

**IMPACT OF CULTURAL AND SOCIAL STIGMA ON SELF ADJUSTMENT OF PERSONS WITH VISUAL IMPAIRMENT IN NIGERIA**

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**Abstract**

This paper investigates the impact of cultural and social stigma on self-adjustment of persons with visual impairment in Nigeria. The purpose of this study is to examine the joint contributions of cultural and social stigma to self-adjustment of persons with visual impairment and investigates the relative contribution of cultural and social stigma to self-adjustment of persons with visual impairment. The study adopted a descriptive survey research design, while purposive sampling technique was used to select Seventy respondent for the study, who were persons with visual impairment including male (38) and female (32) with total blindness as well as low vision. A questionnaire method was used to collect the data for the study and it was divided into four parts. Pearson Product Moment Correlation (PPMC) and Multiple Regression Analysis (MRA) were used in analysing data collected from the field. The findings revealed that there is a significant relationship between self-adjustment of persons with visual impairment and cultural stigma ( $r=0.306$ ,  $p< 0.05$ ) and social stigma ( $r=0.334$ ,  $p<0.05$ ) the joint effect of cultural and social stigma on self-adjustment yields a coefficient of multiple regressions  $R = .345$ ;  $R^2 = .219$  and adjusted  $R$ -square = 0.193. This suggests that these two factors jointly account for 19.3% (Adj. $R^2= .193$ ) variance in the prediction of Self adjustment. The study recommends that family, school, different cultural groups and the community should accept persons with visual impairment through caring and supportive attitude M, also, learn to accommodate them.

**Keywords:** Cultural stigma, social stigma, Self-adjustment, Visual impairment

**Introduction**

Adjustment is a process through which an individual irrespective of their impairment, condition or status were able to maintain an alignment between himself or herself and the immediate environment or circumstances in order to be fit or function in such an environment. Adjustment ranges from academic, psychological, social, medical, physical, emotional and host of others. (Abodunrin & Adelabu 2025). Self-

adjustment is the process of adapting and modifying one's thoughts, feelings, and behaviours to better align with changing circumstances, goals or environments. It is an essential skill that allows people to recognize their strengths and weaknesses, allows for self-awareness, helps navigate the challenges of life and adjust their behaviours, thoughts, and emotions in order to maintain stability and resilience.

Goldstein, (1995) describes self-adjustment as the ability of an individual to change personal behaviours to suit the social environments and manage the internal or external challenges that affect their life quality. Self-adjustment is the ability by which individuals adapt to changes in their life circumstances and such behaviour is accepted in living together with the community. Self-adjustment significantly differs from individual to individuals, influenced by factors such as personality traits, age, gender, coping strategies, social support, and life experiences. Adjusting oneself is highly individualized, as each person brings unique psychological, social, and environmental resources to the process of adjustment. (Lazarus& Folkman,1984).

Abodunrin & Abodunrin, (2020) reported that visual impairment is a condition characterized by deficiency in the organ of sight which hinders individual capability from performing certain functions that requires the use of sight. Individuals with visual impairment could be low vision, partial sightedness or blindness often encounter challenges in their self-adjustment processes. In some cases it could be overcoming emotional challenges such as anxiety, depression, or a sense of loss and practical challenges such as learning new ways to perform daily tasks, use assistive technology, or navigate environments. People with visual impairments may also need to adjust to changes in social dynamics and perceived social roles, making self-adjustment an ongoing process influenced by many external and internal factors. In Nigeria, the level of awareness and support for persons with visual impairment varies between urban and rural areas, with rural areas often lacking the infrastructure and social support networks necessary to aid adjustment. Moreover, religious and traditional beliefs in some communities further stigmatize individuals with disabilities, hindering their personal development and social inclusion. Self-adjustment is an essential yet complex process for individuals with visual impairments, influenced by several external factors.

People with visual impairments often face prejudice and discrimination. Society can hold negative assumptions or treat them as less capable, sometimes even trying to "fix" or change them to fit a certain idea of normal. These attitudes reflect judgments about which human traits are considered valuable and which are feared or looked down upon. This is similar to what Goffman called stigma, which comes in three types: tribal stigma (like race, ethnicity, or religion), physical differences (such as blindness, deafness, or other conditions), and marks on character (like addiction or mental illness).

