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EXPLORING THE SOCIAL SUPPORT AND PSYCHOLOGICAL IMPLICATIONS OF VISION LOSS AMONG VISUALLY IMPAIRED PERSONS IN LAWRA MUNICIPALITY, A RURAL COMMUNITY OF NORTH-WESTERN GHANA

BY

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DECLARATION

I, Zobazie Clement Bomweh, hereby declare that with exception of specific references made which had been duly acknowledged, this dissertation is my independent research conducted under the supervision of Dr. Adanna Nwameme. I also declare that no part/whole of this study had been submitted for the award of any degree in this or any other institution.

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DEDICATION

I dedicate this dissertation to the Zobazie family of Babile Tanchara in the Lawra municipality of Upper West Region.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ATR…….African Traditional Religion

BPS……..Blind and Partially Sighted

CAQDAS……....Computer Assisted Qualitative Data Analysis Software

CSO…….Civil Society Organization

DACF……..District Assembly Common Fund

DALY……..Disability-Adjusted Life Years

DCFs……Disability Common Funds

FGD…….Focus Group Discussion

GAB…….Ghana Association of the Blind

GAP…….Global Action Plan

GHSERC…….Ghana Health Service Ethical Review Committee

GSS……..Ghana Statistical Service

IAPB……International Agency for the Prevention of Blindness

IDI……In-Depth Interview

LEAP……Livelihood Empowerment Against Poverty

MDGs……...Millennium Development Goals

NGO…….Non-Governmental Organization

NHIA……National Health Insurance Authority

NHIF……National Health Insurance Funds

NHIS…….National Health Insurance Scheme

OPDs……Organizations of Persons with Disabilities

PHC……...Population and Housing Census

PWD……..Person with Disability

SDGs……..Sustainable Development Goals

SPH……School of Public Health

SSNIT……Social Security and National Investment Trust

UNCRCPD……United Nations Convention on the Rights of Children and Persons with Disabilities

UNHR……United Nations Human Rights

VIP…….Visually Impaired Person

WASH……Water, Sanitation, and Hygiene

WHA……..World Health Assembly

WHO……..World Health Organization

ABSTRACT

Background: The visually impaired population continues to rise globally with people in rural residence at a greater risk. Since vision loss is mostly irreversible and usually comes as a handicap with psychological implications, affected persons need support to live satisfying lives and also participate in societal development.

Methods: A phenomenological approach was employed to study the social supports and psychological implications of vision loss among Visually Impaired Persons (VIPs). From a cross-section of the VIPs in Lawra municipality, 5 Focus Group Discussions and 20 In-depth Interviews were conducted using pretested discussion/interview guides. The interviews and discussions were audio-recorded, transcribed verbatim along with field notes in Microsoft Word document and imported into NVIVO version 2020 where thematic analysis was performed by employing descriptive-focused coding.

Results: The study revealed vision loss is associated with anxiety, hopelessness, dependency, depression, loneliness and suicidal ideation. The results suggested that financial and health services are the main formal supports received by the VIPs in the study area. In addition to that, material, emotional, informational, appraisal and spiritual support were provided by the community level support sources such as kin-based network, faith-based associations, traditional authorities and social relations outside their families. However, there are several barriers to seeking available supports such as lack of information, transportation difficulties, illiteracy, political biases, discrimination, family dispute, and the principle of reciprocity. The findings also revealed that having adequate social support helps

the VIPs gain self-esteem, feel safe and secure, as well as reduces their stresses. Though the VIPs are pleased with support from the community network especially the family, they were not satisfied with what the formal sector offered them because their needs such as finances, road safety, farm inputs, and housing needs are not met.

Conclusion: The study was to explore the social support and psychological effects of vision impairment in a rural setting. Despite the numerous support services available in the communities and formal sector, the VIPs' needs are not fully met. Therefore, there is the need to modify and scale up the formal support services such as the LEAP and accessibility of DACF to the VIPs while prevailing community support sources should be reinforced. The VIPs need to be protected against criticism and discrimination to help them access available support services.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Introduction

This chapter presents important information that is essential to understanding social support and the psychological implications of vision loss among Visually Impaired Persons (VIPs). It highlights the global and local magnitude of visual impairment as well as the causes. The chapter also justifies why the study was necessary, while spelling out the objectives to be met. The conceptual framework and social support theory which set the premise for conducting the study are also described.

1.2 Background to the study

Visual impairment is one of the public health crises that are on the rise globally. Flaxman et al. (2017) reported that as of 2015, 36·0 million people were estimated to be blind globally, and 216·6 million more were living with moderate or severe vision impairment. World Health Organization (2007) cautioned that at least 7 million people loss their sight annually, which prompted the drawing of Action Plan 2006 – 2011 to accelerate the implementation of 'VISION 2020: the Right to Sight'. This vision was earlier launched in 1999 with the target of getting rid of avertible blindness by the year 2020 and preventing the projected doubling of avoidable visual impairment between 1990 and 2020. Tetteh et al. (2020) predicted that the population of VIPs worldwide would still correspondingly grow over time as the elderly population is predicted to double by 2050. Hence, the continuous increase in the visually impaired population is driven partly by the increasing proportion of the aged population in developed and developing economies especially for the past three decades (Flaxman et al., 2017). Evidences suggest an upsurge in the number of blindness and vision loss-related Disability-Adjusted Life Years

(DALY) in the last two decades (Abbafati et al., 2020; WHO, 2007). Blindness and vision loss-related DALY accounted for 1.2% (0.9 - 1.6) of DALY in 1990 and rose to 1·4% (1·1 - 2·0); representing an 88.8% increase in number of cases for the age range of 50 - 74 years. For persons 75 years and older, the percentage increase in the number of blindness and vision-related DALY was 124.7% within the same period; accounting for 1.4% (1.1 - 1.80) of DALY in 1990 and 1.7% (1.3 - 2.2) in 2019 (Abbafati et al., 2020).

Among pensioners in Ghana, for instance, the total prevalence of blindness in 2019 was 3.8%, while the prevalence of moderate to severe visual impairment was 21.7% (Nuertey et al., 2020). Wiafe's (2015) study also found that 0.74% of the Ghanaian population were blind and 1.07% more had severe visual impairment while 19.12% of those aged 80 years and above were blind. Since the incidence of diseases that affect the eyes continues to increase based on Global Burden of Disease reports, more and more people are prone to being blind (WHO, 2007).

With regards to the causes, visual impairment could be a result of uncorrected refractive errors, glaucoma, age-related macular degeneration, corneal opacities, diabetic retinopathy, trachoma, and onchocerciasis (Wiafe, 2015). Cataract remains the major cause of blindness in middle- and low-income countries where more than 90% of the world's visually impaired people live (Nuertey et al., 2020; Flaxman et al., 2017; Wiafe, 2015; WHO, 2007). A study by Wiafe (2015) revealed that a large proportion of those in Ghana with low vision (88.9%) and blindness (67.7%) are due to avoidable causes such as cataract, glaucoma, corneal opacities, trachoma, childhood blindness, and onchocerciasis while global data on visual impairment estimated that 75% of all vision loss globally could have been prevented (WHO, 2007). It has been reported that rural residents carry a greater risk of blindness because they reside in non-intervention areas for eye

care and are most likely not to have access to early diagnosis and management (Nuertey et al., 2020; Wiafe, 2015). Luckily enough, the rate at which people develop visual impairment could be reduced if not halted. Several interventions are ongoing, directly and indirectly, to reduce the avoidable causes of blindness in the world. These include surgical interventions, routine Vitamin A distribution, health education, early diagnosis, and antibiotics administrations. The WHO (2007) entreated member states to ensure that societies are made aware of the known, evidence-based, cost-effective interventions for preventing avertible vision loss.

Regardless of the time of onset, acceptance of visual impairment as a disability is a lifelong process that goes through phases: shock and denial, mourning and withdrawal, depression, reassessment, and reaffirmation, coping and mobilization, self-acceptance, and self-esteem (Papadopoulos et al., 2013). Aside from the psychological implications on the individual, vision loss creates fundamental human and socioeconomic negative impacts in all societies. Though the economic and social cost of disabilities are difficult to quantify according to the world disability reports (WHO & The World Bank, 2011), the WHO (2007) observed that the costs of lost productivity and rehabilitation and education of the blind person result in a significant economic burden for the individual, the family, and society.

With the perception of being a burden to society, visual impairment is mostly associated with social isolation, depression, and diminishing life satisfaction as indicated by Tetteh et al. (2020). But, like other Persons with Disabilities (PWDs), when VIPs get the necessary social support, it can enhance their participation in socio-economic development in diverse ways and improve their quality of life in general (Yoshida et al., 2020). Social support refers to aid relationships, hence it has been connoted with terms such as social networks, social exchange, relationships, and social

relations (Zuchowska-Skiba, 2019), and includes giving aid to someone in a time of difficulties. Social networks describe a set of existing relationships and social ties within which an individual functions, including informal, intergroup relationships, and formalized relationships (Zuchowska-Skiba, 2019). The networks of people with disabilities (especially VIPs) were observed to be smaller than those of abled people, according to Vega et al. (2019) and Zuchowska-Skiba (2019), and such persons are less likely to receive health services including vision rehabilitation (Papadopoulos et al., 2014; Yoshida et al., 2020).

In a study among persons with multiple disabilities, Vega et al. (2019) observed that those reporting increases in social support reported decreases in depressive symptoms, with the reverse also being the case. Poor social networks and social support are thus associated with a lower level of self-esteem and increased anxiety putting VIPs at risk of psychological disorders. Agoraphobia and social phobia are psychological disorders that are the most prevalent anxiety disorders among visually impaired adults (Tetteh et al., 2020). These adversely affect their ability to engage in a social capacity meaningfully and live a satisfying life. Social support is therapeutic against psychological conditions and a prerequisite for healthy participation in society for persons with visual impairments. Papadopoulos et al. (2014) stated that social support is an 'affective buffer' against depression due to vision loss. However, like many sub-Saharan African countries, a robust social support system is absent in Ghana (Opoku et al., 2018) especially for vulnerable ones like PWDs. According to Glanz et al. (2014), social support can be rendered by people in one's informal network (e.g. family, friends, coworkers, supervisors) and formal assistance networks (e.g. health care professionals, human service workers, social workers). Lack of the necessary formal support services can make persons with visual impairment overly dependent on

family members, preventing both them and the family members from becoming economically active and socially participative.

Zuchowska-Skiba (2019) and Glanz et al. (2014) grouped social support into four main types: emotional, instrumental, informational, and appraisal social support. Emotional support describes providing empathy, love, trust, and caring support to persons in need. Instrumental support is rendering tangible aids and activities that directly help a person in need. Informational support is providing advice, suggestions, and information that a person can use to solve challenges in life, while appraisal support entails giving information that is needful for self-evaluation purposes.

Social support can be available in society but not accessible to all persons. Being visually impaired poses a major limitation for accessing social support (Nuertey et al., 2020), with external factors further deepening the barriers to accessing social support in most cultures and traditions (Ntibea, 2011). Some cultures believe that the cause of visual disability is witchcraft activities or evil machinations against visually impaired individuals and their families (Naami & Mfoafo-M'Carthy, 2020). This makes visual impairment one of the most stigmatized disabilities in many cultures across the world (Ntibea, 2011). Hence to avoid being stigmatized, persons with visual impairment tend to limit their interaction with society. Other barriers to accessing social support for the visually impaired include lack of formal education, as well as transportation, infrastructural, and institutional barriers.

Nevertheless, many factors increase the chances of VIPs receiving social support from informal and formal networks. Facilitators to accessing social support include being educated, affirmative policies, and advocacy by Non-Governmental Organizations (NGOs) and religious bodies.

Formal education boosts the confidence and access to information of PWDs (especially VIPs) thereby enabling them to seek social support and interact meaningfully with society. Without formal education, PWDs have limited or no skills to engage in productive economic activities and access social support as well. Unfortunately, social order undermines the education of PWDs with the perception that they need to be supported to live rather than be empowered to be independent (Opoku et al., 2018).

A lot needs to be done in studying the needs and ways to integrate VIPs into society rather than treating them as dependent populations because vision loss like any other disability is not an inability. With adequate social support, VIPs can contribute their quota to socio-economic development in diverse ways and improve their quality of life as well (Yoshida et al., 2020). This study, therefore, endeavors to explore the social support available to VIPs as well as the psychological implications of vision loss in the Lawra Municipality of Upper West Region, Ghana.

1.3 Problem statement

Vision is one of the fundamental requirements to maintaining one's ability to work and live independently in the community (Liu et al., 2020). Inability to see comes with negative psychological impacts such as lower morale, social isolation, depression, reduced feelings of self-esteem, diminished emotional security, and lower levels of social interactions (Papadopoulos et al., 2013). In their studies, Flaxman et al. (2017) and Nuertey et al. (2020) mentioned that visual impairment could result from cataracts, uncorrected refractive error, glaucoma, diabetic retinopathy, corneal opacity, trachoma, congenital abnormalities, and many more. The wide range of causes means many people are exposed to the risks of developing visual impairment.

Bourne et al. (2021) & Flaxman et al. (2017) cited that, as of 2015, approximately 36 million people in the world were blind, 216.6 million people more were living with moderate or severe vision problems, and 188.5 million people had mild vision impairment, which accounted for 6% of the world's population. Yoshida et al. (2020) also noticed that sensory organ deficits, including vision impairment, ranked second after lower back and neck pain and ahead of depressive disorders among all contributory causes of years lived with disability (DALY) worldwide.

Evidence from the Ghana Statistical Service (GSS) indicates that out of the 4.7 % (2,568) of the population living with some form of disabilities in the Lawra municipal, VIPs accounted for 50.9 % (1,308). With regards to the entire municipal, VIPs made up 2.39% of the total population (GSS, 2014c). It is unclear what accounts for the high prevalence of visual impairment in the area against the national value of 1.6%, though the 2010 Population and Housing Census (PHC) revealed that 96.3% of Lawra inhabitants reported using solid fuel for cooking while only 18.1% reported using pipe-borne water for domestic activities. There is evidence to show that the use of solid fuel and source of household water are strongly associated with the development of eye conditions such as cataracts, glaucoma, and trachoma (Wiafe, 2015). In a study among women in Nepal, most reported redness of eyes, burning sensation in eyes, gritting, pains, and tearing when they switched from clean fuel (electricity/liquefied petroleum gas/methane gas) to biomass fuel. About 39% of the women using biomass for cooking reported blindness later in life while those using clean fuel reported none (Patel et al., 2020). In poorer communities, lack of wholesome water also renders people to poor personal hygiene (especially facial cleanliness) and exposure to infections including those of the eyes (WHO, 2007). Trachoma is associated with poor facial cleanliness and is widely tasked as a disease of poverty. It is one of the conditions that had been

controlled with the provision of water, sanitation, and hygiene (WASH) programs in poorer communities (WHO, 2020).

There is substantial evidence to support that, the VIPs generally exhibit a lower level of self-esteem and increasing anxiety, putting them at risk of psychological disorders (Papadopoulos et al., 2013; Papadopoulos, Papakonstantinou, Koutsoklenis, Koustriava, & Kouderi, 2015; Papadopoulos et al., 2014; Tetteh et al., 2020). These adversely affect their ability to engage in meaningful social participation and healthy living (Ntibea, 2011). All the same, the presence of a strong social support network serves as antidote to these psychological impacts. According to Hapke (2015), the Buffering Model demonstrates that an individual with a strong social support network acts as a buffer to potentially negative outcomes of a stressful event. Papadopoulos et al. (2014) referred to social support as the type of assistance or help individuals receive or expect to receive from those who come into contact with them in any way in their daily life. More often than not, VIPs do not receive adequate social support due to barriers such as misconceptions about the cause of their predicaments, poor health state, lack of access to transport, infrastructural barriers, and lack of knowledge (Asamoah et al., 2018; Ntibea, 2011; Opoku et al., 2018; Tetteh et al., 2020).

1.4 Research questions and objectives

1.4.1 Research questions

1. What are the psychological implications of visual loss among the VIPs in the municipality?
2. What are the sources and forms of social support for VIPs in Lawra municipality?
3. What are the barriers and facilitators to accessing social support for VIPs?
4. How satisfied are VIPs with the social support rendered to them?

1.4.2 Research objectives

1.4.2.1 General objective:

The study seeks to explore the social support and psychological implications of vision loss among VIPs in Lawra municipality.

1.4.2.2 Specific objectives:

1. To identify the psychological implications of vision loss among the VIPs in the municipality;
2. To ascertain the sources and forms of social support for VIPs in Lawra municipality;
3. To discover the barriers and facilitators to accessing social support among VIPs; and
4. To explore the VIPs' satisfaction with social support rendered them.

1.5 Justification of the study

Previous studies reveal that people living in rural areas suffer more visual impairment than their urban counterparts (Flaxman et al., 2017; GSS, 2014b; Nuertey et al., 2020; Wiafe, 2015). In the Lawra municipality, a rural community, for instance, VIPs contributes 2.39% of the population (GSS, 2014c), but not much has been done in studying the social support available to them; given that the necessary social support can help suppress the psychological implications of vision loss, enhance their satisfaction with life, and improve their participation in the socio-economic development of the municipality. This makes the study very timely to explore their lived experiences with regards to social support and psychological implications of vision loss. Detailed and evidence-based information this study can help developed policies and interventions that target enhancing the lives of VIPs as well as tapping their potentials towards socio-economic development. Such information on social support systems in Ghana for VIPs is scanty and could result in decision-makings based on assumptions and unjustified recommendations leading to

misguided policy choices. Though a lot of studies had been conducted in Ghana on VIPs with regards to prevalence and causes of visual impairment (Adam, 2018; Akuamoah-Boateng, 2013; Asamoah et al., 2018; Komla et al., 2020; Nuertey et al., 2020; Tetteh et al., 2020; Wiafe, 2015), none had attempted to explore the social support given to VIPs and the psychological implications that vision loss comes with especially among rural residents where there is higher prevalence of visual impairment. This study, therefore, strives to bridge that gap in knowledge by exploring the social support and psychological implications of vision loss among VIPs in a rural community of Ghana, the Lawra municipality.

1.6 Conceptual framework

A conceptual framework is an organized way of thinking about how and why a phenomenon takes place and about how it is diagrammatically understood.

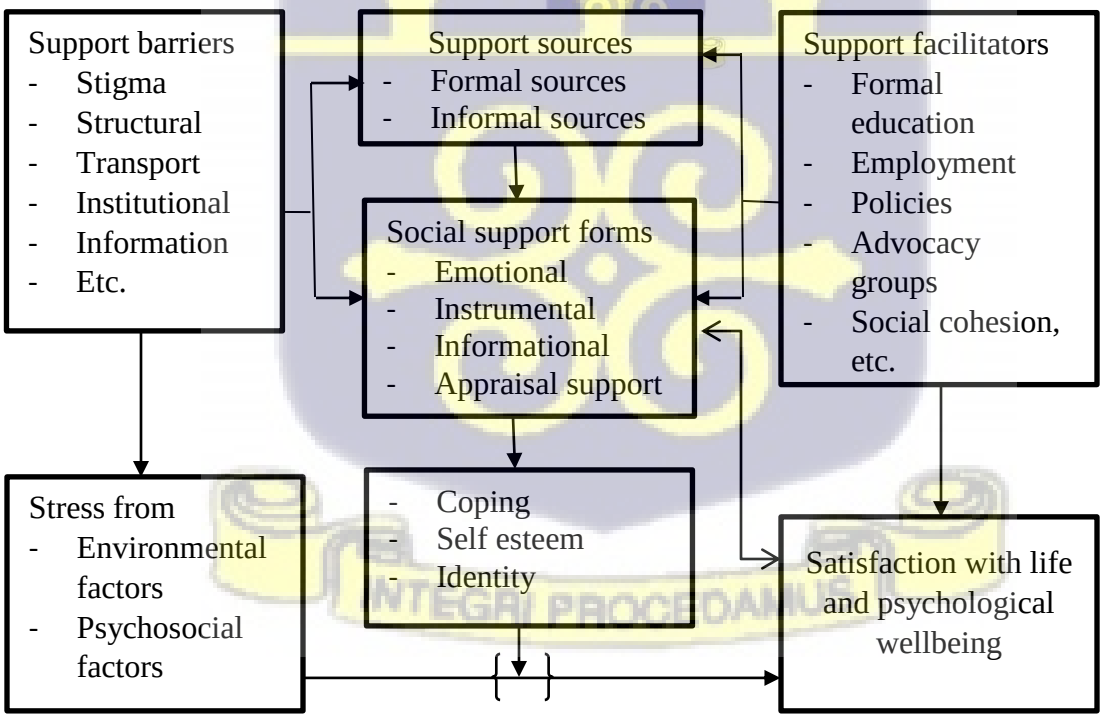

Figure 1: Conceptual framework of social support and wellbeing among VIPs
Source: Researcher's concept.

