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Review Article

Eye Health Seeking Behaviour Among Adults in Imo State

Osuji Samuel Chibueze[1]*, Nwoke Eunice Anyalewechi[2], Ibe Sally N Onyeka[2], Agwah Eunice Ifeyinwa[2] and Udujih GO[2]

[1]Department of Public Health, School of Health Technology, Federal University of Technology, Owerri, Imo State, Department of Healthcare Missions and Research, Sagre Foundation Inc., Nigeria

[2]Department of Public Health, School of Health Technology, Federal University of Technology, Owerri, Imo State, Nigeria

***Corresponding Author:** Osuji Samuel Chibueze, Department of Public Health, School of Health Technology, Federal University of Technology, Owerri, Imo State, Department of Healthcare Missions and Research, Sagre Foundation Inc., Nigeria.

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Abstract

Objective: This study was aimed to determine the eye health seeking behaviour among adults in Imo State, Nigeria.

Methods: In a population-based study where a multistage sampling technique was employed to sample three thousand seven hundred and eighty (3,780) participants from selected community clusters in nine local government areas comprising 30% of the total local government areas of Imo State, proportionately drawn from the three senatorial zones of the State. A well-structured questionnaire was employed to obtain data from the adult population aged 20 years and above from October 2020 – November 2021, with all ethical requirements obtained. The Eye health seeking behavior of the respondents was defined on the basis of critical markers such as Source for Eye care services, Eye care services sought, compliance to recommended treatment, and reasons for non-compliance. Data obtained were captured with Stata version BE 17, and presented in tables using descriptive statistics.

Results: Out of the 3,780 participants of the study, 2,335 (61.77%) sought care through Community Outreach programs; 901(23.84%) Private Eye Clinics; 522(13.81%) Government Health facilities; 22(0.58%) Traditional methods: Reasons they sought care included Getting Eye glasses/Refractive Services 2,587(68.44%), Routine eye Check 821 (21.72%), Surgery 80(2.12%), Disease/injury 107 (2.83%), and Unknown reasons 185 (4.89%). Treatments recommended were New glasses 1,908 (50.48%), Eye drops 784 (20.74%), Contact lenses 29 (0.77%), Referral 62 (1.64%), and Disease/injury 107 (2.83%). A total of 3,511 (92.88%) respondents showed non-compliance to the recommended treatments, while 269 (7.12%) showed compliance. Reasons for non-compliance included; Unable to afford treatment 3,349 (88.60%), Long waiting time 180 (4.76%), No reason for it 165(4.37), Afraid to get treatment 39(1.03%), No trust in the services 25(0.66%), medically unfit for treatment 11(0.29), and Unable to access the referral site 11(0.29%).

Conclusion: There was a very poor eye health seeking behavior of adults in Imo State, which was generally occasioned by poverty, poor eye health awareness, and lack of social and structural support in the healthcare system. Efforts to strengthen the eye health system in the state are encouraged for the attainment of universal eye health.

Keywords: Eye Health Services; Health Seeking Behavior; Adults; Imo State

Introduction

The extent to which eye health services are accessed is partly determined by the behavioural inclinations of the citizens to whom those services ought to benefit. And the extent to which they access those services will determine how universal eye health is reached or not. There has been a great increase in the use of traditional eye medications in Africa within the last two decades [1]. Even without any justifiable basis for their use, non-orthodox eye medications, although very injurious to the eyes, have continued to be common among people within African communities with varying prevalence rates [2,3]. Poverty and ignorance have been reported as factors responsible for many cases of approximately 80% of avoidable blindness. Evidence abound on the poor uptake of orthodox eye health services and an increase in the consultation of traditional healers in the developing countries. Ages, level of education, occupation, cost and accessibility to these traditional healers have been reported as predictors of this behavior. However, the absence of eye care services at the rural areas have also necessitated the use of free eye screening/treatment as tools for educating and offering eye care to these rural dwellers [4]. In a study to determine health seeking behaviour in relation to non-orthodox eye medication use among patients attending a primary eye health center in Nigeria, Megbelayin and Babalola [5], adopted a cross-sectional study of consecutive respondents to discover that there was statistically significant association between age and use of harmful traditional eye medications (HTEMs) and health seeking behaviour. It was held that Eye care providers and health care managers must have good knowledge of the various factors that negatively influence utilization of eye care services and be responsive to them.

