demonstrated that engagement in activities decreases in the presence of poor health conditions such as vision impairment, and this may have an impact on day to day function (Ajobiwe, & Ayena, 2012; Mahmoud, Olatunji, & Ayanniyi, 2005; Schoessow, 2010). As a result, visual rehabilitation services aim to support the restoration function after vision loss in order to redress the loss of function resultant from acquired vision impairment. Hence, vision rehabilitation services allow people who are blind or have low vision to continue to live independently and maintain a level of quality of life (Crews, & Luxton, 1992; Kuyk et al., 2008; Luxton et al., 1997; Mahmoud et al., 2005).

Therefore, it will be argued that visual rehabilitation assists adults with acquired vision impairment to develop compensatory skills using assistive technology that will enable them to live safe, productive and independent lives (Luxton et al., 1997; McCabe et al., 2000). Visual rehabilitation services typically address various functional capacities in the

individual with acquired vision impairment e.g. home management, communication skills, activities of daily living, assistive computer technology, orientation and mobility, and braille literacy (Crews, & Luxton, 1992; Kuyk et al., 2008; Luxton et al., 1997). The overall aim of this rehabilitation is to facilitate independent living for people with visual impairment. Even with these diminished functional capacities being addressed through rehabilitation, people with visual impairment may still experience diminished social relationships (Kuyk et al., 2008; Wang, & Boerner, 2008).

Scholars have linked diminished social relationships to vision loss and visual rehabilitation services among people with visual impairment (Boerner, & Cimarolli, 2005; Cimarolli, & Boerner, 2005; Thurston, 2010; Wang, & Boerner, 2008; Wolffe et al., 2013). For instance, in a study on visual rehabilitation and life goals among adults with visual impairment conducted by Boerner and Cimarolli (2005), findings indicated that social relationships were among the top ranked desired goals of the study subjects, leading to a resultant recommendation that visual rehabilitation services should be tailored to include individual social goals. In addition, Wang and Boerner (2008) identified two key challenges that were related to potential social relationships for adults with visual impairment: lack of visual cues, and lack of understanding of others about the implications of visual impairment. Wang and Boerner (2008) further argued that the impact of vision loss on relationships was an under-addressed area in visual rehabilitation services.

Furthermore, it has been demonstrated that appropriate visual rehabilitation assists working-age adults to transition positively from being sighted to being vision impaired, facilitating their acceptance of the impairment (McCabe et al., 2000). This acceptance enhances their adjustment and functional ability (McCabe et al., 2000; Senra et al., 2011). In addition, a cross sectional qualitative study conducted by Senra et al. (2011) outlined the experience of adults with acquired vision loss, and the role of visual rehabilitation services assisting individuals to regain self-awareness and self-identification, hence facilitating the process of adjustment to vision loss. Amongst other things, social isolation was identified as a consequence of vision loss leading to diminished interpersonal relationships.

Finally, visual rehabilitation services have been shown to address functional challenges and enhance achievement of individual goals such as acquiring independent daily life skills, mobility skills, and literacy skills (Kuyk et al., 2008). However, relationship challenges are poorly addressed in most visual rehabilitation services (Boerner, & Cimarolli, 2005; Kuyk et al., 2008; McCabe et al., 2000; Wang, & Boerner, 2008).

2.6 Visual rehabilitation, and social capital

While there is some research focussed on the outcomes of visual rehabilitation services mainly linked to functional and relationship challenges, any focus or emphasis on the impact of acquiring a vision impairment on an individual's social capital is limited in the literature. Evidence has shown that visual rehabilitation services address functional goals but the issue of diminished social relationships and loss of psychosocial skills among adults with acquired visual impairment appears under-addressed. Stevens-Ratchford (2005) argued that social and leisure activities maintain quality of life, self-efficacy, and physical and mental health. Thus, working-age adults with acquired visual impairment experiencing diminished social relationships may experience poor social wellbeing and increased mental health concerns. As social capital is embedded in social relationships (Burt, 2000; Phillips et al., 2014; Potts, 2005), it is suggested that diminished social relationships may in turn, lead to diminished social capital, and a lack of social resources to achieve social inclusion and full community participation.

Social capital has been defined as the social resources embedded within a social network or social relationship (Bourdieu, 1986; Coleman, 1988; Putnam, 1993). It has been demonstrated that social resources may include employment information that an individual gains from his or her networks or relationships. However, Phillips et al. (2014) emphasised that diminished social capital impacts on the employment of people with visual impairment. They argued that vision loss diminishes employment opportunities, owing to diminished social relationships and networks. Consequently, people with acquired vision impairment may lack the contacts or information that may lead to employment opportunities, which further diminishes an individual's social resources, and social capital. Potts (2005) suggested that vocational rehabilitation counsellors should integrate social relationships training in their practice in order to improve the chances of employment for people with disability, and thus enhance their social capital and minimise negative life experiences such as exclusion and loneliness.

The call for vocational rehabilitation services to incorporate social relationships in their supports, services and programs in order to address individuals' social needs is outlined in the literature (Boerner, & Cimarolli, 2005; Potts, 2005; Wang, & Boerner, 2008). This current study will link visual rehabilitation services to bonding, bridging, and linking social capital with a focus on individual level social capital that may be diminished as a result of diminished social networks, psychosocial skills or relationships following vision loss.

2.7 Theoretical framework

The theoretical underpinnings for this study relate to the concepts of bonding, bridging, and linking as critical elements linked to the development of social capital by Szreter and Woolcock (2004). They argued that bonding social capital refers to trusting relationships and cooperation among people with similar social identity, such as relationships with family, close friends, and neighbours. Bridging social capital refers to relationships between people of diverse social identity such as distant friends and colleagues. This form of social capital (bridging social capital) is characterised by respect and mutuality, while linking social capital is described as relationships between an individual or community and people in positions of power (Szreter, & Woolcock, 2004).

It is stated that the concepts of bonding, bridging, and linking social capital embrace the concepts of individual and collective social capital (Chen, & Meng, 2015; Szreter, & Woolcock, 2004) and can be applied at both individual and community levels (Chen, & Meng, 2015). Thus, this study will focus on the concepts of bonding, bridging, and linking social capital at an individual level to deeply explore the social relationships implications of vision loss on social relationships, social resources and psychosocial capacity, and the linkages to visual rehabilitation services, and also focus on the social wellbeing of working-age adult with acquired visual impairment.

Furthermore, the concepts of bonding, bridging, and linking social capital have been linked to access to social resources and good health (Chen, & Meng, 2015; Kim, & Kawachi, 2006; Poortinga, 2012; Putnam, 1993). Kawachi and Berkman (2000) argued that diminished social capital, such as that experienced by many people living with disability and chronic illness may lead to poor physical and mental wellbeing, and poor health.

It can be suggested that working-age adults with acquired visual impairment may experience the impact of diminished bonding, bridging, and linking social capital within their work place, family and neighbourhood, which may impact on their wellbeing despite the acquisition of basic life skills from current models of vision rehabilitation services (Phillips et al., 2014). Thus, this study will investigate the diminished social capital implications of vision loss for a sample of working-age adults with acquired visual impairment in Nigeria, and the connection between visual rehabilitation services and social capital. Finally, it is hoped that this study will identify the unique social need of working-age adults with acquired visual impairment, focusing on bonding, bridging, and linking social capital at an individual level.

2.8 Chapter summary

Chapter Two has provided a review and critique of the literature on the links between visual impairment, visual rehabilitation services, and social capital. It has discussed the different types of social capital, and the social implications of vision loss. The relevance of social relationships and/or networks as a platform for accessing social resources that support social inclusion and participation in community life were also identified. No matter the type of social relationship, that is, bonding, bridging or linking social networks, each provides a useful platform for the social wellbeing of an individual and their community. Furthermore, social capital is highlighted as the social resource inherent within social relationships and/or networks, and there are indications that a lack of focus on restoring social capital is a shortcoming of most vision rehabilitation services supporting people with acquired vision loss. Finally, the concepts of bonding, bridging, and linking social capital have been presented as the theoretical framework for the study. Chapter Three will explain the methodology of the research.

Chapter Three

Research Methodology

3.1 Introduction

The need to explore the social implications of acquired visual impairment, and the impact of visual rehabilitation services on individuals' social goals influenced the methodological design of this study.

This involved exploring the social experience of working-age adults with acquired visual impairment in Nigeria, understanding the social capital implications of vision loss and the efficacy of visual rehabilitation services in addressing the diminishment in social capital demonstrably experienced by working-age adults with acquired visual impairment. To achieve these objectives, the qualitative study approach to research was adopted. While this research approach may involve multiple methods of gathering data, such as interviews, focus group discussions or observation, the interview method using a phenomenological approach to gather data was employed.

This chapter outlines and discusses the research approach, methodological design, data collection and data analysis methods in detail as well as exploring and outlining the ethical issues involved in the research.

3.2 Study design

3.2.1 The qualitative approach

There is evidence to suggest that the way a research question is stated will indicate which data will be necessary to answer it (Punch, & Oancea, 2014). Based on this, research questions may determine whether quantitative data or qualitative data or a combination of both quantitative data, and qualitative data may be required to address the research questions (Creswell, 2014). Imperatively, neither approach is better than the other; both are needed, and have their strengths and weaknesses, and they can, and should, be combined as appropriate (Blaikie, 2007; Creswell, 2014). Furthermore, the methodology or methodologies used, that is, qualitative, quantitative or both should follow from, and fit in with, the research questions and the overall aims of the research (Creswell, 2014).

Therefore, what a researcher is trying to find out may determine the choice of research method to employ (Creswell, 2013; Punch, & Oancea, 2014). As Creswell (2014) points

out, “in qualitative research, the research questions are stated so that you can best learn from participants” (p. 12).

Because this current research enquiry set out to learn from the perspective of participants experiencing the central phenomenon, which is to say, to explore the social experience of working-age adults with acquired visual impairment in Nigeria, and to understand the impact of visual impairment on the social capital of the research subjects, the qualitative rather than the quantitative approach was adopted.

However, there is a thin line between the qualitative and the quantitative approaches. Important similarities, overlaps and complementary characteristics have been noted between the two approaches (May, 2001; Tashakkori, & Teddlie, 2010). Thus, the qualitative approach was particularly chosen for the current study because the research aimed to explore the social experience of a particular group of people (working-age adults with acquired visual impairment in Nigeria) and examine how visual rehabilitation services addressed the diminished social relationship experience of working-age adults with acquired visual impairment in Nigeria.

As Punch and Oncea (2014) point out, the aim of a qualitative study is to “look at something holistically and comprehensively, to study it in its complexity, and to understand it in its context” (p. 211). Many scholars have argued that qualitative research methods are used to enquire about people’s lives and experience; their stories and behaviour; organisations and social movements (Bouma, & Atkinson, 1995; Creswell, 2014; Punch, & Oancea, 2014). Furthermore, it can be suggested that the rationale for adopting the qualitative approach is to explore and develop detailed understanding of an event or events through people’s perspectives, such as what they think and how they view the world around them (Creswell, 2014, 2013). Also, in qualitative research the researcher attempts to retrieve data from the perceptions of people through a process of deep attentiveness and empathetic understanding (Punch, & Oncea, 2014).

3.2.2 The phenomenological approach

Aligned with the qualitative paradigm, it was decided to use the hermeneutic phenomenology approach to provide an understanding of the social experience of working-age adults with acquired visual impairment, the extent to which vision loss impacts on their social capital, and if current visual rehabilitation practices address any reported diminished social relationships for this group of people in Nigeria. The value of this approach for this research was reinforced by its qualitative technique. Although, there are two types of

phenomenological approach: descriptive (eidetic) phenomenology, and interpretive (hermeneutic) phenomenology (Lopez, & Willis, 2004), it was decided that the hermeneutic phenomenology approach best suited this current study because it provides an understanding around social phenomena from the viewpoint of the experiencing person (an adult with acquired visual impairment in Nigeria). Lopez and Willis (2004) view hermeneutic phenomenology as a valuable qualitative interpretive approach in studying human experience.

Furthermore, the phenomenological approach takes the view that basic human truth can be accessed through inner subjectivity (Flood, 2010; Lopez, & Willis, 2004). Thus, a researcher aims to understand the subjective perspective of the experiencing individual and the impact of that perspective on the lived experience of the individual (Flood, 2010; Goulding, 2005). In addition, Crotty (1996) posits that, “learning and understanding people’s subjective experiences has an obvious and multi-faceted importance, as well as very practical applications” (p. 24). Hence, the phenomenological approach comprises exploring people’s perceptions, meanings, definitions of situations, and constructions of reality (Flood, 2010; Goulding, 2005; Lopez, & Willis, 2004; Kusenbach, 2003). Owing to this, it will be suggested that researchers applying phenomenology are concerned with the lived experiences of people (Flood, 2010).

In Nigeria, research focusing on the social perspective of working-age adults with acquired visual impairment is relatively limited, but a few quantitative studies have shown that people with visual impairment in visual rehabilitation centres in Nigeria do perceive social relationships with family and friends as problematic (Ajobiewe, & Ayena, 2012).

Because there is the need to understand the lived social experience from the perspective of working-age adults with acquired visual impairment in Nigeria with a focus on the social capital implications of vision loss; the hermeneutic phenomenology approach was deemed relevant for this current study. Hence, the study of the unique contextualised experiences of individuals may be best suited to understand the social experience of living with an acquired visual impairment in Nigeria (Flood, 2010).

Hermeneutics is the theory of interpretation, and it indicates that we see meaning in the world around us through interpretation of our experiences (Flood, 2010). Thus, the hermeneutic phenomenology method aims at an interpretative outcome (Lopez, & Willis, 2004). As Smith, Jarman and Osborn (1999) note, the interpretive phenomenology approach aims to, “explore in detail how participants are making sense of their personal

and social world” (p. 51). It also facilitates the understanding of what is being investigated, new perspectives, new meaning, and deeper insights into the topic under investigation (Crotty, 1996; Flood, 2010; Lopez, & Willis, 2004).

