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Motivation, satisfaction and independency in low vision patient after counseling

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ABSTRACT

OBJECTIVE:

To determine the Level of satisfactions, motivation and independency in low vision patient after counseling.

STUDY DESIGN: Observational, Descriptive, andCross sectional

PLACE AND DURATION OF STUDY: This study was conducted in Al Ibrahim Eye Hospital during August to October 2016.

METHODS:

A group of 42 patients after counseling aged from less than 20 to above 80 years were enrolled in this study. Visual acuity and visual function tests (visual field, contrast) was performed and low-vision aids tested. Data about the utilization of the rest of the vision was gotten after acceptable guiding of low vision. Subsequent to picking the best optical or electronic gadgets and before their solution, a low-vision preparing program was done.

RESULTS:

The best adjusted visual sharpness shifted from HM (hand developments) to 20/40 for separation and visual keenness superior to 16M to 0.5M for close. 90% of the patients had optical gadgets recommended.

CONCLUSIONS:

The Level of satisfactions, motivation and independency in low vision patient after counseling is necessary because of this respondent 70% are motivated after counseling. People preferred glasses over other LOW VISION devices as it is easy to use and readily available at a low cost. On the other hand, telescope usage was very low as people hesitate to use it and they can't afford

due to high cost. Individual with Low Vision have reduced capacity to do significant life exercises including procuring training, living, voyaging autonomously, picking up and holding work, getting a charge out of and seeing visual pictures because of un-correctable visual weakness. so it's proved that counseling can increase the level of satisfaction motivation and independency in low vision patient after counseling.

Key Words: the Level of satisfactions, motivation and independency in low vision patient after counseling.

Introduction:

Low vision is a loss of eyesight that makes everyday tasks difficult. A person with low vision may find it difficult or impossible to accomplish activities such as reading, writing, shopping, watching television, driving a car or recognizing faces. When vision cannot be improved with regular eye glasses, medicine or surgery, people with low vision need help to learn how to make the most of their remaining sight and keep their independence.[1] Losing vision does not mean giving up your activities, but it means finding new. **Counseling** is a type of talking therapy that allows a person to talk about their problem and feelings in a confidential and dependable environment. Counseling involves the development of therapeutic relationship between a respondent and a mental health professional that focuses on the respondent's concerns and problems.[2]

Characteristics of Counselor:

Typically, rehabilitation counselors/teachers:

- Provide training in specialized methods or adaptive techniques for communications, activities of daily living and recreation.
- Facilitate training and access to assistive technologies.
- Assist consumers with cause development and choices.
- Foster acquisition of work-related skills.

- Modify jobs.
- Develop job.[3]

Data over the last 20 years shows that there has been significant progress in preventing and curing visual impairment in many countries. Furthermore, the massive reduction in onchocerciasis- and trachoma-related blindness is part of a significant reduction in the disease distribution and has substantially reduced the burden resulting from these infectious diseases. [4]This has been achieved through a number of successful international public-private partnerships. Specific achievements include Brazil which in the last decade has been providing eye care services through the national social security system. Morocco which has launched a public effort to control glaucoma; China which has invested over 100 million dollars in cataract surgeries since 2009; Oman has completely integrated eye care service provision in the primary health care framework over the last decade and India since 1995 has made available funds for eye care service provision for the poorest at district level.[5]

The largest civil society effort to prevent and cure blinding disease and rehabilitate people whose irreversibly visually impaired or blind is the Sight First programme of the International Association of the Lions Club (LIONS). Among others, this programme supports the largest initiative to develop child eye care centers (45 national reference pediatric centers established in 35 countries so far), implemented in partnership with WHO.[6] WHO coordinates the international efforts to reduce visual impairments. Its role is to monitor the worldwide trends of visual impairment by country and by region; develop policies and strategies to prevent blindness appropriate for various development settings; to give technical assistance to member States and partners; to plan, monitor and evaluate programmes, and to coordinate effective international partnerships in support of national efforts.[7]

In 2013, the World Health Assembly approved the 2014-19 Action Plan for the universal access to eye health, a roadmap for Member States, WHO Secretariat and international partners with the aim of achieving a measurable reduction of 25% of avoidable visual impairments by 2019.[8]

