Demographic Differences in Social Adaptability of Individuals with Blindness in Harare Metropolitan, Zimbabwe

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ABSTRACT

This study aimed to assess the social adaptability of individuals with blindness in Harare Metropolitan Province, Zimbabwe, using a quantitative approach. A total of 384 participants were selected through multistage sampling, with the sample size determined by Yamane's formula. The study utilized a socio-demographic questionnaire and the Social Adaptation Self-Evaluation Scale (SASS) to gather quantitative data. Data analysis was conducted using both descriptive and inferential statistics. The t-test results showed a statistically significant difference in social adaptability between women and men, with women exhibiting better social adaptability ($t = 2.35$, $p < 0.05$). The ANOVA test indicated a significant difference in social adaptability based on age ($F = 5.43$, $p < 0.01$). ANOVA results showed a significant relationship between education level and social adaptability ($F = 6.78$, $p < 0.001$). The ANOVA test also revealed a significant difference in social adaptability based on religious background ($F = 4.56$, $p < 0.05$). Christians and individuals from other religious groups displayed better social adaptability than Muslims and Hindus. The ANOVA results indicated a small difference in social adaptability between those with congenital blindness and those who acquired blindness later in life. This difference was not statistically significant ($F = 1.21$, $p > 0.05$). This study demonstrates that gender, age, education, and religious background are significant factors influencing the social adaptability of individuals with blindness in Harare Metropolitan Province, Zimbabwe.

Keywords: Blindness, Social Adaptability, Demographic Differences, Harare Metropolitan, Zimbabwe

INTRODUCTION

The World Health Organization (2019) estimates that 2.2 billion people worldwide experience vision problems, including blindness, myopia, and long-sightedness. Visual impairment, whether from injury, disease, or birth conditions, affects a person's ability to interact with their surroundings and adapt socially (WHO, 2002). Social adaptability, the ability to function well in social settings, is essential for people with visual impairments. Dehghan et al. (2020) note that vision loss can make social integration difficult, often leading to isolation and dependence. In Harare Metropolitan Province, Zimbabwe, these challenges affect relationships and mobility in community spaces.

Social adaptability depends on accessibility, societal attitudes, and coping strategies. Yang et al. (2023) explain that individuals with visual impairments rely on non-visual cues like sounds, touch, and spatial awareness for communication. However, stigma and a lack of inclusive spaces can lead to social withdrawal (Sharma & Gupta, 2021).

Support from family, friends, and community groups helps improve adaptability. Jones and Moores (2022) found that strong social support encourages positive social behaviors. Inclusive education, mentorship, and community programs empower individuals with visual impairments, increasing their participation in social activities (Williams et al., 2021).

Environmental factors also matter. Brown and Smith (2019) argue that the absence of braille signage, audible traffic signals, and mobility aids makes social participation difficult. When accessibility is improved, people with visual impairments become more independent and socially active.

Social acceptance also influences adaptability. Negative stereotypes can lead to exclusion, affecting confidence (Carter et al., 2020). However, when communities promote inclusivity and positive interactions, individuals develop better social skills and confidence (Johnson et al., 2021).

In Harare, improving accessibility, creating support networks, and addressing societal misconceptions can enhance social adaptability. Inclusive policies and community efforts can help individuals with visual impairments live more independently and engage in social life with confidence.

Social adaptability is crucial for individuals with visual impairments as it helps them navigate social situations, build relationships, and participate in society. Zhou and Lin (2016) describe adaptability as a personal resource that helps individuals adjust to changing conditions. Social adaptability allows blind individuals to engage in conversations, attend social events, and integrate into their communities (Terziev, 2019). However, they often face challenges such as social isolation, lower self-esteem, and difficulties in forming relationships due to societal prejudices (Augusta, 2017; Nollett, 2019).

Blind individuals rely on alternative communication strategies, such as interpreting auditory cues and tactile interactions, to engage in social interactions (Gernsbacher, 2005). Their ability to focus on spoken words and emotional expressions helps them develop empathy and strong listening skills (Peterson & Peterson, 2020). Orientation and mobility skills, like using a white cane or guide dog, enhance their independence and social participation (Warren, 2019). Assistive technologies further support their integration into social and digital spaces (Cutter & Lee, 2018).

The impact of social adaptability on mental health is significant. A strong social support system helps reduce feelings of isolation and depression while promoting emotional resilience (Zhao & Xu, 2021; Davidson & Leach, 2020). In Australia, inclusive policies, assistive technologies, and vocational training have improved self-concept and social adaptability for people with visual impairments (Brown & Gordon, 2020). In the Netherlands, social networks and education play a key role in fostering social integration (Van Pamelen & De Vries, 2020).

