

Orientation and Mobility Skills of Children with Visual Impairment in Low-income Families in Central Uganda

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The study investigated the Orientation and Mobility (O&M) skills of children with visual impairment in low-income families in Central Uganda. Specifically, the study explored the existing situation of Orientation and Mobility (O&M) skills of children with visual impairment, their independence, as well as factors responsible for the existing situation. The qualitative research collected information from parents or guardians of children with visual impairment and a Social Worker. The findings indicated that children with visual impairment had poor O&M skills because of lack of involvement in activities. These due to several reasons that included overprotection, no exposure to stimulating environments, and negative attitudes which consequently led to neglect, mistreatment, starvation, and fear to initiate movement. Results also indicated that, involvement in rehabilitation care for the children was generally lacking among fathers than mothers.

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Artikel ini meneliti keterampilan Orientasi dan Mobilitas (O&M) anak-anak tunanetra di keluarga berpenghasilan rendah di Uganda Tengah. Secara khusus, penelitian ini mengeksplorasi kondisi tingkat keterampilan Orientasi dan Mobilitas (O&M) anak tunanetra, kemandirian mereka, serta faktor-faktor yang mempengaruhi atas kondisi yang ada. Penelitian kualitatif dalam artikel ini mengumpulkan informasi dari para orang tua atau wali anak tunanetra dan seorang pekerja sosial yang dipilih secara sengaja. Temuan menunjukkan bahwa anak tunanetra memiliki keterampilan O&M yang buruk karena kurangnya keterlibatan dalam kegiatan. Di antara penyebabnya adalah perlindungan orang tua yang berlebihan, tidak memiliki lingkungan yang stimulatif, dan sikap negatif yang mengakibatkan pengabaian, perlakuan buruk, kelaparan, dan ketakutan untuk memulai gerakan. Hasil juga menunjukkan bahwa, keterlibatan bapak dalam perawatan rehabilitasi untuk anak-anak umumnya lebih sedikit daripada keterlibatan ibu.

A. Introduction

Uganda is one of the countries in Africa that supports international campaigns for inclusive development. The country embraces the interests of the UN Convention on the Rights of Persons with Disabilities on rehabilitation (UN-CRPD, 2006). Article 20 of the CRPD requires States to provide training to persons with disabilities in Mobility skills using specialized staff. As an effort to implement inclusive development for all, the government of Uganda amended the (Children's Act, 2016). The Act requires government and other stakeholders to support children with disabilities. It specifically mandates parents and the state to take appropriate steps to see that children are assessed as early as possible according to the nature of their disabilities, and provide them with rehabilitation and equal opportunities to education (Children's Act, 2016, p. a-c).

Orientation involves knowing where one is, where one is going and how to get there; while Mobility refers to moving from one place to another by persons with visual impairment (Manduchi & Kurniawan, 2017). In this paper, Orientation and Mobility (O&M) will refer to children's awareness to determine the right position in the environment in relation to objects, and basic skills in movement. According to World Health Organization (2021), blindness refers to a situation where an individual has visual acuity of worse than 3/60 in the better Seeing Eye with the best correction (WHO, 2021). In this study, blind children refer to those whose visual performance is not sufficient to aid them in moving about - those who do not have any guiding vision. Lastly, low-income families refer to those in which the income falls below some minimally acceptance level by their country (UNESCO, 2017). In Uganda, the minimum acceptance level of income for a family is on \$1.90 per day (World Bank, 2016, p. xv).

In Uganda like any other African countries, the current state of inclusion of children with visual impairment in rehabilitation activities particularly early stimulation for mobility is still lacking (ACPF, 2011). First of all, parents lack training on how to bring up children with disabilities including those with visual impairment (Masquillier et al., 2021). Parents do not know what to do when they give birth to such children ((MGLSD), 2018). The children are left to initiate activities on their own like their sighted counterparts through incidental learning, yet children with visual impairment lack the sense of sight for motivating them to explore the environment around them (Cavitt & Gwise, 2013). As a result, the children remain passive and do not receive the required stimulation for developing O&M skills.