The conceptual framework is a skeletal structure of adopted ideas or concepts which can serve as a guide for data collection in a research study and gives a clue about how the data should be analyzed and explained (Esena, 2017). It illustrates how the interplay of the different factors produces an outcome of interest.

1.6.1 Narrative of conceptual framework

The relationship between social support and health is a complex phenomenon. The conceptual framework depicts the complex nature of how social support enhances health and satisfaction with life by suppressing environmental and psychosocial stressors of life. The perspective of social support in the framework explains that support suppresses the effects of stressful life events on health through either the assistive actions of others or the belief that support is available by triggering the individual to develop a strong coping mechanism, identity, and self-esteem. Barriers to accessing social support could be stressors themselves while the support sources could be barriers themselves and can even worsen the severity of stress. The supportive actions approach predicts that social support enhances coping, which buffers the association between stress and satisfaction with life as well as psychological wellbeing. Therefore, social support acts as a key psychosocial "protective" factor that suppresses one's vulnerability to the deleterious effects of stress on health. This occurs as social support protects one against the adverse effects of stressors by leading them to interpret stressful situations less negatively and severely. The relationship between social support and wellbeing as well as satisfaction with life is bi-directional. The availability of social support directly leads to wellbeing and satisfaction with life by aiding the individual to engage in healthy practices such as good nutrition, exercise, and personal hygiene, while good health also eases the accessibility of social support. In addition, support such as cash remittances and food can improve the nutritional status of the recipient.

Social support leads directly to improved health outcomes by helping the individual to create and sustain identity and self-esteem.

1.7 Social support theory and satisfaction with life

The social support theory which sets the premises for the study explains the theoretical perspectives between social support and wellbeing as well as satisfaction with life by exploring the social links of a person and how that improves the health of the individual. The theory is based on three underlining constructs as laid down by Lakey & Cohen (2000).

The stress and coping perspective posit that social support contributes to wellbeing and satisfaction with life by protecting people from the adverse effects of stress. During stressing moments, people who have enhanced individual or community resources have the likelihood of handling or coping with the stress in a way that reduces both immediate and long-term adverse health effects, a mechanism called a "buffering effect" of social support.

The social constructionist perspective says that social support directly interferes with health by promoting self-esteem and self-regulation, regardless of the presence of stress. Social support boosts the morale and worthiness of an individual by portraying how important a person is to others in society and the need for existence.

The relationship perspective predicts that the health effects of social support cannot be separated from relationship processes that often co-occur with support, such as companionship, intimacy, and low social conflict. Human beings are social animals and tend to provide support to one another to show that one is alive because others are alive.

Social support network interventions are mainly aimed at enhancing existing social network linkages, developing new social network linkages through the use of indigenous natural helpers, and enhancing networks at the community level through participatory problem-solving processes. Social networks and social support can enhance an individual's ability to access new contacts and information and to identify and solve problems leading to self-efficacy and satisfaction with life. Social networks describe the associative relation between people that may or may not provide social support and can serve functions other than providing support (Glanz et al., 2014). Social networks give rise to various social functions such as social influence, social control, social undermining, social comparison, companionship, and social support.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter highlights the several relevant literatures pertaining to the subject under study. In line with the objectives of the study, the review explores the global land scape of visual impairment as well as its magnitude in Ghana. It delineates the causes and risk factors to vision loss. It also explores the social support, social network and psychological implications of vision loss as well as the health status of VIPs. Furthermore, literature is reviewed to shed light on the types of social support and sources where VIPs get them from. Previous evidence on the barriers and facilitators to seeking social support have also been looked at.

2.2 The global landscape of visual impairment

The Ghana Statistical Service (2014b) refers to visual impairment as a functional limitation of the visual system due to a disorder or disease that results in a visual disability or a visual handicap. A visual disability is a limitation of the ability of the individual (e.g. the inability to see), while a visual handicap refers to a limitation of personal and socio-economic independence. Persons with visual impairment include those with blindness, and moderate to severe visual impairment. They are often called Blind and Partially Sighted (BPS) persons. A lot of efforts had been made in the last few decades towards the prevention of avertable blindness and visual impairment, particularly caused by infectious diseases (like trachoma and onchocerciasis), and non-communicable diseases such as diabetic retinopathy and glaucoma (WHO, 2007, 2020).

Visual impairment remains a major global health issue in many developed and developing countries (Flaxman et al., 2017). Increasing global age is significantly associated with the high prevalence of visual impairment which is projected to increase over time as the older adult population is expected to double by 2050 (Tetteh et al., 2020). Developed countries would particularly experience an epidemic of increasing eye diseases and visual impairments driven by their sustained aging population (Yoshida et al., 2020). The WHO in 2010 as cited by Nuertey et al. (2020) estimated that approximately 285 million people were visually impaired worldwide, of which 39 million of them were blind and 246 million have low vision. In the African region for instance 26.3 million people were estimated to be visually impaired while 5.9 million were blind (Morone, Cuena, Kocur, & Banatvala, 2012). In Ghana, the 2010 PHC reported that about 1.6% of the national population was living with visual impairment, with the prevalence in Upper West estimated as 1.4% (GSS, 2014b). Nuertey et al. (2020) conducted a study among pensioners in Ghana and indicated that 21.7% had moderate to severe visual impairment with 3.8% being blind, while 25.2% of pensioners had moderate to severe visual impairment in the Upper West Region with 8% being blind. In their study, Tetteh et al. (2020) showed a similar prevalence of 9.9% blindness among older adults in the Upper West Region.

Globally, Flaxman et al. (2017) reported that avoidable causes of visual impairment made up 80% of the total cases. In Ghana, a large proportion of cases of low vision (88.9%) and blindness (67.7%) could have been prevented if appropriate actions were implemented (Wiafe, 2015). According to Wiafe (2015), rural residents carry a greater risk of blindness because they are more likely to live in a non-interventional area for eye service and rehabilitation. In the 2010 PHC report for Ghana, the proportion of persons with visual impairment residing in rural (1.8%) localities was reported to be higher than those in urban (1.4%) localities (GSS, 2014b). With

regards to sex and age, Tetteh et al. (2020) study among older adults in Ghana revealed that the prevalence of visual impairment was 17.1% with a higher prevalence among women compared to men (18.3% vs 15.7%); and increasing age correspondingly leading to higher occurrence of visual disability.

Visual impairment is associated with decreased social participation (Yoshida et al., 2020) since vision is a key factor in living an independent and completely functional life. Visual impairment is reported to harm the emotional well-being, physical functioning, and independent living of the affected person (Hong et al., 2013). Many studies have proven that visual impairment is associated with depression, reduced quality of life, premature nursing home placement, and an increased risk of death (Hong et al., 2013; Opoku et al., 2018; Papadopoulos et al., 2013; Tetteh et al., 2020; Yoshida et al., 2020; Zuchowska-Skiba, 2019). As vision is an important factor in the learning process and also serves as a non-verbal communication channel governing social interaction (Lupón et al., 2018), adults who develop visual impairment later in life experience practical limitations with moving about and visual communication, thereby diminishing their opportunities to participate in social activities outside the home. This makes visual impairment to be associated with a decrease in activities of daily living and compromised mobility, and increased risk of falls, depression, and cognitive impairment (Yoshida et al., 2020). Rey-Galindo et al. (2020) observed that using auditory, tactile, or even olfactory signals provides important information for the VIPs when communicating, therefore designing interventions with signals which consider and highlight these senses is paramount since this would facilitate their adaptation and integration into society.

2.3 Causes of visual impairment

The global population growth and aging have led to more individuals with moderate or worse vision impairment being added annually (Bourne et al., 2021). In 2010, WHO noted that the main causes of blindness worldwide were cataracts (51% of cases), followed by glaucoma with 8%. With regards to visual impairment, 43% of cases result from problems with light refraction, while cataracts, glaucoma, age-related retinopathy, and undetermined causes result in 33%, 2%, 1%, and 18% of cases respectively (Flaxman et al., 2017). Other risk factors for visual impairment include infections, tobacco use, particulate matter, exposure to ultraviolet radiation, vitamin A deficiency, high body mass index, and metabolic disorders.

With cataracts (opacification of the lens) reported globally as the leading cause of blindness, cataract surgery is one of the most cost-effective healthcare interventions available (Flaxman et al., 2017). Visually disabling cataracts is prevalent in developing countries compared to industrialized countries, and though women are at greater risk, they are less likely to have access to eye care services than their male counterparts (WHO, 2007). In Ghana, cataract cases account for 54.8% of the causes of blindness with the risk factors including eye injury, eye diseases (e.g. uveitis), diabetes mellitus, ultraviolet irradiation, and smoking (Wiafe, 2015). Factors such as fear of operation, distance to a service provider, cost of treatment, and lack of awareness had been reported to be the main barriers to cataract treatment and rehabilitation (Wiafe, 2015).

Glaucoma, another cause of visual impairment, is a group of eye conditions characterized by damage to the optic nerve (mostly a pathological cupping of the optic disc) and loss of the field of vision. Globally, glaucoma accounted for 8.49% (2.99 – 15.66) of the causes of visual impairment in 2015 (Flaxman et al., 2017). Glaucoma is the second leading cause of blindness,

and in Ghana, it accounts for 9.2% of the causes of visual impairment (Nuertey et al., 2020). Though glaucoma is less common among persons under 40 years, the prevalence increases with age (WHO, 2007).

Diabetic retinopathy is a complicated outcome of poorly managed diabetes mellitus. Effective management of diabetic retinopathy can be provided by ensuring available and accessible medical services for patients with diabetes mellitus. With more than 600 million people projected to develop diabetes by 2040, coupled with diabetes patients living increasingly longer, the number of people with diabetic retinopathy and resulting visual impairment is expected to sharply rise with time (Bourne et al., 2021).

Trachoma, caused by *Chlamydia trachomatis* is the commonest infectious cause of blindness globally. Trachoma is categorized as a condition of poverty, making it a focal disease that mostly affects communities with unsafe water and poor sanitation, and poor health services (Flaxman et al., 2017). Trachoma requires a range of medical, behavioral, and environmental interventions. However, WHO in 2020 reported that the population at risk of trachoma have dropped from 1·5 billion in 2002 to 142 million in 2019 (WHO, 2020).

Onchocerciasis, also known as river blindness, is another eye disease caused by the infectious parasitic worm *Onchocerca volvulus*. Symptoms include severe itching, bumps under the skin, and blindness. The disease is spread by repeated bites from infected black flies. It is more prevalent among those who live in remote African villages. Onchocerciasis, therefore, is the second commonest causes of infection-related blindness in Sub-Sahara Africa, after trachoma. With strategic intervention by WHO's Onchocerciasis Control Programme, this condition has

been brought under control in many parts of West Africa with the disease no more a public health concern in many countries (WHO, 2007).

In many countries, non-surgical (education and antibiotics) and surgical measures had been the most cost-effective interventions for controlling blindness. According to WHO (2007), socioeconomic studies indicated that prevention and treatment of avertible blindness had promoted and accelerated achievement of broader global development agenda, e.g. the Millennium Development Goals (MDGs). These measures prevented lost education and employment opportunities, lowered productivity, and reduced quality of life that are caused by visual impairment. Voluntary Eye services and rehabilitations should therefore be extended to rural communities such that those at the highest risk (the poor and adults over 50 years of age) can access them since they are more vulnerable and particularly hard hit by the repercussions of visual impairment.

In 1999, the global initiative called 'VISION 2020: the Right to Sight' was launched by WHO and International Agency for the Prevention of Blindness (IAPB), with the target of eliminating the main causes of avoidable blindness by the year 2020 (Komla et al., 2020). The initiative works by the planning, development, and implementation of sustainable national eye-care programs in low and middle-income countries. The core strategies were disease control, developing the human resource, and improving infrastructure and technology with primary health care serving as the guiding principles (WHO, 2007).

After a decade of implementing 'VISION 2020', visual impairment continues to add more people to the dependent populations of most economies. In 2013, the World Health Assembly (WHA)

launched a new plan, towards universal eye health: a Global Action Plan 2014–2019 (GAP) to achieve by 2019 a 25% reduction from the baseline of 2010 in the prevalence of "avoidable" visual impairment (Bourne et al., 2021).

2.4 Social support, social network, psychological implications of vision loss, and health status of VIPs

Vision is a key sensory modality for individual interpersonal interactions and social communication, hence people with vision loss have fewer opportunities to learn and modify social skills (Tetteh et al., 2020) which could be enhanced by persons in their social network. Heppe et al. (2020) observed that small social networks, peer rejection, and low friendship quality in adolescence correlate with feeling lonely. Facing the significant challenges instigated by small social networks often leads VIPs to seek social welfare support to maintain their basic living needs (Liu et al., 2020).

Zuchowska-Skiba (2019) described social support as the degree to which an individual's basic social needs are met in their interactions with others. Social support is proven to act as a buffer and facilitates positive and proactive reactions to stress, hence individuals with strong social support systems report fewer psychological, physical, and social problems than those without it (Hapke, 2015). Among adults with visual impairment, higher levels of perceived and received social support are associated with better psychological well-being (Heppe et al., 2020). With lack of social support, vision loss had consistently been found to be associated with depression, reduced quality of life, premature nursing home placement, and an increased risk of death (Hong et al., 2013).

Haegele et al. (2018) established that adults with visual impairments tend not to engage in health-enhancing levels of physical activity, which can have health-related and quality of life consequences. Adam (2018) stated that financial constraints, lack of social support, and an unfriendly physical environment are some barriers that prevent persons with a visual impairment from engaging in desired leisure activities including health-enhancing physical activity. Enhancing quality of life involves activities that promote a person's general feelings or perception of well-being, opportunities to fulfill potentials, and positive social involvement (Ntibea, 2011). Positive social involvement includes social participation and interaction with the social environment. Yoshida et al. (2020) noted that social participation is a key determinant of active aging, which is defined by the WHO in 2000 as "*the process of optimizing opportunities for health, participation, and security to enhance the quality of life as people age*". Failure to optimize social participation results in social isolation leading to a higher prevalence of depression among persons with visual impairment (Tetteh et al., 2020).

Heppe et al. (2020) suggested that low levels of social support lead to higher levels of depression for adults with visual impairment due to stress. Peer relationships, a crucial part of social support networks had also been reported to provide resilience against stress (Lee & Goldstein, 2016). Persons with visual impairment face numerous stresses in society including gender-based violence. Without adequate social support, this puts them at risk of sexually transmitted infection and psychological distress (Azumah, Samuel, Nachinaab, & Serwaa, 2019). A cross-sectional study in Norway reported that the prevalence of sexual assaults (rape, attempted rape, and forced into sexual acts) in the visually impaired population was 17.4% (95% CI = 14.0 - 21.4) among women and 2.4% (95% CI = 1.2 - 4.7) among men which were higher than 10.1% (95% CI = 8.3

- 12.1) among females and 1.7% (95% CI = 1.0 - 2.8) among males in the general population (Brunes & Heir, 2018).

2.5 Forms of social support

The provision of adequate social support benefits persons with visual impairment in several ways including improving physical health, greater resilience to stress, improving self-esteem, feeling of security, improving mental well-being, and greater life satisfaction (Barr, Hodge, Leeven, Bowen, & Knox, 2012; Barrow, Ting, & Patel, 2018; Elsman et al., 2019; Manitsa & Doikou, 2020; Papadopoulos et al., 2015, 2014; Pinquart & Pfeiffer, 2013; Sim, 2020; Stevelink, Malcolm, & Fear, 2015; Tetteh et al., 2020; Vega et al., 2019; WHO, 2011). Many forms of social support had been identified and can be grouped into emotional support (provision of trust, sympathy, and encouragement), instrumental support (practical assistance), informational support (provision of advice), and appraisal support (Barrow et al., 2018; Cutrona & Russell, 1990; Papadopoulos et al., 2015, 2014; Pinquart & Pfeiffer, 2013).

Emotional support is defined as affective support and includes expressions of concern resulting in feelings of being accepted, respected, included, and having one's emotions acknowledged (De Almeida Holanda et al., 2015; Papadopoulos et al., 2014) mostly expressed by support agents in the form of provision of empathy, affection, love, trust, and care (García-Martín, Hombrados-Mendieta, & Gómez-Jacinto, 2016). Vision loss has been likened to the grieving process and as such, the person may experience a range of similar emotions such as anger, denial, hopelessness, fear, depression, and guilt (Papadopoulos et al., 2013). Provision of adequate emotional support would serve as a buffer against the psychological trauma during and after the grieving process

(Papadopoulos et al., 2014). Emotional support thus helps with managing emotions such as stress, anger, or depression (Barrow et al., 2018).

Instrumental support means giving tangible help such as material support and help that directly support a person in need (García-Martín et al., 2016). These include food, clothing, and cash remittances, and in-kind assistance. Notably, PWDs often receive food and clothing from family members, friends, and donations from other benevolent agencies such as churches and governmental and non-governmental organizations (Opoku et al., 2018). In Ghana, PWDs are cushioned financially from the Disability Common Funds (DCFs) where three percent (3%) from the District Assembly Common Fund (DACF) is apportioned into (NCPD/GFD, 2010). Aside from the DACF, another instrumental social support at the national level is the Livelihood Empowerment Against Poverty (LEAP) program which mandatorily enrolls PWDs in Ghana (Dako-Gyeke, 2013; Handa et al., 2014; Ministry of Gender Children and Social Protection, 2015). The LEAP program is a social cash transfer program under which cash and health insurance are provided to the extremely poor households across Ghana with the target of alleviating short-term impoverishment and promote long-term human capital development (Handa et al., 2014).

Informational support is the provision of suggestions, advice, and information that a person can use to solve problems (Agyire-tettey & Naami, 2019; García-Martín et al., 2016; Glanz et al., 2014; Opoku et al., 2018). The provision of informational support such as suggestions, advice, or guidance is crucial for persons with impairment to deal with personal or circumstantial challenges (Barrow et al., 2018). The provision of informational support by trusted friends and love ones would help persons with a visual impairment feels less anxious and stressed out in coping with

challenges involved in the condition. Giving visually impaired people direction to navigate their environment could also be termed as informational support. This form of support is often rendered by families and other people in VIPs informal social network.

Appraisal support involves the provision of information that is useful for self-evaluation and adaptation (Glanz et al., 2014; Moore & Barnett, 2015). Appraisal support entails the provision of information in the form of social comparison or evaluative feedback to the receiver of support (García-Martín et al., 2016). Appraisal support includes the provision of feedback regarding the performance or personal qualities. This helps persons with visual impairment to evaluate themselves and readjust to fit into society. Appraisal support usually comes from the community support network of VIPs.

2.6 Sources of social support for VIPs

Social support can be provided by people in the formal and informal network of persons with visual impairment. The formal support sources are institutional systems that facilitated the support for PWDs (Agyire-tettey et al., 2019). These include the various groups that aim at drawing stakeholders' awareness about the capabilities of persons with visual impairment and also engage in through advocacy, lobbying, and collaborating with other relevant agencies to improve VIPs wellbeing. The DACF assists PWDs with cash (through DCF) and training to improve their wellbeing (NCPD/GFD, 2010). The DACF was created under Article 252 of the 1992 Constitution of Ghana, agreeing that a minimum of 5.0% of the national revenue should be set aside to be shared among all District Assemblies in Ghana which should be used to support PWDs (NCPD/GFD, 2010). In addition, the department renders counseling services and operates rehabilitation centers.

Another formal support source is the Ghana Association of the Blind (GAB) established in 1963. It is the mouthpiece of the BPS persons in Ghana and has consistently advocated for their rights to be recognized in society (GAB, 2006) as well as the need to be cushion financially. However, the Ghanaian economy generally lacks a robust social safety net, making it difficult for the marginalized in society (e.g. VIPs) to be inclusively supported (Naami & Mfoafo-M'Carthy, 2020).

Informal support sources include support from the family and other outside family social relations, through which persons living with visual impairment receive support (Barrow et al., 2018). Thus family and friends are usually the first points of call for help of PWDs. The family is often referred to as the backbone for PWDs since they are the closest contacts with regard to assistance in everyday challenges (Opoku et al., 2018). Other sources of informal support include that offered by peers, teachers, and other professional networks (Pinquart & Pfeiffer, 2013). Evidence on social support suggested that people with strong social support networks tend to report fewer psychological, physical, and social problems than those without such support (Hapke, 2015).

