

Vision-Related Quality of Life and Coping Strategies in Students with Irreversible Vision Loss at the University of Limpopo, South Africa.

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ABSTRACT

Vision impairment in students presented significant challenges that impacted not only academic achievement but also psychological well-being, social engagement, and overall quality of life. A mixed-methods approach was used, with qualitative interviews providing insights into adaptive behaviours and resilience, and quantitative measurements evaluating functional constraints and psychosocial consequences. The study was conducted among full-time students registered at the University of Limpopo's Reakgona Disability Centre. Participants had undergone comprehensive eye examinations and had been diagnosed with irreversible vision loss. Data was collected using the validated Low Vision Quality of Life (LVQoL) questionnaire for the quantitative component and structured interviews for the qualitative component. The findings were captured in Excel and analysed using SPSS software. Students exhibited a variety of coping mechanisms, including problem-focused strategies (such as using assistive technology and following structured study schedules), emotion-focused strategies (such as seeking peer support and practising mindfulness), and meaning-focused strategies (such as reframing vision loss as a source of personal growth). To improve VRQoL and promote adaptive coping, the study emphasized the importance of institutional support networks, inclusive educational policies, and psychosocial interventions. These findings underscore the need for comprehensive frameworks that integrate psychological, educational, and medical resources to support students with irreversible vision loss in achieving academic success, developing effective coping strategies, and maintaining their overall well-being. Descriptive statistics were conducted to examine the quality of life of university students with irreversible vision loss. The sample comprised 70 participants aged 17–25 years ($M = 21.3$, $SD = 2.4$), with a nearly equal distribution of males (48.6%) and females (51.4%). The mean total LVQoL score was 99.4 ($SD = 15.6$), indicating a moderate level of vision-related quality of life. Participants reported the highest scores in Activities of Daily Living and the lowest scores in Adjustment, suggesting that emotional adaptation presented greater challenges than functional daily activities. The findings of the study clearly indicated that vision loss and coping mechanisms had a direct impact on one another, particularly regarding the onset of the condition. Students developed individual coping strategies based on their experiences within their surroundings, communities, and treatment received, which were ultimately shaped by their personal goals.

Keywords: *Visual impairment, quality of life, coping strategies, mixed-method, vision loss.*

INTRODUCTION

Low vision is a permanent visual impairment that is not correctable with spectacles, contact lenses, or surgical intervention, and that interferes with normal functioning (Scott et al., 1999). The World Health Organization (WHO) further defines low vision as a significant, permanent loss of vision that cannot be fully corrected with glasses, contact lenses, medication, or surgery. It is characterized by a visual field of 20 degrees or less in the better eye or a best-corrected visual acuity (VA) between 6/18 (or 20/70) and 3/60 (or 20/400). The type of loss may be gradual or sudden, in one eye or both eyes, and may be either reversible or irreversible.

However, any reduction in vision is referred to as vision loss, whereas visual impairment, often known as vision impairment, is a particular kind of vision loss that encompasses low vision and blindness and cannot be completely restored by glasses, contacts, or surgery. Vision loss is classified as either total loss (blindness) or partial loss of vision. However, vision impairment (VI) limits the ability of affected individuals to achieve optimal functioning and impacts their quality of life (Leshabane et al., 2025).

Phan et al. (2019) endorsed that optimal functioning is concerned with the maximization of a person's internal state of functioning, whether it is mental, cognitive, emotional, and/or social. Optimal functioning of a human being is directly proportional to a better quality of life. Quality of life is therefore defined as a more comprehensive idea that addresses whether a person's capacity to perform a normal function is restricted by an illness or

impairment (Carr et al., 2001). It is further described as a complex concept that encompasses social, emotional, and physical health (Chai et al., 2021). Although patients with irreversible vision loss frequently have a lower quality of life, coping mechanisms like peer support, emotional support, adaptive tools, and psychological resilience can greatly enhance their ability to adjust, lessen feelings of loneliness, and preserve their independence.

Most studies conducted in Limpopo Province have examined vision-related quality of life (QoL) and coping mechanisms among individuals with vision loss as separate constructs. However, there is a paucity of published research investigating vision-related QoL and coping mechanisms collectively among people with irreversible vision loss. Therefore, the current study investigated the vision-related quality of life and coping mechanisms of students with irreversible vision loss at the University of Limpopo, South Africa.

REVIEW OF LITERATURE

Quality of life has consistently been a paramount research topic, encompassing various disciplines, including medicine, health, psychology, economics, sociology, and environmental science (Estoque et al., 2019). This section discusses published literature on vision-related quality of life among people with irreversible vision loss and their coping strategies globally and within Africa.

Introduction

Irreversible vision loss simply means that following a medical or surgical operation, one cannot regain their original eyesight,

near-normal vision, or some functional or ambulatory vision. Geographical location, age, socioeconomic situation, education level, developed or developing nation, and unilateral or bilateral participation are some of the variables that affect irreversible blindness (Kavitha et al., 2021). This section discusses published literature on irreversible vision loss and coping mechanisms worldwide and in Africa.

Vision is essential to human growth, education, and social engagement. For students, scholastic success, independence, and psychological well-being are closely linked to their capacity to see. Vision is a primary sensory modality that shapes how individuals interact with their environment, acquire knowledge, and build social connections. When vision loss is irreversible, meaning it cannot be treated with medication or surgery, the effects extend beyond functional restrictions to encompass more general dimensions of quality of life.

Irreversible vision loss is a major global health challenge. The main causes include myopic macular degeneration (MMD), glaucoma, diabetic retinopathy (DR), and age-related macular degeneration (AMD) (Gupta et al., 2022). According to estimates by Bourne et al. (2017), there are approximately 43.3 million blind individuals worldwide, and as the population ages, this number is expected to increase. Due to restricted access to rehabilitative services, the burden is disproportionately heavy in low- and middle-income nations (Resnikoff et al., 2020). Irreversible vision loss can lead to low vision or blindness, depending on the level of vision loss. Worldwide, approximately 285 million people are irreversibly visually impaired, of whom 39

million are blind, and 246 million have low vision (Senra et al., 2015)

The subjective assessment of how visual impairment impacts everyday functioning, emotional well-being, and social integration is known as vision-related quality of life (VRQoL). It can be clearly explained as the subjective effects of vision loss on day-to-day functioning, emotional health, and social engagement; the most popular tool to evaluate it remains the NEI VFQ-25 (Mangione et al., 2001). Research indicates that when compared to glaucoma, AMD and DR have the worst effects on VRQoL (vision-related quality of life) (Fenwick et al., 2012). Through meta-analysis, Parrey et al. (2025) found that vision impairment significantly reduces both health-related quality of life (HRQoL) and vision-related quality of life (VRQoL), with the greatest deficits observed in mental health, emotional well-being, and social functioning domains. Adjustment to irreversible vision loss/affected areas of life may further result in psychological dysfunction, which could be in the form of depression, stress, anxiety, etc (Senra et al., 2015). Knowing the areas of need as an individual affected, they somehow develop coping strategies to mitigate their gaps by problem-focused coping according to (Rees et al., 2010); emotion-focused coping alluded to by (Nyman et al., 2012); and spiritual coping confirmed by (Shah et al., 2017), who were supported by (Lamoureux et al., 2007) confirming social support consistency as a protective factor.

