

A person is shown from the waist down, sitting in a meditative lotus position on a grassy hill. They are wearing a black sports bra and grey leggings. Their hands are resting on their knees in a mudra. The background features a soft, golden sunset over a hilly landscape with some trees. The overall mood is peaceful and contemplative.

ECAY5005
Assignment 2

***REFLECTION UPON THE DIFFERENCES BETWEEN
HEALTH & WELLBEING***

Usha Krishna Raj
Student no: 2022598
Date: 29/02/2024

HEALTH AND WELLBEING

Health and well-being are said to reciprocate with each other; however, their inception and definition can differ.

So how do they differ...?



HEALTH

WHO (2024) remarks Health is determined by social, economic and physical environments and one's personality and conduct, however the maintenance of health depends on one's thoughts, efforts and decisions they make which also contributes to their wellness.



Now what's Well-being?

The National Wellness Institute defines well-being as energetic function that makes an individual to be conscious of, able to decide and successfully exist.



Dodge, Daly, Huyton and Sanders (2012) affirm Well-being focuses on 3 Key fields – the proposal of a set point for wellbeing; the necessity of equilibrium and the state of shift between challenges and resources; With this formula, the authors define Well-being as the balance point between one's resource bank and the hardships faced in life.

Difference between Health and Well-being in the life of people with visual impairment.

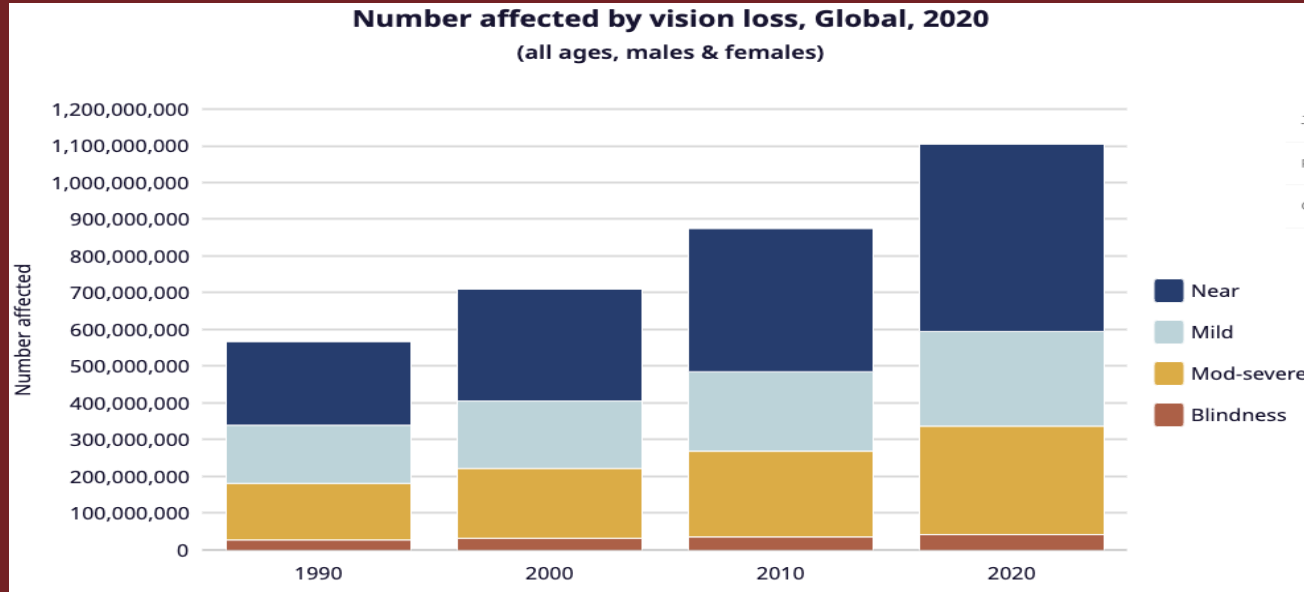


THEORY

What?