2.7 Barriers to social support

The role of social support in ensuring that VIPs live a productive and satisfying life cannot be underestimated. However, VIPs do not get access to adequate social support due to human and environmental barriers. To help tackle these problems, there is the need to understand more about the barriers that VIPs face, which could be taken into consideration in policy development and the provision of social incentives. A range of barriers contribute to the inability of VIPs to access desired assistance, including the burden of appointments, travel to access services, stigma and

negative staff/community attitudes, personal ill-health, lack of material/informational resources, and anxieties about accessing support (Agyire-tettey et al., 2019).

Transportation is a notable barrier to seeking formal support for VIPs. Transportation systems in Ghana are not favorable to be used by PWDs and this leads to them missing out on support opportunities that may be available to them (Agyire-tettey et al., 2019). To travel from their homes to the various offices to seek formal support services, they have to get assistance from others which in most cases come with cost. Bad roads and lack of means of transport accounted for much of challenges faced by VIPs in seeking formal support services.

Insufficient information exchange between service providers and disability groups has also been identified as a challenge that PWDs face in seeking formal support services (Badu, Agyei-Baffour, & Opoku, 2016). The rampant use of posters, billboards, clipart, etc. disadvantaged those with visual impairment in the community. Radio announcement of most available support services are irregular and even do not get to VIPs in remote villages.

Infrastructural barriers include confusing roads, inaccessible structures, open gutters, and poor drainage systems. Where PWDs have access to information and had travelled to government and Civil Society Organization (CSO) offices, yet independent access to the buildings could still be a challenge. Regarding feelings of safety during their travels, most VIPs expressed feeling unsafe while traveling, in a study carried out by Rey-Galindo et al. (2020). One of the major barriers to seeking formal support is institutional barrier. This involves procedures VIPs need to go through to receive formal support. The protocols in accessing social support are so cumbersome compelling some VIPs to give up on seeking support. With the introduction of digital processes

in many registration centers in Ghana, visually impaired individuals may not be able to independently take advantage of visual aid benefits (Naami & Mfoafo-M'Carthy, 2020).

Misconceptions regarding the causes of visual impairment, like the erroneous assumption that it is caused by non-biological or genetic processes can lead to stigmatization of VIPs. The VIPs are socialized to internalize the negative view of visual impairment collectively held by society (Adam, 2018). To tackle discrimination and stigmatization, some governments had passed legislation against disability discrimination (USA 1990; Zimbabwe 1992; Australia 1993; India 1995; Bangladesh 2001) which is often the first step towards fairness and equality (Isaac et al., 2010). A study conducted in Israel indicated that perceptions of visual impairment as a form of punishment for "wrongdoing" lead to stigma by some cultures, with Israeli Arab-Palestinians reporting higher occurrence of punitive attributions to visual impairment, consequently resulting in elevated incidence of stigma (Soffer, 2019). In seeking available support services from formal and informal information sectors, PWDs were constrained by the negative perceptions people had about their disabilities and capabilities in any endeavor or work. This stigma also leads to individuals with a visual impairment being substantially discriminated against even in renting accommodation (Verhaeghe, Van Der Bracht, & Van De Putte, 2016).

2.8 Facilitators of social support

The availability of social support is not enough for VIPs to access. Several social factors encourage visually impaired persons to solicit available social support within their catchment area.

Formal education enhances one's networks and social status and in addition enlightens an individual of opportunities (Adam, 2018). Formal education tends to enlighten individuals with visual impairment causing them to rely on their abilities and focus less on the impairment. Additionally, being formally educated empowers the PWDs to resist some of the negative socio-cultural inclinations of disability making it unlikely for educated PWDs to cite their impairment as an impediment to their freedom. However, PWDs, on average, have lower levels of education than those without disabilities (Shandra, 2017). Evidence suggest that, relatively high-income earning VIPs are less likely to cite lack of social support as a reason for their inability to undertake normal activities (Adam, 2018).

Legislative policies such as Disability Act (Act 75) ensure that persons with visual impairment are entitled to some basic services (Ghana Disability Act, 2006). Providing healthcare (general and specialist care) is guaranteed free for all PWDs in Ghana. The National Social Protection Policy serves as a guideline for providing social protection coherently, effectively and efficiently in Ghana. Per the policy, social protection in Ghana defined as "*a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves*" (Ministry of Gender, Children and Social Protection, 2015). Ghana is also a signatory to and has ratified most of the relevant Conventions, Treaties and Protocols of the United Nations and the African Union for social protection. These are the Universal Declaration of Human Rights, the United Nations Conventions on the Rights of the Child and Persons with Disabilities (UNCRPD), the Millennium Development Goals (MDGs) and the post-2015 Sustainable Development Goals (SDGs).

The employment status of persons with visual impairment appears to play a significant role in accessing social support, as employed visually impaired individuals had been found to have larger and more supportive networks than their unemployed counterparts (Papadopoulos et al., 2015). This makes accessing formal social support less stressful. Also, persons with disabilities are less likely to be employed, but more likely to lose their jobs. It is reported that majority of persons with disabilities work in vulnerable employment, characterized by low income, lack of job security, and poor job-related benefits (Naami & Mfoafo-M'Carthy, 2020).

Having strong social cohesion is also key for persons with visual impairment to access social support. Visually impaired persons with large and active networks of people find it easier to access social support (Papadopoulos et al., 2015). Social cohesion involves creating shared values that enable people to have a sense that they are engaged in a common enterprise, facing shared challenges, and that they are members of the same community. This gives confidence and hopes to VIPs to seek assistance with the belief that they are recognized and appreciated as members of the community. Ghanaians for instance, cherish the collective family system, a form of social cohesion, where the family oversees the overall wellbeing of its members, regardless of disability status though this had been threatened by modernization and urbanization (Dako-Gyeke, 2013).

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter gives an outline of the methods that were employed to explore the social support and psychological implications of vision loss among the VIPs in the Lawra Municipality. It gives a description of the study design, study area, study population, sampling procedure, tools, and techniques that had been used in collecting the data, and how the data was analyzed as well.

3.2 Study design

A non-analytic study design using phenomenology was employed to achieve the objectives of the study. Phenomenology, according to Bryman (2012) is a philosophy that is concerned with the question of how individuals make sense of the world around them and how in particular the philosopher should bracket out preconceptions about a phenomenon of interest in his or her grasp of the world. Phenomenology is selected as appropriate because the primary aim of the research is to explore the lived experiences of VIPs and their satisfaction with the available social support rendered to them (Patton, 2014). Satisfaction with social support can be better explored using qualitative research (e.g. phenomenology) instead of a quantitative approach. With the qualitative study, the researcher focused on learning the meanings the participants alluded to their experiences, and not the meaning that the researcher brings to the study or writers express in the literature (Creswell, 2009). The phenomenology approach, therefore, provided a rich textured description of lived experience as supported by Lune & Berg (2017).

3.3 Study area

The study was undertaken in the Lawra municipality of Upper West Region, Ghana. The overall population of the study area, according to the 2010 PHC, is 54,889 (GSS, 2014c). Lawra municipal is located within Latitude 100 30 & 100 10 58 N and Longitude 20 30 & 20 45 W of North-Western Ghana. It is bordered by Nandom municipal to the North, the Black Volta and Burkina Faso to the West, Lambussie district to the East, and Jirapa municipal to the South. The municipality is decentralized into five (5) sub-municipals for health care delivery which are Babile, Domwine, Eremon, Lawra, and Zambo. Though mainly populated by Dagaabas (the indigenes), other minor tribes are present such as Akans, Hausa, Mossi, and Fulani. Agriculture is the predominant economic activity with others working in commerce and government employment. According to GSS (2014c), most of the inhabitants depend on solid fuel and open water sources for their domestic activities

3.4 Study population

The study population includes individuals with visual impairment who reside in the municipality. According to GSS (2014c), a total of 1,123 persons with visual disabilities living in the municipality are fifteen years and above. Persons with visual impairment age 18 years and above qualified to be recruited as participants. Those who are ready to participate were asked to give informed consent after giving them enough information about the study.

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3.5.0 Sampling strategies

3.5.1 Sampling procedure

The study recruited 50 participants, including twenty (20) participants for In-depth Interviews (IDIs) and thirty (30) participants for five Focus Group Discussions (FGDs) comprising of six (6)

participants per group. According to Francis et al. (2009), a qualitative study would reach saturation within 17 IDIs conducted. Hanscock et al. (2016) also reported that qualitative research employing an inductive approach reaches saturation by the completion of five (5) FGDs.

In recruiting the participants, a cross-section of the blind and partially sight persons in the municipality were given information about the study in the presence of a witness, and those who agreed to participate were required to thump print a consent form.

In this research, each of the five sub-municipalities in the Lawra Municipal was deemed a stratum. Four (4) IDIs and one (1) FGD comprising of six (6) VIPs were done in each stratum and all the participants were purposively sampled using the maximum variation strategy. In qualitative research, stratified purposive sampling is used to give details about a research problem and the phenomenon under study by recruiting persons who fit the criteria (Bryman, 2012; Creswell, 2009). Maximum variation is an approach used in selecting the sites and socio-demographic differences of respondents to ensure that varied locations or individuals are chosen to reflect any dissimilarity in opinions expressed (Creswell, 2009). The maximum variation strategy aims at capturing and describing the ideal lived experiences that cut across various groups of VIPs with respect to localities, age differences, sex, education, occupation, and religious backgrounds such that the information gathered is not biased.

3.5.2 Inclusion and exclusion criteria

Blind and partially sighted persons of above 18 years who have difficulty moving about on their own due to the vision loss and are permanent residents of the area formed the target group. However, those with any other disabilities were excluded from the study. Those that took part in the FGDs were exempted from the IDIs and vice versa. In addition, qualified participants who demonstrate signs and symptoms of ill health were exempted from the study.

3.6.0 Data gathering and analysis procedures

3.6.1 Data collection methods

Information from the discussions and interviews was elicited using FGD and IDI guides. Data collection took place in a natural setting, thus the researcher and the assistants had a face-to-face interaction with participants in real-time. Two research assistants were recruited and trained during the pre-testing in Nandom on 4th and 5th of October, 2021 on all aspects of the study and were same used in the actual data collection.

While the researcher was keenly listening to the interactions, probing into emerging issues and jotting notes, one assistant was moderating the sessions and the other engaged in audio-recording and timing the sessions. Considering the nature of the study, an open-ended questionnaire was appropriate since it provided flexibility (Lune & Berg, 2017) by allowing the researchers to probe into emerging insights and also giving opportunities to participants to elaborate more on their responses. Moreover, the flexible nature of the discussions/interviews generated multiple and divergent responses from the participants that enhanced the understanding of the topic under study (Bryman, 2012; Creswell, 2009).

The FGDs were conducted to discover group opinions of issues that affect the VIPs as well as describing the varied perspectives that surround their scenarios. It offers the opportunity of allowing participants to probe each other's reasons for holding a certain view. As participant listens to others' answers, he or she may want to qualify or modify a view; or alternatively may want to voice agreement to something that he or she probably would not have thought of without the opportunity of hearing the views of others (Bryman, 2012).

Fear of stigma, discrimination, and cultural norms could intimidate some participants to feel uncomfortable expressing their opinions on all issues and sharing their experiences within the group context. Hence IDIs were conducted to gain any private information from participants concerning the objectives of the study (Bryman, 2012). All discussions were done in the local dialect (Dagaare) because literacy, in general, is low in the Lawra municipality (GSS, 2014c), thereby reducing the chances of the VIPs being formally educated. Each IDI took about 45 minutes while the FGDs lasted an average of 80 minutes. The audio recordings were accompanied by field notes. For the IDIs, data saturation was achieved by the fourteenth interview, while that of the FGDs reached saturation at the fourth group discussion; nonetheless, six additional IDIs and one more FGD were conducted to ensure that new relevant issues were not missed.

3.6.2 Data collection instruments

The qualitative data was collected using IDI and FGD guides as well as field notes. Both guides consisted of the same open-ended questions posed to participants on their socio-demographic characteristics, sources and forms of social support, psychological implication of visual loss, barriers and facilitators to accessing social support as well as the their satisfaction with the support they received from the community and formal systems. They were also asked of the benefits of social support and the unmet needs of VIPs in the municipality.

Open-ended questions allowed the researcher to gather more detailed and in-depth information about a research subject (Bryman, 2012). The IDIs and FGDs were audio-recorded. The audio-recording gives ample time for the researcher to focus on the interaction rather than handwritten recordings (Macdonald & Headlam, 2016).

A back-to-back translation by the researcher and a peer (who are both proficient in English Language and Dagaare) was done as all discussions and interviews were conducted in the local language, Dagaare. By employing this, the FGD and IDI guides which were formulated in the English language were translated and transcribed by the researcher and his peer into Dagaare language then an agreement was reached before the guide was deployed. The audiotape interviews and discussions were again transcribed back to the English language. A third person was involved to intensify the clarity of the transcription wherever the need arose.

3.6.3 Pretesting of the discussion/interview guides

To ensure credibility, the guides for the FGDs and IDIs were pre-tested on the 4th and 5th of October, 2021 in Nandom municipality which shares a border with the northern part of Lawra municipal. The pre-testing assesses the guides for participants' understanding of the questions. It was also an opportunity to assess the data collection assistants of their ability to moderate and audio-record the interviews and discussions as well as train them on ethical issues in the study. Amendments were made on unclear and sensitive questions in the guide before being deployed for use in the main study. Nandom municipal, recently carved out from the Lawra municipal, was chosen because it shares common geographical and cultural characteristics with the study area than the other neighboring districts hence experiences of VIPs in Nandom municipal might not differ much from those in the study area.

3.6.4 Data processing and analysis

The qualitative data from audio-recorded FGDs and IDIs were transcribed into the English Language in the form of a word document. The field notes that accompanied the IDIs and FGDs captured socio-demographic characteristics of participants and their non-verbal communications

such as gestures, facial expressions, and emotions. These were interpreted as part of data collected. The transcripts were cleaned, formatted, and uploaded into a Computer Assisted Qualitative Data Analysis Software (CAQDAS) called NVIVO statistical software (latest version 2020) as recommended by Bryman (2012). The data were further reorganized suitably for exploratory purposes in the software where searches or queries of coded passages identified particular codes that co-occurred, overlapped, or appeared in a sequence. A 'word cloud' was run to give a clear idea of the frequently used words in the transcripts (Saldaña, 2013).

The analysis employed thematic and inductive strategies (Clarke & Braun, 2013; Braun & Clarke, 2017). A thematic analysis demands first reading and rereading the transcribed data to get familiar with it, then initial codes that emerge were collated into themes which were refined to ensure that the themes represent a coherent pattern as well as resonate with the research objectives (Braun & Clarke, 2017; Bryman, 2012; Clarke & Braun, 2013; Creswell, 2009). The coding method used descriptive-focused coding by assigning words or short phrases to summarize the most frequent or significant patterns of ideas expressed by the participants (Saldaña, 2013). The codes were eventually categorized into **e**ight major themes which are "sources of social support", "psychological impacts of visual loss", "satisfaction with social support", "barriers to accessing community support services", "barriers to accessing formal support services", "unmet needs of VIPs", "facilitators to accessing social support; or "health benefits of received social support", then, several sub-themes were placed under each major theme. The NVIVO software reorganized all of the sub-themes relating to the texts replicating them into "References" as count levels that helped in formulating and determining the magnitude of the major and sub-themes in the thematic analysis. After developing themes, codes, word

frequency, word-cloud, tree-map, or clustered-tree were generated to visualize the correlation among various codes and some themes.

For the inductive data analysis; patterns, categories, and themes were derived from the bottom-up, by organizing the data into increasingly similar themes. The inductive process means working back and forth between the themes and the database until a comprehensive set of themes was established (Creswell, 2009).

Where names of persons were mentioned in the interviews/discussions, pseudonyms were used to ensure that no information is linked to any participant. In presenting the findings, percentages were used to improve the transparency of the data analysis, give precision to statements, enable patterns in the data to emerge with greater clarity and increase the meaning of key findings in their lived experiences. According to Neale, Miller, & West (2014) a qualitative study can use percentages in presenting the findings if the sample size is 50 or thereabouts. By doing so the researcher ensured that every participant gives their opinion or scenario on each question asked in order to form a solid denominator. However, no inferences can be drawn about the prevalence or magnitude of their shared experiences or scenarios beyond the sample. Some explanatory citations were used to buttress important patterns that emerged from their narrated experiences.

3.7 Ensuring Qualitative Rigor

To produce credible and valid findings, several strategies such as credibility, confirmability, dependability, reflexibility, reflexity, peer debriefing, member checking, and using the participants' words in the final report were employed (Creswell, 2009). Credibility was obtained by piloting the interview/discussion guides among VIPs in Nandom municipal before being

launched in the study area. Confirmability was ensured by two independent reviewers (the study supervisor and a peer) reviewing the proposal and the data collection instruments for appropriateness. With regards to dependability, the methodological processes had been fairly illustrated to enhance future replication of this study. In ensuring reflexibility, two assistants were involved in audiotaping and moderating the interactions while the researcher paid attention to the issues raised in the discussion in order to examine their feelings, reactions and motives behind their scenarios. Aside from that, during the FGDs, enough time was given to each participant to make their contributions before the next question was asked. Reflexity means a qualitative researcher stating personal assumptions/biases and beliefs that may affect the participants scenarios or the research in general. Reflexity was employed by suspending all personal understanding of their lived experiences to encourage probing into emerging issues.

For the member checking, four transcripts were returned to the corresponding participants to check for accuracy and resonance with their scenarios/experiences to ensure that obvious mistakes were not made during translation or transcription. The four research participants were asked to confirm the responses from the interviews to ensure that the findings were consistent with their expressions to avert possible biases and inconsistencies in participants' narratives. Verbatim transcription was also employed to reduce the chances of losing the respondents' submissions due to interpretation or summary in the course of transcribing.

Peer debriefing was ensured by two reviewers (the study supervisor and a peer) to review and assess verbatim transcriptions, emerging and final categories codes from the transcriptions, and the final themes or findings in the study. Where necessary, the participants' own words were used in explaining contexts during presenting and discussing the results.

3.8 Ethical consideration

The qualitative data was collected from October to December 2021 per the Declaration of Helsinki following approval from the Ghana Health Service Ethical Review Committee (Protocol ID NO: GHS-ERC 038/08/21), while permission to access the participants was sought from the Lawra Municipal Coordinating Directorate. Informed consent was obtained from the VIPs in the presence of a witness after reading the research purpose and its objectives to them in Dagaare language, then having their questions addressed. It was made known to participants that they could decline to answer any question or withdraw at any stage of the study without repercussion. Aside the risk of contracting COVID-19, the study carries no known physical and mental harm, but participants were informed to decline to answer any question that may pose psychological stress to them or their families. Participating in the study had no direct benefit, but a package of detergents (a bar of key soap and washing powder) was presented to each participant in appreciation of their participation.

3.9 Privacy and confidentiality

All data collected for the study were kept private and protected by a password known to the investigator only. All participants/groups interviewed were assigned a unique identification number only for data sorting, and no names or traceable identity was attached to any study data by ensuring that pseudonyms are used where names of persons are mentioned in the transcripts. Before that, confidentiality was ensured as names and identifiable information were not even included in the demographic information section of the data collection tools. As much as possible, discussions/interviews were conducted in places that reduce the chances of public viewing.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter deals with the analysis and presentation of the findings from the qualitative data collected for this study. The results are arranged in themes and sub-themes in line with the research questions of this study. Diagrams and tables are used to display a basic visual representation of the coded information while their lived experiences are presented verbatim. The chapter summarily presents results on the socio-demographic information, sources and kinds of social support, facilitators and barriers to social support, the participants' satisfaction with social support, the psychological implication of vision loss, etc.

4.2 Socio-demographic information of the participants

The personal information of the participants revealed that majority of the participants is within the age range of 60-79 years (40%) with 30% being above 80 years while 20% were between 40 and 59 years. With regards to sex, most of the participants were females (68%) with the remaining being males. In terms of marital status, 50% participants were widowed with 36% currently married while 12% were single. Most of them (74%) acquired vision loss between the ages of 18 and 79 years while 14% and 12% of the cases occurred before the age of 18, and after 80 years old, respectively. Among them, 88% had no formal education with only 8%, 2%, and 2% obtaining primary, secondary, and tertiary education respectively. The predominant occupation among those productive was farming (32%) but 30% of the participants were aged and thus were not working. In terms of religion, 50% participants were Christians while 46% are African Traditional Religion (ATR). The details of the socio-demographic characteristics of participants and the frequencies are shown in table 1.

