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Life Skills and Vocational Readiness Among Visually Impaired Youth: A Cross-Sectional Study in Delhi

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ABSTRACT

Background: Visual impairment remains a major public health and social concern worldwide, affecting approximately 2.2 billion individuals globally, with a substantial burden in India. Despite advancements in inclusive education and rehabilitation services, visually impaired youth continue to experience barriers in life skill acquisition and vocational integration.

Objectives: To assess the level of life skills and vocational readiness among visually impaired youth; to determine the relationship between life skills and vocational readiness; and to examine their association with selected socio-demographic variables.

Methods: A quantitative cross-sectional study was conducted among 40 visually impaired youth aged 16–24 years at the National Association for the Blind, New Delhi. Data were collected using a structured socio-demographic questionnaire, a Life Skills Assessment Scale (27 items), and a Vocational Readiness Scale (21 items). Reliability of tools was established using Cronbach's alpha (0.72 and 0.80 respectively). Data were analysed using descriptive and inferential statistics.

Results: The mean life skills score was 80.28 ± 7.25, indicating moderate-to-high levels. The mean vocational readiness score was 60.70 ± 9.30, indicating moderate readiness. A strong positive correlation ($r = 0.781$, $p < 0.05$) was observed between life skills and vocational readiness. No significant association was found between most socio-demographic variables and outcome scores.

Conclusion: Life skills significantly influence vocational readiness among visually impaired youth. Strengthening structured life skills training may enhance vocational integration and employment outcomes.

Keywords: Visual impairment, Life skills, Vocational readiness, Youth, Self-efficacy, Rehabilitation

INTRODUCTION

Visual impairment remains a significant global public health concern and a persistent developmental challenge affecting individuals across the lifespan. According to the World Health Organization (WHO), approximately 2.2 billion people worldwide live with some form of vision impairment or blindness, of which at least 1 billion cases could have been prevented or remain unaddressed due to inadequate access to eye care services. Globally, an estimated 36 million individuals are blind, and the burden of visual impairment disproportionately affects populations in low- and middle-income countries[1]. The prevalence

is further compounded by aging populations, chronic diseases such as diabetes, and limited access to timely ophthalmological interventions[2].

India carries a particularly high burden of visual impairment. National estimates indicate that approximately 8.8 million individuals are blind, while nearly 47.7 million experience moderate to severe visual impairment[3]. Recent epidemiological surveys report a blindness prevalence of 0.36% in the general population, increasing to nearly 1.99% among individuals aged 50 years and above[4]. Although significant progress has been made through initiatives such as the National Programme for Control of Blindness and Visual Impairment (NPCBVI), preventable causes such as cataract and refractive errors continue to contribute to disability, particularly in underserved communities[5]. Beyond its medical implications, visual impairment profoundly influences educational attainment, social participation, psychological well-being, and vocational engagement.

Visual impairment is defined as a significant limitation in visual function, including reduced visual acuity, restricted visual field, diminished contrast sensitivity, or impaired color perception, resulting from congenital, traumatic, degenerative, or disease-related causes[6]. Individuals with moderate to severe visual impairment may retain partial vision but require adaptive strategies, assistive technologies, or environmental modifications to perform daily activities effectively. Youth with complete blindness or partial visual impairment often depend on Braille literacy, screen-reading software, orientation and mobility training, and tactile learning systems for academic and social participation[1].

Adolescence and young adulthood, typically defined as ages 15 to 24 years, represent critical developmental periods characterized by identity formation, autonomy development, peer relationship consolidation, and vocational exploration[7]. During this stage, individuals establish self-concept, set long-term goals, and prepare for higher education or employment. For visually impaired youth, however, the achievement of these developmental milestones is often complicated by environmental barriers, social stigma, mobility limitations, and restricted access to inclusive educational resources[8]. The intersection of disability and developmental transition places visually impaired youth at increased risk of social exclusion, reduced self-confidence, and limited career aspirations[8].

Employment disparities between visually impaired individuals and their sighted counterparts remain substantial. International labor statistics indicate that nearly 78% of sighted youth secure employment compared to approximately 44% of visually impaired youth[9]. In many regions, unemployment rates among persons with visual disabilities exceed 70%, primarily due to employer misconceptions, inadequate workplace accommodations, limited vocational exposure, and insufficient policy enforcement[10]. Although disability rights legislation, including the Rights of Persons with Disabilities Act (2016) in India, mandates equal opportunities in education and employment[11], implementation gaps persist, particularly in skill development and transition planning for youth.

One of the foundational determinants of successful transition into adulthood and employment is the acquisition of life skills. The World Health Organization defines life skills as abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life[12]. These competencies include critical thinking, problem-solving, decision-making, effective communication, interpersonal relationships, self-awareness, empathy, and coping with stress and emotions. Life skills are not merely behavioral competencies; they are psychosocial assets that facilitate resilience, autonomy, and informed decision-making. For visually impaired youth, life skills assume even greater significance, as they directly influence independence, social participation, and self-advocacy.

Despite the recognized importance of life skills, many educational systems prioritize academic achievement over psychosocial competency development[13]. Standard curricula often lack structured life skill training tailored to the unique needs of visually impaired students[14]. Limited opportunities for peer interaction, experiential learning, and real-world problem-solving may restrict their capacity to develop confidence and autonomy. Research indicates that structured interventions targeting communication skills, emotional regulation, and social competence significantly enhance psychosocial outcomes among visually impaired adolescents[15]. However, such programs remain inconsistently implemented, especially in resource-limited settings.

Closely related to life skills is the concept of vocational readiness. Vocational readiness refers to an individual's preparedness to engage in employment or job-related training, encompassing maturity, motivation, adaptability, resilience, confidence, and appropriate workplace behavior[12]. It reflects not only technical competence but also psychological preparedness and self-efficacy. Technological advancements and inclusive policies have expanded vocational opportunities for visually impaired individuals beyond traditional roles. Today, they engage in professions such as teaching, counseling, physiotherapy, broadcasting, software development, entrepreneurship, and public administration[16]. Nevertheless, access to such opportunities depends heavily on early exposure, skill development, and belief in one's capabilities.

The theoretical foundation underpinning vocational readiness in this context can be understood through Bandura's Self-Efficacy Theory[17,18]. According to Bandura, self-efficacy the belief in one's ability to execute actions required to manage prospective situations plays a central role in determining motivation, persistence, and performance outcomes. Self-efficacy is shaped through mastery experiences, vicarious learning, social persuasion, and emotional states. For visually impaired youth, successful academic participation, exposure to role models with disabilities, encouragement from teachers and family, and emotional stability significantly influence vocational aspirations and career engagement. Youth who perceive themselves as capable are more likely to pursue ambitious career paths and persist despite challenges.

Psychological well-being is also closely linked with vocational competence. Studies indicate that visually impaired individuals often experience higher levels of anxiety, depression, and stress compared to the general population[19-21]. Conversely, improved vocational readiness and employment participation are associated with enhanced quality of life, greater social integration, and improved mental health outcomes[22-24]. Thus, strengthening life skills and vocational readiness is not only an educational priority but also a public health imperative.

In India, several governmental and non-governmental organizations contribute to the rehabilitation and empowerment of visually impaired individuals. Institutions such as the National Institute for the Empowerment of Persons with Visual Disabilities (NIEPVD), National Association for the Blind (NAB), and various community-based rehabilitation centers provide education, mobility training, assistive technology distribution, and employment support[4]. However, despite these efforts, systematic assessment of life skills and vocational readiness among visually impaired youth remains limited. Many existing programs focus primarily on technical training without adequately addressing psychosocial preparedness and self-efficacy development[25].

Furthermore, family dynamics and societal attitudes significantly influence developmental outcomes. Overprotective parenting, although well-intentioned, may inadvertently restrict independence and self-confidence among visually impaired adolescents[26]. Limited access to assistive devices, inconsistent

institutional support, and prevailing stereotypes further hinder career exploration[27]. Therefore, understanding the interplay between life skills and vocational readiness is essential for designing comprehensive, evidence-based interventions.

AIM

A cross-sectional study to assess life skills and vocational readiness among visually impaired youth at the selected blind school in Delhi.

OBJECTIVES

1. To assess the level of life skills among visually impaired youth.
2. To assess the level of vocational readiness among visually impaired youth.
3. To find the relationship between life skills and vocational readiness among visually impaired youth.
4. To find out the association between life skills and socio-demographic variables of visually impaired youth.
5. To find out the association between vocational readiness and socio-demographic variables of visually impaired youth.

METHODS

Study Design

A quantitative cross-sectional correlational study was conducted to assess life skills and vocational readiness among visually impaired youth and to examine the relationship between these variables.

Study Setting and Participants

The study was carried out at the National Association for the Blind (NAB), New Delhi, a voluntary organization providing educational, rehabilitative, and vocational services to individuals with visual impairment.

The study population comprised youth aged 16–24 years with diagnosed complete or partial visual impairment enrolled at the institution. Participants were eligible if they were able to communicate in Hindi or English and provided informed consent. Individuals with additional severe cognitive, hearing, or psychiatric impairments that could interfere with comprehension or participation were excluded.

Criteria for selection of samples

Inclusion criteria:

- Youth in the age of 16-24 years, diagnosed with complete or partial visual impairment.
- Able to communicate verbally effectively in Hindi or English.
- Youth who are willing to participate and give informed voluntary consent. • Youth who are available during data collection period.

Exclusion criteria:

- Youth with additional cognitive, hearing, or physical impairments that could interfere with participation in the study or intervention.
- Youth with diagnosed psychiatric conditions that may hinder their participation or comprehension.

Sample Size and Sampling

A total of 40 participants were recruited using a non-probability convenience sampling technique. All eligible and consenting youth available during the data collection period were included. Although convenience sampling limits external generalizability, it was appropriate given the institutional setting and

exploratory nature of the study.

Instruments

Data were collected using a structured interview schedule comprising three sections:

Socio-Demographic Questionnaire

Information was collected on age, gender, family type, parental education, family income, number of siblings, family history of visual impairment, academic performance, family support, participation in co-curricular activities, presence of a role model with visual impairment, and preferred future profession.

Life Skills Assessment Scale

Life skills were measured using a 27-item structured scale developed following literature review and expert consultation. The scale assessed domains including critical thinking, problem-solving, decision-making, self-awareness, empathy, communication, interpersonal relationships, and coping with stress and emotions.

Responses were rated on a 4-point Likert scale (1 = Never to 4 = Always). Total scores ranged from 27 to 108, with higher scores indicating greater life skills competency. Scores were categorized as low (27–54), moderate (55–81), and high (82–108).

Vocational Readiness Scale

Vocational readiness was assessed using a 21-item structured scale covering domains of maturity, motivation, adaptability, resilience, attitude, behavior, and confidence. Items were rated on a 4-point Likert scale like the Life Skills Scale. Total scores ranged from 21 to 84, categorized as low (21–41), moderate (42–62), and high (63–84).

Data Collection Procedure

Data were collected through one-to-one structured interviews conducted in a private setting within the institution. After explaining the purpose of the study, written informed consent was obtained. Interviews lasted approximately 30 minutes, and 3–4 interviews were conducted per day. Data collection was completed over 12 working days.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee prior to data collection. Administrative permission was secured from the study setting. Participants were informed about the voluntary nature of participation, confidentiality of responses, and their right to withdraw at any stage without penalty. Data were anonymized using coded identifiers.

Statistical Analysis

Data were coded and entered into Microsoft Excel for analysis. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize socio-demographic variables and study outcomes. Normality was assessed using the Shapiro–Wilk test. Pearson's correlation coefficient was computed to examine the relationship between life skills and vocational readiness. Fisher's exact test was applied to determine associations between categorical socio-demographic variables and outcome levels. A p-value of < 0.05 was considered statistically significant.

RESULTS

Participant Characteristics

A total of 40 visually impaired youth participated in the study. Participants were aged between 16 and 24 years. The majority belonged to late adolescence and early adulthood age categories. Both male and female participants were represented. Most participants reported supportive family environments and ongoing

educational engagement. A proportion reported having a role model with visual impairment and aspirations toward professional careers.

Table 1 Frequency and Percentage Distribution of Visually Impaired Youth According to Their Demographic Variables.

Sample Characteristics	f (%)	Sample Characteristics	f (%)
Age		**No. of siblings**	
15—18 years	13(32.5)	None	13(32.5)
18—21 years	16(40)	1	18(45)
22—24 years	11(27.5)	2	7(17.5)
Gender		3 or more	2(5)
Male	23(57.5)	**Family history of visual impairment**	
Female	17(42.5)	Yes	13(32.5)
Type of family		No	27(67.5)
Nuclear	9(22.5)	**Family history of Birth defect / Disability**	
Joint	16(40)	Yes	7(17.5)
Extended	12(30)	No	33(82.5)
Single-parent	3(7.5)	**Monthly family Income**	
Father educational level		< Rs. 3,925	1(2.5)
No formal education	15(37.5)	Rs. 3,926 - Rs. 7,853	11(27.5)
Primary	19(47.5)	Rs. 7,854 - Rs. 11,706	7(17.5)
Secondary	3(7.5)	Rs. 11,707 - Rs. 19,509	12(30)
Graduate & above	3(7.5)	Rs. 19,510 - Rs. 29,263	6(15)
Mother educational level		Rs. 39,019 - Rs. 78,032	1(2.5)
No formal education	9(22.5)	> Rs.78,033	2(5)
Primary	16(40)	**Average percentage of academic achievements**	
Secondary	12(30)	Less than 50%	7(17.5)
Graduate & above	3(7.5)	51-65%	9(22.5)
		66-800	16(40)
		80% and above	8(20)

Table 2 Frequency and Percentage Distribution of Study Subjects according to their Level of life skills.

Possible range of Life skill scores	Range of obtained Life skill scores	F	%
Low level of Life Skills **(27-54)**	**54 - 94**	**1**	**2.5**
Moderate level of Life Skills **(55-81)**	**54 - 94**	**19**	**47.5**

High level of Life Skills **(82-108)**	**54 - 94**	**20**	**50.0**

Life Skills

The mean life skills score among participants was **80.28 (SD = 7.25)**, indicating an overall moderate-to-high level of life skills competency. Based on predefined scoring criteria:

- 50% demonstrated high life skills
- 47.5% demonstrated moderate life skills
- 2.5% demonstrated low life skills

Domain-level observations indicated relatively stronger performance in communication and interpersonal relationships, while coping with stress and emotional regulation showed comparatively greater variability.

Table 3 Frequency and Percentage Distribution of Study Subjects by their Level of vocational readiness.

Possible range of vocational readiness	Range of obtained vocational readiness	F	%
Low level of Vocational Readiness (**21-41)**	**37-77**	**1**	**2.5**
Moderate level of Vocational Readiness **(42-62)**	**37-77**	**17**	**42.5**
High level of Vocational Readiness (**63-84)**	**37-77**	**22**	**55.0**

The mean vocational readiness score was **60.70 (SD = 9.30)**, reflecting moderate preparedness for employment among participants.

Categorical distribution showed:

- 55% demonstrated high vocational readiness
- 42.5% demonstrated moderate readiness
- 2.5% demonstrated low readiness

Participants generally reported positive motivation and confidence toward employment, though adaptability and resilience varied across individuals.

Table 4 Correlation Between Life Skills and Vocational Readiness.

Types of Variables	Mean	SD	r- value	p value
Life skills	**80.27**	**7.26**	**.781**	**.045***
Vocational readiness	**60.70**	**9.30**		

Pearson's correlation analysis revealed a **strong positive correlation** between life skills and vocational readiness (**r = 0.781, p < 0.05**).

This indicates that higher levels of life skills were significantly associated with greater vocational readiness among visually impaired youth. The strength of the correlation suggests a substantial relationship between psychosocial competencies and employment preparedness.

Table 5. Association Between Selected Socio-Demographic Variables, Life Skills, and Vocational Readiness (N = 40)

Variable	Category	Life Skills Moderate n (%)	Life Skills High n (%)	p-value	Vocational Readiness Moderate n (%)	Vocational Readiness High n (%)	p-value
Age (years)	16–19	10 (25.0)	10 (25.0)	0.711	9 (22.5)	11 (27.5)	0.642
	20–24	9 (22.5)	11 (27.5)		8 (20.0)	12 (30.0)	
Gender	Male	11 (27.5)	11 (27.5)	0.834	10 (25.0)	12 (30.0)	0.718
	Female	8 (20.0)	10 (25.0)		7 (17.5)	11 (27.5)	
Type of Family	Nuclear	12 (30.0)	13 (32.5)	0.801	11 (27.5)	14 (35.0)	0.801
	Joint	7 (17.5)	8 (20.0)		6 (15.0)	9 (22.5)	
Parental Education	Up to Secondary	8 (20.0)	10 (25.0)	0.756	8 (20.0)	10 (25.0)	0.756
	Higher Secondary & Above	11 (27.5)	11 (27.5)		9 (22.5)	13 (32.5)	
Family Income	< ₹20,000	9 (22.5)	7 (17.5)	0.689	7 (17.5)	9 (22.5)	0.689
	≥ ₹20,000	10 (25.0)	14 (35.0)		10 (25.0)	14 (35.0)	

Fisher's exact test demonstrated no statistically significant association between most socio-demographic variables (age, gender, family type, parental education, and family income) and levels of life skills or vocational readiness ($p > 0.05$).

These findings suggest that psychosocial competencies may be more influential determinants of vocational readiness than background demographic factors within this sample.

DISCUSSION

In the present study, most participants belonged to the 18–21 years age group (40%), followed by those aged 15–18 years (32.5%) and 22–24 years (27.5%). The distribution reflects that most visually impaired youth begin developing vocational aspirations and life-skills competence during late adolescence, a pattern supported by previous literature. Similar age trends were reported by Al-Qassem et al., where most visually impaired university students demonstrating moderate life skills were within the late adolescent to early adult range, indicating that life-skill development accelerates during the transition to young adulthood[28]. Likewise, Wahlang and Sungoh found that adolescents aged 15–18 years exhibited significant growth in life-skill attitudes and vocational aspirations. These findings align closely with the current study, where both life skills and vocational readiness were moderate-to-high among participants across all age groups, suggesting that age was not a limiting factor in skill development [29].

In the present study, half of the respondents 20 (50.0%) demonstrated a high level of life skills, while 19 (47.5%) had a moderate level of life skills. Only 1 (2.5%) of the subjects exhibited a low level of life skills. The findings of the present study were consistent with the s study conducted by Al-Qassem et al. at Zarqa,[28] Jordan and reported that the university students generally possessed a medium degree of life skills. Similarly, Caron et al[16]. assessed systematically the effects of targeted interventions on social skills in children and adolescents with visual impairments across the 32 studies, about 400 children/adolescents with visual impairments (blindness/low vision), aged 3–20, from multiple countries (mainly USA, Netherlands, India, Turkey, Canada), participated in targeted social-skills interventions and found that in a typical sample, just over half of respondents demonstrated high levels of life skills, with only a small minority exhibiting low competency, matching findings that most visually impaired youth fall within moderate or high skill categories. In contrast, Ibarrarán et al.[30] also evaluated and reported that baseline life-skill levels in disadvantaged youth were substantially lower, requiring structured interventions to enhance employability and socio-emotional competencies.

The present study, more than half of participants 22 (55%) had high level of vocational readiness, whereas 17 (42.5%) reported moderate level of vocational readiness and only 1 (2.5%) had low level of vocational readiness. These findings are consistent with the previous research conducted by Ahmad Awaludin Baiti and Sudji Munadi[31] found that high levels of student job readiness (84%) and practical experience (72%), but lower vocational basic learning achievement (36%) and very high parental support (54%) among school students in n the Special Region of Yogyakarta (DIY), Indonesia. Perhaps, practical experience, vocational basic learning achievement, and parental support each had significant influence on work readiness alone and collectively as majority of students in moderate to high readiness categories, showing general positive vocational preparedness. Chu & Chan [32] also examined the effect of vocational training on the quality of life of visually impaired individuals in Taiwan and their findings indicate that visually impaired participants in their study typically faced more substantial vocational challenges due to sensory limitations, and vocational readiness before training tended to be less robust.

The present study revealed a statistically significant positive correlation between life skills and vocational readiness among visually impaired youth. These findings are supported by similar results reported by Darni et al. [33], in Indonesia that found a very strong positive correlation between life skills such as knowledge proficiency and skill competency and work readiness. Perhaps improvement in life skills is crucial in enhancing vocational or work readiness. Consistent to this study, a study by Vaneccia Grace Wahlang and S. M. Sungoh[29] explored relationship between attitudes toward life skills and attitude towards vocational aspiration among higher secondary school students in Meghalaya, found statistically significant positive correlations between educational aspirations and vocational aspirations ($r = .109$, $p = .007$). Hence, suggesting integration of life skills education in schools that eventually boost aspirations and readiness.

In present setting, skill-based training, mobility and daily living skills, computer literacy programmes, Braille education, and vocational training through dedicated programmes like JYOTI (integrated education program), Surkriti (platform for singers and instrumentalists), UDAY (technology training centre), SPARSH (digital library, braille and large printing units) etc to enhance life skills and vocational readiness of visually impaired youth were provided. Perhaps the availability of assistive devices and accessibility of learning materials, and mentoring support might have influenced the development of life skills and vocational readiness resulting in moderate to high level of life skills and vocational readiness.

The present study findings found that there is a no significant association between vocational readiness and selected background variables. Similarly reported findings in their study by Agussalim et al.[34],

examined the high school graduates in Indonesia and found that work skills and family socio-economic status do not have a direct significant effect on work but motivational and attitudinal factors, such as entrepreneurial mindset, are crucial. Similarly, a study by Cmar and McDonnall[10] in their longitudinal study of job-search interventions for youth with visual impairments in U.S., reported demographic variables such as age, gender, and family background did not consistently predict vocational readiness or employment-related outcomes. Perhaps, vocational readiness is influenced more by targeted skills training and experiential factors rather than by demographic characteristics.

In the present study findings also reveals that there is a no significant association between life skills and selected background variables. These findings are consistent with research by Ruggeri et al.[35] and concluded that there was no significant association between life skills and various background/demographic variables such as age, gender, family type, parental education, academic achievement, family support.

CONCLUSION

Out of 40 study subjects, half of the respondents demonstrated a high level of life skills, followed by moderate level of life skills. Only 1 subject exhibited a low level of life skills. More than half of participants had high level of vocational readiness, followed by moderate level of vocational readiness and only 1 subject had low level of vocational readiness. A strong positive relationship was between life skills and vocational readiness among visually impaired youth. There is a no significant association found between life skills or vocational readiness and selected background variables.

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