

**A Study of the Impact of the Rehabilitation Programme  
Offered by Agencies of the Caribbean Council  
For the Blind on the Status of  
Blind and Visually Impaired  
Women in the  
Caribbean**

**A THESIS  
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## ABSTRACT

This research is an assessment of the impact of the rehabilitation programme offered by agencies of the Caribbean Council for the Blind on the status of blind and visually impaired women in the region. The sample consisted of 100 blind and visually impaired women from four Caribbean islands, namely, Barbados, Jamaica, St. Lucia and Trinidad. The method of data collection used was questionnaires, which, consisted of thirty-nine questions incorporating five major variables. The questionnaires were administered by the Rehabilitation Field Officers from the different agencies. The programme's impact was examined in terms of its effect on five different areas of the women's lives. These were, (a) Levels of autonomy as it relates to home and travel (b) involvement in the home/community (c) organizational involvement (d) educational status and (e) socioeconomic status. The findings revealed that the programme's impact was positive in the areas of independent travel, decision-making in the home, performance of household duties and on self- confidence. With regard to community and organizational involvement, the programme's impact was less evident, as most persons were not involved in their communities. Even though the majority of the respondents were involved in disabled organizations, only a few persons held leadership positions. A perusal of the educational status of the women revealed that a half of the sample did not achieve academically , and there was no indication that the rehabilitation training they received had equip them to pursue further education and training. With regard to their socioeconomic status, sixty-three percent of the respondents were not working and the majority of those who were employed earned very minimal salaries. The following recommendations were made: That the programme be modified to include Retraining of rehabilitation personnel aimed at equipping them with the necessary advocacy and networking

skills to facilitate the use of existing resources. That the programme be modified to include Career counselling and information dissemination regarding current job opportunities. Provision of placement services for those wishing to obtain employment. The provision of peer counselling and mentorship programmes aimed at motivating the women. The institution of ongoing sustainable public awareness programmes.

## CHAPTER 1

### Introduction

#### Background

World Health Organization (n.d) indicated that an estimated forty million persons in the world today are blind and that there are over one hundred and fifty million persons worldwide who have of visual disability, which, requires them to receive some form of specialized services. Dandona & Dandona (2001) stated that, “women account for 64.5% of the entire blind population in the world” ( p. 24). In applying the World Health Organization’s population-based methodology which estimates one per cent of a population to be either blind or visually impaired, to the Caribbean situation, it would imply that approximately sixty thousand persons living in the English-speaking Caribbean would be categorized as being either blind or visually impaired. With regard to the situation relating to women, it would mean that, of the estimated sixty thousand blind and visually impaired persons in the English-speaking Caribbean, the female blind population would amount to approximately thirty-eight thousand seven hundred. With reference to the Jamaican situation the 2001 census revealed that 14770 women have been found to be either blind or visually impaired. While it is believed that a significant number of females in the Caribbean are visually disabled, there is very little information about how the majority of these persons live or what problems they may be facing.

The family has a very important role to play in assisting the blind family member to adjust to the condition of blindness. Discussions held with Rehabilitation Field Officers throughout the Caribbean (n.d) indicated that often times, families are more of a hindrance rather than facilitators to the adjustment process. In the event where the blind family member is a

woman, it usually means a total loss of her independence and being relegated to a state of a dependent human being, who does not possess the capacity to think or to make any decisions relating to her family or personal life.

In instances where blind persons are involved at the decision-making level of organizations, it is usually male dominated and if women are actually included their involvement is generally peripheral in nature. This situation exists despite the fact that research has shown that women account for the larger proportion of the blind population.

Rehabilitation is a very important medium through which blind persons are assisted to live a relatively normal life. Since 1985 the Caribbean Council for the Blind has established a formal rehabilitation programme designed to provide blind and visually impaired persons in the Caribbean with eight weeks intensive training. The purpose of the programme is to equip blind and visually impaired persons with the necessary skills to improve their level of functioning and ultimately enhance their status. The areas covered by the programme include orientation and mobility, daily living skills and communications skills such as typewriting and Braille reading and writing. The programme is community-based and needs oriented therefore, the decision as to the programme of activities, which are undertaken by recipients is dependent on the needs expressed by each individual (see Appendix V for further information). The 1999-2001 Programme Report of the Caribbean Council for the Blind indicated that more men were benefiting from the program than women. This situation is true for all previous reports.

The recent trend in education is that more women are receiving tertiary education than male. The prevailing situation among persons who receive higher education subsequent to becoming blind or visually impaired is that the converse obtains; that is, more males are recipients of higher education than females.

High unemployment has been a problem, with which a number of developing countries have to grapple. In more times than not, resources are so scarce that very little is available to facilitate the generation of employment opportunities. Often times, people have to create their own employment in order to survive. Given this situation, one can imagine how difficult it would be to obtain gainful employment in these circumstances and it would be even more so for persons who are considered to be different by virtue of the fact that they have a disability. World Blind Union's North American/Caribbean Committee on the Status of Blind and Visually Impaired Women in a unpublished study conducted in 1995 on The Problems blind Women Face in the Caribbean, found that of the sixty respondents only 23% or approximately fourteen were in some form of employment. A large percent of persons in the sample were considered to be under employed as they were in jobs which were unsuited to their level of education and training. While the study could not be generalized to the entire blind population in the Caribbean, there were some important issues, which emerged such as a problem of sexual abuse, and others, which have already been mentioned above.

This research study sought to determine the impact of the rehabilitation programme, which is offered by agencies of the Caribbean Council for the Blind on the status of blind and visually impaired women in the region.

### Rationale

The Motto of the Jamaica Society for the Blind reads: "The worst thing is to be born sighted but lack vision." Having vision requires one to have knowledge of the situation in order to envisage a desired state. As alluded to in the preceding section of this research, information on the status of the greater portion of the female blind population in the Caribbean is lacking hence the difficulty in developing programmes to effectively address the needs of those persons.

Despite the fact that an attempt was made to obtain information by way of the World Blind Union Committee on the Status of Blind Women's survey, it was felt that the study did not address some of the pertinent issues particularly those relating to rehabilitation, consequently, the need to carry out another survey to determine the impact of the rehabilitation programme on the status of this population. This has been one of the main reasons for undertaking this survey and in particular, the choice of this topic.

The decade of the eighties witnessed a significant improvement in gender related policies worldwide. In keeping with this trend, many countries established departments specifically geared toward addressing issues relating to women. The Caribbean Council for the Blind did not remain unaffected by all this occurrence, and in the early nineties a concerted effort was made to get blind women involved at the decision-making level of the organization. The efforts of the committee were thwarted as a result of limited information on the status of the majority of blind and visually impaired women in the region. Given this situation, it became necessary to undertake additional research to obtain information on the status of blind and visually impaired women in order to improve the programmes of the Caribbean Council for the Blind.

While we recognize that blind and visually impaired women may be subject to experiences which might require them to receive specialized services; if they are to be truly integrated in the society, the aim must ultimately be to ensure that issues relating to these persons are included in the general women related policies and programmes. In order to achieve this, one must be in possession of empirical information to be able to properly articulate the needs to justify inclusion. This research is intended to provide empirical data on the experiences of blind and visually impaired women in order to influence the regional gender related policies and programmes.

Since the Commemoration of the International Year of the Disabled, blindness, and disability in particular, has been the subject of much discussion. While some amount of research has been undertaken in the field of blindness, A perusal of the literature, did not unearth any information which might suggest that any research was executed which specifically addressed issues relating to women who are blind or visually impaired. This research was undertaken in order To add to the body of existing knowledge in this particular field of study in an attempt to try and remedy this situation.

### Research Questions

The study sought to ascertain the extent to which the rehabilitation programme has impacted on the status of blind and visually impaired women in the Caribbean. The following indicators were examined: living condition, level of autonomy, positions of influence economic status and educational achievement. The research attempted to obtain answers to the following questions:

1. To what extent has family attitude influence the involvement of women in the rehabilitation programme?
2. Has the programme influenced the attitude that family members have toward blindness?
3. Has the programme prepared clients to participate in decision-making in the home, community and at the organizational level?
4. How has the period of rehabilitation training equipped blind and visually impaired persons to seek further education and training?
5. Has there been a significant change in the socioeconomic status of women who have benefited from rehabilitation services?

6. To what extent has the programme influenced previously held views of respondents regarding blindness and the ability of blind persons?

### Definition of Terms

The following are the definitions of the main terms used in this research.

1. Impact: The word impact in this research refers to any change which takes place in the socioeconomic circumstances of blind and visually impaired women subsequent to receiving rehabilitation training
2. Living condition: Living condition is used in this context to connote the socioeconomic circumstances under which respondents live.
3. Level of autonomy: This is used to mean the extent to which persons are allowed to make decisions within their family/community setting.
4. Position of influence: This is used to mean the extent to which the individual's decisions are respected and acted upon.
5. Economic status: This is used in this research to mean the degree to which the individuals are dependent on relatives or others for source of financial support, whether they receive regular income and level of income.
6. Educational status: when used in this context it signifies the level of educational achievement, as well as the period of time it was achieved and how it is used for the betterment of the individual.

7. Rehabilitation is used in this research to mean: a process of training or retraining in the areas of: daily living orientation and mobility, education, vocation, and communication in order to restore or bring the individual to an acceptable level of functioning.

## CHAPTER 2

### Literature Review

In the preceding chapter of this research attention was given to identifying some of the problems faced by blind and visually impaired women in the Caribbean. This section will be devoted to an examination of the literature to ascertain what the theorists and persons who have written on the subject have to say about the problems identified.

#### **Rehabilitation**

For a person who have been sighted the onset of blindness or visual impairment is an overwhelming experience which affects the physical, emotional and psychological functioning of the individual. Ponchillia & Ponchillia (1996) in discussing the subject, cited Carroll (1965) which said the loss of visual functioning that results from a visual impairment causes an individual to lose self-confidence in his or her ability to conduct everyday life and to perform in a job. In most instances, such an individual would require psychological, emotional, and functional adjustment before he/she can resume his/her normal activities. Often times that adjustment can only be achieved with the assistance of trained professionals and through structured rehabilitation programmes. Carroll, (1961) profess that social rehabilitation as the process whereby adults in varying stages of helplessness, emotional disturbance and dependence, come to gain new understanding of them selves and their handicap, the new skills necessary for their new state and new control of their emotions and their environment. As stated by Ponchillia and Ponchillia (1996)

Before vocational issues can be addressed, the person must first adjust to the losses of self-image and life skills that he or she may have experienced. The rehabilitation services

that are provided to people with visual impairments address both personal and vocational needs, helping individuals to develop personal confidence and skills of everyday living through instructional efforts as well as to gain or regain job skills through vocational training and placement (p.1).

As intimated above, the aim of any rehabilitation programme, which caters to the needs of blind and visually impaired persons, must ultimately be, to restore individuals to a level which will equip him/her to function in a relatively normal way. Ponchillia & Ponchillia (1996) posited that along with teaching specific skills, enhancing the clients self-confidence and self-image is an important goal of rehabilitation teaching.

Some writers have questioned the utility of the rehabilitation programmes offered to disabled women and blind persons in particular. Lee & White stated that: "For those who acquire disability later in life, rehabilitation is essential in order to regain maximum independence. Rehabilitation emphasizes returning a person to gainful employment, although for a woman with a disability, rehabilitation is not often seen as important" (Economic Sufficiency of Women with Disability). Finestone (1960). purported that despite the availability of services it has failed to bring the status of the blind up to that of the general community. He noted that despite rehabilitative efforts agency pattern tend to isolate rather than integrate by providing them with a total programme. This situation could be accredited to an intimation made by Ponchillia & Ponchillia (1996) which asserted that there are inadequate amount of trained rehabilitation professionals to meet the needs of blind and visually impaired persons; therefore, agencies attempt to remedy the situation by offering short term training. Often these individuals do not have the breadth of knowledge or a high enough level of skill to bring their students to their full potential. Not only is the utility of the rehabilitation programme being questioned but also it's

urban-based nature which is to be found in many developing countries. Webson (1997) alluded to the fact that in most developing countries, resources and rehabilitation services are very limited and in many cases services do not exist at all. While blind and visually impaired women may encounter similar experiences to that of their male counterpart, there are problems, which are specifically related to women, which are not necessarily experienced by men. Resources for Rehabilitation (1997), in support of this argument, made reference to the fact that women play different roles in society and thus experience different consequences of disability.

Over the years, little attention has been paid to the special needs of women with disabilities. Just as those who conduct research in the area of health have omitted women from major studies, both researchers and practitioners in the areas of disability and rehabilitation have failed to address the special needs of women with disabilities.

(Resources for Rehabilitation, 1997 p.1).

Most of the literature on disability tends to suggest that the needs of blind women as well as those of their disabled counterpart have gone unmet for years. There are even those writers who go as far as to suggest that disabled women have been discriminated against with regard to the provision of services. This argument was also supported by Lewis and Sygall (1997) who stated that, “Women with disabilities in every society face double discrimination. The same opportunities faced by women every where compounded by discrimination based on disability” (p. 9). In continuing the discussion, the literature identified services in rehabilitation as one of the areas in which discrimination has taken place. The point was made that; women and girls with disabilities receive inadequate rehabilitation services because the very limited resources are directed toward men. One factor, which could account for women receiving inadequate rehabilitation services, has been cited by Finestone (1960.) He postulated that the image one has

of blindness is a male one. This according to him, is partly due to the diminish visibility which is associated with the fact that women may be expected to remain at home and not being required to negotiate an environment far from their home.

Resources for Rehabilitation (1997) has identified the component of rehabilitation to be the following: counseling, vocational assessment, job training and placement, provision of assistive technology, training in activities of daily living and home-making and transportation services. One element of the rehabilitation process not mentioned by the writer, but never the less one, which is crucial to the autonomy of blind persons, is that of orientation and mobility training. This medium enables the blind person to become oriented to their environment, as well as facilitate travel. One method utilized in this process is the use of the white cane, which enables blind persons to negotiate their environment with relative independence. According to Finestone (1960) it has been suggested that many women resist the use of a cane because it is commonly associated with men in the sighted community. He further purported that for some blind persons, the white cane is a symbol of the blindness they have not yet accepted and consequently they may reject training in the use of a cane. He also noted that some partially sighted persons though legally blind possess enough vision to negotiate travel in relative safety and may resist the use of travel aids as a symbol of dependence.

### **Involvement at Family/Community Level**

All of us, despite our station in life are members of a family. Most psychological literature has stressed the importance of this social institution and the impact it has on the lives of individuals. This point was also corroborated by Finestone (1960) who posited that the family provides a close network of interpersonal influences, which affect what blindness, comes to mean to the

blind person. In a traditional family setting family members are assigned certain ascribed roles. Among the traditional role of the woman is that of nurturer and homemaker. Despite the fact that more women are involved in work outside the home, some of the traditional roles for women are still being adhered to. The onset of blindness or any other disability presents a serious challenge to these roles. Fine and Asch (1988) in their contribution stated that:

Disabilities may have a particularly aversive impact when they disrupt a woman's actual or perceived abilities to perform important, self-defining social roles. Not only must the person deal with immediate fears, emotional reactions, and physical impairments that typically accompany a life-threatening disabling disease; she may also face an unexpected sense of rolelessness and a sudden assault to self-esteem.

(p.73).

While blindness is not necessarily considered to be a life-threatening disease, it is debilitating enough to threaten self-esteem and cause a reversal in family roles. Finestone, (1960) stated that "In a reversal of family role it is often the adult children who act for their parents in initiating requests for help. In so doing, there may be a tendency to take over all decisions, including those which the blind person can make" (p. 25). Resources for Rehabilitation (1997) in reiterating this point observed that when women are unable to carry out the role that they played prior to becoming disabled their partners or children must fill in the gap. The literature further noted that being overly protective and doing everything for the affected family member may result in diminish self-esteem.

Oliver (1983) presents a different perspective on the impact of disability on the family. While he agrees that disability causes a severe impact, he tends to differ from many writers regarding the extent of the impact as it relates to gender by suggesting that when the male family

member is affected by disability then the impact is greater. He postulated that where the wife is disabled, it might have less effect on her role performance. Rehabilitation International factsheet (1997) states that "For women in any society, having a disability signifies dependency, weakness, loss of status and relegation to an unproductive, asexual role in the community." (Factsheet on Women and Disabilities:). Most of the literature on disability intimate that when blindness occurs after marriage the effects on the family is disruptive. There are even those writers who went so far as to assert that blind women's prospects for marriage are almost nil. As cited by the literature, the blind wife is left in a place of safety with more mental or physical problems. The blind wife is almost always misunderstood and sometimes deserted by her husband. When young blind girls become pregnant babies are taken away by older women in the family. Very few men consider themselves as the prospective husband of such a person and it appears as if there is no future for her. (Lewis and Sygall 1997, Boylan 1991.) More (1997) made reference to Ash and Sacks who found that blind and visually impaired men tend to seek sighted partners and that they married more often than females. Whereas females tended to refer to relationships less often, married less frequently and saw themselves as asexual. Information obtained from Resources for Rehabilitation (1997) indicates that Women with disabilities are more likely than men to be single heads of families, and that only a 5<sup>th</sup> of women with disabilities are married and living with a spouse. 45.4 per cent live alone. In another study alluded to by Oliver (1983) he stated that "Topliss (1979) in a survey in South Hampton found that 16% of disabled women were divorced or separated compared to a national divorce rate of 7% at the time. However, only 4% of disabled men were divorced." (p.65). Boylan (1991) further alluded to the fact that Blind women are often relegated to the lower status in the community. They are isolated from society, and confined to a corner of the house, they live in

obscurity, silent misery and total social and economic dependency. Webson in discussing the subject of blindness, made the observation that blind people will never have an opportunity to fully participate in their communities

### **Organizational Involvement**

There is a very famous saying, which says: he who feels it knows it. Leaders and persons designing projects who subscribe to this saying will very often make an attempt to involve the persons for whom the project was intended. In situations having to do with blind and visually impaired women, however, the converse usually obtains. That is, blind and visually impaired women are rarely ever consulted on matters having to do with themselves in general and they almost never occupy leadership positions in organizations. So much so that none of the literature consulted so far has really focused on blind and visually impaired women in leadership positions. Webson, (1997) in support of this argument, made the point that organizations for blind people all too often exclude them from decision-making. He further stated that “Blind women receive the fewest opportunities and the least opportunity for regional interaction” (p. 21). Also supporting this argument, Oliver (1983) made reference to the fact that disabled persons are missing from the governing bodies of disabled organizations. He asserted that, even though such organizations may claim to be representing the views of such persons, they often lack direct contact and are inadequately accountable to them. Lewis and Sygall, (1997,) in their contribution to the subject, stated that” Economic and community development projects targeting women have rarely included women with disabilities in a significant way and programmes addressing disabilities have nearly always focused on men” (p9). O’Toole (2001) in an article made the point that:

Women with disabilities do the daily work of keeping the mainstream disability organisations alive and functional, while fundraising, organising and networking to achieve opportunities and services critical for women with disabilities; however, they are less likely to be top leaders or to have a salaried position for their work” (Disabled Women and Independent Living in Brazil, Germany Great Britain, India, Japan, New Zealand, Nicaragua, Russia, South Africa and Uganda.)