Why?

How?



IAPB - International Agency for the Prevention of blindness (2021) declared universally about 1.1 billion people were living with vision loss in 2020

- 43 million people are blind (crude prevalence 0.5%)
- 295 million people have moderate to severe blindness (crude prevalence 3.7%)
- 258 million people have mild blindness (crude prevalence 3.3%)
- 510 million people have near vision problems (crude prevalence 6.5%)



HEALTH OF PEOPLE WITH VISUAL IMPAIRMENT

Stoewen (2015) in National Library of Medicine advises Advocacy serves as a bridge between the stakeholders and the people with visual impairment in society, to obtain their rights, and successful advocacy improves the efficacy of the services provided to them.

Carter and Markham in National Library of Medicine (2016) remarks Advocacy towards visual impairment perceives their health based on 5 factors, they are ;-



5 FACTORS INFLUENCING THE HEALTH OF VISUALLY IMPAIRED PEOPLE



QUALITY OF LIFE



COGNITION



MENTAL HEALTH



DEPENDENCE



SUBSEQUENT INJURIES &
MORTALITY

EVIDENCES TO THEORY

Vision impairment is connected to reduced Quality of life as it exerts influence on their emotional health as they are affected by vision. (Chia E.M et, al., 2009)

Mostly children with visual impairments are diagnosed to have neurodevelopment disorders which resulted in their cognitive impairment. (Papageorgiou, E et al, 2012)

Distress associated with visual impairment is strongly interrelated with psychological problems which impacts severely on their mental health. (Rovner et al., 2012)

DEPENDENCE

SUBSEQUENT INJURIES & MORTALITY

QUALITY OF LIFE

COGNITION

MENTAL HEALTH

Vision loss impacts one's ability to care for themselves making them dependent. (Kempen, GI et, al., 2015)

National Health Interview Survey (NHIS) recorded that more than 100,000 adults with bilateral visual impairment were associated with a threat of death due to accidents and unintentional injuries. (Lee et, al, 2003)

Disease or Condition Reference Group	Condition or Disease		Vision Impairment Only		Condition or Disease + Vision Impairment	
	Physical	Social	Physical	Social	Physical	Social
Diabetes	2.3	2.0	2.8	3.4	5.7	6.4
Heart problems	2.6	2.4	2.7	3.1	6.6	7.4
Hypertension	1.9	1.5	2.9	3.5	5.1	5.2
Stroke	3.9	4.2	2.7	3.2	9.5	11.5
Severe depression	7.9	10.0	2.5	2.9	19.5	23.9
Low back pain	2.4	1.9	2.9	3.2	5.9	5.7
Breathing problems	2.3	2.0	2.8	3.4	5.8	6.0
Hearing impairment	1.8	1.7	2.7	3.3	4.6	5.4
Joint symptoms	2.6	2.0	2.6	3.2	6.1	5.5

NLM – Survey

Ratio of limitations faced among visually impaired individuals comparing to those without a visual impairment during physical and social activities.

- Physical activity refers to ability to walk 0.25 mile.
- Social activity refers to ability to socialize.

National Library of Medicine (2012) advises the challenge of being unable to see influences self-care on a larger scale leading them to develop chronic conditions like glaucoma, diabetes etc thus setting foot into a vicious circle of deteriorating health .

Hence, the 5 factors influencing the health of visually impaired individuals, the physical challenges discussed, and the ratio depicted in this page, channels and determines the health of Visually impaired individuals.

WELLBEING OF VISUALLY IMPAIRED INDIVIDUALS

THEORY AND EVIDENCE

Vision Foundation, one of the world's renowned Advocacy charities for visually impaired (2024) comments visually impaired community encounters 'double disadvantage' which involves the adverse effects of sight loss accompanied with weak mental health which leads to poor wellbeing.

