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PSYCHOLOGICAL EXPERIENCES OF VISUALLY IMPAIRED STREET BEGGARS

BY

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DECLARATION

This is to confirm that this thesis is the final product and a true reflection of a research conducted by **Zulfawu Ibrahim** in pursuant of an award of MPhil. Degree in Clinical Psychology at the Department of Psychology, University of Ghana. This thesis was supervised by Dr. Kwaku Oppong Asante and Dr. Annabella Osei-Tutu. This thesis has not been presented in whole or in part to any other institution or university and the ideas of other persons used in this study have been duly acknowledged.

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DEDICATION

I also dedicate this thesis to my family particularly my mum, Hajia Oswatu, and Jamal Abdul Rahman for their continued support and contributions towards my personal and academic development.

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ABSTRACT

The act of street begging has been associated with some challenges such as accidents, harassment, low self-esteem and others. Limited studies have actually focused on persons with disabilities involved in street begging in Ghana despite the distress resulting from interactions of these experiences. Therefore the aim of this study was to understand the psychological experiences of visually impaired street beggars in Ghana. The study employed a qualitative approach specifically phenomenology to understand their lived experiences. Twenty-five (25) participants (visually impaired street beggars) were purposively sampled from three (3) busy streets in the Greater Accra region of Ghana. Participants were interviewed using a semi-structured interview guide and data collected was analyzed using Interpretative Phenomenological Analysis (IPA). The results of the study showed that visually impaired street beggars experienced personal losses such as job, relationships and hobbies with vision loss which resulted in negative emotions such as sadness, fear and anger. Further, the findings also revealed that participants took certain defense actions with the hope of regaining their sights. In addition, the results also showed that participants experienced daily challenges with the vision impairment and street begging. However, support from family, public, other visually impaired beggars, and spiritual beliefs were important factors that helped visually impaired street beggars to adjust to stressful experiences.

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LIST OF ABBREVIATIONS

CDT	Critical Disability Theory
ECH	Ethics Committee of Humanities
IAPB	International Agency for Prevention of Blindness
IPA	Interpretative Phenomenological Analysis
JHS	Junior High School
PWD’s	Persons with Disability (s)
SHS	Senior High School
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Vision impairment has been recognized as a global health problem imposing challenges in areas such as educational, occupational, and social life. The effect of vision impairment does not only affect the persons who may be at risk of behavioral, psychological challenges but also causes large social and economic loss to the country (Ansah, 2017). The World Health Organization (WHO) defines visual impairment as presenting visual acuity that is worse than 6/18, but better and equal to 3/60 or a corresponding visual field loss of less than 20 degrees around the central fixation in the better eye with presenting optical correction if any (Pascolini & Mariotti, 2011). Vision impairment can be due to conditions such as diseases, trauma, congenital or degenerative. However some of these conditions can have a minor effect while others can be severe.

According to WHO (2017) global report, in 2010 the number of people visually impaired was estimated to be 285 million, of whom 39 million were blind and 246 million having a low vision. The report also indicated uncorrected refractive errors and cataract; 43% and 33% respectively as the main causes of visual impairment. Although Africa is reported to have 11% of the world's population, it has a significantly higher percentage with approximately 19% of the world's blind population and vision impairment than other continents (IAPB, 2010). In an effort to eliminate avoidable blindness, the World Health Organization (WHO) together with International Agency for the Prevention of Blindness (IAPB) launched VISION 2020: The Right to Sight, on 18th February, 1999. The global initiative is to create awareness of preventable blindness so as to achieve the goal of eliminating avoidable blindness by 2020 and increase access to comprehensive eye care services (WHO, 2005). Consequently, there has been a decrease over the years in the prevalence of vision impairment worldwide since 1999 (WHO, 2017).

A recent national study conducted in 2017 indicated the prevalence of blindness and visual impairment in Ghana to be 0.74% and 1.07% respectively (Kumah et al., 2018). The report also indicated the main causes of visual impairment to be refractive error (44.4%), followed by cataract (42.2%). However prevalence of visual disability seems to be higher rural areas than urban regions (Ghana Statistical Service, 2014). Lack of access to eye care services in the rural regions could possibly be one of the reasons that accounts for the uneven distribution of the prevalence of visual disability in Ghana (Ghana Health Service, 2013). Also, majority of costs regarding eye care services are covered by National Health Insurance Scheme (NHIS) but some conditions or items such as medicines, optical devices are not inclusive (Ghana Health Service, 2013). Therefore persons with vision problems in Ghana tend to resort to self – medication and traditional methods such as breast milk, sea water, herbs, and these activities also contribute to the high prevalence of visual impairment (Asantewaa et al., 2017). Consequently, these practices worsen the condition resulting in delay of treatment. However, in June, 2018, Ghana was declared by WHO as the first country in Sub-Saharan Africa to eliminate Trachoma which is two years before the global elimination target of 2020 (Ministry of Health, Ghana, 2018).

People with disabilities are more likely to be poor due to lack of education and employment opportunities because of barriers in areas such as social, architectural, transportation, institutional and information (Naami et al., 2012; Afoakwah & Dauda, 2016) and among them visually impaired persons are most likely to be unemployed (Sightsavers

International, 2012). Ntibea (2011) also reported persons with disabilities in Ghana hold the belief that they cannot work or support themselves because of their disabilities and engage in street begging for income to survive. Begging is one of the highly socio-economic problem that is seen globally especially in developing countries. As Oluwole (2016) reported reasons why physically disabled people in Nigeria resort to begging and among them included physical defects, economic problems, broken home, lack of skill for gainful employment, homelessness, chronic diseases, abandonment and old age. Begging can be defined as the practice of appealing to others for favor, which could be in the form of gifts such as money, clothes or food without expecting a refund or reciprocal act (Bukoye, 2015).

In the eighteenth century, begging in London was illegal and offenders were subjected to several punishments such as whipping, imprisonment with hard labor, and removal (Hitchcock, 2005). Many states in America have also criminalized street begging as authorities view it to be threatening and unsafe to the citizens. In contrast, a report by Dromi (2012) showed a different reflection of views of citizens from selected states in America. The results revealed treatment of beggars by passers-by as value driven rather than a public threat. Whereas in India, begging has been reported to be tolerated and even to some extent encouraged due to the country’s socio-economic problems (Malik & Roy, 2012). In Ghana however, begging is illegal and this act is to help establish institutions that will address issues related to deprived persons. Offenders are guilty on sentence to a fine or imprisonment not exceeding three months or to both (Kassah, 2005). On the other hand these institutions are facing challenges due to poor infrastructure and information, improper documentation systems, and lack of coordination in terms of planning of initiatives (Ghana Statistical Service, 2014). Consequently, despite the act of begging being illegal, persons with disabilities (PWD's) including visually impaired are still found begging on the street.

1.2 Problem Statement

The experience of being visually impaired and street begging can have its burden on the psychological well-being of visually impaired street beggars. There are enormous literature that have negatively linked vision impairment with psychological well-being (Kempen et al., 2012; Zeeshan & Aslam, 2013; Brunes et al., 2015; Amedo, 2016; Augestad, 2017) Chronic physical illnesses generally are most likely to result in psychological distress if not well managed. According to Tuttle (1987), adjustment is the process of responding to life's demands with the added stress of a visual impairment. It is extremely difficult to adjust to loss of vision especially after being a sighted person for most period of life. There is expression of cognitive, emotional, behavioral and social responses to the vision loss (Pinquart & Pfeiffer, 2011; Kempen et al., 2012; Stevelink et al., 2015).

Persons affected mourn their vision loss and other related losses such as their jobs, independence, interest activities, and they may experience some grief which includes denial, anger, depression, bargaining and acceptance (Schilling& Wahl, 2006). Moreover, vision loss has also been reported to be one of the major causes of negative psychological well-being and this is usually due to limitations of performing tasks (Hinds et al, 2003; Pak, 2007). Therefore difficulty in adjusting to the vision loss may become a secondary burden to the visually impaired which can reduce the quality of life (Stevelink et al., 2015). A related study in Ghana examined psychological well-being of glaucoma patients and found significantly higher levels of depression, anxiety and stress (Eshun, 2015).

Further, research findings have established the link between social support and psychological well-being of persons with stressful life events such as chronic vision loss (Cimarolli & Boerner, 2005; Reinhardt et al., 2006). Kempen et al. (2012) reported that older persons with vision impairment benefitted more social support particularly in problem situations as compared to the general older population as well as those with other chronic conditions. They explained that associated physical and mental health problems with vision impairment may be the reason provoking social interactions for persons with vision impairment. Gottlieb (2000) defines social support as the process of interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychosocial resources. Schaefer, Coyne, & Lazarus (1981) described five types of social support: emotional, esteem, network, informational and tangible.

Emotional support which is communication that meets an individual's emotional or affective needs. They are affections of care and concern which do not directly solve a problem but helps to elevate an individual's mood. These expressions such as telling someone, "you are not alone" or "you mean a lot to me" helps to make one feel being cared for and appreciated. Esteem support which refers to communication that strengthens an individual's beliefs in their ability to handle a problem or perform a needed task. This involves encouraging one to take certain actions in solving a problem or achieving a goal. For example you may keep reminding a friend who failed a paper of how good and capable she is, so that she re-takes the paper again. This reminder is to increase your friend's confidence and reduce her feelings of stress. Network support deals with communication that reminds people that they are not alone in whatever situation they are facing. It reminds one that there are people available to help when one encounters any stressful situation. For example, reminding a friend that she has friends who are willing to help her study to pass a previously failed paper. Informational support is communication that provides useful or needed information to make decisions especially when facing challenging situations. When an individual is faced with difficult events, knowing and understanding details about the event helps to decrease stress; whereas there can be increase in stress when the individual is ignorant about the stressful situation. An individual who is diagnosed of a chronic illness such as vision loss would need all the information about the condition and any possible treatment option from the providers. Lastly, tangible support which is any physical assistance provided by others and this could range from material goods or actions to help them in challenging situations. This form of support does not necessarily involve much communication but actions. Some of these actions may include helping to prepare a meal, driving a sick person to the hospital, paying school fees or rent.

Disabilities, such as visual impairments, may affect the quality of relationship with family members and friends; at the same time these relationships play an important role in coping with the disabilities (Cimarolli, 2006). Consequently persons with vision impairment may have difficulty in relating to the outside world which could result in psychosocial maladjustment (Kef, 2002; Tunde-Ayinmode, 2011). Social support might be important for persons with vision impairment especially in the periods of early to middle adulthood. For example Boerner (2005) indicated that these are critical periods where individuals hope to achieve some important milestones in their lives such as education, employment, marriage, parenthood, and managing their households. However, some studies in Ghana have reported disabled persons being killed at birth and those who are not grow up to be stigmatized. Also some parents hide their disabled children from the public and deny them parental love and support (Asamani, 2000; Avoke, 2001; Agbenyega, 2003). These results in the ostracizing of PWD’s by their family members; and refusal to provide financial support to PWD's for their educational purposes because they believe it is waste of resources (Kassah, 2008; Baffoe, 2013; Opoku et al, 2015).

Street begging on the other hand has also being reported to elicit stigma from the public as beggars are perceived to be lazy, dependent, and nuisance. A report by Mudanssir, (2010) indicated that street beggars are normally stigmatized along with their family members. However despite the negative societal reaction to the act of begging; Kassah (2008) reports that, begging seems to provide beggars with all the good feelings associated with work in Ghana. Consequently, the act of begging on the street poses risks to the beggars such as being hit by moving vehicles, harassment and sexual abuse of female beggars, exposure to harsh weather conditions, among others (Mortimer, 2005; Kongoley, 2017). In addition street beggars could also be at the risk of experiencing some psycho-social challenges as Ojo and Beson, (2017) report included inferiority complex, lack of social interaction, loss of self-respect and dignity, increased mindset of poverty and loss of self-confident.