However, it has been documented that the phenomenological approach often has to address concerns relating to researcher bias and preconception of the central phenomenon being studied. Therefore, the scientific approach of ‘bracketing’ may be deemed relevant when taking a phenomenological approach to research (Flood, 2010). In bracketing, the researcher actively attempts to shed prior knowledge and preconceptions of the key concept being studied, thus allowing the researcher to be open and demonstrate some form of neutrality (Flood, 2010). Hence, “descriptions of a phenomenon are obtained from the participant by the researchers, who must set aside any prior thought, conceptions or judgement they may have so they can be open to the description” (Flood, 2010, p. 10). Because of the personal experiences of the researcher in this current study as an individual working and living with a visual impairment in Nigeria, the process of bracketing was adopted for this research. This enabled the researcher to be open to participants’ descriptions of their lived experiences and the effect of visual rehabilitation services.

In the phenomenological approach, some evidence suggests that the researcher taking such an approach appears to have only one real source of data during the process of enquiry: the views and experiences of the participants (Goulding, 2005). Thus, it is assumed that the view of each participant is taken as fact (Kusenbach, 2003). Furthermore, participants are selected only if they have lived experience of the central phenomenon being studied (Lopez, & Willis, 2004). Therefore, purposive sampling is the main sampling procedure, and it is usually prescribed from the beginning (Flood, 2010). In addition, the interview is the main instrument of data collection (Flood, 2010; Lopez, & Willis, 2004). In spite of these concerns, phenomenologists view lived human experience as a reliable source of data, as well as the main source of knowledge in human phenomena (Crotty, 1996). Given this, participants with lived experience of the central phenomenon of this current research were selected for study.

3.2.3 In-depth interview

Working-age adults between the age of 18 and 59 (within the legal work age range in Nigeria) with acquired visual impairment and living in Nigeria were interviewed over the telephone. Interview methodology was chosen for the following reasons. First, it is a vital qualitative technique for exploring the lived social experience of study subjects (Flood,

2010). This involves gaining an insight to study subjects' social relationships or networks with people pre and post vision loss. Second, the interview technique provided an in-depth understanding of the impact of visual impairment on the social goals of working-age adults with acquired visual impairment (Opdenakker, 2006). The researcher in this current study listened and gained access to the accounts and comments of the subjects being interviewed. As Bouma and Atkinson (1995) point out, "qualitative research methods are used in research about people's lives, their stories, and behaviour, and it can also be used to examine organisations, relationships and social movements" (p. 205). Therefore, it will be suggested that the interview is a very important data gathering technique in a qualitative study (Opdenakker, 2006).

As Jones (1985) notes, "to understand others' constructions of reality, we would do well to ask [questions of] them ... in a way that they can tell us in their terms and in-depth" (p. 182). Further, it is evident that the interview is reflective in phenomenological research rather than observational; the approach that is typically taken in quantitative research (Flood, 2010). It is suggested that the interview is the main instrument of gathering data in phenomenological research in which participants' experience can be explored using reflection, clarification, and listening techniques (Jasper 1994). Additionally, the interviewer intends to find out something from the interviewee and the interviewer's questions will revolve around this intent (Punch, & Oancea, 2014).

There are various approaches to interviewing e.g. face-to-face or via telephone, e-mail, or instant messaging online (Creswell, 2014; Opdenakker, 2006; Punch, & Oancea, 2014). These interview approaches are variously characterised by synchronous or asynchronous communication in time and place (Opdenakker, 2006). Because of the distance between Nigeria and Australia (with the researcher being in Australia when this current study was undertaken), and the financial constraints of the researcher traveling to Nigeria, the telephone interview approach was adopted. This approach allowed synchronous communication in time but was asynchronous in place (Opdenakker, 2006). To further explain, the interview technique has various forms e.g. individual, group, structured, semi-structured and unstructured (Creswell, 2014; Punch, & Oancea, 2014). The researcher for this current study concluded that the individual semi-structured interview approach was best suited to the current research. It has been demonstrated that semi-structured interviews are guided by sets of questions and prompts for discussion, but the approach has an in-built flexibility that allows for adaptation to particular respondents and situations (Creswell, 2013; Fontana, & Frey, 1994).

Imperatively, interview questions are data collection questions that provide data that may help to answer the research question (Creswell, 2014, 2013; Opdenakker, 2006; Punch, & Oancea, 2014). Furthermore, the interview situation is set up by the researcher, who may also prepare a set of questions and prompts to guide the interview process (Punch, & Oancea, 2014). Flick (2002) argues that semi-structured interviews are widely used because of the, “expectation that the interviewed subjects’ viewpoints are more likely to be expressed in a relatively openly designed situation than in structured interview” (p. 74). In view of this, the semi-structured interview approach was applied to develop an in-depth understanding of participants’ social experience, prior to, and after, vision loss, and their perception of the impact of visual rehabilitation on their social capital.

3.3 Sampling procedures and selection

Sampling procedure involves determining the location or site for the research, the participants who will provide data in the study and how they will be sampled, the number of participants needed to answer the research questions, and the recruitment procedures for participants (Creswell, 2014). As defined by Mason (1996), sampling and selection are principles and procedures used to, “identify, choose and gain access to relevant units, which will be used for data generation method” (p. 83). In addition, Creswell (2014) posits that a sample is, “a subgroup of the target population that the researcher plans to study for generalising about the target population” (p. 143). Additionally, with observation, a researcher may be able to make certain inferences about the characteristics of the population from which a sample is drawn (Creswell, 2013; May, 2001). Therefore, Creswell (2014) describes, “a population as a group of individuals who have the same characteristic” (p. 143). Thus, working-age adults with acquired visual impairment who were clients of two disability service organisations in Nigeria formed the total population of this research.

However, Mason (1996) asserts that if sampling and selection are, “correctly conceived and executed, [they] are important to the success of any research” (p. 83). Owing to time and financial constraints, not a unique condition in the collective research experience, as corroborated by some research scholars (Singleton, & Bruce, 1999), a sample of individuals that could help to achieve the purpose of this research was selected from the wider target population. In view of this, purposive sampling procedures were used to recruit participants for this research. In purposive sampling, researchers intentionally select

or recruit participants who are known to have experienced the central phenomenon or the key concept being explored in the study (Creswell, 2014, 2013; Punch, & Oancea, 2014).

3.3.1 Location of study

The location of a research study refers to where the data is physically collected or where the participants in the study are located (Creswell, 2013; Punch, & Oancea, 2014). Hence, the location for this study was Nigeria. This is because the participants for the study were working-age adults living with a visual impairment in Nigeria. There is some evidence suggesting that social relationships or networks with others are valued in Nigerian society (Smith, 2004). Owing to the diverse cultural or ethnic groups in different regions of the country (Gbenga, 2008), it will be suggested that social connectedness with people of different cultures may be an integral part of an individual social life context.

Previous studies have shown that relationships with people may facilitate an individual's social wellbeing (Thurston, 2010), and people living with a visual impairment in Nigeria are no exception. There is evidence that people with disabilities, including people with visual impairment, in Nigeria are somewhat faced with social isolation (Ajobiwe, & Ayena, 2012; Amusat, 2009; Smith, 2011). Therefore, despite comprehensive visual rehabilitation training, adults with acquired visual impairment may be faced with social challenges in Nigerian society owing to the impact of vision loss.

The recruiting organisations for the current study were located in Nigeria, and these were non-government organisations: the Nigeria Association of the Blind (NAB) and the Anglo-Nigerian Welfare Association for the Blind (ANWAB).

3.3.2 Participants

Eight working-age adults with acquired visual impairment were selected for this preliminary study. Best and Khan (1989) assert that, "there is no fixed number or percentage of subjects that determine the size of an adequate sample. It may depend upon the nature of the population of interest or the data to be analysed" (p. 16). In light of this, a particular type of purposive sampling i.e. maximal variation sampling was applied to select participants for this study. The rationale for this procedure was to develop an in-depth understanding of the diminished social relationships implications of vision loss from the different perspectives of participants. Additionally, Creswell (2013) posits that maximal variation sampling is a type of purposive sampling procedure in which diverse individuals who are expected to hold different perspectives on the key concept are deliberately chosen

by the researcher for the method of enquiry. Hence, several factors may differentiate participants, such as gender, race, and educational level.

The eight participants in this current study (four males and four females) all lived in urban areas. Four of the eight were married and lived with their spouses, and the remaining four had never been married and lived with their parents. Seven participants were totally blind, and one was legally blind (low vision).

Of the eight participants, one was a secondary school graduate, five had undergraduate degrees (including one who was a registered medical doctor), and two were undertaking undergraduate studies. Three participants were employed by federal agencies, one was employed by a private agency, two were unemployed, and two were still studying at university. The occupations of the participants included account officer, medical practitioner, education administrator and vocational rehabilitation instructor. The table below summarises participant information.

Table of participant information

S/NO.	Names (Pseudonyms)	Age (years)	Sex	Occupation Prior to Vision Loss	Marital Status	Educational Level Attained	Duration of Vision Loss (years)	Occupation After Vision Loss
1.	Beth	29	F	Student	Not married	Secondary (high school)	11	Vocational Rehabilitation Instructor
2.	Belinda	39	F	Account officer	Married	Undergraduate degree	5 (significant loss)	Account officer
3.	Duke	43	M	Medical officer	Married	Undergraduate degree	4	Unemployed
4.	Ephraim	42	M	Self employed (businessman)	Married	Undertaking undergraduate study	4	Unemployed
5.	Jeff	32	M	Student	Not married	Undergraduate degree	5	Unemployed
6.	Marvis	33	F	Student	Not married	Undergraduate degree	8	Unemployed
7.	Mildred	26	F	Student	Not married	Undertaking undergraduate study	6	Unemployed
8.	Noah	54	M	Education administrator	Married	Undergraduate degree	16	Education administrator

3.3.3 Recruitment

Four females and four males were recruited to ensure gender balance and to maximise different perspectives from the gender stand point. The following criteria were used to recruit participants for this study:

1) Adults within the working-age range of 18 to 59 years

This is within the legal age to work in Nigeria (Nigeria Labour Act)

2) Acquired a visual impairment at the age of 18 or beyond

3) Absence of other forms of disability

4) Have undergone visual rehabilitation training for a minimum period of two years prior to this study.

It was hoped that these adults would be able to discuss their social experience of vision loss prior to and after participating in visual rehabilitation services. As Trochim (2006) points out, in purposive sampling the researcher may look out for one or more specific predefined groups with the possibility of getting the opinions of the target population.

The participants in the current study were recruited through disability service organisations. These non-government organisations were the Nigerian Association of the Blind (NAB) and the Anglo-Nigerian Welfare Association for the Blind (ANWAB). A letter of permission was sent to the President and CEO of these organisations respectively. Upon gaining this permission, a letter of introduction was sent to each organisation. The letter of introduction presented an overview of the research, highlighting the rationale for the study. NAB and ANWAB distributed the letter of introduction via email to working-age adults with acquired visual impairment who had had visual rehabilitation training with the respective organisation. As a result, interested potential participants contacted the researcher through email to indicate their willingness to participate in the study. Upon receipt of their email, each participant was contacted by the researcher, and the selection criteria for the study were used to screen participants for eligibility over the telephone. Qualified participants met all recruitment criteria, and the consent form and participant information sheet were sent via email to them. Each selected participant completed the consent form in print with sighted guide or assistance and, at their convenience, they chose the time and day for the telephone interview.

Participants were living with acquired visual impairment in Nigeria and had experienced, or were experiencing, the key experience identified to be investigated in this current study. Trochim (2006) argues that with a purposive sample, the researcher is likely to get the opinions of the researcher's target population. However, he further suggests that a researcher may easily sample subgroups in the population that are more readily accessible and may not be representative of the general population, which is seemingly a major weakness of this sampling method (Trochim, 2006). Owing to time and financial

constraints, the researcher in this current study adopted the described sampling method. Although it is not strictly possible to generalise from the study sample to everyone with acquired visual impairment in Nigeria, it is reasonably hoped that the responses presented to the researcher by study participants would likely be similar in other instances.

3.4 Ethical considerations

The current research obtained approval from the Flinders University Social and Behavioural Research Ethics Committee (SBREC). It was acknowledged that it was the responsibility of the researcher to work within University policy while conducting research, including following such protocol as seeking informed consent, ensuring confidentiality, and being mindful of participants' privacy. Thus, this study was conducted within the Flinders University ethical code of conduct concerning research activities that involve human subjects. Vague questions were avoided, ensuring that discussion or questioning were within the context of the research. The confidentiality of the respondents was strictly adhered to. In addition, respondents were informed of all the details of the research, and consent was received from respondents. Any and all information provided by each respondent was not abused by using it for non-academic purposes. The Australian Code for responsible conduct of research requiring that participants' study responses were not divulged to any organisation was adhered to in this current study.

3.5 Method of data collection

The primary method of data collection was through in-depth, individual, semi-structured interviews. Interviews were conducted over the telephone. Each participant was interviewed on their chosen day and time. Each interview lasted for an average of 35-45 minutes, and the whole process was audio-recorded with a digital recorder, the interviewer having obtained at the outset of each interview each participant's consent to be recorded. Interviews were guided by an interview protocol, which guided what was asked, and how the interview proceeded (Creswell, 2014). The interview guide was developed to explore the lived experience of visual impairment in the context of participants' social life stories. Each interview was semi-structured to allow participants to talk about their unique social relationship experience. Each interview commenced with an open question such as, "Tell me about your reaction to your vision loss; how did you know that you were having a problem with your vision?" Participants were allowed to lead the discussion. During the discussion, prompt questions were added, such as, "Can you tell me more about that?",

“Was it helpful?” where necessary. Furthermore, open questions were asked around different topics: experience of vision loss; social relationships with family and friends; support from family and friends; and experience of visual rehabilitation services. Some participants were contacted by telephone for follow-up questioning to clarify some information, and each of these conversations lasted between 5 and 10 minutes. Follow-up interviews proceeded in a similar way to the original interview i.e. opening with an open question, but were directed to the issues that needed clarification e.g. “How have you been since the last time we talked?” followed by, “Tell me about what you feel you are missing with your relationship with your family, friends and colleagues at work if anything?” At the end of each interview, the respondent was given the opportunity to add anything they felt had not been covered in the interview and ask any questions they may have about the research, e.g. “Do you have anything to add about your social experience?” “If you have any question, feel free to ask me now or afterwards.”