WHO works to strengthen national and country-level efforts to eliminate avoidable blindness, help national health care providers treat eye diseases, expand access to eye health services, and increase rehabilitation for people with residual visual impairment or who are blind? Building accessible and

comprehensive health systems is the focus of this decade. WHO leads several international alliances of governments, private sector and civil society organizations aiming at contributing to the elimination of blinding diseases.[9] It also provides technical leadership to specific disease efforts which are deployed by its partners or the private sector to eliminate trachoma from the world by the year 2020. For the last two decades WHO has worked with a network of international partners and private sector to ensure that appropriate, updated, good quality eye care solutions were made available to the people in need. [10] Since 2004, WHO in partnership with Lions Clubs International has established a global network of 45 childhood blindness centers in 35 countries for the preservation, restoration or rehabilitation of sight in children? This unique and innovative global project has served so far more than 150 million children and will open 10 additional eye cam service centers for the children in 10 new countries in 2014.[11]

The centers will help combat to fight avoidable childhood blindness and help securing a future with full visual function for the children in need of cam. In response to the increasing burden of chronic eye disease WHO is coordinating a global research effort to map services and policies for controlling diabetic retinopathy, glaucoma, age-related macular degeneration and refractive errors. Finally, to support comprehensive eye cam systems, WHO continues to provide epidemiologic and public health technical support to its Umber States.[12]

Survey of Blindness and Low Vision, the prevalence of blindness in China was 0.43%, resulting chiefly from cataract (41.06%), corneal diseases (15.38%), trachoma(10.87%), and glaucoma (8.80%); and the prevalence of low vision in China was 0.58%, of which the main causes Ire cataract (49.83%), Ametropia/amblyopia (14.98%), trachoma (9.55%), corneal diseases (8.48%), chorioretinal diseases (6.27%), etc. Among children under 14 years of age, the leading cause of blindness and low vision was heredity (48.46%). Among elderly of 60 years and over, the leading cause of blindness and low vision was cataract (73.13%).[13]

METHODS AND MATERIALS

An observational, cross sectional and descriptive study will be conducted to know the impact of low vision counseling. The sample Non probability method will be used to examine

Client will be examined regarding non probability method. All the client included in study will undergo all the low vision test. After that counseling will be done. The contact number of client will be used to communicate with them after few weeks to know the reliability of counseling.

An Ill-mannered Questionnaire will be used for the collection of data.

Statistical Analysis will be done from Statistical Package for Social Sciences (SPSS) version 20.0. All the continuous variables were presented as mean ± SD and the entire categorical variable were presented as frequency and percentage.

RESULTS (Table: 1)

Gender	Frequency	Percent
Male	19	45.2
Female	23	54.8
Total	42	100.0

Table: 2)

		Frequency	Percent
Valid	<=20	13	31.0
	21-40	12	28.6
	41-60	8	19.0
	61-80	9	21.4
	Total	42	100.0

Table 3: Questions regarding motivation satisfaction indecency after counseling in low vision.

S:NO	QUESTION	None	Mild	Moderate	severe	Extreus
1	**Overall, how would you rate my eyesight using both eyes – with glasses or contact lenses if you lar them?**	7(16.7)	3(7.1)	9(21.4)	14(33.3)	9(21.4)
2	**How much pain or discomfort do you have in my eyes (e.g. burning, itching, and aching)?**	32(76.2)	4(9.5)	3(7.1)	2(4.8)	1(2.4)

3	**Because of my eyesight, how much difficulty do you have in going down steps or stairs?**	16(38.1)	9(21.4)	10(23.8)	2(4.8)	5(11.9)
4	**How much difficulty do you have in noticing obstacles while you am walking alone (e.g. animals or vehicles)?**	12(28.6)	12(28.6)	8(19.0)	5(11.9)	5(11.9)
5	**How much difficulty do you have in seeing because of glam from bright lights?**	19(45.2)	8(19.0)	6(14.3)	7(16.7)	2(4.8)
6	**Because of my eyesight, how much difficulty do you have in searching for southing on a crold shelf?**	13(31.0)	11(26.2)	8(19.0)	7(16.7)	3(7.1)
7	**How much difficulty do you have in seeing differences in colors?**	15(35.7)	13(31.0)	7(16.7)	1(2.4)	6(14.3)
8	**Because of my eyesight, how much difficulty do you have in recognizing the face of a person standing near you?**	13(31.0)	8(19.0)	12(28.6)	9(21.4)	0(00)
9	**How much difficulty do you have in seeing the level in a container when applying?**	15(35.7)	9(21.4)	7(16.7)	9(21.4)	2(4.8)
10	**Because of my eyesight, how much difficulty do you have in going to activities outside of the house (e.g. sporting events, shopping, religious events)?**	11(26.2)	12(28.6)	6(14.3)	7(16.7)	6(14.3)
11	**Because of my eyesight, how much difficulty do you have in going to activities outside of the house (e.g. sporting events, shopping, religious events)?**	12(28.6)	11(26.2)	7(16.7)	7(16.7)	5(11.9)
12	**How much difficulty do you have in seeing close objects (e.g. making out differences in coins or notes, reading newsprint)?**	9(21.4)	10(23.8)	12(28.6)	6(14.3)	5(11.9)
13	**How much difficulty do you have in seeing irregularities in the path when walking (e.g. potholes)?**	10(23.8)	10(23.8)	8(19.0)	11(26.2)	3(7.1)

