



INTRODUCTION TO LOW VISION

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INTRODUCTION

This chapter includes a review of:

- The definition of low vision
- The impact of low vision
- The global prevalence of low vision
- What is low vision care
- What constitutes a low vision programme
- What are the different levels of a low vision programme
- How to evaluate a low vision programme
- The psycho-social implications of low vision

DEFINITIONS OF LOW VISION AND BLINDNESS

WORLD HEALTH ORGANISATION (WHO) DEFINITION	<p>It is important to distinguish between the different definitions of low vision and blindness. The WHO definitions to be used in surveys, define low vision as visual acuity less than 6/18 to 3/60 and blindness as less than 3/60. At the consultation on low vision held in Bangkok (1992), the definition adopted was that low vision was vision less 6/18 to light perception (<i>Management of Low Vision in Children, WHO/PBL/93.37.</i>)² and visual field of less than 10° from the point of fixation.</p>
FUNCTIONAL LOW VISION DEFINITION	<p>The WHO definition of low vision included the statement that the definitions should not be the only criterion used to determine eligibility for low vision service.</p> <p>The use of the functional definition, even though not used by the WHO, ensures that people who have low vision, but who have visual acuity less than 3/60, are included in low vision programs and are therefore able to benefit from refraction and low vision services.</p> <ul style="list-style-type: none"> • A person with low vision is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception, or a visual field of less than 10° from the point of fixation, but who uses, or is potentially able to use, vision for the planning or execution of a task

IMPACT OF LOW VISION

Low vision can affect normal development and education of children, and all areas of daily living, work and leisure for adults. The broad areas that low vision impacts on are:

- Education, work and leisure
- Social and consumer interactions
- Mobility
- Emotional reaction to vision loss
- Household and personal care

It is important to note that the degree of vision impairment does not predict exactly the extent to which vision limits activities or restricts participation.

GLOBAL PREVALENCE OF LOW VISION

Globally, there are 124 million people with low vision. Approximately 65 million of these people have irreversible low vision and require low vision services. Most of those with low vision are older people and the numbers are expected to double over the next 20-30 years because of the aging population. Whilst the number of children with low vision is small, the burden in life-years with low vision is significant.

Research has shown that the prevalence of low vision throughout the world ranges from approximately 10% in India to 1% or less in most developed countries.

There are an estimated 1.5 million blind children in the world, of which 1 million live in Asia and around 300,000 in Africa. Each year, an estimated half a million children go blind, of whom up to 60% die in childhood. The prevalence of low vision is low in children. Since population-based surveys are not common, these estimates are based on surveys in schools and registers. The prevalence of low vision is estimated at three times the prevalence of blindness.

In the WHO report *Preventing Blindness in Children (WHO/PBL/00.77)* prevalence of childhood blindness is noted as being higher in lower income countries. Reported figures are listed below:

- 0.4 per thousand children in high income regions
- 0.7 per thousand children in middle income regions
- 0.9 per thousand children in low income regions

APPROACHES TO LOW VISION CARE

Research has indicated that some people with low vision do not require low vision services and that those who need them will have differing needs for the type and amount of intervention.

Research by the Centre for Eye Research Australia (CERA) indicated that visual acuity alone should not be used to determine if a person needs low vision services, since 10% of people with visual acuity <6/60 report little or no difficulty, and the level of difficulty reported by people with low vision is not the same for all types of activities.

It is estimated that at any one point in time, approximately 70% to 80% of people with low vision might benefit from low vision services.

WHAT DATA IS USED FOR NATIONAL PLANNING FOR LOW VISION SERVICES?

The number and distribution of services can be estimated based on the prevalence of low vision and the need for services for people with low vision. Population-based epidemiological surveys provide data on the prevalence and causes of vision impairment in a defined population. Many countries have recently conducted surveys of adults. Presenting visual acuity is a person's 'everyday' or functional acuity, i.e., with their current glasses or without. This compares with best corrected which is the visual acuity of those people with refractive error measured after refraction. The prevalence figures using best corrected acuity exclude those people who can have their visual acuity corrected to within the normal range. It is the best-corrected acuity that is relevant when estimating the number of people in need of low vision care.

In countries where there have not been population-based surveys, estimates can be made from studies in countries with similar demographic or economic characteristics (Keeffe et al). The prevalence of low vision and blindness in children can also be estimated with knowledge of child mortality in a country (*Preventing Blindness in Children, WHO/PBL/00.77*).