The semi-structured interview approach offered the researcher the latitude to ask follow-up questions that yielded further rich data for this current research. It also provided the opportunity to redirect interviewees to the important themes or issues of the study when the interviewee digressed. It may be important to add here that the decision to use the semi-structured interview was felt by the researcher to have produced good outcomes throughout the research, especially in situations where some participants digressed from the main point of discussion. In such situations, participants were redirected to the major themes of the research.

Although the semi-structured interview may be seen as one of the richest sources of data (Gillham, 2000), some difficulties were encountered during the process as it applied to this current study. For instance, following the interview guide (interview protocol) posed some problem; in some cases the interviewees answered certain questions in the protocol in passing without that specific question having been asked. Hence, in some cases, this affected the sequence in which the questions had been planned to be asked. Further, the problem of making sure that answers to the questions were relevant to this research enquiry was encountered.

However, these challenges were managed by heeding Flick’s (2002) argument. He argues that a permanent mediation between the course of the interview and the interview protocol is important. So, in carrying out interviews for this current study, caution was applied to not constantly unwaveringly adhering to the interview protocol. Hopf (1978) warns against

applying the interview guide too strictly; adhering too rigidly to the interview guide may restrict the benefits of openness and contextual information. Such rigidity may mean that the interviewer may interrupt the interviewee's accounts at the wrong moment, in order to turn to the next question, instead of taking up the topic and trying to get deeper into it (Flick, 2002). Finally, the interview was test run via telephone. This pilot interview helped the researcher to clarify the way in which questions were asked, used the interview guide (interview protocol), and set up interviews.

3.6 Method of data analysis

According to Creswell (2014), "qualitative research is interpretive research, in which the researcher makes a personal assessment as to a description that fits the situation or themes that capture the major categories of information" (p. 240). However, there are different ways of analysing social life and, therefore, multiple perspectives and practices in the analysis of qualitative data (Creswell, 2014). The different techniques are often interconnected, overlapping and complementary, and sometimes mutually exclusive (Miles, & Huberman, 1994). Imperatively, the technique selected to analyse data should follow from, and fit with, the logic of the research (Punch, & Oancea, 2014). Based on this view, thematic content analysis was used to analyse the data gathered in this current research. Patterns were identified, and information was captured in categories from the database.

Anderson (2007) asserts that thematic analysis, "portrays the thematic content of interview transcripts (or other texts) by identifying common themes in the texts provided for analysis" (p. 1). In this type of analysis the researcher, "groups and distils from the texts a list of common themes in order to give expression to the communality of voices across participants" (Anderson, 2007, p. 1). The themes usually emerge through an inductive, analytic process, involving close reading/listening and coding that typifies the qualitative research method (Creswell, 2014). Additionally, methods for the analysis of data need to be systematic, disciplined, and able to be seen and described (Creswell, 2014).

In view of the above, interviews were analysed through repeated examination and comparison of respondents' descriptions. Audio data from the interviews was transcribed verbatim into text. Manual thematic analysis began with the first interview and proceeded concurrently with data collection. At first, the transcripts were read to obtain a general understanding of each story's meaning. At that point, texts were compared and contrasted to identify similarities and differences in meanings and practices (Creswell, 2013; Punch,

& Oancea, 2014). An initial preliminary analysis of the interviews identified major themes and variations within the participants' stories that described their social experience. Important text segments were assembled under codes that were created during the initial readings. For instance, initial codes for the psycho-emotional changes of vision loss include: hopeless, confused, devastated, downcast, worry, and suicide attempt.

Using the interpretive approach, social action and human activity were treated as text. Datum was organised or reduced into themes by identifying words or phrases that best described common experiences of participants. A reasonable attempt to employ names for the themes from the actual words of participants, and to group themes in a manner that directly reflected the texts as a whole was made. Thus, themes were created manually, and a narrative representation of the datum was made. Therefore, as data were synthesised, themes that represented the social experiences of vision loss that corresponded to the social capital implications of vision loss were identified. Furthermore, sub-themes were grouped to form five broad themes that represented the findings.

3.7 Chapter summary

The method employed in exploring answers to the key questions posed in this current study and outlined in Chapter One was discussed in this chapter. The rationale for the choice of the method was explained, and the qualitative, rather than the quantitative approach, was used in the study. Additionally, the phenomenological approach was used to provide a better understanding of the substance of the research. Further, the interview technique, that is, semi-structured telephone interview, was the instrument used to gather data for the current research. Sampling procedures and selection as well as ethical issues involved in the study were discussed in this chapter. Chapter Four will demonstrate the research findings pertaining to the study.

Chapter Four

Results and Findings

4.1 Introduction

The methodology and approach to data collection in the current study were discussed in Chapter Three. The research design (qualitative approach) influenced the overall outlook of the current research. From an analysis of the interview data, five broad themes that are relevant in answering the key research questions were developed from respondents' accounts. The themes are:

- i) relationship with friends and others
- ii) Finding strength in family relationships
- iii) Changes to relationships with friends
- iv) The impact of acquiring a vision impairment
- v) perception of visual rehabilitation services.

These themes are also associated with sub-themes, which will be outlined below.

4.2 Relationships with friends and others

The broad experience of respondents' relationships with friends and others is divided into two sub-themes. These sub-themes explain respondents' social interaction prior to vision loss, and after vision loss. For the purpose of the current study, 'friends' refers to individuals other than family members that have close relationship with respondents and 'others' refers to people in the neighbourhood, work colleagues, or people in positions of power including employers.

4.2.1 Relationships with friends and others prior to vision loss

This section summarises respondents' social interactions with friends and others before acquiring visual impairment. Most respondents described their relationship with friends and others as being good or cordial. For example, one of the respondents who was a medical practitioner, Duke, noted, "My relationship with people has been so good. I have always been a good person to people, especially when it comes to patients. Patient that comes to my clinic always mention my name, so I have a very good relationship with

people, and even my organisation knows; they are the ones that wrote my appraisal that I have a very good interaction with people at my place of work”.

Ephraim, a university student, expressed a similar view. He noted that, “I was a very sociable person before I lost my sight, and I was somebody that used to be empathic and used to care for others ”. He further highlighted his relationship with people in his neighbourhood as very good. Some respondents, such as Marvis, seemed to be very socially active and interacted freely with people prior to her vision loss, noting that she used to be an open, outspoken, and socially active person before her vision loss. Noah, an educational administrator, also noted that he was very sociable and interacted with people easily. Jeff, on the other hand, described himself as someone that did not keep many friends but treated people nicely irrespective of their background.

Most of the respondents described how they had strong relationships with friends, neighbours or colleagues before the onset of a visual impairment. For instance, Belinda described her relationship with colleagues as friendly and jovial. She noted, “I had a good relationship, positive relationships, with my colleagues, and, from time to time, even outside of the office we would meet or have some engagement in the evening, maybe once a month or so there would be a need for us to go out or. So we’d be together on a different street or something like that. A lot of the relationships we have is in the office, but even in the office we’re very – you know, we’re – very likely we talk, we joke, we are jovial while we’re working”.

Relationships with other people have been described as a fundamental human need (Reinhardt, 1996). These respondents have established, to some degree, some form of social relationship with people within different social contexts, such as neighbourhood, home and work. Belinda also noted, “I keep few friends but the ones I keep I take seriously and communicate with them intensely”. The different relationships experienced by respondents seem to explain the importance of social interaction with people to their everyday living. Thus, friendship, that is also a relationship, is seemingly an important aspect of these respondents’ lives.

4.2.2 Relationships with friends and others after vision loss

Most respondents described their relationship experience with friends and others after vision loss as a form of rejection. Some respondents saw it as discrimination, while some saw it as though friends were ashamed of going out or doing things with them. Notably, the common notion among respondents was, “my friends withdrew”, “they ran away”, “they

were ashamed of me”, “they are no longer close to me”, or “they stopped visiting and calling me”. These are the various phrases respondents used in describing their relationship experience with friends and others after vision loss. For example, Beth, an instructor in a special school for the blind, said that her friends treated her as if she was not a human being. She further stressed that her friends ran away from her because of her visual impairment. She said that they were ashamed of walking with her on the street and she noticed it anytime she wanted to go out with them.

One respondent noted that the people that were very important to him, the ones he regarded as very close friends were no longer close to him. According to him, they left him because he had lost his sight. In addition, another respondent expressed her experience in a similar way. She added, “I used to be an open, outspoken and socially active person. I used to be everywhere with friends but when I lost my sight, all my friends left me and I became a different person”. Hence, the reactions of friends and others brought significant change to the lives of respondents.

For some respondents, the presence of a visual impairment in their lives led to a broken relationship with their boyfriend or girlfriend. Some respondents referred to these individuals as the people they were supposed to get married to but who had walked out of the relationship as a result of the respondent’s vision loss. For instance, one respondent expressed her experience: “People that I am close to are not around, like male friends, like the person that I am close to before, immediately I lost my sight, he refused to be coming to me when I called him and ask him what is the matter? He told me that the only thing that he will do for me now is to help me not to continue with the relationship”.

Another respondent explained, “I must admit that I lost a lady; the lady I was supposed to marry I lost her. She was no longer interested when the problem was getting out of hand when my vision was deteriorating. I noticed that she was no longer showing interest. I mean she wasn’t that keen, you know, she wasn’t that interested in the relationship so eventually, I lost her”. In a similar way, a female respondent added, “I have gone into two major relationships but they left because I am visually impaired, I am blind, I can’t see and their family members were good on stressing on that”.

Based on respondents’ accounts, it will be suggested that the diminished social relationship experienced by respondents is as a result of their vision loss. The broken courtship experienced by these respondents has brought immense change to their social life. One respondent added, “I have withdrawn, and I have entered my shell”. Thus, in some way,

this may account for social isolation experienced by people with acquired visual impairment.

Although relationship or courtship breakdown is seemingly the key relationship affected by some respondents' vision loss, for some respondents the significant change resulting from vision loss was in their relationship with their employer and with colleagues in the workplace. For example, one respondent described his relationship with his employer (boss) as, "very good and very close". He added that he and his employer were very close and they visited each other. According to the respondent, his employer was aware of his degenerative eye condition before employing him but when the respondent lost his sight completely, his employer was the one that dismissed him without offering any assistance or support.

Although it is not uncommon for people to experience diminished relationship with friends, broken courtship with partners, or deteriorating relationships with employers or colleagues at the workplace, the concern is when these experiences are as a result of a visual impairment. The relevant respondents had an established social life prior to their vision loss which may account for the significant impact of visual impairment on their social relationships with friends and others. However, some respondents attributed their diminished social relationship experience with people to a lack of understanding from people. One respondent noted, "Some people, even after explaining to them, they still can't comprehend what it is you're talking about. So I no longer make that effort to keep in touch with friends because I feel like they don't understand, and they will never understand what it is I'm going through". This participant also noted that she definitely had fewer friends than she had previously. Therefore, it may be noted that a lack of understanding from others is also a challenge for these respondents and it is seemingly a contributory factor to social relationship challenges experienced by respondents.

4.3 Finding strength in family relationships

Respondent's views in regard to family relationships are divided into two sub-themes: "a very good relationship", and "they were very supportive".

4.3.1 "A very good relationship"

In contrast to respondent relationship experience with friends and others, respondents described their relationship with their family members as a very good relationship. For some, their relationship with family members was seemingly the main or only social

relationship they could hold on to after their vision loss. For example, Belinda noted that she spent most of her time with her family but only a little time with friends. She added that her husband and children understood what she was going through which made their relationship even deeper and more intense. According to her, the vision loss was a positive. She felt that she had gained as a result of her vision loss.

Similarly, Duke described his relationship with his wife and children as a positive change to his life and his children's lives. He noted, "My relationship with my family improved because I gained more access to my children. Unlike in those days, when I will be gone for weeks and my children will be asking, 'Where is daddy?' I spend more time with them now; Daddy is around now. They don't understand that daddy is around because of a disability, but they are happy to have daddy with them. So I think that's a positive thing for me to be closer to them. If I am not going through this now, I may not have the opportunity to be close to them, and to teach them the good way of life. So it is the best thing that is happening to me now. Also being closer to my wife is positive to me".

Although most respondents seemed to experience deeper relationships or stronger social cohesion with family members as a result of their vision loss, some other respondents appeared to experience some form of loss or diminished relationship with some extended family members. For example, Ephraim noted that his relationship with his wife, children, and siblings had really improved. However, he noted that his relationship with some of his cousins had weakened. According to him, some did not come to visit him, some stopped visiting him, and some did not even make phone contact. For Ephraim, the relationship he developed with his wife and children after his vision loss was more important to him. In addition, Beth's relationship with her mother had really helped her. She noted that her mother had always been there for her, even when friends stayed away from her, her mother was always encouraging and praying for her.

In view of the above experiences described by respondents, social relationships with family members were seemingly a key aspect of respondents' social lives. As Marvis put it, "When I lost my sight, I was devastated, and it seems everything around me crumbled; my career, education, and dreams were gone, but my family, especially my mother, was there for me". Hence, in spite of the negative impact of their vision loss on their relationships with friends and others; relationships with family members were perceived as the most important aspect of respondents' social lives.

4.3.2 “They were very supportive”

Similar to respondents’ relationship experience with family members, respondents described their families as being very supportive following their vision loss. Some respondents referred to the support they received from family members as “encouragement”, “moral”, and “financial support”. For instance, Belinda noted, “My family accepted my condition, and even with my husband’s family, where they are not too familiar with the condition, they still did their best to try and encourage me to find a way of living my life, which would be different to the way I’d lived my life up until that point”.