Also supporting this argument, Tanis Doe in reporting on a forum research, stated that:

Women with disabilities felt that sexism and patriarchal attitudes continue to present significant barriers to leadership roles. They also found difficulty getting women without disabilities to understand their needs, and their abilities. Men are still more likely to get Opportunities for leadership and be in charge of events and organizations. Participants from developing countries described their best access to leadership was in "women's sections because men would not respect them in mixed organizations" (Tanis Doe international Leadership for Women with Disabilities: Executive Summary of Forum Research & Evaluation.

### Education

Education and training is crucial to the development of most individuals, And of course, blind persons are no exception. As stated by Finestone (1960,)

Information concerning a client’s education experience is

Important as it contributes to an understanding of the client as well as his capacities. If client was educated after reaching school age, it has implication for the client’s

preparation for retraining; it illuminates his experience between the community and the family during early school years and the possible effects upon his personality and development. It reveals feelings engendered by his educational experience, which may affect his total adjustment to blindness as well as his community. (p.78.)

To many blind and visually impaired persons, education provides the only medium through which upward mobility can be achieved; yet many writers have alluded to the fact that disabled women in general have tended to be exposed to limited educational opportunities. Kicki Nordstrom in an article, cited illiteracy as one of the main obstacle, which prevents disabled women from living a normal life and earning an income. (Lewis and Sygall (1997) Boylan (1991) in discussing the subject asserted that two out of every three illiterate persons are women. She further purported that women with disabilities have limited access to education than non-disabled women and their male counterpart, and that, this situation is common to both developed as well as developing countries. Frohmader 1999) in support of this viewpoint stated that “women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education. Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities” (Women With Disabilities Australia Under Threat).

It has been said that schools in general are ill prepared to address the needs of disabled women as they do little to counter the dependence and the over-protectiveness of families. Boylan (1991) alluded to the fact that they fail to distinguish among disabilities, and the level of severity. She further intimated that Teachers are not adequately prepared to work with disabled students in general, and that women with disabilities receive little encouragement to continue their education. She cited attitude of parental overprotection as being a hindrance to access to, as

well as actual education of disabled women. Also contributing to the subject, Lee, and White attributes the problems faced by disabled women in the area of education to the high cost of equipment. They stated that, extra money is often needed to cover the costs of special equipment, such as tape recorders or Braille equipment, making it difficult to reach higher levels of education. According to them, new advances in information Technology (IT) would seem to offer improved flexibility in study opportunities, but with male domination in this area, it has been argued that it tends to create and reinforce the inequalities in society.

### **Employment**

In the foregoing section of this research, some of the factors relating to education of blind and visually impaired women were examined. A natural progression from education and training is that of employment. Like most of the variables examined in this research, there has been very little information available, which relates directly to the employment of blind and visually impaired women. This could partly be due to the fact that the traditional role of the woman is that of homemaker hence they were not expected to be in places of work. Also, too, the view one had of blindness was, and still is, a male one and even the traditional perception of the blind beggar was always thought of as being a male. Some writers have alluded to the fact that this practice has been perpetuated by rehabilitation agencies, in that, there has been the tendency to train disabled men for employment, where as, women have been trained for homemaking (Boylan 1991). According to Finestone (1960) the best rehabilitative efforts are useless when opportunities for employment are not available to facilitate the blind person taking his position in the community.

One cannot overly emphasize the importance of employment in the advancement of the woman who is blind or visually impaired as this is one sure way of improving their status and securing the autonomy of such persons. Boylan (1991) in supporting this argument noted that employment is important for persons with disability and particularly for women with disabilities as it secures their independence and improves the status of individuals. She further purported that a woman with disability needs to have a lot to offer to convince her employer to look beyond both her gender and her disability. According to her, technology has not come up with a way to change employers' negative attitude toward women in general and disabled women in particular. Though not specifically discussing the situation of blind and visually impaired women, but nevertheless very relevant, Webson (1997) also alluded to this by stating that: “even with the assistance of technology, professionals find it difficult in placing severely impaired and sensory impaired people in open employment. He further observed that, most employers have an ingrained expectation that all blind people have problems with mobility and performance” (p. 23).

As stated by the literature, unemployment is common among blind persons, and those who do work are often isolated from the community in sheltered workshops. Open employment has been suggested as one of the medium through which the integration of blind and visually impaired persons can be facilitated. The ILO conference (1983), in recognition of the importance of this fact, made sure to include this aspect in their definition of vocational rehabilitation, which reads as follows: “to enable a disabled person to secure retain and advance in suitable employment, and thereby to further such persons integration or reintegration in to society” ( p.93).

Boylan (1991) in discussing the subject, alluded to the fact that employment helps with integration and acceptance of the non-disabled and most importantly, it gives life a purpose.

Another contributor to this discussion is More (1997) who intimated that with the increase awareness of the capabilities of severely disabled persons and their integration in to the work place, professionals have been challenged to seek new ways of intervention. He is of the opinion that if the integration process is to be sustained, it requires professionals who are able to look beyond the traditional disciplinary boundaries. He has suggested a number of methods for sustaining the integration of blind and visually impaired persons in the work place. Some of which are:

1. Assisting clients in learning new skills.
2. Helping clients in identifying the need to changing some aspects of their behaviour or appearance.
3. Providing information on assistive devices and assisting the client in learning how to use them.
4. Arranging for professional consultation or appropriate specialists (such as orientation and mobility instructors to assist the clients in travelling to and around the job sight.
5. Informing clients and families of available options for training and employment in order that they can make choices about services.

One factor mentioned by the literature and which can be attributed to situations faced by blind and visually impaired women in the area of employment, is that, Vocational Rehabilitation training centres are still providing disabled persons with skills for jobs that are no longer needed in labour markets. Boylan (1991) also attributes the difference in employment status between disabled male and female to the limited educational opportunities available to disabled women.

She postulated that, because women in general, and women with disabilities in particular have had fewer opportunity for education and training than their male counterpart, they are less likely than men to be employed following disability. It has been posited that individuals in more high paying jobs and white collar positions are more likely to retain their jobs after a disability.

(Boylan 1991, Resources for Rehabilitation 1997.)

Lamber in an article entitled Viewpoint Reflecting on the Status of Women made the point that “While the last three decades have seen many changes, women still earn only 72 cents for every dollar earned by men; women represent only 7 percent of all corporate managers” (Viewpoint: Reflecting on the status of women). If this situation exists generally one can imagine what the circumstances would be regarding blind and visually impaired women. In a survey undertaken by McNeil (2001) it was found that in the United States the annual average earnings of persons with visual impairment are about thirty-one per cent less than that earned by persons without disabilities, whereas, persons with severe visual disability earn annual income that are approximately eight per cent less than those earned by persons with other disabilities. Frohmader (1999) in a submission for funding to the Australian government made the point that,

disabled women are one of the most marginalized groups in Australia. They are less likely to be in paid work than other women or men with disabilities. Men with disabilities are almost twice as likely to have jobs

than women with disabilities - earn less than their male counterparts. Fifty-one percent of women with a disability earn less than \$200 per week, only 16% of women with a disability earn over \$400 per week (Women with Disabilities Australia Under Threat).

#### Age of Onset of Blindness

It has been posited by some writers that the age at which a person becomes blind is of paramount importance and therefore persons involved in the rehabilitation of blind and visually impaired persons need to be mindful of this in designing rehabilitation programmes which caters to the needs of such individuals. Why is this important? If we examine the life cycle, it can be noted that each person goes through a phase of development and each phase of the life cycle has its significance for the individual; therefore the onset of blindness at any phase during this process of development will have different significance depending on the period at which it occurred. As cited by Ponchillia & Ponchillia (1996), Levinson (1978) described four major phases, including the dependence of childhood (age 3-17 years), the commitments of early adulthood (22-40 years), the responsibilities of middle adulthood (45-60 years), and the wisdom of late adulthood (age 65 and older). The literature further stated that the writer also describe short transitional periods between these phases (ages 17-22, 40-45, and 60-65) that are characterized by uncertainty and redefinition.

The writers further made the point that the typical clients of a rehabilitation teacher are over the age of sixty-five therefore they are frequently more interested in learning adaptive skills rather than job skills. Also supporting this argument, More (1997) observed that older individuals who are blind or visually impaired often do not feel that they can continue to work, therefore, they are not motivated to seek employment. Also contributing to the subject, Finestone (1960) purported that accurate information regarding the age at which a person becomes blind is significant for the caseworker. He further noted that, certain response given by blind persons have different significance for the congenitally blind person than those becoming blind after age three for instance. If blindness occurs during young adulthood, its influence on marital relationship will have to be explored as it also has implications for his aspirations ambitions etc.

If blindness occurs in later adult years it's influence upon employment and economic adjustments may be of most significance. Even though the literature did not specifically speak to this matter in relation to women, nevertheless this is also applicable when working with women. Ponchillia & Ponchillia (1996) in discussing the impact of age on learning made reference to the fact that multiple disabilities and disease increase with age. Therefore, while learning may not necessarily decrease with age one has to be cognizant of it's indirect impact due to the onset of disease.

### Perception of Blindness and it's Impact on Adjustment

1. It has been argued that the extent to which a person adjust to the condition of blindness is dependent in part on the perception one had of blindness prior to becoming blind. If one had a positive attitude toward blindness and blind persons, then it stands to reason that the transition from a person who had sight to one who is sightless should be much easier. As intimated by Finestone (1960) Experience has shown that individuals tend to react to blindness in certain characteristic ways, however, the case worker should not generalize indiscriminately since the individual's response will be determined in part by his pre-blind personality structure, his personal and social situation, the attitude of others toward him, and emotional import which blindness has for him in terms of his goals, aspirations social status etc.

## **CHAPTER 3**

### **Methodology**

As was mentioned above, this research study sought to determine the impact of the rehabilitation programme which is offered by agencies of the Caribbean Council for the Blind on the status of blind and visually impaired women in the region.

#### Sampling

The population, from which the sample was selected, was blind and visually impaired

women who reside in four Caribbean islands, namely: Jamaica, Barbados, St. Lucia and Trinidad & Tobago. The following criteria determined the characteristic of the sample:

1. They should be residents of the above mentioned islands.
2. They are women who are between the ages eighteen to sixty years and
3. They should have completed a formal course of rehabilitation training. The programme was looked at over the time, dating from 1986 to present. The age group was selected based on the fact that this period tended to be the most productive in a persons life; therefore older women would be more inclined to accept training which would equip them to negotiate their immediate environment; whereas younger persons would expect services to equip them to resume former lifestyle or improve themselves. The sampling frame, which was utilized, was agency record from the respective Caribbean islands. This information was used to generate a list of respondents from which the sample was drawn based on the probabilistic approach employing the simple randomize technique. The names were placed in separate containers, according to the country in which persons resided, after which, they were shaken and the designated amount for each country withdrawn. The countries have been selected based on the following criteria: the ability of the agencies within the respective countries to identify women who are within the specified age group. There is at least one agency in the country, which operates an active rehabilitation programme and criteria relating to resource availability. The number of respondents per country was determined by the population size; the largest country accounting for the majority of persons. Forty persons were selected from Jamaica, twenty-five from Trinidad, twenty-three from Barbados and twelve from St. Lucia.

#### Method of Data Collection

With regard to the method of data collection, this research employed the social survey

method in which questionnaires were developed and respondents asked to complete. The questionnaires consisted of thirty-nine questions and underscored Six main variables. These were: Rehabilitation, Family Involvement, Involvement at the Community Level, Involvement at the Organizational Level, Educational Status and Economic Status. There were plans to utilize focus group discussions as part of the methodology, however, time did not allow for the accomplishment of that task and there was also the issue of cost. The Rehabilitation Field Officers from the respective countries were used to assist with the administration of the questionnaires. One hundred questionnaires were distributed with a response rate of one hundred per cent.

### **Procedure**

In order to prepare for this research, one meeting and several telephone discussions were held with the Executive Director of the Council in order to facilitate the preparation of the funding proposal and work out the logistics for the research. Subsequent to this, meetings were held with Key personnel in the participating agencies with a view to: (a) confirm their participation in the research. (b) Inform them of what is required of their agency for the preparatory stages of the research (Such as: compiling and forwarding a list of women to be used in the research, and enlist the services of the Rehabilitation Field Officers' with a view to involving them in the distribution and administration of the questionnaires.) and (c) provide information regarding the criteria for selection of the persons to be included in the list. Subsequent to this, questionnaires were then prepared and delivered along with a copy of the list of respondents to the respective agencies. A second meeting was held with the Rehabilitation Field Officers to examine the questionnaires and clarify any difficulties, which they might have.

Following this exercise, the questionnaires were administered by the Rehabilitation Field Officers utilizing the face to face interview method. The questionnaires took approximately one month to be completed at the end of which time, they were returned via courier mail service.

### Method of Data Analysis

Statistical methods were employed in analyzing this data, utilizing both descriptive and inferential statistics. The statistical tests, which, were performed, include: Chi-squares, Friedman Chi Square and a Regression analysis.

The theoretical perspective on which, this research was based is the Critical approach. According to Jensen,

This theory is a critique of capitalism, its appropriation of the surplus value of the collective, and its commoditification of every aspect of our modern society. It provides a better understanding to present social conditions, how these conditions evolved, how they are transformed, how they interact with each other, what laws govern their transformation, and how they maintain their validity. This complex task is achieved through a multi-discipline approach that combines perspectives drawn from many different fields of study. These fields include economical, historical, philosophical, political, psychological, and sociological studies. The ultimate goal of the Critical Theory is to transform our present society into a just, rational, humane, and reconciled society. (Jensen, Walter A. (1997) Defining the Critical Theory.

### Limitation

In conducting any study there are bound to be limitations with which researchers will be

faced. Some of the limitations, which can be identified in this study, include:

1. Regarding the sampling frame, the register of some of the agencies seemed not to be well developed, therefore, there were some difficulties experienced in compiling the list, as persons names were submitted who did not fit the criteria.
2. Lack of control over the distribution and recovery of questionnaires.
3. Inability to obtain adequate empirical data on the subject matter.

## CHAPTER 4

### Presentation of Data

As mentioned in the preceding chapter of this research, the sample consisted of blind and visually impaired women selected from four Caribbean islands namely: Barbados, Jamaica, St. Lucia and Trinidad & Tobago. The total number of respondents in the sample was one hundred. Their ages fell in to five categories ranging from eighteen to twenty-seven to fifty-seven and

over. The age group, which reported the highest frequency, was thirty-eight to forty-seven (27%) whereas, the category which recorded the lowest frequency was the 18-27 age group in which 14% of respondents fell.

Table 1 describes the frequency distribution of the persons who referred the women for rehabilitation services by their living arrangement. The table shows that, 45% of the women live with the family in which they were born, whereas, 19% live with the family they created. It can be further observed that of those living with family, only 6% of the women were referred to rehabilitation services by their relatives.

TABLE 1

Persons Making Referral by Living Arrangement

<b>Persons making referral * Living arrangement Cross-tabulation</b>						
Persons Making Referral	Living Arrangement					<b>Total</b>
	Alone	Family of Origin	Spouse & Children	Friend	Other	
Relative	1	3	3		3	<b>10</b>
Friend	4	8	8	1	5	<b>26</b>
Medical personnel	1	12	2		1	<b>16</b>
Rehab worker	2	18	3		6	<b>29</b>
Other	1	4	3	2	9	<b>19</b>

<b>Total</b>	<b>9</b>	<b>45</b>	<b>19</b>	<b>3</b>	<b>24</b>	<b>100</b>

### **Involvement in the Home/Community**

Questions nine to twelve sought to determine respondents' status in the home as it relates to decision-making and performance of household chores. Table 2 below showed that 66% expressed agreement with the statement that the programme has influenced their decision-making in the home whereas, 16% disagreed. With regard to the impact it has on the family's recognition of the blind women's ability to make decision, the table also indicates that 63% agreed that the programme had influenced the family's recognition of their ability to make decisions and 16% disagreed.