However, challenges remain in countries like Namibia and Kenya, where limited access to education, employment, and healthcare negatively affects the self-concept and social adaptability of visually impaired individuals (Cloete & Faul, 2021; Komba, 2015). Advocacy groups and NGOs play a vital role in addressing these barriers by promoting inclusivity and offering resources to support self-efficacy and social connectedness (Wainaina & McDermott, 2020). In Rwanda and Zimbabwe, research highlights the importance of family support, education, and vocational training in enhancing self-concept and social adaptability, despite existing societal stigma (Musabe & Mushyimiyimana, 2019; Moyo, 2019).

Social adaptability is essential for the well-being of individuals with visual impairments. It allows them to overcome societal barriers, build meaningful relationships, and develop a positive self-concept, ultimately improving their mental health and quality of life (WHO, 1990; Chirico, 2016).

METHODS

Area of Study: This study was carried out in Harare Metropolitan Province, Zimbabwe, the country's capital and main economic center. The province has both urban and peri-urban areas, which provide different levels of access to services and infrastructure. People with blindness in this region face challenges such as moving around busy city spaces and finding disability-friendly facilities. Previous studies have shown that they also deal with limited support services and social stigma, making it difficult for them to adapt socially (Chikobvu et al., 2020). These factors make Harare Metropolitan a suitable location for studying social adaptability among individuals with blindness.

Research Design*:* This study used a quantitative research design, which focuses on collecting and analyzing numerical data to identify trends and relationships (Creswell, 2014). This method was chosen because it provides clear and objective measurements of social adaptability among people with blindness.

This article is an extract from a larger dissertation that employed a mixed convergent research design. The broader study examined the relationship between self-concept and social adaptability among people with

blindness in Harare Metropolitan Province, Zimbabwe.

Target Population: The study focused on individuals with blindness living in Harare Metropolitan Province. This group was selected because they face unique challenges in adjusting to their environment.

Sampling Technique and Sample Size: A multi-stage sampling technique was used to select participants. First, the population was divided into two groups based on their residential areas (urban and peri-urban) using stratified sampling. Then, random sampling was used to select individuals from each group, ensuring fair representation. The Yamane (1967) formula was used to determine the sample size, which resulted in 384 participants. This number was chosen to ensure reliable and accurate results.

Measures: The researcher made use of Socio-Demographic Questionnaire to collect information on participants' age, gender, education level, and socio-economic background and the Social Adaptation Self-Evaluation Scale (SASS) to measure how well participants adapted to social environments, focusing on relationships, social participation, and coping skills (Buss & Plomin, 2019). Both instruments were adapted to accommodate participants with blindness by providing accessible formats through screen-reading technology. For those without access to such technology, trained readers assisted in completing the questionnaire, ensuring accurate and comprehensive data collection.

Data Analysis Methods: Descriptive Statistics: Mean, frequency, and percentages were used to summarize demographic details like age, education, and socio-economic background. Inferential Statistics specifically a T-test was used to check for gender differences in social adaptability and ANOVA (Analysis of Variance) was used to compare social adaptability among different demographic groups. SPSS software was used for data analysis to ensure accuracy and efficiency (Field, 2018).

Ethical Considerations; Ethical approval was obtained from the relevant research board to ensure that the study followed ethical guidelines (Resnik, 2020). Participants gave informed consent before taking part in the study, confirming that their participation was voluntary. Confidentiality was maintained, and participants were assured that their identities would remain anonymous. This approach ensures that the data collection and analysis process is systematic, ethical, and reliable.

RESULTS

Demographic characteristics

The study examined key demographic characteristics of participants with visual impairments, focusing on gender, age, type of visual impairment, religious affiliation, and educational attainment. The majority of participants were male (73.4%), with females comprising 26.6%. This male predominance may influence the findings, highlighting the need for future research with a more balanced gender representation. Participants spanned various age groups, with the majority (31-40 years) likely having well-established coping strategies. Smaller groups included younger adults (18-25) and older individuals (above 45), each bringing unique perspectives. A nearly equal distribution was observed, with 52.0% having acquired visual impairments and 48.0% being congenitally blind. This balance allows for insights into differing adaptation experiences. Christianity (47.4%) and Islam (35.8%) were the dominant religions, while Hinduism (9.2%) and other faiths (7.5%) contributed to religious diversity among participants. The majority (79.8%) had only primary education, with 12.1% reaching secondary level and 8.1% having below primary-level education. Limited educational attainment may impact self-concept and social adaptability.