It is interesting to note that although several studies in Ghana have been conducted on PWD's (Avoke, 2002, Agbenya, 2003; Appiah, 2006; Mahama, 2012) only few (Kassah, 2008) have examined PWD's also involved in street begging despite the fact that interaction of these experiences could have negative impact on the individual as it has been reported above. It is for this reason that this study seeks to study visually impaired street beggars which will not only fill gap in literature but also explore subjective feelings attached to their conditions, family and social support network available and how they deal with them.

1.3 Aims and Objectives

The main aim of this study is to explore and understand the psychological experiences of the visually impaired street beggars in Ghana. The objectives for this study are:

- To understand the subjective feelings of being visually impaired
- To understand societal stigma experienced by visually impaired street beggars
- To explore the types of social support received by visually impaired street beggars
- To explore the coping strategies of visually impaired street beggars

1.4 Relevance of the Study

Formulation of good policies relies on the availability of relevant information. Therefore, it is hoped that results of this study will provide appropriate information on the psychological experiences faced by visually impaired street beggars and its impacts on their lives which can help direct policies. It is also anticipated that the study would help create public awareness on the employment needs and expectations of visually impaired street beggars. It is anticipated that the results of this study would have a positive impact on changing people’s negative attitudes about the visually impaired street beggars. In addition, findings from this study will also make recommendations that will be valuable for future research on vision impairment and street begging and its effects on quality of life. This will be a valuable contribution to literature since this study will provide additional data on visually impaired street beggars.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is introduced by presentation of theoretical frameworks: Critical Disability Theory by Max Horkheimer (1937) and Stress and Coping model by Lazarus and Folkman (1984); which were used to guide the study. Since this study was conducted among visually impaired street beggars, it is followed by presentation of literature concerning psychological wellbeing specifically in areas such as adjustment, depression, anxiety, and social support. Also factors contributing to street begging among PWD's including visually impaired is presented. This chapter further introduces the rationale and research questions developed for the study. Finally, the operational definitions of terms used in the study were explained.

2.2 Theoretical framework

2.2.1 Critical Disability Theory

The Critical Disability Theory (CDT) first proposed by Max Horkheimer (1937) was developed from the critique of the traditional theory of disability, which served to focus on the limitations of disabilities shaped by society's assumptions and this resulted in oppression and infringement of rights. According to Horkheimer (1937), in traditional theory, the researcher is an observer who describes the world as it is without having a relationship with the thing being under study. However, Horkheimer's Critical Disability theory understood both the researcher and the thing being examined by engaging in an interactive relationship (Hosking, 2008). Goodley (2011) argues that society produces differences between disabled and non-disabled people and these are politically motivated for dominance. Hence, Critical disability theory's main aim is to identify the problems in society about disability, identify the actors to change it, criticize and provide goals for social transformation (Bohman, 2005). This study will adopt five elements out of seven propounded by Hosking (2008). They are: the social model of disability, valuing diversity, rights, voices of disability, and language. These selected elements will help in understanding the perception PWD's attached to their condition.

a)Social model of disability

The medical model has being the dominant paradigm for disability throughout most of the 20th century. It views disability as a feature of the person, directly caused by the disease, trauma or other health condition, which requires medical care provided in the form of treatment by professionals. In contrast, critical disability theory adopts a version of the social model based on the views that disability is a social construct rather than impairment. It is the interaction of impairment, subjective perception and response of the individual, the society's assumptions and the institutional neglect of PWD's. Critical disability theory thus recognizes the need to consider both personal and social factors when trying to understand disability, without making one aspect dominant over the other (Hiranandani, 2005).

b) Valuing diversity

Society is created by different individuals and groups with different philosophies and demographics. One fundamental value is to acknowledge and respect these differences and accepting the uniqueness of everyone. This helps to remove prejudice and stigmatization and helps spread equality. Race, gender, sexual orientation, ethnicity, physical abilities, religious affiliations are all differences to which society needs to recognize (Hosking, 2008). With disability, it should be recognized and not regarded as irrelevant. Recognizing and accepting it as part of us with respect helps to welcome people with disability and involve them in important decision making.

c) Rights

The rights of disabled persons are very important in their lives as the experience of being disabled and socially rejected is difficult. CDT argues for the respects of rights of PWD's as this promote their full integration in society. It allows for social autonomy and full participation in decision making in society. When rights of PWD's are acknowledged and respected it makes them feel competent and promotes equality and accessibility of resources.

d) Voices of disability

Traditionally, the voices of disabled people have been suppressed and marginalized (Hosking, 2008). PWD's are mostly viewed with their limitation while ignoring their strengths which consequently influences how they think and feel about themselves. It is normally assumed that PWD's cause social and financial burden than they being accepted and being proud of. Hosking (2008) argues that rather than listening to PWD's, able bodied people think of them from their own perspective. However, it is only by listening to them and valuing the perspectives of the disabled persons that one can understand that disability is not an inability.

e) Language

CDT also proposed how language influences the concept of disability and the status of disabled people (Hosking, 2008). What people say about and to the PWDs affects the way they are perceived and this, in turn, affects their identity and behavior. Mahama (2012) reported that in Ghana for example, Dagombas distinguish three kinds of disability using the terms nandamba (the vulnerable), nammo (the alienated) and binan (not human). Avoke (2002) also reported that among the Ewes, people with 'intellectual disabilities' are referred to as 'Susudidivi', meaning the child with reduced mental functioning, and 'Asovi', meaning a fool or an idiot, and descriptively as 'Tagbomadetowo' suggesting reduced intellectual abilities. The Gas, another tribal group simply calls them 'buluu', which means 'fools' (Avoke, 1997 cited by Mahama, 2012).

Critical Disability theory has been able to highlight how societies construct ideologies towards disabilities and its consequences resulting in oppression and marginalization. This enabled the interest in research and theories around disability. CDT also challenged for the de-construction of differences or binary distinctions in society as this create some form of hierarchy between disabled and non-abled persons. However, the theory has been criticized on some grounds; Vehmas and Watson (2014) argued that in order to secure better treatment and arrangement for PWD's there is the need to recognizing impairment in our societies. They also pointed out that these categories guide us to know what to do, and services that will help PWD's to be included in social participation. The differences help us to know their limitations and the resources that would help them. Wolff (2009) stated that 'anti-discrimination policy needs to identify a group to be protected'. Recognition of impairment is also crucial regarding legislation and policy that aim to protect disabled people against discrimination.

Also another critique has to do with the fact that acknowledging impairment as a form of human diversity does not necessarily mean that one is seeing them to be insignificant. When people prefer not to have impairments, it is because they believe that it will prevent them from doing activities as they wish to or faring well in general and not necessarily because they view impairment as inferior (Shildrick, 2012). Therefore CDT only criticizes without establishing practical guidelines on how to tackle problems faced by PWD's. Despite the weaknesses that were highlighted above, their strengths however supersede the limitations and help to explain the phenomenon under study. CDT helps to understand how society constructs meanings towards disability and also contributes to this study by encouraging the researcher to engage in a relationship with the participants and give them the opportunity to voice out their experiences.

2.2.2 Stress and Coping Model

The transactional model of stress and coping (Lazarus & Folkman, 1984) was another framework that guided the study. It is built by the assumption that stress does not reside from the individual alone or from the situation but rather interplay between the two; hence stress is person-situation interaction (Zakowski et al., 2001). This model takes into consideration an individual's subjective interpretation of stressful events or life changes. The thoughts and emotions we have about impending threats or stressors, the emotions we attach to them, and actions taken to avoid them can either increase or decrease the impact of the stressors. There are two critical processes that mediate this person-environment transaction and they are cognitive appraisal and coping. Cognitive appraisal is an evaluative process where the person determines the extent to which the stressor is significant and its possible outcome (Holland & Holahan, 2003). The theory also categorized cognitive appraisal into three processes: primary, secondary and re-appraisal. Primary appraisal entails evaluation of a situation as being significant or stressful and these appraisals can take three forms: harm/loss refers to damage that has already occurred; threat is anticipation of harm that may happen; challenge is events that a person feels they can master. Secondary appraisal is concerned with coping strategies where the person evaluates benefits and consequences of a particular option with respect to the person's interest.

Re-appraisal is successive valuation of the new information that is obtained from the environment and or person during the situation.

Coping is defined as constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984). Coping strategies are not stable but instead a set of acts that are organized and applied to match particular conditions (Mitchell, 2004). From this theory's perspectives, there are two types of coping: emotion-focused and problem focused. Emotion-focused coping targets internal emotional states where the individual evaluates or appraises the situation and feels they have limited personal resources to alter the stressful situation. This type of coping helps to regulate unpleasant feelings and examples include wishful thinking, isolation, and distancing. Whereas problem-focused coping are strategies used to alter or resolve a stressful situation. This form of coping includes planning, and learning new skills or behavior. However both problem and emotion-focused coping strategies can be employed to some extent in the same stressful situation. In relation to this study visually impaired street beggars adopt different coping strategies to adjust to stressful situations they may experience.

2.3 Review of related studies

Aside the theories explained above, this section also focuses on various studies and results that helped the researcher in clarifying the possible effects of the concepts considered in this study as well as helping develop the research questions.

2.3.1 Adjustment and emotional well-being

Vision loss can be a traumatic experience to the individual as this could result in psychological distress (Hong et al., 2013). Loss of vision can lead to a range of emotions from feelings of loneliness, anger, depression and anxiety. Vision impairment has been found to be associated with significantly poorer basic behaviors such as self-care, and activities of daily living. This is because vision is a critical requirement for such behaviors (Burmedi et al., 2002 & Wahl et al., 2012). Similarly, in a comparative study in Netherlands, Kempen et al. (2011) reported that older persons with vision loss experience poorer levels of functioning in daily activities, feelings of depression and anxiety compared to the general population as well as older adults experiencing other chronic conditions. There is also evidence that have linked vision impairment with diminished psychological well-being as compared to adults without any sensory impairment (Horowitz & Reinhardt, 2000). This is likely because performance of daily activities and social relationships mediate between vision loss, depression and well-being (Schilling et al., 2011).

Adjusting to the vision loss can impact negatively to emotional and physical functioning as individuals may experience difficulty in performing tasks that were used to be executed without much difficulty which can affect quality of life (Brenan, 2004). A study conducted by Tunde-Ayinmode et al. (2011) compared two groups of people living with vision impairment in Nigeria: a subgroup of blind people living in a sub-urban area of the town (SBC group) and another belonging to a blind people association in the town (BA group). The results showed some degree of maladjustment among the two groups in the psychological domain based on a relatively high rate of probable psychological morbidity, and an even higher rate for the SBC group. A recent study in Ghana also examined vision impairment on quality of life. Findings from the study demonstrated that visual impairment is associated with a significant decrease in quality of life in domains such as physical, psychological, social as well as environmental. The decrement in quality of life was greatest in the environmental domain which indicates that visual impairment greatly affects our capacity for work, ability to get around and dependency on medication (Amedo et al., 2016)

Additionally, disabilities could result in restrictions in maintaining social roles including work, relationship with family and friends (Kef & Dekovic, 2004). Persons living with chronic conditions mostly rely on significant others such as family and peers for empathy and help with activities. Researchers have recognized the need to look into these areas and have positively linked support from family and friends to coping better with vision loss (Wahl & Gitlin, 2007). However some studies have also found negative support from significant others and this include over protectiveness, social conflicts, social undermining and hindrance which can result in negative affect (Diehl & Willis, 2003). In relation to this, Chien-Huey and Schaller (2000) conducted a qualitative study to explore parental support of adolescents with vision impairment and its impact on psycho-social development. The findings demonstrated that majority of them were content with the kind of support they received from their parents. However some of them experienced problems when it came to emotional and tangible support from their parents and this affected them negatively on their psycho-social development. These findings is also consistent with Helsen et al. (2000) who also reported that support from parents and friends have positive effects on adjustment but parental support remained the strongest predictor of emotional problems. Negative supports seem to stem from lack of understanding from the providers on functional and psychological impact of vision loss (Cimaroli & Boerner, 2005). This lack of understanding could be because of society’s belief about visually impaired persons as helpless people.