TABLE 2

#### Impact of Programme on Decision-Making

<b>IMPACT OF PROGRAMME ON INVOLVEMENT</b>	<b>Disagree &amp; Strongly Disagree</b>	<b>Agree Somewhat</b>	<b>Agree &amp; Strongly Agree</b>	<b>Total %</b>	<b>N</b>
More Involved in decision-making at Home	16%	18%	66%	100%	100
Helped family to understand my capabilities to make own decisions.	16%	21%	63%	100%	99
My decisions are now accepted or considered by family members.	22%	27%	51%	100%	100
Equipped me to perform normal duties at home.	12%	15%	73%	100%	100
Equipped me to become involved in community activities.	38%	19%	43%	100%	100

Enhanced my ability to participate in Organizations of and for the disabled.	28%	18%	53%	100%	0.92
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With reference to the women’s actual involvement in decision-making in the home, as can be observed from Table 2, only twenty-two indicate outright disagreement with the statement, twenty seven were undecided, and agree and strongly agree together accounted for 51% of the sample. Regarding the programme’s influence on their performance of their duties in the home, a preponderant amount of the sample (73%) indicated that they concurred strongly with the statement, while only twelve percent recorded that they disagreed with the statement.

The impact of the programme on community involvement was also examined. The converse obtained in this instance with disagree receiving the most responses 30%, however, A combination of the categories showed that there was a difference of 5% in favour of agree (43%) with disagree receiving 38%. With regard to respondents' actual involvement in their community, Table 3 shows the distribution of the responses. 53% of the sample responded in the negative to the question whereas 46% answered in the affirmative. (See Table 3 Below)

TABLE 3

Current Involvement in Community

Currently Involved in community	Total	Percent
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<b>Activities</b>		
Yes	46	46
No	53	54
<b>Total</b>	<b>99</b>	<b>100</b>

### Organizational Involvement

Organizational involvement was the next area examined in this research. Most of the women in the sample (55%) indicated that they are involved in organizations of and for the disable. However, a careful examination of Table 4 showed that the majority of the fifty-five persons who indicated that they were involved in organizations of and for the disabled (30 women or approximately 56% of the sample,) were ordinary members, fourteen were in the other category, and 10 or 18% distributed among the officer categories. Information was also sought regarding the programme's impact on organizational involvement. As can be delineated from Table 2, 53% attributed their involvement in organization to the programme's impact while 28% disagreed that it was influential.

TABLE 4

POSITION IN ORGANIZATION

### Education

With regard to the educational status of the women, Table 5 showed that, 43% of the women in the sample reported receiving secondary level education, 9% were educated in special schools, while 35% received primary level education, and only 12% reported receiving tertiary level education. 50% of the women had no form of academic achievement, 38% had received a secondary school certificate, 5% received tertiary level certificate 3% obtained tertiary level diploma and 3% had bachelors degree.

TABLE 5

Education Type by Academic Achievement

Education	Academic Achievement					Total
	No Certification	Secondary School Certificate	Tertiary Level Certificate	Tertiary Level Diploma	Four Year Degree	
Primary	34					34
Secondary	11	32				43
Tertiary		4	4	2	3	12
Other	5	2	1	1		9
<b>Total</b>	<b>50</b>	<b>38</b>	<b>5</b>	<b>3</b>	<b>3</b>	

Table 6 describes the distribution of respondents' academic achievement by the time they became qualified. With regard to secondary school certificate, 22 or 59% of the persons in that category obtained their certificate before rehabilitation, whereas 24% obtained after rehabilitation and six (6) persons in that category or approximately 16% did not respond to the question. With regard to those holding tertiary level certificates, 3 or 60% received their training before rehabilitation while 2 or 40% received their training after rehabilitation. Overall, 28 persons or 56% obtained their qualification before rehabilitation whereas, 13 or 26% obtained

their qualification after they were rehabilitated.

**TABLE 6**

ACADEMIC ACHIEVEMENT BY TIME QUALIFIED

Academic Achievement	Time Obtain Qualification		Total	Not Stated
	Before Rehabilitation	After Rehabilitation		
Secondary school certificate	22	9	37	6
Tertiary level certificate	3	2	5	
Tertiary level diploma	1	1	3	1
Four year degree	2	1	3	
Total	28	13	50	7
Not Stated = 2				

**Employment**

In examining the employment status of the women in the sample, there were five questions, which were devoted to obtaining information on this aspect of the women's lives. Sixty-three percent of the women were in no form of employment, as can be deduced from Table 7 presented below, 37% were employed and of that number, 19 women or approximately 51% of those who were working were self employed while the other 49% were otherwise employed. Table 7 also showed the type of occupation in which persons were involved. The category, which, recorded the highest frequency, was Craft, which accounted for ten persons or approximately 27% of the working sample, whereas, the lowest frequency was

found in the para/professional group which registered a little above 8%.

**TABLE 7**

**Occupation by Employment Status**

<b>Occupation * Employment status Cross-tabulation</b>			
<b>Occupation</b>	<b>Employed</b>	<b>Self-employed</b>	<b>Total</b>
Farming		5	<b>5</b>
Para/ Professional	3		<b>3</b>
Clerical	5	1	<b>6</b>
Craft	9	1	<b>10</b>
Skilled	1	3	<b>4</b>
Commercial		4	<b>4</b>
Other		5	<b>5</b>
<b>Total</b>	<b>18</b>	<b>19</b>	<b>37</b>

Table 8 describes the distribution of the women's employment status by their country of residence. The country, which reported the highest employment level, was Barbados 56.5% followed by Jamaica 37.5%. The country reporting the lowest level of employment was St. Lucia with only one person or 8% of that sample being employed.

**TABLE 8**

**Country of residence by employment status**

Country of residence * Employment status Cross-tabulation					
Country Of Residence	Employment Status			Total	% Employed
	Employed	Self-employed	Unemployed		
Barbados	10	3	10	23	56.5%
Jamaica	2	13	25	40	37.5%
St. Lucia	1		11	12	8.3%
Trinidad	5	3	17	25	32.0%
Total	18	19	63	100	37.0%

The next area to be addressed in this research, was the income of respondents. As can be deduced from Table 9, of the 37 persons who were in some form of employment only 3 or 8% of the women in the sample earn over US \$4500 per annum. The majority of those who receive income (18 or 48%) earn between US one thousand to two thousand four hundred per annum. The mean income of the respondents was 792.55 with a standard deviation of 1634.549 Skewness was .243

TABLE 9

INCOME

INCOME		
INCOME	Frequency	Percentage
Less than US\$1,000	10	23.03%
US\$1,000 -2,400	18	48.65%
US\$2,500 – 4,400	6	16.22%

US\$4,500 and over	3	8.11%
<b>Total</b>	<b>37</b>	

The next area to be examined was the programme’s impact on work-related issues. Information was sought as to whether the rehabilitation programme had prepared the women to obtain employment. The not applicable category accounted for most of the responses (34% of the entire sample). As can be delineated from Table 10, agree and strongly agree received 47% of the responses while a combination of disagree and strongly disagree accounted for 39%. The research then sought to ascertain information on whether job/training performance had improved and whether this could be attributed to the rehab programme. Those who were in no form of training or work accounted for 55% of the sample. Approximately 71% of those who were working or involved in some form of training registered their agreement with the statement. (See Table 10 below.) With regard to the programme’s impact on integration in the workplace, Table 10 also showed that a combination of strongly agree and agree resulted in 68% agreeing with the statement whereas 16% said that they disagreed.

TABLE 10

Impact on Work related Matters

<b>IMPACT ON EMPLOYMENT &amp; AT THE WORKPLACE</b>	<b>Disagree &amp; Strongly Disagree</b>	<b>Agree Somewhat</b>	<b>Agree &amp; Strongly Agree</b>	<b>Total %</b>	<b>N</b>
Provided skills that assisted me in gaining employment.	39%	14%	47%	100%	64
Improved the quality of performance in further training programmes or on the job.	17%	12%	71%	100%	42
Assisted me to better	16%	16%	68%	100%	37

integrate at the workplace.					
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Table 11 depicts the responses to the question as to whether the women were actively seeking employment by their employment status. Only twenty persons who were unemployed said they were seeking employment while thirty-five said they were not seeking employment. The other 8 did not respond to the question.

TABLE 11

Employment Status by Seeking Employment

Employment status * Seeking employment Cross-tabulation			
Employment Status	Seeking Employment		Total
	Yes	No	
Unemployed	20	35	55
Employed	3	7	10
Self-employed	2	6	8
Total	25	48	73

Table 12 describes the age of respondents by whether they were seeking employment. In

the 18-27 age group 7 women indicated that they were seeking employment while the other 4 were not. Nine persons in the 48-57 were not seeking employment and 14 persons were not seeking employment in the 57 and over age group.

TABLE 12

Age of respondents by seeking employment

Regarding the union status of the women in the sample, 50% of the women were in no form of intimate relationship, 21% indicated that they were married, 5% divorced, 4% were in visiting relationships, 12% widowed and 8% fell in the other category. Table 13 also showed that 38% of those who were single were unemployed, whereas, married persons accounted for 8%. The married group registered the highest employment rate 13% followed by persons in the single group 12%.

TABLE 13

Union Status by Employment Status

<b>Union status * Employment status Cross-tabulation</b>				
<b>Union Status</b>	<b>Employment Status</b>			<b>Total</b>
	<b>Employed</b>	<b>Self-employed</b>	<b>Unemployed</b>	
Single	6	6	38	<b>50</b>
Married	3	10	8	<b>21</b>
Divorced		1	4	<b>5</b>
Widowed	3	1	8	<b>12</b>
Visiting Relationship	3		1	<b>4</b>
Other	3	1	4	<b>8</b>
<b>Total</b>	<b>18</b>	<b>19</b>	<b>63</b>	<b>100</b>

Table 14 identifies the most serious barriers, which, respondents consider to be preventing blind and visually impaired women from obtaining a job by their country of residence. Twenty two percent of the respondents identify lack of self-confidence as the most serious barrier. Trinidad and Jamaica accounted for the largest percentage of the responses which were: 8 or 32% and 9 or 22%, respectively. The next most serious barrier identified was education and training, which registered 18%. As can be observed from the table, these two barriers were the only ones, which were common to all the countries represented in the sample.

TABLE 14

Barriers to Employment by Country of Residence

<b>Barriers to employment * Country of residence</b>					
<b>Cross-tabulation</b>					
<b>Barriers To Employment</b>	<b>Country of Residence</b>				<b>Total</b>
	<b>Barbados</b>	<b>Jamaica</b>	<b>St. Lucia</b>	<b>Trinidad</b>	
Employers' Negative Attitude	7	4	1		<b>12</b>
Lack of Self Confidence	4	9	1	8	<b>22</b>
Discrimination	4	8		4	<b>16</b>
Mobility		2		1	<b>3</b>
Education and Training	5	6	1	6	<b>18</b>
Workplace Challenges			5		<b>5</b>
Limited Scope	1	1	1		<b>3</b>
Public Awareness		8	1	3	<b>12</b>
<b>Total</b>	<b>21</b>	<b>38</b>	<b>10</b>	<b>22</b>	<b>91</b>

Table 15 portrays the age at which respondents received rehabilitation training by the type of training programme which was chosen. The ages range from less than fifteen years to over fifty-four years. Categories twenty-five to thirty-five and fifty-five and over accounted for the largest amount of persons. 23% and 22 respectively. The table showed that persons in the oldest age group were involved in the least amount of programme activities (4) and that persons in that age group selected the life skill area such as: orientation/mobility approximately 82% of that age group and sighted guide technique approximately 64%. Only two persons or

approximately 9% selected the skills training area. The table also showed that Orientation/mobility was the area, which most respondents indicated as having covered during their rehabilitation training. The actual percentage was 80, followed by Sighted Guide technique 69% and Daily living skills 52%.

**TABLE 15**

**AGE RECEIVE TRAINING BY TRAINING PROGRAM SELECTED**

TRAINING PROGRAMME SELECTED	AGE RECEIVED TRAINING						TOTAL
	> 15 Years	15 – 24 Years	25 – 34 Years	35 – 44 Years	45 – 54 Years	55 & Over	
Daily-living Skills	8	7	12	10	5	10	52
Orientation/Mobility	8	11	18	17	8	18	80
Sighted Guide Technique	6	11	14	15	9	14	69
Braille Reading & Writing	9	10	10	6	1		36
Type Writing	5	7	8	5			25
Computer Training	3	8	4	2	2		19
Skills Training	8	8	9	2		2	29

Table 16 describes the length of time respondents took to complete their rehabilitation training by the programme selected. The over twelve weeks category accounted for 31% of the sample, followed by 6-10 weeks, which, received 26%. The table also showed that persons who were in the over twelve weeks group accounted for most of the responses in the different

programme areas ranging from a low of 9 to a high of 25.

TABLE 16

LENGTH OF TRAINING BY TRAINING PROGRAMME SELECTED

TRAINING PROGRAMMES SELECTED	LENGTH OF TRAINING					TOTAL	
	> 3 weeks	3 > 6 Weeks	6 > 10 Weeks	10 > 12 Weeks	12 Weeks & Over		
Daily-living Skills	2	11	14	10	15	52	1 Not stated
Orientation/Mobility	2	15	22	16	25	80	
Sighted Guide Technique	1	10	21	15	22	69	
Braille Reading & Writing	1	6	8	5	16	36	
Type Writing	1	8	5	2	9	25	
Computer Training		3	5	1	10	19	
Skills Training	2	4	7	6	10	29	

Questions five through seven sought to ascertain the effectiveness of the programme as it relates to travel. Seventy-two percent of the respondents replied in the affirmative to the question as to whether the programme prepared them to travel independently. As can be observed from Table 17 presented below, 51% of the respondents indicated that the white cane was the method used to travel, while 41% indicated that they used a sighted guide to get around. The table also showed the frequency of travel. Sixty-nine percent indicated that they traveled more frequently since rehabilitation training, whereas thirty said no.

TABLE 17

METHOD OF TRAVEL BY FREQUENCY OF TRAVEL

Table 18 is a representation of respondents’ ranking of the areas they completed during their rehabilitation training. The variable was re-coded to reflect the area receiving a rank of eight as most important and least important receiving a rank of one. Forty-three percent of the sample ranked orientation/mobility as the area which, has the most impact on their lives, followed by sighted guide technique, which received 27% of the sample’s ranking. Type writing was the area, which was least, selected. This area accounted for 56% of the sample.

TABLE 18

Impact of Rehabilitation Training Programmes Ranked in Order of Importance

TRAINING PROGRAMMES	LEVELS OF IMPORTANCE							Most Important		
	Least Important	2	3	4	5	6	7			
Family Counselling	9	1	8	6	13	15	8	13	73	27
Daily-living Skills	3		3	4	7	10	30	23	80	20
Orientation/Mobility		1	1	2	8	17	17	43	89	11
Sighted Guide Technique	3	2	3	5	13	14	20	27	87	13

Braille Reading & Writing	6	5	5	10	6	9	10	2	53	47
Type Writing	10	9	7	8	4	3	2	1	44	56
Computer Training	14	5	8	6	4	2	2	5	46	54
Skills Training	14	4	3	4	9	4	5	5	48	52

Information on the impact of the rehab programme on self-confidence was next sought. If we examine Table 19 presented below, it can be observed that a preponderant amount of the entire sample, (65%) indicated that they were in strong agreement with the statement that the programme has had a positive impact on self-confidence.

TABLE 19

Impact on Confidence

Impact on confidence					
		Frequ- Ency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3	3.1%	3.061224
	Disagree	1	1	1.0%	4.081633
	Agree Somewhat	7	7	7.1%	11.22449
	Agree	20	20	20.4%	31.63265
	Strongly Agree	65	65	66.3%	97.95918
	Not Applicable	2	2	2.0%	100
	Total	98	98	100.0%	
Missing	0	2	2		
Total		100	100		

## CHAPTER 5

### Discussion of Findings

#### Rehabilitation

Throughout this research paper, the matter of rehabilitation and the part it plays in restoring an individual to a level of functioning has been stressed. This chapter will be concerned with examining the findings which emanated from the research conducted on blind and visually impaired women with a view to making recommendations for the improvement of the rehabilitation programme of the Caribbean Council for the Blind.

As intimated elsewhere in this research, the loss of visual or any other physical functioning also results in a loss of self-confidence. Ponchillia & Ponchillia (1996) posited that the goal of any rehabilitation programme is to enhance the self-confidence and self-image of blind and visually impaired persons. The writer further purported that the rehabilitation services which are offered to blind and visually impaired persons address both personal and vocational needs, aimed at assisting individuals to develop confidence and skills of everyday life as well as to gain or regain vocational skills through vocational training and placement. With regard to this, if we examine section 7 of the rehab policy of the Caribbean Council for the Blind, we will observe that it outlines a number of options for rehabilitation training. However, an attempt was made to obtain information regarding the actual training activities undertaken by respondents.

Worthy of note, is the fact that the training activities undertaken by the women, Which, could assist in equipping them for employment, were those areas, which were least, selected. Which tend to suggest that areas such as typewriting, computer training and skills training did not seem to attract many of the women, whereas, Mobility and Sighted Guide Technique seemed to be the preferred choice. In looking at these results, however, we will have to bear in mind that the programme is needs oriented and therefore, additional variables could account for this situation such as: the age respondents received training which will be the subject for discussion later on in this research.

