Summary, Conclusions
and
Suggestions
Chapter 5: Summary, Conclusions and Suggestions

One of life’s most significant lessons is not just how to live longer but also how to dwell longer in good quality health with less dependency on others. Ten per cent of the world’s total population has some or other form of impairment or disability. The preponderance of disabled persons is deprived and experience problems in accessing basic health services, together with rehabilitation services. This causes inactivity, segregation, dependency, inequality, often premature death and increased poverty. Among all disabilities, visual disability is measured to be more significant as sight is one of the five vital senses possessed by man. The loss of this one sense appears far more disastrous than the loss of any one of the others. WHO estimated the number of people with visual impairment to be 285 million. Even the National Health Policy of India has announced that vision impairment is an imperative public health problem. It has deep human and socioeconomic consequences in all societies. Disabled people in India are a quiet and invisible group despite of their noteworthy number.

The loss of vision to almost any degree in a completely sighted adult compromises the functions more globally than any other solitary physical impairment. It frequently affects one’s relations - prompting changes in sex roles, duties, professions, living arrangements, travel and communication with spouses or children.

Losing vision also means risking and possibly confronting the prejudices, assumptions, and outlook of sighted people. As a result, they may avoid organizations associated with the blind, or seek to reduce their acknowledgement of vision loss, even if it means staying at home and avoiding social actions.

The present study entitled “Multi-informant Assessment of the Visually Impaired Adults” was undertaken with the following objectives:

- To study the socio demographic profile of visually impaired young adults and middle aged adults.
To study the visual functional status in visually impaired young adults and middle aged adults

To study the level of perceived social support among the visually impaired young adults and middle aged adults.

To study the quality of life in visually impaired young adults and middle aged adults.

To study the level of depression among visually impaired young adults and middle aged adults.

To study the level of loneliness among visually impaired young adults and middle aged adults.

To study the types of rehabilitation services provided by the organization to the visually impaired young adults and middle aged adults.

To present the typical cases of visually impaired young adults and middle aged adults.

Methodology

Cross Sectional research method was used for the study. A cross sectional study is a descriptive study in which diseases and exposure status is measured simultaneously in a given population. Cross sectional studies can be considered for providing a snapshot of the occurrence and characteristic of a populace at a particular point of time. This type of statistics can be used to access the occurrence of acute or chronic state of a population.

In this research survey method has been adopted. The survey method includes a methodical and comprehensive study of a particular society, association and group etc in order to do the analysis of a societal problem and the presentation of recommendations for its solution. Techniques such as questionnaire, rating scale, interview schedule, observation and checklist are generally employed in this technique.

Purposive sampling technique was adopted for the study. 200 visually impaired adults were selected from National Institute for the Visually Handicapped
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(NIVH). The researcher selected the sample from visually impaired adults registered in Training Center for adult blinds (TCAB). TCAB is a part of NIVH where vocational and rehabilitation trainings are provided to the visually impaired adults.

There were 207 visually impaired adults registered in Training Centre for the Adult Blinds (National Institute for the visually handicapped.). Out of which 102 were visually impaired young adults and 105 were middle aged visually impaired adults. Two young adults did not participate in the study whereas out of 105 middle aged adults three did not participate and one dropped off from the study after the first interview. Hence, the final sample size comprised of 200 adults out of which 100 were young adults and 100 were middle aged.

All statistical analysis was performed using SPPSS 20.0 for windows. Considering the purpose of the study frequency, percentage, chi square, mean, standard deviation and ‘t’ test were used for the data analysis.

Results

Socio Demographic Profile of the Visually Impaired Adults

Eighty three per cent of the visually impaired young adults were male whereas 17 per cent were female. Seventy seven per cent visually impaired middle aged adults were male and 23 per cent were female. The educational status of the visually impaired adults was measured It was found that 48 per cent of the visually impaired young adults studied up to class tenth and 26 per cent of the visually impaired middle aged adults were educated up to class twelfth. Sixteen per cent of the visually impaired young adults studied up to class twelfth and 20 per cent of the visually impaired middle aged adults studied up to class tenth. Twelve per cent and 24 per cent of the visually impaired young adults and visually impaired middle aged adults respectively were graduates. Twelve per cent of the middle aged visually impaired adults were post graduates whereas none among the young adults was post graduate. Twenty four per cent of the visually impaired young adults and 18 per cent of the middle aged visually impaired were illiterate. Sixty two per cent of the visually impaired young adults and 73 per cent of the middle aged visually impaired adults were from urban background. On the other hand 38 per cent of the visually impaired adults were from rural background.
impaired young adults and 27 per cent of the middle aged visually impaired adults belonged to the rural background. None of the middle aged adult was taking any kind of medication) only two per cent among the young adults were taking some medicines (eye drops, Vitamin tablets etc.).