Crocker, Major, and Steele (1998) highlighted the, people who are stigmatized have or are thought to have traits that society devalues in specific contexts. Many of the difficulties that people with disabilities face aren't caused by the disability itself, but by a world that isn't built to accommodate them. Physical barriers, social exclusion, and negative assumptions all make daily life harder. In other words, much of the challenge comes from society's reaction, not the disability itself.

How individuals adjust to these challenges is shaped by cultural values and societal expectations, which change over time and vary across communities. Cultural stigma describes the shared beliefs and stereotypes that shape how people with disabilities are seen. In some traditions, disability is wrongly seen as a curse or punishment, which can lead to prejudice and unfair treatment (Mohammed & Ibrahim, 2016). For someone with a visual impairment, these attitudes can make it harder to accept themselves and feel confident. When society labels them as "less than" or treats them as outsiders, it creates barriers to personal growth and social participation.

In Nigeria, cultural stigma often shows up in everyday life. People with visual impairments may be seen as dependent, less capable, or objects of pity especially in communities that highly value physical ability. In some places, disability is linked to supernatural causes, such as bad luck or punishment, which only adds to the prejudice. These beliefs can make people feel isolated, rejected, or destined for a difficult life. While stigma is stronger in some rural areas, it is also present in cities, making it a widespread challenge.

Because of this, many people with visual impairments struggle with self-acceptance and confidence, often internalizing the negative attitudes they encounter. Society's perceptions can shape not only how others treat them but also how they see themselves, affecting their opportunities, social relationships, and overall quality of life.

Social stigma is the societal attitudes and prejudices held by individuals within a community, social group, or society at large. It involves labelling, stereotyping, and discrimination based on perceived differences or perceived deviance from social norms. This can include characteristics such as physical disabilities, mental health conditions, race, or socially. Social stigma manifests itself in three forms, such as public stigma, where society holds negative attitudes towards individuals or groups, self-stigma, where individuals internalize societal stereotypes and view themselves negatively which therefore affects a person's self-esteem and self-efficacy leading to persistent doubt and hopelessness. Lastly, institutional stigma, where societal structures and organizations perpetuate discriminatory practices, such as reduced access to care and resources due to policies. Systemic stigma exists when those public stigma stereotypes are embodied in laws, institutions, and organizations that regulate or influence the society.

Persons with visual impairments are often subjected to significant social stigma, which negatively impacts their quality of life and mental health. The stigma surrounding visual impairment is based on societal perceptions that individuals with disabilities are helpless, dependent, and incapable of achieving normal life experiences. This perception can be exacerbated by a lack of understanding or awareness of visual impairments and their management. In many cases, people with visual impairments may be denied opportunities for education, employment, and social participation due to these stereotypes. For example, employers may have the notion that individuals with visual impairments cannot perform certain tasks, even when they possess the necessary skills. This results in systemic discrimination and inequalities.

Additionally, individuals with visual impairments often face social isolation, as others may avoid or treat them as "different," further marginalizing them. Social stigma surrounding disability can lead to discrimination in various social settings, including workplaces, religious settings, educational institutions, and public spaces. For persons with visual impairments, social stigma may manifest as exclusion, bullying, or overprotection, which limits their sense of independence, self-worth and possess difficulties in adjusting to their conditions, thus hindering their overall well-being.

The experience of cultural and social stigma significantly affects the self-adjustment process of persons with visual impairments in Nigeria. The internalization of negative cultural stereotypes about disability may lead to feelings of inadequacy or reluctance to pursue personal goals, engage socially, or seek out opportunities for growth. As a result, persons with visual impairments may struggle to adjust to social, academic, or professional settings, as they may feel that their cultural identity is incompatible with the general norms. Cultural stigma, therefore, creates significant barriers to self-adjustment by preventing individuals from fully embracing their potential or seeking the support and acceptance they need from society. For instance, in many Nigerian communities, disability is often viewed as a source of shame, which can lead families to conceal their disabled members or limit their access to resources. This cultural response can hinder the self-adjustment process by isolating individuals with visual impairments, restricting their opportunities to interact with others and grow in their social and emotional capacities.