Table 1: Socio-demographic characteristics of participants

Variable	Frequency (N=50)	Percentage (%)
Onset of vision loss		
Before 18 years	7	14.00
Between 18-79 years	37	74.00
80+	6	12.00
Age group		
20 – 39	5	10.00
40 – 59	10	20.00
60 – 79	20	40.00
80 +	15	30.00
Sex		
Female	34	68.00
Male	16	32.00
Marital status		
Single	6	12.00
Married	18	36.00
Widowed	25	50.00
Divorced	1	2.00
Educational status		
Non-formal	44	86.00
Primary	4	8.00
Secondary	1	4.00
Tertiary	1	2.00
Occupation		
Farming	16	32.00
Pottery	4	8.00
Pito brewing	4	8.00
Unemployed	4	8.00
Aged	15	30.00
Others	7	14.00
Religious affiliation		
African Traditional	23	46.00
Christianity	25	50.00
Islam	2	4.00

4.3 Social support and psychological implications of vision loss

The word cloud, generated from NVIVO data analysis shows the visual representation of keywords with varying degrees of font sizes. Larger or bigger words indicate more dominant and commonly used components associated with social support than comparatively smaller ones. The word-cloud presents a wide range of most commonly used words in the discussions/interviews that include “support”, “help”, “get”, “people”, “government”, “social”, “years”, and with weightings of 4.29%, 2.48%, 2.29%, 2.24%, 2.15%, 1.44%, and 1.18% respectively (See Appendix I). This means the biggest word “support” with the highest weight is considered to have the highest significance in the lived experiences of VIPs. The diagram below is a display of the word cloud generated from the NVIVO word frequency query.

Figure 2: Word cloud of fifty most dominant words

4.4 Hierarchy chart of coding references

The thematic analysis of the lived experiences of VIPs revealed the sources and kinds of social support they received, facilitators and barriers to accessing the support, the health benefits of social support, the psychological implication of vision loss, and the unmet needs of VIPs. Hierarchy charts show an overview of the multiple levels of hierarchy of the different codes in the study and compares the coded data under the different top-level codes and their descending codes with the accompanying labels. The different colours show the themes and child codes of the coded data. The boxes quantify the amount of relevant coded data under each theme/code - thus the bigger the box, the larger the amount of relevant coded data it contains. Figure 3 below shows details of the hierarchy chart.

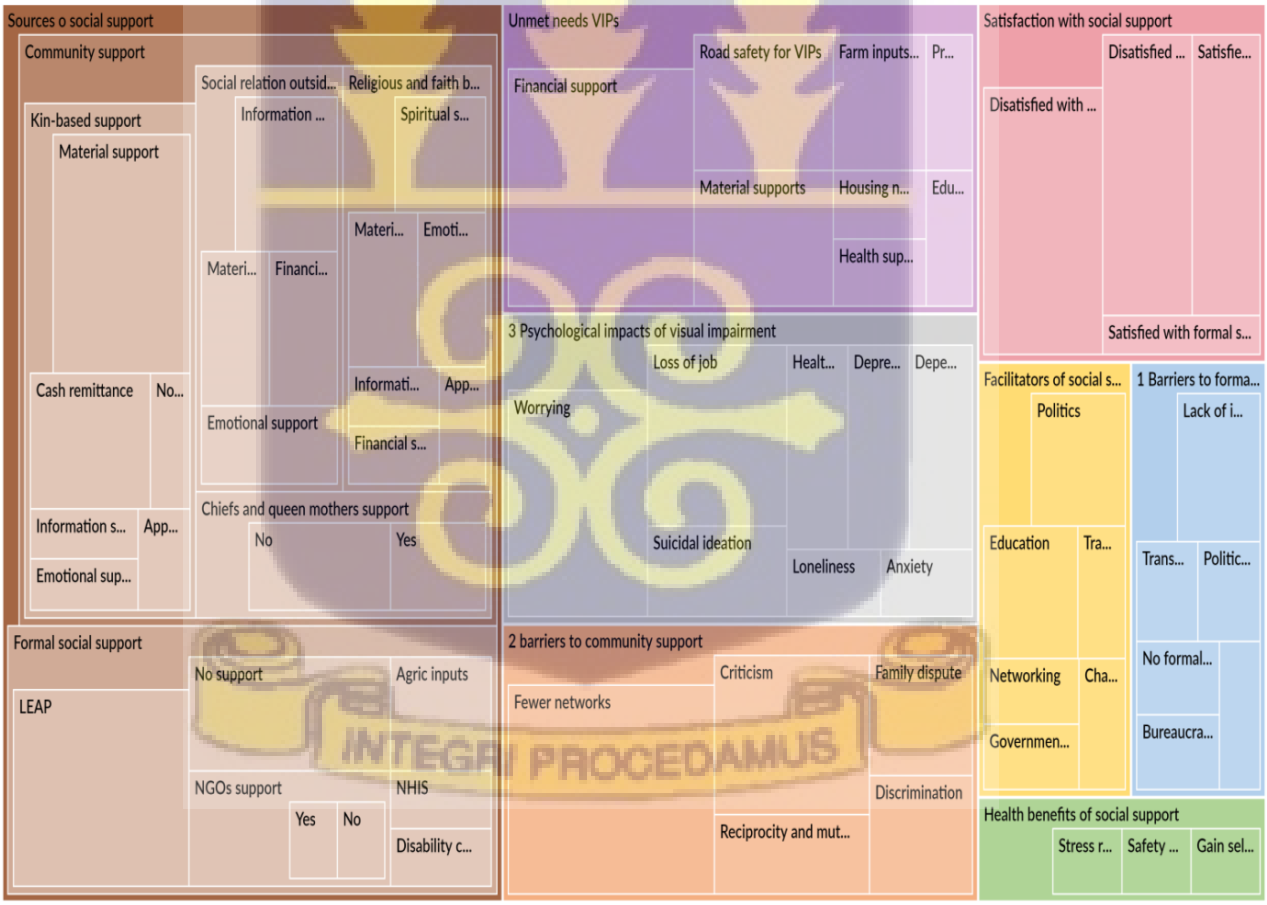

Figure 3: Hierarchy chart of coding references

4.5 Psychological implications of vision loss

All the participants emphasized that visual impairment was marked by various psychological effects including anxiety, dependency, loss of job, health conditions, loneliness, depression, suicidal ideation, and worrying.

A number of submissions (28%) show that participants feel anxious in dealing with daily activities of life. They expressed their fears of getting hurt or lost as they attempt to navigate their way around. Some of their experiences are stated below.

> *"The main reason I don't go out is the difficulty I face in navigating my way around. I always feel like something will attack and hurt me. The place is not safe for walking. Things are down on the floor anyhow that can hurt me. I prefer to sit in one place to avoid being hurt."* (**53-year male, visually impaired for 10 years, Babile IDI**).

> *"There is thinking. Blindness is not good. When people are running you cannot run. When you are going to any place you feel scared that you may get missing or fall into a pothole. When there is a critical situation and everybody is going you cannot join them unless they decide to take you along."* (**60-year female, visually impaired for 3 years, Babile FGD**).

Many participants (88%) narrated how they have been forced to rely on others to make a living due to their visual impairment. Their scenarios are as shared below.

> *"Most of the works people do to survive in our community demands being able to see. Because, I cannot see, I cannot do any work to generate money and other things for myself. I rely on people for everything I need. I wish having other options to be independent."* (**55-year male, visually impaired 6 years, Lawra FGD**).

> *"My son, it will surely affect me. You know the eyes are the strength of everyone, so when your strength is taken away you feel hopeless because people have to do virtually everything for you. When I sleep, I am always thinking about how I will manage life activities the next day. Now I feel like I am dependent and a liability to the family."* (**48-year female, visually impaired 10 years, Zambo IDI**).

Many participants said they were diagnosed with health conditions associated with their persistent thinking including insomnia and hypertension. The presence of people was also considered an essential component of psychological health among VIPs as it can help reduce the tendency of developing thinking-related health conditions. The role played by people in the provision of emotional support, affection and safety were widely mentioned by the participants to reduce their risk of developing conditions caused by persistent thinking.

> *"For now, I cannot do any work. The support I used to receive is no more because of the blindness. So I am always worried and I have a severe headache all the time. The thinking had made me develop hypertension."* (**74-year female, visually impaired for 2 years, Lawra FGD**).

> *"Hmmm, I think a lot. I use to see but now I cannot see. My mother divorced and I don't have any nearby relatives. Besides I lost my father I don't have anyone to help me. I feel lonely, hopeless and always finding it difficult to sleep. Now when I am walking, am always afraid that I may step on something bad and nobody is around to help me."* (**28-year female, visually impaired for 4 years, Babile FGD**).

> *"I think a lot that I can't do what I want to do. If I could see I could do some work and even go to the market but I cannot because I cannot see. I am always sitting here lonely because of the blindness. People don't come to spend their time with me nor do I go to them. They will even blame us it is our bad luck that is causing us problems. So I sit here alone."* (**50-year female, visually impaired from childhood, Babile IDI**).

Some participants narrated that they have been traumatized psychologically because they lost their jobs because of the visual impairment. Others recounted how their dreams have been tamed by the impairment because they cannot work again to raise money for themselves.

"It worries me a lot that I cannot see. I was selling cattle and being a butcher as well. Everything was ok for me. Look at where I am now. I am always annoyed that I cannot be independent again. Now common food I have to sit and wait for someone to help me out. Look at me, I am still strong. There is no work that I cannot do but just that I cannot see so I feel useless and hopeless in life." (**53-year male, visually impaired for 10 years, Babile IDI**).

"Not being able to see affect my health in many ways. I cannot do any business to support myself. I think a lot that I have to depend on people for survival. I don't understand why I am still strong but have to rely on others for help. I didn't learn any trade so what my mother handed over to me is pito brewing and that is what I have been doing as my source of livelihood. But, now I cannot brew again, so I am financially handicapped." (**65-year female, visually impaired for a year, Babile IDI**).

The participants shared how their expectations in life were cut short after acquiring visual impairment. Some participants felt that their future had been blurred because vision was a key modality to achieving their goals in life. Many participants (40%) felt that it would have been better for them to die than to be alive and go through the hardship associated with vision loss. Inadequate support and criticism from family and friends was the leading cause of the suicidal ideation.

"I am very worried. The way my mother struggled and brought me up and at this youthful age I could have done something to compensate her but here I am adding more burden to her. I don't sleep at night because I am worried about the future of my children too. Who will take care of their needs and schooling? The way I wanted to care for my wife, children, and my mother, and the blindness had to shortcut everything, I feel bad all the time. I will be happy to die than facing these misfortunes in life." (**34 year male, visually impaired for 3 years, Lawra IDI**).

"Hmmm, I think a lot because I cannot see, death would have been better for me in the world. As of now, I cannot do anything in the world, I don't have people taking care of me, I suffer to get food to eat. It is not better to die and rest?" (**74-year female, visually impaired for 2 years, Lawra IDI**).

Worrying, because of persistent thoughts and images of past traumatic experiences was one of the common psychological problems reported by the participants. The participants (42%) cited some experiences that keep reflecting in their minds because they had lost their vision

"I tried several times; I didn't get a wife to marry. I am worried a lot. Imagine I could see I would have been romantic; maybe I could also have sex and produce children. ...In the rainy season, there are many ponds around and you can easily fall into them. Even the roads are misleading; you can end up somewhere if you are not lucky to meet anyone on the way." (**54-year male, visually impaired from infancy, Babile FGD**).

"Hmmm, the impairment affects my thinking very much. The way I used to work and go to places before, I cannot. I cannot even tell where specifically I am going and I cannot work to take care of myself. All that makes me think a lot." (**99-year male, visually impaired for 6 years, Eremon IDI**).

4.6 Sources of social support among the VIPs

The participants discussed their sources of support which were categorized into two themes- formal support services and community support services. These sources provide various kinds of support services including material, financial, emotional, informational, spiritual, and appraisal support. A cluster analysis performed revealed how the top-level codes and child codes are clustered by word similarity. The cluster analysis is an exploratory technique which visualizes the patterns in the coded data by grouping sources or codes that share similar words, similar attribute

values, or are coded similarly by themes. Cluster analysis diagrams provide a graphical representation of sources or codes to make it easy to see similarities and differences. Sources or codes in the cluster analysis diagram that appear close together are more similar than those that are far apart.

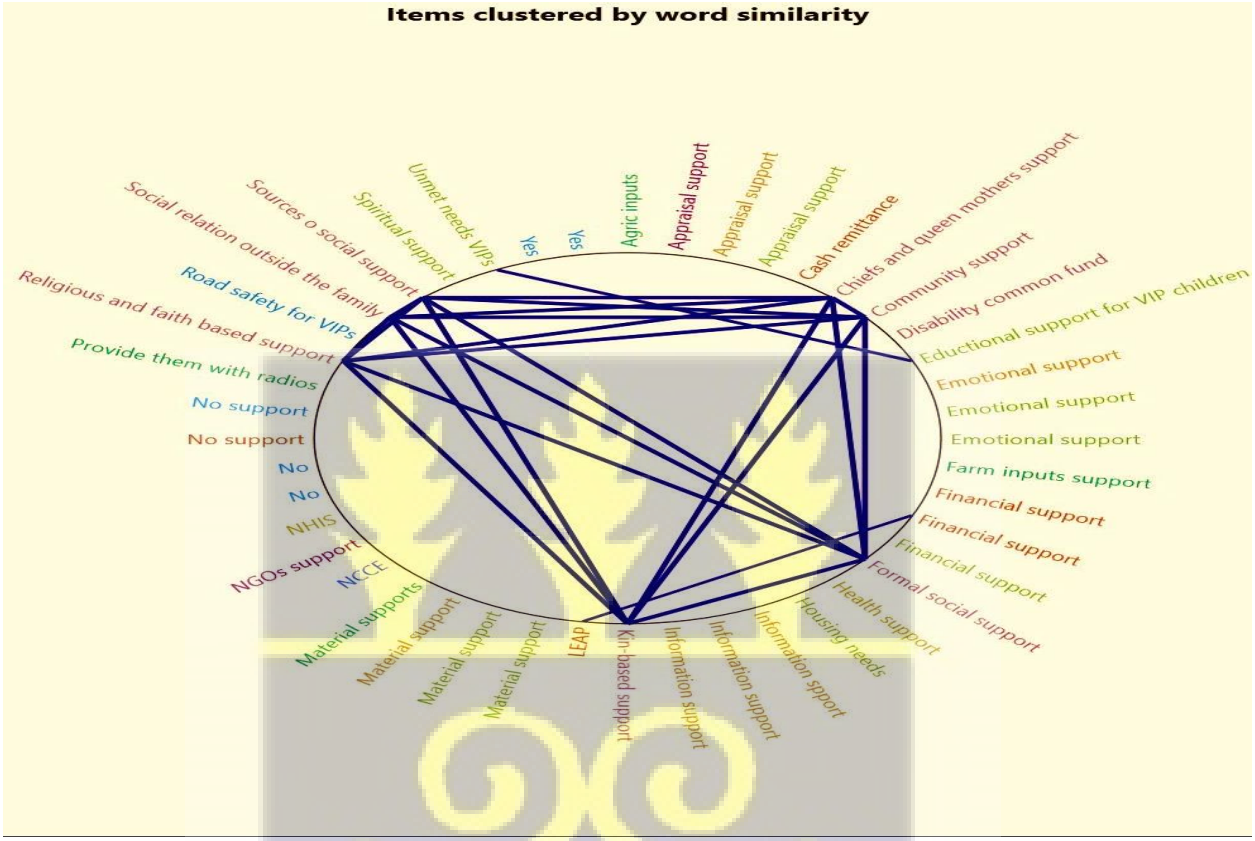

Figure 4: Items clustered by word similarity

4.6.1 Formal social support services

Formal social supports are actions taken by the public sector (alone or in conjunction with other parties such as NGOs and donors) and private sector arrangements that have legal backing. The FGDs and IDIs generated some commonly mentioned formal social support that participants get from the municipality.

It was clear from their statements that these services are mostly financial and health-focused in nature. The sources and kind of service they provide are National Health Insurance Authority (NHIA) that provides NHIS, the Social Welfare department that implements the LEAP program, the DCF from the DACF and NGOs support services.

4.6.1.1 The NHIS implemented by NHIA

The NHIA implements the NHIS, a social insurance that provides basic healthcare services to a resident person in Ghana through mutual health insurance schemes. It covers the cost of most healthcare but is subject to yearly premium renewal for active membership.

A number of the participants (80%) stated that they benefit from the services of NHIS while 48% confirmed that they had their National Health Insurance Scheme (NHIS) processed free as part of the package for the LEAP program. Some said they have not been charged for the NHIS renewal because they are visually impaired. The sentiments expressed by some of the participants are highlighted in the narratives below:

> *"Toh, the government had been supporting those who cannot take care of themselves in the municipality. Three years ago, I went to process new health insurance, I was surprised they did not charge me and since then when I go for renewal they don't take money. Now when I attend the hospital, I only pay for some drugs. I think it is a good initiative and I pray it should continue because it is a help you cannot measure."* (**83-year female, visually impaired for 20 years, Domwine IDI**).

> *"As my auntie said, I also used to send my son to renew the health insurance for me until I got the hint that if I go myself it would be done free for me because I have the social security card. Truly, my son picked me to the insurance office and they did not charge me for the renewal and since then they have only asked for my social welfare card and that is all. I will say it help me a lot because I feel free to access health care because I know I will not be charged."* (**76-year female, visually impaired for 2 years, Domwine FGD**).

Participants who are not covered by the LEAP program also stated that the NHIS pays for their hospital bill which is a form of support they receive from the government.

> *"They subsidize the fee for renewal for me. Those days we use to pay money before we access health care, but the NHIS had taken care of the cost when you go to the hospital."* (**73-year male, visually impaired for 4 years, Domwine IDI**).

4.6.1.2 The Livelihood Empowerment Against Poverty (LEAP) program

The social welfare department of each district is responsible for managing the LEAP program in Ghana. This program is social assistance intended to decrease the poverty level in Ghana and provide a better life for the Ghanaian vulnerable population. It offers financial support for orphans/vulnerable children, people over 65 years, and PWDs. The program provides cash transfers to very poor people, particularly in households with orphans or vulnerable children, the elderly, and people with extreme disabilities. Beneficiaries also receive free national health insurance. According to all the participants, they are aware that the government provides a financial cushion to vulnerable people in the municipal in general including the VIPs under the LEAP program. Some participants (48%) disclosed that they are beneficiaries of the LEAP program with some alluding to the fact that the assistance was inconsistent.

> *"From time to time they call us together to give us money so that we use it to support ourselves. They said we should use part of the money to buy food, support the children's education, buy medicines and other things for the family. Well, I usually use mine to buy soap, pomade, and ingredients."* (**50-year female, visually impaired from childhood, Babile IDI**).

> *"Okay, as she said the three of us all get the money that the government shares to the vulnerable in our area here. When the money comes they call us together and use our social welfare card to pay us accordingly. But for more than half a year now, we have not heard from them. Even this time, the costs of things are high but we still go for the same*

amount which cannot buy things much." (**60-year female, visually impaired for 3 years, Babile FGD**).

However, some of the participants (46%) bemoaned how the program enrolls beneficiaries and operates with biases. Some lamented they are visually impaired but do not benefit from the program while people deemed energetic to work are rather beneficiaries.

"For the support, the government gives to the vulnerable, people are getting but, I and my brother, are all blind and have never benefited. Meanwhile, I know people here who are strong to work on their own but they are rather benefiting". (**33-year male, visually impaired since childhood, Zambo IDI**).

"I have gone to the registration places several times but I was not registered. They keep promising that my name would be added but I haven't heard from them. The last time my grandson led me there only for us to come home empty-handed. They keep referring me to social welfare but when I made efforts to get to the office, I was informed to wait for another round of registration in my area. I got fed up and stopped pursuing them." (**89-year male, visually impaired for 30 years, Domwine FGD**).

4.6.1.3 The Disability Common Fund (DCF)

The DCF implemented by the Municipal Assembly is an amount drawn from the DACF to be used in the welfare of PWDs. The DACF was established under Article 252 of the 1992 Constitution of Ghana, where a minimum of 5.0% of the national revenue is set aside to be distributed to all District Assemblies in Ghana. A few (10%) of the participants are aware of the fund and only two had stated that they benefited from this type of service.

