# Vocational Rehabilitation for Persons With Visual Impairment at the Community: A Case Study in Dong Da District, Hanoi City, Vietnam

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**Abstract:** Work has been emphasized by the WHO, ILO, and UNESCO for years as to how individuals can escape poverty, secure the necessities and improve his/her economic and social status. In this sense, vocational rehabilitation is regarded as the means for persons with disabilities to access work. However, in the absence of either these programs or full respect for their right to work, they have been encountering different barriers in employment accessibility. This happens more seriously in developing countries, including Vietnam. Through mixed methods of desktop reviews, a survey with 110 persons with visual impairment in the community, and in-depth interviews with 10 key stakeholders, the article aims at briefing an overview on current situations of their employment as well as vocational rehabilitation services and support for occupations in Dong Da District, Hanoi City. Several key findings indicate that they have been coping with unemployment or low-tech and low-paid jobs. There is an intensive gap between needs and service supplies in physical, cognitive, and psychosocial components. In the community, available programs target supporting them in terms of physical aspects rather than cognitive and social components. Finally, the authors discuss more various vocational programs, capacity building to other potential providers, and awareness-raising.

**Keywords:** Persons with visual impairment, community, vocational rehabilitation, physical, cognitive, psychosocial.

## INTRODUCTION

Vision impairment (or visual impairment) is one of the common types of disabilities with over 01 billion people with moderate or severe distance vision impairment or blindness [1]. The prevalence of distance vision impairment in low- and middle-income regions is estimated to be four times higher than in high-income regions [2]. Population growth and aging are expected to increase the risk that more people acquire vision impairment [1].

Work is how an individual can escape poverty and secure the necessities of life. The right of persons with disabilities to work is laid out in international instruments such as the Discrimination (Employment and Occupation) Convention, adopted by the International Labour Organization (ILO) in 1958 (No. 111), the ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) and the United Nations Convention on the Rights of Persons with Disabilities. PWDs should be provided with full opportunities for specialized vocational guidance, vocational training, functional and occupational rehabilitation, and employment on useful work [3]. The new instruments suggest providing other related services such as preparation for training, modular training, literacy training, and the day-to-day activities and other training directly or indirectly related to vocational rehabilitation and geared to the social integration of people with disabilities. Some PWDs possess the inferiority that they are underestimated and compared to those without disabilities as the syndrome of Body Dysmorphic Disorder [4] characterized by the obsessive idea of the severely flawed body part and warrants exceptional measures to hide or fix it [5]. After an accident, people who suddenly fall into mobility impairment often have psychological disorders such as disappointment about themselves, anger with people around them, and sadness [6]. Therefore, vocational rehabilitation is not only the combined and coordinated use of medical, social, educational and vocational measures for training or retraining the individual to the highest possible level of functional ability" [7]. It is also emphasized the social component as well as psychosocial issues.

For the work of PWDs, the legal basis for the national policy on vocational rehabilitation and

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employment is to be found in basic laws and constitutional provisions, supplemented by specific enactments, such as labor codes, general legislation, and the regulations adopted to give effect to them, such as decrees and ministerial or inter-ministerial orders [8]. The rehabilitation authorities offer material, financial and personal help and work-related legal protection [8]. Recommendation No.168 suggests that social security schemes should also provide incentives to disabled persons to seek employment and measures to facilitate a gradual transition into the open labor market.

Vietnam has its legal policies and programs of vocational rehabilitation and employment assistance to guarantee the rights of PWDs. It ensures creating equality of opportunities social welfare, social security system, policy support, education and vocational training (Article 59, Article 61 of the Constitution 2013), supporting employers hiring a quota of disabled employees (Article 12 of the Labor Code 2012), socializing and creating of jobs for PWDs (Chapter V of the Disability Law 2010, Article 5 of Decree 28/2012/ND-CP) and incentives for PWDs in apprenticeship (Article 6 of the Vocational Education Law 2014). The national project on supporting PWDs from 2012 to 2020 aims at providing vocational training and creating jobs for 250,000 PWDs at the working age. As a group of PWDs, persons with visual impairments are beneficiaries with the same conditions. The government and non-governmental organizations have paid much attention to livelihood and self-employment support schemes and programs for PWDs. In general, these schemes and programs have had a certain impact on improving the livelihood and lives of PWD. Due to many limitations and shortcomings in access to support policies for businesses, these efforts have not been impactful or sustainable [9].

Different evidence shows that they can work in a wide range of occupations with appropriate training and placement under normal working conditions. However, the right to work is often not respected, and people with disabilities encounter many barriers [10]. Generally speaking, disabled persons are excluded from society and prevented from participating in it for such simple reasons as lack of access to buildings or transportation, or the inability to communicate orally (in the case of people with hearing and speech impairments) or in writing (in the case of those with visual impairments) [3].