The presence of age-related eye disease causing low vision such as age-related macular degeneration and glaucoma can be estimated with knowledge of the life expectancy within a particular population or country.

Another source of estimation of the number of people with low vision is from the data summarised in the WHO Bulletin 2004. The estimate of the number of people with low vision is that there are three times the number with low vision than there are people who are blind (visual acuity $<3/60$). It should be remembered that most of the people with vision less than 3/60 have useable vision, i.e., they have functional low vision.

The combination of the known or estimated prevalence of blindness and the reported need for low vision care can be used to estimate the national need for the number of people needing low vision care. The aim is to increase the number of people with low vision able to access the appropriate services.

INTEGRATION OF SERVICES

The provision of low vision care must be integrated into various systems:

- Eye and health care system
- Eye Care, Educational and Rehabilitation services
- Centre-based and outreach

Ways in which one can integrate low vision services into the eye and health care, education and rehabilitation systems within a country is to:

- Develop and make available low vision services for all in need, including children in schools for the blind
- Manufacture certain low vision devices locally or purchase in bulk to contain costs
- Include comprehensive low vision services in national programmes for the prevention of blindness and /or in rehabilitative services for those with visual impairment

LOW VISION SERVICES

In eye care, low vision services are delivered at several different levels, with individuals performing a specific role within these levels.

The levels at which low vision services are delivered include:

- Primary
- Secondary
- Tertiary

PRIMARY LOW VISION SERVICES	The main role players in the delivery of low vision services at primary level are teachers, community-based rehabilitation workers and primary eye care or primary health care workers (Table 1.1).		
	<i>Table 1-1: Activities, personnel involved and the resources required at primary level low vision services</i>		
	ACTIVITIES	PERSONNEL	RESOURCES
	<ul style="list-style-type: none"> • Awareness • Screening • Referral • Basic rehabilitation 	<ul style="list-style-type: none"> • PHC / PEC • CBR • Teachers 	<ul style="list-style-type: none"> • Appropriate visual acuity tests (with pinhole). • Samples and instructions for non-optical devices • WHO Low Vision Kit
<p>(PHC: Primary health care; PEC: Primary Eye Care; CBR: Community-Based Rehabilitation).</p> <p>The primary roles of individuals functioning at primary level include education, identification, and referral to the appropriate level for assessment or intervention.</p> <p>In some cases, where possible, simple low vision devices are prescribed, e.g. low powered hand or stand magnifiers and telescopic devices (optical), a white cane (non-optical) or education on environmental modifications, etc.</p>			
SECONDARY LOW VISION SERVICES	At secondary level, definitive screening for refractive errors and low vision is provided most often by outreach services. Also occurring at this level is the mentoring and monitoring of those providing primary low vision care. Basic low vision assessment is conducted at this level and requires refractive instrumentation. In simpler cases that don't require more extensive assessment, interventions are made by prescribing a range of optical and non-optical low vision devices like magnifiers, telescopes, contrast enhancing filters, etc (Table 1.2.)		
	<i>Table 1-2: Activities, personnel involved and the resources required at secondary level low vision services</i>		
	ACTIVITIES	PERSONNEL	RESOURCES
	<ul style="list-style-type: none"> • Definitive screening for refractive error and LV • Mentoring and monitoring primary LV care • Prescribing optical and non-optical aids • Basic rehabilitation 	Optometrists	<p>WHO Low Vision Kit</p> <p>Refractive instrumentation</p>

LOW VISION SERVICES (CONT.)

TERTIARY LOW VISION SERVICES	<p>Dedicated low vision services are delivered at tertiary level and are provided at tertiary referral centres. The personnel conducting the assessments are fully trained staff. At this level of low vision care, comprehensive diagnosis is made and low vision devices are prescribed from a comprehensive range of low vision devices. In addition to the provision of low vision care, training and mentoring occurs at this level for individuals functioning at lower levels. Research is conducted to inform advocacy and enhancement of existing low vision services (Table 1.3.).</p> <p>Table 1-3: Activities, personnel involved and the resources required at tertiary level low vision services</p>		
	ACTIVITIES	PERSONNEL	RESOURCES
	<ul style="list-style-type: none"> • Dedicated LV services • Comprehensive diagnosis • Prescribing LV devices • Training and mentoring for personnel at lower levels • Research conducted for advocacy and modifications 	Optometrists (fully trained)	Full low vision tool kit
	<p>(Chapter 9 provides a comprehensive explanation on the design of a low vision program and elaborates on the human resources functioning at all levels of low vision care).</p>		