The programme was also looked at in terms of the importance of the different training programme offered to the respondents. They were asked to indicate which area of the rehabilitation programme they considered to have made the most impact on their lives. The result showed that respondents tended to value the life skill areas, particularly those relating to travel, with orientation/mobility being ranked as most important, followed by sighted guide technique, with daily living skills receiving the third highest ranking. A Friedman Chi Square statistical test was conducted to determine whether there was a difference in the way respondents ranked the programmes. The test proved to be significant. Thus, one can conclude that there has been a difference in the way in which the women ranked the area they covered in the rehabilitation programme. A Wilcoxon T test was performed to determine which two programmes differed significantly in the ranking they received. There was a difference between all of the pairs; however, it was found that Family Counselling and Orientation/mobility were the two programmes which differed significantly from each other.

This research also tried to ascertain whether the Rehabilitation program has had a positive impact on the self-confidence of women in the sample. Respondents were asked to

indicate whether they agreed with the statement that the rehabilitation programme offered by agencies of the Caribbean Council for the Blind had enabled them to gain greater confidence as a blind or visually impaired person. The more than two third of the women who expressed strong agreement with the statement that the programme had enhanced their self-confidence, is an indication that, the programme has had a positive impact on the self-confidence of blind and visually impaired women.

The research also examined the effectiveness of the programme as it relates to independent travel. Finestone (1960) intimated that one's image of blindness is usually a male one. He attributes this to the diminish visibility of women which is caused by them not being expected to travel far from their homes. He also made the point that some women resist the use of a cane because it is associated with sighted men in their community. With regard to the question of travel, This research finding implies that blind and visually impaired women are traveling outside of their homes more often, and this has been attributed to the fact that they were exposed to rehabilitation training. While there are some women who still continue to resist the use of a cane, the findings attest to the fact that this is changing, as most persons indicated that the white cane was the preferred method of travel.

### **Involvement**

The next area to be addressed in this research is that of involvement of blind and visually impaired women at the family, community and organizational level. It is my intention to try to provide answers to the following research question. To what extent has family attitude influence the involvement of women in the rehabilitation programme?

Most of the literature on disability have tended to suggest that the onset of blindness or

any other disability will undoubtedly impact negatively on the family, particularly as it relates to performance of roles. Finestone (1960) and others have intimated that when a family member becomes disabled there is usually a reversal in family roles with the responsibility of the affected person being transferred to other members of the family. He observed that it is usually the adult children who often initiate request for help and in most instances, take over all the decisions that the blind person can make, thus relegating the blind individual to a state of total dependence.

While the research did not specifically address the matter of role reversal, an attempt was made to solicit information regarding the family's role in seeking assistance for women who become blind or visually impaired. While no definitive inferences could be drawn, given the fact that, none of the groups of persons referred to in the research receive a large percentage of the responses, the results showed that the family figured least in this instance. The persons who were most instrumental in linking the women to rehabilitation services were, Rehabilitation officer and friend, With Rehabilitation field officer receiving the edge. One of the functions of the Rehabilitation Field Officer is that of case finding, which require them to go into the communities with a view to identifying blind persons. Therefore, this could account for this group receiving the edge over the other groups. In answering the question as to the extent to which family members influence the involvement of blind women in the rehabilitation programme, it could be concluded that this was not evident in this research.

The second research question, which I shall attempt to ascertain answers to is: Has the programme influenced the attitude that family members have toward blindness?

In chapter two of this research there were some writers who alluded to the fact that blind women were rarely considered to be suitable candidates for marriage, and that, the divorce rate is higher among women who become disabled than that of their male counterpart. While we may

not go as far as to suggest that blind women's prospects for marriage is almost nil, as stated by Boylan (1991), one would have to agree that there are some similarities between the allusions made in earlier chapters of this research, and what was found in the sample, in that, most of the women were not in any form of relationship. There were a few women who were divorced; however, no information was obtained which could attribute this to the onset of blindness or visual impairment. In looking at the programme's impact on the family's attitude regarding the women's ability to make decisions. It was evident from the research findings that the programme had increased the awareness of the family members regarding the women's ability to make decisions in the home as well as their acceptance of that decision.

This section of the research study is aimed at answering the third research question, which sought to ascertain the following: Has the programme prepared clients to participate in decision-making in the home, community and at the organizational level?

In examining the programme's impact on the ability of the women to make decisions and their actual involvement in decision-making in the home, the findings confirm that the programme has been a success in helping the women to recognize that despite their disability, they are able to make their own decisions. The same could be said, to a lesser extent, of their actual involvement in decision-making in the home.

With reference to blind women's status in the community, the literature which were consulted and which alluded to blind women's status in the community have tended to imply that they do not participate in their community and that they have been relegated to the lower status in the community. While the research did not focus on the women's status in their community, attempts were made to try and obtain information regarding the extent to which the rehabilitation programme has prepared them to participate in their communities and whether they were actively

involved. The findings of the research showed that the majority of the women in the sample did not participate in their community. In looking at the programme's impact on community involvement, it is difficult to make a conclusive statement in support of a positive impact. Even though the data tend to suggest that those who agreed with the statement that the programme had prepared them to participate in their communities were more than those who disagreed, however, the difference between the group which agreed with the statement and the other which did not was marginal, and therefore, would tend to suggest that the impact was weak. Given the type of programme activities which were available to recipients, it could be concluded that apart from facilitating travel within the community as a result of them being able to get around unaided, the programme did not prepare them to participate in their communities.

The next area to be addressed by this research, is the issue of the women's involvement in organization. An examination of the disability literature did not reveal any information regarding the position of blind and visually impaired women. However, in discussing the position of disabled women in general, it was said that where disabled persons are involved at the organizational level men are more likely to hold the leadership positions. The literature also intimated that the women's position is usually peripheral in nature, and if they hold leadership positions at all, they are more likely to be in women's organizations.

Information on the types of organizations in which the women were involved was not obtained, nevertheless, a perusal of the research findings revealed that while the majority of the women indicated that they have been involved in organizations of and/or for the disabled, the officer positions held, together accounted for a very minimal proportion of the sample. The same could not be said of those who were ordinary members, as they accounted for a significant number. Bear in mind, though, that post such as Treasurer and Public Relations officer positions

could be included in the other category as well, which, accounted for the second largest amount of responses.

In interpreting the research findings relating to the question under consideration, it could be inferred that, the programme has had a positive impact on blind women's ability to make decisions in the home, as well as, the family's recognition of that ability. Regarding the impact at the community level, it could be reasoned that the programme's influence was not as evident. In looking at decision-making at the organizational level, however, while it could be construed that the times are changing and women are becoming more involved at the organizational level, they are still not being seen in positions where it matters most.

### **Education**

Also of interest to this research, is the educational status of blind and visually impaired women in the Caribbean. The intention of this section is to obtain answers to the question as to, how has the period of rehabilitation training equip blind and visually impaired women to seek further education and training. Like many other aspects of the blind women's lives, no direct attention has been paid to the training and educational circumstances of blind women by the literature consulted in this research; however, in exploring the literature on women and disability, the information gleaned revealed that, education and training are some of the problems confronting disable women in general. One writer purported that, two out of every three illiterate persons are women, and that disabled women have less access to education than non-disabled women and their male counterpart. In another article cited in this research, it was said that 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities. A perusal of the results emanating from this research revealed that the

findings are not necessarily dissimilar to that which obtained in the literature as, even though women who were in receipt of a secondary school certificate were in the majority, a significant number of the women did not achieve academically, while, of those women who received some sort of certification, only a very minimal number were recipients of tertiary level certification. Thus, this leads one to conclude that, lack of proper education still continues to be a problem with which blind women have to grapple.

In responding to the research question, considering that there were a number of women who did not go beyond the primary and secondary level, and that most persons reported receiving their qualification before rehabilitation, This tends to suggest that the programme did not prepare blind women to seek further education and training. A Chi Square statistical test was performed to ascertain whether there was a relationship between the time in which the women became qualified and their academic achievement. An Alpha of .05 was used and the test had a P value of .46865, which is implying that the test was not significant; which is an indication that there is no relationship between the time the women became qualified and their academic achievement. (See Appendix II) It can be further inferred that, most of the women became qualified before they were rehabilitated, irrespective of their level of academic achievement.

### Employment

This section will be devoted to answering the fifth research question, which sought to determine the following: Has there been a significant change in the socioeconomic status of women who have benefited from rehabilitation services?

None of us, despite our station in life, can claim to be truly dependent; however, it has been said that employment can go a far way in improving the status of individuals and enable

them to achieve some measure of autonomy. As can be deduced from the literature consulted on disability and gender, status and autonomy has been a major concern of women with disabilities and of course, blind and visually impaired women are no exception. As has been reiterated in this research, there has been a lack of information on the employment status of blind and visually impaired women. In fact, no information could be obtained which specifically speaks to the situation of blind and visually impaired women and employment; however, all the disability literature consulted have tended to imply that men are more likely to be employed than women, subsequent to becoming disabled. Boylan (1991) and others, intimated that for a woman who is disabled, she needs to have a lot to offer an employer if she is to be considered for employment, and despite advances in technology, employers still maintain their negative attitude toward disabled women. The research attempted to obtain respondents views on what they considered to be the greatest barrier to blind women obtaining a job. A range of barriers were cited and employers' negative attitude figured among these. However, this category was not among the highest frequencies as it was superceded by lack of self-confidence, education and training, and discrimination. There are some persons who might argue that discrimination could be considered as being a part of employers' negative attitude. A combination of the two categories would result in employers negative attitude being cited as the main barrier to employment of blind and visually impaired women. Boylan (1991) as purported that individuals in more white-collar jobs are likely to resume their jobs after a disability. Those women in the sample who were considered to be in white collar jobs were so few that it did not allow for a proper distinction to be made; however, in examining the results arising from this research, it can be observed that most of the women obtained their job after rehabilitation. Given this situation, it could be construed that women who have been through the rehabilitation programme and who were

working prior to becoming blind are not being prepared to resume their jobs. On the other hand, it could be argued that factors such as those mentioned above and the period of time which elapse between when they lost their sight and the time they receive rehabilitation training could account for this. With reference to citations made in chapter two of this research, regarding the income of blind persons and disabled women, it was found that blind persons earn 30% less than non-disabled and 8% less than their disabled counterpart and that only 16% disabled women in Australia earn \$400 and over per week. While we cannot make inferences to the general population of blind women in the Caribbean given the nature of this research, the 37% employment rate, which was found with women who benefited from rehabilitation training, could be argued as being indicative of a relatively good rate. The situation tends to present a more negative view when we look at the types of employment in which the women were involved and the distribution of the sample among the various occupational groups. What was evident, was that only a few were in open employment, whereas, the majority of persons were self-employed. If we look at the occupation of the women, none of the occupational group had a large percent of representation. Craft was the area, which had most persons while, the para/professional group accounted for a minimal number of women. An examination of the income levels, presents a perspective similar to that which was mentioned directly above, as, a significant number of the women earn very minimal income. In fact, over 75% of the women earn less than US \$2500 per annum. This leads one to conclude that most of the women were either living below the poverty line or dependent on relatives or others for source of support.

The research also tried to determine whether those who were unemployed or in sheltered workshops were actively seeking employment. Surprisingly, most of the women were not seeking employment. The question which remains to be answered is to what extent has the

positive impact of the programme on the women's self-confidence and the fact that most of the women who were employed felt that the programme had prepared them for employment, really equip the women to seek employment? In response to the research question, it could be construed that, given the situation highlighted above, the programme has not significantly impacted on the women's socioeconomic status. In making this deduction, however, one has to be mindful of the statement made by Finestone (1960) which intimates that the best rehabilitative efforts are useless if opportunities for employment are not available. This is the situation with which most blind women are faced in the Caribbean. In fact, this was cited by the women themselves as one of the barriers, which prevent blind women from obtaining employment.

#### Perception of Blindness

The next section in this research, which was examined, had to do with perception of blindness and its impact on the women's adjustment. It was intended to answer the research question as to the extent to which the programme has influenced previously held views on blindness and the ability of blind persons.

With regard to the programme's impact on the ability of blind and visually impaired women, information obtained points to the influence on the performance of normal duties in the home and performance in their jobs or further training. With regard to the former, the programme's influence can be interpreted as being very positive. In looking at the influence on job and training performance, the thirty persons who registered their agreement or strong agreement to the question relating to this, could be taken as being not so positive when compared to the entire sample. However, when we consider only those women who were employed or have benefited from additional training, the impact would be significantly more positive. In relation to

it's impact on previously held views on blindness, the matter was not adequately addressed in this research, therefore, this could be a matter for further research. Given this situation, the research question could only be partially answered in favour of a positive impact on the ability of blind and visually impaired women.

### Age of respondents

It has been posited elsewhere in this research that age is a very important factor when considering the rehabilitation of blind and visually impaired persons. The literature presupposes that the younger the individual the more they would be willing to grasp all the opportunities available for rehabilitation training, whereas, older persons would be inclined to seek training which help them to gain adaptive skills rather than job skills. Also, too, the literature purported that often times they do not feel that they can continue to work, hence they are not motivated to seek employment. In exploring the research findings, it can be noted that they are in keeping with what was postulated by the literature in that the older women had showed a tendency to be involved in those areas of the programme that can be categorized as life skills area rather than any of the areas which could facilitate their preparation for employment. A chi square statistical test was performed to ascertain if there was a relationship between the women's age and whether they were seeking employment. The test proved to be significant at the .05 level with a P value of .04714, which, is an indication that there is a relationship between the two variables. A Phi coefficient of determination of .24717 is suggesting that the correlation between the two variables is low. It can be further interpreted that 24% of the variation in those seeking employment can be explained by age of respondents (see Appendix III). Of importance was the fact that the 18-27 age group was the only category where more persons were seeking employment than those who

were not. There was no difference between the 28-37 age group, however, in all the subsequent groups, not seeking outweighed those who were seeking employment. As a matter of fact, none of the women were seeking employment in the 57 and over group. The result of the statistical test showed that age is not the only determinant of this phenomenon. A multiple regression test was performed to determine the extent to which age, age trained years of schooling has had an impact on the socioeconomic status of the women. Level of income was used as the determinant for socioeconomic status. Years of schooling was the variable, which, contributes most to the equation. The results of the test showed that for every unit increase in years of schooling income would increase by .38, followed by age .29. The test also showed that a unit increase in age receive training will result in income being decreased by .18. The adjusted r square of .13978 is suggesting that we will be 13% accurate in predicting the women's income if we know their ages, age receive training and years of schooling.

## CHAPTER 6

### Conclusion/Recommendation

#### Conclusion

A common theme permeating this research is the rehabilitation programme and the effect it has on the lives of blind and visually impaired women in the region. As can be inferred from this research, the programme has been very successful in serving as a self-confidence booster for women who become blind or visually impaired. In examining the different programme areas in which the women were involved, however, it was observed that the women tended to be engaged in programme activities having to do with skills of daily living and travel and very few of them undertook training relating to work. While we agree that the options available to the women for employment training were limited and what is offered may not be very appealing to many people, it leaves one to wonder how much vocational counseling takes place during the period of training or to what extent clients are being encouraged to make use of training opportunities outside of that offered by the different agencies. This is of paramount importance if the number of women being served is to be improved and inclusive services for blind and visually impaired women achieved. Career counseling would undoubtedly assist clients to obtain information about what is available by way of job opportunities and will also enable them to make informed choices about career goals. This aspect of the rehabilitation programme could be further explored

in a subsequent research.

The next area, which was examined, was the women's status in their home, community and at the organizational level. While the programme's impact was positive as it relates to the women's ability to make decisions in the home, the family's recognition of that ability, and performance of household chores. The effect on community involvement was dissimilar to that which obtained in the family, in that, the programme's impact was not very evident neither were the majority of the women involved in their communities.

With regard to their involvement at the organizational level, the results tend to suggest that even though they were involved at the organizational level; the majority of the women were ordinary members and therefore, could not be considered to be really involved where it matters most, i.e., at the decision-making level. It would be interesting to discover the type of organization in which the women were involved, however, the research did not seek to ascertain whether they were members of organizations relating to women or general disability organizations. This could be one of the areas explored in a further research.

Subsequent to this, the research focused on the educational status of the women. As alluded to in earlier chapters of this research, a half of the women had no form of qualification and of the number who had, the majority did not possess more than a secondary school certificate. Of importance, most of them received their training before they were rehabilitated. If we take those persons who did not become qualified and others who only had secondary school certificates, it could be interpreted that the programme has not served as a source of motivation in getting the women to improve themselves. Given this situation, one is also inclined to conclude that they are satisfied with their status in life. However, they may be so absorbed in trying to take care of their physical needs that further education and training is not associated

with improvement in status. The group process is often promoted as being a very powerful medium through which persons are assisted in gaining new understanding of themselves and their situation. There should be some value in ascertaining the extent to which this process is being utilized and how it has impacted on the individuals.

With regard to the employment status of the women, a quick glance on the results emanating from the research, could lead one to conclude that a 37% employment rate is a relatively good one. Nevertheless, The type of employment and the remuneration received signifies that most of the persons are either barely existing or dependent on family members or others to supply their needs. Hence, even though they may be employed, the income is not sufficient to make a significant impact on their socioeconomic status.

Despite the fact that we are aware that it may be difficult to obtain employment given the economic circumstances of some of the countries, and the fact that the women are disabled, the women's apparent lack of interest in seeking employment is surprising to say the least. Clearly, it cannot be just a question of age since there were a number of women 38 and over who were not seeking employment and the statistical test, which was performed, showed that age's contribution to the phenomena is minimal. It could also be argued that it might be cultural in that women may expect to be taken care of by a man. Given the fact that 50% of the women were in no intimate relationship this may be questionable.