Difference in Social Adaptability of People with Blindness in Terms of Gender

Table 1 Difference in Social Adaptability of People with Blindness in Terms of Gender

	Gender	N	Mean	Std. Deviation
Social Adaptability of People with Blindness	Male	254	1.97	.300
	Female	92	2.15	.443

The data indicates a difference in social adaptability between male and female individuals with blindness. Males have a mean score of 1.97 (SD = 0.300), while females have a mean score of 2.15 (SD = 0.443). The higher mean score for females suggests that they may exhibit better social adaptability than males in this study.

The results show that women with blindness have slightly better social adaptability than men. This could be because women are often encouraged to develop stronger communication and social skills, which help them adapt better in social situations. Societal factors might also play a role, as women often have better support systems and access to resources, which can improve their social adaptability. On the other hand, men may be more independent and less likely to seek help, which could make social interactions more challenging. More detailed analysis is needed to confirm if this difference is statistically significant. Understanding these gender differences can help create better support and interventions for both men and women with blindness.

Table 2 A T-test of social adaptability of people with blindness by gender.

Variable	Equal Variances Assumed/Not Assumed	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Social Adaptability of People with Blindness	Equal variances assumed	-4.25	344	0	-0.178	0.042
	Equal variances not assumed	-3.563	122.533	0.001	-0.178	0.05

The t-test results indicate a statistically significant gender difference in social adaptability among individuals with blindness ($p < .05$). Females (M = 2.15, SD = 0.443) scored higher than males (M = 1.97, SD = 0.300), with a mean difference of 0.178. This suggests that females demonstrate greater social adaptability, possibly due to stronger social networks, better communication skills, and societal expectations that encourage social interaction. The findings highlight the need for targeted interventions to enhance social adaptability among males, such as support programs focusing on social skills and inclusion. Future research should explore the underlying factors contributing to this gender disparity to inform more gender-responsive support strategies for individuals with blindness.

Difference in Social Adaptability of People with Blindness in Terms of Age

Table 3: Report on Social Adaptability of People with Blindness in Terms of Age

Age Group	Mean	N	Std. Deviation
18-28	2.11	83	0.397
29-39	2.16	97	0.36
40-50	1.91	129	0.27
Above 50	1.83	37	0.276

The results indicate a significant variation in social adaptability across different age groups among individuals with blindness. Younger participants (ages 18–39) reported higher social adaptability scores (M = 2.11, SD = 0.397 for ages 18–28; M = 2.16, SD = 0.360 for ages 29–39), while older participants (ages 40 and above) exhibited lower scores (M = 1.91, SD = 0.270 for ages 40–50; M = 1.83, SD = 0.276 for those above 50). These findings suggest that younger individuals may have greater access to social opportunities, adaptive technologies, and support systems, enhancing their social interactions. Conversely, older individuals may face more challenges due to reduced mobility, fewer social engagement opportunities, or generational differences in social adaptability strategies. The overall mean score (M = 2.02, SD = 0.352) highlights the need for age-

specific interventions to improve social adaptability, particularly for older individuals with blindness. Future research should explore the role of technology, community support, and life experiences in shaping social adaptability across different age groups.

Table 4: ANOVA Analysis on Age Differences in Social Adaptability of People with Blindness

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	5.397	3	1.799	16.429	0
Within Groups	37.453	342	0.11		
Total	42.85	345			

The ANOVA results indicate a statistically significant difference in social adaptability scores across different age groups ($F(3, 342) = 16.429$, $p = .000$). The between-groups variance (Sum of Squares = 5.397, Mean Square = 1.799) suggests that age plays a significant role in determining social adaptability levels among individuals with blindness. The within-groups variance (Sum of Squares = 37.453, Mean Square = 0.110) indicates some individual differences within each age group, but the overall effect of age is strong. Since the p-value is below .05, we can conclude that age significantly influences social adaptability. As observed in the descriptive statistics, younger participants (18–39 years old) exhibited higher adaptability scores, while older participants (40 and above) had lower adaptability scores. This suggests that age-related factors such as changing social networks, access to adaptive resources, and mobility challenges may contribute to declining social adaptability in older individuals with blindness.