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION

THE LOSS OF VISION	<p>It has been noted that the age of onset of blindness or visual impairment can have significant effects on the individual. One should be careful not to generalise the belief that individuals being congenitally blind or visually impaired come to terms with their vision loss more easily. Vision impairment can be congenital or acquired. The adjustment to blindness in a sighted world is different in each case. The adjustment to any loss of sight depends on many factors, such as etiology, rate of progression, stability, and extent of the loss. Very different psychological effects may result between a vision loss from congenital syphilis versus congenital toxoplasmosis. The loss of vision can be rapid, as in trauma, or slowly progressive, as in loss of sight from retinitis pigmentosa. In the former case, the loss is an immediate fact: in the latter, it can be a dreaded eventuality, monitored with daily reminders, such as the onset of night blindness with every setting sun. In addition, congenital impairment can in many cases literally force an acceptance of the condition, however, with an acquired impairment, the element of surprise, trauma and depression will require an adjustment period.</p>
THE IMPACT OF LOSS OF VISION	<p>Visual impairment may result in moderate to severe restrictions in the performance of social roles related to work, schooling, leisure activities, family life, and friendships. The family members and friends' attitude plays an important role in coping with the disabilities.</p>
STEREOTYPIC ATTITUDES	<p>Stereotypic attitudes have a negative effect on the self-esteem of persons with visual challenge, especially when the individual holds these attitudes, as well as parents and professionals. Some congenitally visually challenged children come to accept these negative attitudes without question. Some of the erroneously believed stereotypic ideas are that they are:</p> <ul style="list-style-type: none"> • Inferior, subhuman, helpless, and useless • Pitiable, miserable, and wretched • To be feared, avoided, and rejected especially in intimate relationships • Emotionally and sexually maladjusted • Paying for precious sin, immoral, and evil • To be restricted due to impaired understanding, and other generalized incapacities • Unemployable • Unapproachable with comfort or ease
IMPLICATIONS OF VISION LOSS	<p>Vision loss will have an impact in three major aspects of a person's life. They are (a) functional implications (b) Social Implications (c) Psychological implications.</p>
FUNCTIONAL IMPLICATIONS	<p>The type of visual defects that a low vision person has affects the person's level of functioning. The site of the disorder is the single most important factor in determining the level of functioning. For example:</p> <ul style="list-style-type: none"> • Mobility would be affected if the loss is in the lower half of the visual field • Reading will be affected if the loss is in the right field of vision, as reading print requires a left to right progression of eye movements and scanning (in Western society) • Academia is a problem if central vision is lost • Some physical activities are difficult if peripheral vision is affected • Differences in the acuities of the two eyes may cause problems with depth perception, which is also important for mobility

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

<p>SOCIOLOGICAL IMPLICATIONS</p>	<p>The visually challenged person's behaviour influences the attitudes of others toward self, but reflects directly back to the individual's self-concept and self-esteem. How the visually challenged person feels about self, about blindness, and about the attitudes of others towards self, are as important a determiner of self-esteem as are the required adaptive behaviours and coping skills.</p> <p>Immature and Egocentric Behaviour</p> <p>Visually challenged children and young adults tend to be more socially immature and remain more egocentric longer than their sighted peers do. The reasons may be as follows:</p> <ul style="list-style-type: none"> • Fewer opportunities to socialize and imitate appropriate behaviour • Preoccupation with the many new adjustment and coping problems • Being self-conscious <p>Isolation and withdrawal</p> <p>The reasons for isolation and withdrawal may be as follows:</p> <ul style="list-style-type: none"> • Unable to choose their companions for conversation • Wait for others to initiate conversation • In a group, they are unable to participate when comments are directed to them • Unable to observe the nonverbal gestures in social interaction • Sighted people's uncertainty about approaching a visually challenged person. <p>This withdrawal contributes to an active fantasy life, which can intensify social detachment and tendency to be pessimistic.</p> <p>Passivity and dependence</p> <p>The visually challenged persons tend to be more passive and less assertive. Unable at times to immediately perceive alternative courses of action, such as which door to enter an unfamiliar building, they are more frequently limited to the one first discovered.</p> <p>The reasons may be as follows:</p> <ul style="list-style-type: none"> • Difficulty to react quickly with appropriate reaction in emergency situations • Decisions being made on behalf of visually challenged person without consulting them • Depriving them of developing and practice their abilities to make choices • Being unable to observe and perceive social courtesies e.g. picking up a lost object for someone <p>Inadequate social role models</p> <p>Because social behaviour and attitudes are learned by observation and imitation, a person who is visually impaired finds it difficult to emulate the available role models. The number, range, and variety of observations are more limited, and the opportunities for participating in social situations more restricted. Visually challenged, especially children, have little basis for comparison and so do not realize that some of their behaviours are socially unacceptable e.g. mannerisms like eye poking, eye pressing, head nodding, keeping chin down, finger flipping, finger flapping etc. and because of this inappropriate behaviour, they find themselves awkward or embarrassed.</p>
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PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

