



Original Article

Status of awareness of optometry and primary eye care services among common population in district Bhimber, Azad Kashmir

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Purpose: The main objective of the study was to determine and identify the awareness of eye care services and optometry among common population and to provide awareness of optometry and primary eye care to common people of district Bhimber Azad Kashmir.

Materials and Method: A questionnaire based cross sectional survey was conducted which included selection of research site, target population, sample size (384 people), sampling method, research methodology and work plan. The study was conducted in the month of November and December 2016.

Results: Knowledge and level of awareness was reported to be low among common people of Bhimber. The chief determinants for low level of awareness about optometry and primary eye care were low educational status, poor socio economic status, and limited source of information and lack of access to ophthalmic care services. 384 participants were enrolled in the study among which 53.39% were male respondents and 46.61% female respondents. Overall 10.5% participants reported of having awareness about optometry and 32.81% participants showed awareness about eye care services.

Conclusions: There is very little awareness of optometry and primary eye care services in common population of district Bhimber and those found in this study are somehow justified, but it is the time to aware people about eye care services. There are no primary eye care centres. People have no information about eye care providers and optometrists. Educational centres are necessary for uptake of visual problems.

Keywords: Optometry, Primary eye care, Awareness.



Introduction

Blindness and visual impairment are the major problems worldwide. People living in rural areas have low socio-economic status and do not have enough eye care services due to non-availability, non-accessibility and non-affordability of such services. Failure and poor accessibility of eye care services has been declared in the rural areas of many countries as Jamaica¹ Latin America and the Caribbean², South Africa³, Nigeria⁴ and India⁵. Studies in Timor-Leste⁶, found that deficiency of knowledge about available services and limited knowledge about eye problems negatively affected the use of eye care.

The need for optometric attention is long lasting. Among children, eye exams are crucial to avoid visual and neural permanent disabilities; however, a recent study found that only 14% of children less than 6 years have had an eye examination. Over 60% of Americans wear glasses or contact lenses, and adults have greater needs for eye care as they age. As the public has become more aware of the importance of eye care, employers have expanded their insurance benefits plans to include more eye care.

The American Optometric Association defines optometrists as: "Providers of primary health care, which independent examine, diagnose, treat and control diseases and disorders of the visual system. Optometrists examine the internal and external structure of the eye, diagnose eye diseases such as glaucoma, cataracts and retinal disorders; systemic diseases such as hypertension and diabetes; and vision conditions such as near-sightedness, farsightedness, astigmatism and presbyopia, prescribing vision aids, vision therapy and medication to treat the eye disease."⁷ "Primary eye care is an activity frontline providing eye care and identification of eye disease before it becomes a serious medical problem. Primary eye care can be delivered differently".⁸

Components of primary eye care are; health education, identifying symptoms, measurement of visual acuity, basic eye examination, diagnosis and timely referral.⁹

Significance of our eyes to the value of our life cannot be overlooked especially those who are uninformed and those who lead a busy routine. Awareness of primary eye care can play vital role in inspiring people to seek timely eye care and can

therefore help in reducing the problem of visual impairment.¹⁰

Objectives

To identify the awareness of eye care services and optometry among common population. To assess knowledge and attitude of population about primary eye care services.

Materials and Methods

A descriptive cross sectional study was conducted on 384 common populations in district Bhimber. The ages ranged between 20 years to 70 years. Children, eye care professional and uncooperative individuals were excluded from study.

Data Collection and Analysis

The survey was population based, cross-sectional, Data was collected through self made questionnaire and information was collected among common people, living in houses, working in offices and having different occupations in Bhimber, Azad Kashmir. Consent of individual was taken. Then questionnaire was translated to the individual's understanding language and final data was noted for my study. Data was analyzed in the SPSS version 20.

Results

The study was conducted in the District Bhimber Azad Kashmir. 384 subjects were included in my study, in which 53.39% were male respondents and 46.61% female respondents. Overall 10.5% participants reported of having awareness about optometry and 32.81% participants showed awareness about eye care services.

Table.1

Distribution of People who have heard the word "Optometry"

Socioeconomic status * Ever listened the word "optometry"				
		Ever listen word Optometry		Total
		Yes	No	
Socioeconomic Status	Very poor	0	5	5
	Poor	3	179	182
	Middle	36	151	187
	High	3	7	10
Total		42	342	384

This table shows that level of awareness is 0 out of 5 in very poor 3 out of 182 awareness in poor families, 36 out of 187 in middle families and 3 out of 10 in higher families showed awareness.