As Beth described, “My mother has always been there for me, she has been encouraging and praying for me. Also, my brothers have been very supportive; they took me from one hospital to the other seeking cure but when the doctors said there is nothing they can do, my brothers encouraged me to return to school and they gave me money as well”. With regard to family support, respondents appeared to demonstrate similar experiences. For instance, Ephraim noted, “Sometimes they do come around and contribute some money for my feeding and transport to school, and other times they have bought clothes and shoes for me”.

In addition to social support, respondents received financial and material supports from family members. Marvis noted, “As for my family, I have received excellent support from them; encouragement is one major support I got. I was encouraged to go back to school. Encouragement from my family really helped me”. Jeff also described a similar experience, noting, “My family was not happy when they saw that I could not see. They felt bad but they have been very supportive. They’re giving me all the encouragement, all the support that I need. They have been morally and financially supportive, and I really appreciate that”.

These respondents’ views describe the different supports they received from their family members. According to these respondents, supports from family members included encouragement (moral and emotional support), financial, and material supports. For example, one respondent noted that his family had been very supportive and that the laptop with assistive technology he was using at the time was provided by his family members. Therefore, it appears that support from family members was somewhat important in the lives of some respondents in achieving their social and career goals.

4.4 Changes to relationships with friends

Contrary to respondents' experiences with family members and support, most respondents clearly noted that they did not receive any support from friends and others. According to Beth, her friends were not supportive in any way, instead, they stayed away from her. She stressed that on many occasions she had attempted to participate in events with them but they kept on avoiding her. "I am no more getting information from my friends and it is one thing I am really missing; if I get information from people, it is what they tell me; I cannot see it. Even if I ask them, they don't explain it very well for me, maybe because they feel I cannot see so why are they wasting their time explaining, so I have a very serious problem in terms of that". she added.

However, Beth's experience with her neighbours was somewhat better than that of friends. She noted that people in her neighbourhood supported her with money, and they encouraged her to continue her education. At the time of the interview, Beth was working in a special school as a vocational rehabilitation instructor but she was relatively unhappy with the attitude of her colleagues including the school principal towards her visual impairment. She noted that they had prevented her from participating in school events and other activities such as sports. They always reminded her that she had a visual impairment, and that she would be incapable of participating. According to Beth, this happened repeatedly including with the principal who was a graduate in special education. In a similar way, Mildred noted, "I did not receive any support from my friends, they all ran away when I lost my sight but I got limited support from some people on the campus".

Although most respondents did not receive support from friends, some respondents had a few friends that were supportive. For example, Jeff described himself as being socially inactive, and that he did not keep many friends. According to Jeff, his few friends were supportive. He noted, "They still visit me. They still come around and talk, and they assist me with some money. I don't actually demand from them, but out from their free will, if they feel or sense that I'm in need of something they assist me financially". For Jeff, family members, and a few friends were really supportive. He did not receive support from other people, rather he experienced rejection: "They stigmatised me", he added.

Most respondents seemed to have lost many friends owing to their vision loss but according to them, the few friends that were still with them were somewhat supportive. One respondent noted that all her friends left because they were ashamed of her. According to this respondent, just one friend was still with her, and she had been supportive. "She has

been encouraging me, and also assisting me in doing some things”. Similarly, Ephraim noted that the few friends he had before his vision loss all left him but a few of his course mates in the university had been supportive. According to Ephraim, “My course mates, they are so good to me; they are just like brothers to me. Before I leave for school, I will call them, and they will wait for me at the school gate. They will take me to my department and, on going back home, they will arrange for a taxi that will take me home”.

However, some respondents had experiences of unsupportive colleagues at their workplace. For example, Duke described an unpleasant experience with his colleagues at work. He noted that colleagues were aware of his degenerative eye condition, and when he lost his sight completely, they wrote a letter to the hospital management suggesting that he should be dismissed. Duke noted that with the kind of relationship that he had had with them, he had expected them to be supportive. Rather, they turned against him, as did his employer. Duke reported, “Even amongst my colleagues, what they did was not encouraging at all, you can’t believe that where I have served and worked for eight years, they asked me to proceed on terminal leave because of my visual disability, a place I served for eight years, a place we started together. It is not encouraging at all, it is so demoralising. It is annoying because they are my colleagues, and they are the ones that proposed that I must be out and, lo and behold, I am home now”. In addition, Beth had a similar experience with her colleagues at work. According to her, “Whenever we want to do something at work, they will tell me that I don’t have to be there, I don’t need to participate because I can’t see”.

In light of the respondent views above, it appears that having a visual impairment impacted on social interaction with friends and others, which may have, in turn, resulted in diminished social support from friends and others. Thus, the lack of support from friends and others may have had an impact on the respondents’ education, jobs, and other career goals.

4.5 The impact of acquiring a vision impairment

Because of the impact of acquiring visual impairment, most respondents thought it would be impossible to achieve their life goals. So they thought it was all over. Respondents’ views have been divided into two sub-themes: “devastating and frightening experience”; and “unable to complete usual tasks”.

4.5.1 “Devastating and frightening experience”

Respondents described their reactions to vision loss differently. In general, respondents' views included comments such as “I was confused”; “I was hopeless”; “I was devastated”; and “I didn't know what to do”; “Everything crumbled before me”; “I was depressed and attempted suicide”; and “I was downcast”. These are the various ways in which respondents described their initial reactions to their vision loss. For example, Beth noted, “I even told my mother that it [would be] better for me not to be in this world. Where will I start from? Where will I go, or what will I do? I was confused but my mother kept advising me that I shouldn't talk like that, I should not think of it. There is no single day that I did not cry”.

In a similar way, Ephraim described his experience: “After my vision loss, there is nothing I could do because my ambition and everything was focused on my education. As a human being, I tell you, I was hopeless, and I was thinking that it's all over”. These reactions are consistent with the concept of the psycho-emotional dimensions of disability including visual impairment (Reeve, 2004; Stephens, 2007; Watermeyer, 2009), and seemingly vary among the respondents in this current study. For instance, Marvis noted, “I was devastated, I couldn't believe that it was me that couldn't see anymore, I didn't believe that I will be led as one that is blind. Everything was crumbling before me, my academics was seriously affected, and I also attempted suicide twice”. She added, “I saw no reason to live, and I didn't know how to handle it, so I attempted suicide”. Another respondent described her experience as a devastating and frightening experience.

It can be seen that the psycho-emotional impact was of varying degrees among the respondents. While Marvis noted, “I attempted suicide twice”, Ephraim described his experience as him having him feeling, “devastated and confused”.

Five of the respondents in this current study lost their vision from the degenerative eye disease glaucoma. But, even given that the acquired vision loss was from the same condition, respondents' reactions varied. Hence, the psycho-emotional consequences of their vision loss may be described as being varied.

Although most respondents to this current study described their psycho-emotional experience (reactions) as devastating or confused, some respondents seemed to be aware of the consequence of their eye condition, so they were somewhat prepared psycho-emotionally. For example, Belinda noted, “I have members of my family who have glaucoma to the extent where a lot of them actually have no vision at all, so I knew what

the disease was capable of doing, and I've also seen them overcome that challenge in various ways. So I knew that I had this situation in my hand that needs to be managed". Because Belinda had had the experience of living with people with glaucoma, it appeared that she understood the potential consequences to her when she was diagnosed with the eye disease. It appeared that Belinda was psycho-emotionally prepared, and that was why she was able to manage her response to vision loss in that way in which she did.

In a similar vein, Duke noted, "It was something that started at my adolescent age; it was not something that started suddenly. So it was part of me, and I got used to it. Because of that it's like I was part of it. I think my reaction was normal". Thus, it will be suggested that Duke's experience demonstrated a form of gradual adjustment to the progression of his eye condition. As a result, he was able to manage his reaction.

It appears that some respondents were able to manage their situation with their religious belief. As Jeff put it, "I felt bad because I couldn't do those things that I love to do but I still believe that I will get my sight back so when this thing happened, I said to myself that God was in control, and is still in control. I believe in the healing power of God, and I believe that I will get my sight back. So the thing is that maybe I didn't do what I'm supposed to do, maybe God wants to restrict me from doing what I'm not supposed to do or maybe is a way to refine me".

It appears that the degree of psycho-emotional impact varied amongst the respondents in the current study. For some respondents, it was severe, resulting in attempted suicide. While for others, the resulting impacts were psycho-emotional changes, such as, confusion, devastation, hopelessness, and, perhaps, uncertainty about what the future would hold. Despite these challenges, some respondents were able to manage their situation because they were aware of the situation beforehand, while some respondents' religious belief was a factor that helped in managing the situation. Nevertheless, the psycho-emotional consequences of vision loss may be devastating as demonstrated by some respondents' described experiences.

4.5.2 "Unable to complete usual tasks"

According to some respondents, the presence of a visual impairment impacted on their functional ability in various life domains, such as education, vocation or employment, activities of daily living, and mobility. For example, Ephraim's dream was to complete his education as a university student, but his vision loss brought a new challenge that he could not manage. He realised that he could not read and write anymore, which led him to

wondering how he would complete his education. Similarly, Jeff noted, “I couldn’t do those things that I love to do, and I couldn’t read. Ah! I couldn’t read my books, my favourite books, I couldn’t read them. I couldn’t do the other things I liked doing, like sporting activities”.

These respondents’ functional reading and writing ability was affected by their vision loss and, in turn, it affected their educational goals. For instance, Marvis described her experience, “Everything was crumbling before me, my academics was seriously affected, and my career was gone”. Because these respondents could no longer read and write, their educational goals appeared unachievable owing to the loss of function. In a similar manner, for some respondents, the diminished ability to read and write owing to their vision loss impacted on their vocational and employment capacity. For instance, Duke noted that his education and his job were affected: “I can’t read. In fact at work, when they bring lab result I will want to write it down; it was difficult for me, and patient will be complaining. When I want to put it down, I can’t even see what I am putting down. Sometimes I want to review lab investigations with patients, but I can’t see the result”.

These respondents each experienced some form of functional limitation in their daily life. As Belinda noted, “When I was returning to work after that brief period that I then realised I really couldn’t function the way I had done normally”. She said, “I couldn’t use the computer anymore, I will spend so much time on the computer and achieve little”. As a result, her functional ability at work was affected. For these respondents, their functional lives, which were clearly an important aspect of their life and career were diminished. This inevitably decreased their productivity and capacity to contribute.

Furthermore, having a visual impairment impacted on the mobility of respondents. For example, Duke noted, “I could move around by myself in the past. But nowadays, at times I have to depend on people to take me to some places, because the retinitis pigmentosa was affecting my night vision, and now that it is affecting my day vision I now I have to depend on people occasionally to go to places”. According to these respondents, the ability to move around independently was lost, and their day to day function was affected. For example, the ability to move around independently is a major life function for Marvis. She noted, “I asked myself, is it that I will go to the street and someone will be leading me because I can’t move on my own?”

The ability to move around independently appeared to be a major concern for respondents, with each reporting that their vision loss resulted in some degree of impaired or diminished

independent mobility. Thus, having a visual impairment resulted in functional limitation affecting jobs, education, and daily living for the respondents in this current study. For instance, one respondent noted, “I took some leadership role in the church. I dropped most of them because then I discovered that my vision is no longer strong. I can’t read the Bible, so I can’t do the readings in church”. Based on this respondent’s views, there is a perceived restriction to non-work related activities, and social and community participation associated with acquired vision impairment.

4.6 Perceptions of visual rehabilitation services

Respondent’s perceptions regarding visual rehabilitation services may be divided into two sub-themes:

- regaining hope and functional ability
- becoming confident to communicate.

4.6.1 Regaining hope and functional ability

In light of the above, respondents in the current study appeared to have experienced varying degrees of functional limitation as a result of their acquired visual impairment. These limitations were somewhat addressed through participation in visual rehabilitation services. For example, Duke noted, “I thought all hope was lost but with the light that the ophthalmologist gave me, that if I can go for the rehabilitation program I will be ok. So with that hope, I feel I will be able to get my feet back on track. So I went for the rehabilitation, and I think I’m happy I did it”.

According to respondents, participation in visual rehabilitation services restored hope and functional ability. Some respondents saw visual rehabilitation services as a program that restored their hope of a better future because rehabilitation provided the opportunity for respondents to meet with other people living with a visual impairment. As Marvis noted, “It was the first time I will be coming out after two years. That is the first time I will be coming out and meeting people of my type, people that have been visually impaired before me. Getting one or two encouragement from them, chatting with them, and learning from their true life experience of how they have been able to cope was helpful to me”.

In addition, respondents perceived visual rehabilitation services as programs that would restore their functional ability. For instance, Duke described his experience, saying, “It truly enhanced my functional ability.” “Yes, it’s a good thing to do, in fact, it’s a very good thing to do”, he stressed. Furthermore, for some respondents in the current study, visual

rehabilitation services brought an overall restoration of hope and function. As Ephraim noted, “It was so nice because I’m a person that could not believe that something like that, something of that nature is in a place like that and will restore my lost hope. As I said earlier, I was hopeless when I got blind, but getting to the rehabilitation unit, my hope was restored and I went back to school”.

Respondents expressed their views on the modules of the visual rehabilitation program and how they reduced respondents’ functional limitations. According to respondents, visual rehabilitation services comprised braille literacy, computer training that involved using the computer with screen reader software, orientation and mobility to enhance their ability to move around independently, and activities of daily living which involved carrying on with day to day activities. It was felt that these modules enhanced respondents’ functional ability in different life settings, such as the workplace and school environment. For example, Belinda noted that her rehabilitation training was focused on computer training with Jaws screen reader because she needed to do the things she could not do with the computer after her vision loss. This improved her functional work capacity.

Belinda further stressed, “It’s the only way I’m able to function now. Without it, I wouldn’t be able to do a thing”. Although respondents perceived the visual rehabilitation services as helpful and a good thing to do, most respondents found it difficult to read and write with braille. For example, Belinda noted, “I wasn’t able to learn to read braille but I think that might have something to do with the sensitivity in my fingers; I wasn’t able to feel the dots”. Similarly, Jeff noted that he had difficulty in reading braille with his fingers, even though he understood it. Therefore, as much as these modules of the visual rehabilitation program enhanced these respondents’ functional ability, the applicability of skills learned in the braille module appeared to be a problem common amongst a proportion of the respondents.