"I and a friend benefited from the disability common fund many times. The last time when my child was going to school there was nothing with me. So, I wrote a letter to solicit support from the Disability Common Fund in the municipality. The money later came and I was very happy. My friend however used hers; it was GHS 600.00, to start a business." **(50-year female, visually impaired from childhood, Babile IDI).**

"Well, when I was in the district assembly, I was concerned about these issues. So, for women who lost their husbands, I wrote an application for them, and then the government gave them money. I remember the figure was just 6 million old Ghana Cedis. There were two blind ladies from Brifor, one was at Wenchi Secondary School and one was at Wa Secondary School. They also got that support from the government through the District Assembly." **(72-year male, visually impaired for 3 years, Lawra IDI).**

4.6.1.4 Non-Governmental Organizations (NGOs) and support services

Many NGOs operate in the municipality rendering support services to various groups of people. Many of the participants (66%) bemoaned that the VIPs' welfare is not prioritized by most NGOs in their communities. A few (8%) had cited support they got from an NGO in the municipality. Some of the claims participants made are depicted below:

"The NGOs are here in our community, but they are only working with women. The last time, women were given animals to rear while some got seeds and organic manure. I don't have any idea whether they support the visually impaired persons too, but I don't think so and nobody had any clue about their work. My wife last brought a sheep and said they gave it to her." **(89-year male, visually impaired for 30 years, Domwine FGD**).

"The NGOs have been helping people for some years now. They have fenced a place and installed a borehole for us to do dry season gardening. It helps us get vegetables to sell and eat. That time I could still see, I was given a portion of the land and it is still mine. My grandchildren grow vegetables there on my behalf." **(70-year female, visually impaired for 6 years, Babile FGD**).

"There was a time an NGO was calling people to come for free eye care but I did not have anyone to send me so I didn't go. Some NGOs also help people to farm groundnut and rear animals but I never got their support." **(48-year female, visually impaired for 5 years, Zambo IDI**).

4.6.2 Community support services

Aside from the formal support services mentioned above, it emerged from the FGDs and IDIs that some of the sources of support services do not have any structured format of delivery or were not backed by any legal documents. These were themed under the community support services. The participants reported some support they get from the society in which they live or were gotten via their relationship with someone or group from the community or in their social life. A wide range of sources was mentioned with the most common sources of support discussed being grouped under four themes which include kin-based support services, faith-based support networks, social relations outside the family and, traditional rulers (chiefs and queen mothers).

4.6.2.1 Kin-based support systems

The participants unanimously agreed that family was vital to their survival. For this study, family means people that you have blood relations with or those brought in by marriage and adoptions and therefore owe allegiance in terms of support to other relatives. Most of the participants acknowledged the help they get from the extended family but emphasized that the nuclear family was more responsible for their well-being. The frequently mentioned types of support they get were material support, health support, cash remittance, and information support.

Nearly all participants (88%) expressed various degrees of material support they receive from relatives from the nuclear and extended family systems. These include food, clothing, cosmetics, and other physical supports.

> *"What she is saying is true. I lost my husband, but the family helps with food and other things. My children farm for all of us and when I lack soap they buy for me. Water, for instance, my in-law fetches the water for my use. Toh, they advise you to do some things that help you."* **(70-year female, visually impaired for 6 years, Babile FGD**).

"They help me, they fetch water for me to drink, and cook for me to eat. When they hear anything outside, they come to tell. Especially my house when they come home with any information they tell me even if I don't ask. This motivates me to try to be independent in most things. I ask them to fetch water for me to wash because I am still strong to wash my things and do other things as well. They also help me sell my ropes which give me money." (**83-year female, visually impaired for 20 years, Domwine IDI**).

Cash remittance involves all forms of money transfer participants received from migrant relatives. Many of the participants (34%) who have family members outside the community asserted they are supported financially when the need arises. Some of their statements are as below:

"Apart from my children I have no other source. One is at Sunyani and the other at Enchi, so when they don't send me money, I keep waiting because nobody would lend you money these days." **(70-year female, visually impaired for 3 years, Eremon IDI**).

"It is also the same with me, I have a son who is at Techiman and he sends me money but when he doesn't have that is all. Last week I sent a message that I wanted to go to the hospital but I don't have anything with me. Yesterday, he sent the money, so I am looking for someone to take me to the hospital." (**68-year female, visually impaired for 3 years, Zambo FGD**).

However, a few participants (8%) lamented that their families were always ready to give them money, but poverty and other nuclear family responsibilities were barriers to offering financial assistance. According to them, widespread poverty most at times renders their families helpless to offer them financial support.

"My son, I don't get support because my children are still schooling, they are not working. They are not earning so how will they help me? Every time, they complain about not

getting school fees. I understand them because if they were having the money they would have shared it with me." (**61-year female, visually impaired for 3 years, Zambo FGD**).

"For my family and friends, these days everybody is suffering, the place is hard how will they help others? My son down south is married with three children and he is taking care of their school fees. So I don't want to worry him with money issues." (**48-year female, visually impaired for 3 years, Zambo IDI**).

With regards to their source of information, many participants (44%) said their immediate family feeds them with much of the information daily. Participants asserted that the provision of information support such as advice, suggestions, or guidance is crucial to them in dealing with personal or circumstantial challenges.

"Toh, to add to what had been said; they advise you to do some things that help you. For example, my grandson is a health worker and he advises us to drink water and walk around every. The boredom that I used to have sitting at one place is no more." (**70-year female, visually impaired for 6 years, Babile FGD**).

"It is mostly my house members that tell me what is happening outside there. They give directions to move around at home so that I will not be hurt by something. They are my messengers as well because I have family members in distant places that we need to communicate but unless they visit me, I don't go out. So the family here usually carries my message to and fro." **(62-year female, visually impaired for 2 years, Domwine IDI**).

Some participants recounted that the family is the first source of their health care before proceeding to the hospital when the need arises.

"I am hypertensive. When I get the attack and my people around don't help I could die. They know the drugs I am taking, so they will first dissolve the drugs and give me to drink. When it is critical they pick me up, bathe me and send me to the hospital to get treatment." (**66-year female, visually impaired for 3 years, Eremon FGD).**

"My house people care about my health a lot. When I complain of bodily pains, they first boil leaves for me to drink and bath. My in-law is a herbalist and cares a lot about our sickness." (**70-year female, visually impaired for 2 years, Eremon IDI**).

4.6.2.2 Social relations outside the family

The participants established, to some degree, some form of social relationship with people within different social contexts aside from the family, such as neighborhood, home, and at work that render them various forms of social support. It emerges from the interviews and discussions that relations outside the family such as non-kin based groups (SUSU groups, associations from common professional identity), classmates, friends, and community members also offer various forms of support to the VIPs.

"The current Municipal Chief Executive (MCE) was my student at the middle school. Before he became the MCE, he ever helped me some time ago to retrieve some money I lost to SSNIT due to wrongful processing of my particulars. It was a huge help to me financially because it wasn't a small amount." (**72-year male, visually impaired for 3 years, Lawra IDI**).

"There is one woman who is a friend. She often sends me foodstuff. Last market day she gave me two bowls of rice and beans. Aside from that, my formal colleagues' drivers also are very caring when they heard of my sickness; some have been sending me mobile money. Others also come over to visit me and present gifts like old clothing, soap, and foodstuff." (**34-year male, visually impaired for 3 years, FGD Lawra**).

"We all help one another in many ways (all laugh). This critical time, who will lend you money, what if you cannot get to pay? But what we help one another with is work such as weeding and other farming. People are sensitive to monetary issues, unless the SUSU groups where you can borrow money and pay later with interest." (**61 year female, visually impaired for 3 years, Zambo FGD**).

A number of the participants (16%) however lamented friend support is mostly reciprocal hence when friends foresee no support coming from you they feel hesitant in helping you.

> *"Well I know in the olden days, people help others even orphans were supported. These days nobody will help you unless people remember good deeds of your family before, if not they will even push your troubles further. For me I have friends, but they are mouth friends, my eyes were somehow seeing that I help people to also help me in some way but now my sight is worse hence I hardly get help."* (**73-year male, visually impaired for 4 years, Domwine IDI**).

> *"Papapah, unless a contract, for free nobody will work. So you have to involve money. Now that I cannot see, my friends are not many again. It is those who are also weak like me that come to me. Those who are strong think you may need help from them so they don't come closer to you."* **(99-year-old male, visually impaired for 5 years, Eremon IDI).**

4.6.2.3 Religious/faith-based network

With regards to help from religious organizations, some participants stated that they got help from churches and mosques within their society. The common supports mentioned were emotional support, financial support, material support, informational, and spiritual support.

The participants discussed some of the benefits they derive from being members of religious institutions. A significant number of participants (24%) stated that their religious institutions preach words of encouragement that help them to adjust and adapt to societal pressures. In the realm of spirituality, some participants (34%) reported they get their spiritual support from their religious affiliations. They agreed that the health of the soul was equivalent to the health of the body and therefore needs to be taken care of.

> *"Aside from the counseling services my colleague said, the preaching they preach to us telling us the word of God is a source of encouragement. Some days they preach and you think it is directed at you and that can stop you from committing some sin because you gain*

knowledge and wisdom from it, which is the help we get." (**54-year female, visually impaired for 5 years, Zambo FGD**).

"Unlike most social gatherings, there is no discrimination in the church. The preaching tends to make us all follow the words of God, because of that I never give up knowing very well that in life, God has a role for me." (**50-year female, visually impaired from childhood, Babile IDI**).

"The Roman church helps us with the prayers and the sacraments that we take. That is the help we get from the church but when you have a special issue and call on them, they help. When you are sick too, the church helps with prayers and fasting. Even they can help you with money and when it matters they send you to hospital." (**55 year ole female, visually impaired for 2 years, Eremon FGD**).

The study noted that 34% of the sample reported receiving material support due to their membership of a religious group. Per the participants' submissions, religious institutions also play a crucial role in the dissemination of information in society. Participants recounted that they get information such as gospel, news update, stories, and reminding messages from the churches they attend. This information also helps them to move along with others in society.

"*In the Church toh, it is only Vincent de Paul people who at times give out old clothing for us the vulnerable to share. That is the help we get. Going to the church we don't expect to get any richness. But the preaching they preach to us telling us the word of God is a source of encouragement."* (**54-year female, visually impaired for 5 years, Zambo FGD**).

"I go to the church not only for the prayers, but the priest brings new information from the outside world to us. This corona thing, I first heard it in the church." (**99-year male, visually impaired for 4 years, Eremon IDI**).

4.6.2.4 Chiefs and queen mothers support

Some aged participants recounted how chiefs some years ago were influential in meeting the needs of their people especially the vulnerable. Many participants (38%) however testified that the trend had changed hence chiefs have limited support for their people. However, few participants (12%) were of the view that the chiefs help in protecting disabled persons by making and enforcing by-laws.

> *"The chiefs no more have power like in the olden days to support people! Those days the chiefs used to be rich and have excess to support others in order to get fame. It is not so these days, some of the chiefs are as poor as the blind persons. Nobody regards them anymore."* (**99-year male, visually impaired for 5 years, Eremon IDI**).

> *"I am one of the chiefs but I don't think chiefs support the vulnerable. We don't have much power to support the vulnerable. The only help we give to people is when the paramount chief in Lawra calls us together and assigns us to disseminate information to our people. Most of the information is for all people and usually not on monetary grounds."* (**99-year male, visually impaired for 4 years, Lawra FGD**).

"Toh, for the chiefs, some of the chiefs are guiding the visually impaired and others are not. Where I think some are guiding us is when I laid a complaint to the chief of Eremon about the careless riding on the roads and the chief summoned the people together and made by-laws that each bicycle must have a bell and anyone who knocks down a disabled person would be fined. That decision helped to ensure safety on the roads especially at markets because we the disabled were getting scared of using the roads on markets days." (**50-year male, visually impaired for 30 years, Eremon IDI**).

4.7 Barriers to accessing social support

Per the IDIs and FGDs, the participants deplored some factors that interfere and complicate the process of accessing social support. The factors were coded and categorized into barriers to accessing formal and community support services.

4.7.1 Barriers to accessing formal support

Most of the participants acknowledged the little support the formal sector has for the vulnerable persons in the municipality but some factors make it difficult for them to access those services.

The transport system was often mentioned as one of the barriers to accessing formal support. To travel from their homes to the centers to seek formal support services, participants narrated the various ordeals they face with regards to the nature of the road and behaviors of others on the road. For VIPs residing in rural areas, navigating their way becomes more complicated because not only are the roads not accessible, but they also have to travel on roads that are misleading from their villages to the centers where the support is given. A number of participants (48%) asserted that they could not access support services because of transportation challenges.

> *"When I last visited the hospital, they said because of the way the eyes are that I should always come for the eye drugs but because of the motorbikes and bicycles behavior on the road, I have not been going there regularly. I was also taking hypertension drugs, but I have not been there for four months and when I went they said I defaulted and admitted me. They said the beans [kidneys] in my stomach [abdomen] are not functioning well again so I should not joke with the drugs. I am always scared anytime my drug is finished."* (**66-year female, visually impaired for 3 years, Eremon FGD**).

> *"Our place here it's only on Lawra market days that even tricycles pass here. The rainy season is even worse; the roads are very bad then. If I joke I can fall into a pond of water. The only way is to get someone to carry you to any places, which most demand payment. Even church service I don't feel like going there in the rainy season….yes because of the*

bad roads. How do you get people to help you if you cannot get to where they are?" (**80-year female, visually impaired for 20 years, Domwine IDI**).

Participants were of the view that the registration procedures for the visually impaired are cumbersome, stressful, and sometimes frustrating thereby restricting their access to government services and programmes. According to them, the social welfare department has to access the eligibility of the person and provide feedback to the municipal coordinating director and the entire process takes a long time. Participants (44%) noted that these procedures were cumbersome and this has compelled some PWDs to give up on seeking support.

"The processing of documents for support is always stressful. You must have a dedicated person to lead you. Getting to the government office alone is very stressful and then when you get there it takes time for the processing to take place. It is only Lawra you can go to seek the support. It took me several attempts to have my name included in the list of vulnerable people." (**50-year female, visually impaired from childhood, Babile IDI**).

"The documents they request for in the process, some of us don't have them. My identity card got missing. The last time we were all there for the LEAP program registration, but I neither have any identity card nor the date of birth they requested for. I wasn't registered and till today, I still haven't gotten them to submit when they come. I know without that they will not register so why will I go there. They should the process easy, so that even without the documents they want, but there should be a way for some of us." **(35-year male, visually impaired from childhood, Zambo IDI).**

Many of the participants (46%) bemoaned that because they are not formally educated, they hardly get information about government support for the vulnerable, and even when they are fed with the information they don't know how to go about the whole procedure. Some of their experiences are stated below.

"Everything this time favors those who know the book and can speak English. We don't know A or B, which makes it difficult for us to advance our plea to the government. You know we are already blind and not being to school is double blindness - that is the truth." (**68-year female, visually impaired for 3 years, Eremon FGD**).

"Now the government does everything with papers-, I didn't go to school how will I work with the papers? Before you get help from the government, somebody has to lead you; I don't have such people in my community who are willing to waste their time in helping the blind. I know the government may be helping people freely, but if I don't hear the information, how do I get that help?" (**48-year female, visually impaired for 3 years, Zambo IDI**).

Furthermore, inadequate information (46%) exchange between service providers and VIPs was commonly mentioned as a challenge that they face in seeking formal services.

"Sometimes the information on the support doesn't get down to us early. When my problem started, an NGO announce that people with eyes problem should come for free service. All those who heard the information early went and they were operated but I only heard it last and the people had left. Those who went for the operation some can see again. Maybe, I would have been lucky too." (**80-year male, visually impaired for 4 years, Lawra IDI**).

"Sometimes, it is an information barrier. Mostly, people do not get the information early enough. By the time you are aware, the registration for the LEAP had passed. Not only that one, but the government likes using posters a lot, and we cannot see those things so how do we go along with others in society?" (**35-year male, visually impaired from childhood, Zambo IDI**).

Most participants stated that political influence by some influential community members may complicate the process of accessing formal social support. Some participants (26%) expressed unhappiness with the extent to which politics had eaten into virtually every service that the government provides in the country.

"The people responsible for sharing the money may play politics with it. In my community here the assemblyman only selects people who are his party members and that had been the trend. Any opportunity that comes, they consider their party members first." (**50-year-old female, visually impaired for 1 year, Lawra IDI**).

"I have heard of the disability common fund but they told me to meet our assembly to lead me. But I have not been successful because we are not of the same party. I approach him a couple of times but because of the party differences, he is reluctant in helping me. My party is not in power, so the executives said they cannot do much. They said I should exercise patience." (**34-year male, visually impaired for 3 years, Lawra FGD**).

It also emerged from the study that, the VIPs get to the support center but the actions of the support agents can make them regret attempting to access the service. Below are a few of the experiences that participants shared.

"Wooh, what my grandma said is even mild. Words that come out from the mouth of the people that share the money can be very hurtful. During the registration, we were still in the queue but the officers said they have closed, that we should go home and come next time. But we pleaded that only seven of us were left they should sacrifice for us. One of them shouted and said they are not the cause of our disability. He even added that some of us have people who can take care of us but we just want to take the opportunity of the cheap money. Since that day, I vow not to go there again. Without that money, am I not living?" (**28-year female, visually impaired for 4 years, Babile FGD**)

"If you are lucky to meet a good person they treat you well; if you are not lucky they treat you like an animal. That day, they were two queues those who were paying for the renewal and those of us for free renewal. That other line was moving, but it takes a long time for oneperson to be called at our end. When we started complaining, I overheard one of them say we were helpless but not comporting ourselves. It burnt my heart but I couldn't have reacted." (**60-year female, visually impaired for 3 years, Babile FGD**).

4.7.2 Barriers to seeking community support

At the community level, the availability of support services is not enough for VIPs to be able to access them. Some barriers may make it difficult to seek support from various individuals or groups within the community in which they live. Some of the barriers the participants face in the community include criticism, discrimination, family dispute, the principle of reciprocity, and fewer social networks.

One of the main barriers to accessing community support as stated by the participants is the unfair criticism people have against VIPs. The participants (20%) revealed that people in their social network pass unfavorable judgment concerning their disability. Some stated that others even associate their predicaments with bad luck and bad deeds.

> *"Several times people criticize me. Even people say that when it is like this we are looking for people to spread it into. I was surprised someone jokingly told me it was my witchcraft that failed me because I claim that I am very powerful in the community. Not once, not twice, several times I have been hearing it from people. Upon hearing this, I find it difficult to ask for help from people."* (**89-year male, visually impaired for 30 years, Domwine FGD**).

> *"I was told that my father refused to make some offerings that is why I was born blind. It is circulating in the community here that the bad luck that follows me is because my father refused to appease the gods and it would catch them if they go into my issues. So, few people have mercy for me."* (**54-year male, visually impaired from birth, Babile IDI**).

Discrimination in common sense is both cause and consequence of socio-psychological problems among visually impaired persons. In seeking existing services from the community, persons with visual impairment were constrained by the misconceptions people had about the VIPs and their usefulness in society. Some (28%) participants narrated some personal discrimination they have experienced in an attempt to access support.

"For discrimination, it is there everywhere, people say all sorts of hurtful words because they know we cannot do anything. The last time I was asking someone to buy me a nanny goat for rearing. In my face, he laughed and said how can a blind person rear a goat. And behold he refuse to help me." (**33-year male, visually impaired from childhood, Zambo IDI**).

"Most people say I am disabled and also react to issues so they discriminate against me. They say that when they annoy me I should not talk. People gossip about me that it is because of the bad deeds that made me blind. When I go out to fetch water, they all disappear from the borehole so I feel ashamed to even ask for help from them." (**50-year female, visually impaired from childhood, Babile IDI**).

The respondents (12%) mentioned that when there are disputes in the family, the VIPs suffer the repercussions more. Others may intentionally refuse to help them as retaliation for altercations in the family. The VIPs experience more suffering when the social support system in the family is jeopardized.

"My nephews took their hands off me when there was a misunderstanding between the family members. They said I am supporting the other side of the matter so I should go there for any help I need. They don't give me money anymore less clothing." (**65-year female, visually impaired for 1 year, Babile IDI**).

"I thought it was my family alone, not knowing it's everywhere. I just experienced a similar hardship. My in-law had vowed not to serve me food anymore, just because her husband and the senior brother had an argument over land and I said the senior one was right. Common water they don't want to share with me though I apologized to them. Now, I am even scared to eat their food if they offer me because they can decide to poison me." (**70-year female, visually impaired for 2 years, Domwine FGD**).