In a study to determine the health care seeking behaviour for visual dysfunction among motor vehicle drivers in Osun State, Southwest Nigeria, Adewole, Ajumobi, and Gidado [6] adopted a comparative cross-sectional study among male commercial and government drivers, selected using multi-stage sampling technique in Osogbo, Osun State. Data on knowledge, attitude and health seeking behavior of drivers for visual dysfunction and barriers for not seeking medical treatment was collected using a pre-tested semi-structured questionnaire. The results showed a poor awareness of their current visual problems, poor utilization of public health facility for treatment. Busy workplace schedule (n = 5, 20.8%) and lack of awareness of visual defects ((n = 3, 12.5%) by commercial drivers were identified barriers for not seeking medical treatment for visual dysfunction. The study noted that knowledge and attitude towards visual dysfunction were higher among the government drivers compared to commercial counterparts. Government drivers had better health seeking behavior for visual dysfunction as compared to their commercial counterparts. Intensive health education has been advocated to create awareness in the community of the dangers of using traditional medicine on injured eyes [7]. The attitude of people towards accessibility and utilization of eye health services could be influenced by issues around the convenience of time and duration on the part of the individual, as well as knowledge and preference of eye care professionals.

In a cross-sectional descriptive survey study conducted by Abdul-Kabir., *et al.* [8] to determine the eye health seeking behavior among members of staff of Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana, involving one hundred and fifty-one (151) members of staff [aged 21 to 73 years, mean (±SD) 39.23 (±11.46)], it was noted that most people had different attitudes towards seeking treatment the last time they had eye problems. It noted that on average, the utilization of eye care services was considered to be good, being 63.6% amongst the respondents even though less than half of the population met the recommended frequency of eye examination within the past 3 years. It also indicated that a considerable proportion of the studied population had never utilized eye care services; even those at risk and in need of eye care visits.

According to Ndep., *et al.* [9], the eye health services seeking behavior through government or public health care facilities have been reported to be low in some states of southern Nigeria. They asserted that basic eye care services such as Visual acuity test; pen torch examination, eye health education, diagnosis and management of minor eye conditions were not routinely provided at the Primary Health Care level. In addition, there is a weak referral system and no follow up services available to those patients with eye problems, who present at the Primary Health Care. As a result of this reported unavailability of eye care services at the Primary Health Care, patients tend to use available, but questionable eye care services closest to them before visiting secondary health facilities when symptoms persist. The Primary Health Care's proximity to the patients may likely increase access to blindness prevention services if made available at the primary care level. This

study was aimed to determine the eye health seeking behaviour among adults in Imo State, Nigeria.

Materials and Methods

In a population-based study where a multistage sampling technique was employed to sample three thousand seven hundred and eighty (3,780) participants from selected community clusters in nine local government areas comprising 30% of the total local government areas of Imo State, proportionately drawn from the three senatorial zones of the State. A well-structured questionnaire was employed to obtain data from the adult population aged 20 years and above from October 2020 – November 2021, with all ethical requirements obtained. The Eye health seeking behavior of the respondents was defined on the basis of critical markers such as Source for Eye care services, Eye care services sought, compliance to recommended treatment, and reasons for non-compliance. A set of detailed pre-determined questions which form the structured questionnaire were administered through a Face-to-Face direct contact with the respondents in both rural and urban communities, drawn from the nine (9) local government areas selected for the study. In this Face-to-Face administration of questionnaire, the rate of incomplete and ''wrong'' responses due to poorly understood questions were drastically reduced as clarifications sought were given in the process. The informed consent of the respondents was obtained before the actual administration of the questionnaire. The literate respondents were allowed to fill the questionnaire by themselves while the non-literate respondents had the questions asked them in local language and their responses were filled by the researcher or the research assistants. Each question took about 3-5minutes to be completed. Data obtained were captured with Stata version BE 17, and presented in tables using descriptive statistics.