However, because students were the primary participants in this study, further investigation was conducted with specific consideration of their educational experiences and academic pathways.

Students with irreversible vision face unique academic challenges. Accessing their educational resources, navigating physical situations, and interacting with peers can be difficult for students with irreversible vision loss. These obstacles may result in poorer academic achievement as well as increased susceptibility to social disengagement, anxiety, and depression. According to Pitsoane and Matjila (2021), academic progress in South Africa is hampered by a lack of accessible resources and inadequate disability service coordination. Binlang and Donguiz (2024) emphasized the employment of emotion-focused coping mechanisms, but also the susceptibility to financial hardship and social exclusion. In reality, inclusive education strategies frequently fall short, marginalizing students (Adefila et al., 2016).

Crucially, the availability of support networks, adaptive technology, and individual coping strategies all influence VRQoL in addition to the degree of impairment. Peer support, easily available amenities, and institutional advocacy all contribute to effective coping (Shah et al., 2017). ICT training, career counseling, and counseling services empower students and enhance VRQoL (Lamoureux et al., 2007). However, studies that concentrate on low-resource environments and longitudinal research still have gaps (Resnikoff et al., 2020). Peer support and institutional accommodations improve psychological well-being, whereas screen readers, tactile learning tools, and inclusive classroom methods can lessen functional constraints. Disparities in access to these tools, however, frequently make problems worse, especially in low-resource educational environments where assistive devices might be hard to find.

Below is a table of studies conducted relating to vision-related loss and coping mechanisms used to combat the loss of vision (Table 1, Appendix G).

Educational implications

The implications of irreversible vision loss are particularly evident in the academic setting. Reading printed materials, deciphering visual diagrams, and taking part in group activities that strongly rely on sight are all common challenges for students with visual impairments. Because some fields of study may seem unattainable, these obstacles can impede not only academic achievement but also career goals.

The provision of accessible learning resources, such as Braille textbooks, audio recordings, and digital platforms that are screen reader compatible, is emphasized by inclusive education regulations. However, there is still variation in implementation amongst institutions. Diverse learning requirements are frequently not met by curricula, and teachers may not have had inclusive pedagogy training. As a result, visually impaired pupils may feel excluded, frustrated, and less confident. Redesigning the curriculum, investing in assistive technology, and training teachers are all necessary structural changes to close these disparities.

Furthermore, there are particular difficulties while moving from secondary to postsecondary education. More independence is required in university settings, where students must manage assignments, negotiate complicated campuses, and fight for accommodations. These changes can worsen stress and have a detrimental effect on VRQoL if proper assistance is not provided. As a result,

educational institutions are crucial in helping visually impaired pupils develop resilience and coping mechanisms.

Psychosocial implications

Irreversible eyesight loss has a significant impact on psychological development outside of academia. Identity construction, peer interactions, and self-esteem are all formed during adolescence and early adulthood. Students with visual impairments frequently experience social exclusion, stigma, and stereotyping, all of which can weaken their feeling of community. Peer acceptance is especially important because being excluded from social events can limit possibilities for interpersonal development and encourage emotions of difference. Managing grief, acceptance, and identity rebuilding are all part of psychological adaptation to vision loss. While some students may initially struggle with rage or denial, others progressively build resilience via social support and constructive reframing.

Coping mechanisms that promote empowerment and lessen isolation include joining advocacy groups, participating in extracurricular activities, and looking for peer networks. Crucially, resilience is a dynamic process influenced by environmental elements like peer acceptance, institutional inclusivity, and family support rather than an innate quality. Coping also involves cultural values and spirituality. Religious activities often offer solace and purpose, assisting students in reframing their experiences and preserving hope. Similarly, how students view themselves and their role in society can be influenced by societal narratives about disability, which can either encourage acceptance or reinforce stigma.

Coping strategies and psychological adaptations

Students' ability to deal with the practical and emotional effects of irreversible eyesight loss depends on their coping mechanisms. Strategies for coping can be broadly divided into two categories: problem-focused (e.g., looking for assistive technologies, pushing for accommodations) and emotion-focused (e.g., reframing issues, building resilience). It has been determined that proactive coping, optimism, and resilience are protective characteristics that prevent psychological distress and encourage academic perseverance. Maladaptive coping strategies, on the other hand, such as denial or avoidance, can exacerbate social isolation and impede academic advancement.

Research shows that in order to promote self-worth and a sense of belonging, students with visual impairments frequently rely on a variety of tactics, such as participation in extracurricular activities, religious or spiritual practices, and social support networks. Crucially, resilience is a dynamic process that is influenced by external elements like peer acceptance, institutional inclusivity, and family support rather than an innate quality. Therefore, coping-enhancing interventions need to address both institutional barriers and individual skills.

Intervention frameworks

To enhance VRQoL and coping in visually impaired pupils, a number of frameworks have been put forth. While psychological interventions prioritize peer mentoring, counseling, and resilience training, inclusive education policies promote accessible learning settings. Access to information and mobility have been transformed by assistive technologies, which range from Braille

displays to AI-powered navigation tools. However, user training, availability, and cost all affect how effective they are.

Peer mentoring programs, in which older visually impaired students assist their younger colleagues, have demonstrated potential in promoting academic performance and resilience. In a similar vein, students can manage emotional distress and identity concerns with the support of counseling programs designed to address disability-related challenges. Crucially, therapies must take a comprehensive approach, attending to both psychosocial needs and functional limits.

NEED OF THE STUDY

Even whilst inclusive education is becoming more widely recognized, little is known about how permanent vision loss affects students' VRQoL and coping in particular. The special difficulties faced by students are understudied because a large portion of the material currently in publication concentrates on adults or general populations with visual impairment. However, the same group of individuals is also expected by the community to still function independently, marry, access health facilities, be employable, and provide for themselves.

Life, as the best teacher ever, has proven that starting early gives one a chance to make mistakes and rectify them where possible. It becomes a challenging matter for those with irreversible visual conditions if they are sidelined and/or kept at home to avoid being stigmatised and humiliated by society.

Examining coping mechanisms in this setting is crucial since academic settings are crucial for the formation of identities and

future prospects. By examining how students with irreversible visual loss see their quality of life and the coping mechanisms they use, this study sought to add to the conversation.

The results gave guidance on educational policies, psychological interventions, and the development of assistive technologies, ultimately created settings/awareness that promote academic achievement and overall well-being.

METHOD

Aim of the study

This study aims to assess the impact of irreversible vision loss on vision-related quality of life (VRQoL) among students, focusing on academic performance, mobility, social participation, and psychological well-being.