According to the Central Eye Hospital statistics, Vietnam currently has about two million people who are blind or have low vision [11]. In Dong Da District (Hanoi City), there are about 202 people with visual impairment, which the most of them are living in Quoc Tu Giam ward (14.85%), Phuong Mai ward (14.36%), Hang Bot ward (13.37%), and the remaining wards account for less than 10%. Although there are certain agencies, both governmental and non-governmental, that employ visually-impaired workers with popular manual jobs, such as acupressure, bamboo, and rattan weaving or beading with beads, stones, etc., the scale of recruitment is not either large or well paid. Hardly could the PWDs change the job or create their own business. Furthermore, community-based models or programs for vocational rehabilitation are not common implications. On the other hand, in the community, it targets at supporting the visually impaired people in terms of physical aspects rather than cognitive and social components. Meanwhile, vocational rehabilitation of persons with visual impairment in the district is one of the goals at which both local government and social organizations, namely the Disabled People's Association and Dong Da District Association for the Blind, aim.

Therefore, the paper determined the current employment situations of persons with visual impairment, their needs, supplies of services or support, and their satisfaction with vocational rehabilitation.

## METHODS

### Study Design

The study was conducted in 2019 with a mixed-method research design, both qualitative and quantitative, including desktop review, in-depth interviews, and survey research. The study subject was human participants with specific inclusion would be presented in detail with each type of method.

### Desktop Review

A literature review and theoretical framework were primarily summarized and conceptualized from articles on journals (Journal of Education and Sociology, Journal of Psychology, Journal of Social Sciences, etc.), master's theses and dissertations, reports on websites and portals (of WHO, ILO, Vietnam's Healthcare Agencies, research institutes and universities), international conventions, standards, and

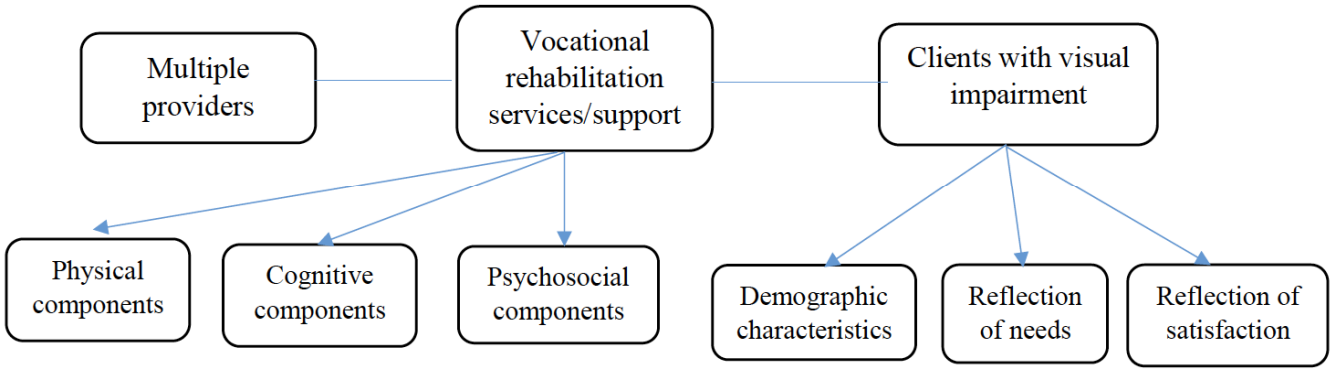


**Figure 1:** The paradigm of vocational rehabilitation for persons with visual impairment, 2019.

national legal documents. The key terms and expressions of the instruments were under review and examined with the meaning given to them both in the instruments and in national legislation and practice.

### In-Depth Interview

For the qualitative research, 17 in-depth interviews were carried out with key stakeholders, 08 persons with visual impairment, 03 family members, 04 staff working at vocational training centers and social agencies, and 02 doctors. It seeks comprehensive information about the status of community-based vocational rehabilitation services, resources, and the roles of social workers in supporting persons with visual impairment in the community.

### Survey Research

#### *Sampling*

The research used a convenient non-probability sampling technique. The total population was counted for 202 persons with visual impairment at the community listed by the Department of Labour, War Invalids, and Social Affairs in Dong Da District, Hanoi. Among them, 110 participants of working age were surveyed at a confidence level of over 95%. The questionnaire survey was distributed to 110 visually impaired people of working age.

#### *Survey Tools*

The questionnaire with 28 items consisted of 3 main parts, personal information, the current situation of receiving community-based vocational services, and needs of support services.

In this paper, vocational rehabilitation for persons with visual impairment is built up with a paradigm of three major components, including physical, cognitive, and psychosocial aspects. It is examined between the needs of the clients and support/services. It was evaluated how the clients generally reflected their satisfaction on such services and services.

#### *Data Gathering*

The primary data was collected at all 21 wards in Dong Da District. A supporting team who were carefully trained for data gathering and carried out the survey with researchers. For adaptation to those participants having visual difficulties, the surveyor gave the instruction, read aloud every piece of questions and options for the respondents, and noted down genuinely on the answer sheet. During the in-depth interviews, noting and recording were combined in the consent of the interviewees.

### Statistical Analysis

Information collected from the survey was checked manually right after being collected in the field. Then, the completed forms were checked for their logic and precision before being computed with EPI DATA 3.1 software. After that, the data was transferred to SPSS 22 software for the procession. At the same time, in-depth interviews and recorded information will be transcribed. The transcription of the data/brief notes was then thematically analyzed based on repeated issues that emerged.