Results

Source/facility for eye care service

Where did you go for your eye check? (Source for eye care service)	Frequency	Percent (%)	Cumulative (%)
Gov. Health Facility	522	13.81	13.81
Private Eye Clinic	901	23.84	37.65
Community Outreach	2,335	61.77	99.42
Local Methods/Trado	22	0.58	100.00
Total	3,780	100.00	

Table 1: Showing Eye Health Seeking Behaviour (Source for Eye Care service) among Adults in Imo State.

Eye care service sought among adults

Eye Care Service Sought	Frequency	Percent (%)	Cumulative (%)
Getting Eye glasses/Refractive Service	2,587	68.44	68.44
Routine Check	821	21.72	90.16
Disease/injury	107	2.83	92.99
Surgery	80	2.12	95.11
Unknown	185	4.89	100.00
Total	3,780	100.00	

Table 2: Showing Eye Care Service Sought among adults.

Treatments recommended by eye care provider

Treatments Recommended	Frequency	Percent (%)	Cumulative (%)
New glasses	1,908	50.48	50.48
Eye drops	784	20.74	71.22
Eye Surgery	305	8.07	79.29
Artificial Eyes	137	3.62	82.91
Contact Lenses	29	0.77	83.68
Referral	62	1.64	85.32
None	347	9.18	94.50
Two or more services listed above	208	5.50	100.00
Total	3,780	100.00	

Table 3: Showing the treatments recommended by eye care provider.

Compliance to the recommended treatments (Respondents that obtained the treatments)

Obtained and Complied with the recommended treatment?	Frequency	Percent (%)	Cumulative (%)
No	3,511	92.88	100.00
Yes	269	7.12	
Total	3,780	100.00	

Table 4: Showing the Compliance to the recommended treatments (Respondents that obtained the treatments).

Reasons of some respondents for not receiving treatments

Reasons for Not Receiving Treatment	Frequency	Percent (%)	Cumulative (%)
Unable to afford treatment	3,349	88.60	88.60
Long waiting time	180	4.76	93.36
Afraid to get Treatment	39	1.03	94.39
Medically unfit for Treatment	11	0.29	94.68
Unable to access the referral site	11	0.29	94.97
No trust in the Services	25	0.66	5.97
No reason for it	165	4.37	100.00
Total	3,780	100.00	

Table 5: Reasons of some respondents for not receiving treatments.

Discussion

The extent to which eye health services are accessed are partly influenced by the health seeking behaviours of those who ought to benefit from those services, and will also determine how universal eye health is reached or not on a global scale. Our study was aimed to determine the eye health seeking behaviour among Adults in

Imo State. The Eye health seeking behavior of the respondents was determined on the critical components or markers such as Source for Eye care services, Eye care services sought, treatment recommended, treatment obtained, and reasons for not obtaining treatment. In our study, these components of eye health seeking behavior were considered and recorded.