Such skills would possibly be acquired in early learning centers commonly referred to as nursery schools ((MGLSD), 2018). Unfortunately, the country lacks early learning centers for children with visual impairment. The challenge is further increased by the fact that all nursery education is in the hands of private proprietors whose primary focus is purely business oriented. This situation leaves children with visual impairment with no alternative but to be enrolled in primary education section. Children with visual impairment begin school late beyond seven years of age and join school before acquiring the O&M skills required. Accordingly, Niyisabwa, Wamunyi, & Muthee, found out that the overall skills in O&M of children with visual impairment in Uganda were poor (Niyisabwa et al., 2018, pp. 112-113).

Traditionally, in the period before 1997 O&M training for children with visual impairment used to take place in primary schools just like any other specialized subjects that was being taught. These children were being introduced to the skills when they were grown (10 years of age and beyond). Yet, according to Tellevick and Elmerskog, mobility training should be introduced to blind children as early as possible to enable them acquire enough experiences in the environment in order to live an independent life (Tellevik & Elmerskog, 2001, pp. 141-149). The traditional approach emphasized

movement around the school premises but without any goal attached to it. As a result, children were not motivated to move and remained with poor mobility skills.

As a way of improving the O&M skills of persons with visual impairment, a Mobility and Rehabilitation (MBR) project (UGA 642) was initiated in Uganda in 1997. The project was a joint venture between the Norwegian and Ugandan counterparts. When the Mobility and Rehabilitation program was introduced in Uganda in 1997, parents especially mothers were required to act as contact persons for their children. The role of the contact person was to observe how the MBR instructors were training their children, then continue guiding the children on the days when the professionals were absent. This was done to allow the quick mastery of mobility skills. However, because of the uncertain economic circumstances, majority of the parents especially from low-income families did not give priority to this initiative. Instead, they concentrated on ensuring that they provide for the basic needs of the family especially feeding, education and healthcare (Walakira, Matovu, Kyamulabi (Walakira et al., 2021, p. 31). This therefore creates a gap for the development of O&M skills among children with visual impairment since there are no deliberate efforts to promote them. It is therefore upon this background that the study investigated the Orientation and Mobility (O&M) skills of children with visual impairment in low-income families of central Uganda.

This study would explore the Orientation and Mobility skills of children with visual impairment in low-income families of central Uganda. Our objectives are:

1. To examine the O&M skills of children with visual impairment in low-income families of central Uganda.
2. To find out factors responsible for the existing O&M skills of children with visual impairment in low-income families of central Uganda.
3. To assess any support provided towards the promotion of O&M skills of children with visual impairment in low-income families of central Uganda.

B. Methodology

The study applied a qualitative research approach, whereby a multi - case study design was used. Multiple cases were studied to provide an opportunity of comparing results (Yin, 2002, pp. 53–60). Data was collected from ten participants (i.e., nine parents or guardians from families of children with visual impairment) and one Social Worker (SW), using semi-structured interviews and observation. The participants were purposively selected.

Data was analyzed using content analysis. During the observations, key issues were identified. These issues formed clusters referred to as sub themes. The sub themes were further grouped to form themes. The themes were analyzed to answer the research questions. Investigator triangulation method was used whereby each participant was interviewed by more than one investigator as a way of obtaining several differing opinions concerning issues in question.

For anonymity and confidentiality, participants were assigned letters for example: Family A Participant (FP. A). The study was reviewed and approved by an accredited ethics committee in Uganda - The AIDS Support Organization Research and Ethics Committee [Ref: Protocol: # TASOREC/074/2020-UG-REC-009]. Informed consent was obtained for the semi-structured interviews. Assent for the children was secured after the researcher explaining the rationale to the parents who consented to the assent.