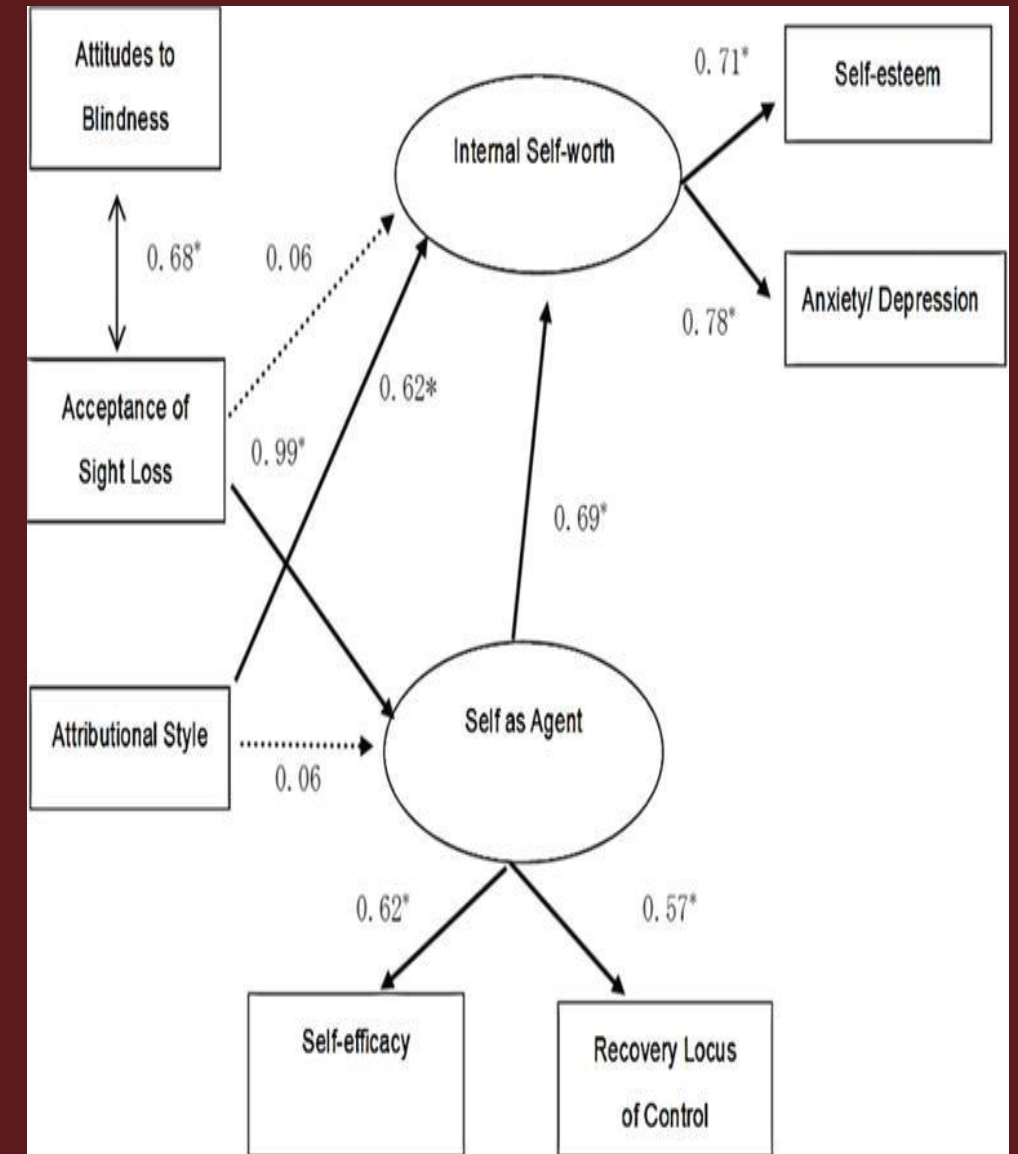
In support of this, Ueda (2016) remarked Visual impairment has found to have impacts on social and behavioral traits of people and in turn this has affected their psychological wellbeing.