14	**How much difficulty do you have in seeing when coming inside after being in bright sunlight?**	3(7.1)	11(26.2)	16(38.1)	9(21.4)	3(7.1)
15	**How much difficulty do you have in doing activities that require you to see Ill close up (e.g. sewing, using hand tools)?**	6(14.3)	9(21.4)	9(21.4)	8(19.0)	10(23.8)
16	**Because of my eyesight, how much difficulty do you have in carrying out my usual work?**	10(23.8)	12(28.6)	8(19.0)	11(26.2)	1(2.4)
17	**Because of my eyesight, how often have you been hesitant to participate in social functions?**	6(14.3)	9(21.4)	11(26.2)	11(26.2)	5(11.9)
18	**Because of my eyesight, how often have you found that you am exhausted or embarrassed?**	5(11.9)	10(23.8)	12|(28.6)	11(26.2)	4(9.5)
19	**Because of my eyesight, how often do you worry that you may lose my remaining eyesight?**	7(16.7)	2(4.8)	14(33.3)	13(31.0)	6(14.3)
20	**Because of my eyesight, how often have you felt that you am a burden on others?**	10(23.8)	7(16.7)	13(31.0)	5(11.9)	7(16.7)

Discussion

The motivation and satisfaction and indecency is initial for low vision patient.in which I enquire the simple size was 42 and male Ire 19(45.2%) and female Ire 23(54.8) in this retrospective hospital based survey reported that counseling increase the level of independency.[14]

.Pakistan National Blindness and Visual Impairment survey7, the estimated number of blind individuals of all ages in the year 2003 was 1.25 million. The prevalence of blindness among individuals of all age groups was 0.9%. The age and gender standardized prevalence of blindness in adults 30 years and older was found to be 2.7%. [15]The estimated numbers of blind individuals age 30 and above in the five provinces of Pakistan is shown in. The prevalence of blindness in rural areas was more (3.8%) than prevalence in urban areas (2.5%). [16]After adjustment for age difference, women Ire found to sham a significantly greater burden of blindness and severe visual impairment. If the prevalence rate remains the same, the number of blind persons in

Pakistan in the year 2020 will be 2.4 million. The extent of the global burden of visual impairment in 2002 is not strictly comparable to the previous estimates of 1990, which indicated there Ire 148 million visually impaired, of which 38 million Ire blind While the 2002 world population has increased by 18.5% as compared to 1990, the population 50 years of age and older has increased by nearly 30%. The population increase is more prominent in developing countries. Taking into account the changes in world population over the past 12 years, the extent of blindness and visual impairment in 2002 appears to be lot than was projected – 37 million instead of the projected 52 million. [17]

It is likely that the change is due to two major factors:
- More data from population based studies on visual impairment carried out over the last decade am available allowing for more accurate estimates to be made.
- Significant achievements have been made in the prevention and management of avoidable blindness along the lines of the "VISION 2020: The Right to Sight"

About half of the population in Bangladesh lives below the ‘food-based’ poverty line and about one in five is considered to be ‘ultra-poor’. LIGHT FOR THE WORLD supports a food security project that targets 40,000 ultra-poor households where women am the sole breadwinners and 20% have a disability or cam for a family umber with a disability. The project aims to improve the livelihoods of these ultra-poor families by improving food security and helping them to earn a sustainable income, exercise their human rights and be disaster prepamd.[18]

Pkistan National Blindness and Visual Impairment survey7, the evaluated number of visually impaired people of any age in the year 2003 was 1.25 million. The predominance of visual deficiency among people of all age bunches was 0.9%. The age and sex institutionalized commonness of visual deficiency in grown-ups 30 years and more seasoned was found to be 2.7%. The estimated numbers of blind individuals age 30 and above in the five provinces of Pakistan is shown in.[19]The prevalence of blindness in rural areas was more (3.8%) than prevalence in urban areas (2.5%). After adjustment for age difference, women Ire found to sham a significantly greater burden of blindness and severe visual impairment. If the prevalence rate remains the same, the number of blind persons in Pakistan in the year 2020 will be 2.4 million.[20]