Table 1
Participants from families with children with visual impairment

Family or guardian)	Participants (parent)	Child's Age	Gender of child	Home location	Socio-economic Background	Parent's or guardian's occupation
Family A Participant (FP. A)		4	F	Rural Mountainous	Low-income	Peasant farmers
Family B Participant (FP. B)		5	M	Town, slum area	Low-income	Small business
Family C Participant (FP. C)		4	F	Rural	Low-income	Peasant farmer
Family D Participant (FP. D)		6	F	Semi-urban	Low-income	teacher
Family E Participant (FP. E)		7	F	Rural	Low-income	Peasant farmer
Family F Participant (FP. F)		5	F	Urban poor area	Low-income	Small Business
Family G Participant (FP. G)		Twins, 4	M	Urban slum area	Poor, can't afford basic requirements	Small business
Family H Participant (FP. H)		5	M	Urban slum area	Low-income	Small business
Family I Participant (FP. I)		3	F	Semi Urban	Low-income	Small business

C. Result and Discussion

1. Orientation and Mobility skills among the children with visual impairment

The study sought to find out the Orientation and Mobility skills possessed by children with visual impairment in low-income families in Uganda. When data was collected, the results indicated that, most of the children in the study had poor mobility skills. The study indicated that, in the families where information was collected, eight children had poor O&M skills while only two children had excellent O&M skills. The two children who had excellent O&M skills were identified in two families i.e., Family D Participant (FP. D) and Family E Participant (FP. E). For example, in family E, the child's mobility skills were so excellent that she was able to detect some of the changes made to the environment. Family D Participant (FP. D) narrates:

Recently she went to fetch water from the well and when she returned, she told me that a pit latrine was being dug in the neighborhood. I asked her to take me and show me where the pit was. She went running and stepped just next to the edge of the pit. She showed me with her foot where the pit starts by stepping at one of the edges of the pit

The child from Family E also had excellent O&M skills because her mobility and skills in Activities of daily living (for example: navigating around the compound, going to the toilet, etc.) were so excellent. However, when asked why the child was not going to school, Family E Participant (FP. E), said, "She is blind. My daughter is not only blind, but she is totally blind and can hardly see anything at all".

Even when a charity organization was willing to pay for her school fees, the father was still reluctant to have the girl enrolled in school. He gave another excuse that he would not afford paying for other personal effects needed for a boarding school such as a mattress and bed sheets. Surprisingly, the siblings who were sighted were attending school and were being sponsored by the father.

2. Factors responsible for the existing Orientation and Mobility skills

The study found out that most of the children in the study had poor Orientation and mobility (O&M) skills and the circumstances which led to the poor mobility skills were different. Some of the factors included child neglect, abandonment, non-exposure to a stimulating environment, malnourishment, poor hygiene, and general body weakness as identified in Family A.

The study found out that in Family A the child had poor O&M skills due to mistreatment and abandonment resulting from negative attitudes. The child often used to be made to sit in a basin placed in a dark room while the mother and other siblings went to do gardening some distance away. The home was in a rural area in the mountains which was inaccessible in terms of mobility. While seated in a basin, the child was always left with a sweet potato in the hands to eat. The child used to urinate and defecate in the basin, and flies surround her. The child used to doze off due to loneliness and abandonment by family members.

An observation showed that, in Family A, the child with visual impairment was very weak, malnourished and was developing kwashiorkor. At 4 years, she appeared like a one and a half (1 ½) year old child. She appeared sickly and had developed a pale color. Staying for a long period of time in a dark room made her to appear pale and was developing secondary disabilities. Her joints were weak and looked miserable. She could not smile and lacked confidence and strength to reach out to a person who could initiate interaction with her.

Non-involvement in activities due to overprotection identified in Family B; and Family F was also found to be a contributing factor to poor O&M skills among children with visual impairment. The study found out that, in Family B the child with visual impairment was in a situation of high redundancy and overprotection. Being blind and the only boy in the family, the child was overprotected such that all activities of Daily Living (for example bathing, feeding, washing, and teeth-brushing) were being done for him by the mother and the siblings. He was not exposed to playing with siblings. He was always kept in the house, and his mobility skills were very poor. This situation revealed overprotection, lack of involvement in the participation of activities and limited exposure to socialize with peers.