Dodds et al invented a structural model called LISREL (Linear structural relation) depicting the potential factors that was believed to help in adjusting life to blindness, like self-esteem, locus of control, acceptance of disability, attitude towards blindness and level of anxiety and declared that with the inclusion of two major factors - 'self as agent' and 'internal self-worth' as the interrelating factor, the structure resulted in successful adaptation to blindness which included;

- Low levels of depression
- High range of self-respect
- Acceptance of their own disability.

The combination of these attributes contributed to the wellbeing of the visually impaired individuals.



REFLECTION

Although the factors and elements governing health and well-being of visually impaired people were discussed separately, it can be concluded in a nutshell that the health of visually impaired person is a state of being physically, mentally and socially well with acceptance. And the wellbeing of visually impaired person is what supports their health by regulating the factors that promote their health.

From the advocacy lens, Vision 2020 supports this fact that the health of visually impaired person has been acknowledged by the various psychosocial impacts of visual impairment and advocacy acts as a 'one stop shop' providing them rehabilitation, benefits advice, support services etc, thereby enhancing their wellbeing.



*DIFFERENCES BETWEEN HEALTH & WELLBEING
OF VISUALLY IMPAIRED INDIVIDUALS THROUGH
THE EVOLUTION OF DISABILITY MODELS & ADVOCACY
PROVISION TOWARDS IT*



MORAL MODEL

*MEDICAL
MODEL*

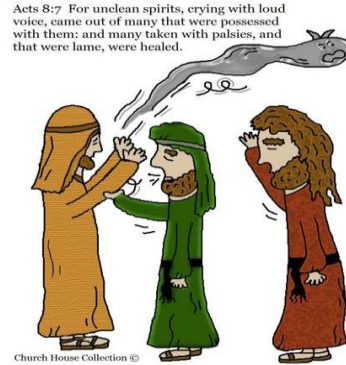


SOCIAL MODEL



MORAL MODEL EXPLANATIONS

- Result of sin of the person or ancestors
- Possession by evil spirits
- Past life misdeeds
- Result of being 'unclean'
- Result of spiritual curse
- Resulting from disharmony in nature
- Test or gift from God
- A way others can earn salvation

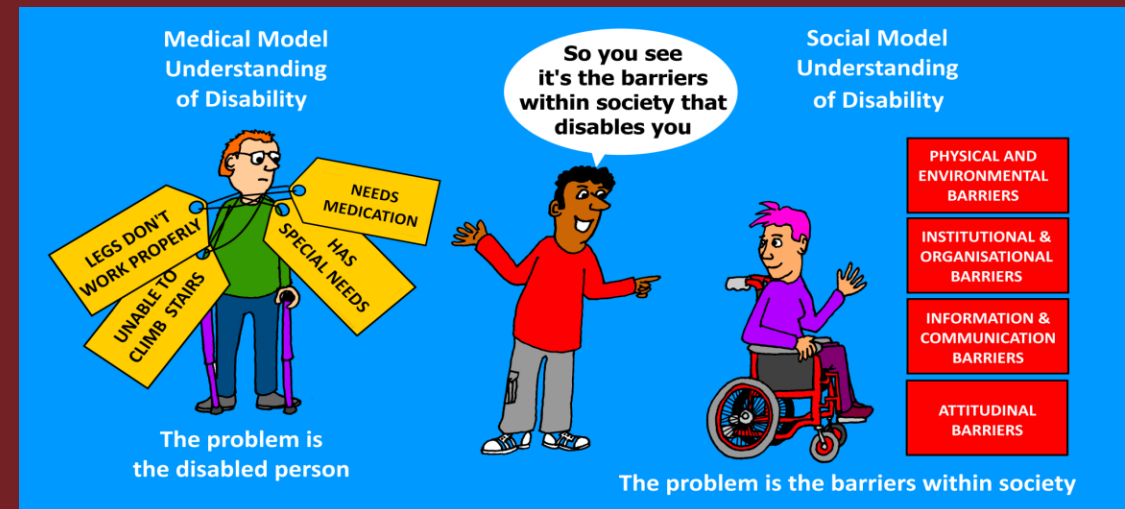


Conversely, Wheatley (2013) debated when Catholic institutional hegemony promises salvation to disabled individuals through prayers to God, Medical professionals provided cure to them via medicines. Contrarily, the social model rather than focusing on curing physically, intended to structure the society to support people with disability.

