

Challenges of Optometry in SAARC

Milan Rai*

Department of Optometry and Visual Science, Teerthanker Mahaveer University, India

***Corresponding Author:** Milan Rai, Department of Optometry and Visual Science, Teerthanker Mahaveer University, India

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Abstract

SAARC (South Asian Association For Regional Co-operation) is the geopolitical and intergovernmental union of eight nations of South Asia. The member countries are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The study was carried out to identify the extent of optometric services for future reference to implement the effective ways to uplift primary eye care services in SAARC. Optometry is seen as a core field for overcoming the barriers and challenges of eye care aspects especially at the primary level in this region. Published literature was attentively accessed using pub med and the studies published from 2000 A.D to 2017 A.D were included. In addition to this, socio-economic determinants and malpractices of the communities were systematically studied. An eye care sector environment assessment was also done looking into human resources and infrastructure. Lack of awareness regarding basic eye care services due to low literacy rate is one of the most important challenges of this sector. The ratio of total population to be served to the total allied eye care professionals is excessively large which is 99852:1. The number of academic institutions providing optometric knowledge is extremely less in comparison to the growing population growth rate. The high line of existing poverty has affected economically and socially. The distribution of eye care services is not inappropriate proportion geographically.

Geographical hindrances have resulted in poor access to the services and communications. The superstitious malpractices are deeply rooted in rural societies. An absence of effective regulatory bodies and their regulations through constitutional provision have become the big challenge. Effective regulations from government and awareness programs are needed to be implemented along with the establishment of more number of academic institutions.

Keywords: Geopolitical; Socio-Economic; Malpractices; Literacy Rate; Geographical; Constitutional

Introduction

SAARC stands for South Asian Association for Regional Co-operation. It is the intergovernmental organization and geopolitical union of eight nations of South Asia. Its member countries are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri-Lanka. It occupies 3% of the world 'area, 21% of the world's population. The SAARC comprises the union of developing nations. Various governmental, non-governmental and individual sectors have established, continued and regulated the academic as well as clinical aspects of ophthalmic care including the primary eye care as the frontline of ophthalmic services. However, primary eye care

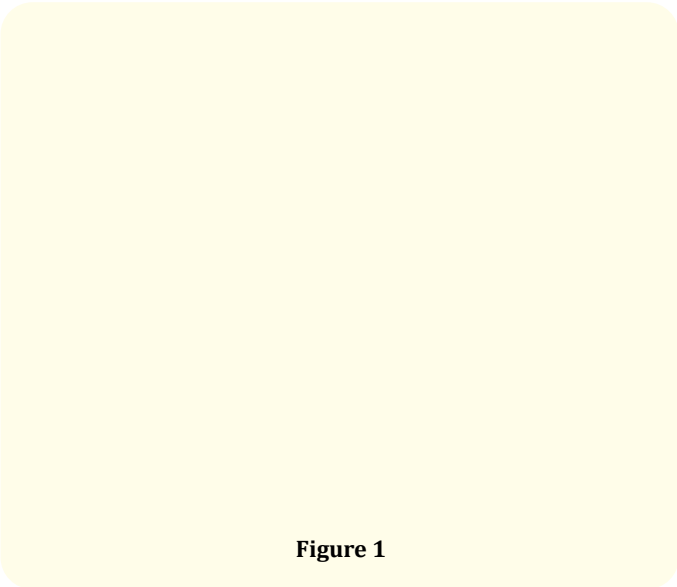
services are still not regulated in a systematic way following the specific protocols by the eye care professionals. There are significant challenges of ophthalmic care including optometry accordingly on different basis of criteria and their form of existence in different regions of SAARC. Unequal innovations among all aspects of optometric services and educational provision with co axial linkage among each other ranging from individual level to national level can occupy the maximum number and highly intense challenges of optometry in SAARC. Different aspects such as socio economic factors, Political factors (instability), Geographical hindrances, livelihood status, Population status etc. comprise the central attentions as the core challenges of optometric practices in SAARC.

Methodology

Various published literature from 2000 July to 2017 January from South Asian regions were attentively accessed using PubMed. Thorough observations of the socio-religious beliefs and practices were analyzed. Eye care sector environment assessment was done considering human resources and infrastructures availability for the provision of eye care services in SAARC. Interviews with different personalities holding various positions in reputed eye hospitals were taken.