<p>PSYCHOLOGICAL IMPLICATIONS</p>	<ul style="list-style-type: none"> • Denial - Refuse to accept the fact • Anger - Anger with the situation, with a particular person or with God • Fear - Fear of losing residual vision, job, leading life • Grief - Grieving about the loss and the situation • Depression - Depressed about the loss, being uninvolved and lose interest in life • Isolation - Prefers to be in isolation rather than depending on anybody (e.g. Travel) • Withdrawal - Uninvolved from all social situations • Low self-esteem - Being low in mood, unwilling to recognize one's own calibers
<p>BASIC LOSSES TO A PERSON DUE TO VISUAL IMPAIRMENT</p>	<p>According to Berthold Lowenfeld (called the father of blindness), there are twenty basic losses to a person due to visual impairment. They are:</p> <p>Basic losses to psychological security</p> <ol style="list-style-type: none"> 1. Loss of physical integrity I am not normal... I am crippled... I am not a whole person... I am different... I am ugly... etc. 2. Loss of confidence in the remaining senses I don't believe what I hear... I don't know what it is that I am touching... I don't recognize what I smell... 3. Loss of reality contact with environment The world is no longer real, the things I knew, the people I knew, and the places I knew, no longer seem to exist 4. Loss of visual background I no longer see the scenery around me, I don't see the total environment and I can't see the background in which various objects exist 5. Loss of light security I was always afraid in the dark.... Now I am blind, I am always in the dark, so I will always be afraid <p>Losses in basic skills</p> <ol style="list-style-type: none"> 1. Loss of mobility I cannot get from place to place; it is not easy for me to move around inside my house or outside. I am lost even when I know where I am 2. Loss of techniques of daily living I can't comb my hair.... I can't cook my food... I can't shave. I can't wash my clothes... I can't do any of the everyday things I did before

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

BASIC LOSSES TO A PERSON DUE TO VISUAL IMPAIRMENT	<p>Loss of communication</p> <ol style="list-style-type: none"> 1. Loss of ease of written communication I can't read a book... I can't read a letter... writing a letter is difficult 2. Loss of ease of spoken communication When I am talking with someone, I can't see his/her gestures; I can't see his/her facial expressions.... When I am in a group I don't know when a question is addressed to me, I don't know when to express my ideas 3. Loss of informational progress I am unable to keep up with present times. I have lost contact with the current trends in the world. I cannot keep up with the changing social scene
	<p>Losses of appreciation</p> <ol style="list-style-type: none"> 1. Loss of the visual perception of the pleasurable I can't see my children at play, I can't watch my wife in the kitchen preparing dinner for me, I can never again gaze on my mother's smiling face, I can never again turn the corner of my own street and see the house I have lived in for so many years 2. Loss of the visual perception of the beautiful I can't see a beautiful sunset, a painting by Renoir, a vase of flowers, the face of a beautiful girl
	<p>Losses concerning occupation and financial status</p> <ol style="list-style-type: none"> 1. Loss of recreation I can't play cricket. I must give up my stamp collection, I can't go hiking in the woods, or mountain climbing, I can't watch a good tennis match, or go to see a good play 2. Loss of career vocational goal job opportunity I have got to change my work, the job I trained for is now impossible, the number of job opportunities is limited, I must plan a new career 3. Loss of financial security Who is going to pay the rent, who will pay for my family's food, how can I educate my children, who will pay the hospital bill...
	<p>Resulting losses of the whole personality</p> <ol style="list-style-type: none"> 1. Loss of personal independence I am a "helpless blind man"; I must always depend on others to do things for me. I can't do anything alone or for myself 2. Loss of social adequacy Blind people are a minority group... sighted people are afraid of me... sighted people separate me from their society... I am not accepted by my friends or my family now that I am blind. 3. Loss of obscurity I can't have a private life... when I am in a group everyone knows what I am doing... I can't go shopping alone; everyone knows I am blind... when I use the white cane I am telling everyone to look at me. I am blind. 4. Loss of self-esteem I am not much good anymore... I am a poor example of a capable man (or woman)... I don't think very highly of myself and other people don't think high of me. My self-image is poor