This proves **THE MEDICAL MODEL FOCUSED ON HEALTH , WHILE THE SOCIAL MODEL ON THE WELLBEING OF THE PEOPLE WITH DISABILITY.**

Wilder (2016) remarks people with disability were shut out of the Church considering them as sinners in the past, however the morality of the Christians has evolved with wisdom now that they have realized Churches have a purpose of serving the people with disability depicting Christian compassion advised in the holy bible.

Hence this proves **MORAL MODEL (RELIGIOUS MODEL) CONTRIBUTED TO THE WELLBEING OF PEOPLE WITH DISABILITY**



Now when considering people with visual impairment within the models, **Author Cross** remarks blindness was considered as a punishment for evil characters in fairy tales, which was the reflection of the society in the past, on the other hand Churches considered blind people were sinful people.

This shows both morally and socially visually impaired were not treated with respect in the olden days which may have impacted their health and wellbeing adversely.



Contrarily, Wheatly (2017) remarked moral and social model overlapped to a certain extent when churches in medieval society, which formed a major part of society, fostered people with visual impairment and provided them with Braille and walking sticks.

Now this evidences the fact, Social and moral model supported the health and wellbeing of visually impaired people equally.



Advocacy provision to Visual impairment to fight against the adverse effects of the disability models

Author Johannesdottir (2021) who was the Minister of Social affairs & Social Security in Iceland Parliament remarked, as stated in the CRPD, article 8, it is important to fight against the stereotypes and unhealthy practices towards visually impaired individuals and advocacy policies would be framed supporting the health and wellbeing of the people with disability.

REFLECTION

Even though, with the concepts of charity and public-spiritedness, moral and social model intersected in providing care and support to people with disability, their basic intention was only obligatory, whereas Medical model focussed on the duty to care. On the other hand, although medical model intended to treat and cure blindness, it was merely due to the fact it was their profession.

This debate goes on forever, as each model of disability contributes to either health or well-being of people with visual impairment to some extent; conversely each of the models also contribute to ill-being of them; however, each model is different to each other having different threads.



ADVOCACY POLICIES TOWARDS VISUAL IMPAIRMENT

Health-focused Policies

1. RNIB remarks the new disability action plan of the Government does not support VI individuals due to the rising cost of living .
2. Blind Veteran UK possess 'safeguarding adult procedures' policy supporting The Care Act 2014.
3. Sight savers have 'eye treatment policy' to cure cataracts
4. IAPB – The International Agency for the prevention of blindness has 'Advocacy to Action' policy.

Well-being focused Policies

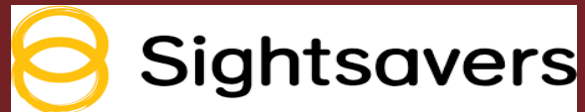
1. RNIB follows Disability Discrimination (Blind and Partially Sighted) Regulations 2003
2. Blind Veteran UK possesses 'safeguarding adult procedures' supporting - The Social services and Wellbeing act 2014.
3. Sight savers requested the UK Govt to provide extra funding on top of the £430 m to promote education for disabled children in the world's poorest countries

PRACTICES

HEALTH – FOCUSED



- Campaigning
- Cost of Living support
- Practical help to run daily activities



- Treating cataracts and protecting eye-health.

WELL-BEING FOCUSED



- Community Connection
- Radio station for blind



- Scholarship to VI students from developing countries.
- Employment opportunities through Project ASPIRO.



Grants for music lessons, instruments, travel and accommodation.