4.6.2 Becoming confident to communicate

In addition to respondents’ views of how participation in visual rehabilitation services improved their functional ability, respondents also noted that visual rehabilitation services increased their confidence in communicating with people. For instance, when respondents were asked if the visual rehabilitation services had a module that addressed their social goals, there was a unanimous response of, “no”. However, some respondents noted that visual rehabilitation services indirectly enhanced their confidence to communicate with others. For example, Belinda’s response to the question of whether the visual rehabilitation

services had a module that addressed their social goals was, “No, not directly, but when you become more confident in your ability to communicate generally it has a positive impact on your social interactions”.

Similarly, Jeff commented that he was more confident in communicating with people after participation in a visual rehabilitation program, and he felt that, for him, appearing confident would in some way encourage people to treat him with greater respect.

Even though visual rehabilitation services seem to enhance respondents’ confidence, the lack of visual cues for a person with visual impairment is a functional barrier in respondents’ ability to interact with others. For example, Duke noted that, while he was still interacting with the few friends he had before his vision loss, even after his visual rehabilitation training, he was still unable to make new friends. According to Duke, because he was no longer able to see, it was difficult for him to initiate conversation. He added, “the relationship I initiated before I lost my sight, are the ones I am maintaining...”

In July 2015 the researcher in this current study had a brief meeting with Professor Carolyn Palmer, a professor of visual impairment in the School of Education at Flinders University. Professor Palmer explained that people with visual impairment are faced with the challenge of interacting with people in the community but the use of guide dogs as a mobility aid may foster social interaction for some people. She noted that people or passers-by may admire the guide dog, and this may sometimes lead to some form of interaction or conversation between the passer-by and the person with a visual impairment. This concept may be applicable where there is guide dog use but for people living where there is no guide dog practice, such as in Nigeria, the situation is somewhat different.

According to Belinda, recognising people was her main challenge. She added, “Not able to see people or who I am talking to is my main challenge”. Belinda further reported that she tended to avoid social gatherings because she couldn’t recognise people or know who to talk to or acknowledge.

Marvis commented that, “I do communicate with my eyes a lot, but since I lost my sight I can’t communicate with my eyes anymore”. Although participation in a visual rehabilitation program seemed to increase respondent’s confidence to communicate or interact with others, the lack of visual cues was apparently a common challenge among respondents to this current study. Furthermore, there seemed to be reduced ability on the

part of study participants to initiate conversation with people, owing to their vision loss. This may, in turn, have led to diminished social relationships with people for respondents.

4.7 Chapter summary

This chapter was a simple presentation and analysis of the findings from the data collected for this current study. The findings were arranged in themes in line with the research questions that this research intended to address. However, the discussion of the findings with reference to available literature was limited.

Chapter Five will focus on the discussion of the findings with reference to the theoretical issues and questions raised in Chapter One. It will also state the contributions of the current study to knowledge in the approach to and content of visual rehabilitation services programs and its social capital implications to social wellbeing.

Chapter Five

Discussion of Findings

5.1 Introduction

This chapter serves the dual purpose of discussing the findings from the current study, the relevance of the results to the literature, and how the results addressed the research questions.

It informs the conclusion drawn from the findings, arguments, and comments that permeated this study.

This chapter addresses the three key research questions posed in Chapter One, that are at the heart of the current study. It also establishes the value of the project and its contribution to knowledge in both visual rehabilitation services and social capital.

Other findings and limitations of the study will be highlighted. The following sub-headings are used to structure this discussion chapter:

- i) the experience of social relationships for working-age adults with acquired visual impairment
- ii) diminished social support
- iii) the impact of visual rehabilitation services.

5.2 The experience of social relationships for working-age adults with acquired visual impairment

The findings in this current study suggest that visual impairment interferes with social relationships between working-age adults with acquired visual impairment and other people including friends, colleagues, and others.

The adults who were the subject of this current study had developed social lives, and likely would have had established some social relationships with friends and others, prior to vision loss. It is reasonable to say that these established relationships had been an important aspect of the study participants' lives. These reported findings support the Ryan and Deci (2000) argument in which the authors note that relationships are a fundamental human need, and friendship is critical in our daily lives. The findings in this current study also concur with the conclusion of research conducted by Reinhardt (1996), where that

author posits that relationships or social interaction with people in the community is important for people living with a visual impairment. Therefore, friendships with people in their neighbourhood, school or workplace are an important social life context amongst working-age adults with acquired visual impairment in Nigeria.

Given this, it is suggested that the established social relationships between the adults who are the subject of this current study and people in their community account for their social experience prior to vision loss. Marvis noted that she used to be an open, outspoken, and socially active person before her vision loss. For some respondents, developing a friendship with people is quite important to them, and it may be regarded as part of their lifestyle. For example, Ephraim noted that he used to be a very sociable person, and he used to care for others. Duke described his relationships with colleagues at work as being a, “trusting relationship”, describing how he remembered that colleagues would previously continually seek his advice. Hence, relationships with friends, colleagues, and people in positions of power may define these adults’ social networks.

Social relationships are crucial to wellbeing (Thurston, 2010; Wang, & Boerner, 2008), and findings have demonstrated their importance in the lives of people with a visual impairment (Reinhardt, 1996). However, the impact of acquired visual impairment on the social relationships of working-age adults with acquired visual impairment may result in social isolation. For example, Beth noted that, post acquired vision loss, people who had been her friends prior to the event left her; they were ashamed of her and she could not spend time with them. According to Beth, they looked down at her as though she was not a human being. Similarly, Marvis noted that post acquired vision loss, people who had been her friends prior to the event ran away, and she reported that she felt that she became a new person after her vision loss. Findings from this current study demonstrate diminished social relationships between working-age adults with acquired visual impairment who participated in this study, and those people who had been considered their friends prior to vision loss. These findings are somewhat consistent with established findings in the literature. For instance, studies have shown that people with visual impairment are more likely to feel lonely than others in the general population (Thurston, 2010) and experience a decrease in social functioning (Wang, & Boerner, 2008).

Also, this current study reveals examples of the impact of vision impairment on relationships between working-age adults with acquired visual impairment and colleagues in the workplace, including people in positions of power. For example, Duke noted that he

missed the trusting relationship he had developed with other staff at his workplace prior to vision loss. According to Duke, he felt his colleagues had betrayed the relationship that had been in place previously. Instead of being supportive post vision loss, these colleagues wanted Duke out of the organisation, so they petitioned the organisation's management to dismiss him. Other instances included the diminished relationship between working-age adults with a visual impairment and their superiors or managers at work. Beth noted that her school principal was not supportive, rather she experienced a discriminatory attitude from the principal. These findings emerging from this current study, correspond with those of Wolffe, Ajuwon and Kelly (2013), whose findings demonstrated that employed adults with visual impairment in Nigeria experienced negative attitudes from their co-workers and supervisors.

Additionally, findings from this current study support the Ajobiewe and Ayena (2012) findings, which indicated that people with visual impairment in visual rehabilitation centres in Nigeria did perceive some diminishment to social relationships with friends and family as a major problem.

Furthermore, in this current study, Duke reported that his relationship with his employer was compromised as a result of his vision loss. He noted that he and his employer were previously very close, and the employer was aware of his progressive vision impairment before employing him. Duke commented that he felt that he should have been supported by his employer, not dismissed.

At odds with the diminished social relationship experienced by working-age adults with acquired visual impairment with friends and colleagues, relationships with family members were seemingly the main relationships maintained after vision loss. For some, having a visual impairment resulted in improved or stronger relationships with family members, thus, stronger family ties. For example, Duke noted that his visual disability had made him be very close to his wife and children. He further stressed that he now could teach his children the good ways of life. This appears to contradict findings by Ajobiewe and Ayena (2012), which indicated that people with visual impairment in visual rehabilitation centres in Nigeria identified diminished psychosocial adjustment as a problem. However, it is in line with the concept of social cohesion among people of similar social background, that is, in a homogeneous group by Putnam (1993).

Furthermore, respondents from this current study noted that lack of understanding from others is also a contributory factor affecting relationships with friends and others. For

example, Belinda noted that even after explaining to her friends, they still could not comprehend her situation. Because of the lack of understanding from others, Belinda reported that she had lost some friendships. This finding from the current study concurs with the conclusion of the research by Wang and Boerner (2008) in which findings demonstrated that lack of understanding from others was one of the major challenges confronting the relationship between people with a visual impairment and people without a disability. Respondents in this current study indicated that working-age adults with acquired visual impairment in Nigeria do experience some diminishment in social relationships with friends and others, but relationships with family members may improve.

As a result, working-age adults with acquired visual impairment in Nigeria may experience a decreased social network size owing to the diminished social relationships with friends and others resulting from their vision loss. Because relationships between people of different demographic or ethnic origins (diverse social identity), such as distant friends, colleagues at work, and people of different communities are consistent with the concept of bridging social capital (Szreter, & Woolcock, 2004), it will be suggested that working-age adults with acquired visual impairment in Nigeria may be experiencing diminished bridging social capital resulting from their vision loss. Additionally, findings from this current study revealed that working-age adults with acquired visual impairment in Nigeria experienced a diminished social relationship with their employers.

According to Szreter and Woolcock (2004), linking social capital is defined as the social relationship or network between an individual and community with people in positions of power. Hence, the relationship between respondents and their bosses, such as the school principal and the medical director may be defined as their linking social capital. It can be argued that working-age adults with acquired visual impairment in Nigeria may experience diminished linking social capital.

On the other hand, results from this study demonstrate that working-age adults with acquired visual impairment in Nigeria experience improved social relationships with family members, especially with their immediate families (spouse, children, and siblings). This form of social relationship, that is, social cohesion or family ties (Putnam, 1993) may be defined as bonding social capital. As Szreter and Woolcock (2004) put it, bonding social capital is a relationship of trust and cooperation among people with a similar social identity, such as relationships between family members, close friends, and neighbours. In light of this, it will be suggested that working-age adults with acquired visual impairment

in Nigeria may experience increased bonding social capital with family members but diminished bonding social capital with close friends. This finding implies that working-age adults with acquired visual impairment in Nigeria may experience diminished social relationships with close friends, but relationships with family members may improve.

Findings emerging from the current study demonstrate the social experience of working-age adults with acquired visual impairment in Nigeria, which is key in answering the first research question set out in Chapter One: What is the social experience of vision loss among working-age adults with acquired vision impairment?

Thus, findings from this current study are somewhat consistent with previous findings in the literature, but the resulting social capital implications are a key aspect of the findings emerging from this study.

5.3 Diminished social support

The findings of this current study reveal indications that working-age adults with acquired visual impairment in Nigeria receive social support from family members. This support includes encouragement and financial, moral, material, and emotional support. Ephraim noted that his family members came together and contributed some money for food, clothes, shoes, and transport to school. Support from family members was a common experience among respondents in this current study, with family support apparently the respondents' main source of support after vision loss.

As an example, Belinda noted that her family accepted her condition, and they had been very supportive. According to her, her husband's family that were not knowledgeable of the degenerative eye disease, had been supportive and encouraging as well. It can, therefore, be suggested that these supports experienced by working-age adults with acquired visual impairment in Nigeria arose as a result of the social relationship, that is, social cohesion between family members. This support may be defined as the social resources that lie within a social relationship or network with family members. Hence, findings from this current study, are in line with Lin's (2001) argument. He argues that social resources are embedded within social networks, and an individual may not acquire these resources without social relationships.

The supports experienced by respondents in the current study concur with the different type of support identified in the literature. For example, financial support is instrumental support, encouragement and moral support may be an appraisal or informational support,

and comfort and companionship from family members are emotional support (Berkman, & Glass, 2000; Lin, 2001). Thus, it will be suggested that working-age adults with acquired visual impairment in Nigeria receive instrumental, informational, and emotional supports from family members.

However, respondents from this current study reported that they were lacking in social supports from friends and others. For instance, Duke noted that he did not receive support from his colleagues at work including his boss. As Thurston (2010) noted, people with visual impairment lack social support more than individuals in the general population. Hence, these current findings are consistent with Lin's (2001) argument, which noted that an individual cannot access social resources without social relationships.

According to Cimarolli and Boerner (2005), social support can be positive or negative. They further argue that positive social support is helpful, and enhances wellbeing, such as instrumental support, which includes offering aids or assistance and emotional support, whereas negative social support is unhelpful and may result in diminished wellbeing, such as social negativity, anger, discrimination, social undermining, social strain, and social conflict. Based on this, it will be suggested that the subjects of this current study experienced positive social support from family members, and this may have, in turn, facilitated their social wellbeing. On the other hand, these adults may have experienced some negative social support from friends and others. This experience may result in diminished social wellbeing.

Studies have shown that social support (social resources) is the core of social capital (Finsveen, & van Oorschot, 2008; Kim, & Kawachi, 2006; Rostila, 2011). Also, because these resources are embedded in a social relationship or networks (Bourdieu, 1986; Coleman, 1988; Lin, 2001), it will be suggested that working-age adults with acquired visual impairment in Nigeria may be experiencing some form of diminished social capital owing to their vision loss. Although bonding social capital may be strengthened between working-age adults with acquired visual impairment and family members, findings from this study indicate that bridging, and linking social capital may be diminished owing to respondents' vision loss. Bridging, and linking social capital has been shown to provide access to external resources because it involves a social relationship with people of diverse social identity (Chen, & Meng, 2015; Szreter, & Woolcock, 2004). So, it may be suggested that working-age adults with acquired visual impairment in Nigeria may be lacking access to external resources, and this may, in turn, impact on their wellbeing. These findings

address the second question set out in Chapter One that this study aims to answer: To what extent could it be argued that vision impairment interferes with an individual's social capital?

