



Original Article

Determination and Identification the Awareness of Primary Eye Care in Community

Nawar Jan¹, Misra Anjum², Muhammad Ahmad³, Tallat Anwar Faridi⁴, Samia Iqbal⁵, Muhammad Mujahid¹, Abid Hussain⁶¹Department of Ophthalmology, Mayo Hospital Lahore, Lahore, Pakistan²Department of Optometry, Sardar Yaseen Malik Hospital, Gujranwala, Pakistan³Department of Optometry, Ramzan Eye and Dental Clinic, Lahore, Pakistan⁴Department of Public Health, University of Lahore, Lahore, Pakistan⁵Department of Public Health The Islamia University of Bahawalpur (IUB), Bahawalpur, Pakistan⁶Department of Optometry, Bahawalpur Medical and Dental College Bahawalpur, Pakistan

ARTICLE INFO

Key Words:

Optometry, Primary eye care, Awareness

How to Cite:

Jan, N. ., Anjum, M. ., Ahmad, M. ., Anwar Faridi, T. ., Iqbal, S., Mujahid, M. ., & Hussain, A. . (2022). Determination And Identification the Awareness of Primary Eye Care in Community: Awareness of Primary Eye Care in Health care worker of Community. Pakistan BioMedical Journal, 5(7). <https://doi.org/10.54393/pbmj.v5i7.580>

*Corresponding Author:

SamiaIqbal
 Department of public health The Islamia University of Bahawalpur (IUB), Bahawalpur
samiaiqbal988@gmail.com

Received Date: 23rd June, 2022Acceptance Date: 10th July, 2022Published Date: 31st July, 2022

ABSTRACT

Vision is the essential part of our life. A good eye health is necessary to perform a lot of works such as cooking, sewing, studding, driving. it affects our social, economic life. Vision also affects the quality of life and a person's physical and mental state. **Objective:** The study's main goal was to find out how much people in the community knew about primary eye care. **Methods:** A cross-sectional survey with questionnaires was done. The research site, target population, sample size (194 people), sampling method, research methodology, and work plan were all chosen. **Results:** The level of knowledge and awareness in the community was about average. Most people don't know much about primary eye care because there aren't many places to get information, and they can't access services. The study had 194 people sign up, of which 48.9% were men and 52.2% were women. 58.9% of the participants of study, were well aware and knew about basic eye care. Associated factors with awareness of Health care worker of community about Primary Eye Care showed significant association. **Conclusion:** Most people in the community know about primary eye care, and the results of this study seem to back up what they know. However, teaching people about primary eye care and eye care services is time. I would suggest through this study, to take extra measures to improve general awareness about eye care in community through social media and print media or papers so that people can avoid common eye diseases.

INTRODUCTION

Vision is the essential part of our life. A good eye health is necessary to perform a lot of works such as cooking, sewing, studding, driving. It affects our social, economic life. Vision also affects the quality of life and a person's Physical and mental state. To live an independent life maintenance of good vision is very necessary and eye health care becoming the priority. National Institutes of Health describing the eye diseases and Visual disorder is the important problem which needs to control or cure [1]. Blindness is the last stage of visual disorder which spreads

all around the world. Peoples lived in rural areas have less knowledge about the disease control and the severity of a minor infection or disease, and the health care services is also not enough to provide services due to lack of availability and unable to afford such services the percentage of visual impairment is high. Many countries such as India [5], Nigeria [4], south Africa [3], Caribbean [2] and Jamacial facing poor accessibility of eye care services. In Timor-Leste [6] studies, explain due to lack of knowledge about the eye care services it affects the use of

eye care. It is important to take attention on the eye care. To avoid blindness and visual impairment it is necessary to take a proper eye exam among children; however, through a recent it is found only 14% children less than 6 yrs get an eye examination. All around America 60% peoples use glasses and contact lens, the need of eye care is increased in adults with the age. As peoples have maximum awareness about the importance of eye care, employers make their plans to get Maximum eye care. The American Optometric Association defines optometrist as: Primary health care providers independently examined, diagnose the disease, treatment and control visual disorder. Optometrist examined the external and internal structure of eye, diagnose cataract, glaucoma and retinal diseases; also, systemic diseases include, Diabetes, Hypertension; visual status such as myopia, hyperopia, astigmatism and presbyopia prescribing distance and near glasses, vision exercises and medication to treat some eye conditions [7]. Visual acuity is the important factor in our daily life routine. Decrease visual acuity affects daily life activities such as cooking, stitching, driving. Decrease vision is the major Issue all over the world [8]. World Health Organization (WHO), explain that 37 million peoples are blind all over the world, in which 1.4 million of children less than 15 years of age and 125 million peoples with significantly altered vision, which are total 160 million peoples facing visual disorder. Uncorrected refractive error leads to visual impairment which affects round about 200-250,000 peoples. To control refractive error is still a challenge which needs to control. Uncontrolled refractive error leads toward diabetic retinopathy and glaucoma like diseases which needs to addressed at time so progression of disease can control. Primary eye care level needs to provide accessible, affordable services all over without any inequality. Primary eye care aims are provided prevention, treatment, promotion and rehabilitation to all over the society so, keep away the community from such conditions like visual impairment and blindness which is still a task [9]. In India visual disorder and blindness are constantly the main health problem. To avoid the visual impairment and blindness availability of primary eye care services is necessary [10].