Table.2

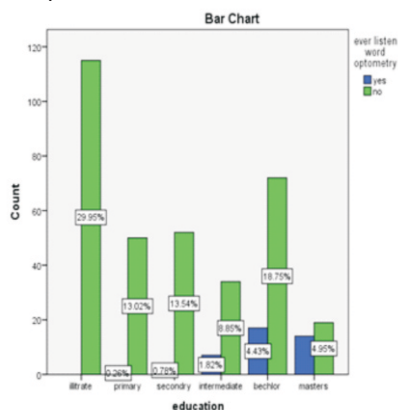
Distribution of Study between Gender and Participants who have ever Listened Word Optometry

Gender * Ever listened the word "optometry"				
		Ever listened word optometry		Total
		Yes	No	
Gender	Male	35	196	231
	Female	7	146	153
Total		42	342	384

Among 384 subjects enrolled, 153 were females and 231 were males. Only 7 females and 35 males were heard word "optometry".

Figure.1

Frequency of Participants Who have ever Listened Word Optometry Associated with Educational Status



The study revealed that educational status strongly affected the knowledge and level of awareness about optometry. 0.26% awareness in primary 0.78% in secondary 1.82% in intermediate 4.43% awareness in Bachelor 4.95% in Masters level education.

Table. 3

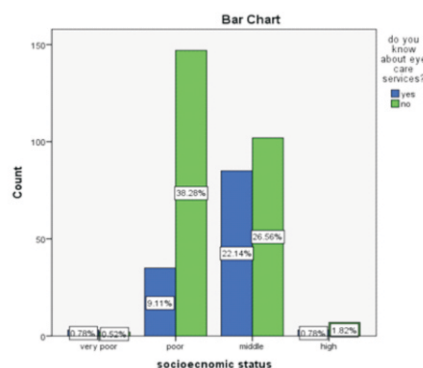
Frequency distribution between participant's educational status and awareness of eye care services.

Education*do you know about eye care services				
		Do you know about eye care services?		Total
		Yes	No	
Education	Illiterate	1	94	115
	Primary	3	41	51
	Secondary	5	35	55
	Intermediate	8	18	41
	Bachelor	16	55	89
	Masters	15	15	33
Total		126	258	384

This table shows that 21 out of 115 illiterate, 10 out of 51 primary, 20 out of 55 secondary, 23 out of 41 intermediate, 34 out of 89 bachelor and 18 out of 33 know about eye care services.

Figure.2

Distribution according to participants' socioeconomic status and awareness of eye care services.



Socioeconomic status effect on awareness of eye care services 9.11% poor, 22.14% middle 1.82% showed awareness about eye care services.

DISCUSSION

The sample size for this study was 384. The study was carried out among common people of Bhimber, Azad Kashmir. The study was carried out by providing a questionnaire to the participants which was translated into the individuals' language of understanding. The study was done in order to evaluate the level of awareness and understanding about optometry and primary eye care in Bhimber region and it was evaluated that 89.06% of the study population was unaware about optometry while 10.04% showed some awareness. It was also observed that females were less aware of optometry than males as 6% males and 5.04% females had some sort of awareness about optometry. Socio-economic status was a significant determinant for awareness of optometry as people with lower income seldom take medical services than people with higher socioeconomic status. The awareness level was as low as 0.78% among participants with low income and increased to 9.38% among participants with higher income level. Educational status was also a significant determinant for awareness about optometry. The awareness level was low as 0% among participants illiterate, primary and secondary educational status and increased to intermediate have 1.78% awareness bachelors have 4.43% awareness and masters have 4.95% awareness about optometry. Among 16 illiterates interviewed only one reported to have awareness about. Among 10 primary students interviewed only 2 reported to have awareness



about eye care provider, one out of 22 secondary level subjects reported to have awareness about glaucoma. 6 out of 37 intermediate participants had awareness about glaucoma. 15 /55 graduates reported to have awareness about eye care. 12/30 post-graduates were having awareness of eye care. It was evaluated that socioeconomic status, education, gender and age had a great impact on knowledge and level of awareness of primary eye care.

In table 2 the educational status of 384 patients is mentioned. 115 people were illiterate, 21 were aware about the eye care services and 94 were unaware. 35 out of 89 graduates reported to have awareness about eye care services. 18 out of 33 post-graduates were aware of eye care services. So illiterate people had no exposure to eye care services, also they did not have any information about eye services. As it is mentioned earlier that according to a study it was found that glaucoma patients show poor follow-up due to low literacy rate. All the questions included in this study had $p < 0.0001$ which means they have a highly significant effect in this study.

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