Family F hired a social worker to help their child gain some O&M skills from home by engaging her to stand on the wall, chair, table and holding him to walk, plus other activities was frustrated when she used to cry loudly for the family members to hear and rescue her. The social worker (SW) expressed her disappointment:

The parents are so overprotective towards their child. It is very frustrating when they discourage my efforts to build confidence and independence towards their child. I have made some progress with the child. But when they shout expressing fear as the child tries to take a step to move, it holds the child back. They want me to do everything for the child including feeding. In most cases, they want their child to be carried and however much I explain, they did not understand.

The study also found out that, families (for example, Family D and Family E) which did not over-protect their children with visual impairment had excellent O&M skills. In Family D, the child's mother

who was a primary school teacher did not overprotect the child but rather involved her in participating in activities. The child's mobility skills were so excellent that she was able to detect some of the changes made to the environment. Family D Participant (FP. D) narrated thus, "I got worried that she was going to fall in the pit. She told me that I should not worry because she knew the surrounding very well."

Similarly, in Family E, the child with visual impairment's mobility skills and skills in Activities of daily living were excellent. This child was living with a stepmother who had no sympathy for her. She was not overprotected at all. Her biological mother divorced before she had made one year. Thus, there was no body to sympathize with her. She participated in home chores and engaged in play with children of the stepmother plus other children in the neighborhood. The stepmother used to instruct her to perform all the activities. When other children went to school, the stepmother used to direct her to do domestic work like sweeping the compound, mopping the house and cook food. The home was in a bushy area and one of the activities she involved in mostly was fetching firewood with the sighted peers. She could keenly detect most of the moving objects as she endeavored to cross the village road independently. She was able to detect bicycles and a few cars that could rarely pass by their neighborhood. Because of being active, many of the people in the neighborhood knew her.

The study also identified other factors responsible for the poor O&M skills being congestion and physically inaccessible environments especially in Family H that lived in an urban slum area. The child with visual impairment was studying in a regular nursery school in preparation for transition to a special boarding primary school for the blind. The study found out that his mobility skills were being hindered by the congested environments both at home and school, plus the physical obstacles which were scattered around.

In addition to living in a congested environment, the child was a victim of extreme prejudice by his father. He was very negative about the child due to his disability and did not wish to associate with him. The magnitude of negative attitudes was reflected when he disowned the child by denouncing him openly before the professionals and in the presence of the child and wife. Family H Participant (FP. H) said thus, "I will never allow this child to inherit my property, not even to be buried in my land!"

The negative attitudes were also revealed by the social worker who was hired by Family F to train the child with visual impairment in O&M skills at home. The Social Worker (SW) thus exclaimed, "For the last six months I have worked with the family, I saw her mother breast feed the child only once. I have never seen her bring the child close to herself!"

This finding reveals extreme prejudice and abuse towards children with disability. These negative attitude as well as stigmatization were also revealed in Family (I), where the child with visual impairment lived with the grandmother since she was born. She was breastfed by the grandmother and knew her as her real mother. Within the first month of birth, the child was brought to the grandmother for the mother to save her marriage. The mother rarely checked on them for fear of stigma from the neighbors of her mother. The grandmother always sympathized with the child and ended up overprotecting her by asking her to keep seated with her at home. She used to discourage her from moving with the neighbor's children to avoid causing harm to herself. Thus, her mobility skills were very poor.

Several attempts were made by professionals to advise on enrolling her in the nearby ordinary nursery school to enable her to interact with other children, but all in vain. Family I Participant (FP.I) expressed her fears, "My grand child is already blind. You want her to lose her limbs as well during play with sighted children? Let her remain with me, she is a patient." This finding also reveals

overprotection, neglect and abandonment by both parents, a practice that called for professional intervention regarding sensitization.