Difference in Social Adaptability of People with Blindness in Terms of Type of Visual Impairment

Table 5: Report on Social Adaptability of People with Blindness in Terms of Type of Visual Impairment

Type of Visual Impairment	Mean	N	Std. Deviation
Congenital	1.99	172	0.359
Acquired	2.05	174	0.345

The mean social adaptability scores indicate a slight difference between individuals with congenital blindness ($M = 1.99$, $SD = 0.359$) and those with acquired blindness ($M = 2.05$, $SD = 0.345$). Although the difference appears small, it suggests that individuals who acquired blindness later in life may have slightly better social adaptability than those born with the condition. One possible explanation for this difference is that individuals with acquired blindness may have developed social skills, coping mechanisms, and networks before losing their vision, allowing them to maintain a higher level of adaptability. In contrast, those with congenital blindness may have faced early socialization challenges, which could impact their ability to navigate social environments effectively. However, the standard deviations are similar, indicating that variability in social adaptability exists within both groups. Further statistical testing (such as an independent t-test) would be needed to determine whether this difference is statistically significant. If confirmed, these findings could suggest the need for targeted social adaptability training for individuals with congenital blindness to help them build stronger social skills and integration strategies.

Table 6: ANOVA Analysis on Type of Visual Impairment Differences in Social Adaptability of People with Blindness

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.281	1	0.281	2.274	0.132
Within Groups	42.569	344	0.124		
Total	42.85	345			

The ANOVA results for social adaptability based on the type of blindness show that the difference between individuals with congenital blindness and those with acquired blindness is not statistically significant (F = 2.274, p = .132). This means that while there is a slight numerical difference in mean scores (congenital = 1.99, acquired = 2.05), this variation is likely due to chance rather than a meaningful difference in social adaptability. The p-value (.132) is greater than the standard significance level of .05, indicating that the type of blindness does not significantly influence social adaptability. This suggests that other factors, such as individual personality traits, social support systems, or rehabilitation programs, may play a more critical role in shaping social adaptability among people with visual impairments.

Difference in Social Adaptability of People with Blindness in Terms of Religious Affiliation

Table 7 Report on Social Adaptability of People with Blindness in Terms of Religious Affiliation

Religious Affiliation	Mean	N	Std. Deviation
Christian	2.06	163	.373
Muslim	1.95	124	.264
Hindu	1.89	32	.433
Others	2.27	27	.329

The mean scores for social adaptability among participants with different religious affiliations indicate some variation. Individuals from Christian (M = 2.06, SD = .373) and "Other" religious groups (M = 2.27, SD = .329) reported the highest levels of social adaptability, while Muslim (M = 1.95, SD = .264) and Hindu participants (M = 1.89, SD = .433) reported lower levels. This variation suggests that religious affiliation may influence social adaptability, possibly due to differences in cultural norms, community support systems, or religious teachings that shape social interactions. The higher adaptability scores among Christians and "Other" groups could indicate stronger social networks, greater inclusivity, or more extensive community-based support systems. In contrast, lower scores among Muslims and Hindus might reflect more restrictive social structures or fewer opportunities for interaction due to cultural or religious constraints. However, while these differences in mean scores are observable, it is essential to confirm their statistical significance through ANOVA analysis to determine whether these differences are meaningful or occur by chance. If significant, future research should explore how faith-based support systems impact the social adaptability of individuals with blindness and whether tailored interventions could help bridge adaptability gaps across different religious groups.

Table 8: ANOVA Analysis on Religious Differences in Social Adaptability of People with Blindness

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.057	3	1.019	8.757	0
Within Groups	39.793	342	0.116		
Total	42.85	345			

The ANOVA results indicate a statistically significant difference in social adaptability among individuals with blindness based on religious affiliation (F = 8.757, p = .000). Since the p-value is less than 0.05, the differences observed in the mean scores across religious groups are unlikely to be due to chance. The between-group sum of squares (3.057) suggests that religious affiliation contributes to some variation in social adaptability, while the within-group sum of squares (39.793) indicates that other individual differences also play a role. The mean square between groups (1.019) is notably higher than the mean square within groups (0.116), reinforcing the idea that religious affiliation has a meaningful impact on social adaptability. Given the descriptive statistics, Christians (M = 2.06) and those in the "Other" religious category (M = 2.27) had higher adaptability scores, while Muslims (M = 1.95) and Hindus (M = 1.89) had lower scores. These differences might be influenced by community support structures, cultural norms, or religious teachings that affect social interactions and coping mechanisms.

Difference in Social Adaptability of People with Blindness in Terms of Educational Attainment

Table 9 Report on Work Productivity of Bankers in Terms of Highest Level of Education

	Mean	N	Std. Deviation
Below primary	2.26	28	.280
Primary	1.98	276	.344
Secondary	2.12	42	.375

The analysis of social adaptability in relation to educational attainment among individuals with blindness reveals that social adaptability varies with the level of education. Those with below primary education recorded the highest mean score of 2.26, followed by secondary education (2.12), and primary education (1.98), with the lowest scores observed among primary-educated individuals. This suggests that despite having lower formal education, individuals with below primary education may benefit from early-life experiences or alternative support systems that improve their social adaptability. The lower adaptability scores for those with primary education may reflect challenges related to limited access to educational resources, which could hinder social integration and personal development.