The social exclusion experienced by persons with visual impairments in Nigeria can hinder their ability to develop and maintain social relationships. It can further lead to social withdrawal, anxiety, and a reluctance to engage in activities that might expose individuals to further judgments. The constant reinforcement of negative stereotypes about disability can also affect the way individuals with visual impairments view themselves, making it more difficult for them to maintain a positive self-image or develop a strong sense of belonging in their communities. Additionally, the lack of societal support and understanding surrounding persons with visual impairment further aggravate the challenges faced by these individuals in their efforts to adjust, integrate into the community, access resources, or participate in social activities. Consequently, their self-adjustment process is stunted, leading to a cycle of isolation and dependency.

There are other factors in addition to cultural and social stigma that can influence the extent to which both stigma (cultural and social) can affect an individual self-adjustment. These factors include; social support, age and other factors. Social support is the emotional comfort, practical help, or information provided by family, friends, peers, or community members to help an individual navigate life's challenges. Social support is described as an understanding of being cared for by others and having a dependable network to turn to when needed, in everyday situations or specific moments of crisis (Taylor, 2011). Family, friends, peers and community members are recognized as channels of social support which emotional, informational, and practical resources are provided to help individuals cope with the challenges posed by stigma, enhances their resilience, and supports their ability to adapt and adjust to their visual impairment.

Previous studies have shown social support to play a crucial role in reducing stigma and emotional difficulties for individuals with disabilities, including those with visual impairment. Emotional support from friends, family, and peers can enhance self-esteem and lessen the feelings of loneliness, which are common among individuals facing social stigma. For example, (Chan 2009), recognized how emotional support serves as a cushion against depression and anxiety, improving the psychological well-being of individuals with visual impairments. Receiving help when needed not only develops self-esteem and self-confidence, but also increases the sense of security and control over oneself and the environment. Strong social circle can decrease the psychological burden of discrimination and stigma, promoting greater sense acceptance and self-confidence among individuals with visual impairments (Liu, 2021), in other words, strong social support networks help individuals with disabilities develop resilience, enabling them to face challenges and adjust to their new circumstances more effectively. However, it is also important to acknowledge that, while social support is largely beneficial, the quality and type of support matter. In some cases, poorly executed or insufficient social support could potentially heighten the feelings of dependence or helplessness making it more difficult for individuals to adjust to their circumstances. Without emotional or social backing, persons with visual impairments may struggle to cope with societal exclusion, leading to greater challenges in adjusting to their social and personal lives.

Age, as another factor, is the length of time a person has lived, typically measured from their birth to a specific point in time. In psychological and social contexts, age often refers to a person's stage of life, which may influence their experiences, behaviours, and perceptions. Age plays a significant role in how individuals with visual impairments perceive and adjust to stigma and navigate their social world, significantly affecting the self-adjustment of individuals with visual impairment, this is because individuals at different life stages may experience and cope with visual impairment differently. Research suggests that older individuals may experience greater challenges related to stigma and adjustment due to the accumulation of societal attitudes over time. Older adults may find it more difficult to navigate these challenges, as they may have limited access to resources and may have experienced longer periods of stigmatization. (Chou & Chi, 2018) explain that age-related factors such as health decline or retirement can make social adjustment more difficult for older individuals with visual impairment.

Older adults, particularly those who acquire visual impairment later in life, may face unique challenges in self-adjustment. For example, they often have a longer history of functioning with full or partial vision, and the transition to blindness or severe vision impairment in older age can be particularly difficult. This group may face compounded challenges from both age-related and disability-related stigma, which can impact their psychological well-being and self-adjustments. The stigma of aging and the stigma of blindness combined can result in feelings of helplessness, social exclusion, and lower quality of life, which makes self-adjustment more difficult. Unlike the younger individuals who acquire visual impairment, they may have different support systems, including family, peers, and specialized services tailored to younger populations. Their ability to adjust may be influenced by social environments such as educational institutions or rehabilitation programs, which are more accessible for younger people compared to older individuals. Younger individuals, especially children and adolescents with disabilities, might adapt more readily to visual impairments, as they have more exposure to inclusive educational settings and supportive peer relationships (Gonzalez, 2016).

Visual impairment is when someone experiences a significant loss of vision or a limitation in how their eyes or visual system function. It can show up in many ways: trouble seeing clearly, difficulty with contrast, a smaller field of vision, sensitivity to light, double vision, distorted images, or problems processing what they see. Sometimes, people may experience more than one of these challenges at the same time.