2.3.2 Vision impairment and unemployment

Employment plays an important role in one's life as it helps to shape an individual's identity, social interactions, and financial status as well as decrease psychological distress which improves psychological well-being (Goodwin & Kennedy, 2005). However on the contrary transition to unemployment can lead to psychological distress (Thomas et al., 2005). Persons with disabilities constitute disadvantaged groups that experience unemployment and this is largely due to society's perception. Again Priestley (2003) emphasized that employment is often seen as mechanism for breaking the link between disability and poverty. In short employment is one of the main determinants of quality of life. A report by Sight Savers International (2012) indicate that disabilities results in loss of work or change to less paid jobs resulting in unemployment or lower salaries; and several studies have also indicated that visually impaired persons are more likely to be unemployed (Mojon-Aziz et al., 2010; Clement et al., 2011; Giesen & Cavenaugh, 2013). Similarly, Munemo and Tom (2013) examined the problems of unemployment faced by visually impaired people in Zimbabwe. A sample of 20 unemployed and 20 employed visually impaired people and also 10 employers of the visually impaired were randomly selected for the study. The findings revealed no difference in productivity between visually impaired and sighted employees at the workplace as majority of employers rated the productivity of visually impaired employees as good or very good. However lack of information about the visually impaired people on the part of the employer was indicated as a major reason for the unemployment of visually impaired.

Several factors predict employment opportunities for visually impaired and blind persons and they include: age, gender, educational attainment, vision rehabilitation service and technology training, encouragement from family and peers (Capella, 2001; Darensbourg, 2013).

This is also consistent with a study by Bell and Mino (2015) that investigated employment, education and rehabilitation status of legally blind and or visually impaired individuals in the United States. The sample consisted of 1056 individuals with an average age of 46.47 years (SD=13.81, Range=18-87). The results showed that 512 individuals (48.48%) were unemployed prior to receiving vocational rehabilitation services, while only 192 individuals (18.18%) were employed full time. Further, after individuals received vocational rehabilitation services, the majority of persons, 393 (37.22%), were employed full-time, compared to 307 individuals (29.07%) who remained unemployed. Further the results indicated educational attainment as a significant factor in the employment of blind or visually impaired, whereby those having graduate-level education were employed at more than twice the rate of those with only a high school diploma.

According to the Ghana National Policy report (2000), the employment rate of PWD's was 69% as compared to 80.2% of the general population; also the unemployment rate of the general population was much lesser at the rate of 14% as compared to PWD's whose rate was 23% (Slicker, 2009). The disability act was adopted in 2006 with the aim of equal access to education and employment of PWD's at all levels and in all sectors of the economy (Kassah, 2008). Despite this legislation, PWD's still experience discrimination in accessing opportunities in education and employment in Ghana and this is similar in other developing countries (Afoakwah & Dauda, 2016). Mitra (2008) reports a significant decline in employment among PWD's in South-Africa within the periods of 1998-2006; as Hoogeveen (2005) also made similar report that unemployment rate for PWD's in Uganda were higher than those without disabilities. Negative perceptions about disabilities prevent PWD's from getting employed and the few who are employed face infrastructural challenges which can aid them to move around easily. Also those who own their vocations do not have financial assistance hence are not able to expand or it collapses resulting in poverty (Ntibea, 2011).

2.3.3 Disability and Street begging

Begging is a world-wide phenomenon but it is widely found in developing countries where patterns of social integration are not clearly defined (Billah & Alam, 2017). The phenomenon of street begging results from a number of factors such as poverty, physical disability, civil war, culture, bad habits (e.g. drugs), religion (Amman, 2006; Ogunkan & Fawole, 2009; Namwata et al., 2011). A study in Ethiopia was conducted to investigate the socio-economic characteristics of beggars (Asrese et al., 2007). They designed a case-control study around 204 individuals (102 beggars and 102 controls [non-beggars]). They found that poverty (98%); unemployment (78%) and physical handicap (54%) were the major reasons leading to begging. Certainly, throughout the literature, there is a strong association between poverty, disability and begging. If a person is born with a disability or becomes disabled, it is often assumed that most or all other options close and the only choice left to meet basic needs is to beg (Groce et al., 2014).

Countries that have good social welfare systems seem to have less number of PWD’s in street begging as compared to other places where benefits are insufficient to meet all needs of PWD’s. This could possibly be because of restrictions and complex processes involved which deter them from their entitlement (Braithwaite & Mont, 2009). Moreover, begging seems to be more common in urban areas where there is greater anonymity and support as this allows the beggar to ask for assistance without much being known about them (ILO, 2004). To understand patterns of street begging, a study by Yusuf et al. (2012) in Nigeria investigated support services and vocational aspirations of people living with disabilities in Ilorin with a total sample of 131 including: blind, hearing impaired (deaf), crippled, intellectually disabled, emotionally disabled among others were randomly selected. The results of the study revealed that majority of the people living with disabilities (M=3.88) begged in public places such as road, market places, in-front of mosques and churches, fuel stations among others. Further they also indicated that majority of people living with disabilities (with the highest mean of 1.710) receive support/care from family members while few receive free health care services from Government (with mean of 1.107). Further, most of the participant (M= 3.992) aspire for vocations that provide good salary, attractive working conditions and ensure stable and secure future.

In Ghana, belief systems constitute major part of understanding disability; and many forms of disability are perceived to be a curse or punishment from God (Kassah, 2005). Sarpong (1974) reported that the birth of a person with disability is viewed as punishment from God, ancestors, for sins committed by their families either presently or in their earlier lives. These beliefs have resulted in the avoidance of many Ghanaians marrying PWD's (Kassah, 2008). Moreover, as part of the Ghanaian culture, some family members investigate other family's background that show interest in marrying a member, whether they have any history of disabilities or diseases before they give their consent (Nukunya 1992). PWD's are considered to be one of the disadvantaged groups in Ghana (United Nations Development Programme, 1993); and the commitment to implement national policies for the services of PWD's has not been made. Therefore the integration of societal perception and failure of implementation of governmental policies resulted in the stigmatization of PWD's in Ghana.

Most PWD's in Ghana live in rural areas and are more likely to be below the poverty line (Sight Savers international, 2012) and the disabilities causes an increased risk of becoming poorer as compared to abled persons. Moreover those living in urban areas

face heavy competition and their chances of survival is low. Consequently, many disable people become jobless and become dependent; and others engage in begging (Hasse, 2010). However beggars have reasons they justify for begging as in a study by Kassah (2008), and the main reasons presented from the participants for starting street begging were; mobility needs, embarrassment at school, harassment at work and fear of customers' reactions. Also, begging has normally been related to alms-giving in religious domains, for example, giving alms is considered a pillar in Islam which is known as Zakat (Abebe, 2009). Religions such as Christianity and Islam motivate its followers to aid others when in need in order to receive some form of salvation. This meets a hierarchy whereby excesses are given to less privileged especially blind beggars (Asante & Awiah, 2015). In every society, not all beggars experience equal support; and beggars that are perceived to be destitute and deserve supports are given while those that are not are left out. These perceptions can result in the way societies react to beggars when they seek for their assistance. There are instances where beggars are insulted on the street as Ingstad (1997) argued that the act of begging in Ghana is normally perceived as lacking conformity to social norms and values and this may expose beggars to abuse. Despite these harsh responses from some passersby, others seem to pity and assist street beggars; and also physical disabled beggars and the elderly elicited more sympathy from the public than young and able beggars (Namwata et al., 2012). Although beggars in Ghana are not convicted, street begging is illegal which forces the municipal assemblies in taking the decision of sacking them out of the street (Kassah, 2008). Despite such action, street beggars including visually impaired return to the street when there is less pressure from the assemblies.

2.4 Rationale of the study

Most of the studies on PWD's involved in street begging that were reviewed were conducted outside Ghana. Despite enormous literature in Ghana on PWD's (Asamani, 2000; Avoke, 2001; Agbenyega, 2003; Baffoe, 2013; Opoku et al., 2015) little is known about PWD's who are also involved in street begging. Few studies that have reported focused on PWD's in general (Kassah, 2008) without looking at a specific group of PWD's also involved in street begging. It is for this reason the present study seeks to focus on a specific physically challenged group (visually impaired) who are also involved in street begging and explore the psychological experiences attached to their condition. This also gives an opportunity to understand the psycho-social experience of vision impairment where few studies have reported in Ghana (Eshun, 2015; Amedo et al., 2016)

2.5 Research questions

- What are the experiences of visually impaired street beggars?
    - ✓ What subjective feelings do visually impaired street beggars experience in relation to vision impairment?
    - ✓ How has the vision impairment impacted their relationship with others?
    - ✓ What are the experiences of visually impaired persons as street beggars?
    - ✓ What are the subjective feelings that visually impaired street beggars attach to street begging?
- What are the coping skills that visually impaired street beggars adopt to adjust to their situations?

2.6 Definition of terms

Below are detailed explanations on the concepts that were used in the study.

Visually impaired street beggars-persons from 18 years and above who have partial or complete vision loss and also beg or make a living from the streets by asking people for money, food and clothes as gifts or charity.

Psychological experiences-these are experiences that visually impaired street beggars go through that could have an impact on their psychological well-being and the processes used to construct and make sense of their adjustment about their condition.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section examines the method employed by this study. Information on the setting, population, sample size, participants and sample technique, research design, semi-structured interviews, and procedure used for the study are presented in this section.

3.2 Study design

A qualitative research approach was used in this study. This is because the purpose of this study is to explore experiences of visually impaired street beggars and cognitive representations of their condition and this falls within the context of phenomenology. Phenomenology involves a detailed description of participants' experiences and also concerned with individual's perceptions of objects or events (Creswell, 2015). The context of the issues within which this study falls, includes questions about how they perceive their condition, and make sense of their life experiences. The research design and methodology therefore recognized the participants (visually impaired street beggars) as expert knowers in their own lived experiences.

3.3 Research setting

The study was conducted in the Greater Accra region of Ghana specifically Accra Central (Accra Metropolitan District), Madina (La-Nkwantanang District), and Achimota (Ga West District). These particular settings were selected because they contain large markets where people all over Accra and beyond come to trade their products. These areas become congested and results in heavy traffics making it easily accessible for physically challenged to beg for alms. Therefore it is a common feature to see visually impaired beggars, tugging the arms of relations as they move from vehicle to vehicle, pleading for mercy and asking for alms. Greater Accra being the capital city of Ghana is the most populated of all the regions and consists of diverse ethnic groups with different cultures.