Participants (36%) shared their experiences that people in their support network would readily give them any help if there is a chance of reciprocity. Some may also support them because they

want something from the visually impaired person's relatives. Some of their experiences are shared below.

> *"People think that because we are disabled we cannot pay back when they offer you help especially support like money, food, soap, and ingredients. Okay, if they have the information they may tell you, but material things they will first judge whether you will be able to pay back or give them a similar thing they ask for."* (**62-year female, visually impaired for 3 years, Eremon FGD**).

> *"One of my friends asked me to pay back the help I got from her when I was sick. I was admitted to the hospital and asked her to support me with small money to buy food. When I came home after discharge, I haven't gotten the money for her and I'm hearing from people that she regretted giving me the money because I'm reluctant to pay it back. With what I am hearing, I pray not to ask someone to help me again."* (**70-year female, visually impaired for 2 years, Domwine FGD**).

A number of the participants (36%) bewail how only a few people socialize with them. Those who are capable of giving the appropriate support do not make themselves accessible. Below are the experiences participants shared.

> *"Papapah, we women for instance, money matters a lot in our lives. Once you have money, your friends are like stones, you cannot count them. Because I don't have money, it is only my relatives who have time for me. Few people outside my family are willing to give me help. What you said is true, but I think it is because society has a bad perception about blindness. People believe that, blind people have witch craft that is why they socialize with us."* (**70-year female, visually impaired for 2 years, Eremon IDI**).

> *"They will distance themselves from you, because they may not like your matter. So they may spread false information about you so that the whole community may hate you. When it is like that few people come closer to you, and when you burden them with a request for help, they desert you. For now, I only have two reliable people that care about me. So*

when they can't offer any help that I may want, I am doomed." (**66-year female, visually impaired for 3 years, Zambo FGD**).

4.8 Facilitators to accessing social support

The participants discussed some factors they deemed create easy access to social support in their communities. These include charitable actions, education, strong social networks, political will and tradition.

The participants stated many actions that facilitate the provision of social support to visually impaired persons. They mentioned kindness, tender-heartedness, sympathy, generosity, philanthropy, and religious culture as some of the precipitators to granting social support to visually impaired persons.

> *"Hmm toh, most Churches are there to offer humanitarian services to people, that is why they also help the poor and blind persons in society. The blind persons are members of the Church; hence the church wishes to support their members. The laws of the church say that the vulnerable should be supported with both prayers and gifts. God instructed His Church to care for the vulnerable in society, which is why the church cares for blind persons."* (**50-year male, visually impaired from childhood, Eremon IDI**).

> *"Among we the Muslims it is common- they mostly help those with visual impairment. After the 'Jumah' prayers on Friday, those blind line up in front of the mosque with bowls and recite some merciful versions so that when you exit the mosque, you drop some coins into their bowls.*" (**53-year male, visually impaired for 10 years, Babile IDI).**

Despite the high level of illiteracy among them, participants reported that having formal education enhances one's networks and social status and in addition enlightens an individual of opportunities to seek social support.

"I wanted to say the same thing if you are educated you have the confidence to ask for help, your eyes open and they cannot hide things from you because you already have an idea of what is happening. There are many benefits of going to school, you have many friends, you understand many languages and come again, and you know the law. So people cannot frustrate you. That is what I have to add." **(54-year female, visually impaired for 5 years, Zambo FGD).**

"Education is very important because you get to know what is available for you in society. I also think that civil society organizations are doing well in helping the government care for the blind. The constitution spelled out that the vulnerable should be helped." **(72-year male, visually impaired for 3 years, Lawra IDI**).

Due to their limited mobility, the participants noted that they need dedicated people to help them access some social support available to them, especially the formal support services. This may involve the person providing them with the information or assisting them in going through the registration processes.

"It becomes easier if people have time for you. The process of documents for support is always stressful. You must have a dedicated person to lead you. Getting to the government office alone is very stressful and then when you get there it takes time for the processing to take place." (**50-year female, visually impaired from childhood, Babile IDI**).

"They always demand that you have someone to stand for you. So when nobody is willing to guarantee, you might be rejected because it is one of their requirement in the registration process. These days, people are unwilling to waste their time on things that don't benefit them directly." (**76-year female, visually impaired for 2 years, Eremon FGD**).

It also emerged from the participants' contributions that political decisions make it easier for the support services to extend to their intended targets. The participants (56%) reported that support

services are made available on the grounds of political motives. Some of the shared experiences are;

> *"They want to do that such that people will always vote for them. It could be that the constitution also has it that the government should be helping the blind persons in society."* (**53-year male, visually impaired for 10 years, Babile IDI**).

> *"Toh, I think some governments support blind persons for political gains. You know when they come to power, they try to show the care they have for people so that we can vote for them again and that is all that we too need. If you help me with something, I pay you back with my vote."* (**50-year male, visually impaired from childhood**).

The participants noted that offering support to the vulnerable in society is a practice that had been passed down from generation to generation. Many participants (66%) reported that through tradition, the blind persons are blessed with invisible gifts and should be given the necessary support to benefit from their gifts.

> *"It is a cultural norm in most societies that the vulnerable should be offered support such that they can also live a satisfactory life. In our village here, the visually impaired are regarded as spiritually fortified because they do things beyond their imagination, so society place value in them."* (**99-year male, visually impaired for 4 years, Lawra FGD**).

4.9 Health benefits of receiving social support

The participants shared some health benefits that await them if offered the necessary support in society. These were themed into three main categories – self-esteem, safety and security, and stress reduction. Many of the participants (46%) asserted that social support can help them form a good self-image, and promote their self-esteem because they will play their expected social roles. Some of their statements are highlighted below:

"What she said is true, when the support is there, ... ehee that self-confidence is there and you become assertive in your daily activities. When that happens, you are able to command respect in the society. But, now for instance, the support is not there to rely, so you cannot make or take some decisions by yourself. Now, I don't know what contribution I also have to the community" (**54-year male, visually impaired from infancy, Babile FGD**).

"... Support is medicine to the mind. When you have many people around you, the thinking is less and your self-esteem is high. I know many blind persons die early due to thinking because they don't have enough support." (**72-year male, visually impaired for 3 years, Lawra IDI**).

Majority of the participants (66%) also attached a high premium to safety and security that can only be guaranteed by adequate social support in their social network. Some of their shared experiences buttressed this issue are stated below:

"Toh, when the people close love you and help you do everything, it reduces your chances of hurting yourself. My friends like this, if I am going to any place they lead me so I feel safe and comfortable walking. The discrimination reduces when someone leads you to public places than when you go there alone." (**50-year male, visually impaired from childhood, Eremon IDI**).

"As my daughter said, people will fear insulting you when your relatives protect you. When you don't have strong family support you become a dumping ground for all sorts of nonsense." (**80-year female, visually impaired for 4 years, Babile FGD**).

Having strong social support is necessary for alleviating the effects of emotional distress associated with vision loss. Having a wide social support network guarantees companionship,

gifts and social acceptance which help alleviate the mental anguish associated with the vision loss. Some stated they feel less stress when given adequate social support.

> *"As I sit now and cannot see I think a lot. I am always in loneliness and nobody is around to support me. If I was having people my thinking would have been less because they will comfort me in one way or the other. They may give you the money but that cannot pick you at the hospital when you are sick. I need physical attention. When you have that, there is less stress."* (**53-year male, visually impaired for 10 years, Babile IDI**).

> *"She said it all. When the love is heavy, the tension doesn't exist and your thoughts are well organized. But when that is lacking, you feel uneasiness all the time. Yes, because food to eat is a problem, where to sleep is another, what more of if you are sick, who will care for you?"* (**55-year male, visually impaired for 6 years, Lawra FGD**).

4.10 Unmet needs of the VIPs

During the interviews and discussions, the participants stated conditions they think should be made available for VIPs. These needs are shown in the word cluster diagram below (figure 5)

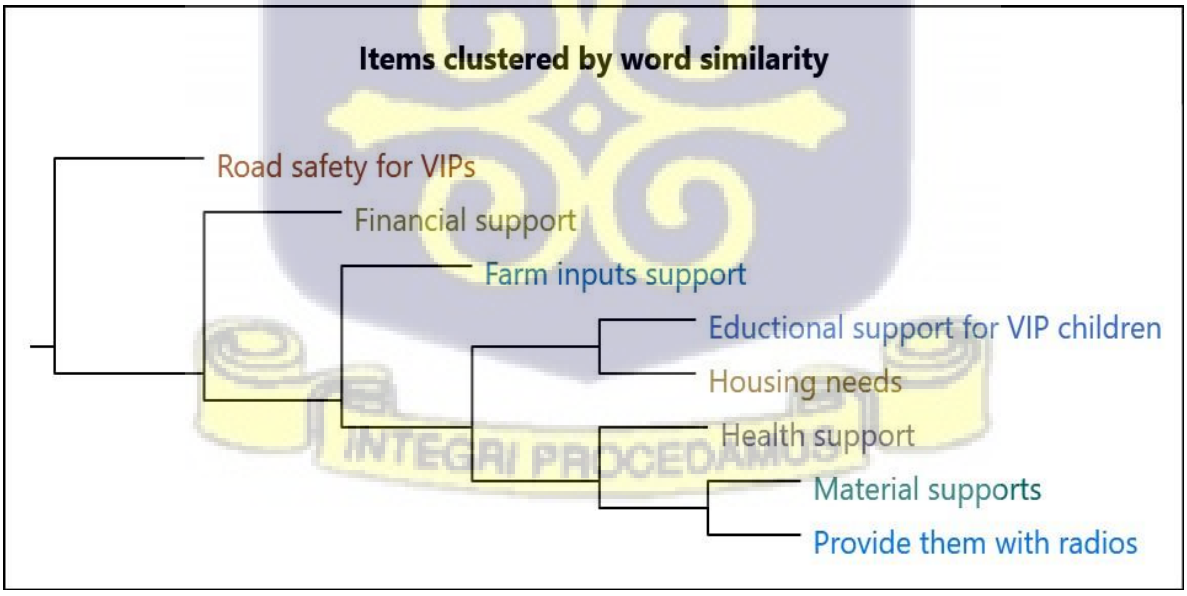

Figure 5: Unmet needs of VIPs

Most of the participants (52%) indicated they will be happier if the government could take responsibility for the educational needs of their children. This would ensure that their children do not drop out of school, and would eventually be in a position to care for their parents.

> *"The government should support the children of the visually impaired because we cannot work like others to take care of our kid's education. The government should identify the vulnerable like my type and support our children in their education. I was taking care of my children in their school, but when I became blind they dropped out of school."* **(89-year male, visually impaired for 30 years, Domwine FGD**).

> *"I think if the government supports our children to go to school, they can give us the necessary care we deserve. Outsiders will never take care of you because they think it is not their responsibility."* (**72-year male, visually impaired for 3 years, Lawra IDI**).

Regarding the barriers VIPs go through in the registration process for the LEAP program, some participants recommended that a more liberal method should be used in enlisting the visually impaired and other disabled persons aside from the other vulnerable persons.

> *"Aside from the LEAP program which is going on successfully, the government could have also scaled up the access to the disability common fund, to cover up the entire persons with disabilities because not all of them are enrolled in the LEAP program."* (**72-year male, visually impaired for 3 years, Lawra IDI**).

The participants prioritized their health needs and hoped that there could be measures to protect and facilitate their access to health care services.

> *"The policy is that we, the pensioners, we should not queue for services. When I went to Wa, it was working but Lawra here it is not working. I suggest that at the various OPDs there should be a separate queue for the disabled and the aged to reduce the discrimination we go through in accessing health care."* **(72-year male, visually impaired for 3 years, Lawra IDI**).

"I am much particular about the NHIS, the government should always renew it for us. We are poor people already so when it is expired and you go to the hospital you cannot pay the bill they give you." (**65-year female, visually impaired for 2 years, Eremon FGD**).

In exploring the unmet needs of VIPs, one of the desires mentioned by the participants was the need for a sleeping place. The participants complained of the deplorable state of their sleeping places and wish they could be helped in that aspect.

"All my family members have migrated down south. I am the only one left and the house has collapsed. Where I am sleeping is a mud house with grass roofing that is about five years old. …… the dry season is better, in the rainy season I become agitated when it is about to rain because everywhere is leaking and I have to sit on the chair till daybreak. I cannot lie down because everywhere is wet. I hope the government could help me get a better sleeping place." (**66-year male, visually impaired from infancy, Lawra FGD**).

"When I was young I worked hard to put up this building but now the roofing is in a deplorable state and needs to be renovated. I don't have the strength to work again. It would be a great relief if the government could support me in renovating my sleeping place." (**50-year male, visually impaired from childhood, Eremon IDI**).

The participants lamented their limited access to information due to the mode at which it is available in the public domain. They indicated that essential information is usually circulated without considering the barriers some disabled persons have in accessing visual information. Below are some of the expressions.

"Toh, the information like this we get it very late because they paste posters. Just recently I have been told that people are going for COVID-19 vaccine, and when I enquired from a nephew, he said the people have left. If I was having a radio, I would have gotten the news earlier and also gone for the injection." (**33-year male, visually impaired from childhood, Zambo IDI**).

"The government can also give the visually impaired radios so that they can listen to the news on air because before we get some information, it is already late. I have been hearing there are sign boards and posters on issues all over, but we don't see that. We don't socialize with people so listening to the radio can give us information and also divert our thinking." (**50-year female, visually impaired from childhood, Babile IDI**).

Many participants appealed that they should be supported with foodstuff, clothing, soap, and other necessities to make life easier for them. The participants recounted how the government some years ago supported the vulnerable with foodstuff.

"I agree with my colleague because I am also thinking about the food first. JJ times they used to give food to the vulnerable and that thing was good, but they have stopped. They can start it again. The last time I was discussing with someone that the government could have to convert the LEAP money into food. I know someone who used his own to drink 'akpeteshie'." (**62-year female, visually impaired for 3 years, Domwine FGD**).

"My son, I don't know whether you can tell the party people. Each election they print many clothes and T-shirts for a large number of people. Can't they also print some protective clothing for visually impaired persons?" (**50-year female, visually impaired for a year, Lawra IDI**).

Many of the participants wished that they could get help on the aspect of farm inputs such that they can also produce enough food for consumption.

"Some of us are still strong and we can farm, but the farming methods had changed. You have to till the land and apply fertilizer to the crops. But you know, not everybody has that financial power, which is why some of us run out of food before the next farming season begins. ..... ehee, if the government give us fertilizer or provide tractors to till the land for us, we will also harvest something to eat. Ask my brothers, I was blind but with the help of

my wife I use to do dry season gardening, but now you need money to do everything." (**50-year male, visually impaired from childhood, Eremon IDI**).

"Toh, the tilling issue they mentioned is also good but if the government could support us with fertilizer each year so that we can also harvest something to depend on. If the government can help some people with money, others can be helped with fertilizer, or it is not logical?" (**55-year male, visually impaired for 6 years, Lawra FGD).**

4.11 Satisfaction with social support

Participants' satisfaction with the social support they receive was assessed and the experiences shared were from the formal and community support systems.

4.11.1 Satisfaction with the community support systems

Many participants (72%) indicated that they were happy with how their family and friends take care of them. Some participants however recounted that they were disappointed in the care their family and community offer them. Their dissatisfaction may be as a result of inadequate support they receive in the form of material support, guiding them to perform daily living activities, personal needs and relationships, and the conditions of living place.

"Just as they said, had it not been my family, I wonder how life will be for me. They provide for me in every. …… can I mention? Food, clothes, protection, love, and all that man needs to live. I can say apart from the air God give me to breathe, my family gives any other thing before others add their help. So, with this I appreciate all that people do to also help me live in this world." (**66-year female, visually impaired for 3 years, Domwine FGD**).

"Ooh, the family supports me well, but when they don't have I cannot also get what I want. For the government, I think they need to prioritize the needs of the vulnerable. They will

bring the support and end up giving it to the wrong people." (**70-year female, visually impaired for 2 years, Eremon IDI**).

A few of their responses (14%) indicated that they were not satisfied with the help people in their traditional network offer them. The participants lamented that their welfare had been left unto the hands their nuclear family members only.

"I don't have the people to give me much care. My son had been sick for years now so I am not comfortable with the support people give me." (**65-year female, visually impaired for a year, Babile IDI**).

4.11.2 Satisfaction with the formal support services

Participants were asked whether they were satisfied with the way the government and other agencies are supporting the vulnerable including the visually impaired in the Municipality. Most of the participants (54%) reported that they were not satisfied with the formal support services due to the biases involved.

"For the government, I think they need to prioritize the needs of the vulnerable. They will bring the support and end up giving it to the wrong people. Look at this LEAP thing, people that are still strong and can work benefit while those who need the help are left out. They should be fair in registering the people, those who are disabled should be considered first. The government should try to make sure that the help they intended for the visually impaired reach them. They ask people to come and give support to the vulnerable but only God knows whether the support reaches the targeted persons." (**53-year male, visually impaired for 10 years, Babile IDI**).

"I am somehow happy but I am worried that the government had neglected me in the support they have for the vulnerable" (**55-year female, visually impaired for 2 years, Eremon FGD**).

4.12 Summary of the major findings

The study revealed numerous psychological effects that vision loss comes with such as anxiety, loneliness, dependence on others, hopelessness, loss of job and suicidal ideations. The study further found that VIPs are pleased with the support they received from the community network especially from their families but dissatisfied with what is offered by the formal sector like the government agencies and NGOs. In an attempt to access support, several drawbacks such as lack of formal education, transport difficulties, bureaucracy, discrimination, culture of reciprocity impede them. This access to support could have been facilitated by affirmative policies, being formally educated and having a strong social network. When VIPs are given adequate support, it could boost their self-esteem, safety and security and reduces their stress. However, most of the VIPs' needs in the study area such as road safety, finances and housing are not met.

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter examines the results of the current study in relation to similar studies. It begins by discussing the socio-demographic characteristics of the VIPs in comparison to other studies. It then goes on to highlight the sources and forms of formal and community social supports services, the psychological implications of visual loss, satisfaction with social support, barriers and facilitators of social support, health benefits of social support and unmet needs of the VIPs. The discussions are based on the assumptions set by the social support theory and conceptual framework that were central in carrying out the research study.

This study sought to explore the social support and psychological implication of visual loss among the visually impaired persons in Lawra Municipal. The study considered the blind and partially sighted as people with visual impairment per WHO (2007) description. It was however limited to only conditions of visual impairments as VIPs with other disabilities were exempted from the study.

5.2 Socio-demographic characteristics of participants

Among the participants in the study, most of them were females. Similar sex composition among visually impaired persons had been found in many studies in Ghana (Adam, 2018; GSS, 2014b; Nuertey et al., 2020; Tetteh et al., 2020; Wiafe, 2015). Most of the participants interviewed in this study have never been to school. This is consistent with what had been reported in other literature (Badu et al., 2016; Shandra, 2017) supporting the fact that people with disabilities have lower levels of education than those without disabilities.

5.3 Psychological implications of vision loss

Anxiety was elicited as one of the psychological effects of visual impairment. This is evidenced in previous studies that VIPs worry a lot in going by their daily activities (Papadopoulos et al., 2014; Tetteh et al., 2020). A study however found that the feeling of fear and worries is a coping strategy among VIPs (Sturrock et al., 2015). The findings further revealed dependency as another psychological implication that plagued VIPs. This corroborates what had been reported in a study by Stevelink et al. (2015) which stated that people struggled with an increased level of dependence on others, and loss of freedom after vision loss.

The feeling of loneliness was often mentioned by the participants. Hodge et al., (2013) also reported that VIPs were struggling with feelings of isolation and loneliness. The study further established an association between loneliness and reduced satisfaction with life confirming report a study among adults with visual impairment in Norway (Brunes, Hansen, & Heir, 2019).

Some participants narrated that they have been traumatized psychologically because they lost their job because of the visual impairment. They recounted how their dreams have been tamed by the impairment because they cannot work again to raise money for themselves. This is congruent with the findings of a study by Naami & Mfoafo-M'Carthy (2020) that disabled persons are more likely to lose their jobs and job-related benefits.

The analysis in the study also reveals that the VIPs were depressed and feel hopeless in life. Similar evidence was established in a study in Ghana (Opoku et al., 2018). Likewise, Tetteh et al. (2020) found an association between depression and visual impairment. Some of the participants indicated they were left with no hope regarding their expectations in life after

becoming visually impaired. Many felt that their future had been blurred because their sight was a key modality to achieving their goals in life.