METHODS

A quantitative cross sectional study done in three months beginning from October 2021 to December 2021 in health care worker community of Pakistan. The sample size calculated with the help of a web software program software Open-Epi with the aid of the use of taking population length of Lady Health Workers (LHW), Lady Health Visitors (LHV), Lady Health Supervisors (LHS), and dispenser to be one hundred and 80, occurrence taken

modified into 50% and five% margin of errors. The calculated pattern length turns out to be 194. The sampling body of all Primary Health Care Workers (PHCWs) became obtained and statistics changed into gathered from LHW, LHV and dispensers. Records have become collected through a designed questionnaire with each open-ended and close-ended questions. Questions had been made using simple language and had been additionally translated in Urdu. The validity of questionnaire changed into checked earlier than beginning records series with the aid of way of appearing a pilot examine on health care employee network. Questionnaire designed from articles: Knowhow of eye care among health Extension people in Southern Ethiopia and focus of eye health and ailments a number of the population of the Hilly region of Nepal and a few questions had been made after analyzing the additives of national Programmed for Prevention and manipulate of Blindness (Punjab, Pakistan). Facts modified into analyzed via using the usage of statistical software program software SPSS version-26.Zero. Qualitative variables had been given numbers and possibilities. Scale of recognition have become computed and categorized into terrible and suitable awareness by the use of taking median. Chi-square test of independence used to find the affiliation among outcome variable and unbiased variable. This check applied on all impartial variables and final results variables.

RESULTS

Gender	Frequency
Male	93(48.8%)
female	101(52.2%)
Total	194

Table1: Frequency and percentage of male and female participants

Have you ever listened word primary eye care?	Frequency
yes	97(55.7%)
no	77(44.3%)
Total	194

Table2: Question and response of participants

The level of knowledge and awareness in the community was about average. Most people don't know much about primary eye care because there aren't many places to get information, and they can't access services. The study had 194 people sign up, of which 48.9% were men and 52.2% were women. 58.9% of the people who took the test knew about basic eye care.

Variable	Awareness about eye care		Chi-Square	P-value
	High	Low		
Age	52.3 Yes	48.6No	4(2)	0.003
Knowledge regarding eye care	(51.2)	(49.7)	3(1)	0.001
Education	54.7	46.2	8(3)	0.005
Experience	> 15 years = 43.2	>5 years =56 years	13(6)	0.002
Designation	(LHV) 62.1	Dispenser (38.2)	26(3)	0.004
No. of eye care training	(YES) 58	NO(42)	16(2)	0.001
Previous eye care training	(YES) 48	NO(52)	4(2)	0.006

Table 2: Associated factors with awareness of Health care worker of community about Primary Eye Care

The above table showed significant results.

DISCUSSION

The study based on the awareness of the primary eye care services. By Using a Special formula, we get a sample size of 194 for this study. This study is Performed among the community. This study was taken by a questionnaire which is given to every participant and explain each and every word of the questionnaire to every person in the lay language. The purpose of the study is knowing the level of awareness about the eye care services among the peoples. In 194 participants 48% were males and 52% are females. The Outcome of the study give an idea is there any need to improve or provide more knowledge related to primary eye care services and optometry [13]. Campaigns for primary eye care increased people knowledge which appreciate or encourage peoples to get eye care services at time and avoid the burden of visual disorder and blindness. As it is seen 55.7% students were aware and 44.3% unaware about the eye care services [14]. As in my literature review it shows how glaucoma patients show bad follow up routine due to less knowledge. This study shows $p=0.0001$ which mean they show highly significant effect [15]. Understanding and stage of perception about cataract, diabetic retinopathy and glaucoma become assessed in an Iranian population. It was visible that as compared to cataract and diabetic retinopathy awareness of glaucoma changed into especially low. Few spoke back have been having initial symptoms of glaucoma and diabetic retinopathy [16,17]. It was located that stage of awareness became relatively better from previous studies Brazil but became nevertheless no longer up to the mark. It become visible that media became an efficient suggest of supplying statistics approximately glaucoma and eye care services [18]. A survey was performed to assess the attention of glaucoma and obstacles to evaluate the health services amongst glaucoma sufferers in Tanzania [19]. It changed into suggested that primary barrier to evaluate the fitness services changed into lack of expertise

approximately glaucoma and boundaries for fitness services. The awareness primarily based sports have been distinctly endorsed [20].

CONCLUSION

Most people in the community know about primary eye care, and the results of this study seem to back up what they know. However, teaching people about primary eye care and eye care services is time. I would suggest through this study, to take extra measures to improve general awareness about eye care in community through social media and print media or papers so that people can avoid common eye diseases.