3.4 Population and sample size determination

The primary population comprised both male and female visually impaired street beggars in Greater Accra region of Ghana. This population was chosen due to the fact that little has been studied around them to understand their experiences. A total sample of 25 participants was employed for this study. Phenomenology involves gaining an in-depth insight into a perspective and understanding experiences of a particular group as accurately as possible where every detail is taken into consideration, thus selecting a large sample can possibly result in overlooking certain concepts which may be important for this study. Therefore it was necessary to select a sample size that was manageable and also enable the phenomenon under study to be examined for better understanding. Moreover, Creswell (2005) argues that selecting a larger number of participants will results in superficial perspectives whereby the overall ability of a researcher to provide an in-depth picture diminishes with the tradition of each new individual or site. In addition Creswell (2012) also suggested that for phenomenological research, sample size can be between two (2) and twenty-five (25) and participants should have similar lived experiences.

3.5 Participant selection

Purposive sampling technique was used where the target group for this study was visually impaired street beggars men and women who are 18years and above within Greater Accra. Smith et al. (2009) stated that samples in phenomenological studies are preferable purposive because they can offer insight into the perspectives of interest. Therefore participants were included in the study if they met the following inclusion criteria: 1) partially or completely visually impaired; 2) a street beggar; and 3)18 years and above.

3.6 Interview guide

Individual in-depth interview was used to collect data with a detailed self -designed semi-structured interview guide with open ended questions exploring psychological experiences of visually impaired street beggars. This allowed the investigator to have some maximum control over the interview process. The semi-structured interview was reliable in the sense that it was flexible and allowed the researcher to probe interesting areas that came up (Smith & Osborn, 2007). The interview guide covered socio-demographic information such as: age, gender, educational background, religious affiliations, marital status, ethnicity, years of living with vision impairment; years of begging on the street; and questions on psychological experiences with the following open ended questions such as: tell me about your life before you became visually impaired? How have things been different when you became visually impaired? Interviews were audio recorded, transcribed and analyzed for themes related to psychological experiences. Pen and paper were used to obtain data in situations where participants did not consent to audio recording. However in both cases, the researcher observed for behavioral signs during the interview.

3.7 Pilot study

The interview items were translated into one local language (Twi) and back-translated to English language. This process was necessary for participants who could not read and write in English. The instrument for the study was pre-tested and responses were analyzed whereby unclear statements were removed and replaced. The first pilot study was then conducted on four (4) participants and information was transcribed and analyzed. The analysis of the transcribed data was done by two supervisors of the researcher to assess the interview guide and whether the information was in-depth. The supervisors together with the researcher highlighted certain challenges with the interview guide and corrections were then made. Some of the interview questions were modified and most of the respondents had low education and therefore preferred the interview in a local language (Twi). This allowed the researcher to develop another locally translated interview guide. A second pilot study was conducted on one participant and the information was reviewed again. The corrected interview guide was able to elicit in-depth information and was used to collect the data.

3.8 Data collection procedures

Ethical approval was obtained from the Ethical Committee of the Humanities (ECH) of University of Ghana. An introductory letter from the Department of Psychology, University of Ghana was submitted to the Department of Social Welfare, Accra for approval to collect data. A comfortable place was arranged close to each location where visually impaired beg for alms to reduce the interruption of noise on the streets. Participants were approached on the streets and the purpose of the study was carefully explained to them. The participants were informed of the voluntary participation and their rights to withdraw at any point of the interview since perceived coercion might influence the results of the study. Those willing and consent to participate were moved to the arranged location. An informed consent form was administered to those willing to take part in the study to append their signatures or thumbprints. Oral consent was also sought from participants for use of audio recorders to record information on their responses. Further, for the purpose of confidentiality, participants were instructed not to give their names, contact number that might reveal their identity. Information shared by these respondents was termed as confidential, thus participants were guaranteed any information from them would not be given to a third party without their authorization. The researcher asked the questions while the participants answered them. Translations were done orally in a local language (Twi) to respondents who had difficulty in understanding the English language. The interview lasted between 45 minutes to one hour for each participant and data collection lasted for eight (8) weeks.

3.9 Data analysis

Data was analyzed using the Interpretative Phenomenological Analysis. According to Smith and Osborn (2007), the aim of Interpretative Phenomenological Analysis (IPA) is to explore in detail how people make sense of their personal and social world and give detailed interpretation of these experiences. The study was analyzed following Smith and Osborn (2007) recommended guide of phenomenological analysis and they are as follows:

Step 1: Gaining an understanding of the transcribed interview by reading and re-reading of the data and identifying points of interest.

Since most of the interviews were conducted in local language (Twi), the researcher and assistant translated the data and transcribed verbatim into English language. The first stage of the analysis involved reading of the transcribed data a number of times to become familiarize with it or give a new insight into the data. Initial notes or codes were then developed to capture any interesting or significant comments from the respondents. The initial notes were used to summarize, paraphrase or create connections within the responses. The use of language and non-verbal utterances were all taken into consideration. An example from a transcribed data of participant (1) and notes developed is below;

I-What did you mean by you felt you should have been dead?

p- Instead of going to a hospital I took herbal medicine. But sometimes I don't blame myself because we use this herbal and they work for us. When it became worse, that was when I rushed to the hospital and the doctor complained that I waited for long before I came so I have to come to Accra before they can help me. So we came [emmm] Korel-bu and the doctors check me and said the same thing that the thing has gone deep and they cannot do anything. I feel at that time like I should die kraa. Eeeiiii. That time when I lost my sight everything was going in my head who will take of my mum and my brother and sister, who will marry me like this, how will I take care of my-self, herhhhhhhh. In fact I cried the whole day in fact the whole week. If I had gone for help earlier may be I would not be blind.

Notes that were developed from the extract were: {herbal medication, cultural beliefs, lots of thoughts, helpless, concerns about family, concern about future, utterance for shock, thoughts of death, sad mood, self-blame}

Step 2: Transformation of initial notes into emergent themes. These initial notes were then transformed into phrases which capture the quality of the responses; and at the same time the researcher keeps engaging with the text to make sure that what the participant actually said are consistent with what is being reported. Using the same account from p-1, the initial notes were transformed into concise phrases and themes emerged and they are below;

Phrases that emerged were: {Cultural beliefs and herbal medication, helpless about future with vision loss, feelings of guilt, suicidal ideation, sad mood, feelings of shock}

Step 3: Connecting the themes. The emergent themes were then listed on a sheet of paper and then the researcher searched for connections between them. The order of the list was based on the sequence in which they came up in the transcript as the researcher tried to make meaning of the connections between the themes. As the themes emerge, it was checked in the transcript to make sure they were consistent with the primary source or expressions from the participants. Some of the themes had similar characteristics and they were grouped together to form superordinate themes to help explain the emerging themes. However others that did not fit in psychological experience were dropped. Using the same extract from p-1;

Superordinate themes developed were: Negative reactions to vision loss- (feelings of shock, suicidal ideation, helpless about future with vision loss); Negative emotion-(sad mood, feelings of guilt). Through the immersion process, repeated patterns of experiences and feelings of vision impairment were identified. Experiences of street begging and coping strategies adopted by visually impaired street beggars were also identified from the initial notes.

3.10 Data trustworthiness

The researcher ensured that trustworthiness was applied in this study thus some recommended procedures by Shenton (2004) were followed. Shenton (2004) suggested that the credibility, transferability, dependability and comfirmability of the qualitative study are very critical. In order to ensure credibility, all interviews were audio-recorded and participants' thoughts and experiences were reflected. Interviews were conducted away from the busy streets to prevent any distractions. Also to ensure that their precise accounts about their experiences were well captured, some of the statements made by the research participants were repeated or paraphrased to them during the interview process. This process ensured that interpretations of the researcher were confirmed by the participants. In addition, the researcher used iterative and probing questions so as to gain comprehensive information from the participants.

The main researcher and assistant reviewed the narratives and transcribed the data. However the developments of the codes were done independently for all participants. The researcher and assistant met to discuss, compare and then redefined the themes. Issues that were overlooked were brought to light to the researcher and concepts that were named wrongly were corrected. Also, back and forth engagements were made between the researcher and the supervisors until the data was completely analyzed. Some refinements on the codes, themes and subthemes disagreed on were corrected. In addition, every step of the data analyses, the researcher ensured continued engagement with text to make sure that each interpretation was a reflection of the participants' accounts of their experiences.

More so, in order to ensure appropriate transferability inferences, a comprehensive depiction of the phenomenon explored was provided to allow a comparison with previous studies conducted in similar situations. Additional information such as, the participants that took part in the study, the number of participants involved, the data collection procedures, and the number and length of the data collected, were highlighted in the study. Additionally, the use of Interpretative Phenomenological Analysis guided the researcher to capture the experiences of the participants into various themes rather than presenting recommended accounts into hypothetical assumptions which therefore made the qualitative findings of the current study confirmable.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the findings of the study. The first section presents the demographic characteristics of the sample. This is followed by the presenting of the main themes and sub-themes generated from the data

4.2 Demographic characteristics of visually impaired street beggars

Participants in this study were within the ages of 21 and 76 years, with the mean age of 45.4. Out of twenty five (25) visually impaired street beggars, 16 (64%) were males while nine (36%) were females. The majority of the participants (n=13) had an education up to JHS (Grade 9); the maximum years lived with vision impairment is thirty (30); and maximum years of street begging is seven (7). Majority of the participants (n=20) reported to be Christians and also nine (9) of them were married. **However, all participants in this study initially had sight but became visually impaired later in life.**

Table 1: Summarized demographics of the participants presented.

Variables	Frequency	Percentage (%)
Sex		
Male	16	64%
Female	9	36%
Educational level		
SHS	5	20%
JHS	13	52%
Primary	3	12%
Uneducated		
Marital Status		
Married	9	36%
Separated/divorce	3	12%
Single	7	28%
Widowed	6	24%
Religion		
Christian	20	80%
Muslim	5	20%
Years with vision impairment		
1-10	15	60%
10-20	8	32%
20-30	2	8%
Years of begging		
1-5	16	64%
5-10	9	36%

Analyses of the transcribed data using IPA revealed five superordinate themes: personal losses; negative emotions; defense actions; existential challenges and adjustment strategies. The thematic map showing the main themes and their sub-themes are presented in figure 1 below:

PSYCHOLOGICAL EXPERIENCES OF VISUALLY IMPAIRED STREET BEGGARS

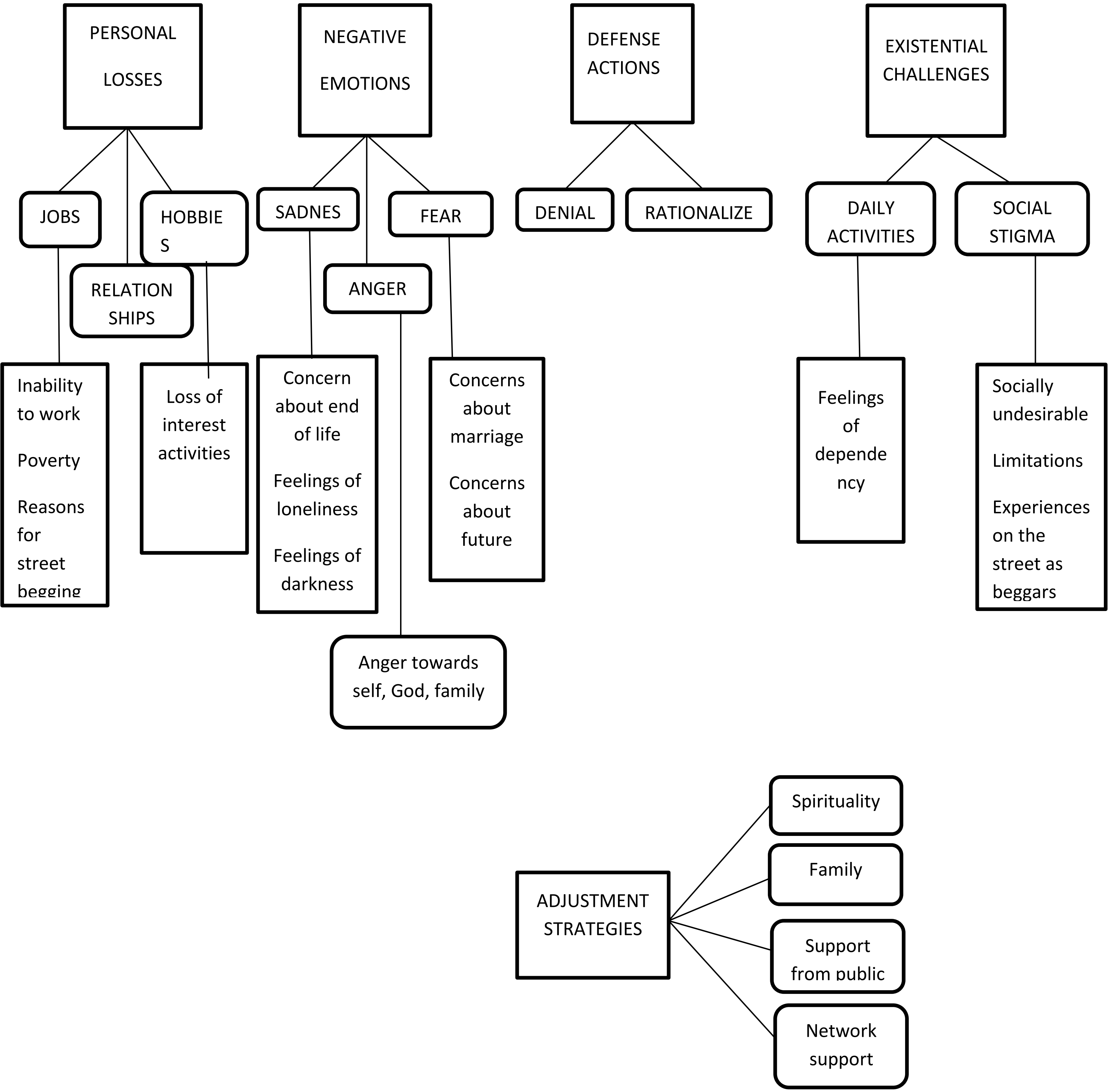

Figure 1: Summary of superordinate themes and subthemes of the findings

4.3 Emergent themes

4.3.1 Personal losses

This theme describes individual losses that they could have gained if they were not to have suffered such physical disability. Since all participants were adults, they were able to achieve certain important things in life such as work, marriage and children; and hope to also achieve more. However due to vision loss, participants expressed some of the losses they encountered. The losses described by the participants were categorized into three sub-themes namely loss of: job/work, relationships, and hobbies.

Job/Work

This theme describes loss of activities participants did to earn a living and some of these activities reported included; farming, hairdressing, driving, carpentry and others. All participants reported loss of work or occupation when they lost their sight, since sight is viewed as a critical requirement for activities and this was reported as the main reason for street begging. Some of the responses indicating loss of occupations are below:

> *Although I was a farmer, I farm on a small plot and sometimes we buy food stuffs on credit and we harvest the maize and make some money we use it to pay our debt. So we were already struggling so I do petty jobs around too in addition to the farming. Although I was not rich but I am a strong man and was able to do some menial jobs to support my family but now that has been a challenge. We all have to depend on that small farm and it is not enough. We started to really struggle; it got to a point where we slept on empty stomachs. (participant-15, male.)*

> *How can you work without your sight? I was a trotro driver and with this blindness I could not drive again. And it is not as if I owned the car for me to say that I will give it to someone else to be working and giving me the sales. The car was not mine so I had to give it up and stay home. (participant-21, male)*

As demonstrated in the narratives above, the participants did not consider themselves to be rich, but had jobs that helped to support themselves and family. For *participant-15,* he already had financial challenges but was able to support his family by engaging in petty work when the opportunity arrives. However, in both cases losing their sight disabled them from carrying out activities that earns them money to survive resulting in idleness and poverty. From their expressions, blindness is perceived to be a barrier to meeting personal needs and family responsibilities.

Relationships

This theme explains how significant others such as family and friends related to the participants when they loss their vision. Some of the participants felt they were perceived as a burden since they have lost their jobs and have to depend on their loved ones for help. These can be observed from the quotes below:

> *The way my extended family members used to be with me changed. I hardly see them visit or check up on me. They are not helping at all especially when my parents died. They don't care how we survive and what we go through every day. If you have money, everyone wants be around you but when they know they have to now spend theirs on you that is when everyone will be running away from you. (participant-6, male)*

Another participant's response concerning how her boyfriend related to her when she lost her vision was:

> *First it was my boyfriend who changed. He easily shouts at me when I needed help to move or do anything. So I stopped asking for help and I try to move in the room without help and when I end up pushing things then he will be angry too. It got to a point he was indirectly telling me to go to my father's house. Sometimes he will tell me it may be better for me to go back home because I need assistance and he is not around most of the time; at that moment I knew he was trying to get rid of me. So I left. (participant-22, female)*

From the above narratives, it can be sensed that the participants had good relationships with their family and friends but experienced a change when they lost their sights. It becomes difficult to accomplish tasks with vision impairment therefore one would need assistance from carers. But however from the case of *participant-6,* it can de deduced from his statement "*If you have money everyone wants be around you but when they know they have to now spend theirs on you that is when everyone will be running away from you*"; that he was helping family members financially when he had his sight and working but felt neglected when he needed their help. This experience indicates a feeling of disappointment from the participant towards his family. Also in the case of *participant-22*, there was experience of verbal abuse because her boyfriend felt frustrated with her being dependent on him and had to decide to leave which could be emotionally difficult.

Hobbies

During our leisure periods we all have some things that we do to enjoy that moment. Some sing, dance, or watch movies. Consequently one participant reported loss of activities that interest him when he lost their sight. Although this was only reported by one participant, the manner in which he expressed was worth noting. He reported that:

> *I think a lot most of the time and one thing that makes me always remember that I am blind is when Barcelona is playing a game, because i cannot watch. My sister,[referring to interviewer] always thank God for your sight and appreciate what you have because it will be too late when you lose them. Now I have to listen to commentary but the feeling is not the same especially when Messi is dribbling the ball [moves hands in that direction]. (participant-1, male)*

Football is mostly followed by males and arouses anxiety and arguments when one's favorite team is playing a game. There is argument on whose team and players are the best and scores at the end could result in disappointments or pride. But with the case of *participant-1*, he has to now resort to commentary where he would not be able to enjoy skills displayed by players or appreciate the beauty of the game. The body language expressed by this participant indicates how he appreciates unique skills displayed by football players and this he would miss out for the rest of his life.

4.3.2 Negative emotions

Negative emotions emerged as a second superordinate theme as participants expressed experiencing range of emotions when they lost their sight. These are emotions that could be detrimental to their psychological well-being. These emotions were influenced by losses associated with the vision loss. The common word used to describe this feeling by most participants was "sad" about their condition. These negative emotions are discussed below under three (3) sub-themes: sadness, fear, anger.

Sadness

Sadness in this context describes unhappiness felt by participants as a result of vision loss. Most of the respondents (11) reported sadness as the emotion they felt when they experienced the vision loss as they perceived it to be a dark and lonely world. Some of the quotes are:

> *Hmmm. When it happens like that it was as if you are in this darkness where no one can find you. I was sad and I remained quiet for days asking myself is this going to be my end. But my wife and son supported me and made me feel I was not alone. (participant-12, male)*

> *I was so sad i can't even explain until it happens to you. I could not cry or say anything than to hold my son's hands [holds both hands]. I did not want to cry in front of them (son and the doctor) so I cried when I was alone in the room. You start to feel the pain when you wake up the next day and you realize it is still dark to you because you cannot tell the difference with your eyes. (participant-14, female)*

Vision loss has been described by both participants as a dark world and they felt alone in that world although they feel the presence of others around them; and it becomes difficult with vision impairment to easily relate with others around you. Darkness is normally related to negative events where there is no hope to come out of it. This analogy influenced the feeling of sadness as they felt hopeless and also felt that their lives had come to an end as a result of their condition. The utterance "*Hmmm*" in the local context is normally associated with pain or being overwhelmed with a particular situation. In the case of *participant-14,* she visited the hospital with her son when she realized her sight was getting worse, and for the doctor to diagnose her of glaucoma was very sad for her. She had to hold back her emotions until she found some privacy to express herself in tears.

Fear

Fear in this sense explains the thought of danger or threat with the vision loss. Some of the participants (4) expressed fear when they experienced the vision loss with thoughts of worry about their marriages, work and future.

> *Because the doctor told me it will become worse if I did not treat my eyes, so noticing that everyday my sight was getting worse was really scary. As for me I did not become blind at once, it was gradual. So I will be thinking on how to raise the money before it becomes worse. I went to my church, friends to seek for help to raise the money but I could not get the money. (participant-2, male)*

> *As for the things they are many because I have lived and work for many years with my sight and to lose my sight at my old age was scary. If I had a son or a wife at least I know I am not alone. But I do not have anyone to help, I felt lonely and afraid. (participant-5, male)*

Both cases above indicate some degree of fear experienced by the participants from different contexts. In the case of *participant-2*, thinking about the fact that in the next weeks or months the possibility of becoming totally blind could arouse some anxiety. Although it was not explicitly stated, fear due to anticipating vision loss could affect sleep and appetite resulting in some form of psychological distress. With respect to *participant-2*, he is the oldest participant (76years) and old age normally comes with some form of dependency coupled with vision impairment, but with his case he has lost his wife and son and has limited support from family. Therefore the thoughts of worry about what, how and where to go next with no support at an old age can be frightening.

Anger

This is a feeling of rage or displeasure towards the vision loss. The feeling of anger was also reported by some of the respondents (n-3) which they expressed was as a result of inability to do things they used to do easily, seeking treatment late and being abandoned by loved ones because of their vision loss. Some of the quotes are presented below:

> *You just feel angry at God and everyone for leaving you. I lost my sight and lost everything, my job, my wife so I felt God has abandoned me and my siblings also do not look for me and see how I am doing. I am all alone with this boy and he is the only one I have now. (participant-11, female)*

This participant's anger was influenced by difficulty in performing basic tasks and he explains:

> *I wanted to just get out from bed and go to the bathroom and I fell, so my daughter had to rush to help me get up. At that moment I just could not control my feelings so I insulted my daughter and I was angry at everyone because this was something I used to do easily. (participant-16, male)*

It becomes difficult to deal with challenges associated with vision loss and this can be observed from the narratives above. God in this context was perceived to be 'The Protector'; and family was also perceived to be supportive in times of difficulty. Thus for *participant-11* to experience vision loss he was angry because felt he was neglected by the One who was supposed to have protected him from any predicament. Depending on others for basic tasks can be demeaning, as in the case of *participant-16,* who could not believe that he can no longer do the things he used to do but now depend on others. It is evident from the narrative that he felt helpless and frustrated because he could not use the bathroom by himself.

4.3.3 Defense actions

In an attempt to deal with vision loss, some actions were taken with the hope that their sight will be regained. Some of the participants reported difficulty in accepting their loss of vision. This superordinate theme is discussed below under two sub-themes: denial and rationalize

Denial

Some participants (n-3) reported that they had difficulty in accepting their condition therefore had to resort to other sources of treatments such as traditional/herbal while others reported visiting churches hoping for a miracle.