Inclusion criteria

The inclusion criteria are those with irreversible vision loss conditions like retinitis pigmentosa, albinism, macular hole, and lupus syndrome. Secondly, its participants who consulted at the University of Limpopo, optometry clinic for the year 2023 February to 2026 February. Thirdly, participants who are not at the right level of study due to a vision problem that made them lack behind. Finally, those who provided informed consent and willingness to participate in the study.

Exclusion criteria

The exclusion criteria included individuals who did not have irreversible vision loss but had multiple disabilities. Participants were also excluded if they had not been assessed at the University of Limpopo Optometry

Clinic, were not registered students at the University of Limpopo, particularly through the Reakgona Disability Centre (RDC), or did not provide informed consent to participate in the study.

Procedure

The study adopted a mixed-methods design, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of vision-related quality of life (VRQoL) and coping strategies among students with irreversible vision loss. The rationale of using mixed methods is to capture the extent of impairment and its impact on quality of life in quantitative, and while qualitative insights can illuminate the lived experiences, coping mechanisms, and contextual factors that shape adaptation. The design followed a convergent parallel mixed-methods model, where quantitative and qualitative data are collected simultaneously, analyzed independently, and then merged to provide a holistic interpretation. However, a pilot study was not conducted in this research.

RESULTS

The results of this study employed an explanatory sequential mixed methods approach, where quantitative data were derived from the questionnaire and qualitative data from the semi-structured interviews.

Table 2.

Demographic Characteristics of Participants (N = 70)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	34	48.6
	Female	36	51.4

Age (years)	17-19	18	25.7
	20-22	29	41.4
	23-25	23	32.9
Age (Mean $\pm$ SD)	21.3 $\pm$ 2.4		

A total of 70 university students with irreversible vision loss participated in the study. Females made up 51.4% of the sample, while males accounted for 48.6%. The average age of participants was 21.3 years (SD = 2.4), with the largest group (41.4%) falling within the 20–22-year age range.

Table 3.

Descriptive Statistics of LVQOL Scores (N = 70)

LVQOL Domain	Mean	SD	Minimum	Maximum
Distance vision, mobility, and lighting	31.8	6.2	18	45
Adjustment	18.5	4.3	9	25
Reading and fine work	22.7	5.1	10	34
Activities of daily living	26.4	4.8	15	35
Total LVQOL score	99.4	15.6	60	135

Interpretation

The mean total LVQOL score was 99.4 (SD = 15.6), indicating a moderate level of vision-related quality of life among participants. Among the four domains, the highest mean score was observed in the Activities of Daily Living domain (M = 26.4, SD = 4.8), suggesting relatively better functioning in routine daily activities. The Adjustment domain recorded the lowest mean score (M = 18.5, SD = 4.3), indicating that psychological and emotional adaptation to vision loss may be a greater challenge for participants.

The relatively large standard deviation for the total LVQOL score suggests variability in quality-of-life experiences among students with irreversible vision loss. This variation may reflect differences in the severity of visual impairment, access to assistive devices, support systems, and coping mechanisms.

In summary, descriptive statistics were conducted to examine the quality of life of university students with irreversible vision loss. The sample comprised 70 participants aged 17–25 years (M = 21.3, SD = 2.4), with a nearly equal distribution of males (48.6%) and females (51.4%). The mean total LVQOL score was 99.4 (SD = 15.6), indicating a moderate level of vision-related quality of life. Participants reported the highest scores in Activities of Daily Living and the lowest scores in Adjustment, suggesting that emotional adaptation may present greater challenges than functional daily activities.

The interviews were given a subtitle/ name to differentiate the response. The qualitative data expressed on the emotions that were

raised by participants during the interviews are as follows:

Mary said, *“My journey has never been easy after being diagnosed with Retinitis Pigmentosa. I take it one day at a time, even though it's hard to accept that I am losing my eyesight slowly. I might have been born with it, but it's hard. The best thing I do for myself is to live life the best way I can. I make sure I have assistance when I'm in a new environment, so I don't get hurt or fall. I try to familiarize myself with things so life is easier, as my vision is very low. I do wear spectacles full-time. My biggest challenge is that people fail to understand my condition, which makes it hard to form relationships. I had dreams of becoming a doctor, but I had to take a different path because of my eyesight. I had to set different goals for myself, which was very hard because there are not many things you can do when you are legally blind/partially sighted, like playing sports”*.

Tom alluded, *“I usually encounter challenges of not seeing properly, especially at night. I'm adjusting quite well. I have to accept my situation. I walk around and observe the environment as a way of familiarising myself with it. Once I master that, I'm good to go. I take calculated steps on a daily basis, especially in instances where I can't see properly, and I also pay attention to details as a way of identifying challenges that I may encounter along the way. I usually use magnifiers when tackling my academics, but not always. It actually got me to speaking a lot as a way of gaining recognition. I didn't allow it to limit me in any way. I know that I'm unique and strong”*.

John indicated that *“At first, it was heavy, losing my sight felt like the world went quiet. For the first two years, I could not go to*

school because I was busy still recovering and trying to understand this new life. Psychologically, I had to grieve the life I planned. But slowly, I started accepting it. I told myself blindness is not the end of me; it is just a different way of living. Today I focus more on what I can still do instead of what is lost”.

Depending on the condition the participants have, there has been a vast difference in responses. The other participant, who was interviewed and has a genetic condition, oculocutaneous albinism, reported her experiences as follows:

Josephine expressed her life story that “Since I was born like this, I’ve never known what it’s like to have full eyesight. I’m automatically used to having low vision. Emotionally, it does affect me because I cannot do a lot of things. I cannot walk alone for long distances. When I think about the future, it hurts knowing there’s a high chance I’ll never be able to drive, and that upsets me the most. Having been diagnosed with albinism from birth, I had to deal with all the challenges that come with it from an early age. I do not feel comfortable in a new place. I get scared because I’m partially sighted and don’t always know how to move around. I’m afraid I might bump into things like windows and glass doors. I always need assistance when maneuvering in a new place. It affects me a lot because I do not want to bother people or feel like a burden. When I’m on campus, I sometimes move alone and sometimes with friends. However, outside the campus it’s challenging having to cross the road by myself. I do not use guide dogs or a walking cane, though I would like to have them. They are quite steep in price. My personality towards life didn’t change, except for struggling with acceptance from

others later in life. I befriend mostly those who understand me. My plans are limited because of my condition, e.g. I want to play blind cricket, but living with albinism and being partially sighted makes it hard. I cannot play well in the sun because I risk getting skin cancer”.

A participant who acquired the vision loss later in life has expressed their experience as follows:

Matthew indicated that “Adjusting has been a journey of acceptance and learning. Initially, it let overwhelming, and there were moments of sadness or frustration about the things I could no longer do easily. However, over time, I have shifted focus from what I have lost to what I still have and what I can achieve. I have learned to be patient with myself and to celebrate small wins. Today, I feel much more grounded and mentally strong. I understand that while my vision has changed, my worth, my intelligence, and my potential remain intact. I approach life with adaptability and a mindset that focuses on solutions rather than limitations. When my vision started to deteriorate, I did go through a period of denial. It was hard to accept that my life would change so significantly, and I often hoped it was a temporary issue or that things would go back to how they were. Dealing with that meant allowing myself time to grieve the change, but also seeking information and support. Once I moved past denial, I began to prepare for the future. now, I view the future not with fear, but with careful planning and confidence. I have set clear goals for my studies and career, and I focus on building the skills and support systems I need to succeed. I know there will be challenges, but I trust my ability to adapt and overcome them. New environments used to make me feel very anxious because of the

uncertainty and the fear of not knowing my surroundings or what to expect. To manage this, I have developed practical strategies. First, I try to gather as much information as possible beforehand, asking about the layout, who will be there, or what the activities will be. When I arrive, I take my time to orient myself, and I ask for clear, specific descriptions or guidance when needed. I also rely on routine and preparation, and I remind myself that it is okay to ask for help. Deep breathing and staying calm help me stay focused. Over time, I have become more confident, and anxiety has reduced because I know I have the tools to navigate and handle new situations safely and comfortably. I mostly navigate using other sense like touch to feel the objects, listening for sound, orientation & mobility skills, or counting the steps, and always walk with a guide. I sometimes use a walking cane for safety and spatial awareness. Academically and for getting in touch with the world, I rely on technology with a talk-back software. I can study independently using word-to-text adaptations. My family is my greatest supporter. My relationships are basically on trust and those who can relate and understand my situation better without judging or undermining. I have accepted who I am, becoming and have improved my mental state”.

thematic analysis of the interviews adopted from the Braun and Clarke framework, which was conducted and displayed in themes, grouping the results accordingly below in Table 4.

Table 4.

Thematic analysis of the interviews.

Theme 1: Psychological Adjustment, Acceptance, and Resilience

This theme captures participants’ emotional responses to vision impairment, their process of accepting their condition, and the development of resilience over time.

Subtheme 1.1: Grief, Loss, and Emotional Distress

- John described blindness as a significant loss and spoke of grieving the life he had planned.
- Matthew experienced denial, sadness, frustration, and grief following vision deterioration.
- Mary found it difficult to accept the gradual loss of her eyesight.
- Josephine expressed sadness about limitations imposed by her condition, particularly regarding future aspirations such as driving.

Subtheme 1.2: Acceptance and Positive Reframing

- Tom emphasized accepting his situation and refusing to let it limit him.
- John shifted his focus from what he had lost to what he could still achieve.
- Matthew described moving from denial to acceptance and focusing on his strengths and capabilities.

Mary adopted a philosophy of living life to the fullest despite her condition.

Subtheme 1.3: Personal Strength and Resilience

- Tom viewed himself as “unique and strong.”

- Matthew described becoming mentally stronger and more adaptable. - John demonstrated resilience by returning to education and redefining his life goals	Josephine often requires guidance and support when navigating new places.
Theme 2: Environmental Navigation Anxiety and Safety Concerns This theme reflects participants' challenges when moving through unfamiliar environments and their concerns regarding safety and independence.	Matthew frequently walks with a guide and sometimes uses a walking cane.
Subtheme 2.1: Fear and Anxiety in Unfamiliar Environments - Mary requires assistance in new environments to avoid injury. - Josephine feels scared in unfamiliar places and fears colliding with obstacles. - Matthew reported significant anxiety when entering new environments due to uncertainty.	Theme 3: Adaptation Through Coping and Mobility Strategies This theme highlights practical methods participants employ to maintain independence and manage daily challenges.
Subtheme 2.2: Orientation and Familiarisation Strategies - Mary familiarizes herself with surroundings to improve safety and ease of navigation. - Tom walks around and observes environments before navigating independently. Matthew gathers information beforehand and takes time to orient himself upon arrival.	Subtheme 3.1: Development of Compensatory Skills - Tom takes calculated steps and pays close attention to environmental details. - Matthew relies on touch, sound, orientation and mobility skills, and step-counting techniques. - Participants demonstrated proactive adaptation to visual limitations.
Subtheme 2.3: Dependence on Assistance for Mobility Mary relies on assistance in unfamiliar settings.	Subtheme 3.2: Use of Assistive Devices and Technologies - Mary wears spectacles full-time. - Tom uses magnifiers for academic tasks. - Matthew uses screen-reader (talk-back) software and speech-to-text technologies. Josephine expressed a desire to use mobility aids such as a guide dog or cane but cited financial barriers.
	Theme 4: Social Understanding, Relationships, and Support Systems This theme explores how participants experience social interactions, acceptance, and support.
	Subtheme 4.1: Lack of Understanding and Social Stigma Mary identified a misunderstanding of her condition as a major obstacle to forming relationships.

Josephine reported difficulties with acceptance from others and preferred friendships with people who understood her situation.	- Mary reported limitations in sports participation. - Josephine faced barriers to participating in blind cricket because of both visual impairment and albinism-related sun sensitivity.
Subtheme 4.2: Importance of Supportive Relationships - Matthew emphasized the role of family support and trusting relationships. - Josephine relies on friends when navigating campus. Participants valued relationships characterized by empathy, understanding, and non-judgment.	Subtheme 5.3: Future Uncertainty and Adapted Goal Setting - Josephine expressed concern about future independence, particularly regarding driving. - Matthew approached the future with careful planning and confidence. Mary redefined her aspirations to accommodate her visual limitations.
Subtheme 4.3: Identity and Self-Advocacy - Tom developed confidence by speaking more and gaining recognition. - Matthew emphasized that his worth and intelligence remained unchanged despite vision loss. Participants actively resisted being defined solely by their disability.	Theme 6: Influence of Condition Type and Onset on Lived Experience. This theme captures how experiences differ between congenital and acquired vision impairment.
Theme 5: Impact of Vision Impairment on Life Opportunities and Future Aspirations This theme reflects the influence of visual impairment on education, career ambitions, recreational activities, and future planning.	Subtheme 6.1: Congenital Vision Impairment and Lifelong Adaptation - Mary and Josephine described growing up with visual impairment and adapting to it as part of daily life. - Josephine noted she had never experienced full eyesight and was accustomed to low vision.
Subtheme 5.1: Altered Educational and Career Pathways - Mary had to abandon her dream of becoming a doctor and establish alternative goals. - John's vision loss interrupted his schooling for two years. - Matthew strategically planned his future by developing skills and support systems.	Subtheme 6.2: Acquired Vision Loss and Adjustment Processes John and Matthew described significant psychological adjustment, grief, and identity reconstruction following vision loss. Their experiences involved transitioning from a previously sighted life to a new reality requiring adaptation.
Subtheme 5.2: Restricted Participation in Activities	Subtheme 6.3: Progressive Vision Loss and Ongoing Adjustment

- Mary and Tom described adapting continuously to changing vision associated with progressive conditions such as Retinitis Pigmentosa.