### Ethical Clearance from the Ethics Committee

In the study with human participants, especially persons with visual impairments with their sensibility and unique characteristics, it was ensured that they were consent to internationally and locally accept ethical guidelines. They might monitor studies once they have begun and, where relevant, take part in follow-up action and surveillance after the end of the research. Ethical issues in the design of the study and predictable risks were considered and discussed by the

research team for written common agreement and congruence in informing the participants before the survey and in-depth interview. The detailed instruction, general rationale, and background of the study, potential benefits, genius research purpose, and protection of privacy and confidentiality were read aloud and got consent from the participants. The recording for correct transcription was asked by the interviewers and accepted by the interviewees.

## KEY FINDINGS

### Demographic Characteristics of Participants

#### *Degrees of Visual Impairment*

Nearly a half of participants (49.1%) is with total and near-total visual impairment. The other lower percentage includes 28.2% with profound visual impairment or profound low vision (blurred and unclear objects), 9.1% with severe visual impairment or severe low vision (only seeing big objects, can't see small objects), 13.7% with moderate visual impairment, or moderate low vision (only able to see near objects but not at distant and vice versa).

#### *Reasons for Visual Impairment*

Over three-fifths of participants (63.6%) got the un-born visual loss, while 30.9% were caused by medical conditions and diseases and 5.5% by accidents.

#### *Age*

The highest percentage of 43.5% were between 31 and 35 years old, followed by those at older ages from 36 to 43 years old with 34.5% and younger groups from 26 to 30 years old with 21.8%. It indicates a golden age range of the labor force when the youngest participant respondent at 26 years old and the oldest at 43 years old; however, it might not be implied high job opportunities or participation in the case of those with visual impairment.

#### *Gender*

The two groups, male and female, were respectively portioned with 39.1% versus 60.9%. According to the report of ILO (2018), the current global labor force participation rate for women is close to 49%, while for men, it is 75%, with some regions facing a gap of more than 50 percentage points [12]. For those with disabilities, this gap might be much larger.

#### *Educational Background*

The highest percentages accounted by those at the intermediate level with 42.7% and lower levels with 35.8%. Just over a quarter got bachelor degrees, including 15% at the college level and 6.5% at the university level. In this context, Dong Da district is a well-developed district of Hanoi, one of the top two leading cities in Vietnam, and this figure implied practically how low current levels of education persons with visual impairment could complete. It remains a large educational gap to compete for jobs with non-disabled persons.

#### *Living Standards*

Most of the respondents (86.4%) were living with families on average incomes, and the left was in poor conditions. Therefore, vocational services and employee participation are crucial to their life for the occupation to raise their earnings.

#### *Marriage Status*

Significantly, more than half of participants (53.6%) held unmarried status, adding 23.6% of those who were single while there were just 22.7% of getting married. Meanwhile, the average age of first marriage is 25.2 years old [13]. The participants ranged from 26 to 43 years old, which inferred their difficulties in finding and committing with partners.

### Overview of Employment of Persons with Visual Impairment

#### *Employment Status*

The results show that 57.3% are currently at work; however, it should be further questioned about employment sectors, job categories, and income. Remarkably, 33.6% used to have a job, and 9.1% never participated in work, which contributed to the high unemployment rate up to 43.7%. As reflected by the visually- impaired persons who do not work, the most common reasons through in-depth interviews were founded with low educational background, lack of self-esteem, lack of skills, or families prevent them from finding a job. For their concerns/needs about job opportunities and employment, 77,3% of them show their serious need for information and support.

#### *Employment Sectors*

The survey shows that the visually- impaired persons in the district have been engaged mainly in individual manufacture, service, or commerce activities (accounting for 34.5%), followed by jobs at home (accounting for 29.1%), one member or small-sized enterprises, and business households (25.5% and 18.2% respectively). Very small proportions can get

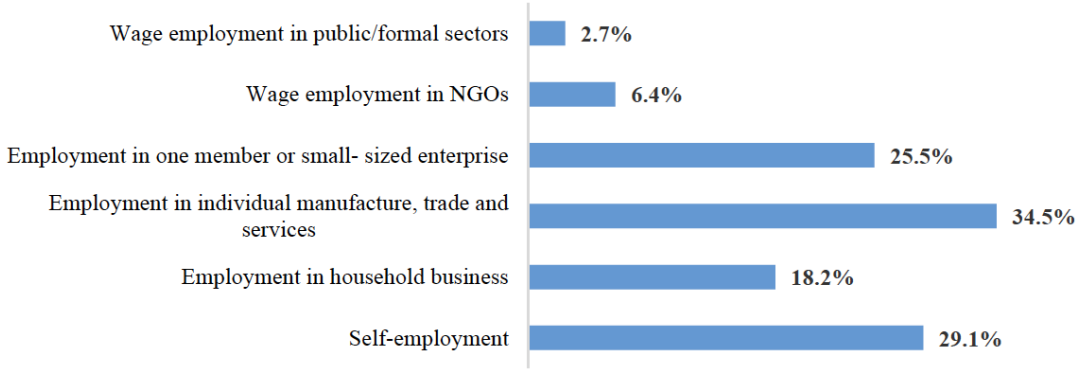


**Figure 2:** Employment sectors of people with visual impairment (%), 2019.

wage employment in non-governmental organizations (6.4%) and public sectors (2.7%).