> *It was hard to accept it. Days ago I could see then now I could not see just like that. These were the thoughts I had. I visited some clinics and used herbal medicines with the hope that it will be better but nothing happened and I just gave up. Man is full of pity. (participant-21, male)*

> *I just did not want to accept it and I visited some churches hoping a miracle will happen for me to see again. But with time I realized I could do nothing about it than to accept it. (participant-20, female)*

As demonstrated from these quotations, some participants felt the transition to vision loss was sudden and denial in this context captures a sense of difficulty in accepting reality about the condition. Therefore although their vision loss is permanent, they were hoping alternative aid could result in gaining their sight.

Rationalize

In desperate situations such as hoping to restore their sight, participants tried to search for reasons for the cause of their vision loss. These reasons influenced certain actions or steps in finding solutions to restoring their sights. Two participants reported justifying why they lost their sight and surprisingly they all ascribed to spiritual beliefs.

> ***I asked myself is that how my end will be or maybe I offended someone and God is punishing me for it. I started praying and asking for forgiveness hoping that this will pass but as you can see I am still here blind. (participant-5, male)***

> ***As for me I felt I was cursed so I did not want to talk to anybody because I felt that person may be close to me. So when I visited one church the prayer leader also confirmed that the person who caused it was also close to me, so I prayed every day; and they also helped in prayers. (participant-19, male)***

Both narratives clearly explains how participants in the quest of searching for answers decided to depend on God hoping that when their prayers are answered, then they would be relieved from their predicament. This means our perceptions about events actually influence our behaviors or the actions we take in dealing with them. In both cases, participants had little or no insight about the actual cause of their condition but ascribed it to another person who may have been responsible for it; this probably made them feel it was out of their control.

4.3.4 Existential challenges

These are challenges or difficulties faced daily by the participants due to their conditions as visually impaired and street beggars. Some of the difficulties reported were related to activities at home, perception from others and experiences on the street. To help explain this theme, it was classified into two (2) sub-themes: Daily activities, and Social stigma; and they are presented below;

Daily activities

These are activities that we do without much assistance such as bathing, cooking, walking, dressing, personal hygiene and house chores in general. However these have been a challenge for most of the participants (22) as they reported that they had to depend on close family to help execute them. Some of the expressions are below:

> *It is difficult but you give thanks to God at least for your life. My son here helps when I want to move around and now he had to quit the small jobs that he did just to be able to take care of me. One day he left to for his runs and I needed to use the toilet badly and nobody was around so I defecated on myself and the whole room was smelly. Since then he is always with me and that is how we ended up here. I am not able to work and that has also affected my son's work. I even feel embarrassed but that was what happened.(participant-12, male)*

This narrative indicates how his dependency has incapacitated his son from securing a job and resulting to street begging because he has to be around to help him move around most of the time.

Further p-14 wished she had another child (female) because she has to depend on her son to help her dress.

> *Initially when I had my sight I could just get up and move, sweep, go to the market and cook, go to friend's ceremonies but it seems dark and difficult to do all of these things. Now someone has to be around to help you move before you can do anything. One difficult thing is my son has to help me to dress sometimes and I wish I had a daughter but I thank him very much for not leaving me alone. (participant-14, female)*

It is obvious from the narrative that this participant is also dependent on her son to help her do her daily activities but finds it humiliating when her son helps her in dressing up. However, the feeling of not being abandoned by her son supersedes her shame.

Social Stigma

These are negative perceptions that others hold towards the participants due to their impairment or as street beggars and it also influences the way they relate to them. Participants expressed some negative reactions from the relationship others have with them due to their vision impairment. These reactions were as a result of the vision loss perceived as unattractive or as a limitation. Some of the quotes are presented below:

> *After senior high school I tried to set up my small business but you know I would need help like an apprentice. But you know people did not want to work with me because they believed that it was not possible for a blind man to teach someone who can see. So at some point I could not make much of the mats and I ended up using the little capital I had. (participant-3, male)*

> *My husband stopped coming close to me because he felt my beauty was gone. Hmm…..he does not sleep at home most of the time, sometimes He comes home once a month and when I talk to him he does not even mind me. I complained to my dad and he talked to him but no changes so far. (participant-11, female)*

It is evident from the quotations that these participants experienced stigma from others because of their impairment. They were perceived not to be good or attractive enough. Both participants wanted to be appreciated and accepted with their current vision loss but were rejected by society. Again the utterance "*Hmmm*" was used to express how overwhelmed or saddened she feels towards her experience with her husband in the case of *participant-11*.

Further, street beggars are normally perceived to be overly dependent and this notion can influence the reaction from the public towards visually impaired street beggars. Some respondents (10) reported experiencing some judgmental comments from the public when they ask for financial assistance.

> *I remember one lady I don't know but my brother said they were in a private car and when we got to the car to ask for some assistance as we do always, she just started talking and telling me and my brother that if everyone comes to the street to beg because they have problems, then the street would have filled up. Can't my brother see other young guys hawking and selling things, can't he also do the same thing. Immediately I told him to move and we just left.(participant-23, female)*

From the above narrative, participants experience aggressive reactions from the public since beggars are perceived to be overly dependent and these reactions affect their confidence. Beggars are mostly unable to defend themselves from these aggressive reactions when they are being confronted because of stigma associated with street begging.

4.3.5 Adjustment strategies

Despite the difficulties experienced by the participants, it was clear that they engage in certain actions that help them to deal with them or survive. They reported to derive their strength from resources such as: spirituality, family, support from public, and network support; and these were categorized as sub-themes and discussed below.

Spirituality

Spirituality has to do with the relationship one has with a Higher Being or God and how it helps the participants to cope. The participants however indicated that their belief in God helped them to thrive through their stressful situations. Despite the challenges they believed God has a reason for everything including whatever they are going through:

> *When I lost my sight I lost faith in God and I get angry anytime I hear someone preaching about God. I don't remember doing bad to anyone or not taking my faith seriously so I did not understand the kind of test God was taking me through. As months passed by and my pain settled I told myself that there are people in the Bible who have gone through worse than me and maybe my reward awaits me after life if I am patient. So I put my trust in God. (Participant-23, female)*

> *Although when I lost my sight I felt life was not fair but with time I realize God might have a reason why. I may not know the answer now but when I meet Him I will surely know. So I am holding on until the day I meet him so I understand all that I have to go through.(participant-21, male)*

From the above narratives, participants lost faith in God at some point. However, based on their religious beliefs, challenges in life are perceived to be a test where those who are patient gain eternal rewards after life. Therefore these participants are holding unto these beliefs to accept and adjust hoping that they will achieve these rewards.

Family

This theme explains how others who relate with the participants by blood help them to cope with their stressful experiences. This was one of the common coping strategies respondents reported they rely on to help them deal with their experiences. They derive some strength from their family especially their children to help them cope with their challenges.

> *My son is five years old and he motivates me. He lives with my sister's and I talk to him every weekend. Anytime I hear his voice then I have hope because I also have something to be proud of you understand [smiles]. I know I can't see but anytime I talk to him there is this feeling i have in my heart when I talk to him and that makes me happy.(participant-22, female)*

> *I have family who love me and they did not leave me alone all this time. There is somebody who can see but does not have any family to be there for him, you see.(participant-1, male)*

It is clear from these narratives that family helps to serve as a source of strength and coping. Participants felt that, giving up means indirectly giving up on their children. They have to derive the strength so that their children can lean or depend on them. Others also appreciate not being abandoned by family and feel they have enough reason to live and deal with any challenge that comes their way.

Support from Public

Financial assistance received from the public when they beg on the streets also helps participants to cope and they are hopeful that life would be better.

> *The fact that I get some money from people on the street motivates me that things will get better because at least I can afford what to eat. When you have what to eat it you don't think too much. (Participant-8, male)*

This participant main challenge is to take care of her children therefore hoping to get some money on the street motivates her as she explains:

> *What motivates me anytime I wake up is to pray that when I come to the street someone will have pity and help me out with some money so I can afford food and some to send to my children back home.(participant-4, female)*

From the above narratives, when the participants' main challenge with the vision loss is rated to be financial, then meeting this challenge through financial support from street begging helps to solve their problems. The participants indicated having difficulty in achieving basic needs when they lost their jobs due to the vision loss, therefore being able to achieve this through support from public motivates them to keep living.

Network Support

Network support explains the relationship others in similar situation have with the participants which makes them feel that they are not alone in their challenging situation. Motivation from other visually impaired street beggars was perceived to be helpful in adjusting to stressful situations experienced by the participants. They feel they understand each other since they have all been through similar experiences. Some of the narratives are presented below:

> *I told you I am all alone now with no family because they are all dead. The other visually impaired beggars have now become my family, we rely on each other. The day I don't have they help me and that does not make me feel lonely. Sometimes what to even eat is difficult for me and they always share their food with me. (participant-5, male)*

> *You know you are not alone when other visually impaired beggars are around you because they understand you, what you have been through when others do not. We live close to each other at Accra Railways and when you wake up, we ask of each other and we come to the street together and also go home together when we are done. (participant-4, female)*

Participants who reported to be abandoned by family especially extended tend to derive support from each other which makes them to better adapt to their stressful experiences. They identify with each other since they have all been through similar experiences and find a sense of belonging among them.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

The study was conducted to understand experiences of visually impaired street beggars and the processes that they adopt to cope with them. In this study, the participants indicated losses they experienced as a result of vision loss and they include: jobs, relationships, and hobbies or interest activities. The study also revealed some negative emotions experienced with the vision loss such as sadness, anger, fear and daily challenges associated with it and this was a possible indicator of negative psychological well-being. Further the study also revealed coping strategies participants use to adjust with these experiences. In this chapter, the above mentioned findings are discussed with reference to previous literature. This chapter is concluded by providing possible implications of the findings, limitations of the study and suggesting recommendation for future studies.

5.2 Personal losses

The results showed that participants experienced various losses including work, relationships and hobbies. Work became a challenge since most of them engaged in occupations which required using sight. Some of the occupations they engaged in were driving, farming, hair braiding, trading, mechanic, and others. Therefore losing their sight means losing their jobs especially when there is less occupational opportunities given to people with vision impairment (Haymes et al., 2002). The loss of work also resulted in financial challenge and difficulty in achieving some basic needs such food and shelter. The function of the eyes has been reported to account for almost 80% of all the five senses combined (Bekibele & Gureje, 2008). Therefore, loss of vision would lead to restriction in all areas of life including work affecting quality of life (Bryon et al., 2008). Also, a report by Adigun et al. (2014) indicated a significant association between unemployment and blindness with poor quality of life.

In times of challenges or a painful transition we all need our loved ones around us to feel cared and appreciated. However, findings from this current study revealed that some participants experienced the absence or neglect by their relatives and loved ones because of their vision loss. The perception of loneliness and lack of care from others can have a negative impact on our psychological well-being (Reinhardt et al., 2006; Verstraten et al., 2005). A study by Verstraten et al. (2005) found an increased likelihood of experiencing loneliness among visually impaired elderly who reported receiving low levels of social support. Further the findings revealed a stronger association for those experiencing extreme loneliness and stronger for emotional loneliness as well as social loneliness. A related study on social support for visually impaired also examined perceived and received support on well-being (Reinhardt et al., 2006). Results showed that perceived affective support had a significant, independent effect not only on depressive symptoms, but also on adaptation to vision loss, which confirms the importance of this type of support as in prior research (Kaul & Lakey, 2003). It has been asserted that perceived social support from family members is beneficial for a positive attitude and stable mental and physical health among people who are visually impaired (Kef, 2002).