In accessing the Eye health seeking behavior through source for eye care services among adults in Imo State, out of the three thousand, seven hundred and eighty (3,780) adult participants of the study, a greater number of the respondents who sought were through Eye care Community Outreach programs 2,335 (61.77%), and the Private eye clinics 901(23.84%). Government Health care facilities were poorly accessed by the respondents 522 (13.81%), as well as local and traditional methods 22 (0.58%). There was no significant inclination to accessing care through the traditional methods in this study. A greater number of the study population sought care through community eye health outreaches, and this is very critical because, even when they were aware of their need for eye care, most of them expressed the behavior of seeking eye health services only through Eye Care Community Outreach programs. These were usually done by the engagement of non-state actors like faith-based organisations, and other Non-governmental organisations (NGOs), who conduct Community Outreach programs at their will and expense. Our result was higher than that obtained in other states like Cross River state where Ndep., *et al.* [9] reported eye health seeking behavior of 25.4% through community outreach eye care programs. From our result also, those who sought care at the Private eye clinics were 901(23.84%), which is lower than the percentage of the study population that sought care through Community outreach eye care services. Our result is lower than that obtained by Ndep., *et al.* [9] in Cross River State where 33.7%% obtained eye care services from private hospital/ eye clinic. Again the impact of private eye clinics are glaring here as it shows that those who sought eye care services from Private eye clinics in various studies were more than the number that sought eye care services through Government Health care facilities, as obtained in our study 522 (13.81%), and that of Ndep., *et al.* [9] which was 4.2% in Cross River State. Although these were lower than that obtained in Osogbo, Osun State Nigeria, where Adewole, Ajumobi, and Gidado [6], reported that 47.6% sought eye care services through government health care facilities. Those who sought care through the local and traditional methods in our study were 22 (0.58%). This is lower than the 11.9% obtained by Adewole**,** Ajumobi and Gidado [6] in South western Nigeria, and the 49% obtained in South Africa by Msele [7]. This later study in Imo State has shown a downward trend in the rate of utilization of harmful Traditional Eye Medicines, which were known to be higher among African communities within the last two decades [1]. In their various studies, Ukponmwan, and Omuemu [2]; Omolase, and Mahmoud [3] had reported that even without any justifiable basis for their use, non-orthodox eye medications, although very injurious to the eyes, have continued to be common among people within African communities with varying prevalence rates. Our study has shown a significant reduction in the prevailing use of harmful Traditional Eye medicines in recent times in Africa, and Nigerian State of Imo in particular. The burden of eye health services is noted to significantly rest on the goodwill of non - state actors who usually hold group/individual- sponsored community eye health outreach programs free of charge or at lesser costs and private eye clinics too. Although the assumption of free or low-cost services from sponsored community outreach programs have exposed most communities to undue exploitations due to abuse. Private eye clinics and Public eye health facilities run by the government are considered as a last resort by the citizens due to various reasons including but not limited to economic, structural, and systemic challenges.

More so, regarding the eye care services sought, the respondents sought care for various reasons which included Getting Eye glasses/ Refractive Services 2,587(68.44%), Routine eye Check 821 (21.72%), Unknown reasons 185 (4.89%), Disease/injury 107 (2.83%) and Surgery 80(2.12%). This study revealed that a greater number of people within the population had sought eye health services with the intention of getting glasses or refractive concerns. However, whether glasses were given to them or not depended on a number of factors like the diagnosis and other variables. There was a high prevalence of visual impairment and blindness reported in Imo State from various studies as noted in the works of Achigbu and Ezeanosike [10], and others. This study revealed a significant preponderance of refractive errors within the population. Regarding the recommended treatments, a greater number of the respondents were recommended for New glasses 1,908 (50.48%), Eye drops 784 (20.74%), eye surgeries 305(807), and Contact

lenses were 29 (0.77%) which was the least care sought among the study population. Those who had no prescription recommended to them were 347(9.18). Considering the compliance to recommended treatment, a greater number of the respondents did not obtain or comply with the recommended treatments for their eye health 3,511 (92.88%), while a much lesser number 269 (7.12%) were able to receive the recommended treatments for their eye health. The compliance to recommended treatment and use of eye health services among adults shows that the treatment recommended for a person over an eye health problem will influence how that person will utilize eye health services in the nearest future. This understanding also impinges great responsibility on the health care provider to modify treatment recommendations with a good relational knowledge of the eye health service seeker with a view to ensuring maximum compliance both in the immediate and long view. Although this may not be the case for children, until further studies are carried out in this direction.

Furthermore, regarding the reasons for non-compliance or not receiving the treatments recommended for the eye care services sought, a greater number of the respondents who sought eye health services gave their reasons as; Unable to afford treatment 3,349 (88.60%), Long waiting time 180 (4.76%), No reason for it 165(4.37), Afraid to get treatment 39(1.03%), No trust in the services 25(0.66%), Medically unfit for treatment 11(0.29), and Unable to access the referral site 11(0.29%). It is instructive to note that 3,349 adults constituting 88.60% of the entire study population could not obtain or comply to the treatments recommended to them, because they were unable to afford the financial cost of such treatments. This shows the degree to which eye health services are being underserved. The gap in eye health service inequity will continue to increase by high margins over the nearest decades if nothing is done to intentionally implement funding interventions to reduce this gap or eliminate it.

Conclusion

This study revealed a very poor eye health seeking behavior of adults in Imo State, which was generally occasioned by poverty, poor eye health awareness, and lack of social and structural support in the healthcare system. Efforts to strengthen the eye health system in the state are encouraged for the attainment of universal eye health.

Conflict of Interest

None.

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