The findings of this study show incidences of suicidal ideation among the participants. Some participants felt that it would have been better for them to die than to be alive and go through the hardship associated with vision loss. Hodge et al.,(2013) also reported a link between visual impairment and increased risk of suicide. Another study in Ghana reported that experiences associated with vision loss influenced some VIPs to have suicidal thoughts to end their pain and hunger (Tsiboe, 2020).

In addition, this study found traumatic stress as one of the common psychological problems reported by the participants. The feeling of stress was due to the visual loss as well as pressure society mounted on the VIPs to fulfill some cultural responsibilities such as marriage and childbirth. This finding is in congruence with a previous observation that older adults with visual impairment may be worried about their condition and the inconveniences they have to live with, which makes them feel sad and lose interest in most things they usually enjoyed such as personal relationships and work or hobbies/recreation (Tetteh et al., 2020).

5.4 Sources and forms of social support

Submissions made by the participants revealed that the support they receive come from two main sources. Formal support sources are entities that provide help to VIPs in accordance with established policies or obligations and usually need legislative approval before implementation. Per their narratives, these supports are mostly financial and health service oriented in nature. Others sources, sometimes termed as informal support sources, are from the community network

of VIPs, and they do not operate with any form of strict guidelines or legal documents. The community network in addition to what is provided by the formal sources offer material, informational, emotional, and spiritual support services to VIPs.

5.4.1 Formal support sources and services

With regards to the sources of formal support service, participants mentioned NHIA, DACF, LEAP and NGOs. This confirmed what Agyire-tettey & Naami (2019) reported in the study among persons with disability in Suhum, Ghana.

This study noticed that all the participants are aware that the government provides a financial cushion to vulnerable people in the municipal in general including the VIPs under the LEAP program in Ghana. This program is within the social protection agenda where social assistance in the form of cash transfers on a small monthly allowance is given to a defined group, such as those considered poorest, older people, or persons with disabilities (Dako-Gyeke, 2013). Participants who are beneficiaries of the LEAP program confirmed that they use the support to buy food, pay children school fees, access health care, etc. Several evidences from similar programs in Latin America, Africa, Asia, and the Middle East per Schjødt (2018) annotated bibliography shows that such cash transfers can improve nutrition, health, and access to education for recipients and their households. The findings also highlighted how the LEAP program operates with biases and inconsistencies in terms of the irregularity of payments, low coverage, and discriminative criteria in enrolment of beneficiaries with some VIPs confirming that while they do not benefit from the program, people deemed energetic to work are rather beneficiaries. This inconsistency in the implementation process was also reported by Handa & Park (2014) on the impact evaluation of the LEAP program. The Ministry of Gender and Social Protection however acknowledged the inconsistency in some of these social protection programs especially the delivery mode, inability

to address life cycle risk (like acquired visual impairment), and coverage of eligible and prospective beneficiaries; and is determined to improve on the management, information, monitoring, evaluation, targeting, and payments of benefits (Ministry of Gender Children and Social Protection, 2015). The World Bank recommended the Ghana government to increase in LEAP coverage because it has a visible impact on extreme poverty reduction (World Bank, 2016).

Based on the study finding, few of the VIPs are aware of the Disability Common Fund and only two had stated that they benefited from this type of service. This corroborates the report by Agyire-tettey et al. (2019) stating that though the Disability Common Fund exists in Ghana, not everyone benefits or neither is the disbursement of the money regular. This is despite the fact that the National Council for Persons with Disabilities/Ghana Federation of Disability Organizations (NCPD/GFD) entrusted stakeholders to sensitize the beneficiaries (thus PWDs) on the availability and purpose of the funds such that they can be accessed (NCPD/GFD, 2010).

The current study also revealed NHIS is a formal support received by VIPs. This finding is evidenced in a study by the World Bank (Wang, Otoo, & Dsane-Selby, 2017) which delineates the NHIS as a social insurance platform for improving access to health service in Ghana. The NHIS was introduced under Act 650 in 2003 (amended in 2012 as Act 852) with the objective to promote universal access to basic healthcare through public, mutual and private health insurance schemes in Ghana (Ministry of Gender Children and Social Protection, 2015). The NHIS is funded from the National Health Insurance Fund (NHIF), a revenue derived from a 2.5% point earmarked share of VAT revenues, as well as 2.5% points of the Social Security and National Investment Trust (SSNIT) contribution, insurance premiums (for those who are not exempted), and interest earned on national financial reserves. A study by Abebrese (n.d.) established that NHIS is a form of social support for active card bearers in Ghana. However, indigent people and

beneficiaries of social protection programs (e.g. LEAP) are exempted from paying premiums (Wang et al., 2017).

This study uncovered that NGOs in the Lawra Municipality are not much involved in support services for VIPs which tallies what had been reported by Agyire-tettey et al. (2019) that NGOs operating in Suhum, the Eastern Region of Ghana do not focus on disability issues and have not had much contact with Organizations of Persons with Disabilities (OPDs). This finding is however contrary to a report by UNDP (2018) that NGOs mobilize funds from donors and grants which they used to support PWDs.

5.4.2 Community support sources and services

The study reveals that participants receive support from kin-based network, social relations outside the family, faith-based association, and traditional rulers. With regards to the kin-based network (children, spouse, parents, siblings, and other blood-based relations), study findings acknowledged the support VIPs get from the extended family but participants emphasized that the nuclear family (spouse and children) was more responsible for their well-being. Even within the nuclear family, the study shows most participants receive much of the support especially financial support from their children which mirrored a similar evidence by De Almeida Holanda et al., (2015), that the highest prevalence of support was from their study participants' children. Aside from the material and emotional support by the kin-based network as stated by participants, the provision of support such as advice, suggestions, or guidance is crucial to them in dealing with personal or circumstantial challenges. This is congruent with what Agyire-tettey & Naami (2019) reported that the family is the backbone for PWDs since they are the first point of contact with regards to supports in everyday challenges. A study among working-age adults with

acquired visual impairment in Nigeria also revealed that they receive social support from family members which includes encouragement as well as financial, moral, material, and emotional support (Bassey, 2016). Not surprisingly, Opoku et al (2018) asserted that the nature of family support predicts the quality of life of their vulnerable members.

The findings further suggested that families may be willing to support financially, but poverty could be a barrier to offering assistance. This is evidenced in the work of Opoku et al. (2018), who indicated that when the family lacks the financial resources to provide for all the family members, only the typically developing siblings are supported at the expenses of the disabled ones. The study also found that family is the first source of their health care before proceeding to the hospital when the need arises. A study among PWDs also found that the family gives health care as well as help their members with disabilities in accessing healthcare (De Almeida Holanda et al., 2015). Family members, particularly women had also been reported to provide the majority of health-based assistance to PWDs aside from health professionals at healthcare centers (Badu et al., 2016).

It emerges from the recent study that VIPs receive support from relations outside the family such as non-kin based groups (SUSU groups, associations from common professional identities), classmates, friends, and community members. De Almeida Holanda et al. (2015) also observed similar findings that relationships outside the family such as formal mates, friends, and community members provide various forms of social support. The study established that support from friends is however mostly reciprocal hence when friends foresee no benefit in helping VIPs; they feel hesitant in providing assistance. It was expected that the wide network of support sources mentioned in the study give the VIPs hope of receiving support at all times.

Papadopoulos (2015) however refuted that it is the quality of the relationships in a social network that appears to be the determining factor in getting assistance and not the size or quantity of it.

The results also suggested that faith-based/religious groups provide their vulnerable members with material, informational, appraisal, and spiritual support such as preaching words of encouragement that help them to adjust and adapt to societal pressures. The participants were of the opinion that the health of the soul was equivalent to the health of the body. Findings by Agyire-tettey & Naami (2019) also cited that religious associations provide various forms of support to PWDs. Another study in Brazil by De Almeida Holanda et al., (2015) reported that the main forms of support received by participants from religious associations were spiritual support (91.7%) and care/emotional support (41.7%). Religious institutions were mentioned to also play a crucial role in the dissemination of information in society.

Per analysis of the support systems, it is prudent to draw a conclusion that, most assistance from the community-based supports groups are usually charity-approach stimulated that treats VIPs as passive objects that need benevolent acts rather than empowering them with the rights and capacities to participate in social life and be on their own. The human rights approach would have been appropriate because it is rooted in dignity and freedom and seeks to respect, support and celebrate human diversity by creating the conditions that allow meaningful participation by a wide range of persons including the VIPs (UNDP, 2018).

5.5 Health benefits of social support

With regards to the health benefits, the findings show that social support can help form a good self-image, and promote self-esteem because affected persons feel relax to play their expected

social roles. This is in line with what had been reported by another study, that social support through social networks, promotes the happiness of individuals with visual impairments (Papadopoulos et al., 2015; Tetteh et al., 2020). The findings support evidence that the provision of adequate emotional support would serve as a buffer against psychological trauma during and after the grieving process associated with the visual impairment (Papadopoulos et al., 2014).

Additionally, adequate emotional support had demonstrated to better handled the emotional impacts (loss of confidence, social withdrawal and isolation) of visual impairment on participants' social functioning (Hodge et al., 2013). Though emotional support for the visually impaired had be found to promotes mental function, self-efficacy, mood, and quality of life, it is often neglected by current support/service providers (Barrow et al., 2018). The presence of people was considered an essential component of psychological health among VIPs. The role played by people in the provision of emotional support, affection, and safety was widely mentioned by the participants. This finding is also consistent with what Brunes et al. (2019) and De Almeida Holanda et al. (2015) found in their studies that social support helps in improving the psychological health such as self-esteem of PWDs.

5.6 Barriers to accessing social support

When reflecting on the results, it became clear in the municipality that the VIPs experienced a wide range of misconceptions people had about their impairment and their usefulness in society. The findings indicated that the VIPs are often criticized for being responsible for their predicaments. This finding validated a similar observations of previous studies that there are high prevalence of discrimination, criticism, stereotypes and biases towards PWDs (Badu et al., 2016; Bassey, 2016; Brunes et al., 2019; Ntibea, 2011; Maxwell Peprah Opoku et al., 2018;

Republic of South Africa et al., 2015; Schjødt, 2018; United Nations Development Programme, 2018). However, using unsavory language against the visually impaired contravenes Section 37(1) of the Disability Act which states that a person shall not call a person with disability derogatory names because of the disability (Ghana Disability Act, 2006).

This study reports that discrimination is a major barrier experienced by the visually impaired in an attempt to access support. This supports what had been previously stated that exclusion, discrimination, and marginalization of PWDs have become a topical issue in contemporary development discourse (Opoku et al., 2018). In Ghana, Section 4(1) of the Disability Act states that a person shall not discriminate against, exploit or subject a person with a disability to abusive or degrading treatment (ACT 715, 2006). Many governments (USA 1990; Zimbabwe 1992; Australia 1993; India 1995; Bangladesh 2001) also have legislation against disability discrimination as reported by a previous study (Isaac et al., 2010).

The study results found that transportation challenge was a major barrier reported by the participants to seeking social support. This is instituted by the rainy season standing waters, bad roads and irresponsible behavior of other road users. This finding agreed with a similar sentiment purported by previous studies (Agyire-tettey et al., 2019; Badu et al., 2016; Barrow et al., 2018; De Almeida Holanda et al., 2015) that the visually impaired faces numerous transportation challenges when attempting to access support.

Evidence suggests that lack of formal education is a complex barrier to accessing support services (Agyire-tettey & Naami, 2019; Badu et al., 2016; Opoku et al., 2018). This study is in line with their findings that not being formally educated limits access to information about

government support among the vulnerable populations, and even when they are fed with the information, they still have difficulty applying the information they have received to seek support. In addition, inadequate information flow from service providers to VIPs was commonly mentioned as a challenge that they face in accessing formal services. This finding tallies with what had been reported in another study by Agyire-tettey & Naami (2019).

It also emerged from the study that on eventually getting to the support centre, many VIPs face poor treatment from the support agents which can make them regret attempting to access the service. The attitudinal barrier was also reported by Agyire-tettey & Naami (2019) as a challenge facing PWDs in their attempt to access social support.

5.7 Facilitators to social support

The study stated some actions that facilitate the provision of social support to VIPs. The findings suggested kindness, tender-heartedness, fellow feelings, generosity, philanthropy, and religious culture as some of the precipitators to granting social support to VIPs which agreed with sentiments from another study (Barrow et al., 2018).

The study findings show that having formal education enhances one's networks and social status and in addition enlightens an individual on opportunities to seek social support. This supports study findings by Sackey (2015) purporting that education enhances self-confidence and acquisition of adequate knowledge in regarding to accessing help and helping others. The study also found that political decisions make it easier for the support services to be extended to their targets. Evidence from sources (Republic of South Africa et al., 2015; Sackey, 2015) are in line

with this finding hence the willingness of the government to offer social support facilitates the accessibility of the support services.

Though the current study reveals that the chiefs have limited social support for the vulnerable, some participants reported that the traditional authorities have the means to summon their people and enforce decisions or pass down information which adds to a similar submission in another study (Agyire-tettey et al., 2019). The study participants also narrated several sentiments pointing to the fact that the chiefs nowadays are less powerful in offering financial support but can make and enforce decisions to benefit the vulnerable in society.

According to the findings, excessive bureaucracy in the registration process of formal support services especially was a barrier VIPs encountered. Participants reported that the social welfare have to determine their eligibility and forward the information to the municipal coordinator resulting in delays in the process. This is evidenced in research a conducted by Agyire-tettey et al.(2019) which stated that institutional procedure, which relate to steps PWDs must adhere to receive institutional support, were cumbersome, compelling some to give up on seeking support.

5.8 Unmet needs of VIPs

Findings from the study unravel many unmet needs of the visually impaired population in the Lawra Municipality. These include the need for financial support, material support including farm inputs, source of information (radios), housing needs, etc. Similar needs were observed among PWDs in previous literature (Republic of South Africa et al., 2015; United Nations Development Programme, 2018). The study observed that VIPs in the Lawra municipality are likely not to be employed especially in the formal sector aggravating their poverty level. With

regards to participants' desire to be supported financially, similar evidence had been reported in a study by Opoku et al (2019) that PWDs in rural areas are impoverished and need to be given financial help to comfort them in life.

The study exposed the need for housing supports for the VIPs in the Municipality. Evidence suggest that PWDs in rural areas are more likely to live in poverty and unlikely to secure suitable accommodation hence, the need for governments to champion their right to adequate housing (Rohwerder, 2014). Another study revealed that VIPs are severely discriminated against in the housing rental market even if they could self-financed the rent (Verhaeghe et al., 2016) hence the need for prioritize their housing needs. This study agrees with previous findings by Greenwood & Smith (2015) that insufficient information and lack of awareness are barriers to seeking social support. To bridge that information gap, VIPs appealed for support with to acquire radios to help them hear timely information from the air waves.

5.9 Satisfaction with social support

The analysis revealed that participants were not satisfied with the social support rendered by the community and formal support systems. Visual impairment in general had been established to be negatively associated with satisfaction in life (Tetteh et al., 2020) and the absence of support tends to aggravate the situation. Evidence suggest that VIPs receiving support from both family and friends had better adaptation to their visual impairment, and the more social ties they had, the better their adaptation (Hong et al., 2013). Better adaptation can be measured by how satisfied VIPs are with the received support and the impact on their quality of life. Sturrock et al. (2015) study in Australia among patients with vision loss however did not find a significant association between getting support and a better vision related quality of life.

The current study revealed that though most participants were satisfied with the support rendered by their immediate family, some were disappointed in the care other people in their community offer them. Their dissatisfaction was as a result of inadequate support they receive in the form of material aids, guiding them to perform daily living activities, personal needs and relationships, and the conditions of their living places. With regards to their satisfaction with family support, evidence in a study by Opoku et al. (2018) among disabled persons in Northern Ghana found otherwise in that the families did not give PWDs adequate support to access services that would improve their lives. This study's finding is however in line with what had been found by Papadopoulos et al. (2015), that individuals with visual impairments seemed to feel satisfied with their received support, especially practical support from family. The same study also corroborates with the current findings that aside from the family, VIPs are not satisfied with the support they receive from other community support sources like colleagues, members of unions, neighbors, and therapists.

The study found that most of the participants were not satisfied with the formal support services especially financial support due to the bias involved in distributing benefits. The dissatisfaction with formal support services among visually impaired and other PWDs was also reported in several studies (Hong et al., 2013; Ministry of Gender Children and Social Protection, 2015; RSA, NDA, SASSA, & UNPPRPD, 2015). The UNDP (2018) in their Disability Inclusive Development Guidelines mentioned that PWDs are not satisfied with the social support offered them because of the several barriers they face in accessing support. Ntibea (2011) carried out a study in which it was also observed that disabled people in general are not satisfied with their lives in their communities as they feel that their quality of life is lower as compared to society as a whole.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

In this chapter, the conclusions drawn from the study are stated while recommendations are presented guided by the objectives. The limitations of the study are discussed as well.

6.2 Conclusion

The study discovered several psychological effects created by vision loss such as anxiety, hopelessness, loneliness and suicidal ideations. These adverse effects could be allayed by offering adequate social support to the VIPs in the study area. It was eminent among the VIPs that financial and support were the main formal support services they receive from entities such as NHIS, DACF, LEAP and NGOs, however these services were often mentioned to be inadequate and even shared with partiality by authorities. In the communities, they get extra support such as material, information, spiritual and emotional support from bodies such as the family, friends, religious institutions, and traditional leaders.

Several limitations such as lack of access to information, no formal education, bureaucracy, transport challenges, discrimination, criticism and culture of reciprocity impede VIPs in the study area from getting adequate support which could have been facilitated by being formally educated, as well as presence of political will and strong social networks. The level of satisfaction with community network support system was general high though mainly reliant on family members. However, majority of the VIPs were not satisfied with the formal support services from the government and other sources.

This study explored the social support and psychological implication of vision loss among VIPs in Lawra Municipality of North-Western Ghana. Though the visually impaired population would expectedly increase as population ageing continues, it was evident that adequate social support was not put in place which could enhance their living conditions and improve their satisfaction with life. There is therefore the need to scale up support services and eliminate the barriers to accessing the formal and community support services available to the VIPs in the municipality. This should be done by expanding the formal social support services as well as addressing the existing challenges VIPs face in seeking social support.

6.3 Recommendations

Based on the findings of the study, the following recommendations are being proposed:

Community level

1. Community leaders should develop and enforce regulation to ensure that all automobiles have bells/horns to improve safety on the roads.
2. Traditional authorities should sensitize families of VIPs and the community members to support and optimize the participation of VIPs in society e.g. communal work to support the VIPs in society.

Health facility level

1. Health facilities should provide regular psychological assessment and counseling services for people diagnosed with vision loss to help them adapt into society.
2. Hospitals and health centers should enforce the policy of serving the disabled especially VIPs first when they are in the queue to access services.

Government/policy level

1. The municipal assembly should support the VIPs with farm inputs every year and make provisions for those who wish to use their LEAP benefits to buy farm inputs such as fertilizers.
2. The municipal assembly in collaboration with the social welfare department of Lawra municipality should organize regular durbars and radio programs to sensitize the public on available social supports for the visually impaired such that they can be accessed.
3. Legislations and bye-laws against stigmatizing and discriminating against the VIPs should be enforced by the traditional authorities and the municipal assembly.
4. The Lawra Municipal Assembly should institute a policy that would direct health facilities to submit the particulars of anyone diagnosed with visual impairment to the social welfare center for enrolment into the LEAP program.

Recommendations for future research

1. Future research is needed to sample participants with ethnic diversity and age variations to better understand the social support and psychological implications of visual loss.
2. A research that is tailored towards understanding the unmet needs of VIPs is also need to help government develop more inclusive social support system.

6.4 Limitations of the study

Though the findings of this study provided important premises for understanding the social supports and psychological implications of vision loss, the shortfalls cannot be disregarded. The findings are only based on lived experiences of adult persons who are visually impaired, exempting those who are younger. These adults might have adapted well into society leading to

biases in their narratives. Participants may also exaggerate their experiences with the pretense that they can gain benefits from authorities. These findings cannot be generalized because the study lacks ethnic diversity; with participants being Dagaabas, all their lived experiences may be based in their culture. It is therefore recommended that future studies should sampled from different tribes and age groups to better understand the social support and psychological implications of visual loss among VIPs in Ghana.

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APPENDICES

APPENDIX A: PARTICIPANTS INFORMATION SHEET FOR FGDs

Study title: Exploring the social support and psychological implications of vision loss among VIPs in Lawra Municipal, a rural community of North-Western Ghana.