Globally, visual impairment affects millions of people. According to the World Health Organization (2019), at least 2.2 billion people have some form of vision problem, and about 1 billion of these cases are either preventable or currently untreated. Only about 10 percent of vision loss happens in developed countries, where conditions like age-related macular degeneration, diabetic eye disease, and glaucoma are the main causes. In these regions, people generally have better access to eye care services, so vision problems are less widespread (WHO, 2021; Vision Atlas, 2020).

In contrast, 90 percent of vision loss occurs in Sub-Saharan Africa and South Asia. Here, limited access to eye care, poverty, social inequality, and gender disparities all contribute to higher rates of visual impairment. In many developing countries, healthcare facilities are concentrated in cities, leaving rural populations without care. There is also a severe shortage of eye care professionals, making it harder for people to get treatments for preventable conditions like cataracts or refractive errors (Global Eye Health Commission).

Nigeria, Africa's most populous country, faces significant challenges with visual impairment. About 4.25 percent of the world's blindness occurs in Nigeria, with roughly 1.13 million people aged 40 and above affected (Kyari, 2015). Additionally, around 7.8 million people have moderate to severe visual impairment, 5.3 million have mild impairment, and nearly 9.9 million struggle with near-sightedness (Vision Atlas, 2020). Cataracts, uncorrected refractive errors, glaucoma, and corneal diseases are the leading causes. Cataracts alone account for nearly 45 percent of blindness cases, even though surgery can effectively treat them.

Unfortunately, many people in Nigeria cannot access care due to cost, poor healthcare infrastructure, and a shortage of qualified professionals. Rural residents and low-income families are particularly affected. Women also face higher rates of untreated eye conditions, often due to cultural and economic barriers (Penzin, 2023).

How well someone adapts to visual impairment depends on several factors, including personal acceptance, family support, and the wider community's attitude (Abodunrin & Komolafe, 2017). Around the world,

people with visual impairments face physical barriers, social exclusion, and limited opportunities in education and employment. But stigma can make these challenges even harder.

In Nigeria, cultural and social attitudes often cast visual impairment in a negative light. People with visual impairments may be treated as less capable or marginalized, which can affect their confidence and sense of belonging. This study therefore takes a look into impact of cultural and social stigma on self-adjustment of persons with visual impairment in Nigeria.

## Methods

This study utilizes descriptive research design. Purposive sampling technique was used to select seventy respondents including persons with low vision and total blindness. Questionnaire was used to collect data for the study. The data collected was analysed using descriptive statistics of frequency counts, percentages, mean, and standard deviation for the demographic information of respondents. Pearson product moment correlation (PPMC) was used to analyse the statistical significance of the hypotheses. Multiple Regression Analysis (MRA) was used to find the combined and relative contribution of the independent variables (cultural and social stigma) on the dependent variable (self-adjustment) to be tested at 0.05 level of significance.

## Results

### Analysis of Social- Demographic Characteristics

#### Distribution of gender

Gender	Frequency	Percentage
Male	38	54.3
Female	32	45.7
<b>Total</b>	<b>70</b>	<b>100.0</b>

#### Source: Field Survey, 2025

Table 1 shows the number and frequency of parent gender that 38 representing 54.3% of the respondents were male and 32 (45.7%) were female. Therefore, the above result implies that majority of parents use for this study were male.

#### Distribution of Age range

Age Range	Frequency	Percentage
18 to 30 years	52	74.3
31 to 45 years	15	21.4
46 years and above	3	4.3
<b>Total</b>	<b>70</b>	<b>100.0</b>

Table 2 reveals that 52 representing 74.3% of the respondents were between 18 to 30 years of Age while 15 (21.4%) were between 31 to 45 years and 3 (4.3%) were between 46 years and above. Therefore, the above result implies that majority of the respondents age were between 18 to 30 years.

#### Distribution of Degree of Vision Loss

Degree of Vision Loss	Frequency	Percentage
Totally blind	46	65.7
Low vision	24	34.3

<b>Total</b>	<b>70</b>	<b>100.0</b>
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Table 3 shows number and frequency of degree of vision loss that 46 representing 65.7% of the respondents were totally blind 24 (34.3%) were low vision. Therefore, the above result implies that majority of respondents were totally blind use for this study.