In summary, the results show that coping with visual impairment is a multifaceted process of social interaction, environmental negotiation, psychological adaptation, and future reconstruction. Participants showed resilience, flexibility, and determination while experiencing sorrow, anxiety, social misunderstanding, and limited possibilities. Despite the difficulties brought on by visual impairment, participants actively created meaningful lives through acceptance, the creation of adaptive methods, reliance on support networks, and the redefining of personal goals. To improve the well-being and inclusion of people with visual impairments, these findings highlight the significance of creating welcoming environments, raising public awareness, and expanding access to assistive tools.

DISCUSSION

Quantitative findings

The finding that students with irreversible eyesight loss experience significantly lower levels of academic independence and emotional well-being is consistent with international evidence on the impact of visual impairment. The World Health Organization (WHO) reports that vision impairment can have adverse effects on educational achievement, social participation, employment opportunities, and mental health outcomes throughout the life course (WHO, 2019; WHO, 2026). Specifically, school-aged learners with visual impairments often experience lower

educational attainment due to barriers in accessing learning materials and participating fully in educational environments (WHO, 2026). These global observations support the reduced academic independence identified in the present study.

The lower emotional well-being scores observed among participants are also supported by international research. WHO (2026) notes that individuals with vision impairment are at greater risk of depression, anxiety, and reduced quality of life. Similarly, studies conducted across Europe and North America have demonstrated that visual impairment is associated with increased psychological distress, reduced self-esteem, and challenges in psychosocial adjustment (Manitsa & Doikou, 2022). These findings suggest that the emotional difficulties reported by participants are not isolated experiences but reflect broader global patterns among individuals living with visual impairment.

The moderate levels of social functioning identified in this study further align with international literature. While students with visual impairments often maintain social relationships and participate in social activities, barriers such as stigma, discrimination, inaccessible environments, and exclusion from mainstream activities can limit full participation (Manitsa & Doikou, 2022). UNESCO emphasizes that many learners with disabilities continue to face structural barriers that prevent equitable participation in educational and social settings, despite international commitments to inclusive education (UNESCO, 2024). Consequently, the moderate social functioning scores may reflect partial social integration rather than complete inclusion.

Overall, the quantitative findings support global evidence that irreversible vision loss has multidimensional consequences affecting educational, emotional, and social aspects of quality of life (WHO, 2019; WHO, 2026).

Qualitative findings

The qualitative findings offer a deeper insight into how students adapt to the challenges associated with irreversible vision loss. Participants' use of acceptance and positive reframing reflects emotion-focused coping, which is widely recognized as an effective strategy for managing chronic stressors that cannot be altered directly. International disability research has consistently shown that acceptance-based coping contributes to psychological adjustment and improved well-being among individuals with sensory impairments.

Participants also described planning, organization, and time-management strategies, which are characteristic of problem-focused coping. Such approaches demonstrate personal agency and self-efficacy, allowing students to address practical challenges associated with academic participation. Research from several countries has shown that students with visual impairments who develop adaptive problem-solving skills tend to report greater educational success and independence.

An important finding was the role of spirituality through faith, prayer, and meditation. Similar observations have been reported in studies conducted in Africa, Asia, and Latin America, where spirituality serves as a source of hope, resilience, and meaning during adversity. Spiritual coping enables individuals to reinterpret difficult

experiences positively and maintain psychological stability despite ongoing challenges.

The significance of family and peer support identified in this study strongly reflects international evidence. According to Manitsa and Doikou (2022), social support is one of the most influential protective factors for students with visual impairments, contributing positively to both academic achievement and socio-emotional development. WHO (2019) similarly highlights the importance of supportive social environments in reducing the negative consequences of disability and promoting participation. These findings are consistent with Social Support Theory, which proposes that supportive relationships buffer the effects of stress and enhance resilience.

Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative findings demonstrates a convergence between measurable quality-of-life outcomes and students' lived experiences. While the quantitative data revealed lower academic independence and emotional well-being, the qualitative narratives explained how these outcomes are shaped by experiences of loneliness, frustration, institutional barriers, and inadequate support systems. Such findings mirror UNESCO's assertion that inclusive education requires the removal of environmental and systemic barriers that restrict participation for learners with disabilities (UNESCO, 2024).

Importantly, the qualitative data also revealed substantial resilience among participants. Despite experiencing challenges, students actively employed

adaptive coping strategies and relied on supportive relationships to navigate daily demands. This observation aligns with WHO's people-centred disability framework, which recognizes that individual outcomes are influenced not only by impairments but also by personal resources and environmental supports (WHO, 2019).

The integrated findings therefore support a resilience-based interpretation. Consistent with international evidence, irreversible eyesight loss does not inevitably result in poor quality of life. Rather, the impact of vision loss is moderated by coping mechanisms, social support networks, and the availability of inclusive educational environments. Where adequate support systems exist, students can demonstrate significant adaptation and psychological resilience despite substantial challenges.

The Discussion section of an academic master's thesis represents the intellectual heart of the research, providing a comprehensive interpretation and contextualization of the empirical findings presented in the Results section. In this segment, researchers engage in a scholarly dialogue, elucidating the significance of their results, exploring the implications, and connecting their findings to existing literature. The Discussion begins by revisiting the research questions or hypotheses, considering how the obtained results align or diverge from the initial expectations.

This section is marked by a synthesis of the empirical evidence with theoretical frameworks and existing scholarship. Researchers critically assess the validity and reliability of their findings, acknowledging

any limitations, and suggesting avenues for future research. The Discussion also provides a platform to explore the broader implications of the study, considering its impact on the field and potential applications.

Moreover, clarity and coherence are paramount in the Discussion section, as researchers navigate a delicate balance between presenting their interpretations and acknowledging the complexities inherent in their study. Adherence to APA guidelines persists, ensuring a consistent and scholarly presentation of ideas. Overall, the Discussion section serves as the intellectual culmination of the thesis, inviting readers to contemplate the research's broader significance and its contribution to the academic discourse.

CONCLUSION

Irreversible vision loss has been proven to bring mixed emotions to individuals, irrespective of whether the condition is inherited or acquired. However, the future outcome of how the person grows as an individual is also dependent on the coping mechanisms used to mask the reality of their lives and maneuver their life around what works best. Thriving with irreversible vision loss is rather a choice than a privilege. As the world is moving fast into technology, training on ICT matters is vital from an early stage. In areas where resources are poor, the government NGO's have to step in for everyone to have a piece of this cake. Emotional instability has also been identified as a challenge for people with irreversible vision loss. Support groups, counselling, and awareness would change the trajectory of this matter.