Introduction: My name is Zobazie Clement Bomweh (the Principal Investigator), a graduate student of SPH, University of Ghana. I am undertaking this study in partial fulfillment of the award of Master of Science in Applied Health Social Science Degree. You can reach me on: 0541638664 and email: zclementbomweh@yahoo.com

Background and purpose of research: Evidence shows that the visually impaired population continues to increase globally. To live an optimal satisfying life, VIPs depend on support from their social support network. Poor social support to VIPs leads to psychological stress which harms their health and well-being. Not much had been done in studying their support needs, hence the need for this study in a rural community.

Nature of research: The study would use a phenomenological approach where a cross-section of the visually impaired population would be purposefully sampled to elicit information on their lived experiences about social support rendered them in the Lawra municipal. Findings from this study would provide evidence for making decisions that could improve the health of VIPs by integrating their needs into mainstream development.

Duration / what is involved: The group discussion is expected to last between 60-90 minutes. The discussion would be in Dagaare and would be audio-recorded. To be eligible to participate, you must be above 18 years of age. If you decide to participate you will be demanded to answer questions about your socio-demography characteristics (e.g. age, sex, and marital status, level of education, religion, and occupation), and the main interaction would be based on your satisfaction with social support rendered, sources of social support, the kinds of support, psychological implications of vision loss, as well as the facilitators/barriers to accessing social support. Research assistants will do the moderating and audiotaping of the interaction.

Potential Risks: No known risks are expected in this study, but some questions may upset you. You may decide to decline answering questions that appear uncomfortable to you. Additionally, the risk of **contracting Covid-19** following contact with contaminated surfaces and an infected person is real. You would be given a surgical nose mask to put on. You will also be given alcohol hand sanitizer to disinfect your hands if you come in contact with contaminated surfaces. The

social distancing protocol would also be strictly observed to further reduce your risks of infection in this study.

Costs: You will not pay anything to participate in the study.

Compensation: The study carries no compensation if you decide to participate.

Confidentiality: Data about you would not be given to a third party. It shall be used for the sole purpose of this research work. Your names will be replaced with pseudonyms in the transcription and you will not be named in any of our reports.

Voluntary Participation/withdrawal: Participation in this research is solely voluntary and you can bow out from the study at any time without any repercussion. During the group discussion, you also have the right to decline answering questions if you find such questions discomforting.

Appropriate alternatives procedure and treatment: Participating in the study had no link to getting any support services. If you opt-out of the study, you would still receive any support service available to PWDs in the municipality and Ghana.

Feedback to participants: You may not have direct feedback from the findings. The recommendations from the study findings however would be made available to the Lawra Municipal Health Directorate for adoption to improve social support services rendered to VIPs.

Funding information: This study is self-financed by the Primary Investigator.

Sharing of participants data: Information given will only be used for this research. The Primary Investigator will own the data and only the team members of the research will have access to the data. To share the findings of this study with a wider population, it may be published in a research journal. Any such publication shall however not feature the name or identifying data of any of the study participants.

Contacts for clarification

If you have any questions about the study, you can contact any of the following:

1. Principal researcher, **Clement Bomweh Zobazie** on **0541638664/0206749838**; email address: zclementbomweh@yahoo.com

2. Study academic supervisor, **Dr. Adanna Nwameme** (**+233246168214;** email: aunwameme@ug.edu.gh)

3. The Ghana Health Service Ethics Review Committee (GHSERC) Administrator, **Nana Abena Apatu (+233503539896,** email**: ethics.reseach@ghsmail.org). NB:** The GHSERC Administrator could only be contacted on issues related to your rights to participation.

APPENDIX B: PARTICIPANT'S CONSENT FORM FOR FGDs

STUDY TITLE: Exploring the social support and psychological implications of vision loss among VIPs in Lawra Municipal, a rural community of North-Western Ghana.

PARTICIPANTS' STATEMENT

I admit that the purpose and contents of the Participants' Information Sheet had been read to me and all questions answered in a language I understand (Dagaare). I am clear with the contents and any potential risk in the study as well as my right to withdraw from the research even after I have signed this form.

I therefore agree to participate in this research as a volunteer.

Name of Participant……..

Participants' Signature ……...OR Thumb Print……

Date: …….

INTERPRETERS' STATEMENT

I explained the purpose and contents of the Participants' Information Sheet to the aforenamed participant to the best of my ability in the Dagaare language to his/her understanding.

All questions, appropriate clarifications demanded by the participant, and answers were also duly interpreted to his/her satisfaction.

Name of Interpreter……

Signature of Interpreter…….. OR Thumb Print …….....

Date: ……

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participant Information Sheet was read and explained satisfactorily to the participant in the Dagaare language.

I confirm that he/she was allowed to ask questions/seek clarifications and the same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name: ……

Signature……... OR Thumb Print …….....

Date: ……

INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the participant has been given enough information and ample time to learn and understand the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name…….

Signature …….

Date…….

APPENDIX C: PARTICIPANTS INFORMATION SHEET FOR IDIs

Study title: Exploring the social support and psychological implications of vision loss among VIPs in Lawra Municipal, a rural community of North-Western Ghana.

Introduction: My name is Zobazie Clement Bomweh (the Principal Investigator), a graduate student of the SPH, University of Ghana. I am undertaking this study in partial fulfillment of the award of Master of Science in Applied Health Social Science Degree. I can be contacted on the following at all times: 0541638664 and email: zclementbomweh@yahoo.com

Background and purpose of research: Evidence shows that the visually impaired population continues to increase globally. To live an optimal satisfying life, visually impaired persons depend on support from their social support network. Poor social support to visually impaired persons leads to psychological stress which harms their health and well-being. Not much had been done in studying their support needs, hence the need to explore the social support among persons with visual impairment in a rural community.

Nature of research: The study would use a phenomenological approach where a cross-section of the visually impaired population would be purposefully sampled to elicit information on their lived experiences about social support rendered them in the Lawra municipal.

Findings from this study would provide evidence for making decisions that could improve the health of visually impaired persons by integrating their needs into mainstream development.

Duration / what is involved: The interview is expected to last between 30-90 minutes. The discussion would be in Dagaare and would be audio-recorded. To be eligible to participate, you must be above 18 years of age. If you decide to participate you will be demanded to answer questions about your socio-demography characteristics (e.g. age, sex, and marital status, level of education, religion, and occupation), and the main interaction would be based on your satisfaction with social support rendered, sources of social support, the kinds of support, psychological implications of vision loss, as well as the facilitators/barriers to accessing social support. Research assistants will do the moderating and audiotaping of the interaction.

Potential Risks: No known are expected in this study, but some questions might be upsetting. You may however choose to decline answering questions that appear uncomfortable to you. Additionally, the risk of **contracting Covid-19** following contact with contaminated surfaces and an infected person is real. You would be given a surgical nose mask to put on. You will also be provided with alcohol hand sanitizer to disinfect your hands if you come in contact with

contaminated surfaces. The social distancing protocol would also be strictly observed to further reduce your risks of infection in this study.

Costs: You will not pay anything to participate in the study.

Compensation: The study carries no compensation if you decide to participate.

Confidentiality: Data about you would not be given to a third party. It shall be used for the sole purpose of this research work. Your name will be replaced with a pseudonym in the transcription and neither will you be named in any of our reports.

Voluntary Participation/withdrawal: Participation in this research is solely voluntary and you can withdraw from the study at any time without any repercussion. During the interview, you also have the right to decline answering questions if you find such questions discomforting.

Appropriate alternatives Procedure and Treatment: Participating in the study had no link to getting any support services. If you opt-out of the study, you would still receive any support service that is available to PWDs in the municipality and Ghana.

Feedback to participants: You may not get direct feedback from the findings. The recommendations from the study findings however would be made available to the Lawra Municipal Health Directorate for adoption to improve social support services rendered to VIPs.

Funding information: This study is self-financed by the Primary Investigator.

Sharing of participants Information/Data: Data collected will only be used for this research. The Primary Investigator will own the data and only the team members of the research will have access to the data. To share the findings of this study with a wider population, it may be published in a research journal. Any such publication shall however not feature the name or identifying data of any of the study participants.

Contacts for Clarification

If you have any questions about the study, you can contact any of the following:

1. Principal researcher, **Clement Bomweh Zobazie** on **0541638664/0206749838**; email address: zclementbomweh@yahoo.com

2. Study academic supervisor, **Dr. Adanna Nwameme** (**+233246168214;** email: aunwameme@ug.edu.gh)

3. The Ghana Health Service Ethics Review Committee (GHSERC) Administrator, **Nana Abena Apatu (+233503539896,** email**: ethics.reseach@ghsmail.org). NB:** The GHSERC Administrator could only be contacted on issues related to your rights to participation.

APPENDIX D: PARTICIPANT'S CONSENT FORM FOR IDIs

STUDY TITLE: **Exploring the social support and psychological implications of vision loss among VIPs in Lawra Municipal, a rural community of North-Western Ghana.**

PARTICIPANTS' STATEMENT

I acknowledge that I have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (Dagaare). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name of Participant……..

Participants' Signature ……...OR Thumb Print……

Date: …….

INTERPRETERS' STATEMENT

I interpreted the purpose and contents of the Participants' Information Sheet to the aforenamed participant to the best of my ability in the (Dagaare) language to his proper understanding.

All questions, appropriate clarifications sorted by the participant, and answers were also duly interpreted to his/her satisfaction.

Name of Interpreter……

Signature of Interpreter OR Thumb Print …….....

Date: ……

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participant Information Sheet were read and explained satisfactorily to the participant in the language he/she understood (Dagaare).

I confirm that he/she was allowed to ask questions/seek clarifications and the same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name: ……

Signature…….... OR Thumb Print …….....

Date: ……

INVESTIGATOR STATEMENT AND SIGNATURE

I certify that the participant was given detail information and enough time to learn and understand the study. All questions and clarifications sought by the participant were attended to.

Researcher's name…….

Signature …….

Date…….

APPENDIX E: DISCUSSION GUIDE FOR FGDs

Sub-municipal……Time start……..Time end……

Date……...

Participant #	Marital status	Educational level	Occupation	Religion	Years lived with sight loss

1) Tell us how the vision loss affected you psychologically

2) Kinds of social support sources and services in Lawra Municipality.

a) Which ways does the government support VIPs in the Municipality?

b) How do NGOs support VIPs in Lawra Municipal here?

c) Any other organization. In which ways do they help you?

3) Tell us whether you receive support from:

a) Family? In which ways do they support you?

b) Friends? In which ways do they support you?

c) Church/Mosque/Shrine? In what ways do they do they support you?

d) Chiefs and queen mothers? How do they support?

e) Any other source you can think of? What kind of support do you receive?

4) .Barriers to accessing support for VIPs.

a) What do you think are the challenges VIPs face in seeking formal services? Government? NGOs?

b) What do you think are the challenges VIPs face in seeking informal support from: Family (nuclear, extended)? Friends? Church? Mosques? Traditional rulers? Others?

5) Facilitators to accessing social support

a) What are some of the factors that encourage people to support the VIPs in society?

b) What are some of the factors that push the government, organizations, etc. to give support to VIPs?

6) How do the supports from the government, organizations, and people benefit your health?

7) Tell us the needs of VIPs in the Lawra Municipality; farming? health care? education? work? physical access? social protection benefits?

8) Satisfaction with social support

a) Tell us how satisfied you are with the support from the government and people in your social network.

b) What are the reasons for your status of satisfaction?

APPENDIX F: INTERVIEW GUIDE FOR IDIs

Sub-municipal……Time start……..Time end……

Date……...

Participant #	Marital status	Educational level	Occupation	Religion	Years lived with sight loss

1) Tell us how the vision loss affected you psychologically

2) Kinds of social support sources and services in Lawra Municipality.

a) Which ways does the government support VIPs in the Municipality?

b) How do NGOs support VIPs in Lawra Municipal here?

c) Any other organization. In which ways do they help you?

3) Tell us whether you receive support from:

a) Family? In which ways do they support you?

b) Friends? In which ways do they support you?

c) Church/Mosque/Shrine? In what ways do they do they support you?

d) Chiefs and queen mothers? How do they support?

e) Any other source you can think of? What kind of support do you receive?

4) .Barriers to accessing support for VIPs.

a) What do you think are the challenges VIPs face in seeking formal services? Government? NGOs?

b) What do you think are the challenges VIPs face in seeking informal support from: Family (nuclear, extended)? Friends? Church? Mosques? Traditional rulers? Others?

5) Facilitators to accessing social support

a) What are some of the factors that encourage people to support the VIPs in society?

b) What are some of the factors that push the government, organizations, etc. to give support to VIPs?

6) How do the supports from the government, organizations, and people benefit your health?

7) Tell us the needs of VIPs in the Lawra Municipality; farming? health care? education? work? physical access? social protection benefits?

8) Satisfaction with social support

a) Tell us how satisfied you are with the support from the government and people in your social network.

b) What are the reasons for your status of satisfaction?

APPENDIX G: CODEBOOK 1

Name	Files	Ref.	Created on	Created by
Sources of social support	1	1	29-Dec-21 6:54 AM	ZC
Formal social support	1	1	29-Dec-21 6:54 AM	ZC
NHIS	17	40	29-Dec-21 6:56 AM	ZC
LEAP	1	1	29-Dec-21 6:56 AM	ZC
Yes	15	24	29-Dec-21 6:56 AM	ZC
No	9	23	29-Dec-21 6:56 AM	ZC
Disability common fund	3	5	29-Dec-21 6:57 AM	ZC
NGOs support	1	1	29-Dec-21 6:57 AM	ZC
Yes	2	4	29-Dec-21 8:57 AM	ZC
No	19	33	29-Dec-21 8:57 AM	ZC
Community support	1	1	29-Dec-21 6:55 AM	ZC
Chiefs and queen mothers support	1	1	29-Dec-21 7:02 AM	ZC
No	16	19	29-Dec-21 8:57 AM	ZC
Yes	5	6	29-Dec-21 8:56 AM	ZC
Kin-based support	1	1	29-Dec-21 6:58 AM	ZC
Appraisal support	3	3	29-Dec-21 7:05 AM	ZC
Cash remittance	13	17	29-Dec-21 7:04 AM	ZC
Emotional support	7	7	29-Dec-21 7:11 AM	ZC
Information support	19	22	29-Dec-21 7:05 AM	ZC
Material support	25	44	29-Dec-21 7:03 AM	ZC
No support	5	7	29-Dec-21 8:44 AM	ZC
Religious and faith based support	1	1	29-Dec-21 7:01 AM	ZC
Appraisal support	7	12	29-Dec-21 7:09 AM	ZC
Emotional support	5	6	29-Dec-21 7:10 AM	ZC
Financial support	4	4	29-Dec-21 8:54 AM	ZC
Information support	9	10	29-Dec-21 7:07 AM	ZC
Material support	14	17	29-Dec-21 7:08 AM	ZC
Spiritual support	11	17	29-Dec-21 7:08 AM	ZC
Social relation outside the family	1	1	29-Dec-21 6:59 AM	ZC
Appraisal support	9	11	29-Dec-21 9:59 PM	ZC
Emotional support	6	8	29-Dec-21 7:17 AM	ZC
Financial support	9	16	29-Dec-21 7:15 AM	ZC
Information support	10	15	29-Dec-21 7:15 AM	ZC
Material support	4	5	29-Dec-21 7:13 AM	ZC
Barriers to formal social support	1	1	29-Dec-21 7:24 AM	ZC
Transportation barriers	16	24	29-Dec-21 7:25 AM	ZC
Bureaucracy	14	22	29-Dec-21 7:25 AM	ZC
No formal education	18	23	29-Dec-21 7:26 AM	ZC
Lack of information	17	23	29-Dec-21 7:26 AM	ZC
Bad attitude	1	11	29-Dec-21 7:28 AM	ZC
Political influence	9	13	29-Dec-21 7:34 AM	ZC
Weak association	4	5	29-Dec-21 6:39 PM	ZC

APPENDIX H: CODEBOOK 2

Name	Files	Ref.	Created on	Created by
2 Barriers to community support	1	1	29-Dec-21 7:29 AM	ZC
Criticism	7	10	29-Dec-21 7:30 AM	ZC
Discrimination	12	14	29-Dec-21 7:30 AM	ZC
Family dispute	5	6	29-Dec-21 7:31 AM	ZC
Reciprocity and mutual exchange	14	18	29-Dec-21 7:32 AM	ZC
Fewer networks	11	18	29-Dec-21 7:33 AM	ZC
3 Psychological impacts of visual loss	1	1	29-Dec-21 7:35 AM	ZC
Anxiety	10	14	29-Dec-21 7:35 AM	ZC
Dependency	22	44	29-Dec-21 7:36 AM	ZC
Health conditions	3	4	29-Dec-21 7:37 AM	ZC
Loneliness	13	17	29-Dec-21 7:38 AM	ZC
Loss of job	6	9	29-Dec-21 7:38 AM	ZC
Depression and hopelessness	18	20	29-Dec-21 7:40 AM	ZC
Suicidal ideation	11	12	29-Dec-21 7:40 AM	ZC
Worrying	17	21	29-Dec-21 7:41 AM	ZC
Satisfaction with social support	1	1	29-Dec-21 7:43 AM	ZC
Satisfied with community support	21	36	29-Dec-21 7:44 AM	ZC
Dissatisfied with community support	8	12	29-Dec-21 7:45 AM	ZC
Satisfied with formal support	8	13	29-Dec-21 7:56 AM	ZC
Dissatisfied with formal support	21	27	29-Dec-21 7:57 AM	ZC
Health benefits of social support	1	1	29-Dec-21 7:59 AM	ZC
Gain self esteem	20	23	29-Dec-21 8:00 AM	ZC
Safety and security	19	33	29-Dec-21 8:00 AM	ZC
Stress reduction	18	38	29-Dec-21 8:01 AM	ZC
Facilitators of social support	1	1	29-Dec-21 8:03 AM	ZC
Charity actions	12	17	29-Dec-21 8:04 AM	ZC
CSOs	1	1	29-Dec-21 9:39 PM	ZC
Education	15	26	29-Dec-21 8:04 AM	ZC
Government policies	10	15	29-Dec-21 8:05 AM	ZC
Networking	1	1	29-Dec-21 8:05 AM	ZC
Politics	17	28	29-Dec-21 8:05 AM	ZC
Tradition and norms	23	33	29-Dec-21 8:06 AM	ZC
Unmet needs VIPs	2	2	29-Dec-21 8:07 AM	ZC
Education support for VIP children	17	26	29-Dec-21 8:13 AM	ZC
Financial support	13	19	29-Dec-21 8:15 AM	ZC
Health support	7	7	29-Dec-21 8:15 AM	ZC
Housing needs	9	13	29-Dec-21 8:16 AM	ZC
Provide them with radios	5	6	29-Dec-21 8:17 AM	ZC
Farm inputs support	13	18	29-Dec-21 8:18 AM	ZC
Material supports	15	18	29-Dec-21 8:19 AM	ZC
Road safety for VIPs	4	6	29-Dec-21 9:04 AM	ZC

APPENDIX I: WORD FREQUENCY QUERY RESULTS

Word	Length	Count	Weighted Percentage (%)
support	7	463	4.29
help	4	268	2.48
get	3	247	2.29
people	6	242	2.24
government	10	232	2.15
social	6	155	1.44
years	5	127	1.18
participant	11	126	1.17
also	4	105	0.97
family	6	104	0.96
give	4	103	0.95
money	5	103	0.95
church	6	99	0.92
friends	7	90	0.83
blind	5	89	0.82
know	4	87	0.81
receive	7	79	0.73
barriers	8	77	0.71
seeking	7	77	0.71
see	3	74	0.69
now	3	62	0.57
think	5	61	0.56
impaired	8	59	0.55
visually	8	58	0.54
come	4	57	0.53
care	4	54	0.50
mosque	6	54	0.50
children	8	53	0.49
home	4	53	0.49
psychologically	15	50	0.46
information	11	49	0.45
food	4	45	0.42
times	5	45	0.42
vulnerable	10	45	0.42
society	7	43	0.40
chiefs	6	42	0.39
formal	6	42	0.39
non	3	42	0.39
things	6	42	0.39
farming	7	41	0.38
take	4	41	0.38

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

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My Ref. GHS/RDD/ERC/Admin/App 21/416
Your Ref. No.

8th October, 2021

Zobazie Clement Bomweh
C/o Nandom St. Theresa's Hospital
P. O. Box 15, Nandom
Upper West

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC 038/08/21**
Study Title	Exploring the social support among persons with visual impairment in Lawra Municipality, a rural community of North-Western Ghana
Approval Date	8th October, 2021
Expiry Date	7th October, 2022
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
Dr. James Akazili
(Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra