SOCIAL NETWORK SUPPORT PRACTICES FOR PEOPLE WITH VISUAL IMPAIRMENT: INTEGRATIVE REVIEW

PRÁTICAS APOIADORAS DA REDE SOCIAL DAS PESSOAS COM DEFICIÊNCIA VISUAL: REVISÃO INTEGRATIVA

PRÁCTICAS DE APOYO DE REDES SOCIALES PARA PERSONAS CON DISCAPACIDAD VISUAL: REVISIÓN INTEGRADORA

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Objective: to analyze practices that support the social network in the daily lives of people with visual impairments. Method: integrative review. The searches were performed in the databases BDENF, CINAHL, CUIDEN, Medline/PubMed, Scopus, LILACS, Web of Science, SciELO and Cochrane virtual libraries. Data were collected in May 2018. Results: the search resulted in 2,879 studies. Ten articles were selected, published between 2004 and 2016, with a predominance of the family and rehabilitation services as main supporters. Instrumental support was identified in nine articles and the prominent supporting practices were the availability for listening, dialogue and social company. Conclusion: the supportive practices offered by the dynamics of the social network constitute a driving strategy in the quality of life of people with visual impairment, and the family is the institution that most supports and is present throughout the web of relationships and social construction.

Descriptors: People with Visual Impairment. Vision Disorders. Blindness. Low Vision. Social Support.

Objetivo: analisar práticas apoiadoras da rede social no cotidiano de pessoas com deficiência visual. Método: revisão integrativa. As buscas foram realizadas nas bases de dados BDENF, CINAHL, CUIDEN, Medline/PubMed, Scopus, LILACS, Web of Science, bibliotecas virtuais SciELO e Cochrane. Os dados foram coletados em maio de 2018. Resultados: a busca resultou em 2.879 estudos. Foram selecionados 11 artigos, publicados entre 2004 e 2016, com predomínio da família e dos serviços de reabilitação como principais apoiadores. O apoio instrumental foi identificado em nove artigos e as práticas apoiadoras em destaque foram a disponibilidade para a escuta, o diálogo e a companhia social. Conclusão: as práticas apoiadoras ofertadas pela dinâmica da rede social constituem uma estratégia propulsora na qualidade de vida da pessoa com deficiência visual, sendo a família a instituição que mais apoia e está presente em toda a trama de relações e construção social.

Descritores: Pessoas com Deficiência Visual. Transtornos da Visão. Cegueira. Baixa Visão. Apoio Social.

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Objetivo: analizar las prácticas que apoyan la red social en la vida cotidiana de las personas con discapacidad visual. Método: revisión integradora. Las búsquedas se realizaron en las bases de datos BDENF, CINAHL, CUIDEN, Medline/PubMed, Scopus, LILACS, Web of Science, SciELO y bibliotecas virtuales Cochrane. Los datos fueron recolectados en mayo de 2018. Resultados: la búsqueda resultó en 2.879 estudios. Se seleccionaron diez artículos, publicados entre 2004 y 2016, con predominio de los servicios de familia y rehabilitación como principales sustentadores. El apoyo instrumental se identificó en nueve artículos y las prácticas de apoyo destacadas fueron la disponibilidad para la escucha, el diálogo y la compañía social. Conclusión: las prácticas de apoyo que ofrece la dinámica de la red social constituyen una estrategia impulsora en la calidad de vida de las personas con discapacidad visual, y la familia es la institución que más apoya y está presente en toda la red de relaciones y construcción social.

Descriptores: Personas con discapacidad visual. Trastornos de la visión. Ceguera. Baja visión. Apoyo social.

Introduction

The World Health Organization (WHO) estimates that 285 million people worldwide have visual impairments. Of these, 39 million are blind and 246 million have low vision(1). In Brazil, among the physical, auditory and intellectual disabilities, visual impairment is the most representative and the Northeast has a high proportion of 3.4%. Approximately 16% of people with visual impairment may present limitations in clinical, political, social and/or difficulties in performing habitual activities, and only 4.8% attend rehabilitation services(2).

Blindness can initially trigger difficulty in social relationships, break the interrelationship between things and the environment, possible need for readaptations in written, verbal and body communication. In addition, changes in the capacity of self-care and temporary dependence of caregivers cause the feeling of loss of autonomy of the blind person or with low vision. These factors drive the use with greater precision of other senses, such as touch and hearing(3-4).

Therefore, the social network and its supportive practices are essential to enhance care for people with visual impairment, alleviate their anxieties/doubts and stimulate strategies for personal and collective confrontation. The social network is constituted of a web of relationships that confers on each subject identity and feeling of belonging; it can be primary (family, friends, neighbors, co-workers) and secondary (formal institutions: health, education, market organizations and third sector)(5).

The supportive practices are characterized as support provided by the members of the social network, occurs through face-to-face, emotional, informative, instrumental and self-support, thus being characterized as a set of supports shared by people in a social context(6). The offer of support provides the blind with subsidies for the development of independent care strategies, greater autonomy and social adjustment(7).

The social support of effective and complementary help, offered mainly by the primary or family social network, strengthens bonds between society and people with visual impairment, especially due to the challenges, gaps and social stigmas faced(8). Therefore, the need for the present study is justified by identifying and understanding how supportive practices contribute to the autonomy, inclusion, independence and quality of life of the blind and low-vision person. Therefore, this review aims to analyze social network-supporting practices in the daily lives of visually impaired people.

Method

An integrative review study, which allows synthesizing findings from primary studies and inclusion of experiments, for a complete and rigorous understanding of the analyzed phenomenon. In addition, it combines data from theoretical and empirical literature, analysis of methodological problems of a particular topic, generating a consistent and understandable panorama of complex concepts, relevant theories and health problems(9).

Depending on the methodological rigor to this type of review, six phases were: identification of the theme and selection of the research issue; establishment of inclusion and exclusion criteria for studies (sample selection); data extraction from primary studies; critical evaluation of the included studies; synthesis of the results and presentation of the review(10). This integrative review was also based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model(11).

To construct the guide question, the PICO – P: population strategy was used; I: intervention; C: comparison; O: outcome. Thus, we considered: P – people with visual impairment; I – social network; C – no comparison; O – supportive practices. Thus, the following question was asked: What are the practices that support the social network of people with visual impairment in their daily lives?

For the survey of studies in the literature, the following inclusion criteria were established: original articles, complete and available in full, which addressed the theme of the study, in the Portuguese, English and Spanish languages. Exclusion criteria were theses, dissertations, letters to the reader, book books or book chapters, experience reports, systematic reviews, literature and integrative, repeated articles in databases, as well as methodological quality and bias assessment (category B).

Data were collected in May 2018 from the Databases BDENF, Cumulative Index to Nursing and Allied Health Literature (CINAHL), CUIDEN, Medline/PubMed, Scopus, Latin American and Caribbean Literature on Health Sciences (LILACS), Web of Science, Virtual Libraries Scientific Electronic Library Online (SciELO), Cochrane, with the use of *Descritores em Ciências da Saúde* (DeCS) and their respective correspondents in English, Medical Subject Headings (MeSH).

The descriptors were combined using the Boolean operator AND. Four individual crossings were performed by language: 1 – *Apoio Social* AND *Pessoas com Deficiência Visual*; Social support AND Visually impaired persons; *Apoyo social* AND *Personas con visual dãno*; 2 – *Apoio Social* AND *Transtornos da Visão*; Social support AND Vision disorders; *Apoyo social* AND *Trastornos de la visión*; 3 – *Apoio Social* AND *Cegueira*; Social support AND Blindness; *Apoyo social* AND *Cegera*; 4 – *Apoio Social* AND *Baixa Visão*; Social support AND Low vision; *Apoyo social* AND *Baja visión*. A total of 2,879 publications were obtained (Table 1).

Table 1 – Number of publications found in the intersections of descriptors in databases and health libraries. Recife, Pernambuco, Brazil – 2018. N=2,879

Database	**Crossings**			
	1	**2**	**3**	**4**
CINAHL	1	30	20	20
Scopus	52	70	119	70
LILACS	9	8	6	10
Web of Science	30	72	169	270
Medline/PubMed	155	881	453	391
BDENF	-	-	-	-
CUIDEN	-	-	-	-
SciELO	2	7	10	10
Cochrane	3	6	1	4
Total	252	1.074	778	775

Source: Created by the authors.

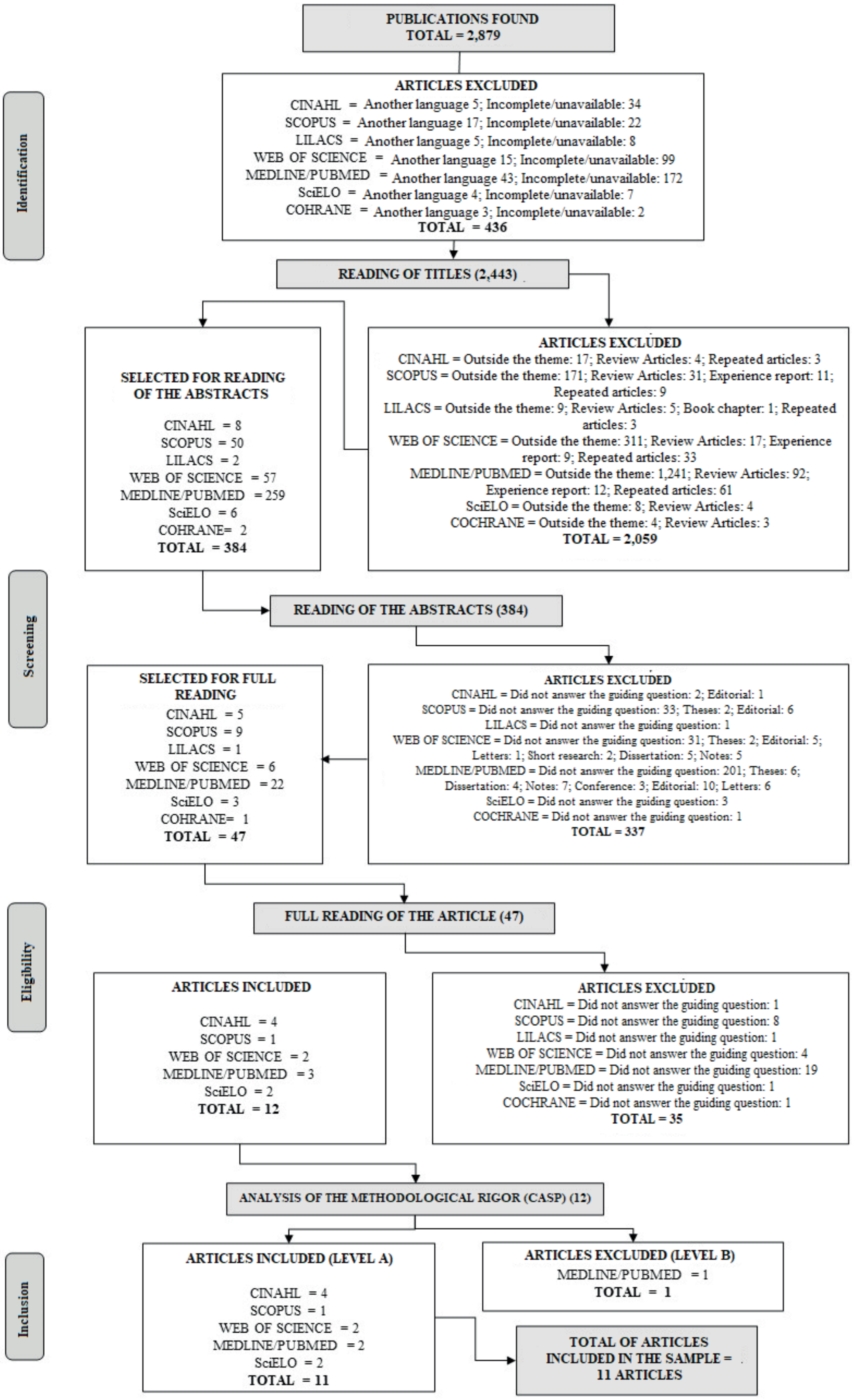
Note: Conventional signal used:
- Numeric data equal to zero not resulting from rounding.

Of the total number of publications found (2,879), 92 were excluded because they did not correspond to the language searched. There was exclusion of 344 for non-availability, incomplete and/or unavailable texts in the *Sistema de Comutação Bibliográfica* (COMUT). After reading

2,443 titles, 1,761 were eliminated because they did not fit the study theme, 156 review papers, 32 experience reports and 109 duplicates in the same databases. Then, 384 abstracts of the remaining publications were read, from which 22 editorials, 10 theses, 9 dissertations, 7 letter papers, 12 notes, 2 short surveys and 3 conferences were eliminated. Still at this stage, 272 publications were eliminated because they did not answer the guiding question.

For full reading, 47 articles were selected, of which 35 did not answer the research question, leaving 12 eligible articles. To evaluate methodological rigor, the 12 articles were analyzed based on the Critical Appraisal Skills Programm (CASP) instrument, which classifies studies in good methodological quality and reduced bias (category A, 6 to 10 points); and satisfactory methodological quality (category B, at least 5 points). Only articles classified in category A(12) were considered. Thus, 1 article was excluded because it fit category B, which totaled 11 final articles for discussion (Flowchart 1).

Flowchart 1 – Results of article selection for integrative review



Source: Created by the authors.

The level of evidence was identified and classified at the levels: 1 – evidence resulting from systematic review or meta-analysis of randomized clinical trials; 2 – evidence of well-designed randomized clinical trials; 3 – clinical trials without randomization; 4 – studies of case-controls and cohorts; 5 – systematic reviews of descriptive and qualitative studies; 6 – individual descriptive or qualitative studies; 7 – opinions of expert committees, authorities and/or expert committee reports(13).

The results were arranged in a chart containing variables related to the identification of the articles: authors and year of publication, database, objectives, sample, level of evidence, supportive practices, type of support, who supports and daily situation. The extraction of this information was performed by means of a validated and adapted instrument(14). The critical analysis of the selected works was performed in the light of the Social Network(5), with emphasis on people with visual impairment, comparing the theoretical knowledge to the implications resulting from the present review.

Results

Of the 11 final articles selected, 4 were extracted from CINAHL(15-18), 2 from PubMed(19-20), 2 from SciELO(21-22), 1 from Scopus(23) and 2 from the Web of Science(24-25). No publications were found in the BDENF and CUIDEN databases.

Regarding the type of design of the studies evaluated, it was evidenced, in the sample, the predominance of qualitative and quantitative descriptive articles: four descriptive qualitative studies(17-18,21-22), three non-experimental quantitative(15,24-25), two control-cases(20,23), one cohort type(19), and one near-experimental(16), with predominance of evidence level six(15-18,21-22,24-25), followed by the level of evidence four(16,19-20,23).

As for the language, English was the most frequent (nine articles) followed by Portuguese (two articles). The articles found comprise the years of publication from 2004 to 2016, in journals in the United States(16-19.24), United Kingdom(15,20,23,25) and Brazil(21-22). Among them, three were published in the medical area(19,25), one in nursing journals(22) and psychology(15), another in the area of public health(23), of collective health(21) and five articles published in journals without specific area(16-18,20,24).

The theme of the social network emphasized people with visual impairment in different situations of daily life and in different phases of life, such as that of the child(21,25), adolescence(20-21,23), adulthood(16-18,22,24-25) and old age(15,19,24).

The most significant supportive practices were those directed to availability for listening, dialogue and social company(16-17,19-21,24-25), then practical help, such as cleaning the house, shopping, transportation assistance and domestic assistance in general(15,19,21). Support of the type of appreciation of competence, independence, approval of attitudes and elevation of self-esteem of the blind or with low vision were little addressed in the articles(18,24).

Instrumental support was identified in nine articles(15-17,19-23,25), emotional(16-18,20-21,23-25) and informative support(15-17,21-25) in eight, and only three brought the discussion about self-support(18,22,24) and face-to-face support(18-20). Regarding the primary social network, the family occupies a prominent position as a social group that is a supporter(15-16,18-23,25). The secondary social network, represented by governmental, philanthropic, managers and health professionals, was evidenced in seven articles(15-16,19,21-22,24-25). The nurse, within the secondary social network, was mentioned in two publications(19,25) and the therapist in rehabilitation in three(15,16,24).

Concerning daily routine, the daily situation mainly reflects the difficulty in performing daily tasks(15,19,22,24) and adaptation to the new reality imposed by visual impairment(16-18,20-21,23-25). Three articles focused on visually impaired people as a holistic person, who has needs beyond clinical rehabilitation, as a student(20,23) and blind parents who care for their children(22).

The social actors present in the school setting were mainly represented by teachers(16,23,25), followed by classmates(20,23). Regarding the relationships established in the workplace, an article(17) mentioned colleagues, supervisors and employers as potential supporters. The studies were selected according to authors, year of publication, database, objectives, sample, level of evidence, daily situation, supportive practices, type of support and supporter (Chart 1).

Chart 1 – Summary of the characteristics of the articles selected for the study (continued)

Author/Year/ Databases	Objectives	Sample/ Level of evidence	Daily situation	Supportive practices	Type of support
Cimarolli VR, Boerner K, Reinhardt JP, Horowitz A(15); 2013. CINAHL	To investigate changes in perceived overprotection over time, in relation to receiving instrumental support and use of a vision rehabilitation service.	584 elderly people with visual impairment. Level of Evidence 4	Fear of falling, living alone, functional incapacity and difficulty in performing daily tasks.	Help with shopping, cleaning, mail and finance. Teaching, rehabilitation, guidance and mobility assistance.	Informative Instrument
Guerette AR, Smedema SM(16); 2011. CINAHL	To investigate the relationship between perceived social support and well-being in a national sample of people with visual impairments using regression analysis.	199 people with visual impairments. Level of evidence 3	Adaptation to vision loss, dissatisfaction with life, feeling unwell and depressive symptoms, social interactions and conflict resolution.	Job offer, interaction, dialogue and listening, classroom education, support in the use of interpersonal skills (making and keeping friends and romantic partners).	Emotional Instrumental Informative
Papakonstantinou D, Papadopoulos K(17); 2009. CINAHL	Investigate social support in the workplace for people with visual impairments.	15 people with visual impairments. Level of Evidence 4	Adaptation to the public and private work environment.	Travel company (guide or escort) practical simulation, flexibility and understanding of delays or absences, equal treatment, recognition and trust, invitations to activities and external excursions.	Emotional Instrumental Informative
Singletary C, Goodwyn MA, Carter AP(18); 2009. CINAHL	Examine the relationships between the social support networks of legally blind individuals and the levels of hope reported at a training center for the blind.	24 students with visual impairments. Level of Evidence 4	Training and rehabilitation to achieve independent and productive life, life expectancy.	Valuing competence and independence, teaching general skills.	Self-support Emotional In person

Chart 1 – Summary of the characteristics of the articles selected for the study (continued)

Author/Year/ Databases	Objectives	Sample/ Level of evidence	Daily situation	Supportive practices	Type of support
Hong T, Mitchell P, Burlutsky G, Fong CSU, Rochtchina E, Wang JJ(19); 2013. PubMed	To assess the impact of visual impairment and blindness on the incident use of community support services in the Blue Mountains Eye Study.	3,654 people with visual impairments. Level of Evidence 3	Elderly people with visual impairment who are domiciled and need long-term care, living alone or not.	Personal care, home care, nursing care, food delivery, transport, house cleaning, shopping and home visits.	In person Instrumental
Kef S, Deković M(20); 2004. PubMed	To compare the perceived level of social support and well-being of teenagers with visual impairment and teenagers without disabilities.	178 visually impaired teenagers and 338 visually impaired teenagers. Level of Evidence 3	Visually impaired school adolescents who need assistance in rehabilitation institutes, their perception of perceived and received support, influencing their psychological well-being.	Offering daily company, listening and dialogue, carrying out school activities, the act of playing (leisure).	Emotional Instrumental In person
Barbieri MC, Broekman GVDZ, Souza ROD, Lima RAG, Wernet M, Dupas G(21); 2016. SciELO	Know the interactions established between the social support network and the families of visually impaired children and adolescents.	18 families of visually impaired children and teenagers. Level of Evidence 4	Families that have visually impaired children and teenagers, experiencing difficult times to access support services for blind or low vision patients.	Accompany medical appointments, talk and listen (dialogue), take them to the theater, make phone calls, offer exams, teach techniques for daily activities (dressing, eating and bathing), offer educational material, help with transportation and offer glasses.	Emotional Instrumental Informative

Chart 1 – Summary of the characteristics of the articles selected for the study (conclusion)

Author/Year/ Databases	**Objectives**	**Sample/ Level of evidence**	**Daily situation**	**Supportive practices**	**Type of support**
Pagliuca LMF, Uchoa RS, Machado MMT(22); 2009. SciELO	To reflect on blind parents' difficulties and strategies when caring for their children and the contribution of the social network to their autonomy.	Two families: one with a blind father, one with a blind mother. Level of Evidence 4	Difficulties, strategies and maintenance of autonomy for blind parents who take care of their children.	Teach how to bathe the child, change and dress him, take care of the navel, instructions on how to identify fever and secretions in the children's wounds.	Informative Instrumental Self-support
Pinquart M, Pfeiffer JP(23); 2013. Scopus	Evaluate the perception of availability of support from parents, peers and teachers in adolescents with and without visual impairment.	104 students with visual impairments and 232 visionaries. Level of Evidence 3	Students from residential schools (specific for the blind), far from home and family, "living" in shared dormitories.	Offering extracurricular activities, assistance in handling school objects, a relationship of trust, encouragement to carry out tasks and availability to offer advice.	Emotional Instrumental Informative
Kempen GIJM, Ballemans J, Ranchor AV, Van Rens GHMB, Zijlstra GAR(24); 2012. Web of Science	To examine the health impact of low vision in relation to quality of life, including feelings of anxiety and social support among older adults seeking vision rehabilitation services.	149 adults with visual impairment. Level of Evidence 4	Older adults with low vision seen in rehabilitation services, with reports of difficulties in activities of daily living, depression and feelings of anxiety.	Social company and daily emotional support, raising self-esteem and approving attitudes/ initiatives.	Emotional Self-support Informative
Boyce T, Dahlmann-Noor A, Bowman R, Keil S(25); 2015. Web of Science	Analyze issues related to the certification and registration process for children and young people with vision loss.	52 social workers and teachers, 26 parents of babies and visually impaired children. Level of Evidence 4	Parents of visually impaired children and young people facing the bureaucratic process to get the certificate and registration of the disease.	Offering the Visual Impairment Certificate and Registration, helping to accept the baby who is blind or with low vision, referring to referral services, offering specialized schools.	Instrumental Informative Emotional

Source: Created by the authors.

Discussion

The selected articles reveal that the theme of the social network for people with visual impairment needs to be further researched in Brazil. This condition is in line with the visibility that should be directed to this public, especially their social network, because this country has a high proportion of people with visual impairment, with more than 6.5 million people with some type of visual impairment, of which 528,624 are blind and 6,056,654 have low vision or subnormal vision – great and permanent difficulty to see(26).

In order to achieve the social inclusion of this population, an active social network is necessary, which is present in the day-to-day and provides, in the web of existing relationships, the necessary support for the full development of the citizenship of blind or low-vision people(18). Supportive practices are characterized as information, material help, social benefits and also emotional support(21). The set of these supports are shared collectively by groups and people, which is called social network(5-6).

The concept of social network is coined in the establishment of relationships created at points that interconnect and intersect by connections and chains can include three or more people in order to build interpersonal relationships, causing a tangle, which can be of greater or lesser density. Social network involves a web of social support relationships and dynamics that occur within primary or secondary networks(5).

The family presents itself as the primary social network that most supports its members with visual impairment(15-16,18-23,25) in supportive practices/actions such as: shopping, cleaning the house, assisting with transportation, mail, finances, taking to rehabilitation services, supporting personal decisions, company and dialogue(15,18-19,21). The family is the first institution of contact of people, through it ethical and humanitarian values, affective contributions, development and well-being are acquired(5,27).

When the support offered by members of the social network is able to meet global needs, through the support provided by various social networks, including family, friends, neighbors, colleagues and other institutions, it is noted that the level of psychological status of people with visual impairment changes, to the point of avoiding the occurrence of depressive symptoms and increasing satisfaction with life(16).

The support of neighbors and family members provides moral encouragement, social interaction and the maintenance of resilience(7). In addition to the primary network constituted by family, romantic partners, friends, school, work colleagues and neighbors, the secondary network formed by formal and informal institutions and organizations is also necessary in the care of blind or low-vision people(5).

The daily representation of visually impaired people has been reported with emphasis on the adaptive needs that visual impairment can trigger. This condition reflects the work of the professional therapist in rehabilitation and the importance of this service to provide a new reality, with fullness, satisfaction, reconstruction of ideals, social participation and resumption of individual activities(28).

Although visual clinical readaptation is relevant and paramount, it is perceived that, often, this type of deficiency is not encompassed from the point of view of holism and totaling the being. This controversial ideological approach, of a political and cultural nature, is the product of a society that frequently associates people with visual impairment as "carriers" with characteristics deeply differentiated from other people, generating prejudice, exclusion and social stigma(29).

The nurse, in providing health care to people with visual impairment, should make constant home visits, offer informative, emotional, instrumental and face-to-face support. From the perspective of the health education process, nurses should guarantee comprehensive care, including referrals to specialized reference services and *Unidades de Apoio à Família*(19,25). These actions require technical-scientific knowledge and skills to assist and communicate with blind people, ensuring visual accessibility(30).

This fact was perceived among nurses in a hospital unit who care for blind patients, in which the lack of knowledge and technical unpreparedness to deal with this clientele required the adoption of simple attitudes, such as presenting themselves as a professional when entering the patient's space, avoiding the use of nonverbal communication and describing the environment. Therefore, it is visible the need for training to acquire communicative and repertory skills for specific information that meets the needs of patients with this disability(3).

Among the types of support, the instrumental was predominant, revealing itself as practical assistance that allows the blind to perform better personal, occupational and social functions(17,23). Emotional support was also apparent, and can be seen as support capable of raising self-esteem, approving their attitudes and initiatives, characterizing it as the essential type of support in times of difficulties to achieve well-being(20,24).

