Background

• Preventable blindness remains an important issue in public health for developing nations worldwide, especially for India1.
• Easily treatable blindness like cataracts plague the world with over 17 million cases2. The Indian population accounts for 1 of every 3 cases2.
• Most of the patients suffering from this impairment are found in rural villages where money and education are hard to come by. Studies show that almost 30% of persons living in rural areas of India have never sought care from any kind of health care facility3.
• Health illiteracy among India’s population is problematic, leading to residents who are not aware of prevalent eye diseases and possible treatments4.
• The communities identified in the outreach efforts of the AB Eye Institute in Bihar India, served as an initial assessment of the demographic’s baseline knowledge of eye conditions and possible treatment methods in order to develop future educational outreach programs.

Methods

• A qualitative survey created by the principle investigator was administered verbally with the help of native speakers and translators from March to September 2010.
• Questions were based on prior research, including the focus areas in India’s VISION 2020 initiatives, personal communication with Dr. Satyajit Sinha regarding applicable questions to the A. B. Eye Institute, its patients, and the socio-economics of Bihar.
• A convenience sample was used from the A. B. Eye Institute in Patna and its rural satellite clinics with patients aged 40 and older.
• Multiple choice survey questions were translated into Hindi and read verbatim by native speakers. Verbal responses from participants were recorded by hand.
• Study data was analyzed using PASW Statistics 18.0 software.

Results

Surveys were administered to 304 subjects aged 40 and older (56.1% male, 43.9% female). Mean age was 53.89 (± 10.851) years, with 61.3% living on 100 rupees or less per day. Previous eye doctor visits were reported by 68.3% of subjects. 25.7% of subjects reported using eye drops prescribed by someone other than a doctor, and of those, 52.6% reported not knowing that a doctor should prescribe eye drops. 71.9% of subjects accurately reported that a cataract is treated by surgery, while 23.4% did not know. Of those aware of cataract treatment, 41.9% learned about treatment from an eye care professional, and 36.4% from someone with a cataract. 17.1% of participants reported diabetic diagnosis by a doctor, and of those, 64.7% inaccurately reported how often diabetics should receive exams.

Conclusion

The data suggest that residents in Patna, Bihar India could benefit from educational outreach programs. Increasing patient awareness of prevalent eye diseases and treatments could lead to an increase in patient acceptance of the importance of routine eye examinations for timely identification and treatment of many eye conditions. The data reported here should help eye care professionals and health educators target specific educational initiatives for the target population.

References


Acknowledgements

This study was developed in cooperation with Unite For Sight® and the A. B. Eye Institute, Unite for Sight’s partner clinic in Bihar. Valuable suggestions to the study design were offered by Jennifer Staple-Clark, C.E.O. of Unite for Sight, and Dr. Satyajit Sinha of the A. B. Eye Institute. Special thanks to Dr. Nick A. Galli of the University of Utah for valuable mentorship, and Dr. Abhishek Mishra of the A.B. Eye Institute for translation and data collection assistance.