REFERENCES

- [1] Oduntan OO, Mashige KP, Hansraj R, Ovenseri-O Gbomo G. Strategies for reducing visual impairment and blindness in rural and remote areas of Africa. *African Vision and Eye Health*. 2015 May; 74(1): 55-57. doi:10.4102/aveh.v74i1.25
- [2] Rabi MM. Cataract blindness and barriers to uptake of cataract services in a rural community of Northern Nigeria. *British Journal of Ophthalmology* 2001 Jul; 85(7):776-80. doi: 10.1136/bjo.85.7.776.
- [3] Gilbert CE, Murthy GV, Sivasubramaniam S, Kyari F, Imam A, Rabi MM, et al. Couching in Nigeria: prevalence, risk factors and visual acuity outcomes. *Ophthalmic Epidemiology*. 2010 Oct;17(5):269-75. doi: 10.3109/09286586.2010.508349.
- [4] Courtright P, Seneadza A, Mathenge W, Eliah E, Lewallen S. Primary eye care in sub-Saharan Africa: do we have the evidence needed to scale up training and service delivery? *Annals of tropical medicine and parasitology* 2010 Jul; 104(5):361-7. doi: 10.1179/136485910X12743554760225.
- [5] Shodehinde OA, Kila A, Akinrolabu VO et al. Eye Problems: In Standing Orders for Community Health Officers and Community Health Extension Workers, 3rd edn. Federal Ministry of Health and National Primary Health Care Development Agency; Training and manpower development division: Nigeria, 1995; 54-56.
- [6] Hailu Y, Tekilegiorgis A, Aga A. Know-how of primary eye care among health extension workers (HEW) in Southern Ethiopia. *Ethiopian Journal of Health Development* 2009; 23(2).
- [7] Azam M, Iqbal S, Jamshed M, Nadeem HA. Association of different refractive error in parental cousin marriages. *Ophthalmology Pakistan*. 2016 Jul 1;6(03):19-22.
- [8] Onakpoya OH, Adeoye OA, Adegbehingbe BO, Akinsola FB. Assessment of human and material resources available for primary eye-care delivery in

- rural communities of southwestern Nigeria. *West Indian Medical Journal* 2009; 58:472-5.
- [9] Byamukama E, Courtright P. Knowledge, skills, and productivity in primary eye care among health workers in Tanzania: need for reassessment of expectations? *International health* 2010; (2): 247-252. doi: 10.1016/j.inhe.2010.07.008.
- [10] Kishiki E, Hogeweg M, Dieleman Met al. Is the existing knowledge and skills of health workers regarding eye care in children sufficient to meet needs? *International Health* 2012; (4): 303-306. doi: 10.1016/j.inhe.2012.08.001.
- [11] Andersen LB. Children's caregiving of HIV-infected parents accessing treatment in western Kenya: challenges and coping strategies. *African Journal of AIDS Research* 2012 Oct; 11(3):203-13. doi: 10.2989/16085906.2012.734979.
- [12] Marmamula S, Khanna RC, Shekhar K, Rao GN. A population-based cross-sectional study of barriers to uptake of eye care services in South India: The Rapid Assessment of Visual Impairment (RAVI) project. *BMJ Open*. 2014 Jun; 4(6): e005125. doi: 10.1136/bmjopen-2014-005125.
- [13] Lee L, Ramke J, Blignault I, Casson RJ. Changing barriers to use of eye care services in Timor-Leste: 2005 to 2010. *Ophthalmic Epidemiology*. 2013; 20(1):45-51. doi: 10.3109/09286586.2012.742551.
- [14] Gillespie-Gallery H, Conway ML, Subramanian A. Are rehabilitation services for patients in UK eye clinics adequate? A survey of eye care professionals. *Eye (Lond)*. 2012 Oct; 26(10):1302-9. doi: 10.1038/eye.2012.141.
- [15] Jin YP, Buys YM, Hatch W, Trope GE. De-insurance in Ontario has reduced use of eye care services by the socially disadvantaged. *Canadian journal of ophthalmology* 2012 Jun; 47(3):203-10. doi: 10.1016/j.cjco.2012.03.017.
- [16] Du Toit R, Faal HB, Etya'ale D, Wiafe B, Mason I, Graham R, et al. Evidence for integrating eye health into primary health care in Africa: a health systems strengthening approach. *BMC Health Services Research*. 2013 Dec; 13(1):1-5.
- [17] Iqbal S, Shafiq M, Zeeshan M, Jamshed HA. Type of Horizontal Deviation in Consanguinity. *Pakistan Journal of Ophthalmology*. 2018 Jun 30; 34(2).
- [18] Ashraf F, Mobeen R. Status of awareness of optometry and primary eye care services among common population in district Bhimber, Azad Kashmir. *Ophthalmol Pak*. 2016; (04): 15-18.
- [19] Kalua K, Gichangi M, Barassa E, Eliah E, Lewallen S, Courtright P. Skills of general health workers in primary eye care in Kenya, Malawi and Tanzania. *Hum Resour Health*, 2014; 12(1): 4-9.
- [20] Byamukama E, Courtright P. Knowledge, skills, and productivity in primary eye care among health workers in Tanzania: Need for reassessment of expectations? *Int Health*, 2010; 2(4): 247-252.