Emotional support is related to the perception of being cared for, supported and valued by someone effectively available, with attitudes of empathy, concern, affection and appreciation of the person; on the other hand, practical and direct assistance in carrying out concrete/daily activities or problem solving constitutes instrumental support(31). The informative support is presented as actions aimed at offering advice and clarifying doubts about visual impairment. It is noticed that, at certain times, there is an excess in the supply of information, but this type of support is salutary, especially in the early stages of disability(25).

Concerning face-to-face support, this is well identified, since the blind or low-vision person, in the impossibility of performing certain tasks, needs other seers, usually a relative, to assist them(17). Self-support refers to self-confidence and self-believing; it is when the blind, even in the face of all circumstances, is an example of adjustment, self-safe and with good self-esteem(22).

The context of social and personal life of visual impairment permeates circumstances such as dissatisfaction with life, feeling of malaise, living alone and/or away from the family, depression and feelings of anxiety(15-16,19,23-24). These factors are visible in diagnoses of chronic diseases that cause frequently stressful and perceptible impacts on visual impairment(32), which provide opportunities for high levels of emotional distress(33).

The association between depression and visual impairment was perceived as significant, since its prevalence in this adult population is approximately 14%(34). This condition reflects the increase in functional disability and the difficulties to perform activities of daily living, such as reading a book, conducting something and walking alone(35). In this sense, the social network to support people with visual impairment needs to be identified and accessed.

Supportive practices, such as mobility assistance, teaching techniques related to daily activities, support in the use of skills, availability for counseling and encouragement(15-16,21,23), are not sufficient to fully meet the needs of users with visual impairment, since it is essential to value the competence and independence of these people(18). Social support is needed to value their autonomy, in such a way that it encourages them to personal independence and the exercise of citizenship(28).

The autonomy of the blind or low-vision person reveals his/her condition of mastery over the physical and social environment, guarding his/her privacy and dignity. Parallel to the concept of autonomy, independence is the faculty of decision without relying on others, achieved by the empowerment of the person, who uses his/her power to make choices, make decisions and take control of his/her life(36).

The construction of identity and autonomy can be acquired in the school scenario through colleagues and support from teachers, especially in specialized education, which provide interaction and awaken the student's knowledge, using pedagogical resources of school accessibility(37). In addition to this scenario, the work environment can favor the development of socialization, self-esteem and professional capacity, revealing the importance of including people with disabilities, including visual, in the world of work(38).

The highlighted limitations are the lack of an approach to sociodemographic aspects in the articles analyzed, as well as cultural and religious issues, which characterizes a gap and perhaps justifies the support of the social network evidenced herein. It is expected that this research will provide greater emphasis on the supportive practices of people with visual impairment, especially in the field of health and nursing.

Conclusion

The main supportive practices offered by the social network in the daily life of people with visual impairment were availability for listening, dialogue, social company, practical help in cleaning the house, making purchases, transportation assistance and domestic assistance in general. It was evident that such practices improve self-esteem, favor autonomy and facilitate activities of daily living.

The family is the social network that most supports their visually impaired entities, followed by friends, colleagues, teachers/professors and health professionals. Although there is a need for these people to be fully understood and helped, the support received occurs mainly in issues related to daily tasks and adaptation to the new reality.

The studies focus on people with visual impairment in various phases of the life cycle, which demands from the social network the need to articulate care and education, which is essential to favor, in the most diverse scenarios, social insertion. In this sense, supportive practices can influence the construction of a posture of self-confidence and autonomy before the challenges and limitations faced daily by blind and/or low-vision people.

Collaborations:

1 – conception, design, analysis and interpretation of data: Jones Sidnei Barbosa de Oliveira;

2 – writing of the article and relevant critical review of the intellectual content: Jones Sidnei Barbosa de Oliveira and Cleide Maria Pontes;

3 – final approval of the version to be published: Luciana Pedrosa Leal and Estela Maria Leite Meirelles Monteiro.

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