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

BASIC LOSSES TO A PERSON DUE TO VISUAL IMPAIRMENT (CONT.)	<p>Resulting losses of the whole personality (cont.)</p> <p>5. Loss of total personality organization Each person brings to his blindness a different set of feelings as well as a different personality. Blindness has a common power to upset and to undermine, and to change a life-long balance of the personality of the individual</p>
COUNSELLING	<p>It is a helping process in which a counsellor (helper) assists a client in solving his/her problem(s). The counsellor is one who is trained to assist clients to achieve a more effective life. A counsellor is responsible for the process of helping. The client is a person who needs help and who is seeking the assistance of the helper in resolving his/her problems.</p>
CHARACTERISTICS OF A GOOD COUNSELLOR	<ol style="list-style-type: none"> 1. Self awareness: Understands personal abilities, limitations, likes, dislikes, emotional hot spots, needs, values, feelings and beliefs 2. Personal appearance/presentation: Personal grooming and presentation during counselling 3. Establishing relationship: Initiating communication. 4. Data gathering skills: Asking appropriate questions, clarifying or checking the understanding by restating what the client says as the counsellor understands him/her 5. Communication skills: Good listener, verbal and non-verbal prompts to develop smooth communication 6. Non-judgmental: Non judgmental attitude about the client 7. Empathy: This is the ability to experience another person's world as like him/her. There is difference between sympathy and empathy. Sympathy involves offering another person support and emotional comfort because they are in some distress or pain. Empathy involves entering the private world of another person so as to understand that world, irrespective of whether sympathy is offered or not 8. Tension reduction skills: Appropriate touch, relaxing the client, moderate rate of speech when the client's emotions increase or is not able to perform normal tasks 9. Subject knowledge: Expand and strengthen the knowledge and skills continuously through practice and research 10. Confidentiality: Maintain the private nature of counselling, not disclosing information with others 11. Warmth: This is "unconditional positive regard". The counsellors should prize the person - to respect people for what they are for their uniqueness and for their individuality 12. Genuineness: Open communication. The counsellor's direct and open communication 13. Respect: Involves making enhancing positive statements to the person. Honest appreciation of and toleration for differences 14. Concreteness: It means being specific, obtaining details, and requesting clarification of facts and feelings

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

<p>IMPORTANCE OF COUNSELLING AND GUIDANCE TO VISUALLY IMPAIRED</p>	<p>The ultimate aim is to reduce the level of dependency on others and bringing them back to the near normal life. The key areas of counselling includes:</p> <ol style="list-style-type: none"> 1. Psychological support to life adjustment Help the person to cope with vision loss, by focusing on the strengths of a person. 2. Educational guidance Includes counselling and guidance to maximise an individual's personal or educational goals, selection of course, selection of learning media, suggestion in using aids and appliances, describing the educational facilities from Government, suggestions in classroom, information and referral enabling an individual to access information in availing special schemes from Government and private sector, peer counselling and support advocacy. 3. Vocational guidance Includes counselling and guidance to maximise an individual's personal or vocational goals, vocational evaluation and assessment, on the job training, job placement, job modification or reengineering, personal and social adjustment services, information and referral enabling an individual to access information in availing special schemes including employment and financial facilities from Government and private sector, peer counselling and support advocacy. 4. Personal independence Help motivate the individual to undergo special skills training in areas such as orientation and mobility, home management skills and money management etc.
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PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