Another loss that was reported has to do with pleasurable activity. Although this was reported by only one participant, it was quite interesting because we all have activities we engage in that makes us happy. His main challenge was not being able to watch football which was always a reminder about his disability. Therefore with this expression it seems one of the things that makes him happy has been taken away by his loss of vision. Brown et al. (2014) reported that vision loss negatively affect several activities that are informal or makes one relax such as reading, hobbies or socializing.

5.3 Negative emotions related to loss of sight

Findings from the current study revealed that visually impaired street beggars experienced some negative feelings when they lost their vision. The negative feelings are mostly fueled when visually impaired street beggars perceive less support and its associated physical challenges. The word ‘sadness” was mostly reported to describe the emotion for losing one’s sight. Burmedi et al. (2002) revealed that vision impairment could lead to an increased impairment to mental health such as anxiety and sadness which result from inability to work or pursue interest activities. Also, Teitelman and Copolillo (2005) reported that older adults with vision loss experience emotional challenges and these were fueled by the fact that vision loss was perceived to pose a threat to personal meaningful activities and also to their occupations. Further they also indicated that loss of vision affected their independence making it difficult or impossible to perform those activities. The threat or the actual loss of such activities was the influence of the negative emotions which is consistent with the findings of this current study. This was consistent with other studies (Norowzian, 2006; Stephens, 2007; Thurston, 2010) as they also reported that vision loss had a negative effect on mood and lifestyles.

5.4 Defense actions related to loss of sight

Participants in this study also revealed that they engaged in certain actions to make them feel better or have hope that they would regain their sight. Some of the participants initially denied the fact that their vision loss was permanent. It was difficult to accept it and this was in relation to fear about the condition. This resulted in searching for other sources of treatment such as herbal and prayers with the hope that they will regain their sight. Rationalization was also adopted by some of the participants to justify the actions they were taking and in the course of hoping these actions would solve their problems. Five-stage model of grief by Kubler Ross (1970), where people go through denial when faced with losses to accepting has been applied to various losses including vision. This is based on the fact that people with vision loss experience trauma which is not much different from adjusting to other crisis or losses (Schilling & Wahl, 2006).

Rehabilitation centers main aim is to help persons with vision impairment to adapt by taking them through training programs to improve quality of life (De Boer et al., 2006). Unfortunately, less than 20% of adults with vision loss get the opportunity to access a rehabilitation center (Gresset & Baumgarten, 2002); and lack of referrals from eye care specialist could partly account for this (Overbury & Wittich, 2011) but might also be a consequence of individual denial. Denial has been reported to be one of the barriers to using a rehabilitation service, while acceptance is considered the first step towards employing a rehabilitation services (Pollard et al., 2003). A study by Bergeron and Wanet-Defalque (2012) revealed that during the early periods, between 0-2 years of the vision loss, individuals express lower acceptance and higher denial than do patients who have lived with their impairment for a longer period of time (over 2 years). These findings suggest that acceptance and denial co-occur in the grief process of vision loss. Further they reported that the patients are more likely to engage in coping skills quite early in the grief process of vision loss.

5.5 Existential challenges associated with loss of sight and street begging

The participants reported facing challenges in different aspect of their lives as a result of their vision loss and street begging. These challenges reported were with respect to daily activities, and stigma from society. It became extremely difficult to move around or engage in activities that they easily used to do. One of the common expressions they used is “I used to do this easily” which has now become a challenge. Daily activities such as bathing, sweeping, moving around were reported to be difficult to accomplish and have to depend on family to help them. Visually impaired persons find difficulty in everyday activities without the assistance of others (Kempen et al., 2014). This results in decrease in morale, low self-esteem, over dependence and feelings of depression. Also a study by Stevelink, et al. (2015) indicated that, ex-personnel were affected in their daily activities with vision loss and adjusting to the condition has been a struggle to them.

The meanings we attach to objects or events could result in the way we relate to them positively or negatively. Concerning experiences of social stigma by visually impaired street beggars because of the vision loss, findings from this study showed that participants were perceived to be unattractive because of their loss and also experience judgmental comments from passersby when they beg for alms. Consequently the perception society holds about disability could result in stigmatization hence discriminating them. Goffman (1963) categorized stigmatized people into three groups: abominations of the body (e.g., physically disabled), tribal identities (e.g., race, gender, religion, or nationality), and blemishes of individual character (e.g., alcoholism, mental illness, unemployment, and homosexuality). To complement these findings, Towler and Schneider (2005) conducted a study to examine how individuals classify and distinguish among stigmatized groups. From the findings, two clusters supported previous findings (Goffman, 1963) of how stigmatized groups differ in terms of tribal identity and physical disability. Further the findings revealed that stigmatized groups could be differentiated in terms of their social deviancy, economic disadvantage, mental stability, physical appearance, and sexual identity. **In relation to this study, visually impaired street beggars experienced some form of stigma from love ones and others due to their physical disability and**

appearance. The disability was perceived to be unattractive or socially undesirable and hence neglect from their spouses. This notion is well explained by Critical disability theory (CDT) where society has created binary differences between abled persons and persons with disability. When individuals are born with or develop some form of impairment, it is perceived as abnormal. In society we hold what we believe to be normal and when individuals are perceived to deviate from the normal group in terms of physical attributes and personality traits, they are often stigmatized (Hosking, 2008). This notion is influenced by the meanings society attaches to them (Andersen & Taylor, 2006). The impairment is perceived as a limitation of achievement thus less opportunities for PWD's ; and the government has not really pushed the agenda for the PWD's to be inclusive and create mandatory policies for organizations to employ PWD's who have qualified skills. It can also be observed from the narratives that all participants loss their jobs and there was nothing more to explore thus became jobless; and thus can be deducted that in a way the results of this study confirms the assertions of CDT. Street begging has also been reported to be one of the acts that mostly damages individuals psychologically and the worst in terms of achievement which is common almost in every human society; and being emotionally degrading to the individual but also the reactions of society toward it make it shameful (Daniels, 2013).

5.6 Adjustment and coping strategies

Notwithstanding the negative impact vision loss and experiences of street begging on their psychological well-being, findings from this current study revealed that visually impaired street beggars adopt different coping skills to deal with stressful situations or experiences. Some of these skills reported include: family, spiritual, support from public, and network support group as source of coping. Coping can be defined as a conscious or non-conscious effort to adjust or deal with a stressful situation in order to decrease tension and anxiety (American Psychological Association, 2018). Coping efforts helps individuals to adjust to perceived or actual threatening situations and this can result in a variety of health-related, affective and behavioral outcomes. As Aldwin (2000) reported that individuals who are able go through successful coping are likely to have a better quality of life. Also, coping strategies that are effective for one individual might not be effective for another person in the same situation (Ntoumanis et al., 2009).

Participants who reported family as source of coping derive strength from their children and other family members for not neglecting them. This makes them appreciate and hold on to the challenges they might be experiencing with the feeling that they are not alone. Family members can use positive strategies such as positive thinking and social support (Letvak, 2002; Pickett-Schenk, 2002); and negative strategies such avoidance behaviors or substance use (Perkins et al., 2004; Greeff et al., 2006). A recent systematic review revealed that negative family coping was more likely to be employed in certain stressful situations such as accidents, mental illness, disabilities and addiction (Montilla et al., 2017). Family members have been reported to use communication as a form of coping tool to share information and feelings among themselves (Eaton et al., 2011). Individuals with vision loss may find it difficult to communicate with outsiders thus cope with their situation by sharing their thoughts and feelings with immediate family members who in turn accept and support them.

The findings of this study also showed that participants relied on spiritual coping by holding on to their faith with the belief that there is a reason for their situations and may be rewarded after life. Religious and spiritual resources may be important factors in successful psychosocial adaptation by helping one interpret this situation in light of one’s religious and spiritual beliefs (Fry, 2001; Miller & Thoresen, 2003; Brenan, 2004). Pargament (2002) also reported that during difficult times, spiritual beliefs are broken down into concrete forms of coping which positively affects a person's health. There are enormous studies that have reported spirituality to effectively help in the management of stress (Bacchus & Holley, 2005; Kim & Seidlitz, 2002; Tuck et al., 2006). The general conclusion supported the view that spiritual beliefs can influence the body and the mind, and bring a sense of comfort. Moreover, Salifu-Yendork and Somhlaba (2016) reported that religion and spirituality played important roles in promoting positive emotions and aided in the coping process among orphaned children in Ghana.

With respect to support from public as a way of coping, some of the respondents indicated that, the money they receive from public on the street really helps them to deal with their challenges. This is because the main reason they ended up as street beggars was because they could not afford certain basic needs such as food. Hence when these needs are being met through financial assistance from the public; then it helps them to cope. These findings from the currents study can be explained by Maslow's hierarchy of need theory which posits that individuals' behaviors are motivated by achieving certain needs. However, physiological needs, must be met first because they are vital to our survival in order to move up on the hierarchy. According to Zalenski and Raspa (2006), unmet needs dominates one's thinking, actions, and being until they are satisfied. Hence when the participants assess their main problems to be difficulty in achieving these needs, then financially assistance from passersby would enable them to afford these basic needs, thus helping to deal with their challenges.

Other participants also deal with their stressful situations by relying on other visually impaired street beggars whom they feel understand what they are going through and perceive them to be family. Support from a network has been found to reduce stress among individuals as it can act as a buffer to stress (Taylor et al., 2004). For instance, individuals in one's support network can offer explanations for a stressful event in a way that seems less threatening or suggest effective coping strategies or solutions to the current problem (Krohne & Slangen, 2005). Furthermore, interactions with others can serve as a distraction from the stressful event (Collins & Feeney, 2004).

Lazarus and Folkman (1984) categorized coping into two main types: Emotion-focused and Problem-focused. Emotion focused coping are skills that are adopted to manage the unpleasant feelings that is experience during the stressful event. Whereas problem-focused coping are ways that individuals adopt to resolve the stressful situation such as planning and time management. Hence it can be suggested from the current study that visually impaired street beggars adopt more of emotion-focused coping. Visually impaired street beggars try to control their feelings by engaging in various cognitive and behavioral tools including belief in God; talking to others such family and maintaining a good relationship or perceiving support from other visually impaired street beggars which help to reduce the feeling of loneliness. When individuals are able to find the appropriate emotion-focused technique for managing their stressful conditions, it aids reduction in overall stress and can enable them to achieve greater physical and emotional health (Scott, 2019)

5.7 Implications of findings for interventions

Findings from this study imply that visually impaired street beggars do experience negative emotions which could negatively impact on their psychological well-being. Although the study employed a purely qualitative approach, this gave a deep insight into interpersonal effects of the vision loss. The challenges associated with vision loss such as loss of jobs and independence was driving force behind the emotions attached to vision impairment. Expressions used by visually impaired street beggars to describe how they feel about their vision loss, is likely to be higher on a depression scale. Due to this, a practical rehabilitation services should be developed for adaptation to the vision loss. Adaptation to vision loss, improving physical and mental health, independence, mood and social skills can improve well-being and quality of life. This raises the demand for the mainstream of clinical psychologists and occupational therapists into the health care system; and this serves as a suggestion to Ministry of health and Ghana Health Service to adopt and implement this approach.

The study also showed that majority of the visually impaired street beggars does not receive support. Social support helps individuals to adjust effectively to a stressful event and this can result in a stable physical and mental health. Hence awareness needs to be created to family members, relatives and friends who regularly interact with visually impaired street beggars on the psycho-social consequences of vision loss. Clinical psychologists who work with individuals with vision impairment should explore areas such as social support and develop interventions that would help strengthen them.