### *Job Categories*

According to the interview with T., the vice president of Vietnam Blind Association, the common occupations of the visually- impaired workers in Dong Da district are low-mobility, low –tech, and manual jobs such as massage, acupressure, online sales, customer care support, and handicrafts (beading, flower and flower-basket making). Some people with a high level of expertise can open massage facilities that attract larger numbers of higher-income customers. The model of teaching music for people with disabilities is also fairly inclusive with a combination of non-disabled people. However, up to now, it has not been popularized.

### *Income*

It reveals that half of the portion of people with visual impairment with an average income of 03 - 05 million VND/month (roughly 130 - 216USD/month) account for the highest proportion, followed by over one-third of those with the monthly income from 01 - 03 million VND (about 43 - 129USD). This amount is far less than Vietnam's GDP per capita, reaching over 2,700USD (equivalent to 225USD/month) in 2019 [14]. According to the International Monetary Fund, the consumer price of the Vietnam index increased sharply from 100 - 163 between 2010 and 2019 [15]. While the burden of disability normally costs much more, persons with visual impairment seem hardly to afford their own life. To those with partners and children, it is a big deal for them to solve economic matters.

### *Barriers to Access to Employment*

Survey results show that a majority of respondents (69.1%) have psychological barriers, such as low self-esteem when participating in recruitment or job seeking, followed by physical health concerns (60%). Low educational attainment and inadequate vocational skills are also significant barriers to 47.3% of them, which correlates to 30.9% blaming unsuitable jobs. Moreover, social stigmas and discrimination have been blocking persons with visual impairment in accessing

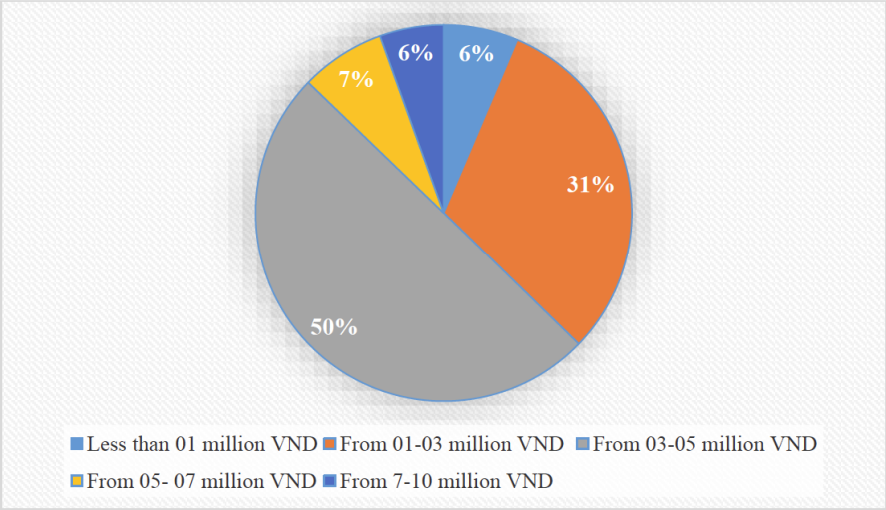


**Figure 3:** Average monthly income of people with visual impairment, 2019.

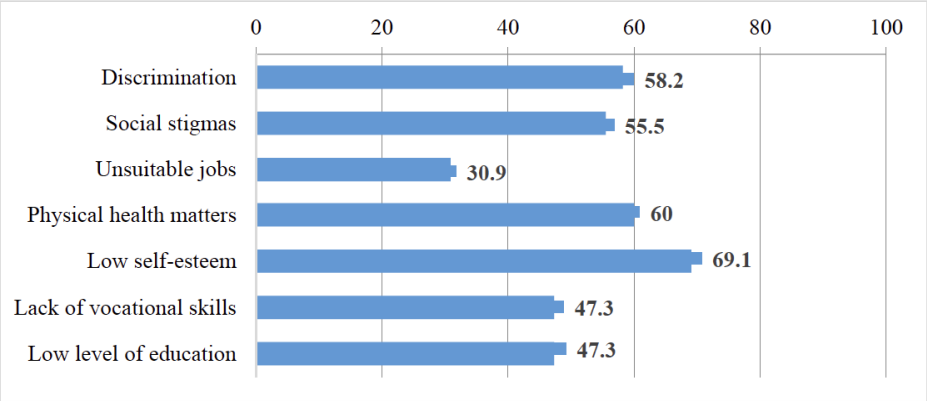


**Figure 4:** Barriers to access to employment (%), 2019.

jobs, as cited by 55.2% and 58.2%, respectively. It could be seen that both individual factors and social environment create barriers to persons with visual impairment to job obtainment.