5.4 The impact of visual rehabilitation services

Findings from this current study demonstrate the various impacts of visual impairment on the lives of working-age adults with acquired visual impairment in Nigeria, such as psycho-emotional changes and functional limitations. Most respondents on learning of the onset of their visual impairment were devastated and confused. For example, Beth noted that she did not know what to do or where to go. According to her, life appeared meaningless after her vision loss. Beth even told her mother that it would be better for her not to be alive.

Similarly, Ephraim noted that he was confused and hopeless. These findings concur with conclusions of research conducted by Stephens (2007) and Thurston (2010), which suggest that the diagnosis of an eye condition may lead to anxiety, worry, and uncertainty about the future. Stephens (2007) and Thurston (2010) further stressed that people with visual impairment are socially isolated, and may be depressed. Hence, the psycho-emotional changes experienced by the subjects in this current study are in line with previous findings.

Additionally, findings from this study reveal that having a visual impairment may lead to the person with the impairment having a more severe negative reaction, such as depression or ideas of suicide or an attempt at suicide. For example, Marvis noted that her world crumbled, and her education was seriously affected. Marvis reported not knowing what to do, and that she had attempted suicide twice. This example from the current study corroborates findings by Baker and Winyard (1998), where, in a study of 'lost vision' among older people in the United Kingdom, it was argued that people are reported to be afraid of vision loss more than the loss of any other sense. Furthermore, the link between vision loss and depression, emotional distress, mood changes, low morale, and reduced quality of life among adults with visual impairment is documented in the literature (Dodds, Bailey, Pearson, & Yates, 1991; Stephens, 2007; Thurston, 2010). Therefore, findings from this current study are in line with previous findings in the literature.

Additionally, the findings of this current study indicate the resulting functional limitations following vision loss. For example, Jeff noted that he couldn't do the things he enjoyed doing anymore, such as reading books, and participating in sporting activities. Another

respondent noted that he could not read and write, so he felt hopeless and worried about his education. Findings from this current study also demonstrated the impact of vision loss on the respondents' mobility and daily living activities. It can be suggested that vision loss impacts significantly on the various life goals of working-age adults with acquired visual impairment in Nigeria. Hence, the findings presented here are in line with the findings of Boerner and Cimarolli (2005), which demonstrated the impact of vision loss on the functional goals of adults with visual impairment.

In spite of the psycho-emotional and functional implications of vision loss, findings from this study show that working-age adults with acquired visual impairment in Nigeria seemed to regain function and psycho-emotional stability through completion of the modules of the visual rehabilitation services. For example, Marvis, who had attempted suicide following her vision loss described her experience of visual rehabilitation services. She noted that attending the visual rehabilitation services was the first time she had emerged after two years to meet other people who had prior experience of living with a visual impairment. Upon meeting with other people with visual impairment in the visual rehabilitation centre, Marvis was encouraged through hearing others' true life experiences and how they had been able to cope. According to Marvis, she regained functional skills and confidence, leading to her return to school.

The findings presented arising from this current study are consistent with the concept and aims of visual rehabilitation services, which are to facilitate and support people in acquiring compensatory skills enabling them to be productive and self-reliant (Crews, & Luxton, 1992; Luxton et al., 1997). Furthermore, the different modules of visual rehabilitation services have been shown to address the psycho-emotional changes and functional limitations associated with vision loss (Crews, & Luxton, 1992; McCabe et al., 2000). Thus, findings from this current study demonstrate the efficacy of visual rehabilitation services in assisting working-age adults with acquired visual impairment in Nigeria to regain functions in different life domains such as education, employment, and activities of daily living.

Findings from this current study additionally indicate that respondents seemed to regain some degree of self-confidence in communicating or interacting with people, in addition to improved functional ability and psycho-emotional stability. Belinda noted that visual rehabilitation services also enhanced her confidence to communicate and interact with family and friends. Hence, it can be argued that this points to visual rehabilitation services

being effective in assisting working-age adults with acquired visual impairment in regaining confidence to communicate with other people. Previous studies have demonstrated that visual rehabilitation services assist individuals in regaining confidence in undertaking daily life functions (Senra et al., 2011), but the issue of gaining confidence in communicating with others is relatively limited in the literature.

This current study also demonstrates that the lack of visual cues is a contributory factor limiting the initiation of communication or social interaction with others for people with acquired vision loss. For example, Duke noted that it was difficult for him to make new friends because he found that he could not initiate conversation owing to his vision loss. Wang and Boerner (2008) posited that social interaction depends heavily on visual information. They further noted that the lack of visual cues is also a contributory factor to diminished social relationships experienced by people with visual impairment. Because the lack of visual cues in interacting with people was a common complaint among working-age adults with acquired visual impairment in Nigeria, it will, therefore, be suggested that the findings of the current study are in line with Wang and Boerner's (2008) findings.

Findings from this current study demonstrate that visual rehabilitation services in Nigeria lack what the researcher would suggest may be described as a 'social module'. For instance, respondents unanimously noted that there was no module that was aimed at addressing the social relationship challenges that they experience, and that arise demonstrably from acquired visual impairment. These findings corroborated the work of Boerner and Cimarolli (2005); Wang and Boerner (2008); and Potts (2005). Respondents suggested that visual rehabilitation services should place more emphasis on addressing the need to develop personal social skills that have been compromised through acquired visual impairment. As a result of this lack in visual rehabilitation services in Nigeria at the time of the current study, working-age adults with acquired visual impairment in Nigeria may be faced with a diminishment of social relationships or with reduced social function with friends and others in their community.

Given the above findings, the researcher suggests that visual rehabilitation services explicitly address the psycho-emotional changes and functional limitations experienced by working-age adults with acquired visual impairment in Nigeria, since diminished social relationships or reduced social functioning among individuals in the target cohort has been demonstrated to be under-addressed at best or completely unaddressed by visual rehabilitation services in Nigeria. As a result, working-age adults with acquired visual

impairment in Nigeria may experience diminished bridging, and linking social capital even after participation in a program of visual rehabilitation services.

The researcher suggests the introduction of a ‘social module’ in visual rehabilitation services in Nigeria that would involve tailoring the services to focus on the social goals of working-age adults with acquired visual impairment, which may address the social relationship challenges faced by working-age adults with acquired visual impairment in Nigeria. This introduction may, in turn, enhance the social capital and wellbeing of individuals within the scope of the study cohort of working-age adults with acquired visual impairment in Nigeria. Therefore, these findings appear to address the third question presented in Chapter One that this study aims to answer: Do visual rehabilitation services address the issue of diminished social capital experienced by working-age adults with acquired vision loss?

5.5 Other findings

In this current limited study, glaucoma was demonstrably the leading cause of visual impairment amongst study respondents. Of the eight participants, five reported that glaucoma was the cause of their acquired visual impairment. This evidence corresponded broadly with the findings of the Nigeria national blindness and visual impairment survey 2005-2007, that indicated that glaucoma was the second leading cause of blindness among middle age adults of 40 years and above (Dineen et al., 2008; Kyari et al., 2009). Given the prevalence of glaucoma amongst participants in the current, more recent, study it may be possible to suggest that middle age adults acquiring a visual impairment from glaucoma may be on the rise in Nigeria. Given this, and the reported diminishment of social capital amongst respondents to the current study, the researcher suggests that there is the need for visual rehabilitation services in Nigeria to emphasise addressing the social goals of working-age adults with acquired visual impairment in Nigeria, who had developed social skills and relationships prior to acquiring a visual impairment.

In addition to the above findings, maximal variation sampling was applied in this study on the basis of gender balance. Four males and four females were recruited for this study to ensure gender balance, and to explore the key concepts of the study from gender perspective. No significant finding was obtained from a gender standpoint in this current study. Thus, irrespective of respondents’ gender differences, it was apparent that respondents appeared to share similar social relationship experiences after acquiring a visual impairment.

5.6 Limitations of the current study

The researcher points out that he is aware that this preliminary study was not without limitations.

Firstly, the study was largely limited by the small scale of the sample group, and similar research on a larger scale will need to be conducted to confirm whether these preliminary findings are representative in a more general sense.

Secondly, participants were all recruited from one visual rehabilitation service provider, that is, the Nigeria Association of the Blind (NAB), which is located in one geographic area. Perhaps recruiting participants from different organisations in different geographical areas may provide access to a wider variety of experience and richer data from which to gather findings.

Finally, in hindsight, a mixed method research approach involving a qualitative and quantitative approach to ascertain how the sampled populations view visual rehabilitation services in addressing their social relationship challenges may have added more value to the study.

However, the researcher asserts that these limitations did not detract from the value of the study and the results produced.

5.7 Chapter summary

This chapter discussed the findings from the current research under three subheadings: social relationship implications, diminished social support, and impact of visual rehabilitation services. Other findings, and the limitations of this study were discussed.

Findings showed that current visual rehabilitation services in Nigeria lack in their programs a social component that might address the social goals of working-age adults with acquired visual impairment, and enhance overall outcomes of visual rehabilitation services in Nigeria.

Furthermore, the research has demonstrated that vision loss has a significant impact on the bridging, and linking social capital of working-age adults with acquired visual impairment in Nigeria. The findings also indicate that visual rehabilitation services are successfully addressing psycho-emotional changes and functional limitations but are lacking in terms of addressing head on, the diminished social relationships or reduced social functioning of

adults with acquired vision loss in Nigeria. Chapter Six will discuss the conclusion and recommendations from this study.

Chapter Six

Conclusion and Recommendations

6.1 Conclusion

This preliminary study has critically investigated the social experience and social capital implications of vision loss amongst a group of working-age adults with acquired visual impairment in Nigeria.

Of particular interest was whether, and if so, to what extent visual rehabilitation services addressed the diminished social functioning of working-age adults with acquired visual impairment in Nigeria using the concepts of bonding, bridging, and linking social capital as the theoretical concept.

Findings from this study indicated that working-age adults with acquired visual impairment had, prior to their vision loss, established social relationships that were an integral part of their daily lives. The consequences of acquiring a visual impairment among this group included diminished social relationships with friends and others, which resulted in a lack of access to external social resources, diminished social capital, and self-reported decreases in social wellbeing and quality of life. Additionally, the study findings demonstrated that relationships between working-age adults with acquired visual impairment in Nigeria and their family members apparently improved, with increased family ties or social cohesion. This fostered family social support and bonding social capital for the subjects of this current study, and may have somewhat ameliorated other losses in terms of bridging and linking social capital (i.e. external social resources).

Furthermore, findings from this current study indicated that acquiring a visual impairment later in life, that is, for working-age adults, resulted in diminished bridging and linking social capital. This was demonstrated by reports of diminished social relationships with those in the respondents' wider networks and reduced social functioning experienced by the respondents. These experiences were also linked to a lack of understanding of others and lack of visual cues which respondents described as hindering their ability to initiate social interactions. These relationship challenges experienced by the participants resulted in diminished relationships with friends and others (which resulted in a reduced social network size), diminished social support from friends and others (reduced access to external social resources), psycho-emotional changes and functional limitations. This, in

turn, resulted in diminished bridging and linking social capital amongst the participants in this current study.

The study findings also showed that important psycho-emotional changes, and functional limitations experienced by participants were addressed by the visual rehabilitation services. On the other hand, findings showed that the diminished social relationships reported by the participants were not directly and explicitly addressed by visual rehabilitation services in Nigeria that were in place at the time that the current investigation took place. It was found that visual rehabilitation services predominantly focused on addressing functional goals with little or no attention given to the social goals of working-age adults with acquired visual impairment in Nigeria.

Although findings indicated that visual rehabilitation services may enhance the confidence of working-age adults with acquired visual impairment in communicating or interacting with others, the inability of visual rehabilitation services to explicitly and directly address the social goals of individuals with vision impairment meant that important social relationship challenges experienced by adults with acquired visual impairment were unaddressed. Hence, the researcher of this current study suggests that there is a need for visual rehabilitation services to be tailored to address the social goals of working-age adults with acquired visual impairment in Nigeria.

It is also important to point out that five of the eight participants (62.5 per cent) acquired a visual impairment from glaucoma, which is the second leading cause of blindness among middle age adults in Nigeria (Dineen et al., 2008; Kyari et al., 2009). This number accords with the Nigeria national blindness and visual impairment survey 2005-2007 and suggests that glaucoma is an important cause of vision impairment in the age-group from which the participants in this current study were drawn. Furthermore, although this study was interested to determine whether experiences varied according to gender, both male and female working-age adults with acquired visual impairment in Nigeria reported similar social experiences prior to and after vision loss.

A strength of this research lies in the methodology applied. The phenomenological approach adopted involved retrieving information from the individual (working-age adults with acquired visual impairment in Nigeria) who were experiencing the key concept of this study at the time when the investigation was being carried out. Most existing studies on visual rehabilitation services in Nigeria have taken a quantitative approach, and tended to focus on the general views of people with visual impairment, that is to say, not specifically

working-age adults with acquired visual impairment in Nigeria. Through the methodological approach and research design of this current study, a somewhat detailed understanding of social relationship problems and the efficacy of visual rehabilitation services were retrieved from experiencing individuals (working-age adults with acquired visual impairment in Nigeria). The semi-structured interviews provided empirical evidence that demonstrated the need for visual rehabilitation services to place more emphasis on addressing the social goals of working-age adults with acquired visual impairment in Nigeria.

6.2 Recommendations

The recommendations presented in this chapter are directed primarily at the visual rehabilitation service providers, researchers and the Department of Rehabilitation at the Federal Ministry of Women Affairs and Social Development (FMWAS) i.e. policy makers. The FMWASD is the ministry that is responsible for registering and monitoring disability and rehabilitation practice (including visual rehabilitation services) in Nigeria. It currently acts as the coordinator of other stakeholders. Hence, the recommendations from this preliminary study are as follows:

- The Nigerian Federal Ministry of Women Affairs and Social Development (FMWASD) can convene a multidisciplinary technical team of experts and stakeholder representatives involving partnerships of social and health development professionals in visual impairment and rehabilitation services.
- This team will assess the applicability of social strategies in visual rehabilitation services. This could reasonably be expected to provide a more balanced, objective and in-depth view of the relevant prospects and barriers.
- This team can subsequently work with policy makers to draw up national policy guidelines or an action plan for the introduction of social strategies in visual rehabilitation services in Nigeria. These guidelines will define clear goals and objectives, including proper plans for monitoring, evaluation and scale-up.
- The FMWASD can develop and implement awareness campaign strategies that involve educating the wider community about the capacity of working-age adults with acquired visual impairment, the importance to these individuals of maintaining social relationships and the need for visual rehabilitation services to tailor training to address

social goals of individuals with a visual impairment. This can be followed by the implementation of policies that would ensure efficacy of this practice.