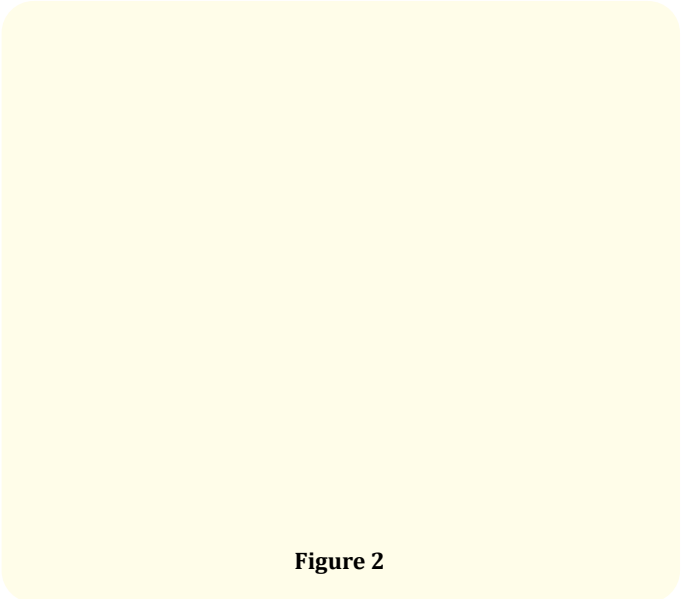
Results and Discussion

The barriers and challenges to this field are variable depending upon various criteria's. One of the important barriers is the lack of public awareness which can also be explained correlating with the literacy rates of SAARC countries. The lack of awareness towards the primary eye care and its management has attributed to the significant portion of direct impact on the ophthalmic eye care profession including Optometry. The consciousness of people towards the health system is directly proportional to the literacy rate of a country which stands as the solid platform for the overall development of the nation.



The regions of SAARC are highly populated but the number of eye care professionals including optometrist and their services in primary, secondary and tertiary levels are not sufficiently proportional to the increasing number of populations in SAARC. The ratio of an optometrist to the population to be served is extremely

small indicating the considerable burden to the field of optometric services which can be the important factor that can compromise the qualitative services. The developing nations also do not have proper infrastructures to ensure the and sufficient primary care services to the people of every economic background. The increasing population will definitely increases the number of people seeking healthcare services including primary eye care having direct impact on the tendency of poverty increment. Because of increasing population the quality of life in developing nation's degrades. When the number of people seeking ophthalmic services increases, demand of number of eye care professionals including optometrists also increases. However, the population growth rate and number of optometrist production are not in direct relation. The population is increasing tremendously in SAARC whereas the number of optometrist to serve the increasing growth is not increasing according to population growth ratio which has direct impact on the services.



The quality of services is also degraded. Furthermore, the poverty existing in South Asian regions has greatly affected the livelihood status of the people in SAARC. So, the poverty has become one of the major problems for the SAARC nations which directly have impacts on health systems.

There should be a balanced proportion in between the increasing population and the number of optometrists so that the quality services are available to every class of people in society. The number of trained professionals including optometrists are to be produced in sufficient number. However, the number of academic

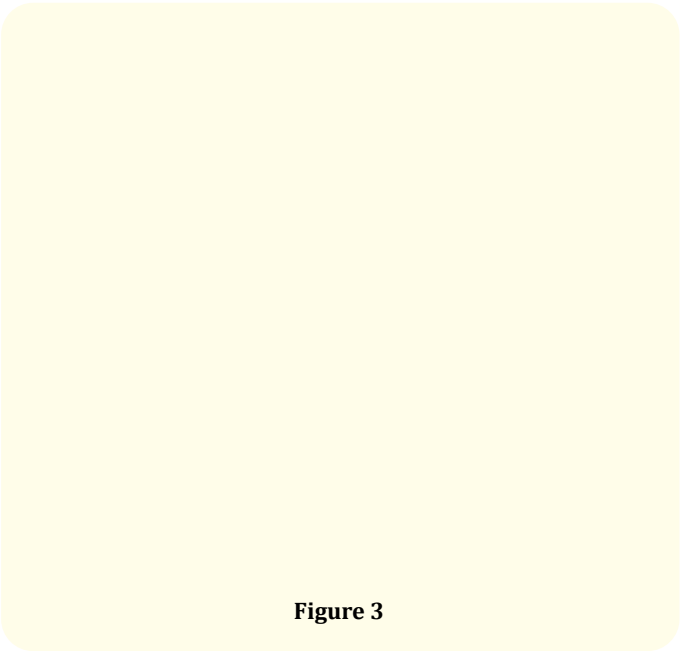


Figure 3

institutions providing the education specially in degree level of education is not sufficient. The increasing demand and existence of less number of institutions in SAARC have disturbed the balance between the quality services.