It is evident from the findings of this research that the impact of the rehabilitation programme is greater in the areas having to do with travel, performance of duties in the home, involvement in decision-making in the home and boosting self-confidence. In the areas relating to education and employment, however, there is little evidence of this impact.

### Recommendation

In concluding the following recommendations have been submitted in an attempt to improve the rehabilitation programme.

1. That the programme be modified to incorporate retraining of rehabilitation personnel aimed at equipping them with the necessary advocacy and networking skills to facilitate the use of existing resources.
2. The programme should be geared toward facilitating career counseling and information dissemination regarding current job opportunities.
3. The provision of peer counseling and mentorship programmes aimed at motivating the women.
4. Provision of placement services for those wishing to obtain employment.
5. The establishment of sustained public awareness programmes aimed at sensitizing the public regarding the capabilities of blind women.

### Issues for Further Research

No one can expect to cover all the relevant issues in conducting a single research. With this in mind, I wish to suggest the following issues, which could warrant further exploration.

1. A comparative analysis between male and female to determine whether there is a difference in the status of male and female.
2. Obtain respondent's opinion on the use of travel aids.
3. Determine the impact of the programme on the family as it relates to role reversal and economic status.

4. Determine whether there is a change in union status as a result of onset of

blindness.

5. Determine the extent to which women are being trained to resume former

employment

## CHAPTER 1

### Introduction

#### Background

1. World Health Organization (n.d) indicated that an estimated forty million persons in the world today are blind and that there are over one hundred and fifty million persons worldwide who have of visual disability, which, requires them to receive some form of specialized services. Dandona & Dandona (2001) stated that, "women account for 64.5% of the entire blind population in the world" ( p. 24). In applying the World Health Organization's population-based methodology which estimates one per cent of a population to be either blind or visually impaired, to the Caribbean situation, it would imply that approximately sixty thousand persons living in the English-speaking Caribbean would be categorized as being either blind or visually impaired. With regard to the situation relating to women, it would mean that, of the estimated sixty thousand blind and visually impaired persons in the English-speaking Caribbean, the female blind population would amount to approximately thirty-eight thousand seven hundred. With reference to the Jamaican situation the 2001 census revealed that 14770 women have been found to be either blind or visually impaired. While it is believed that a significant number of females in the Caribbean are visually disabled, there is very little information about how the majority of these persons live or what problems they may be facing.

The family has a very important role to play in assisting the blind family member to adjust to the condition of blindness. Discussions held with Rehabilitation Field Officers throughout the Caribbean (n.d) indicated that often times, families are more of a hindrance rather than facilitators to the adjustment process. In the event where the blind family member is a woman, it usually means a total loss of her independence and being relegated to a state of a dependent human being, who does not possess the capacity to think or to make any decisions relating to her family or personal life.

In instances where blind persons are involved at the decision-making level of organizations, it is usually male dominated and if women are actually included their involvement is generally peripheral in nature. This situation exists despite the fact that research has shown

that women account for the larger proportion of the blind population.

Rehabilitation is a very important medium through which blind persons are assisted to live a relatively normal life. Since 1985 the Caribbean Council for the Blind has established a formal rehabilitation programme designed to provide blind and visually impaired persons in the Caribbean with eight weeks intensive training. The purpose of the programme is to equip blind and visually impaired persons with the necessary skills to improve their level of functioning and ultimately enhance their status. The areas covered by the programme include orientation and mobility, daily living skills and communications skills such as typewriting and Braille reading and writing. The programme is community-based and needs oriented therefore, the decision as to the programme of activities, which are undertaken by recipients is dependent on the needs expressed by each individual (see Appendix V for further information). The 1999-2001 Programme Report of the Caribbean Council for the Blind indicated that more men were benefiting from the program than women. This situation is true for all previous reports.

The recent trend in education is that more women are receiving tertiary education than male. The prevailing situation among persons who receive higher education subsequent to becoming blind or visually impaired is that the converse obtains; that is, more males are recipients of higher education than females.

High unemployment has been a problem, with which a number of developing countries have to grapple. In more times than not, resources are so scarce that very little is available to facilitate the generation of employment opportunities. Often times, people have to create their own employment in order to survive. Given this situation, one can imagine how difficult it would be to obtain gainful employment in these circumstances and it would be even more so for persons who are considered to be different by virtue of the fact that they have a disability. World

Blind Union's North American/Caribbean Committee on the Status of Blind and Visually Impaired Women in a unpublished study conducted in 1995 on The Problems blind Women Face in the Caribbean, found that of the sixty respondents only 23% or approximately fourteen were in some form of employment. A large percent of persons in the sample were considered to be under employed as they were in jobs which were unsuited to their level of education and training. While the study could not be generalized to the entire blind population in the Caribbean, there were some important issues, which emerged such as a problem of sexual abuse, and others, which have already been mentioned above.

This research study sought to determine the impact of the rehabilitation programme, which is offered by agencies of the Caribbean Council for the Blind on the status of blind and visually impaired women in the region.

#### Rationale

The Motto of the Jamaica Society for the Blind reads: "The worst thing is to be born sighted but lack vision." Having vision requires one to have knowledge of the situation in order to envisage a desired state. As alluded to in the preceding section of this research, information on the status of the greater portion of the female blind population in the Caribbean is lacking hence the difficulty in developing programmes to effectively address the needs of those persons. Despite the fact that an attempt was made to obtain information by way of the World Blind Union Committee on the Status of Blind Women's survey, it was felt that the study did not address some of the pertinent issues particularly those relating to rehabilitation, consequently, the need to carry out another survey to determine the impact of the rehabilitation programme on the status of this population. This has been one of the main reasons for undertaking this survey and in particular, the choice of this topic.

The decade of the eighties witnessed a significant improvement in gender related policies worldwide. In keeping with this trend, many countries established departments specifically geared toward addressing issues relating to women. The Caribbean Council for the Blind did not remain unaffected by all this occurrence, and in the early nineties a concerted effort was made to get blind women involved at the decision-making level of the organization. The efforts of the committee were thwarted as a result of limited information on the status of the majority of blind and visually impaired women in the region. Given this situation, it became necessary to undertake additional research to obtain information on the status of blind and visually impaired women in order to improve the programmes of the Caribbean Council for the Blind.

While we recognize that blind and visually impaired women may be subject to experiences which might require them to receive specialized services; if they are to be truly integrated in the society, the aim must ultimately be to ensure that issues relating to these persons are included in the general women related policies and programmes. In order to achieve this, one must be in possession of empirical information to be able to properly articulate the needs to justify inclusion. This research is intended to provide empirical data on the experiences of blind and visually impaired women in order to influence the regional gender related policies and programmes.

Since the Commemoration of the International Year of the Disabled, blindness, and disability in particular, has been the subject of much discussion. While some amount of research has been undertaken in the field of blindness, A perusal of the literature, did not unearth any information which might suggest that any research was executed which specifically addressed issues relating to women who are blind or visually impaired. This research was undertaken in order To add to the body of existing knowledge in this particular field of study in an attempt to

try and remedy this situation.

### Research Questions

The study sought to ascertain the extent to which the rehabilitation programme has impacted on the status of blind and visually impaired women in the Caribbean. The following indicators were examined: living condition, level of autonomy, positions of influence economic status and educational achievement. The research attempted to obtain answers to the following questions:

1. To what extent has family attitude influence the involvement of women in the rehabilitation programme?
2. Has the programme influenced the attitude that family members have toward blindness?
3. Has the programme prepared clients to participate in decision-making in the home, community and at the organizational level?
4. How has the period of rehabilitation training equipped blind and visually impaired persons to seek further education and training?
5. Has there been a significant change in the socioeconomic status of women who have benefited from rehabilitation services?
6. To what extent has the programme influenced previously held views of respondents regarding blindness and the ability of blind persons?

## Definition of Terms

The following are the definitions of the main terms used in this research.

1. Impact: The word impact in this research refers to any change which takes place in the socioeconomic circumstances of blind and visually impaired women subsequent to receiving rehabilitation training
2. Living condition: Living condition is used in this context to connote the socioeconomic circumstances under which respondents live.
3. Level of autonomy: This is used to mean the extent to which persons are allowed to make decisions within their family/community setting.
4. Position of influence: This is used to mean the extent to which the individual's decisions are respected and acted upon.
5. Economic status: This is used in this research to mean the degree to which the individuals are dependent on relatives or others for source of financial support, whether they receive regular income and level of income.
6. Educational status: when used in this context it signifies the level of educational achievement, as well as the period of time it was achieved and how it is used for the betterment of the individual.
7. Rehabilitation is used in this research to mean: a process of training or retraining in the areas of: daily living orientation and mobility, education, vocation, and communication in order to restore or bring the individual to an acceptable level of functioning.

## CHAPTER 2

### Literature Review

In the preceding chapter of this research attention was given to identifying some of the problems faced by blind and visually impaired women in the Caribbean. This section will be devoted to an examination of the literature to ascertain what the theorists and persons who have written on the subject have to say about the problems identified.

### **Rehabilitation**

For a person who have been sighted the onset of blindness or visual impairment is an

overwhelming experience which affects the physical, emotional and psychological functioning of the individual. Ponchillia & Ponchillia (1996) in discussing the subject, cited Carroll (1965) which said the loss of visual functioning that results from a visual impairment causes an individual to lose self-confidence in his or her ability to conduct everyday life and to perform in a job. In most instances, such an individual would require psychological, emotional, and functional adjustment before he/she can resume his/her normal activities. Often times that adjustment can only be achieved with the assistance of trained professionals and through structured rehabilitation programmes. Carroll, (1961) profess that social rehabilitation as the process whereby adults in varying stages of helplessness, emotional disturbance and dependence, come to gain new understanding of them selves and their handicap, the new skills necessary for their new state and new control of their emotions and their environment. As stated by Ponchillia and Ponchillia (1996)

Before vocational issues can be addressed, the person must first adjust to the losses of self-image and life skills that he or she may have experienced. The rehabilitation services that are provided to people with visual impairments address both personal and vocational needs, helping individuals to develop personal confidence and skills of everyday living through instructional efforts as well as to gain or regain job skills through vocational training and placement (p.1).

As intimated above, the aim of any rehabilitation programme, which caters to the needs of blind and visually impaired persons, must ultimately be, to restore individuals to a level which will equip him/her to function in a relatively normal way. Ponchillia & Ponchillia (1996) posited that along with teaching specific skills, enhancing the clients self-confidence and self-image is an important goal of rehabilitation teaching.

Some writers have questioned the utility of the rehabilitation programmes offered to disabled women and blind persons in particular. Lee & White stated that: “For those who acquire disability later in life, rehabilitation is essential in order to regain maximum independence. Rehabilitation emphasizes returning a person to gainful employment, although for a woman with a disability, rehabilitation is not often seen as important” (Economic Sufficiency of Women with Disability). Finestone (1960). purported that despite the availability of services it has failed to bring the status of the blind up to that of the general community. He noted that despite rehabilitative efforts agency pattern tend to isolate rather than integrate by providing them with a total programme. This situation could be accredited to an intimation made by Ponchillia & Ponchillia (1996) which asserted that there are inadequate amount of trained rehabilitation professionals to meet the needs of blind and visually impaired persons; therefore, agencies attempt to remedy the situation by offering short term training. Often these individuals do not have the breadth of knowledge or a high enough level of skill to bring their students to their full potential. Not only is the utility of the rehabilitation programme being questioned but also it’s urban-based nature which is to be found in many developing countries. Webson (1997) alluded to the fact that in most developing countries, resources and rehabilitation services are very limited and in many cases services do not exist at all. While blind and visually impaired women may encounter similar experiences to that of their male counterpart, there are problems, which are specifically related to women, which are not necessarily experienced by men. Resources for Rehabilitation (1997), in support of this argument, made reference to the fact that women play different roles in society and thus experience different consequences of disability.

Over the years, little attention has been paid to the special needs of women with disabilities. Just as those who conduct research in the area of health have omitted women

from major studies, both researchers and practitioners in the areas of disability and rehabilitation have failed to address the special needs of women with disabilities.

(Resources for Rehabilitation, 1997 p.1).

Most of the literature on disability tends to suggest that the needs of blind women as well as those of their disabled counterpart have gone unmet for years. There are even those writers who go as far as to suggest that disabled women have been discriminated against with regard to the provision of services. This argument was also supported by Lewis and Sygall (1997) who stated that, “Women with disabilities in every society face double discrimination. The same opportunities faced by women every where compounded by discrimination based on disability” (p. 9). In continuing the discussion, the literature identified services in rehabilitation as one of the areas in which discrimination has taken place. The point was made that; women and girls with disabilities receive inadequate rehabilitation services because the very limited resources are directed toward men. One factor, which could account for women receiving inadequate rehabilitation services, has been cited by Finestone (1960.) He postulated that the image one has of blindness is a male one. This according to him, is partly due to the diminish visibility which is associated with the fact that women may be expected to remain at home and not being required to negotiate an environment far from their home.

Resources for Rehabilitation (1997) has identified the component of rehabilitation to be the following: counseling, vocational assessment, job training and placement, provision of assistive technology, training in activities of daily living and home-making and transportation services. One element of the rehabilitation process not mentioned by the writer, but never the less one, which is crucial to the autonomy of blind persons, is that of orientation and mobility training. This medium enables the blind person to become oriented to their environment, as well

as facilitate travel. One method utilized in this process is the use of the white cane, which enables blind persons to negotiate their environment with relative independence. According to Finestone (1960) it has been suggested that many women resist the use of a cane because it is commonly associated with men in the sighted community. He further purported that for some blind persons, the white cane is a symbol of the blindness they have not yet accepted and consequently they may reject training in the use of a cane. He also noted that some partially sighted persons though legally blind possess enough vision to negotiate travel in relative safety and may resist the use of travel aids as a symbol of dependence.

### **Involvement at Family/Community Level**

All of us, despite our station in life are members of a family. Most psychological literature has stressed the importance of this social institution and the impact it has on the lives of individuals. This point was also corroborated by Finestone (1960) who posited that the family provides a close network of interpersonal influences, which affect what blindness, comes to mean to the blind person. In a traditional family setting family members are assigned certain ascribed roles. Among the traditional role of the woman is that of nurturer and homemaker. Despite the fact that more women are involved in work outside the home, some of the traditional roles for women are still being adhered to. The onset of blindness or any other disability presents a serious challenge to these roles. Fine and Asch (1988) in their contribution stated that:

Disabilities may have a particularly aversive impact when they disrupt a woman's actual or perceived abilities to perform important, self-defining social roles. Not only must the person deal with immediate fears, emotional reactions, and physical impairments that typically accompany a life-threatening disabling disease; she may also face an

unexpected sense of rolelessness and a sudden assault to self-esteem.

(p.73).

While blindness is not necessarily considered to be a life-threatening disease, it is debilitating enough to threaten self-esteem and cause a reversal in family roles. Finestone, (1960) stated that “In a reversal of family role it is often the adult children who act for their parents in initiating requests for help. In so doing, there may be a tendency to take over all decisions, including those which the blind person can make” (p. 25). Resources for Rehabilitation (1997) in Reiterating this point observed that when women are unable to carry out the role that they played prior to becoming disabled their partners or children must fill in the gap. The literature further noted that being overly protective and doing everything for the affected family member may result in diminish self-esteem.

Oliver (1983) presents a different perspective on the impact of disability on the family. While he agrees that disability causes a severe impact, he tends to differ from many writers regarding the extent of the impact as it relates to gender by suggesting that when the male family member is affected by disability then the impact is greater. He postulated that where the wife is disabled, it might have less effect on her role performance. Rehabilitation International factsheet (1997) states that “For women in any society, having a disability signifies dependency, weakness, loss of status and relegation to an unproductive, asexual role in the community.” (Factsheet on Women and Disabilities:). Most of the literature on disability intimate that when blindness occurs after marriage the effects on the family is disruptive. There are even those writers who went so far as to assert that blind women’s prospects for marriage are almost nil. As cited by the literature, the blind wife is left in a place of safety with more mental or physical problems. The blind wife is almost always misunderstood and sometimes deserted by her

husband. When young blind girls become pregnant babies are taken away by older women in the family. Very few men consider themselves as the prospective husband of such a person and it appears as if there is no future for her. (Lewis and Sygall 1997, Boylan 1991.) More (1997) made reference to Ash and Sacks who found that blind and visually impaired men tend to seek sighted partners and that they married more often than females. Whereas females tended to refer to relationships less often, married less frequently and saw themselves as asexual. Information obtained from Resources for Rehabilitation (1997) indicates that Women with disabilities are more likely than men to be single heads of families, and that only a 5<sup>th</sup> of women with disabilities are married and living with a spouse. 45.4 per cent live alone. In another study alluded to by Oliver (1983) he stated that “Topliss (1979) in a survey in South Hampton found that 16% of disabled women were divorced or separated compared to a national divorce rate of 7% at the time. However, only 4% of disabled men were divorced.” (p.65). Boylan (1991) further alluded to the fact that Blind women are often relegated to the lower status in the community. They are isolated from society, and confined to a corner of the house, they live in obscurity, silent misery and total social and economic dependency. Webson in discussing the subject of blindness, made the observation that blind people will never have an opportunity to fully participate in their communities

### **Organizational Involvement**

There is a very famous saying, which says: he who feels it knows it. Leaders and persons designing projects who subscribe to this saying will very often make an attempt to involve the persons for whom the project was intended. In situations having to do with blind and visually impaired women, however, the converse usually obtains. That is, blind and visually impaired

women are rarely ever consulted on matters having to do with themselves in general and they almost never occupy leadership positions in organizations. So much so that none of the literature consulted so far has really focused on blind and visually impaired women in leadership positions. Webson, (1997) in support of this argument, made the point that organizations for blind people all too often exclude them from decision-making. He further stated that “Blind women receive the fewest opportunities and the least opportunity for regional interaction” (p. 21). Also supporting this argument, Oliver (1983) made reference to the fact that disabled persons are missing from the governing bodies of disabled organizations. He asserted that, even though such organizations may claim to be representing the views of such persons, they often lack direct contact and are inadequately accountable to them. Lewis and Sygall, (1997,) in their contribution to the subject, stated that” Economic and community development projects targeting women have rarely included women with disabilities in a significant way and programmes addressing disabilities have nearly always focused on men” (p9). O’Toole (2001) in an article made the point that:

Women with disabilities do the daily work of keeping the mainstream disability organisations alive and functional, while fundraising, organising and networking to achieve opportunities and services critical for women with disabilities; however, they are less likely to be top leaders or to have a salaried position for their work” (Disabled Women and Independent Living in Brazil, Germany Great Britain, India, Japan, New Zealand, Nicaragua, Russia, South Africa and Uganda.)