Visual functioning status of visually impaired adults

Around 38 per cent of the visually impaired young adults had moderate general health and 28 per cent had good general health whereas in middle aged visually impaired 28 per cent had moderate and none of them had good general health functioning. Thirty four per cent of the young visually impaired adults and 72 per cent of the middle aged visually impaired had poor general health functioning.

Sixty four per cent of the visually impaired young adults had moderate general vision functioning followed by 20 per cent of them having good general vision functioning and 16 per cent having poor vision health. In the middle aged visually impaired adults 88 per cent of them had poor general vision functioning followed by 10 per cent having moderate general vision and only two per cent having good general vision.

Twelve per cent of the visually impaired young adults were suffering from moderate ocular pain and 12 per cent were suffering from high ocular pain whereas in the middle aged visually impaired adults 76 per cent were suffering from moderate ocular pain and only eight per cent were suffering from high ocular pain. Seventy two per cent of the middle aged visually impaired adults had poor near activity (NA) visual functioning and 10 per cent had good near activities visual functioning. While in the visually impaired young adults 46 per cent had poor near activities visual functioning and 30 per cent had good near activities functioning. Thirty eight per cent of the visually impaired young adults had fair distant activities visual functioning followed by 26 per cent and six per cent having good and excellent distant activities visual functioning. On the other hand 31 per cent of the middle aged visually impaired adults had fair distant activities visual functioning; only six per cent had good distant activities visual functioning and only two per cent had excellent distant activities visual functioning.
Twenty two per cent of the visually impaired young adults and 12 per cent of the middle aged visually impaired adults had moderate social functioning. Twelve and four per cent of the young adults had good and excellent social functioning respectively. Only four and three per cent of visually impaired middle aged adults had good social functioning and the rest 81 per cent had poor social functioning. Forty four per cent of the middle aged visually impaired had moderate mental health functioning and 21 per cent had good mental health functioning. Thirty one per cent of them had poor mental health functioning and only four per cent had excellent mental health functioning.

On the comparison of the mean scores of visually impaired young adults and middle aged visually impaired adults it is clear that visually impaired young adults obtained a higher mean score on the subscales general health (45.50±24.45), general vision (41.20±12.97), ocular pain (84.75±24.13), near activity (34.50±24.73), distant activity (41.66±26.00), social functioning (26.75±27.41), mental health (47.87±25.30), colour vision (62.50±34.17), peripheral vision (33.00±35.33). The overall mean score of the subscales of visual functioning is greater among the visually impaired young adults (45.87±14.81) than the middle aged visually impaired adults (32.39±12.04).

It was concluded that in general overall visual functional status is better in the visually impaired young adults.

**Perceived Social Support of Visually Impaired Adults**

Fourteen per cent of visually impaired young adults received low social support from family and friends, 40 per cent received moderate social support and 46 per cent received high social support. Fourteen per cent of the middle aged visually impaired adults received low social support, 60 per cent received moderate social support and 26 per cent received high social support.

On the comparison of the mean scores of visually impaired young adults and middle aged visually impaired adults it is clear that the visually impaired young adults obtained higher mean score on the dimensions emotional support from family (5.96±1.46) and family help in decision making (5.92±1.55) of social support. Overall mean score comparison shows that the mean score of the young adults
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(64.94±14.24) is greater than the mean score obtained by the middle aged visually impaired adults (60.87±12.87).

The results revealed that the level of perceived social support is greater in visually impaired young adults than the middle aged visually impaired adults.

**Quality of life of visually impaired adults**

Sixty per cent of the visually impaired young adults experience good physical quality of life whereas 28 per cent experience excellent physical quality of life. On the other hand only four per cent of the middle aged visually impaired adults have excellent quality of life and 55 per cent have good quality of life. Forty one per cent and 12 per cent of the middle aged visually impaired and visually impaired young adults respectively experience moderate quality of life.

Seventy one per cent middle aged visually impaired adults and 44 per cent visually impaired young adults experience psychologically fair quality of life. Six per cent of the young adults and 12 per cent of the middle aged visually impaired adults lead psychologically poor quality of life and 50 per cent and 17 per cent of the visually impaired young adults and middle aged visually impaired adults live psychologically good quality of life. On the social quality of life domain, 82 per cent of the visually impaired young adults and 75 per cent of the middle aged visually impaired adults lead good quality of life. Fourteen per cent and two per cent of the visually impaired young adults lead a moderate and excellent quality of life respectively. Twenty one per cent middle aged visually impaired lead moderate quality of life.