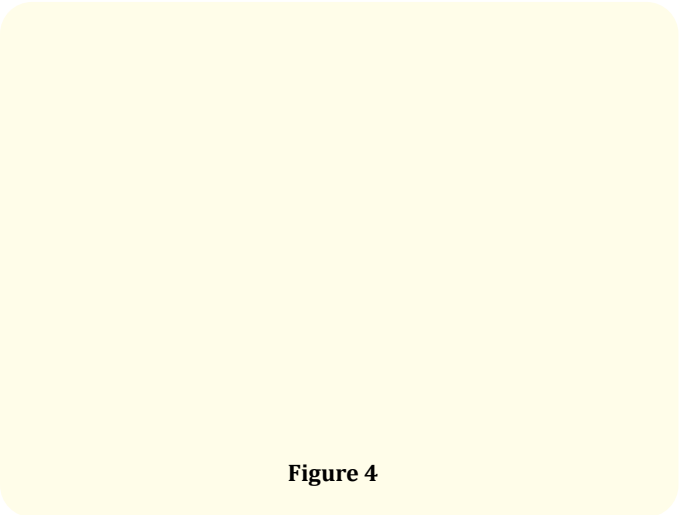


Figure 4

Furthermore, unequal distribution of resources and eye care centers in SAARC region has also contributed for the ineffective implementation of optometric services. Inadequate coordination of the eye care regulation programmes at both regional and national levels in SAARC has added the barrier for their implementation. Regulatory patterns and board for the overall development and regulation of the profession have not been well established and legally as well as officially recognized by the government of respec-

tive country. Geographical hindrances and superstitious beliefs have also contributed for the poor access to eye care professions.

Superstitious beliefs have specially hindered in rural areas where the people with severe health complications, instead of doing medical checkup, visit the traditional healer so called as Witch Doctor. This trend of blind belief on witch doctors has severely affected the health systems in rural areas which can be related with the lack of awareness towards medical advancements and its innovations. The illegal practices of comprehensive eye examinations and prescription of glasses by unqualified persons have become one of the major challenges of this profession [1-12].

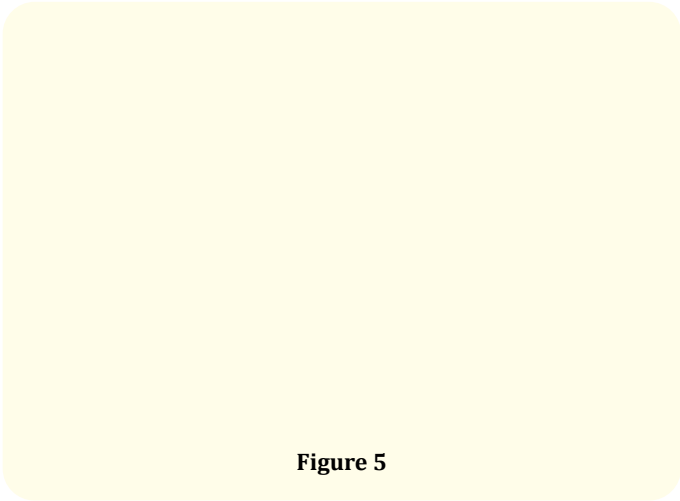


Figure 5

Conclusion

The public awareness and eye care programmes should be conducted by both governmental and non-governmental organizations forming joint collaborations with international organizations regarding the upliftment of the profession and basic eye care exams. The regulation of the profession is must for the overall management and development of this profession. The number of academic institutions providing optometry education should be increased proportionally to address the increasing demands. The attention of the government is must in terms of allocating sufficient budget for the overall development of this profession. The regulatory board constitutionally established for the regulations of the profession is must so that the overall professional and clinical aspects will run smoothly. In order to stop the illegal clinical work up by unqualified practitioners, there should be the strict formulations and effective implementation of laws. There should be a system of obtaining license by the qualified practitioners. The practitioners should be legally registered with the constituent boards as in developed nations. Furthermore, the decentralization of the optometric services

is must for the proportional management and availability of the services.

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