Also supporting this argument, Tanis Doe in reporting on a forum research, stated that:

Women with disabilities felt that sexism and patriarchal attitudes continue to present significant barriers to leadership roles. They also found difficulty getting women without

disabilities to understand their needs, and their abilities. Men are still more likely to get Opportunities for leadership and be in charge of events and organizations. Participants from developing countries described their best access to leadership was in "women's sections because men would not respect them in mixed organizations" (Tanis Doe international Leadership for Women with Disabilities: Executive Summary of Forum Research & Evaluation.

### Education

Education and training is crucial to the development of most individuals, And of course, blind persons are no exception. As stated by Finestone (1960,)

Information concerning a client's education experience is Important as it contributes to an understanding of the client as well as his capacities. If client was educated after reaching school age, it has implication for the client's preparation for retraining; it illuminates his experience between the community and the family during early school years and the possible effects upon his personality and development. It reveals feelings engendered by his educational experience, which may affect his total adjustment to blindness as well as his community. (p.78.)

To many blind and visually impaired persons, education provides the only medium through which upward mobility can be achieved; yet many writers have alluded to the fact that disabled women in general have tended to be exposed to limited educational opportunities. Kicki Nordstrom in an article, cited illiteracy as one of the main obstacle, which prevents disabled women from living a normal life and earning an income. (Lewis and Sygall (1997) Boylan

(1991) in discussing the subject asserted that two out of every three illiterate persons are women. She further purported that women with disabilities have limited access to education than non-disabled women and their male counterpart, and that, this situation is common to both developed as well as developing countries. Frohmader 1999) in support of this viewpoint stated that “women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education. Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities” (Women With Disabilities Australia Under Threat).

It has been said that schools in general are ill prepared to address the needs of disabled women as they do little to counter the dependence and the over-protectiveness of families. Boylan (1991) alluded to the fact that they fail to distinguish among disabilities, and the level of severity. She further intimated that Teachers are not adequately prepared to work with disabled students in general, and that women with disabilities receive little encouragement to continue their education. She cited attitude of parental overprotection as being a hindrance to access to, as well as actual education of disabled women. Also contributing to the subject, Lee, and White attributes the problems faced by disabled women in the area of education to the high cost of equipment. They stated that, extra money is often needed to cover the costs of special equipment, such as tape recorders or Braille equipment, making it difficult to reach higher levels of education. According to them, new advances in information Technology (IT) would seem to offer improved flexibility in study opportunities, but with male domination in this area, it has been argued that it tends to create and reinforce the inequalities in society.

## Employment

In the foregoing section of this research, some of the factors relating to education of blind and visually impaired women were examined. A natural progression from education and training is that of employment. Like most of the variables examined in this research, there has been very little information available, which relates directly to the employment of blind and visually impaired women. This could partly be due to the fact that the traditional role of the woman is that of homemaker hence they were not expected to be in places of work. Also, too, the view one had of blindness was, and still is, a male one and even the traditional perception of the blind beggar was always thought of as being a male. Some writers have alluded to the fact that this practice has been perpetuated by rehabilitation agencies, in that, there has been the tendency to train disabled men for employment, where as, women have been trained for homemaking (Boylan 1991). According to Finestone (1960) the best rehabilitative efforts are useless when opportunities for employment are not available to facilitate the blind person taking his position in the community.

One cannot overly emphasize the importance of employment in the advancement of the woman who is blind or visually impaired as this is one sure way of improving their status and securing the autonomy of such persons. Boylan (1991) in supporting this argument noted that employment is important for persons with disability and particularly for women with disabilities as it secures their independence and improves the status of individuals. She further purported that a woman with disability needs to have a lot to offer to convince her employer to look beyond both her gender and her disability. According to her, technology has not come up with a way to change employers' negative attitude toward women in general and disabled women in particular. Though not specifically discussing the situation of blind and visually impaired women, but

nevertheless very relevant, Webson (1997) also alluded to this by stating that: “even with the assistance of technology, professionals find it difficult in placing severely impaired and sensory impaired people in open employment. He further observed that, most employers have an ingrained expectation that all blind people have problems with mobility and performance” (p. 23).

As stated by the literature, unemployment is common among blind persons, and those who do work are often isolated from the community in sheltered workshops. Open employment has been suggested as one of the medium through which the integration of blind and visually impaired persons

can be facilitated. The ILO conference (1983), in recognition of the importance of this fact, made sure to include this aspect in their definition of vocational rehabilitation, which reads as follows: “to enable a disabled person to secure retain and advance in suitable employment, and thereby to further such persons integration or reintegration in to society” ( p.93).

Boylan (1991) in discussing the subject, alluded to the fact that employment helps with integration and acceptance of the non-disabled and most importantly, it gives life a purpose. Another contributor to this discussion is More (1997) who intimated that with the increase awareness of the capabilities of severely disabled persons and their integration in to the work place, professionals have been challenged to seek new ways of intervention. He is of the opinion that if the integration process is to be sustained, it requires professionals who are able to look beyond the traditional disciplinary boundaries. He has suggested a number of methods for sustaining the integration of blind and visually impaired persons in the work place. Some of which are:

1. Assisting clients in learning new skills.
2. Helping clients in identifying the need to changing some aspects of their

behaviour or appearance.

3. Providing information on assistive devices and assisting the client in learning how to use them.
4. Arranging for professional consultation or appropriate specialists (such as orientation and mobility instructors to assist the clients in travelling to and around the job sight.
5. Informing clients and families of available options for training and employment in order that they can make choices about services.

One factor mentioned by the literature and which can be attributed to situations faced by blind and visually impaired women in the area of employment, is that, Vocational Rehabilitation training centres are still providing disabled persons with skills for jobs that are no longer needed in labour markets. Boylan (1991) also attributes the difference in employment status between disabled male and female to the limited educational opportunities available to disabled women. She postulated that, because women in general, and women with disabilities in particular have had fewer opportunity for education and training than their male counterpart, they are less likely than men to be employed following disability. It has been posited that individuals in more high paying jobs and white collar positions are more likely to retain their jobs after a disability. (Boylan 1991, Resources for Rehabilitation 1997.)

Lamber in an article entitled Viewpoint Reflecting on the Status of Women made the point that “While the last three decades have seen many changes, women still earn only 72 cents for every dollar earned by men; women represent only 7 percent of all corporate managers” (Viewpoint: Reflecting on the status of women). If this situation exists generally one can imagine

what the circumstances would be regarding blind and visually impaired women. In a survey undertaken by McNeil (2001) it was found that in the United States the annual average earnings of persons with visual impairment are about thirty-one per cent less than that earned by persons without disabilities, whereas, persons with severe visual disability earn annual income that are approximately eight per cent less than those earned by persons with other disabilities. Frohmader (1999) in a submission for funding to the Australian government made the point that,

disabled women are one of the most marginalized groups in Australia. They are less likely to be in paid work than other women or men with disabilities. Men with disabilities are almost twice as likely to have jobs

than women with disabilities - earn less than their male counterparts. Fifty-one percent of women with a disability earn less than \$200 per week, only 16% of women with a disability earn over \$400 per week (Women with Disabilities Australia Under Threat).

### Age of Onset of Blindness

It has been posited by some writers that the age at which a person becomes blind is of paramount importance and therefore persons involved in the rehabilitation of blind and visually impaired persons need to be mindful of this in designing rehabilitation programmes which caters to the needs of such individuals. Why is this important? If we examine the life cycle, it can be noted that each person goes through a phase of development and each phase of the life cycle has its significance for the individual; therefore the onset of blindness at any phase during this process of development will have different significance depending on the period at which it occurred. As cited by Ponchillia & Ponchillia (1996), Levinson (1978) described four major phases, including the dependence of childhood (age 3-17 years), the commitments of early

adulthood (22-40 years), the responsibilities of middle adulthood (45-60 years), and the wisdom of late adulthood (age 65 and older). The literature further stated that the writer also describe short transitional periods between these phases (ages 17-22, 40-45, and 60-65) that are characterized by uncertainty and redefinition.

The writers further made the point that the typical clients of a rehabilitation teacher are over the age of sixty-five therefore they are frequently more interested in learning adaptive skills rather than job skills. Also supporting this argument, More (1997) observed that older individuals who are blind or visually impaired often do not feel that they can continue to work, therefore, they are not motivated to seek employment. Also contributing to the subject, Finestone (1960) purported that accurate information regarding the age at which a person becomes blind is significant for the caseworker. He further noted that, certain response given by blind persons have different significance for the congenitally blind person than those becoming blind after age three for instance. If blindness occurs during young adulthood, it's influence on marital relationship will have to be explored as it also has implications for his aspirations ambitions etc. If blindness occurs in later adult years it's influence upon employment and economic adjustments may be of most significance. Even though the literature did not specifically speak to this matter in relation to women, nevertheless this is also applicable when working with women. Ponchillia & Ponchillia (1996) in discussing the impact of age on learning made reference to the fact that multiple disabilities and disease increase with age. Therefore, while learning may not necessarily decrease with age one has to be cognizant of it's indirect impact due to the onset of disease.

#### Perception of Blindness and it's Impact on Adjustment

1. It has been argued that the extent to which a person adjust to the condition of blindness is dependent in part on the perception one had of blindness prior to becoming blind. If one had a positive attitude toward blindness and blind persons, then it stands to reason that the transition from a person who had sight to one who is sightless should be much easier. As intimated by Finestone (1960) Experience has shown that individuals tend to react to blindness in certain characteristic ways, however, the case worker should not generalize indiscriminately since the individual's response will be determined in part by his pre-blind personality structure, his personal and social situation, the attitude of others toward him, and emotional import which blindness has for him in terms of his goals, aspirations social status etc.

## **CHAPTER 3**

### **Methodology**

As was mentioned above, this research study sought to determine the impact of the rehabilitation programme which is offered by agencies of the Caribbean Council for the Blind on the status of blind and visually impaired women in the region.

#### Sampling

The population, from which the sample was selected, was blind and visually impaired women who reside in four Caribbean islands, namely: Jamaica, Barbados, St. Lucia and Trinidad & Tobago. The following criteria determined the characteristic of the sample:

1. They should be residents of the above mentioned islands.
2. They are women who are between the ages eighteen to sixty years and
3. They should have completed a formal course of rehabilitation training. The programme was looked at over the time, dating from 1986 to present. The age group was selected based on the fact that this period tended to be the most productive in a persons life; therefore older women would be more inclined to accept training which would equip them to negotiate their immediate environment; whereas younger persons would expect services to equip them to resume former

lifestyle or improve themselves. The sampling frame, which was utilized, was agency record from the respective Caribbean islands. This information was used to generate a list of respondents from which the sample was drawn based on the probabilistic approach employing the simple randomize technique. The names were placed in separate containers, according to the country in which persons resided, after which, they were shaken and the designated amount for each country withdrawn. The countries have been selected based on the following criteria: the ability of the agencies within the respective countries to identify women who are within the specified age group. There is at least one agency in the country, which operates an active rehabilitation programme and criteria relating to resource availability. The number of respondents per country was determined by the population size; the largest country accounting for the majority of persons. Forty persons were selected from Jamaica, twenty-five from Trinidad, twenty-three from Barbados and twelve from St. Lucia.

#### Method of Data Collection

With regard to the method of data collection, this research employed the social survey method in which questionnaires were developed and respondents asked to complete. The questionnaires consisted of thirty-nine questions and underscored Six main variables. These were: Rehabilitation, Family Involvement, Involvement at the Community Level, Involvement at the Organizational Level, Educational Status and Economic Status. There were plans to utilize focus group discussions as part of the methodology, however, time did not allow for the accomplishment of that task and there was also the issue of cost. The Rehabilitation Field Officers from the respective countries were used to assist with the administration of the questionnaires. One hundred questionnaires were distributed with a response rate of one hundred per cent.

## Procedure

In order to prepare for this research, one meeting and several telephone discussions were held with the Executive Director of the Council in order to facilitate the preparation of the funding proposal and work out the logistics for the research. Subsequent to this, meetings were held with Key personnel in the participating agencies with a view to: (a) confirm their participation in the research. (b) Inform them of what is required of their agency for the preparatory stages of the research (Such as: compiling and forwarding a list of women to be used in the research, and enlist the services of the Rehabilitation Field Officers' with a view to involving them in the distribution and administration of the questionnaires.) and (c) provide information regarding the criteria for selection of the persons to be included in the list. Subsequent to this, questionnaires were then prepared and delivered along with a copy of the list of respondents to the respective agencies. A second meeting was held with the Rehabilitation Field Officers to examine the questionnaires and clarify any difficulties, which they might have. Following this exercise, the questionnaires were administered by the Rehabilitation Field Officers utilizing the face to face interview method. The questionnaires took approximately one month to be completed at the end of which time, they were returned via courier mail service.

## Method of Data Analysis

Statistical methods were employed in analyzing this data, utilizing both descriptive and inferential statistics. The statistical tests, which, were performed, include: Chi-squares, Friedman Chi Square and a Regression analysis.

The theoretical perspective on which, this research was based is the Critical approach.

According to Jensen,

This theory is a critique of capitalism, its appropriation of the surplus value of the collective, and its commoditification of every aspect of our modern society. It provides a better understanding to present social conditions, how these conditions evolved, how they are transformed, how they interact with each other, what laws govern their transformation, and how they maintain their validity. This complex task is achieved through a multi-discipline approach that combines perspectives drawn from many different fields of study. These fields include economical, historical, philosophical, political, psychological, and sociological studies. The ultimate goal of the Critical Theory is to transform our present society into a just, rational, humane, and reconciled society.

(Jensen, Walter A. (1997) Defining the Critical Theory.

### **Limitation**

In conducting any study there are bound to be limitations with which researchers will be faced. Some of the limitations, which can be identified in this study, include:

1. Regarding the sampling frame, the register of some of the agencies seemed not to be well developed, therefore, there were some difficulties experienced in compiling the list, as persons names were submitted who did not fit the criteria.
2. Lack of control over the distribution and recovery of questionnaires.
3. Inability to obtain adequate empirical data on the subject matter.

## CHAPTER 4

### Presentation of Data

As mentioned in the preceding chapter of this research, the sample consisted of blind and visually impaired women selected from four Caribbean islands namely: Barbados, Jamaica, St. Lucia and Trinidad & Tobago. The total number of respondents in the sample was one hundred. Their ages fell in to five categories ranging from eighteen to twenty-seven to fifty-seven and over. The age group, which reported the highest frequency, was thirty-eight to forty-seven (27%) whereas, the category which recorded the lowest frequency was the 18-27 age group in which 14% of respondents fell.

Table 1 describes the frequency distribution of the persons who referred the women for rehabilitation services by their living arrangement. The table shows that, 45% of the women live with the family in which they were born, whereas, 19% live with the family they created. It can be further observed that of those living with family, only 6%

of the women were referred to rehabilitation services by their relatives.

TABLE 1

Persons Making Referral by Living Arrangement

<b>Persons making referral * Living arrangement Cross-tabulation</b>						
Persons Making Referral	Living Arrangement					Total
	Alone	Family of Origin	Spouse & Children	Friend	Other	
Relative	1	3	3		3	<b>10</b>
Friend	4	8	8	1	5	<b>26</b>
Medical personnel	1	12	2		1	<b>16</b>
Rehab worker	2	18	3		6	<b>29</b>
Other	1	4	3	2	9	<b>19</b>
<b>Total</b>	<b>9</b>	<b>45</b>	<b>19</b>	<b>3</b>	<b>24</b>	<b>100</b>

**Involvement in the Home/Community**

Questions nine to twelve sought to determine respondents' status in the home as it relates to decision-making and performance of household chores. Table 2 below showed that 66% expressed agreement with the statement that the programme has influenced their decision-making in the home whereas, 16% disagreed. With regard to the impact it has on the family's

recognition of the blind women's ability to make decision, the table also indicates that 63% agreed that the programme had influenced the family's recognition of their ability to make decisions and 16% disagreed.