CONCLUSION / FINAL REFLECTION

Although health and wellbeing of visually impaired individuals have different threads, Advocacy aims to serve the visually impaired individuals attain both equally by upholding their rights and by advocating all services required to improve their status of health and enhancing their wellbeing.

A woman with long dark hair, wearing a white long-sleeved shirt, is shown in profile, sitting in a meditative lotus position. She is looking towards the right, where a bright, hazy sky is visible. The lighting is soft and warm, suggesting a sunrise or sunset. The text "Thank You" is overlaid on the right side of the image.

Thank You

REFERENCES

1. WHO (2024) Health and Wellbeing
<https://www.who.int/data/gho/data/major-themes/health-and-well-being>
2. National Wellness Institute (2023) Wellness Promotion Competency model
<https://nationalwellness.org/resources/nwi-wellness-promotion-competency-model/>
3. Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 222-235.
4. IAPB (2021) Global Eye Health – One million treated
<https://www.iapb.org/video/global-eye-health-one-billion-untreated/>
5. Stoewen, D. (2015) Health and Wellness. *National Library of Medicine*. v.56(9); 983-984
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535518/#:~:text=In%20understanding%20the%20difference%20between,aims%20to%20enhance%20well%2Dbeing.>
6. Carter, J. and Markham, N. (1999) Minimizing the effect of Visual Impairment. *National Library of Medicine*. v.319(7211); 1999 Sep 11
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1116555/>
7. Welp, A., Woodbury, RB., & McCoy MA, (2016) Making Eye Health a Population Health Imperative: Vision for tomorrow. *National Library of Medicine*. Sept 15, 2016
<https://www.ncbi.nlm.nih.gov/books/NBK402367/>
8. Chia, E.M., Mitchell, P., Ojaimi, E., Rochtchina, E., & Wang, J. J. (2006) Assessment of vision-related quality of life in an older population subsample: The Blue Mountains Eye Study. *Ophthalmic Epidemiology*. 2006;13(6):371-377.
<https://web-p-ebscohost-com.ezproxy.uwtsd.ac.uk/ehost/pdfviewer/pdfviewer?vid=0&sid=1e0ef3ea-4e37-4b9f-8029-bf8a74552431%40redis>
9. Kempen, G.I., Ballemans, J., Ranchor, A.V., Van Rens, G.H., Zijlstra, G.A. (2012) The impact of low vision on activities of daily living, symptoms of depression, feelings of anxiety and social support in community-living older adults seeking vision rehabilitation services. *Quality of Life Research*. 2012;21(8):1405-1411
<https://www.proquest.com/docview/1038897852?accountid=130472&parentSessionId=zhEgOn0xWEti7yAtCO7LTwyAYW9sVHeizgpDKnCGmtw%3D&pq-origsite=primo&sourcetype=Scholarly%20Journals>
10. Papageorgiou, E., Tsirelis, D., Lazari, K., Siokas, V., & Dardiotis, E., (2022) Visual disorders and driving ability in persons with dementia: A mini review. *Frontiers Research Foundation; Frontiers in human neuroscience*, 2022-11, Vol.16
<https://www.proquest.com/docview/2741127040?accountid=130472&parentSessionId=QJM6%2BMLodIGKMzNCJxLaEHLf%2BI%2FXSVNo6pOdVjZrn7U%3D&pq-origsite=primo&sourcetype=Scholarly%20Journals>
11. Lee, D.J, Gomez-Marin, O., Lam, B.L., & Zheng D.D. (2003) Visual impairment and unintentional injury mortality: The National Health Interview Survey 1986-1994. *American Journal of Ophthalmology*. 2003;136(6):1152-1154.
12. Rovner, B.W., Casten, R.J., Hegel, M.T., Tasman, W.S. (2006) Minimal depression and vision function in age-related macular degeneration. *Ophthalmology*. 2006;113(10):1743-1747
13. Ravilla, T.R., & Ramasamy, D., (2012) Advocacy in eyecare. *National Library of Medicine*. v.60(5): 376-379.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491261/>
14. Vision foundation (2024) Empowering those at risk.
<https://visionfoundation.org.uk/our-projects/empowering-those-at-risk/>
15. Ueda, Y., (2016) Psychosocial Adaptation to Visual Impairment. DOI: 10.5772/intechopen.70269
<https://www.intechopen.com/chapters/56525>
16. Dodds, A.G. (1989) Motivation reconsidered: The importance of self-efficacy in rehabilitation. *British Journal of Visual Impairment*. 1989;7 :11-15

