

Advocacy for Child Eye Health

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Introduction: Advocacy is the act of arguing on behalf of a particular issue or particular groups of vulnerable or disadvantaged people such as the elderly, ¹ children, women and the visually impaired. It aims to **persuade** people in authorities (and with influence) to use their position to promote actions that are beneficial and desirable for the vulnerable persons in order to prevent unnecessary lack of services.²

Methods: A review of literature on child eye health

Discussion: Advocating for child eye health means working to change the policies and practices of institutions, the attitudes and behaviours of individuals, whose action affect the elimination of avoidable blindness in children. Related words for advocacy are 'lobbying', 'Health activism', and campaigning, as seen in Figure 1. Where needed, advocacy can be supported by information, communication, education, publicity, and fundraising. Advocacy is a crucial component of VISION 2020: The Right to Sight, and also an important part of global health promotion initiatives since 30 years ago (1986, Canada 'Ottawa Charter for Health Promotion'. Evidence is needed for effective advocacy by developing appropriate messages e.g. Figure 1. Local, evidences can be obtained through researches to determine the prevalence of conditions, assessment of needs and resources, and ways of equitable distribution of wealth in the country⁽³⁻⁵⁾. Impact or effectiveness of a previous eye care program can also be measured.⁶ Internationally, such evidences can be obtained from WHO, UNICEF etc. The messages which should be informative and educative could be disseminated through media, religious gatherings, schools, personal contacts with head of key government and non-governmental organizations e.g. Figure 2 shows information on cataract being disseminated by personal contacts. Advocacy also requires working together with other interest

groups for children, other health alliances like anti-poverty movements or child health groups and initiative, so that the goals will easily be achieved having had an already established platform e.g. The NPI program can be keyed into using appropriate developed messages from research results. Also 'The Vision of Children Foundation in the USA which is dedicated to curing hereditary childhood blindness and vision disorders is one of such that helps in 'developing research and services so that the visually disabled children can have happy, successful and fulfilled lives to become leaders in the society. Advocacy efforts would be very successful if a wide audience is targeted through collaboration with a health or non-health organizations through networking e.g. Optometrist, Paediatricians, Gynaecologists, teachers, ministries of education and health etc. In this way referral patterns are created.⁷ Advocacy must be done rigorously in order to achieve results.⁸ Every Ophthalmologist and eye care worker should be an advocate of child eye health. It can be done at all levels- international, national and local levels 'where actual programme implementation takes place and where people

World Sight Day 2007 was an example of campaigning, also called 'background' advocacy.



Fig. 1: Campaigning

A community coordinator talks with village leaders about gender and the use of cataract services in TANZANIA



Fig. 2: Advocacy at the Community Level

either receive the benefits of eye care or suffer due to a lack of such services’.

Conclusion: ‘Providing eye care services in developing countries require direct and indirect support for patient care and dissemination of health promotion information. Such support, whether financial or through manpower resources, can be garnered through advocacy’⁹

References

1. Greenberg DA, May LA. The senescent cataract patient: a management philosophy. *J Am Optom Assoc.* 1982; 53(2): 125-129.
2. Powell DL, Stewart V. Children. The unwitting target of environmental injustices. *Pediatr Clin North Am.* 2001; 48(5):1291-305.
3. Banerjee SR. Agricultural child labor in West Bengal. *Indian Pediatr.* 1993; 30(12):1425-1429.
4. Lockyer S, Creaser C, Davies JE. Availability of accessible publications: designing a methodology to provide reliable estimates for the Right to Read Alliance. *Health Info Libr J.* 2005; 22(4):243-252.
5. Shaikh SP, Aziz TM. Pattern of eye diseases in children of 5-15 years at Bazzertaline Area (Soth Karachi) Pakistan. *J Coll Physicians Surg Pak.* 2005; 15(5):291-294.
6. Schmier JK, Halpern MT, Covert D. Validation of the Daily Living Tasks Dependent on Visio (DLTV) questionnaire in a U.S. population with age-related macular degeneration. *Ophthalmic Epidemiol.* 2006; 13(2):137-143.
7. Ravilla TD, Ramasamy D. Advocacy for eye care. *Indian J Ophthalmol* 2012; 60: 376-379
8. Green LW, Kreuter MW. N Y, London: McGraw-Hill; 2005. *Health Program Planning*, 4th ed.
9. Ravilla TD, Ramasamy D. Advocacy for eye care. *Indian J Ophthalmol* 2012; 60: 376-379