TABLE 2

Impact of Programme on Decision-Making

<b>IMPACT OF PROGRAMME ON INVOLVEMENT</b>	<b>Disagree &amp; Strongly Disagree</b>	<b>Agree Somewhat</b>	<b>Agree &amp; Strongly Agree</b>	<b>Total %</b>	<b>N</b>
More Involved in decision-making at Home	16%	18%	66%	100%	100
Helped family to understand my capabilities to make own decisions.	16%	21%	63%	100%	99
My decisions are now accepted or considered by family members.	22%	27%	51%	100%	100
Equipped me to perform normal duties at home.	12%	15%	73%	100%	100
Equipped me to become involved in community activities.	38%	19%	43%	100%	100
Enhanced my ability to participate in Organizations of and for the disabled.	28%	18%	53%	100%	0.92

With reference to the women's actual involvement in decision-making in the home, as can be observed from Table 2, only twenty-two indicate outright disagreement with the statement, twenty seven were undecided, and agree and strongly agree together accounted for 51% of the sample. Regarding the programme's influence on their performance of their duties in

the home, a preponderant amount of the sample (73%) indicated that they concurred strongly with the statement, while only twelve percent recorded that they disagreed with the statement.

The impact of the programme on community involvement was also examined. The converse obtained in this instance with disagree receiving the most responses 30%, however, A combination of the categories showed that there was a difference of 5% in favour of agree (43%) with disagree receiving 38%. With regard to respondents' actual involvement in their community, Table 3 shows the distribution of the responses. 53% of the sample responded in the negative to the question whereas 46% answered in the affirmative. (See Table 3

Below)

TABLE 3

Current Involvement in Community

<b>Currently Involved in community Activities</b>	<b>Total</b>	<b>Percent</b>
Yes	46	46
No	53	54
<b>Total</b>	<b>99</b>	<b>100</b>

Organizational Involvement

Organizational involvement was the next area examined in this research. Most of the women in the sample (55%) indicated that they are involved in organizations of and for the disable. However, a careful examination of Table 4 showed that the majority of the fifty-five persons who indicated that they were involved in organizations of and for the disabled (30 women or approximately 56% of the sample,) were ordinary members, fourteen were in the other category, and 10 or 18% distributed among the officer categories. Information was also sought regarding the programme's impact on organizational involvement. As can be delineated from Table 2, 53% attributed their involvement in organization to the programme's impact while 28% disagreed that it was influential.

TABLE 4

POSITION IN ORGANIZATION

Education

**With regard to the educational status of the women, Table 5 showed that, 43% of the women in the sample reported receiving secondary level education, 9% were educated in special schools, while 35% received primary level education, and only 12% reported receiving tertiary level education. 50% of the women had no form of academic achievement, 38% had received a secondary school certificate, 5% received tertiary level certificate 3% obtained tertiary level diploma and 3% had bachelors degree.**

TABLE 5

Education Type by Academic Achievement

	<b>Academic Achievement</b>					
<b>Education</b>	<b>No Certification</b>	<b>Secondary School Certificate</b>	<b>Tertiary Level Certificate</b>	<b>Tertiary Level Diploma</b>	<b>Four Year Degree</b>	<b>Total</b>
<b>Primary</b>	34					<b>34</b>
<b>Secondary</b>	11	32				<b>43</b>
<b>Tertiary</b>		4	4	2	3	<b>12</b>
<b>Other</b>	5	2	1	1		<b>9</b>
<b>Total</b>	<b>50</b>	<b>38</b>	<b>5</b>	<b>3</b>	<b>3</b>	

Table 6 describes the distribution of respondents' academic achievement by the time they became qualified. With regard to secondary school certificate, 22 or 59% of the persons in that category obtained their certificate before rehabilitation, whereas 24% obtained after rehabilitation and six (6) persons in that category or approximately 16% did not respond to the question. With regard to those holding tertiary level certificates, 3 or 60% received their training before rehabilitation while 2 or 40% received their training after rehabilitation. Overall, 28 persons or 56% obtained their qualification before rehabilitation whereas, 13 or 26% obtained their qualification after they were rehabilitated.

**TABLE 6**

**ACADEMIC ACHIEVEMENT BY TIME QUALIFIED**

Academic Achievement	Time Obtain Qualification		Total	Not Stated
	Before Rehabilitation	After Rehabilitation		
Secondary school certificate	22	9	37	6
Tertiary level	3	2	5	

certificate				
Tertiary level diploma	1	1	3	1
Four year degree	2	1	3	
Total	28	13	50	7
Not Stated = 2				

### Employment

In examining the employment status of the women in the sample, there were five questions, which were devoted to obtaining information on this aspect of the women's lives. Sixty-three percent of the women were in no form of employment, as can be deduced from Table 7 presented below, 37% were employed and of that number, 19 women or approximately 51% of those who were working were self employed while the other 49% were otherwise employed. Table 7 also showed the type of occupation in which persons were involved. The category, which, recorded the highest frequency, was Craft, which accounted for ten persons or approximately 27% of the working sample, whereas, the lowest frequency was found in the para/professional group which registered a little above 8%.

**TABLE 7**

### Occupation by Employment Status

<b>Occupation * Employment status Cross-tabulation</b>			
<b>Occupation</b>	<b>Employed</b>	<b>Self-employed</b>	<b>Total</b>
Farming		5	5
Para/ Professional	3		3

Clerical	5	1	<b>6</b>
Craft	9	1	<b>10</b>
Skilled	1	3	<b>4</b>
Commercial		4	<b>4</b>
Other		5	<b>5</b>
<b>Total</b>	<b>18</b>	<b>19</b>	<b>37</b>

Table 8 describes the distribution of the women's employment status by their country of residence. The country, which reported the highest employment level, was Barbados 56.5% followed by Jamaica 37.5%. The country reporting the lowest level of employment was St. Lucia with only one person or 8% of that sample being employed.

TABLE 8

Country of residence by employment status

Country of residence * Employment status Cross-tabulation					
Country Of Residence	Employment Status		Unemployed	Total	% Employed
	Employed	Self-employed			
Barbados	10	3	10	23	56.5%
Jamaica	2	13	25	40	37.5%
St. Lucia	1		11	12	8.3%
Trinidad	5	3	17	25	32.0%
Total	18	19	63	100	37.0%

The next area to be addressed in this research, was the income of respondents. As can be deduced from Table 9, of the 37 persons who were in some form of employment only 3 or 8% of the women in the sample earn over US \$4500 per annum. The majority of those who receive income (18 or 48%) earn between US one thousand to two thousand four hundred per annum. The mean income of the respondents was 792.55 with a standard deviation of 1634.549 Skewness was .243

TABLE 9

INCOME

<b>INCOME</b>		
<b>INCOME</b>	<b>Frequency</b>	<b>Percentage</b>
Less than US\$1,000	10	23.03%
US\$1,000 -2,400	18	48.65%
US\$2,500 – 4,400	6	16.22%
US\$4,500 and over	3	8.11%
<b>Total</b>	<b>37</b>	

The next area to be examined was the programme’s impact on work-related issues. Information was sought as to whether the rehabilitation programme had prepared the women to obtain employment. The not applicable category accounted for most of the responses (34% of the entire sample). As can be delineated from Table 10, agree and strongly agree received 47% of the responses while a combination of disagree and strongly disagree accounted for 39%. The research then sought to ascertain information on whether job/training performance had improved and whether this could be attributed to the rehab programme. Those who were in no form of

training or work accounted for 55% of the sample. Approximately 71% of those who were working or involved in some form of training registered their agreement with the statement. (See Table 10 below.) With regard to the programme’s impact on integration in the workplace, Table 10 also showed that a combination of strongly agree and agree resulted in 68% agreeing with the statement whereas 16% said that they disagreed.

TABLE 10

Impact on Work related Matters

<b>IMPACT ON EMPLOYMENT &amp; AT THE WORKPLACE</b>	<b>Disagree &amp; Strongly Disagree</b>	<b>Agree Somewhat</b>	<b>Agree &amp; Strongly Agree</b>	<b>Total %</b>	<b>N</b>
Provided skills that assisted me in gaining employment.	39%	14%	47%	100%	64
Improved the quality of performance in further training programmes or on the job.	17%	12%	71%	100%	42
Assisted me to better integrate at the workplace.	16%	16%	68%	100%	37

Table 11 depicts the responses to the question as to whether the women were actively seeking employment by their employment status. Only twenty persons who were unemployed said they were seeking employment while thirty-five said they were not seeking employment. The other 8 did not respond to the question.

TABLE 11

Employment Status by Seeking Employment

Employment status * Seeking employment Cross-tabulation			
Employment Status	Seeking Employment		Total
	Yes	No	
Unemployed	20	35	55
Employed	3	7	10
Self-employed	2	6	8
Total	25	48	73

Table 12 describes the age of respondents by whether they were seeking employment. In the 18-27 age group 7 women indicated that they were seeking employment while the other 4 were not. Nine persons in the 48-57 were not seeking employment and 14 persons were not seeking employment in the 57 and over age group.

TABLE 12

Age of respondents by seeking employment

Regarding the union status of the women in the sample, 50% of the women were in no form of intimate relationship, 21% indicated that they were married, 5% divorced, 4% were in visiting relationships, 12% widowed and 8% fell in the other category. Table 13 also showed that 38% of those who were single were unemployed, whereas, married persons accounted for 8%. The married group registered the highest employment rate 13% followed by persons in the single group 12%.

TABLE 13

Union Status by Employment Status

<b>Union status * Employment status Cross-tabulation</b>				
<b>Union Status</b>	<b>Employment Status</b>			<b>Total</b>
	<b>Employed</b>	<b>Self-employed</b>	<b>Unemployed</b>	
Single	6	6	38	<b>50</b>
Married	3	10	8	<b>21</b>
Divorced		1	4	<b>5</b>
Widowed	3	1	8	<b>12</b>
Visiting Relationship	3		1	<b>4</b>
Other	3	1	4	<b>8</b>
<b>Total</b>	<b>18</b>	<b>19</b>	<b>63</b>	<b>100</b>

Table 14 identifies the most serious barriers, which, respondents consider to be preventing blind and visually impaired women from obtaining a job by their country of residence. Twenty two percent of the respondents identify lack of self-confidence as the most serious barrier. Trinidad and Jamaica accounted for the largest percentage of the responses which were: 8 or 32% and 9 or 22%, respectively. The next most serious barrier identified was education and training, which registered 18%. As can be observed from the table, these two barriers were the only ones, which were common to all the countries represented in the sample.

TABLE 14

Barriers to Employment by Country of Residence

<b>Barriers to employment * Country of residence</b>					
<b>Cross-tabulation</b>					
<b>Barriers To Employment</b>	<b>Country of Residence</b>				<b>Total</b>
	<b>Barbados</b>	<b>Jamaica</b>	<b>St. Lucia</b>	<b>Trinidad</b>	
Employers' Negative Attitude	7	4	1		<b>12</b>
Lack of Self Confidence	4	9	1	8	<b>22</b>
Discrimination	4	8		4	<b>16</b>
Mobility		2		1	<b>3</b>
Education and Training	5	6	1	6	<b>18</b>
Workplace Challenges			5		<b>5</b>
Limited Scope	1	1	1		<b>3</b>



Daily-living Skills	8	7	12	10	5	10	52
Orientation/Mobility	8	11	18	17	8	18	80
Sighted Guide Technique	6	11	14	15	9	14	69
Braille Reading & Writing	9	10	10	6	1		36
Type Writing	5	7	8	5			25
Computer Training	3	8	4	2	2		19
Skills Training	8	8	9	2		2	29

Table 16 describes the length of time respondents took to complete their rehabilitation training by the programme selected. The over twelve weeks category accounted for 31% of the sample, followed by 6-10 weeks, which, received 26%. The table also showed that persons who were in the over twelve weeks group accounted for most of the responses in the different programme areas ranging from a low of 9 to a high of 25.

TABLE 16

LENGTH OF TRAINING BY TRAINING PROGRAMME SELECTED

TRAINING PROGRAMMES SELECTED	LENGTH OF TRAINING					TOTAL	
	> 3 weeks	3 > 6 Weeks	6 > 10 Weeks	10 > 12 Weeks	12 Weeks & Over		
Daily-living Skills	2	11	14	10	15	52	1 Not stated
Orientation/Mobility	2	15	22	16	25	80	
Sighted Guide Technique	1	10	21	15	22	69	
Braille Reading & Writing	1	6	8	5	16	36	

Type Writing	1	8	5	2	9	25	
Computer Training		3	5	1	10	19	
Skills Training	2	4	7	6	10	29	

Questions five through seven sought to ascertain the effectiveness of the programme as it relates to travel. Seventy-two percent of the respondents replied in the affirmative to the question as to whether the programme prepared them to travel independently. As can be observed from Table 17 presented below, 51% of the respondents indicated that the white cane was the method used to travel, while 41% indicated that they used a sighted guide to get around. The table also showed the frequency of travel. Sixty-nine percent indicated that they traveled more frequently since rehabilitation training, whereas thirty said no.

TABLE 17

METHOD OF TRAVEL BY FREQUENCY OF TRAVEL

Table 18 is a representation of respondents' ranking of the areas they completed during their rehabilitation training. The variable was re-coded to reflect the area receiving a rank of eight as most important and least important receiving a rank of one. Forty-three percent of the sample ranked orientation/mobility as the area which, has the most impact on their lives,

followed by sighted guide technique, which received 27% of the sample's ranking. Type writing was the area, which was least, selected. This area accounted for 56% of the sample.

TABLE 18

Impact of Rehabilitation Training Programmes Ranked in Order of Importance

TRAINING PROGRAMMES	LEVELS OF IMPORTANCE							Most Important		
	Least Important	2	3	4	5	6	7			
Family Counselling	9	1	8	6	13	15	8	13	73	27
Daily-living Skills	3		3	4	7	10	30	23	80	20
Orientation/Mobility		1	1	2	8	17	17	43	89	11
Sighted Guide Technique	3	2	3	5	13	14	20	27	87	13
Braille Reading & Writing	6	5	5	10	6	9	10	2	53	47
Type Writing	10	9	7	8	4	3	2	1	44	56
Computer Training	14	5	8	6	4	2	2	5	46	54
Skills Training	14	4	3	4	9	4	5	5	48	52

Information on the impact of the rehab programme on self-confidence was next sought. If we examine Table 19 presented below, it can be observed that a preponderant amount of the entire sample, (65%) indicated that they were in strong agreement with the statement that the programme has had a positive impact on self-confidence.

TABLE 19

Impact on Confidence

Impact on confidence					
		Frequ- Ency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	3	3.1%	3.061224
	Disagree	1	1	1.0%	4.081633
	Agree Somewhat	7	7	7.1%	11.22449
	Agree	20	20	20.4%	31.63265
	Strongly Agree	65	65	66.3%	97.95918
	Not Applicable	2	2	2.0%	100
	Total	98	98	100.0%	
Missing	0	2	2		
Total		100	100		

## CHAPTER 5

### Discussion of Findings

#### Rehabilitation

Throughout this research paper, the matter of rehabilitation and the part it plays in restoring an individual to a level of functioning has been stressed. This chapter will be concerned with examining the findings which emanated from the research conducted on blind and visually

impaired women with a view to making recommendations for the improvement of the rehabilitation programme of the Caribbean Council for the Blind.

As intimated elsewhere in this research, the loss of visual or any other physical functioning also results in a loss of self-confidence. Ponchillia & Ponchillia (1996) posited that the goal of any rehabilitation programme is to enhance the self-confidence and self-image of blind and visually impaired persons. The writer further purported that the rehabilitation services which are offered to blind and visually impaired persons address both personal and vocational needs, aimed at assisting individuals to develop confidence and skills of everyday life as well as to gain or regain vocational skills through vocational training and placement. With regard to this, if we examine section 7 of the rehab policy of the Caribbean Council for the Blind, we will observe that it outlines a number of options for rehabilitation training. However, an attempt was made to obtain information regarding the actual training activities undertaken by respondents. Worthy of note, is the fact that the training activities undertaken by the women, which could assist in equipping them for employment, were those areas, which were least, selected. Which tend to suggest that areas such as typewriting, computer training and skills training did not seem to attract many of the women, whereas, Mobility and Sighted Guide Technique seemed to be the preferred choice. In looking at these results, however, we will have to bear in mind that the programme is needs oriented and therefore, additional variables could account for this situation such as: the age respondents received training which will be the subject for discussion later on in this research.

The programme was also looked at in terms of the importance of the different training programme offered to the respondents. They were asked to indicate which area of the rehabilitation programme they considered to have made the most impact on their lives. The result

showed that respondents tended to value the life skill areas, particularly those relating to travel, with orientation/mobility being ranked as most important, followed by sighted guide technique, with daily living skills receiving the third highest ranking. A Friedman Chi Square statistical test was conducted to determine whether there was a difference in the way respondents ranked the programmes. The test proved to be significant. Thus, one can conclude that there has been a difference in the way in which the women ranked the area they covered in the rehabilitation programme. A Wilcoxon T test was performed to determine which two programmes differed significantly in the ranking they received. There was a difference between all of the pairs; however, it was found that Family Counselling and Orientation/mobility were the two programmes which differed significantly from each other.

This research also tried to ascertain whether the Rehabilitation program has had a positive impact on the self-confidence of women in the sample. Respondents were asked to indicate whether they agreed with the statement that the rehabilitation programme offered by agencies of the Caribbean Council for the Blind had enabled them to gain greater confidence as a blind or visually impaired person. The more than two third of the women who expressed strong agreement with the statement that the programme had enhanced their self-confidence, is an indication that, the programme has had a positive impact on the self-confidence of blind and visually impaired women.