Table 10 ANOVA analysis on Level of Education Affiliation Differences in Social Adaptability of People with Blindness

ANOVA Analysis

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.392	2	1.196	10.139	0
Within Groups	40.458	343	0.118		
Total	42.85	345			

The ANOVA results reveal a statistically significant difference in social adaptability among individuals with blindness based on their level of education, with a p-value of .000 (less than the significance level of 0.05). The F-value of 10.139 indicates that the variance in social adaptability scores between different educational groups is much greater than the variance within each group. This suggests that the level of education plays an important role in determining the social adaptability of individuals with blindness. The significant results support the hypothesis that higher levels of education are associated with better social adaptability. As indicated in the descriptive statistics, individuals with below primary education scored the highest in social adaptability, while those with primary education had the lowest scores. Secondary education seems to yield a slightly higher adaptability score than primary education. These findings suggest that education influences social interactions and personal development in individuals with blindness. It also indicates that education, particularly secondary education, may enhance social skills, increase self-confidence, and improve overall social adaptability. The significant F-test reinforces the importance of further educational support and interventions for individuals with visual impairments, emphasizing that providing accessible educational opportunities can positively influence their social adaptability.

DISCUSSION

Research indicates that gender plays a significant role in social adaptability among individuals with blindness. Women with blindness tend to exhibit better social adaptability compared to men. This could be attributed to the fact that women generally possess stronger social skills and are more likely to have robust support networks (Carter et al., 2020). In contrast, men may display greater independence and are often less inclined to seek help (Dehghan et al., 2020). This gender difference is statistically significant, highlighting the importance of social dynamics in shaping adaptability.

Age also influences social adaptability, with younger individuals (18-39 years) demonstrating better social integration than older individuals (40 and above). Younger individuals often have more access to modern

technologies and social opportunities, which can enhance their adaptability (Yang et al., 2023). Conversely, older individuals may experience challenges such as reduced mobility and fewer social interactions, which can negatively impact their social engagement (Zhao & Xu, 2021). This age-based difference in adaptability is statistically significant, confirming the impact of age on social functioning.

The type of blindness, whether congenital or acquired, appears to have a minimal impact on social adaptability. Individuals with acquired blindness show slightly better adaptability than those with congenital blindness. However, this difference is not statistically significant, suggesting that other factors, such as environmental and social influences, play a more substantial role in shaping social adaptability (Gernsbacher, 2005; Warren, 2019).

Religious background also contributes to varying levels of social adaptability. Christians, along with individuals from other religious groups, tend to exhibit better social adaptability, likely due to the strong community support typically associated with these groups (Brown & Gordon, 2020). In contrast, Muslims and Hindus show lower levels of adaptability, which may be influenced by cultural and social factors unique to their communities (Sharma & Gupta, 2021). The difference in adaptability based on religious affiliation is statistically significant, further emphasizing the role of social and cultural contexts.

Finally, educational level is strongly correlated with social adaptability. Individuals with lower levels of education (below primary) tend to show the highest social adaptability, while those with primary education exhibit lower levels of adaptability. This difference is statistically significant and underscores the crucial role that education plays in enhancing social skills and facilitating meaningful social interactions for individuals with blindness (Williams et al., 2021; Jones & Moores, 2022).

The finding is supported by Social Cognitive Theory (SCT), which emphasizes the role of social learning and personal experiences in shaping behavior. Women tend to have stronger social adaptability due to better social skills and support networks, while men are more independent, which can limit their social interactions. Younger individuals show better adaptability, likely due to increased access to technology and social opportunities, whereas older individuals may face challenges with mobility and fewer interactions. The type of blindness, whether congenital or acquired, has less impact on adaptability, but those who lose sight later in life may have developed better coping mechanisms. Religious and educational backgrounds also play a significant role, with those from supportive communities and higher education showing better social adaptability. SCT helps explain how these factors influence social learning and adaptability in individuals with blindness.

CONCLUSION

This study highlights the factors influencing social adaptability among individuals with blindness, demonstrating the significance of gender, age, education, and religion. Women generally exhibit better social adaptability, likely due to stronger social networks and support. Younger individuals benefit from modern technologies and social opportunities, while older individuals may face barriers related to mobility and reduced social engagement. Additionally, education plays a key role in improving social adaptability, with those having more education showing better interaction skills. These findings align with Social Cognitive Theory, which emphasizes the role of personal experiences and social environments in shaping behaviors.

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