17. IABP – Vision 2020 National Bodies UK

<https://www.iapb.org/news/vision-2020-national-bodies-uk/>

18. Wilder, C. (2016) Disability, Faith, and the Church: Inclusion and Accommodation in Contemporary Congregations; LCCN 2015051195/ ISBN 9781440838842

<https://books.google.co.uk/books?hl=en&lr=&id=CFHEEAAAQBAJ&oi=fnd&pg=PP1&dq=moral+model+of+disability+churches+accomodating+disabled&ots=J2TX0tQAZX&sig=MmxWF9AFhtBOw1HniP6pA>

19. Wheatley, E. (2017) ‘Monsters, Saints, and Sinners: Disability in Medieval Literature’, in The Cambridge Companion to Literature and Disability, ed. by Clare Barker and Stuart Murray (Cambridge University Press, 2017), pp. 17–31 (p. 18).

<https://www.cambridge.org/core/books/abs/cambridge-companion-to-literature-and-disability/monsters-saints-and-sinners/3C466F3F29A011501BEF3FE2F9247654>

20. Cross, C.M. (2023) Reines Licht: Blindness, Religion, and Morality in Selected Early Grimms’ Kinder- und Hausmärchen. Publications of the English Goethe Society. Volume 92, 2023 - Issue 1, Pages 132-148

<https://www.tandfonline.com/doi/full/10.1080/09593683.2023.2212445>

21. Wheatley, E. (2014) Stumbling Blocks before the Blind: Medieval Constructions of a Disability (Ann Arbor: University of Michigan Press, 2014), p. 11.

<https://library.oapen.org/bitstream/handle/20.500.12657/59043/9780472903801.pdf?sequence=1&isAllowed=y>

22. Johannsdottir, A. & Haroldsdottir, F. (2021) Implications of internalised ableism for the health and wellbeing of disabled young people. School of Education, University of Iceland, Reykjavík, Iceland. DOI: 10.1111/1467-9566.13425

<https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/1467-9566.13425>

23. RNIB (Royal National Institute of Blind People.) - Policy and Reports

<https://www.rnib.org.uk/get-involved/support-a-campaign/policy-statements/>

24. Disability Discrimination (Blind and Partially Sighted) Regulations 2003 – Legislation.gov.uk

25. Blind Veteran UK - 'safeguarding adult procedures' policy

<https://www.blindveterans.org.uk/policies/safeguarding-adults-policy/>

26. The Care Act 2014. - Legislation.gov.uk

27. Sight Savers (2014) A Million Miracles

<https://www.sightsavers.org/programmes/a-million-miracles/>

28. IAPB - The International Agency for the prevention of blindness - 'Advocacy to Action' policy.

<https://www.iapb.org/advocate/advocacy-hub/advocacy-to-action/>

29. Sight Savers (2021) UK government pledges £430 m funding for education

<https://www.sightsavers.org/news/2021/06/uk-government-pledges-430-million-funding-education/>

30. Blind Veteran UK - The Social Services and Wellbeing (Wales) Act 2014.

<https://www.blindveterans.org.uk/policies/safeguarding-adults-policy/>

31. Action for Blind - RNIB

<https://www.rnib.org.uk/search/?query=action+for+blind#search-results-title>

32. World Blind Union (2024). Promoting Education Rights of Persons with Disabilities

<https://worldblindunion.org/programs/education/>

33. The Amber trust (2024) - What we do

<https://ambertrust.org/what-we-do/>