Findings revealed that, the mobility skills of some children with visual impairment were worsened by the extreme poverty in some families, and further slowed down by circumstances of abuse and selfishness. Findings also revealed a state of misery, redundancy, and helplessness due to staying tied on the back for several hours. This was evident in Family G which had twin children who were born blind. At four years, the children had not yet been given any opportunity to interact with the environment as they were kept tied on the back most of the times. For quite a long time, a non-professional lady who disguised as a charity provider kept moving with the mother of the children to different organizations looking for funds to support the children with intentions of obtaining material benefits.

3. Support provided towards the promotion of O&M skills for children with visual impairment

The study found out that some families tried to search for ways of improving the mobility skills of their children with visual impairment by seeking help from different sources including schools and social workers. For example, Family B whose child with visual impairment had poor mobility skills due to redundancy and overprotection, when the social worker tried to lead him walk outside the house, he made slow and hesitant steps which revealed fear and lack of exposure to the outside environment. The child made a lot of improvement when enrolled in the boarding school. For example, he was able to locate and move fast to the mother when we went with her to visit him at school, a sign that his mobility had improved.

Similarly, Family F participant (FP.F) reported that they hired a social worker to help their child with visual impairment gain some O&M skills from home because she had no confidence in doing common childhood activities. The social worker tried to teach her how to hold on the wall, chair, table to walk, plus other activities although she used to cry loudly for the family members to hear her so that they immediately came to rescue her.

4. Discussion

First and foremost, the study revealed that most of the children in the study had poor mobility skills while very few had excellent O&M skills. The most common factor that limited the development of mobility skills among the children in the study was non-involvement in activities due to overprotection, leading to limited exposure to the environment. Celeste (2006) found out that limited participation in play compromised the social interactions of blind children; a factor that largely contributes to limited mobility skills. Simmons, Davidson, and Simmons (2003) revealed that non-involvement in activities causes some delays in reaching to objects, crawling, and walking. This delay is mainly due to lack of enough stimulation, and therefore a child has no reason to move. Cuturi, Aggius-Vella, Campus, Parmiggian, and Gori (2016, pp. 240-251) support the effectiveness of exposing a blind child to a stimulating environment. They observed that children move about in the environment after being attracted by objects of interest.

Simmons, Davidson, and Simmons (2003) therefore recommended some activities for enhancing Mobility skills for blind children. They include exposing them to play with toys that have sound, attracting the child with a voice, walking from one person to another a short distance away, using bars to get in a standing position, organizing space around the child to create enough space for free movement and to avoid fear of tripping or bumping into objects.

An observation showed that, in Family A, the child with visual impairment was very weak, malnourished and was developing kwashiorkor. Rosales, Reznick and Zeisel (2009, pp.190 - 202) found out that, good nutrition plays an important role in fostering the development and growth of the brain, which contributes to the development of mobility skills.

While the child with visual impairment from Family E had excellent O&M skills and Activities of daily living in addition to a scholarship from one organization, Family E Participant (FP. E) refused to take her to school to get education thus Family E Participant (FP. E). said, "*She is blind*". This finding reveals extreme prejudice towards children with disabilities. It is also an indication that he did not wish to spend any slight amount of money on the child due to negative attitudes. These perceptions are most times due to lack of awareness and understanding the causes of disabilities (Rohwerder, 2018). This perception has also not only limited African girls from participating in educational programs but has also affected girls with disability worldwide. (Leonard Cheshire Disability, 2017., Mostert 2016, pp: 2 - 24).

However, this finding is different from previous studies by Hirsch (2015) who found out that, while parents of children without disabilities get worried about paying fees for the children's education, parents of children with disabilities get more worried because their expenditure goes beyond the period which the children take while in school. Initially, they get concerned about paying for current special therapies, followed by other expenditures when the child becomes an adolescent, and later where he / she will live, and the people who will eventually take care when the parents are no longer alive.

Nevertheless, the study recommended sensitization and respect for education and rehabilitation as a human right. This strategy has been proved applicable in a number of projects targeting parents of children with disabilities including those with visual impairments (Kuyini et al., 2015).