Since lack of employment and limited support were the main reasons visually impaired street beggars took to begging. It is recommended, a self-motivating and sustainable vocational training programs should be organized. These programs should be created in a way that products made by visually impaired street beggars would be on sales so that they can also make a living out of it. Further a well-structured and implemented policy should be enforced on both public and private institutions where it is mandated for them to reserve some percentage of their work force for persons with disabilities and this will in turn reduce begging.

5.8 Limitations of the study

The study was only conducted among participants who developed the vision loss without involving those born with the impairment. The researcher intended to involve individuals born with the impairment and those who developed later in life but however during the period of data collection, all participants available developed vision loss later in life. Exploring the differences in experiences between these groups would have brought light on adjustment differences with the vision impairment. However this sample has given us an understanding into how vision loss can negatively affect individual's well-being. Also this study did not consider gender differences in terms of their experiences. This could have broadened our understanding into how gender plays a role in level of distress with vision loss. However, this study fills some research gap in studies on persons with disabilities involved in street begging despite the limitations noted above. This study is one of the few that have explored psycho-social experiences of visually impaired street beggars in Ghana and this serves as a good basis for future research.

5.9 Recommendations for future research

Some recommendations are made based on the findings from the study and further research could look at areas such as:

- This study has provided in-depth understanding into experiences of visually impaired street beggars such as emotions, reactions, daily challenges and coping skills adopted. However future studies could employ a quantitative approach to statistically analyze these responses because the participants' expressions are likely to negatively affect psychological well-being. This can aid in generalizing the results to other individuals in similar situations.

- Also future studies could consider exploring differences in psychological well-being among persons born with vision impairment and those who developed later in life.
- The result of this study could influence researchers to also focus on other persons with disabilities involved in street begging and understand their experiences with their conditions.

5.10 Conclusion

This study explored the psychological experiences of visually impaired street beggars in Ghana. A qualitative approach was employed for this study specifically phenomenology and in-depth interviews were used to collect data for twenty-five (25) participants. The study had four objectives: To understand the subjective feelings of being visually impaired; to understand societal stigma experienced by visually impaired street beggars; explore the types of social support received by visually impaired street beggars; and to explore the coping strategies of visually impaired street beggars. Results from the study showed that visually impaired street beggars experienced personal losses such as job, relationships and hobbies with vision loss which resulted in feelings of negative emotions such as sadness, fear and anger. Further, the findings also revealed that participants took certain defense actions with the hope of regaining their sights. In addition, the results also showed that participants experienced daily challenges with the vision impairment and street begging. Lastly, the findings showed visually impaired street beggars engage in coping strategies to help them deal with their stressful situations. To conclude, findings from the study revealed the need for integration of clinical psychologists and occupational therapists into the various health care institutions; and also development of policies that mandates institutions on employment of PWD’s.

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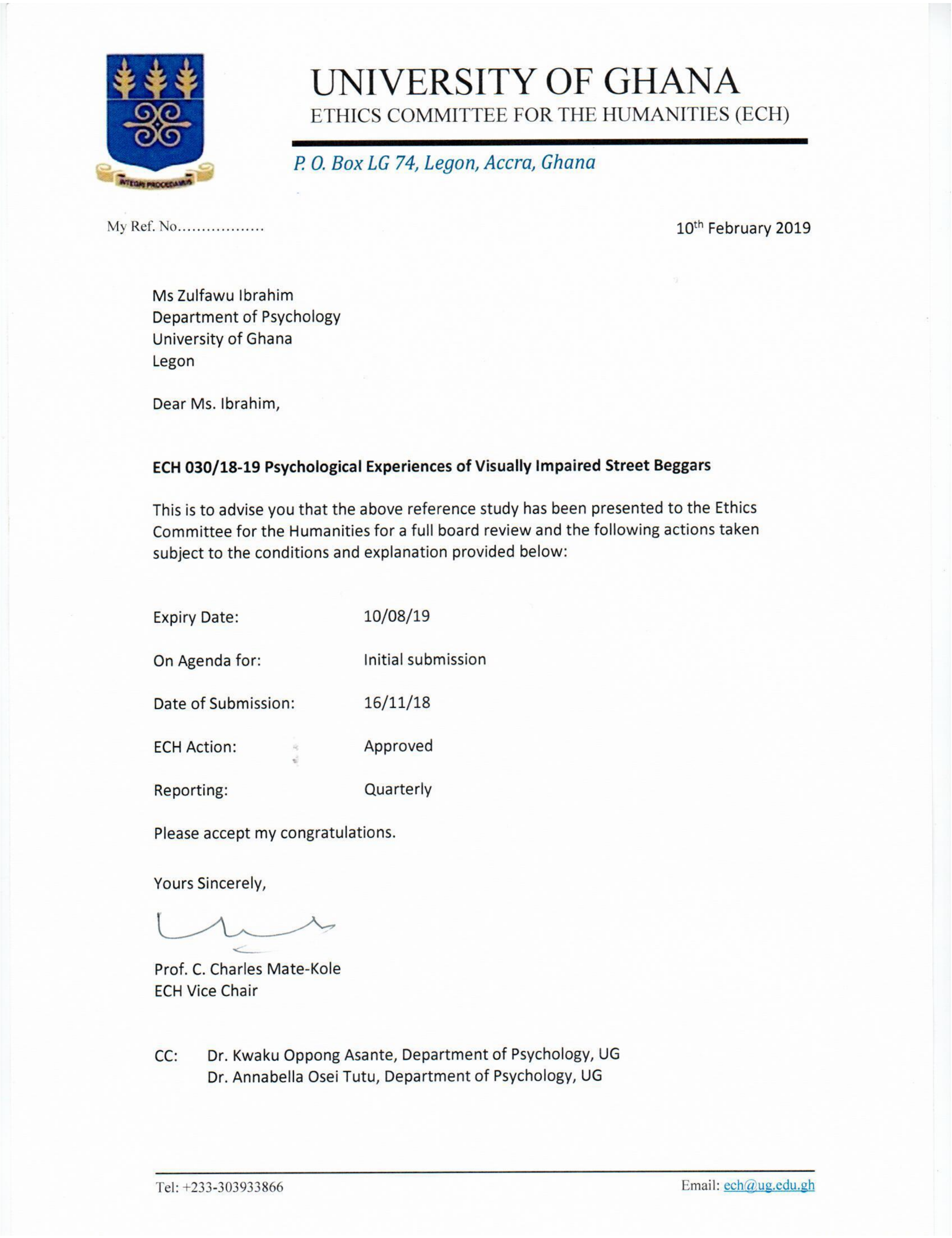
APPENDIX 1: ETHICAL CLEARANCE



UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)
P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.................

10th February 2019

Ms Zulfawu Ibrahim
Department of Psychology
University of Ghana
Legon

Dear Ms. Ibrahim,

ECH 030/18-19 Psychological Experiences of Visually Impaired Street Beggars

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	10/08/19
On Agenda for:	Initial submission
Date of Submission:	16/11/18
ECH Action:	Approved
Reporting:	Quarterly

Please accept my congratulations.

Yours Sincerely,

Prof. C. Charles Mate-Kole
ECH Vice Chair

CC: Dr. Kwaku Oppong Asante, Department of Psychology, UG
Dr. Annabella Osei Tutu, Department of Psychology, UG

Tel: +233-303933866
Email: ech@ug.edu.gh

APPENDIX 2: ETHICS PROTOCOL CONSENT FORM

UNIVERSITY OF GHANA

Official Use only Protocol number

Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	PSYCHOLOGICAL EXPERIENCES OF VISUALLY IMPAIRED STREET BEGGARS
Principal Investigator:	ZULFAWU IBRAHIM
Certified Protocol Number	

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

The study aims to explore and understand the psychological experiences of the visually impaired street beggars in Ghana. It will explore feelings of being visually impaired; explore the stigma visually impaired street beggars have experienced from society; as well as explore the social support received or not by visually impaired street beggars, and the coping strategies visually impaired street beggars use to adjust to their condition.

The study will require that you answer questions about your experiences of being a visually impaired street beggar. In total, you will require about forty-five (45) minutes to complete each interview. In a situation whereby you cannot read, the researcher will be available to translate them to local dialect (Twi, Hausa) in order to facilitate the process. Moreover, the interview will be audiotaped.

Benefits/Risks of the study

This study is not designed to benefit you directly, but however your participation will bring insight to the public into the experiences that visually impaired street beggars go through. Findings from this study will also serve as a guide to the Department of Social Welfare and other stake holders understand the needs of visually impaired street beggars and in the development of interventions and policies to better their lives.

There is no risk associated with this study. However, you may also experience tiredness due to the duration of the interview. You have the freedom to ask for a break in such instances.

Confidentiality

Further, for the purpose confidentiality, you are not allowed to give your names, contact number that might reveal your identity. Any information you share would be termed as confidential and thus, would not be released or shared to a third party without your authorization. Hence, any information given would be kept in a secured locket for which the researcher would primarily be the only person who has access to the key. Assurance would be given that the ultimate purpose of this study is for academic purpose.

Compensation

Due to the academic nature of this research presently, no extrinsic rewards would be given but your consent and participation would be much valued.

Withdrawal from Study

You are not obliged to participate in this study. Therefore you can decide not to participate, or withdraw at any time in the course of the study without attracting any penalty. Your participation can be terminated in case you feel any psychological distress during the course of the interview.

Contact for Additional Information

You can contact the following for any answers to any questions about the research. Zulfawu Ibrahim, University of Ghana, Department of Psychology, Legon. Telephone: 0544638482 or email address: zulfawu33@gmail.com. Also, if you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

____

Name of Participant

______________________________________ __________________

Signature or mark of Participant Date

If participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

____

Name of witness

_______________________________________ ___________________

Signature of witness / Mark Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

<u>Zulfawu Ibrahim</u>

Name of Person who Obtained Consent

___________________________________ __________________

Signature of Person Who Obtained Consent Date

APPENDIX 3: SEMI-STRUCTURED INTERVIEW GUIDE

A)- Demographics

A1-how old are you

A2-What region do you come from?

A3-what ethnic group do you belong to?

A4-what is your current level of education?

A5- what is your religious affiliation?

A6- What is your marital status?

A7-How many years have you been visually impaired?

A8- how long have you been a street beggar?

B) Experiences of visually impaired street beggars

B1- Were you born with vision impairment?

B2-Tell me about your life growing up before you became visually impaired/ tell me about your life growing up being visually impaired (those born with vision impairment).

[probe: relationship with relatives, significant others, work, marriage, , stigma (those born with vision impairment)]

B3- How do you feel about your vision impairment? (prompt: self-blame, beliefs, sadness, anger)

B4-How have things been different when you became visually impaired (those who were not born with vision impairment)?

[probe: difficulties with everyday activities, work, dependency, relationship with relatives and significant others; reasons for being on the street, stigma]

B5-how do you feel about it? [prompt: emotionally, mentally]

B6 -What are the reasons that made you decide to beg for alms on the street (those born with vision impairment)[probe: stigma, how do you feel about it]

B7-What are the challenges you face begging on the street?

[probe: moving in between vehicles, weather condition, abuse(verbal or physical), stigma from family and others]

B8-How would things be different if you were not visually impaired?[work, family, future]

B9-What are some of the support (food, money, clothing, shelter) you have received from others aside family? [probe; NGO, government, others].

C) Coping strategies used by visually impaired street beggars

C1-What do you think the future holds for you?[probe: what you hope to achieve, when you will stop begging]

C2-What motivates you to keep living daily? [probe: religion, family, relationship with other visually impaired street beggars]