<p>REACTIONS TO VISION LOSS</p>	<p>Before a blind or visually impaired person can adjust to changes in vision, they will experience a wide range of feelings and emotions. While there may be many common reactions to vision loss, not everyone will experience them in the same way. The stages of adjustment are not predictable. The emotions may be experienced partially, in different combinations, or not at all. There are no set time frames between diagnosis and acceptance.</p> <p>A number of factors affect the individual's reaction to vision loss:</p> <ul style="list-style-type: none"> • the degree of loss • the speed of onset • the medical prognosis • the age at which it occurs • any preconceived ideas the person holds about blindness • other health factors • social circumstances and immediate life-style • personality • previous capacity to handle other losses
<p>STAGES IN ADJUSTING PROCESS TO VISION LOSS</p>	<ol style="list-style-type: none"> 1. Shock and disbelief This may be a time of withdrawal when the person is unable to think or feel. It can be termed a period of protective emotional anesthesia in response to severe stress. No one can predict how long the stage will last in terms of days or weeks. Caring friends and family can demonstrate their concern by an act of "presence". By just being there you can be supportive and no specific action or words are necessary. Encouraging a false hope that vision will be restored is not a good idea 2. Anger The person may express these feelings through a strong negative attitude, a very frustrating experience for caregivers and family members. He/she may become more fearful and react with anger. They may project this anger at others as one way of compensating. The medical profession, caregivers, family and friends can all become the object of their anger 3. Denial The person may show outright denial of the situation, or refusal to accept visual limitations. At this point a person may refuse to contact with an agency for the blind 4. Depression Sudden feelings of being different and a sense of loss of control may be the basis for this kind of response. They prefer to be in isolation. People with reserved personalities may manifest their feelings in quiet disappointment and self-pity. Some may choose to indulge themselves in an excess of dependence on others 5. Realization As the person starts to emerge from the state of depression and begins to recognise the inevitable effect of changed vision; he/she may realise the present situation. It may be more realistic to describe adaptation as accepting the unpleasant reality of the situation by recognizing remaining assets and capabilities

PSYCHOLOGICAL IMPLICATIONS OF LOW VISION (CONT.)

<p>STAGES IN ADJUSTING PROCESS TO VISION LOSS (CONT.)</p>	<p>6. Acceptance</p> <p>A total adjustment to visual impairment can only be achieved when the person recognizes that the loss is final and irreversible</p> <p>Some of the things that may help towards acceptance:</p> <ul style="list-style-type: none"> • meeting others who have managed (either through peer groups or on a one-to-one basis) • discovering ways of coping that have worked in past crises • allowing time to grieve for their lost vision • support from family and friends • obtaining practical help with day to day tasks until they feel ready to assume more responsibility • obtaining information about available community support <p>An individual may not progress through all of these stages, particularly those of acceptance and adjustment. Some examples of indicators of poor adjustment are continual unwarranted hope of recovery, unnecessary or exaggerated displays of dependence, personal devaluation, social reclusion, lack of motivation, prolonged depression, continued denial, and exaggerated blind behaviourism.</p>
<p>GUIDELINES FOR WORKING WITH VISUALLY CHALLENGED PERSONS</p>	<ol style="list-style-type: none"> 1. They have the same basic needs of love, acceptance, feelings of self worth and dignity 2. Emphasis should be placed on the positives, the abilities and the assets and maintaining a realistic perspective regarding any possible limitations 3. Instructions should be clear and specific. Conversations should be natural and should not be louder 4. They must be encouraged by praise for genuine accomplishments and to do the tasks independently, with intervention only when necessary 5. Blindness should not be an excuse for socially unacceptable behaviour 6. Visually challenged persons rely on honest feedback from others to determine the social acceptability of their appearance and behaviour 7. Active involvement in the social, community, recreational, and civic affairs facilitates fuller assimilation <p>The consequences of lost vision may explain some of the reactions to it. There is, for example, a loss of confidence is one's remaining senses without the ability to verify a message visually. <i>"Is the sound of cloth resulting from the curtains moving in the breeze or a mouse running across the floor?" "Is that odour of smoke coming from the neighbour's outdoor grill, or is my apartment on fire?"</i> Vision contributes to communication by allowing us to interpret facial expression, gestures, body language and lip movements. None of these is available to the severely visually impairment.</p> <p>Our sense of independence depends on our ability to drive, which is lost or curtailed with a loss of vision. The ability to continue in a chosen occupation may vanish along with financial security, the sense of meaningful role in society, and the ability to provide for the retirement years. All of these losses and others may diminish one's self-concept, and that can be the greatest loss of all. The provider of low vision care will encounter patients with many types of vision loss and all degrees of reaction to the loss. Referral to others who can help the patient deal with loss of vision should always be a consideration but should never be an assumed necessity.</p>

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