## Current Situation on Community-Based Support for Occupational Rehabilitation

### *Current Needs of Vocational Rehabilitation*

For occupation, the percentage of visually impaired persons who need support in social rehabilitation accounted for the highest with 77.3%, followed by those in need of cognitive rehabilitation with 61.8%. Besides, others need psychological functions and physical functions with 47.3% and 33.6% by turns. Meanwhile, there are huge or unmatched gaps between support and current needs. More than four-fifths got supporting services in physical rehabilitation and nearly two-thirds in psychological rehabilitation. It is relevant to the common assumption and tendency of main policies and programs targeted at these aspects. However, the current needs of persons with visual impairment remain significant. Furthermore, only small proportions (20% and 10.9%) could get support in cognitive and psychosocial rehabilitation. It is implied that there should be more priorities at these services to meet the needs of clients.

### *Services/Support for Vocational Rehabilitation*

Physical Rehabilitation for Vocation

As a result of the social security scheme, Vietnam has paid much attention to physical rehabilitation for occupation; Therefore, persons with visual impairments received different support. More than four-fifths (80.9%) of them got treatment and rehabilitation of vision, and three-fifths were involved in the ophthalmic examination. Besides, the visually impaired are also supported with functional rehabilitation by activities such as training direction and mobility, developing alternative senses (hearing, touching, etc.), teaching using sticks, and guiding daily self-care, ranging from 40 to 48.2%. The above supportive activities are mainly

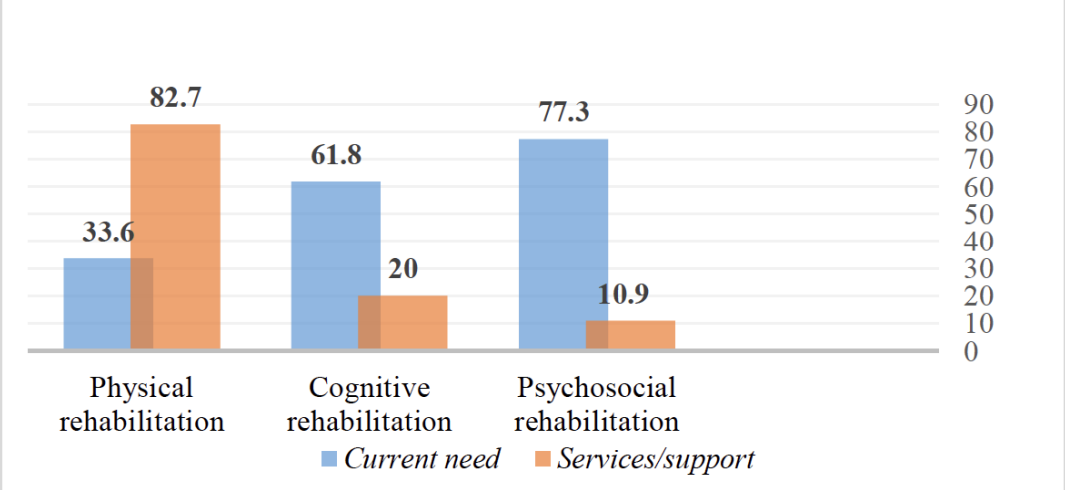


**Figure 5:** Current needs and services/support for vocational rehabilitation at the community (%), 2019.

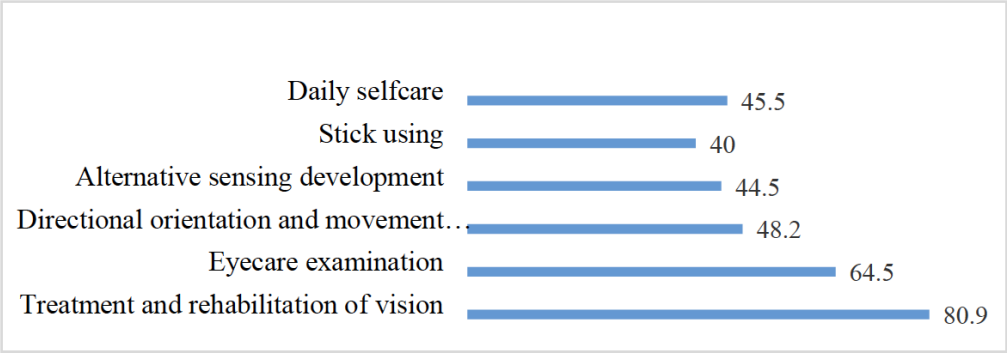


**Figure 6:** Physical vocational rehabilitation (%), 2019.

practical skills that help PWDs move and feel everything around them effectively, increasing their ability to work and participate in production activities. Thanks to the government policies and an extensive healthcare service system, vision rehabilitation is somehow better cared for than other aspects.

Cognitive Rehabilitation for Vocation

Improving labor knowledge and skills is one of the goals of support for rehabilitation of working awareness. Figure **7** presents how persons with visual impairment participated in cognitive, vocational rehabilitation.

The majority of visually impaired people who participate in improving labor knowledge and skills are at their efforts (77.3%), gaining skills in family life (61.8%). It reveals that most capacity-building activities are much cultivated or accumulated by themselves in family life and on their own, lacking much support from other resources. The proportion of those with basic education programs is less than a half (46.4%) or field education in enterprises (31.8%), which remains a huge gap in their competencies to compete with non-disabled persons in obtaining a job. On a remark, there are very few portions (from 3.6 to 20.9%) joined higher education, entrepreneurship, and coaching for business development. Almost none participated formal training systems. Meanwhile, these knowledge and skills are essential top path the way for their own business or getting well-paid.