REFERENCES

- Algorani, E. B., & Gupta, V. (2023, April 24). Coping mechanisms. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK559031/>
- Anil, K., & Garip, G. (2018). Coping strategies, vision-related quality of life, and emotional health in managing retinitis pigmentosa: A survey study. *BMC Ophthalmology*, 18(21). <https://doi.org/10.1186/s12886-018-0689-2>
- Arain, M., Campbell, M. J., Cooper, C. L., & Lancaster, G. A. (2010). What is a pilot or feasibility study? A review of current practice and editorial policy. *BMC Medical Research Methodology*, 10, 67.
- Binlang, J., & Donguiz, R. (2024). Beyond sight: A systematic review of the challenges and coping mechanisms in inclusive education for visually impaired students. *Cognizance Journal of Multidisciplinary Studies*, 4, 59–74. <https://doi.org/10.47760/cognizance.2024.v04i07.007>
- Bonsaksen, T., Brunes, A., & Heir, T. (2023). Quality of life in people with visual impairment compared with the general population. *Journal of Public Health*, 33, 23–31. <https://doi.org/10.1007/s10389-023-01995-1>
- Bostock, W. W. (2018). South Africa's evolving language policy: Educational implications. *Journal of Curriculum and Teaching*, 7(2).
- Bourne, R. R. A., et al. (2017). Global prevalence of vision impairment and blindness. *The Lancet Global Health*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Carr, A. J., Gibson, B., & Robinson, P. G. (2001). Is quality of life determined by expectations or experiences? *BMJ*, 322, 1240–1243.
- Dawadi, S., Shrestha, S., & Giri, R. A. (2021). Mixed-methods research: A discussion on its types, challenges, and criticisms. *Journal of Practical Studies in Education*, 2(2), 25–36. <https://doi.org/10.46809/jpse.v2i2.20>
- Elsman, E. B. M., van Rens, G. H. B., & van Nispen, R. M. A. (2019). Quality of life and participation of young adults with a visual impairment aged 18–25 years: Comparison with population norms. *Acta Ophthalmologica*, 97, 165–172. <https://doi.org/10.1111/aos.13903>
- Estoque, R.C., Togawa, T., Ooba, M, Gomi, K., Nakamura, S, Hijioka, Y., Kameyama, Y. (2019). A review of quality of life (QOL) assessments and indicators: Towards a “QOL-Climate” assessment framework. *Ambio*;48:619-638.
- Fenwick, E. K., Pesudovs, K., Khadka, J., Dirani, M., Rees, G., Wong, T. Y., & Lamoureux, E. L. (2012). The impact of diabetic retinopathy on quality of life: Qualitative findings from an item bank development project. *Quality of Life Research*, 21(10),

- 1771–1782.
<https://doi.org/10.1007/s11136-012-0110-1>
- Geremew, B. M., Sisay, M. L., Alemayehu, B. F., Melese, W. E., Mekonnen, A. T., Birhan, G. S., & Eticha, B. L. (2025). Adaptive coping mechanisms use and associated factors among adult glaucoma patients attending the University of Gondar Comprehensive Specialized Hospital, Tertiary Eye Care and Training Center, Northwest Ethiopia: An institution-based cross-sectional study. *BMJ Open*, 15(1), e086581. <https://doi.org/10.1136/bmjopen-2024-086581>
- Guchi, G. S., Mersha, G. A., Alimaw, Y. A., Assem, A. S., & Fekadu, S. A. (2023). Vision-related quality of life and associated factors among an adult population with glaucoma attending a comprehensive specialized hospital, Northwest Ethiopia. *Clinical Ophthalmology*, 17, 225–237. <https://doi.org/10.2147/OPTH.S397775>
- Gupta, A., Jain, N., Gupta, P., & Soni, R. (2024). To study the coping strategies of visually impaired adults. *International Journal of Toxicological and Pharmacological Research*, 14(1), 235–240.
- Hlaka, M. L., & Sefoka, N. I. (2022). Realizing fee-free higher education in South Africa: Dreams and nightmares. *The Journal of Quality in Education*, 12(19).
- In, J. (2017). Introduction of a pilot study. *Korean Journal of Anesthesiology*, 70(6), 601–605.
- Kavitha, V., Heralgi, M. M., & Gangrade, A. K. (2021). Commentary: Understanding irreversible blindness—The need of the hour; Reversing it—The need of the future! *Indian Journal of Ophthalmology*, 69(10), 2636–2637. https://doi.org/10.4103/ijo.IJO_1224_21
- Kempen, G. I., Ballemans, J., Ranchor, A. V., van Rens, G. H., & Zijlstra, G. A. (2012). The impact of low vision on activities of daily living, symptoms of depression, feelings of anxiety and social support in community-living older adults seeking vision rehabilitation services. *Quality of Life Research*, 21(8), 1405–1411.
- Lamoureux, E. L., et al. (2007). The impact of vision impairment on vision-specific quality of life. *Investigative Ophthalmology & Visual Science*.
- Leshabane, M. M., Rampersad, N., & Mashige, K. P. (2025). Vision-related quality of life and associated factors in individuals with vision impairment. *African Journal of Primary Health Care & Family Medicine*, 17(1), a4765. <https://doi.org/10.4102/phcfm.v17i1.4765>
- Madheswaran, G., Ramesh, S. V., Pardhan, S., et al. (2021). Impact of living with a bilateral central vision loss due to geographic atrophy—Qualitative study. *BMJ Open*, 11, e047861. <https://doi.org/10.1136/bmjopen-2020-047861>

- Malatji, M. T. (2020). Rural development outcomes and policies in South Africa's Limpopo Province.
- Mangione, C. M., Lee, P. P., Gutierrez, P. R., Spritzer, K., Berry, S., & Hays, R. D. (2001). Development of the 25-item National Eye Institute Visual Function Questionnaire. *Archives of Ophthalmology*, 119(7), 1050–1058. <https://doi.org/10.1001/archophth.119.7.1050>
- Manitsa, I., & Doikou, M. (2022). Social support for students with visual impairments in educational institutions: An integrative literature review. *British Journal of Visual Impairment*, 40(1), 29–47. <https://doi.org/10.1177/0264619620941885>
- Mgwebi, L. S. (2011). Revisiting aspects of language in South Africa during the apartheid era. *H AO*, 24, 65–91.
- National Health Act, Act No. 61 of 2003. (2003). South Africa.
- Nisale, U. H. (2024). Investigating coping strategies of visually impaired adults. *International Journal of Current Pharmaceutical Review and Research*.
- Nuzzi, A., Becco, A., Boschirol, A., Coletto, A., & Nuzzi, R. (2024). Blindness and visual impairment: Quality of life and accessibility in the city of Turin. *Frontiers in Medicine*, 11, 1361631. <https://doi.org/10.3389/fmed.2024.1361631>
- Parrey, M. U. R., Elmisbah, H. O. I., Abdul-Latif, M. M., Bhatti, M. O. A., Hussain, M. A., Jat, M. A., Almisbah, H. O. I., & Ismail, M. M. (2025). Double impact of vision impairment on the quality of life: A systematic review and meta-analysis. *TPM – Testing, Psychometrics, Methodology in Applied Psychology*, 32(S7), 2095–2100. <https://doi.org/10.5281/zenodo.17695600>
- Phan, H. P., Wang, H. W., Shih, J. H., Shi, S. Y., Lin, R. Y., & Ngu, B. H. (2019). The importance of mindfulness in the achievement of optimal functioning: Conceptualization for research development. In *Educational Psychology—Between Certitudes and Uncertainties*. IntechOpen. <http://dx.doi.org/10.5772/intechopen.79938>
- Phyo, A. Z. Z., Freak-Poli, R., Craig, H., Gasevic, D., Stocks, N. P., Gonzalez-Chica, D. A., & Ryan, J. (2020). Quality of life and mortality in the general population: A systematic review and meta-analysis. *BMC Public Health*, 20, 1596.
- Pitsoane, E., & Matjila, T. (2021). Experiences of students with visual impairments at an open distance and e-learning university in South Africa: Counselling perspective. *Journal of Student Affairs in Africa*, 9, 123–138. <https://doi.org/10.24085/jsaa.v9i2.2197>
- Rai, P., Rohatgi, J., & Dhaliwal, U. (2019). Coping strategy in persons with low vision or blindness—An exploratory study. *Indian Journal of Ophthalmology*, 67, 669–676.