The research also examined the effectiveness of the programme as it relates to independent travel. Finestone (1960) intimated that one's image of blindness is usually a male one. He attributes this to the diminish visibility of women which is caused by them not being expected to travel far from their homes. He also made the point that some women resist the use of a cane because it is associated with sighted men in their community. With regard to the

question of travel, This research finding implies that blind and visually impaired women are traveling outside of their homes more often, and this has been attributed to the fact that they were exposed to rehabilitation training. While there are some women who still continue to resist the use of a cane, the findings attest to the fact that this is changing, as most persons indicated that the white cane was the preferred method of travel.

### **Involvement**

The next area to be addressed in this research is that of involvement of blind and visually impaired women at the family, community and organizational level. It is my intention to try to provide answers to the following research question. To what extent has family attitude influence the involvement of women in the rehabilitation programme?

Most of the literature on disability have tended to suggest that the onset of blindness or any other disability will undoubtedly impact negatively on the family, particularly as it relates to performance of roles. Finestone (1960) and others have intimated that when a family member becomes disabled there is usually a reversal in family roles with the responsibility of the affected person being transferred to other members of the family. He observed that it is usually the adult children who often initiate request for help and in most instances, take over all the decisions that the blind person can make, thus relegating the blind individual to a state of total dependence.

While the research did not specifically address the matter of role reversal, an attempt was made to solicit information regarding the family's role in seeking assistance for women who become blind or visually impaired. While no definitive inferences could be drawn, given the fact that, none of the groups of persons referred to in the research receive a large percentage of the responses, the results showed that the family figured least in this instance. The persons who were

most instrumental in linking the women to rehabilitation services were, Rehabilitation officer and friend, With Rehabilitation field officer receiving the edge. One of the functions of the Rehabilitation Field Officer is that of case finding, which require them to go into the communities with a view to identifying blind persons. Therefore, this could account for this group receiving the edge over the other groups. In answering the question as to the extent to which family members influence the involvement of blind women in the rehabilitation programme, it could be concluded that this was not evident in this research.

The second research question, which I shall attempt to ascertain answers to is: Has the programme influenced the attitude that family members have toward blindness?

In chapter two of this research there were some writers who alluded to the fact that blind women were rarely considered to be suitable candidates for marriage, and that, the divorce rate is higher among women who become disabled than that of their male counterpart. While we may not go as far as to suggest that blind women's prospects for marriage is almost nil, as stated by Boylan (1991), one would have to agree that there are some similarities between the allusions made in earlier chapters of this research, and what was found in the sample, in that, most of the women were not in any form of relationship. There were a few women who were divorced; however, no information was obtained which could attribute this to the onset of blindness or visual impairment. In looking at the programme's impact on the family's attitude regarding the women's ability to make decisions. It was evident from the research findings that the programme had increased the awareness of the family members regarding the women's ability to make decisions in the home as well as their acceptance of that decision.

This section of the research study is aimed at answering the third research question, which sought to ascertain the following: Has the programme prepared clients to participate in

decision-making in the home, community and at the organizational level?

In examining the programme's impact on the ability of the women to make decisions and their actual involvement in decision-making in the home, the findings confirm that the programme has been a success in helping the women to recognize that despite their disability, they are able to make their own decisions. The same could be said, to a lesser extent, of their actual involvement in decision-making in the home.

With reference to blind women's status in the community, the literature which were consulted and which alluded to blind women's status in the community have tended to implied that they do not participate in their community and that they have been relegated to the lower status in the community. While the research did not focus on the women's status in their community, attempts were made to try and obtain information regarding the extent to which the rehabilitation programme has prepared them to participate in their communities and whether they were actively involved. The findings of the research showed that the majority of the women in the sample did not participate in their community. In looking at the programme's impact on community involvement, it is difficult to make a conclusive statement in support of a positive impact. Even though the data tend to suggest that those who agreed with the statement that the programme had prepared them to participate in their communities were more than those who disagreed, however, the difference between the group which agreed with the statement and the other which did not was marginal, and therefore, would tend to suggest that the impact was weak. Given the type of programme activities which were available to recipients, it could be concluded that apart from facilitating travel within the community as a result of them being able to get around unaided, the programme did not prepare them to participate in their communities.

The next area to be addressed by this research, is the issue of the women's involvement

in organization. An examination of the disability literature did not reveal any information regarding the position of blind and visually impaired women. However, in discussing the position of disabled women in general, it was said that where disabled persons are involved at the organizational level men are more likely to hold the leadership positions. The literature also intimated that the women's position is usually peripheral in nature, and if they hold leadership positions at all, they are more likely to be in women's organizations.

Information on the types of organizations in which the women were involved was not obtained, nevertheless, a perusal of the research findings revealed that while the majority of the women indicated that they have been involved in organizations of and/or the disabled, the officer positions held, together accounted for a very minimal proportion of the sample. The same could not be said of those who were ordinary members, as they accounted for a significant number. Bear in mind, though, that post such as Treasurer and Public Relations officer positions could be included in the other category as well, which, accounted for the second largest amount of responses.

In interpreting the research findings relating to the question under consideration, it could be inferred that, the programme has had a positive impact on blind women's ability to make decisions in the home, as well as, the family's recognition of that ability. Regarding the impact at the community level, it could be reasoned that the programme's influence was not as evident. In looking at decision-making at the organizational level, however, while it could be construed that the times are changing and women are becoming more involved at the organizational level, they are still not being seen in positions where it matters most.

### **Education**

Also of interest to this research, is the educational status of blind and visually impaired women in the Caribbean. The intention of this section is to obtain answers to the question as to, how has the period of rehabilitation training equip blind and visually impaired women to seek further education and training. Like many other aspects of the blind women's lives, no direct attention has been paid to the training and educational circumstances of blind women by the literature consulted in this research; however, in exploring the literature on women and disability, the information gleaned revealed that, education and training are some of the problems confronting disable women in general. One writer purported that, two out of every three illiterate persons are women, and that disabled women have less access to education than non-disabled women and their male counterpart. In another article cited in this research, it was said that 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities. A perusal of the results emanating from this research revealed that the findings are not necessarily dissimilar to that which obtained in the literature as, even though women who were in receipt of a secondary school certificate were in the majority, a significant number of the women did not achieve academically, while, of those women who received some sort of certification, only a very minimal number were recipients of tertiary level certification. Thus, this leads one to conclude that, lack of proper education still continues to be a problem with which blind women have to grapple.

In responding to the research question, considering that there were a number of women who did not go beyond the primary and secondary level, and that most persons reported receiving their qualification before rehabilitation, This tends to suggest that the programme did not prepare blind women to seek further education and training. A Chi Square statistical test was performed to ascertain whether there was a relationship between the time in which the women

became qualified and their academic achievement. An Alpha of .05 was used and the test had a P value of .46865, which is implying that the test was not significant; which is an indication that there is no relationship between the time the women became qualified and their academic achievement. (See Appendix II) It can be further inferred that, most of the women became qualified before they were rehabilitated, irrespective of their level of academic achievement.

### Employment

This section will be devoted to answering the fifth research question, which sought to determine the following: Has there been a significant change in the socioeconomic status of women who have benefited from rehabilitation services?

None of us, despite our station in life, can claim to be truly dependent; however, it has been said that employment can go a far way in improving the status of individuals and enable them to achieve some measure of autonomy. As can be deduced from the literature consulted on disability and gender, status and autonomy has been a major concern of women with disabilities and of course, blind and visually impaired women are no exception. As has been reiterated in this research, there has been a lack of information on the employment status of blind and visually impaired women. In fact, no information could be obtained which specifically speaks to the situation of blind and visually impaired women and employment; however, all the disability literature consulted have tended to imply that men are more likely to be employed than women, subsequent to becoming disabled. Boylan (1991) and others, intimated that for a woman who is disabled, she needs to have a lot to offer an employer if she is to be considered for employment, and despite advances in technology, employers still maintain their negative attitude toward disabled women. The research attempted to obtain respondents views on what they considered to

be the greatest barrier to blind women obtaining a job. A range of barriers were cited and employers' negative attitude figured among these. However, this category was not among the highest frequencies as it was superceded by lack of self-confidence, education and training, and discrimination. There are some persons who might argue that discrimination could be considered as being a part of employers' negative attitude. A combination of the two categories would result in employers negative attitude being cited as the main barrier to employment of blind and visually impaired women. Boylan (1991) as purported that individuals in more white-collar jobs are likely to resume their jobs after a disability. Those women in the sample who were considered to be in white collar jobs were so few that it did not allow for a proper distinction to be made; however, in examining the results arising from this research, it can be observed that most of the women obtained their job after rehabilitation. Given this situation, it could be construed that women who have been through the rehabilitation programme and who were working prior to becoming blind are not being prepared to resume their jobs. On the other hand, it could be argued that factors such as those mentioned above and the period of time which elapse between when they lost their sight and the time they receive rehabilitation training could account for this. With reference to citations made in chapter two of this research, regarding the income of blind persons and disabled women, it was found that blind persons earn 30% less than non-disabled and 8% less than their disabled counterpart and that only 16% disabled women in Australia earn \$400 and over per week. While we cannot make inferences to the general population of blind women in the Caribbean given the nature of this research, the 37% employment rate, which was found with women who benefited from rehabilitation training, Could be argued as being indicative of a relatively good rate. The situation tends to present a more negative view when we look at the types of employment in which the women were

involved and the distribution of the sample among the various occupational groups. What was evident, was that only a few were in open employment, whereas, the majority of persons were self-employed. If we look at the occupation of the women, none of the occupational group had a large percent of representation. Craft was the area, which had most persons while, the para/professional group accounted for a minimal number of women. An examination of the income levels, presents a perspective similar to that which was mentioned directly above, as, a significant number of the women earn very minimal income. In fact, over 75% of the women earn less than US \$2500 per annum. This leads one to conclude that most of the women were either living below the poverty line or dependent on relatives or others for source of support.

The research also tried to determine whether those who were unemployed or in sheltered workshops were actively seeking employment. Surprisingly, most of the women were not seeking employment. The question which remains to be answered is to what extent has the positive impact of the programme on the women's self-confidence and the fact that most of the women who were employed felt that the programme had prepared them for employment, really equip the women to seek employment? In response to the research question, it could be construed that, given the situation highlighted above, the programme has not significantly impacted on the women's socioeconomic status. In making this deduction, however, one has to be mindful of the statement made by Finestone (1960) which intimates that the best rehabilitative efforts are useless if opportunities for employment are not available. This is the situation with which most blind women are faced in the Caribbean. In fact, this was cited by the women themselves as one of the barriers, which prevent blind women from obtaining employment.

#### Perception of Blindness

The next section in this research, which was examined, had to do with perception of blindness and its impact on the women's adjustment. It was intended to answer the research question as to the extent to which the programme has influenced previously held views on blindness and the ability of blind persons.

With regard to the programme's impact on the ability of blind and visually impaired women, information obtained points to the influence on the performance of normal duties in the home and performance in their jobs or further training. With regard to the former, the programme's influence can be interpreted as being very positive. In looking at the influence on job and training performance, the thirty persons who registered their agreement or strong agreement to the question relating to this, could be taken as being not so positive when compared to the entire sample. However, when we consider only those women who were employed or have benefited from additional training, the impact would be significantly more positive. In relation to its impact on previously held views on blindness, the matter was not adequately addressed in this research, therefore, this could be a matter for further research. Given this situation, the research question could only be partially answered in favour of a positive impact on the ability of blind and visually impaired women.

#### Age of respondents

It has been posited elsewhere in this research that age is a very important factor when considering the rehabilitation of blind and visually impaired persons. The literature presupposes that the younger the individual the more they would be willing to grasp all the opportunities available for rehabilitation training, whereas, older persons would be inclined to seek training which help them to gain adaptive skills rather than job skills. Also, too, the literature purported

that often times they do not feel that they can continue to work, hence they are not motivated to seek employment. In exploring the research findings, it can be noted that they are in keeping with what was postulated by the literature in that the older women had showed a tendency to be involved in those areas of the programme that can be categorized as life skills area rather than any of the areas which could facilitate their preparation for employment. A chi square statistical test was performed to ascertain if there was a relationship between the women's age and whether they were seeking employment. The test proved to be significant at the .05 level with a P value of .04714, which, is an indication that there is a relationship between the two variables. A Phi coefficient of determination of .24717 is suggesting that the correlation between the two variables is low. It can be further interpreted that 24% of the variation in those seeking employment can be explained by age of respondents (see Appendix III). Of importance was the fact that the 18-27 age group was the only category where more persons were seeking employment than those who were not. There was no difference between the 28-37 age group, however, in all the subsequent groups, not seeking outweighed those who were seeking employment. As a matter of fact, none of the women were seeking employment in the 57 and over group. The result of the statistical test showed that age is not the only determinant of this phenomenon. A multiple regression test was performed to determine the extent to which age, age trained years of schooling has had an impact on the socioeconomic status of the women. Level of income was used as the determinant for socioeconomic status. Years of schooling was the variable, which, contributes most to the equation. The results of the test showed that for every unit increase in years of schooling income would increase by .38, followed by age .29. The test also showed that a unit increase in age receive training will result in income being decreased by .18. The adjusted r square of .13978 is suggesting that we will be 13% accurate in predicting the women's income if we know their

ages, age receive training and years of schooling.

## CHAPTER 6

### Conclusion/Recommendation

#### Conclusion

A common theme permeating this research is the rehabilitation programme and the effect it has on the lives of blind and visually impaired women in the region. As can be inferred from

this research, the programme has been very successful in serving as a self-confidence booster for women who become blind or visually impaired. In examining the different programme areas in which the women were involved, however, it was observed that the women tended to be engaged in programme activities having to do with skills of daily living and travel and very few of them undertook training relating to work. While we agree that the options available to the women for employment training were limited and what is offered may not be very appealing to many people, it leaves one to wonder how much vocational counseling takes place during the period of training or to what extent clients are being encouraged to make use of training opportunities outside of that offered by the different agencies. This is of paramount importance if the number of women being served is to be improved and inclusive services for blind and visually impaired women achieved. Career counseling would undoubtedly assist clients to obtain information about what is available by way of job opportunities and will also enable them to make informed choices about career goals. This aspect of the rehabilitation programme could be further explored in a subsequent research.

The next area, which was examined, was the women's status in their home, community and at the organizational level. While the programme's impact was positive as it relates to the women's ability to make decisions in the home, the family's recognition of that ability, and performance of household chores. The effect on community involvement was dissimilar to that which obtained in the family, in that, the programme's impact was not very evident neither were the majority of the women involved in their communities.

With regard to their involvement at the organizational level, the results tend to suggest that even though they were involved at the organizational level; the majority of the women were ordinary members and therefore, could not be considered to be really involved where it matters

most, i.e., at the decision-making level. It would be interesting to discover the type of organization in which the women were involved, however, the research did not seek to ascertain whether they were members of organizations relating to women or general disability organizations. This could be one of the areas explored in a further research.

Subsequent to this, the research focused on the educational status of the women. As alluded to in earlier chapters of this research, a half of the women had no form of qualification and of the number who had, the majority did not possess more than a secondary school certificate. Of importance, most of them received their training before they were rehabilitated. If we take those persons who did not become qualified and others who only had secondary school certificates, it could be interpreted that the programme has not served as a source of motivation in getting the women to improve themselves. Given this situation, one is also inclined to conclude that they are satisfied with their status in life. However, they may be so absorbed in trying to take care of their physical needs that further education and training is not associated with improvement in status. The group process is often promoted as being a very powerful medium through which persons are assisted in gaining new understanding of themselves and their situation. There should be some value in ascertaining the extent to which this process is being utilized and how it has impacted on the individuals.

With regard to the employment status of the women, a quick glance on the results emanating from the research, could lead one to conclude that a 37% employment rate is a relatively good one. Nevertheless, The type of employment and the remuneration received signifies that most of the persons are either barely existing or dependent on family members or others to supply their needs. Hence, even though they may be employed, the income is not sufficient to make a significant impact on their socioeconomic status.

Despite the fact that we are aware that it may be difficult to obtain employment given the economic circumstances of some of the countries, and the fact that the women are disabled, the women's apparent lack of interest in seeking employment is surprising to say the least. Clearly, it cannot be just a question of age since there were a number of women 38 and over who were not seeking employment and the statistical test, which was performed, showed that age's contribution to the phenomena is minimal. It could also be argued that it might be cultural in that women may expect to be taken care of by a man. Given the fact that 50% of the women were in no intimate relationship this may be questionable.

It is evident from the findings of this research that the impact of the rehabilitation programme is greater in the areas having to do with travel, performance of duties in the home, involvement in decision-making in the home and boosting self-confidence. In the areas relating to education and employment, however, there is little evidence of this impact.

### Recommendation

In concluding the following recommendations have been submitted in an attempt to improve the rehabilitation programme.

1. That the programme be modified to incorporate retraining of rehabilitation personnel aimed at equipping them with the necessary advocacy and networking skills to facilitate the use of existing resources.
2. The programme should be geared toward facilitating career counseling and information dissemination regarding current job opportunities.
3. The provision of peer counseling and mentorship programmes aimed at motivating the women.

4. Provision of placement services for those wishing to obtain employment.
5. The establishment of sustained public awareness programmes aimed at sensitizing the public regarding the capabilities of blind women.

#### Issues for Further Research

No one can expect to cover all the relevant issues in conducting a single research. With this in mind, I wish to suggest the following issues, which could warrant further exploration.

1. A comparative analysis between male and female to determine whether there is a difference in the status of male and female.
2. Obtain respondent's opinion on the use of travel aids.
3. Determine the impact of the programme on the family as it relates to role reversal and economic status.
4. Determine whether there is a change in union status as a result of onset of blindness.
5. Determine the extent to which women are being trained to resume former employment