Psychosocial Rehabilitation for Vocation

In a low percentage of social rehabilitation as Figure **6**, however, results from Figure **8** reflect a variety of activities that persons with visual impairment have undertaken. The most significant form is joining self-help groups of persons with disabilities with 60.9%, close to another portion of those meeting and networking with positive peers with 50%. It is reasonable that there are “blind” schools and formal groups (clubs) of visual impairment for years in Hanoi City and other big cities down to every district and even the commune levels thanks to the government’s encouragement. Joining self-help groups helps persons with visual impairment overcome their inferiority complex and psychological obstacles. The members support each other in terms of employment, and economic development as well as capacity building.

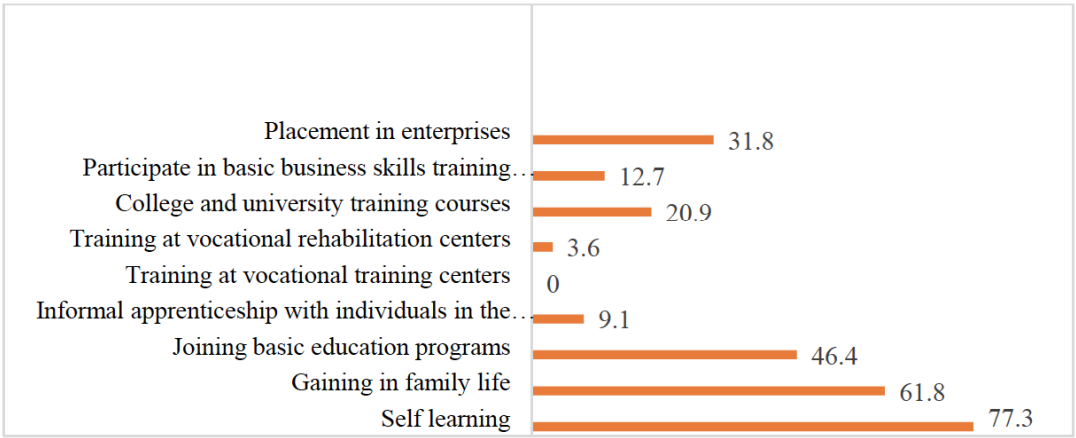


**Figure 7:** Cognitive, vocational rehabilitation (%), 2019.

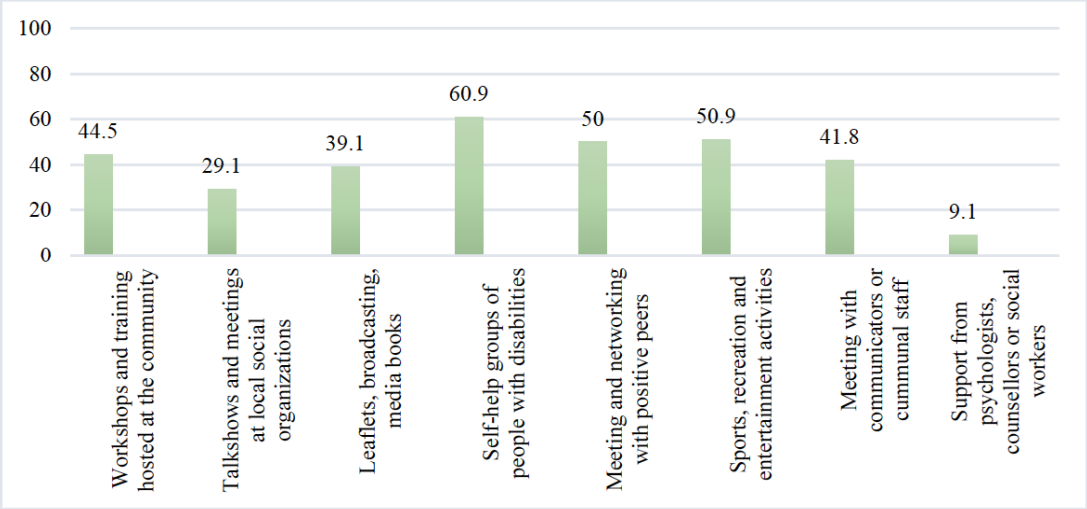


**Figure 8:** Psychosocial vocational rehabilitation (%), 2019.

These groups also work out as a bright for the Steering Committee in community-based rehabilitation at the wards. Closely, 50.9% join or play sports, recreational activities, artistic events in the community, mostly on special occasions or fundraising events or for PWDs rather than daily.

Meanwhile, other community-based raising awareness or capacity-building activities have far less involvement, such as workshops, training, talk shows, meeting with communicators or communal staff, etc., ranging from 29.1% to 44.5%. Without such activities, it is challenging to strengthen PWDs or gain public for social inclusion, the ultimate goals, and inclusive working and employment. Most importantly, only 9.1% of them get support from psychosocial professional staff (psychologists, counselors, or social workers). Like the interviews, respondents claimed that they did not know where to find them. There is indeed a current serious shortage of these professionals in the community in Vietnam's practical context.