#### **Distribution of Onset of Impairment**

<b>Onset of Impairment</b>	<b>Frequency</b>	<b>Percentage</b>
Congenital	4	5.7
Acquired	66	94.3
<b>Total</b>	<b>70</b>	<b>100.0</b>

Table 4 shows number and frequency of Onset of Impairment that 66 representing 94.3% of the respondents were acquired while 4 (5.7%) were congenital. Therefore, the above result implies that majority of respondents were acquired use for this study.

#### **4.2 Answers to research questions**

This section consists of the results from the inferential statistics on the account of the three questions raised and answered.

**Research question one:** What is the significant relationship between the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment?

#### **Descriptive Statistics and Correlation among the variables**

<b>Variables</b>	<b>1</b>	<b>2</b>	<b>3</b>
Self-adjustment	1.000		
Cultural stigma	.306**	1.000	
P<(0.05)	.010		
Social stigma	.334**	.975**	1.000
P<(0.05)	.005	.000	
<b>Mean</b>	<b>31.15</b>	<b>40.80</b>	<b>40.24</b>
<b>Standard Deviation</b>	<b>5.53</b>	<b>7.06</b>	<b>6.34</b>

Table 5 shows Mean, Standard Deviation and zero order correlation among the variables. It was observed that there was significant relationship between the independent variables (cultural and social stigma) and the dependent variable (Self adjustment) in the following order of magnitude: Social stigma ( $r=0.334$ ,  $p< 0.05$ ) and cultural stigma ( $r=0.306$ ,  $p< 0.05$ ), has significant relationships with Self adjustment. It implies that there is significant relationship between the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment

**Research question two:** What is the joint contribution of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment?

**Summary of Multiple Regression Analysis Showing the interactive effects of the Independent Variable on the Dependent Variable**

Model	Sum of squares	Df	Means Square	F	Sig.
Regression	252.165	2	126.082	4.534	
Residual	1863.107	67	27.808		
Total	2115.271	69			
$R = .345^a$ $R^2 = .219$ Adjusted $R^2 = .193$ Std. Error of the Estimate = 5.27329					

\*Denotes significant relationship at 0.05 significance level.

Table 6 shows that there is joint contribution of the independent variables (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment is significant. The result yields a coefficient of multiple regressions  $R = .345$ ;  $R^2 = .219$  and adjusted  $R^2 = .193$ . This suggests that these two factors combined account for 19.3% ( $Adj.R^2 = .193$ ) variance in the prediction of Self adjustment. This implies that there are significant joint effect of the independent variables (cultural and social stigma) and the dependent variable (Self adjustment) on persons with visual impairment. The other factors accounting for the remaining variance are beyond the scope of this study. The ANOVA result from the regression analysis shows that there is joint effect of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment ( $F(2, 67) = 4.534$ ;  $P < 0.05$ ). This thus implies that there is significant joint effect of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment.

**Research question three:** What is the relative contribution of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment?

**Relative contribution of the independent variables to the dependent variables (Test of significance of the regression coefficients)**

Model	Unstandardized Coefficients		Standardized Coefficients Beta	T	Sig.
	B	Std. Error			
(Constant)	18.549	4.235	-	4.379	.000
Cultural stigma	.303	.401	.387	2.755	.005
Social stigma	.620	.447	.711	3.389	.002

*Dependent Variable: Self adjustment; \*Denotes significant at  $P < 0.05$ .*

Table 7 reveals the relative contributions of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment.

These independent variables constitute the potent predictors of Self adjustment on persons with visual impairment. The result shows that there is a significant relative contribution of social stigma ( $\beta = .711$ ;  $t = 3.389$ ;  $P (.002) < 0.05$ ), and there is a significant relative contribution of cultural stigma ( $\beta = .387$ ;  $t = 2.755$ ;  $P (.005) < 0.05$ ) to Self-adjustment on persons with visual impairment. As this result reveals, the most potent predictor is social stigma followed by cultural stigma respectively. This implies that cultural and social stigma have significant relative contributions to Self-adjustment on persons with visual impairment. Thus, there is significant relative contribution of the independent variable (cultural and social stigma) and dependent variable (Self adjustment) on persons with visual impairment.