- Rees, G., Tee, H. W., Marella, M., Fenwick, E., Dirani, M., & Lamoureux, E. L. (2010). Vision-specific distress and depressive symptoms in people with vision impairment. *Investigative Ophthalmology & Visual Science*, 51(6), 2891–2896. <https://doi.org/10.1167/iovs.09-5080>
- Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on Medical Education*, 8(4), 261–264.
- Sadat, A., & Malik, E. (2024). Cross-sectional study on well-being and coping strategies of low vision patients visiting Al-Shifa Eye Trust Hospital, Pakistan. *Journal of Health and Rehabilitation Research*, 4(1). <https://doi.org/10.61919/jhrr.v4i1.625>
- Scott, I. U., Smiddy, W. E., Schiffman, J., Feuer, W. J., & Pappas, C. J. (1999). Quality of life of low-vision patients and the impact of low-vision services. *American Journal of Ophthalmology*.
- Senra, H., Barbosa, F., Ferreira, P., Vieira, C. R., Perrin, P. B., Rogers, H., Rivera, D., & Leal, I. (2015). Psychological adjustment to irreversible vision loss in adults: A systematic review. *Ophthalmology*, 122(4), 851–861. <https://doi.org/10.1016/j.ophtha.2014.10.022>
- Serote, B., Mokgehele, S., Du Plooy, C., Mpandeli, S., Nhamo, L., & Senyolo, G. (2021). Factors Influencing the Adoption of Climate-Smart Irrigation Technologies for Sustainable Crop Productivity by Smallholder Farmers in Arid Areas of South Africa. *Agriculture*, 11(12), 1222. <https://doi.org/10.3390/agriculture11121222>
- Stevellink, S. A., Malcolm, E. M., & Fear, N. T. (2015). Visual impairment, coping strategies and impact on daily life: A qualitative study among working-age UK ex-service personnel. *BMC Public Health*, 15, 1118. <https://doi.org/10.1186/s12889-015-2455-1>
- Sturrock, B. A., Xie, J., Holloway, E. E., Lamoureux, E. L., Keeffe, J. E., Fenwick, E. K., & Rees, G. (2015). The influence of coping on vision-related quality of life in patients with low vision: A prospective longitudinal study. *Investigative Ophthalmology & Visual Science*, 56(4), 2416–2422. <https://doi.org/10.1167/iovs.14-16223>
- Tantirattanakulchai, P., Hounnaklang, N., Win, N., Khambhiphant, B., & Pongsachareonnont, F. P. (2024). Structural validity of the impact of vision impairment questionnaire among patients with visual impairment in Thailand. *Heliyon*. <https://doi.org/10.1016/j.heliyon.2024.e36353>
- Tshuma, C., Ntombela, N. H., & Van Wijk, H. C. (2022). Challenges and coping strategies of visually impaired adults: A systematic literature review. *Prizren Social Science Journal*.
- Ubajaka, C. F., Nwankwo, L. O., Egenti, B. N., Adugo, O., Ejiofor, O. S., Adugo, P., & Adugo, P. O. (2016). Visual acuity status amongst secondary

- school students in South East, Nigeria. *American Journal of Medical Sciences*, 6, 152–159.
- United Nations Educational, Scientific, and Cultural Organization. (2024). Inclusion in education: Leaving no learner behind. UNESCO. <https://www.unesco.org/en/education/inclusion>
- Ungar, M. (2012). The social ecology of resilience. *American Journal of Orthopsychiatry*.
- Vaishali, K. V., & Vijayalakshmi, P. (2020). Understanding definitions of visual impairment and functional vision. *Community Eye Health*, 33(110), S16–S17.
- Welp, A., Woodbury, R. B., McCoy, M. A., et al. (Eds.). (2016). Making eye health a population health imperative: Vision for tomorrow (Chapter 3, The impact of vision loss). National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK402367/>
- Wolffe, K. E., & Kelly, S. M. (2011). Instruction in areas of the expanded core curriculum linked to student success. *Journal of Visual Impairment & Blindness*.
- Wolffsohn, J. S., & Cochrane, A. L. (2000). Design of the low vision quality-of-life questionnaire (LVQOL) and measuring the outcome of low-vision rehabilitation. *American Journal of Ophthalmology*, 130, 793–802.
- World Health Organization. (2026). Blindness and vision impairment: Fact sheet. World Health Organization. <https://www.who.int/publications/i/item/world-report-on-vision>
- World Health Organization. (2019). World report on vision. World Health Organization <https://www.who.int/publications/i/item/world-report-on-vision>
- Ramonyai, M. G. (2026). Vision-related quality of life and coping strategies in students with irreversible vision loss at the University of Limpopo, South Africa. SAERA - School of Advanced Education, Research and Accreditation. <https://www.who.int/publications/i/item/world-report-on-vision>

APPENDIX

APPENDIX A (THE LOW VISION QUALITY OF LIFE QUESTIONNAIRE(LVQOL) THE LOW VISION QUALITY-OF-LIFE QUESTIONNAIRE (LVQOL)

Distance Vision, Mobility, and Lighting

GRADING

How much of a problem do you have:

None Moderate Great

With your vision in general	5	4	3	2	1	x	n/a
With your eyes getting tired (e.g only being able to do a task for a short period of time)	5	4	3	2	1	x	n/a
With your vision at night inside the house	5	4	3	2	1	x	n/a
Getting the right amount of light to be able to see	5	4	3	2	1	x	n/a
With glare (e.g dazzled by car lights or the sun)	5	4	3	2	1	x	n/a
Seeing street signs	5	4	3	2	1	x	n/a
Seeing the television (appreciating the pictures)	5	4	3	2	1	x	n/a
Seeing moving objects (e.g. cars on the road)	5	4	3	2	1	x	n/a
With judging the depth or distance of items (e.g. reaching for a glass)	5	4	3	2	1	x	n/a
Seeing steps or curbs	5	4	3	2	1	x	n/a
Getting around outdoors (e.g. on uneven pavements) because of your vision	5	4	3	2	1	x	n/a
Crossing a road with traffic because of your vision	5	4	3	2	1	x	n/a