### *Providers of Vocational Rehabilitation for Vocation*

The results from Figure **9** about providers of vocational rehabilitation, in physical terms, services by special institutes or hospitals play a very important role with 75.5% of service users while there are far fewer services or support at communities, ranging from 38.2 to 58.2%. Clients with visual impairment commonly come to special institutes or hospitals to received rehabilitation for their working capacities. However, it is implied big challenges with a lot of their effort for them to travel back and forth with unchangeable barriers in public buildings. On the other hand, widening community-based rehabilitation requires other stake-holders, such as families, peers, friends, social organizations, etc., with well-equipped professional knowledge and skills in supporting PWDs rehabilitated physically.

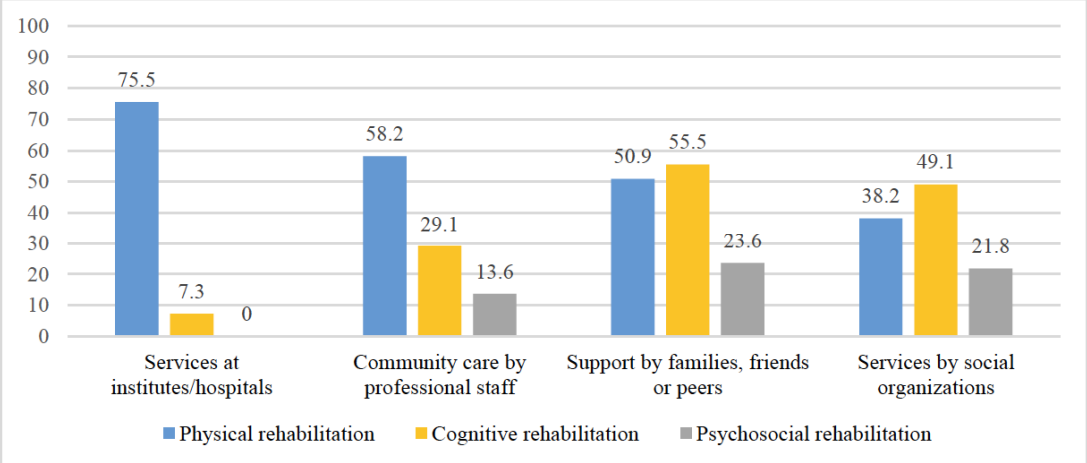


**Figure 9:** Providers of vocational rehabilitation for vocation (%), 2019.

Compared with physical health, for cognitive, vocational rehabilitation, persons with visual impairment have generally received much less support. Informal providers, such as family, friends, or peers, become the key supporters with the biggest proportion of 55.5%, closely followed by social organizations (Vietnam Association of People with Disabilities, Vietnam Association of the Blind, and non-governmental organizations) 49.1%. Meanwhile, special institutes or residential professional staff are not fully sought or rarely accessible, with only 7.3% and 29.1% each. It shows the community is potentially helpful in raising awareness and changing the mindset of PWDs.

Besides, there is a remarkable difference in frequencies of persons with visual impairment accessing psychological vocational rehabilitation by various providers. Residential care by professional staff through visits takes the most significant portion of 67.3%, outstandingly overweighing institutes/hospitals (20.9%), social organizations (23.6%), and informal supporters (36.4%). It seems that the closer therapeutical relationships help much in improving PWD's psychology for vocation, at the same time encouraging them to seek more support.

Among all surveyed aspects of vocational rehabilitation, social components are so far at the least frequency that the visually impaired persons could get services or support. Informal support from families, friends, and peers becomes the most dominant source with just 23.6%. Meanwhile, very few people get professional social rehabilitation services by social organizations or residential care, with 21.8% and 13.6%. It is blamed on unavailable or incompatible services, low awareness, and lack of social work profession. Meanwhile, vocational rehabilitation on social aspects are important to capacities building for PWDs, resolving or strengthening social relationships, or raising awareness of the society to remove social barriers so that they have more chances to access and keep working.

### *Satisfaction in Vocational Rehabilitation Support*

It reveals a prettily- high proportion of respondents who did not satisfy well with all forms of community-based vocational rehabilitation from general feedback on services or support. Respectively, 70.9% of service users were dissatisfied with psychosocial rehabilitation, followed closely with 68.2% of cognitive rehabilitation. Although physical rehabilitation got the highest level of satisfaction, more than 35.5% of respondents are unsatisfied. The in-depth interviews show different complaints, significantly unprofessional or unfriendly staff from service agencies, unavailable services nearby their locations, limited types of services, etc. Among service providers, the governmental systems or special institutions could provide professional services. However, several other physical and geographical factors are hindering PWD's accessibilities. Non-governmental, community-based organizations and providers are potential but not well developed and lack professionalism. Some showed their loneliness and hopelessness in their unemployment situation or unchangeable jobs.