### **Discussion of Findings**

The findings of this study highlight the significant impact of cultural and social stigma on the self-adjustment process of persons with visual impairment in Oyo State, Nigeria. The socio-demographic data revealed that the majority of respondents were young adults, predominantly male, and mostly totally blind, with acquired visual impairment. This demographic profile is consistent with global trends, where visual impairment is more prevalent among males and younger adults, often due to environmental or occupational hazards (WHO, 2020).

The significant relationship between cultural stigma and self-adjustment ( $r=0.306$ ,  $p<0.05$ ) indicates that cultural beliefs and practices that stigmatize visual impairment can hinder the ability of individuals to adjust to their condition. This is supported by studies that have shown how cultural norms and beliefs can perpetuate negative attitudes toward disability, leading to social exclusion and reduced opportunities for individuals with visual impairment (Groce & Trani, 2009). Similarly, the strong correlation between social stigma and self-adjustment ( $r=0.334$ ,  $p<0.05$ ) underscores the role of societal attitudes in shaping the experiences of persons with visual impairment. Social stigma, which includes discrimination and exclusion in daily interactions, has been shown to have a profound impact on the mental health and social integration of individuals with disabilities (Link & Phelan, 2001).

The joint contribution of cultural and social stigma on self-adjustment, as indicated by the multiple regression analysis ( $R = 0.345$ , Adjusted  $R^2 = 0.193$ ), further emphasizes the compounded impact of these factors. While the model explains 19.3% of the variance in self-adjustment, it also suggests that other factors, not accounted for in this study, play a significant role in the self-adjustment process. This could include factors such as access to support services, personal resilience, and economic stability (Livneh & Antonak, 1997). For example, access to rehabilitation services and assistive technologies has been shown to significantly improve the quality of life and self-adjustment of individuals with visual impairment (WHO, 2020).

The relative contribution of social stigma ( $\beta = 0.711$ ,  $p<0.05$ ) being higher than that of cultural stigma ( $\beta = 0.387$ ,  $p<0.05$ ) suggests that societal attitudes and behaviours may have a more direct and immediate impact on the self-adjustment of persons with visual impairment. This is consistent with Goffman's (1963) theory of stigma, which posits that social interactions and societal reactions play a critical role in shaping the experiences of individuals with stigmatized conditions. Social stigma, which includes overt discrimination and exclusion, can lead to feelings of isolation, low self-esteem, and difficulties in adapting to one's condition (Major & O'Brien, 2005).

In conclusion, the findings of this study underscore the need for interventions aimed at reducing both cultural and social stigma associated with visual impairment. Efforts should be made to educate communities, challenge negative stereotypes, and promote inclusive practices that support the self-

adjustment and overall well-being of persons with visual impairment. Additionally, further research is needed to explore other factors that contribute to self-adjustment, as well as the long-term effects of stigma on individuals with visual impairment.

### **Conclusion**

This study focuses on the impact of cultural and social stigma on the self-adjustment of persons with visual impairment in Nigeria. The findings from this study has establish that significant relationship exist between the independent variable (cultural and social stigma) and the dependent variable (self-adjustment) of person with visual impairment, it was also evidence from the findings that the relative contribution of cultural and social stigma to the self-adjustment of person with visual impairment was also significant and that there is a significant relative contributions of cultural and social; stigma to self-adjustment of persons with visual impairment in Oyo State Nigeria.

### **Recommendation**

Based on the findings from the study, this study therefore recommends that:

(1). Public awareness campaigns should be organized to educate the general population about the capabilities of persons with visual impairment. This is necessary to address the misconceptions and challenge the stereotype and surrounding visual impairment in Oyo State. Such campaigns should promote the importance of empathy and inclusivity in the community. The community should accept persons

with visual impairment and learn to support them. The campaigns should be conducted through various media outlets, including radio, television, and social media, targeting different demographic groups, especially those in rural areas where stigma may be more pronounced.

(2). The government at all levels should make provisions for the implementation of policies that promote the rights and welfare of persons with disabilities, that includes access to education, healthcare, and public spaces without discrimination as well as provisions for skills development.

(3). Parents and teacher should take time to observe and understand the uniqueness of the person with visual impairment in order to build on his or her strengths for better social development. The need for improved self-adjustment of persons with visual impairment therefore becomes essential and it depends on many factors such as level of education, economics status of the parents, family and social support, attitude of members of society, access to information and health facilities, the victim's well- being, community support and institutional support.

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