Fifty eight per cent of the young adults and 64 per cent of the middle aged adults live good quality of life respectively. Forty two per cent and 35 per cent of the young and middle aged visually impaired respectively experience moderately fair quality of life.

On comparison of the mean scores of visually impaired young adults and middle aged visually impaired adults it is clear that visually impaired young adults obtained a higher mean scores on physical (69.71±11.12), psychological
(49.80±14.10), social relations (66.25±14.26), and environment (53.63±7.64) domains of quality of life. Overall mean score comparison shows that the mean score of the visually impaired young adults (2.94±0.92) is greater than the mean score obtained by the middle aged visually impaired adults (2.35±1.02).

The results revealed that quality of life is greater in the visually impaired young adults than the middle aged visually impaired adults.

**Depression in Visually Impaired Adults**

Thirty eight per cent of the young adults suffer from ups and downs in mood. Twenty eight per cent of the middle aged visually impaired adults suffer ups and downs in mood. Forty per cent of the middle aged visually impaired and 42 per cent of the visually impaired young adults suffer from mild mood disturbances. Eighteen per cent of the middle aged adults suffer from borderline clinical depression. Fourteen per cent of the middle aged visually impaired adults and two per cent of the visually impaired young adults suffer from moderate level of depression.

On comparison of the mean scores of visually impaired young adults and middle aged visually impaired adults it is clear that middle aged visually impaired adults obtained a higher mean scores on the dimensions: satisfaction level (.70±.50), guilt (.64±.559), feeling of being punished (.76±.42), loss of interest (.34±.47), decision making (.74±.59), appetite (.60±.56) and weight loss (.66±.51). Overall mean score comparison shows that middle aged visually impaired (13.68±6.21) is greater than the mean score obtained by visually impaired young adults (12.04±5.04). The overall mean scores on dimensions (guilt, feeling of being punished, satisfaction level, loss of interest, decision making, appetite and weight loss) of depression is greater among the middle aged visually impaired adults.

The result showed that the level of depression is higher in middle aged visually impaired adults than the visually impaired young adults.

**Loneliness in visually impaired adults**

Thirty nine per cent of the middle aged adults are severely lonely whereas only 22 per cent of the visually impaired young adults are severely lonely. Thirteen
per cent and 10 per cent middle aged visually impaired and visually impaired young adults respectively are very severely lonely. Only two per cent of the middle aged visually impaired adults are not lonely. Forty six per cent of the middle aged visually impaired adults are moderately lonely. Sixty four per cent of the visually impaired young adults are moderately lonely whereas only four per cent are not at all lonely.

On comparison of the mean scores of the middle aged visually impaired adults and visually impaired young adults it was found that middle aged visually impaired obtained higher mean scores on the dimensions: Missing a close friend (1.98±.95), limited friend circle (2.16±.95) and Miss people around (2.28±.89). Overall mean scores comparison shows that the mean score of the middle aged visually impaired adults (4.43±1.79) is greater than the mean score obtained by the visually impaired young adults (3.56±1.71). Since, the overall mean score on the dimensions (missing a close friend, limited friend circle and miss people around) of loneliness is greater among the middle aged visually impaired adults, it could be concluded that level of loneliness is greater in middle aged visually impaired adults.

Findings of this research helped in drawing following conclusions:

- Visually impaired young adults have better visual functioning than middle aged visually impaired adults. Proper mobility training and vocational training should be provided to the middle aged visually impaired adults as well as to the visually impaired young adults.

- The level of perceived social support was higher in visually impaired young adults than the middle aged visually impaired adults. Enough social support and care should be provided to the middle aged visually impaired adults and counselling sessions should be given to the friends and family of the visually impaired so that they can understand the importance of their support in the life of visually impaired.

- Quality of life is better in visually impaired young adults than the middle aged visually impaired adults. Institutes should focus on providing a healthy environment and proper vocational training to the middle aged visually impaired adults.
impaired so that they can improve their quality of life and can decrease the feeling of worthlessness.

- Depression level was higher in the middle aged visually impaired adults than the visually impaired young adults. Poor quality of life and lack of social support could be the reason for the higher level of depression in middle aged visually impaired adults. Proper psychological counselling should be given to the middle aged visually impaired adults. Weekly or monthly counselling session will help them in overcoming the depressive symptoms and will help them to look forward in their lives with a more positive perspective.