## DISCUSSION

In developing countries, 15-20% of PWDs are also poor, and people with disabilities are the poorest [16]. One of the reasons is their low-status income through employment. Some key results of demographic characteristics of respondents demonstrate the current situations of persons with visual impairment in employment. While they are in a golden age range of the labor force, almost half of them are unemployed. They have been engaged mainly in individual manufacture or small-sized business with low-mobility, low-mobility, low –tech, and manual jobs for those having a job. Their income is hardly affordable to the living costs of PWDs, causing them a burden and related to the low rate of marriage. In living arrangement and marital status, PWDs are living alone account for 50% (including 80% of them aged 20-29 years) or often living in small-scale households [17]. Single PWDs have more working and living capacity

**Table 1: Satisfaction of Service Users in Community-Based Vocational Rehabilitation (%)**

| | Very dissatisfied | Dissatisfied | Somewhat satisfied | Satisfied | Very satisfied | Total |
|---|---|---|---|---|---|---|
| Physical rehabilitation | 3.6 | 35.5 | 53.6 | 7.3 | 0 | 100 |
| Cognitive rehabilitation | 6.4 | 68.2 | 20 | 0 | 5.5 | 100 |
| Psychosocial rehabilitation | 3.6 | 70.9 | 20 | 0 | 5.5 | 100 |

limitations than those with disabilities living with other members [16].

On the other hand, PWDs too often experience stigma and discrimination with limited access to health care, education, and livelihood opportunities [18]. From the perspective of clients, the study findings reflect a variety of reasons that visually- impaired persons are hardly accessible to work. The most outstanding are low self-esteem, physical health concerns, low educational attainment, and inadequate vocational skills, together with social stigmas and discrimination. It could be seen that both individual factors and social environment creating barriers to them for job obtainment. In this sense, vocational rehabilitation should be not only focused on physical or cognitive but also on psychosocial components. It is well explained to their ongoing needs in such types of vocational rehabilitation. Their current low status of employment also correlates to respondents' deep concerns in finding a job.

Brightly, much attention for years has been paid to physical rehabilitation for a vocation with a wide range and network of services or support from national and local contexts. Persons with visual loss had more chances to access, resulting in their highest satisfaction. At the beginning (the 1970s), CBR was primarily a service delivery method making optimum use of primary health care and community resources and was aimed at bringing primary health care and rehabilitation services closer to people with disabilities, especially in low-income countries [18]. As a result, many CBR programs focus solely on health issues and rehabilitation activities [18]. It is so true that the reality of public awareness when referring to CBR is mostly only mentioned about medical activities [19]. However, physical vocational rehabilitation is much available by special institutes or hospitals, requiring lots of traveling and effort of the clients when public buildings and infrastructural systems are not friendly and accessible. Hence, the majority felt somewhat satisfied, and another large number with dissatisfaction reveal unfulfilled gaps in current physical rehabilitation programs.

Recently, there have been some shifts in approaching CBR in Vietnam when the focus has been emphasizing career-oriented and livelihood activities [19]. However, it needs some time to prepare the whole supporting service system. The results show that cognitive, vocational rehabilitation got a very high percentage of dissatisfaction from the clients. The majority made their effort in accessing, gaining no matter literacy, vocational training or higher education while other types of placement are not ready for them. It becomes more critical and rational to fulfill their competencies to compete with non-disabled persons in obtaining a job.

Moreover, the social and psychological needs of PWDs are often untouched [10]. While persons with visual impairment have Body Dysmorphic Disorder or other psychological issues or social discrimination suffer, psychosocial rehabilitation is essential as a right approach to strengthen their self-esteem and raise public awareness. However, it remains the highest unsatisfied percentage of respondents with current or unavailable services/support.

Finally, CBR has been redefined with/through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social, and other services [7]. Foremost, the study results showed the weak roles/absence of either a multidimensional professional team at the community or social workers, outreach workers, case managers, etc., for coordination of different services or supported responding to various needs of the client. Moreover, it requires capacity building to other potential providers, such as community professionals, families, peers, friends, and social organizations of PWDs, both with professional knowledge and practical skills in supporting PWDs.

## LIMITATION OF THE STUDY

The research has several limitations due to the data gathering process and sampling. The questionnaires and in-depth interviews were read aloud for the participants with visual impairment to give feedback instead of compatible assistive devices/forms (i.e., Braille encoding or translator) that might lack cultural and linguistic sense. At the same time, some errors might occur during the note-taking of interviewers. Nevertheless, the recording was used thanks to the participant's consent. Note-taking was carefully checked and confirmed to prevent subjectivity, intentional interference, or errors by interviewers during data collection. Moreover, the study was conducted with a prettily small-sized scope which might not represent all persons with visual impairment in different areas of Vietnam. Further research with a larger scope would reflect the whole picture or make quantitative comparisons or correlations between or among different factors.

## CONCLUSION

No matter vocational rehabilitation of persons with visual impairment, especially in a community-based approach, is a long journey ahead. Its sustainability and effectiveness are strongly believed to strengthen them in accessing working and getting people involved for the ultimate goals of their independent better life and social inclusion. Therefore, it sets the demand on the government and the local authority for more investment in vocational and employment to guarantee their equal rights to work. There should be more various programs in vocational rehabilitation to fill the gaps and their ongoing needs. It gives both policymakers and service agencies a task for further development of psychosocial rehabilitation for occupations of persons with visual impairment. It needs a better investment and exploitation in provoking different sources in a participatory approach regarding service or support providers. Foremost, awareness-raising is crucial to change the mindset and take ownership of relevant stakeholders for the right of PWDs, including those with visual impairments.

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