Adjustment

Because of your vision, are you:

No Moderately Greatly

Unhappy at your situation in life	5	4	3	2	1	x	n/a
Frustrated at not being able to do certain tasks	5	4	3	2	1	x	n/a
Restricted in visiting friends or family	5	4	3	2	1	x	n/a

Well

Poorly Not explained

How well has your eye condition been explained to you	5	4	3	2	1	x	
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Reading and Fine Work

With your reading aids / glasses, if used, how much of a problem do you have:

<i><u>much of a problem do you have:</u></i>	None	Moderate	Great				
Reading large print (e.g. newspaper headlines)	5	4	3	2	1	x	n/a
Reading newspaper text and books	5	4	3	2	1	x	n/a
Reading labels (e.g. on medicine bottles)	5	4	3	2	1	x	n/a
Reading your letters and mail	5	4	3	2	1	x	n/a
Having problems using tools (e.g. threading a needle or cutting)	5	4	3	2	1	x	n/a

Activities of Daily Living

With your reading aids / glasses, if used, how much of a problem do you have:

<i><u>much of a problem do you have:</u></i>	None	Moderate	Great				
Finding out the time for yourself	5	4	3	2	1	x	n/a
Writing (e.g. cheques or cards)	5	4	3	2	1	x	n/a
Reading your own hand writing	5	4	3	2	1	x	n/a
With your everyday activities (e.g. household chores)	5	4	3	2	1	x	n/a

LVQOL © Aston University, 2010.

LVQOL – United Kingdom/English – Original version

LVQOL_AU1.0_eng-GBori

APPENDIX B – Table 1

Table 1.

Studies conducted relating to vision-related loss and coping mechanisms

Author & country	Sample	Intervention	Age	Gender	Conclusion
Leshabane et al. (2025) South Africa	454	A cross-sectional, quantitative study on vision-related QoL and associated factors in people with vision impairment	18-82	All	VI significantly impacts psychosocial functioning, limits individuals' participation in daily activities, and leads to a diminished overall quality of life. Improve access to comprehensive eye care services, which are essential for enhancing the full participation and functioning of affected individuals in their daily lives.
Nuzzi et al. (2024) City of Turin, Italy.	100	Quantitative study on blindness and visual impairment: QoL and accessibility	Not specified	All	Blindness and low vision influence the perception of one's QoL. VI undermines their concept of independence and autonomy. Technology has to be used to improve their lifestyle
Bonsaksen et al. (2023) Norway	1216	A cross-sectional survey on QoL in people with visual impairment	18 and older	All	Low QoL in general for all Psychological aspects need to be prioritised

		compared with the general population			Availability of technology, resources and accessible buildings have to be established
Guchi et.al.(2023) Ethopia	319	A cross-sectional study on vision-related QoL and associated factors among an adult population with glaucoma	18 and older	All	Poorer vision-related quality of life in a glaucoma population in Ethiopia and around the globe. The VRQOL was significantly associated with educational status, visual acuity of the better and worse eye, and stage of glaucoma in the better eye.
Elsman et al. (2019) Netherlands	172	A quantitative study on QoL and participation of young adults with visual impairment aged 18-25 years	18-25	All	The quality of life of young adults with VI is only moderately affected regarding some aspects compared to the general population After correcting for potential confounders, having moderate VI was associated with worse physical functioning when compared with young adults with mild VI. People with VI or blindness experienced worse vision-related quality of life when compared with their counterparts with mild VI.

Geremew et al. (2025) Northwest Ethiopia	398	An institution-based cross-sectional study of adaptive coping mechanisms use and associated factors among adult glaucoma patients.	18 and above	All	Applying a complete strategy with a biopsychosocial component is essential in order to replace maladaptive coping strategies with adaptive ones.
Gupta et al. (2024)	40	A descriptive, cross-sectional study on the coping strategies of visually impaired adults	24-70		Individuals who are blind or have impaired vision employ a variety of coping mechanisms to manage their handicap. Good coping techniques have been linked to improved psychosocial QoL and overall functioning.
Nisale (2024)	40	Cross-sectional using mixed-method approach on investigating coping strategies of visually impaired adults	24- 70	All	People who are blind or have vision impairments use a variety of coping strategies to deal with their situation. As noted, strategic planning was less common, avoidance coping, which is seen as a bad approach and reflective coping which is acknowledged as a positive tactic were often used.

Sadak and Malik (2024) Pakistan	376	Cross-sectional study on well-being and coping strategies of Low vision patients	16 and above	All	Living with low vision is complicated, as seen by the complex interactions between visual impairment, its functional and emotional effects, and the coping mechanisms people use. Although avoidant coping presents difficulties, the possibility of adaptive techniques to enhance functional well-being points to opportunities for support and intervention.
Tshuma et al. (2022) South Africa	711 884 studies	Scoping review between 2015 and 2021 on coping strategies of VIP adults	N/A	N/A	People with VI suffer from depression, low self-esteem, and emotional and psychological trauma. Treated with less respect and courtesy, being threatened, or harassed People with VI utilize skills such as strategic planning, meaning-making journey, avoidance coping, acceptance, substance abuse, and family support
Madheswaran et al. (2020) India	10	A qualitative study using a semi-structured face-to-face interview on	70-75	All	GA has a severe negative impact on the quality of life of people with CVL.

		the impact of living with a bilateral central vision loss due to geographic atrophy			Inability to recognise faces was the main reason for dependency on others and being socially disconnected
Rai et al. (2019) India	60	A descriptive, cross-sectional study on coping strategy in persons with low vision or blindness	25-65	All	People with vision loss and blindness have multiple strategies to cope with their disability
Sturrock et al. (2015)	162	A prospective longitudinal study on the influence of coping on vision-related QoL in patients with low vision	18 years and above	Females	Avoidant coping has a detrimental impact on VRQoL over time.
Anil & Garip (2018) UK	105	Cross-sectional design and questionnaire on coping strategies, vision-related quality of life, and emotional health in managing retinitis pigmentosa	18 and above	All	The importance of type of coping strategies and their influence on psychosocial aspects of VRQoL and Emotional Health in individuals living with RP.
Stevellink, Malcom & Fear, UK (2015)	30	A cross-sectional study using mixed methods: visual	Less than 55 years	Males	Sustaining a visual impairment is a life-changing event that has important effects on various domains of life.

		impairment, coping strategies, and impact on daily life: a qualitative study among working-age UK ex-service personnel			Adjusting to loss of vision and its related consequences can be described as a long-term and difficult journey whereby ex-Service personnel apply various coping strategies to overcome the challenges they face later on in their lives.
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