- Loneliness was found to be higher in middle aged visually impaired adults than the visually impaired young adults. Depression and lack of social support may lead to loneliness in visually impaired adults. Assigning group activities will help them to mix up with others which will eventually remove their loneliness.

Suggestions

For the institution

Institution should know the exact condition (physical as well as psychological) of each and every person admitted to the institute. It must keep a regular check on the medical conditions and also provide them with a better environment. This will help him in improving his quality of life. Certain points which an institution should keep in mind:

- Provide proper vocational training, rehabilitation services and healthy institutional environment to the visually impaired adults where they can get opportunities for expression, interaction, recreation and enjoyment.

- Keep the visually impaired aware about the surroundings and provide them with enough learning opportunities.

- Allot them some time for their leisure activities.

- Conduct workshops so that the visually impaired people get a chance to increase their social circle and improve the social quality of life.
• Be aware about the medical, physical, social, psychological and environmental conditions of the patients.

• Time to time visits to market and other public places should be organized so that they can come to know about their surroundings and outer world.

**For the psychologists**

A psychologist should pay proper attention to each and every activity of the patient. He must look after each and every action of the patient so that he can detect any sign of the psychological problem as soon as it appears. Psychologists are the only people who are in direct contact with these patients so he must know and understand his responsibilities and listen to the patients carefully. Certain points which a psychologist should keep in mind:

• Psychologists should know the exact psychological conditions of the visually impaired so that they can properly diagnose their conditions and provide needed psychosocial therapies to them.

• Psychologists should also contact their family, friends and ophthalmologists to gain a better insight about their past lives and medical condition. For e.g. if the visually impaired has suffered from any traumatic event in the past than his family and friends can help the psychologist and together they can help him in a better way.

• Regular interviews of the visually impaired are necessary.

• Counselling of their family through regular meetings and workshops is also of great importance.

• New and different kind of psychological therapies should be used by the psychologist in order to improve the mental state of his patients.

**For the family and friends**

Family and friends plays a very important role in anyone’s life. Patients’ family needs to get a clear picture of the patient’s psychological conditioning. Friends and family must support the patients so that he can share his problems without any hesitation and does not feel lonely. Family and friends can show their
care and concern whenever patient visit them during holidays or they visit the patient at the time of monthly meets or workshops or any other occasion.

Certain points that the patient’s family and friends should keep in consideration:

- Understand the patient’s psychological condition and try to talk to them as much as possible. Talk about their problems and sorrows and try to solve them.
- Show them concern and care.
- Talk to their ophthalmologists and psychologists time to time in order to know their eye sight condition and mental health condition.
- Emotionally support the patient.
- Try to spend quality family time with them.
- Do not treat him as an impaired person this might hurt him.
- Try to engage him in each and every activity taking place in the family.

For the policy makers

Policy makers play a very important role in providing good rehabilitation services to the visually impaired people. Certain points that policy makers should keep in mind while making policies and plans for the visually impaired people are:

- Plan rehabilitation programmes for the visually impaired people that are easy to apply in any institution.
- Community based rehabilitation services and proper mobility training should be provided to the visually impaired people.

Understanding vision impairment, visually impaired people and their psychosocial conditions will provide a new insight about them which will helps to prevent and solve different problems of visually impaired. It would be possible to provide them with good social environment and enough social support so that they don’t feel lonely or depressed. If treated as a part of society, it would definitely make a difference in lives. They too would live a life of dignity.
Implications of the Study

For the Visually Impaired Adults

The present findings indicated that visually impaired middle aged adults have more difficulty than the visually impaired young adults. This finding is compatible with Branch et al (1989) reports which similarly document age related difficulties with activities. Future research could be directed towards disentangling the effects of vision impairment on other age related conditions to permit more specified relationship between service needs, vision loss and adulthood.

For the Service Provider

At the individual level, it is essential to acknowledge the age related differences in the needs. Second, implication concerns service delivery and importance of an integrative, inter-agency approach to services of visually impaired.

Integrated initiative is required to seek to improve and expand health systems and provide solutions in delivery and quality of effective intervention to prevent visual impairment.

Recommendations for Future Researches

- Further studies could be conducted to assess the needs among visually impaired children and older adults and their service providers.
- Cross cultural studies could be conducted.
- Studies could be conducted on other age groups.
- Interventional studies could be conducted.