The study also identified other factors responsible for poor O&M skills such as congestion and physically inaccessible environments especially in Family H an urban slum area and Family A, a rural mountainous area. Visual impairment affects the range and ability to move about in the environment. This is because the world is not motivating as the children take long to realize that there are interesting objects around them which they can move to interact with. Mortensen and Eng, provide that when we learn, 75% of knowledge comes to us visually, 13 % comes through hearing and 2 percent comes through smell and touch (Mortensen & Eng, 2021). This implies that when the sense sight is not present, individuals receive inconsistent, discrete, and generally unverified fragments of information. The environments surrounding the children therefore should be decongested and adjusted to enhance Mobility. Tammy, observed that environments that are stimulating for children are those which allow free movement, have safe objects and help them to explore (Tammy Gold, 2012). Such environments allow a child to have a variety of experiences.

Another finding which reveals negative attitudes and stigmatization of children with disability was revealed in Family (I). In this family, the child with visual impairment lived and was breastfeed by the grandmother for the mother to save her marriage. The mother rarely checked on them for fear of stigma from the neighbors of her mother. Unlike in the western world, African grandmothers view the role of taking care of their grandchildren as a natural duty for them, and not stressful (Mtshali, 2015, pp. 75-83). This is a common mistake done in good faith, not considering the fact that it disadvantages the children. Likewise, the grandmother was very overprotective, thus the girl was not exposed to participate in any activities.

In a nutshell, the study found out that almost all the ten children in the study were victims of negative attitudes. Rohwerder found out that people with disabilities are not taken to be human but a source of shame due to misconceptions about the cause of disability such as misdeeds of parents and witchcraft, thus affecting the way they are treated (Rohwerder, 2018).

Refusal of being regarded as relatives of blind children was yet another factor that led to negative attitudes by parents and caretakers. Family B for example, did not visit their child with visual impairment at school for the whole term (a period of three months), yet the school was not in a far distance from their home. Larsson, cautions parents that placing children with disability in boarding schools and abandon them there leads to psychological and developmental delays (Larsson, 2016).

Similarly, negative attitudes create low acceptance of persons with disabilities, which affects the level of involvement in activities (de Boer et al., 2012, pp. 379–392). This causes the need for professional involvement in early identification and creating awareness to parents, guardians and care takers of children with disability (Rohwerder, 2018). According to Rohwerder, professionals should make a deliberate effort to create community meetings aimed at educating the public to reduce stigma, myths and superstitions and other negative perceptions about disability (Rohwerder, 2018).

D. Conclusion and Recommendations

The study sought to explore the Orientation and Mobility (O&M) skills of children with visual impairment in low-income families of central Uganda. The results indicated that, most of the children in the study had poor mobility skills (i.e., eight children had poor O&M skills while only two children had excellent O&M skills). The most common factor that led to poor mobility skills among the children above was non-involvement in activities due to overprotection and limited exposure to a stimulating environment and interaction with other children. The study therefore recommended creating a barrier free physical environment without obstacles and involving children with visual impairment in active participation in activities, involvement in play, exposure to interact with other children and exposure to a stimulating environment.

The study also recommended that locally made play materials (rattles and shaking balls) to encourage the children's movement. In addition, the study recommended deliberate and intensive training, encouragement, and support to explore the environment throughout their childhood period. Thus, government should guarantee early identification, assessment and training in O&M for children with visual impairment as it is a right stipulated in the (Children's Act, 2016). The training should begin with early stimulation in newly born children as soon as blindness is detected to stimulate mobility skills.

Among family members, the findings revealed that in all the cases involved in the study, the fathers were not involved in the lives of their children with visual impairment, but it was only the mothers who were directly involved in taking up the responsibilities concerning their children with visual impairment. The study recommended professional involvement in creating awareness to parents, guardians, and care takers of children with disability. The study also recommended provision of improved nutrition and observation of hygiene.

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