6.2.1 Future research

Arguably, it is particularly important to note that this current study has highlighted diminished bridging and linking social capital resultant from vision loss as a key issue in the lives of working-age adults with acquired visual impairment in Nigeria.

Additionally, an important finding from this current research, just as Wang and Boerner (2008) acknowledged, is that visual rehabilitation services are lacking in addressing the social goals of people with visual impairment. Therefore, there is a need for further enquiry into certain areas in the field of visual rehabilitation particularly with regard to the issues of social capital. For instance, there is a need to study how, and to what extent, working-age adults with acquired visual impairment in Nigeria confronted with diminished bridging and linking social capital cope with daily life demands in the community. There is also the need for a longitudinal study of whether and, if so, how the introduction of a social module to visual rehabilitation services in Nigeria improves the social functioning of people with visual impairment. Such studies would, no doubt, enrich this field of study as well as adding to the literature and theory on social capital.

6.2.2 Implications

This preliminary study, although conducted with a small sample, has been very valuable in adding to knowledge around the impact of visual impairment on social capital for working-age adults with acquired visual impairment in Nigeria. The arguments, comments from the literature, and the methodological tools applied coupled with the results generated, arguably add to the knowledge of visual rehabilitation services, particularly the link with social capital. It is hoped that the findings and the study as a whole will serve as a valuable reference point for visual rehabilitation service providers, researchers and policy makers.

6.3 Reflection

As an individual living with acquired visual impairment in Nigeria, I have constantly been of the opinion that visual rehabilitation services have failed to address my social needs. But my interest in conducting research in this area started in 2015 after undertaking the ‘Disability: individual, family and society - DSRS 9057’ and ‘Leisure and Disability - DSRS 9067’ topics in Semester One of the Flinders University 2015 academic year. The process of preparing my final assignment on, ‘facilitating inclusive development programs

for people with disability,' kindled a strong desire to explore the social experience of people with acquired visual impairment, and to enquire how visual rehabilitation services addressed their social needs. Writing on a dissertation topic that was a combination of three broad subjects (visual impairment, visual rehabilitation, and social capital) with the word and time limitation has been both a huge challenge and a rewarding learning experience.

Cognisant of the enormous task ahead, I decided to start my dissertation early, and planned timelines for the different sections. This aided me tremendously in spending adequate time reading critically and thinking through my write up for each section. With excellent guidance from my supervisors, I patiently learnt how to capture different facets of the subjects that were relevant to providing a good understanding of the topic without losing sight of the dissertation objectives. The words, "back and forth and back and forth," used by the dissertation module authors to describe the dissertation writing process became stark reality! These skills of time management, critical reading and writing which I learnt and consolidated will certainly make an impact on my future academic writing endeavours.

Although the Master of Disability Policy and Practice (MDPP) course had no module directly related to visual rehabilitation, I sought and had extra learning on the subject from interactions with experts in the field of visual impairment.

The library and computer skills taught during this course made a massive difference in preparing this dissertation. Before arriving at Flinders University, I had average computer skills and just used Google for literature searches. I can strongly say my expertise in these areas has improved exponentially! I can confidently carry out a proper literature search using techniques learnt like keyword truncation, and present well formatted write-ups.

As I conclude this dissertation, thoughts of further research into the field of visual rehabilitation and social capital and its potential application to other areas of disability in Nigeria run through my mind. The fact that it is an under-researched area in my country presents itself as another challenge that I think I am willing to take up. No doubt, the skills I have learnt while preparing this dissertation will make a huge practical and positive impact on the endeavour.

References

- African Strategic, & Peace Research Group (2003). *Civil society and ethnic conflict management in Nigeria*. Thomas A. Imobighe (Ed.). UK: Spectrum Books Limited.
- Agomoh, E. O. (2006). Advocating for effective rehabilitation services for people with visual impairment in Nigeria. *Journal of Advocacy and Rehabilitation in Special Education*, 4(1), 77-82.
- Ajobiwe, T., & Ayena, O. O. (2012). Perceived problems of people with visual impairment in rehabilitation centers in Nigeria and the counselling implications. *Journal of International Association of Special Education*, 13(1), 79-86.
- Ajuwon, P. M., & Brown, I. (2012). Family quality of life in Nigeria. *Journal of Intellectual Disability*, 56(1), 61-70.
- Amusat, N. (2009). Disability care in Nigeria: The need for professional advocacy. *African Journal of Physiotherapy and Rehabilitation Sciences*, 1(1), 30-36.
- Anderson, R. (2007). Thematic content analysis (TCA): Descriptive presentation of qualitative data. Retrieved September 15, 2012 from <http://www.wellknowingconsulting.com>
- Ayoku, F. A. (2000). Rehabilitation of the visually impaired people in the present day economy: A challenge. Paper presented at the workshop on exchange program for resettlement and after-care officers, Port-Harcourt: Federal Ministry of Social Development, Abuja, Nigeria.
- Baker, M., & Winyard, S. (1998). *Lost Vision: Older Visually Impaired People in the UK*. London: Royal National Institute for the Blind.
- Bates, P., & Davis, F. A. (2004). Social capital, social inclusion and services for people with learning disabilities. *Disability and Society*, 19(3), 196-206.
- Berkman, L., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. Berkman, & I. Kawachi (Eds.), *Social epidemiology* (pp. 137-173). New York, NY: Oxford University Press.
- Boama, G.D. and Atkinson, G.B.J., (1995). *A handbook of social science research* (2nd ed). Oxford: Oxford University Press
- Boerner, K., & Cimarolli, V. (2005). Optimizing rehabilitation for adults with visual impairment: Attention to life goals and their links to well-being. *Journal of Clinical Rehabilitation*, 19, 790-798.
- Bourdieu, P. (1986). The forms of capital. In J.G. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241-258). Westport, CT: Greenwood Press.
- Burt, R. S. (2000). The network structure of social capital. *Research in Organizational Behavior*, 22, 345-423.
- Chen, H., & Meng, T (2015) Bonding, bridging, and linking social capital and self-rated health among Chinese adults: Use of the Anchoring Vignettes Technique. *PLoS ONE* 10(11): e0142300. doi:10.1371/journal.pone.0142300
- Chenoweth, L., & Stehlik, D. (2004). Implications of social capital for the inclusion of people with disabilities and families in community life. *Journal of Inclusive Education*, 8(1), 59-72.

- Cimarolli, V. R., & Boerner, K. (2005). Social support and well-being in adults who are visually impaired. *Journal of Visual Impairment and Blindness*, 99(9), 521-534.
- Coleman, J. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94(suppl), 95-121.
- Creswell, J. W. (2013). *Qualitative inquiry and research design. Choosing among five approaches*. Thousand Oaks, CA: SAGE.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE.
- Crews, J. E., & Luxton, L. (1992). Rehabilitation teaching for older adults. In L. Alberta (Ed.), *Vision and aging: Crossroads for service delivery*. NY: American Foundation for the Blind
- Crotty, M. (1996). *Phenomenology and nursing research*. South Melbourne, Australia: Pearson Professional.
- Crudden, A. (2002). Employment after vision loss: Results of a collective case study. *Journal of Visual Impairment & Blindness*, 96, 615-621.
- Dandona, L., & Dandona, R. (2006). What is the global burden of visual impairment?. *BMC medicine*, 4(1).
- Daramola, F. (1976). Educating the visually handicapped in Nigeria : Some theoretical and practical considerations. *West African Journal of Education*, 20(2), 171-177.
- Dineen, B., Gilbert, C. E., Rabiou, M., Kyari, F., Mahdi, A. M., Abubakar, T., & Faal, H. (2008). The Nigerian national blindness and visual impairment survey: Rationale, objectives and detailed methodology. *BMC Ophthalmology*, 8(1).
- Dodds, A. G. (1989). Motivation reconsidered: The importance of self-efficacy in rehabilitation. *British Journal of Visual Impairment*, 8, 11-15.
- Dominguez, S., & Watkins, C. (2003). Creating networks for survival and mobility: Social capital among African-American and Latin-American low-income mothers. *Social Problems*, 50(1), 111-135.
- Due, P., Holstein, B., Lund, R., Modvig, J., & Avlund, K. (1999). Social relations: Network, support and relational strain. *Social Science and Medicine*, 48, 661-673.
- Finsveen, E., & van Oorschot, W. (2008). Access to resources in networks: A theoretical and empirical critique of networks as a proxy for social capital. *Acta Sociologica*, 51 , 293-307.
- Flick, U. (2002). *An introduction to qualitative research*. London: SAGE.
- Flood, A. (2010). Understanding phenomenology: Anne Flood looks at the theory and methods involved in phenomenological research. *Nurse Researcher*, 17(2), 7-15.
- Gbenga, F. (2008). Ethnicity in Nigeria. *Philosophia Africana*, 11(2), 141-156.
- Gilham, B. (2000). *Case study research methods*. London: Continuum.
- Goulding, C. (2005). Grounded theory, ethnography and phenomenology: A comparative analysis of three qualitative strategies for marketing research. *European Journal of Marketing*, 39(3/4), 294-308.
- Jasper, M. A. (1994). Issues in phenomenology for researchers of nursing. *Journal of advanced nursing*, 19(2), 309-314.

- Jochum, V. (2003). *Social capital: Beyond the theory*. London: National Council for Voluntary Organisations.
- Jones, S. (1985). The analysis of depth interviews. *Applied qualitative research*, 56-70.
- Kawachi, I., & Berkman, L. (2000). Social cohesion, social capital, and health. In L. Berkman, & I. Kawachi (Eds.), *Social epidemiology* (pp. 174-190). New York, NY: Oxford University Press.
- Kelly, S. M., Ajuwon, P. M., & Wolffe, K. E. (2015). The recreation and leisure pursuits of employed adults with visual impairments in Nigeria: Part 1. *Journal of Visual Impairment & Blindness (Online)*, 109(1), 19.
- Kim, D., & Kawachi, I. (2006). A multilevel analysis of key forms of community-and individual level social capital as predictors of self-rated health in the United States. *Journal of Urban Health*, 83(5), 813-826.
- Kusenbach, M. (2003). Street phenomenology the go-along as ethnographic research tool. *Ethnography*, 4(3), 455-485.
- Kuyk, T., Liu, L., Elliott, J. L., Grubbs, H. E., Owsley, C., McGwin Jr, G., & Fuhr, P. S. (2008). Health-related quality of life following blind rehabilitation. *Quality of Life Research*, 17(4), 497-507.
- Kyari, F., Gudlavalleti, M. V., Sivsubramaniam, S., Gilbert, C. E., Abdull, M. M., Entekume, G., & Foster, A. (2009). Prevalence of blindness and visual impairment in Nigeria: The national blindness and visual impairment survey. *Investigative Ophthalmology & Visual Science*, 50(5), 2033-2039.
- Lin, N. (2000). Inequality in social capital. *Contemporary Sociology*, 29(6), 785 -795.
- Lin, N. (2001). *Social capital: A theory of structure and action*. London, England: Cambridge University Press.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735.
- Luxton, L., Bradfield, A., Maxson, B. J., & Starkson, B. C. (1997). The rehabilitation team. *Foundations of Rehabilitation Counseling with Persons who are blind or Visually Impaired*, 9, 125-131.
- Mason, J. (1996). *Qualitative researching*. London :SAGE
- May, T. (2001). *Social research: issues, methods and process*. Buckingham: Open University Press.
- Mahmoud, A. O., Olatunji, F. A., & Ayanniyi, K. (2005). Ophthalmologists' perceptions of the rehabilitation services for the irreversibly blind in Nigeria. *Nigerian Journal of Ophthalmology*, 13(2), 58-61.
- Mba, P. O. (1995). *Fundamentals of special education and vocational rehabilitation*. Ibadan, Nigeria: Codat Publications.
- McCabe, P., Nason, F., Turco, P. D., Friedman, D., & Seddon, J. M. (2000). Evaluating the effectiveness of a visual rehabilitation intervention using an objective and subjective measure of functional performance. *Ophthalmic Epidemiology*, 7(4), 259-270.

- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.
- Opendakker, R. (2006). Advantages and disadvantages of four interview techniques in qualitative research. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* 7, (4).
- Ozaji, E. D. (1992). Volunteering for the handicapped: The example of a Voluntary Association in Nigeria. *Vision Magazine*, 1, 3-5.
- Ozaji, E. D. (2003). *Special education for beginner professionals* (2nd Ed.). Jos: Deka Publications.
- Pagliano, P. (2005). Using the senses. In P. Pagliano, *Educating children with diverse abilities* (2nd ed.). Australia: Pearson Education
- Pascolini, D., & Mariotti, S. P. (2011). Global estimates of visual impairment: 2010. *British Journal of Ophthalmology* 96(5), 614-8.
- Phillips, B. N., Robison, L. J., & Kosciulek, J. F. (2014). The influence of social capital on starting wage for people with and without disabilities. *Rehabilitation Counseling Bulletin*, 58(1), 37-45.
- Poortinga, W. (2012). Community resilience and health: The role of bonding, bridging, and linking aspects of social capital. *Health & Place*, 18(2), 286-295.
- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology*, 22, 1-24.
- Potts, B. (2005). Disability and employment: Considering the importance of social capital. *Journal of Rehabilitation*, 71(3), 20–25.
- Punch, K. F., & Oancea, A. (2014). *Introduction to research methods in education* (2nd ed.). London: SAGE.
- Putnam, R. D. (1993). The prosperous community: Social capital and public life. *The American Prospect*, 13 (Spring), 35-42.
- Putnam, R. D. (1995). Bowling alone: America's declining social capital. *Journal of Democracy*, 6(1), 65–79.
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York, NY: Simon and Schuster.
- Putnam, R. D. (2002). *Democracies in flux: The evolution of social capital in contemporary society*. Oxford University Press.
- Reeve, D. (2004). Psycho-emotional dimensions of disability and the social model. In C. Barnes, & G. Mercer (Eds), *Implementing the social model of disability: Theory and research*. Leeds, England : The Disability Press.
- Reinhardt, J. P. (1996). The importance of friendship and family support in adaptation to chronic vision impairment. *Journal of Gerontology*, 51, 268–78.
- Rostila, M. (2011). A resource-based theory of social capital for health research: Can it help us bridge the individual and collective facets of the concept? *Social Theory & Health*, 9(2), 109-129.

- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well being. *American Psychologist*, 55, 68–78.
- Sanders, C. R. (2000). The impact of guide dogs on the identity of people with visual impairments. *Anthrozoös*, 13(3), 131-139.
- Schoessow, K. (2010). Shifting from compensation to participation: A model for occupational therapy in low vision. *British Journal of Occupational Therapy*, 73(4), 160-169.
- Senra, H., Oliveira, R. A., & Leal, I. (2011). From self-awareness to self identification with visual impairment: A qualitative study with working age adults at a rehabilitation setting. *Journal of Clinical Rehabilitation*, 25(12), 1140–1151. doi:10.1177/0269215511410729.
- Singleton Jr, R. A., & Bruce, C. Straits. (1999). *Approaches to social research*, 3. Oxford: Oxford University Press.
- Smith, D. J. (2004). Burials and belonging in Nigeria: Rural–urban relations and social inequality in a contemporary African ritual. *American Anthropologist*, 106(3), 569-579.
- Smith, N. (2011). The face of disability in Nigeria: A disability survey in Kogi and Niger States. *Disability, CBR & Inclusive Development*, 22(1), 35-47.
- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretive phenomenological analysis. In M. Murray, & K. Chamberlain (Eds), *Qualitative Health Psychology: Theories and Methods*. London: SAGE.
- Stephens, J. (2007) The emotional well-being of blind and partially sighted people. *Draft Literature Review*. Reading: Guide Dogs for the Blind Organisation.
- Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33(4), 650 667.
- Teddle, C., & Tashakkori, A. (2010). Overview of contemporary issues in mixed methods research. *Handbook of mixed methods in social and behavioral research*, 1-41.
- Thurston, M. (2010). Socio-emotional effect of the transition from sight to blindness. *Journal of Visual Impairment and Blindness*, 28(2), 90 112. doi: 10.1177/0264619609359304.
- Trochim, W. M. (2006). *Qualitative measures*. Retrieved October 12, 2016 from <http://www.socialresearchmethods.net/kb/qual.php>
- Tuttle, D. W., & Tuttle, N. R. (2004). *Self-esteem and adjusting with blindness: The process of responding to life's demands*. Springfield, Illinois: Charles C Thomas Publisher.
- Walker, R. B., & Hiller, J. E. (2007). Places and health: A qualitative study to explore how older women living alone perceive the social and physical dimensions of their neighbourhood. *Social Science and Medicine*, 65, 1154–1165.
- Wang, S., & Boerner, K. (2008). Staying connected: Re-establishing social relationships following vision loss. *Journal of Clinical Rehabilitation*, 22, 816-824.
- Watermeyer, B. (2009). Claiming loss in disability. *Disability & Society*, 24(1), 91-102.

- West, S. K., Rubin, G. S., Broman, A. T., Munoz, B., Bandeen-Roche, K., & Turano, K. (2002). How does visual impairment affect performance on tasks of everyday life? The SEE Project. *Archives of Ophthalmology*, 120(6), 774-780.
- Wolffe, K. E., Ajuwon, P. M., & Kelly, S. M. (2013). Working with visual impairment in Nigeria: a qualitative look at employment status. *Journal of Visual Impairment & Blindness (Online)*, 107(6), 425.
- Woolcock, M. (2001). The place of social capital in understanding social and economic outcomes. *Canadian Journal of Policy Research*, 2(1), 11-17.
- Woolcock, M., & Narayan, D. (2000). Social capital: Implications for development theory, research, and policy. *The World Bank Research Observer*, 15(2), 225-249.

Appendix One
Information Sheet



Dr Ruth Walker (BA Hons, PhD)
Disability and Community Inclusion
Faculty of Health Sciences
Sturt Buildings, South Wing
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001
Tel: +61 8201 7936
Fax: +61 8201 3646
ruth.walker@flinders.edu.au
CRICOS Provider No. 00114A

INFORMATION SHEET

(for interviews)

Title: The Experience of Visual Rehabilitation Among Adults with Acquired Visual Impairment: A Preliminary Study Focusing on Social Capital

Researcher:

Mr Emmanuel Bassey
Master of Disability Policy and Practice
Disability and Community Inclusion Unit
Flinders University
Email: bass0081@flinders.edu.au

Supervisors:

A/Prof. Caroline Ellison
Disability and Community Inclusion Unit
Flinders University
Ph: +61 (8) 8201 3422
Email: caroline.ellison@flinders.edu.au

Dr Ruth Walker
Disability and Community Inclusion Unit
Flinders University
Ph: +61 (8) 8201 7936,
Email: ruth.walker@flinders.edu.au

Description of the study:

This study is part of the project entitled 'The Experience of Visual Rehabilitation Among Adults with Acquired Visual Impairment: A Preliminary Study Focusing on Social Capital'.

This project will investigate the social capital implication of vision loss; the efficacy of visual rehabilitation services; and the impact of visual rehabilitation on an individual's social capital. This project is supported by Flinders University, Disability and Community Inclusion Unit.

Purpose of the study:

The purpose of this project is to investigate the impact of vision loss on social relationships and networks for a sample of people in Nigeria, and the connection

between visual rehabilitation services and these social relationships. The study will explore four (4) main domains: experience of vision loss; the impact of vision loss on social relationship; self-report of visual rehabilitation services; and impact of visual rehabilitation services on the diminished social capital of adults with acquired visual impairment. Topics to be covered are visual rehabilitation; social relations; and social networks. The completed project may assist in improving visual rehabilitation practice, which may be of benefit to you and people with visual impairment.

What will I be asked to do?

You are invited to participate in a one-on-one telephone interview with a student completing a Masters of Disability Policy and Practice who will ask you a few questions about your views about visual rehabilitation services and your social experience in relation to visual impairment. The interview may take up to one hour. The interview will be recorded using a digital voice recorder to help with looking at the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file and then destroyed once the results have been finalised. The interview will cover four areas: your experience of vision loss; the impact of vision loss on your social relationships; your experience on visual rehabilitation services; and the effect of visual rehabilitation on your social relationships. Example of questions that may be asked include: Tell me about your reaction to your vision loss? Tell me about your family and friends reactions to your vision loss? Why did you decide to undertake visual rehabilitation training?

What benefit will I gain from being involved in this study?

The sharing of your experiences may improve the planning and delivery of future visual rehabilitation programs.

Will I be identifiable by being involved in this study?

Your real name will not be used, and in any reports generated as part of this research a pseudonym (fake name) will be used. Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password protected computer that only the investigator (Mr Emmanuel Bassey) will have access to. Your comments will not be linked directly to you.

Are there any risks or discomforts if I am involved?

The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the investigator.

How do I agree to participate?

If you wish to participate in this study please email Mr Emmanuel Bassey on bass0081@flinders.edu.au

Your participation in this study is voluntary. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw from the interview at any time without effect or consequences. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and send it back to me at bass0081@flinders.edu.au

How will I receive feedback?

Outcomes from the project will be summarised and given to you by the investigator if you would like to see them.

Thank you for taking the time to read this information sheet and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 7125. For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix Two
Letter of Introduction



Dr Ruth Walker (BA Hons, PhD)
Disability and Community Inclusion
Faculty of Health Sciences
Sturt Buildings, South Wing
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001
Tel: +61 8201 7936
Fax: +61 8201 3646
ruth.walker@flinders.edu.au
CRICOS Provider No. 00114A

1 March 2016

LETTER OF INTRODUCTION
(for members of public participants)

This letter is to introduce Mr Emmanuel Bassey who is a Masters student in the Disability and Community Inclusion Unit of the School of Health Sciences at Flinders University.

He is undertaking research leading to the production of a thesis or other publications on the subject of "How do adults with acquired visual impairment experience visual rehabilitation services and do they perceive it as addressing their social goals"?

He would like to invite you to assist with this project by agreeing to be involved in a one-on-one telephone interview which covers certain aspects of this topic. No more than one hour on one occasion would be required.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since he intends to make a tape recording of the interview, he will seek your consent, on the attached form, to record the interview, to use the recording or a transcription in preparing the thesis, report or other publications, on condition that your name or identity is not revealed, and to make the recording available to other researchers on the same conditions. It may be necessary to make the recording available to secretarial assistants (or a transcription service) for transcription, in which case you may be assured that such persons will be asked to sign a confidentiality agreement which outlines the requirement that your name or identity not be revealed and that the confidentiality of the material is respected and maintained.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on +61 (8) 82017936, fax on +61 (8) 8201 3646 or e-mail (ruth.walker@flinders.edu.au).

Thank you for your attention and assistance.

Yours sincerely

Dr Ruth Walker (BA Hons, PhD)
Senior Lecturer
Disability and Community Inclusion

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 7125). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Appendix Three
Consent Form



Flinders
UNIVERSITY

**CONSENT FORM FOR PARTICIPATION IN RESEARCH
(by interview)**

The Experience of Visual Rehabilitation Among Adults with Acquired Visual Impairment: A Preliminary Study Focusing on Social Capital

I

being over the age of 18 years hereby consent to participate as requested in the Letter of Introduction/Information Sheet for the research project on The Experience of Visual Rehabilitation Among Adults with Acquired Visual Impairment: A Preliminary Study Focusing on Social Capital.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
 - I may ask that the recording/observation be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
6. I agree/do not agree* to the tape/transcript being made available to other researchers who are not members of this research team, but who are judged by the research team to be doing related research, on condition that my identity is not revealed.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

[Empty rectangular box for signature]

Appendix Four
Interview Protocol



Dr Ruth Walker (BA Hons, PhD)
**Disability and Community
Inclusion**
Faculty of Health Sciences
Sturt Buildings, South Wing
Bedford Park SA 5042
GPO Box 2100
Adelaide SA 5001
Tel: +61 8201 7936
Fax: +61 8201 3646
ruth.walker@flinders.edu.au
CRICOS Provider No. 00114A

INTERVIEW PROTOCOL

THE EXPERIENCE OF VISUAL REHABILITATION AMONG ADULTS WITH ACQUIRED VISUAL IMPAIRMENT: A PRELIMINARY STUDY FOCUSING ON SOCIAL CAPITAL

Part I – Instructions

Good morning/afternoon, my name is _____. I am a student of _____ and I am the interviewer. This interview is about your experience of vision loss; how you have experienced visual rehabilitation services; and how your vision loss has impacted on your social activities. I would like you to feel comfortable to talk about your experience of your visual loss and visual rehabilitation services.

Tape Recorder Instructions

If it is okay with you, I will be tape-recording our conversation. The purpose of this is so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. I will be compiling a report which will contain all participants' comments without any reference to individuals.

Consent Form Instructions

Before we get started, I would like to confirm that you have read and understood the consent form that was sent to you via email and that you signed it to confirm that you accepted to be interviewed for this study. If you have any question or you want to quickly go through it again before we go on, please let me know.

* After confirming informed consent, turn tape recorder on.

Part ii – Participant Information

Name: Bunmi Adebisi Title: Mrs Date 16/03/2016

Gender: Female Age: 37 years Phone: +234 708 0651749.

Interviewed by Emmanuel Bassey

Part iii - Experience of vision loss

- I would like to know more about you; your history and how did you lose your vision?
- Tell me what happened with you
- How did you know that you were having problems with your vision?
- Tell me about your reaction to your vision loss.
- Which thoughts occurred to you? How did you deal with it?
- Did the vision loss lead to any significant change in you and your life?

Part iv - The impact of vision loss on social relationship

- Tell me how your family and friends react to your vision loss.

- Have you had some significant support from your family, friends, or others?
- Tell me about your relationship with people prior to your vision loss. What can you say about your relationship with people after your vision loss?
- Tell me about your relationship with friends at work/school/neighbourhood. Do you still have them with you? Do you communicate with them as before?
- Tell me about any significant change in your social relationship. It may be something you feel you are missing or gain, such as information, knowledge etc.
- Have any key relationships in your life changed as a result of your vision loss, such as relationship or marriage breakdown?

Part v - Self-report of visual rehabilitation services

- Where did you do your visual rehabilitation?
- Tell me about your visual rehabilitation training. How did it go? Were you comfortable/satisfied with the service? Why did you decide to undertake visual rehabilitation training? How long did it take you to complete your rehabilitation? What are the areas/programs you had?
- Was it helpful? Did you have any particular problems with any area?
- Tell me about the areas that you feel are beneficial to you. What personal aims do you have in the rehabilitation?
- Did the program enhance your functional ability?

Part vi - Impact of visual rehabilitation services on social capital

- Tell me about your relationship with family, friends, and others after your visual rehabilitation. Did it improve?
- Since your visual rehabilitation, do you relate/communicate with people more freely? Or are you still faced with the challenge of communicating with people?
- Do you feel the visual rehabilitation addressed your social challenges? (For example, ...) Was there any model of the visual rehabilitation that was aimed to address your social goals, that is, communication and relationship with people?
- Tell me about what you feel you are missing with your relationship with your family, friends and colleagues at work if any?
- I have now covered the main questions, but is there anything else you would like to mention about your experience?

Conclusion

Thank you for your time and consent. You made this interview possible and I am very grateful. I will speak to you soon in the second session. Please feel free to ask me any question. If you have any question after this session, you can ask me in the next session. Again, thank you so much and good bye.

- Stop tape-recording.