¹ Professor & HOD
² Professor
³ Associate Professor
^{4,5,6,7} Postgraduate Students
Department of Ophthalmology
Chalmeda Anand Rao
Institute of Medical Sciences
Karimnagar - 505001
Telangana, India.

CORRESPONDENCE :

¹ Dr. Raghu Veladanda, MS (Ophthalmology) Professor and HOD Department of Ophthalmology Chalmeda Anand Rao Institute of Medical Sciences Karimnagar - 505001 Telangana, India. E-mail : veladandaraghu@gmail.com

Awareness, Knowledge and Attitude towards Glaucoma in Rural Eye Camps of Karimnagar, Telangana – A Questionnaire Based Study

Raghu V¹, JVN Reddy², Anil Kumar Bhupally³, Swathi M⁴, Rohini M⁵, Tulasi Priya⁶, Priyanka⁷

ABSTRACT

Aim: The aim of this study is to evaluate level of awareness about glaucoma and attitude towards importance of eye screening among rural population of Karimnagar.

Materials and Methods: A questionnaire based study with a sample size of 8000 randomly selected from people in surrounding villages of Karimnagar through health camps from the institute, and were interviewed face to face with a pre structured questionnaire. The questionnaire is to evaluate level of awareness and knowledge about glaucoma and their attitude towards importance of screening for the disease.

Results: Awareness about glaucoma was very poor in the rural population, and females are less aware compared to males and illiterates are less aware compared to literates. Among the 8000 people who enrolled in the survey, the responses from 7635 (95%) participants - 2596 (34%) who were aware of the term glaucoma, 1450 (19%) who know glaucoma causing blindness, 153 (2%) have proper knowledge about disease course. 2825 (37%) showed positive attitude for eye screening, participants 4810 (63%) showed negative attitude.

Conclusion: There is lack of awareness about glaucoma causing blindness and the attitude for seeking intervention for glaucoma was not encouraging. There is unmet need of community based health education towards eye care to reduce ocular morbidity and irreversible blindness from glaucoma among rural population of Karimnagar.

Keywords: Awareness, attitude, glaucoma, knowledge, rural Karimnagar.

INTRODUCTION

Glaucoma is the second leading cause of blindness worldwide^[1] and is estimated to affect over 12 million Indians.^[2] India has been projected to be the second largest home of glaucoma cases by 2020.^[3] Lack of awareness about glaucoma is an important reason for its late presentation,^[8,9] which significantly increases the risk of blindness.^[10]

Attitude of patients to seek a screening procedure is encouraging only if they are aware of the asymptomatic course, risk factors or consequences of glaucoma. The present study is designed to evaluate the awareness, knowledge and their attitude towards glaucoma among rural areas of Karimnagar.

MATERIALS AND METHODS

This population based study, using a pre structured questionnaire, was conducted in the surrounding villages of Karimnagar via health camps conducted through our institute Chalmeda Anand Rao Institute of Medical Sciences for a period of 10 months from May 2014 to march 2015. The questionnaire was designed in English and then translated into our local language (Telugu).

Karimnagar, Telangana with population of 37,76,269 with majority of 74.81% rural population. Area 11.80 km2, sex ratio 1008, density of population 319. The literacy rate of 59.61% among rural areas compared to 77.77% urban literacy rate. The majority of the rural population lively hood is agriculture and daily labourers.^[27]

77

PRE-SURVEY WORK UP

The study was approved by the ethical committee of Chalmeda Institute of Medical Sciences, Karimnagar. The community leaders were subsequently approached and the community were informed by announcements in the community meetings, religious meetings, and market

days and through the town crier, and village heads. Permission was sought to enter the community and a date was agreed upon after the community members were duly informed. Consent for participation was obtained from the enrolled participants.

The survey was carried out at the community halls from morning 9 am to evening 5pm on the appointed dates. Beginning with health talks on care of the eyes and common eye problems. There were 3 stations for the survey process.

The first was registering respondents as well as collecting the demographic data such as name, age, gender, education, occupation. Second station is to know the level of awareness about glaucoma, whether the participants heard about glaucoma and the source of the information. Third station is about the attitude of people towards screening.

The pre structured questionnaire covering the awareness of glaucoma, sources of information, causes, types of treatment and attitude towards intervention. Diagnosed cases of glaucoma were excluded from participating, which would affect the true assessment of the general population. Our survey was done by optometrists, refractionists, and health camp organizing team and healthcare professionals, of our institute (CAIMS) who had optimum knowledge about glaucoma and were priory trained about the questionnaire.

RESULTS

Of the 8000 enrolled participants 365(4.9%) forms were excluded, whose family member already had glaucoma which would affect the true assessment of the awareness. Responses from the remaining 7635 participants were

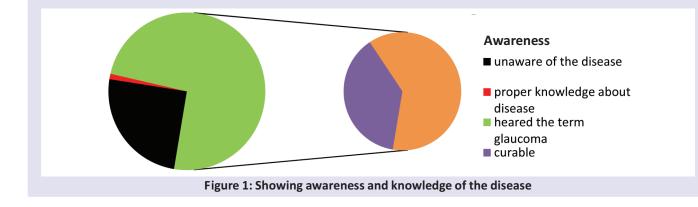
analysed. The age of the study sample ranged from 18 to 90 years (mean 49.73 ± 16.6 years). Among the 4505 (59%) literate participants, 3109(69%) were males and 1396(31%) were females. Among the 3130 (41%) illiterate participants, 1847 (59%) were males and 1283(41%) were females.

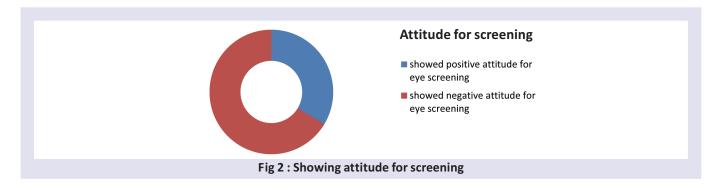
Among 7635 participants 3436(45%) do not know about glaucoma(not heard the term), participants 2596(34%) heard of term glaucoma but don't know anything about it, participants 1450(19%) know that glaucoma causing blindness, 153(2%) proper knowledge about course of the disease, 1595(38%) believing that it is curable, 2604(62%) believing that it is not curable.

Regarding the attitude towards the disease 2825(37%) showed disinterest for eye screening by coming to eye care centres on their own, 4810(63%) showed interest for screening for eye health. In our study interestingly participants of age group > 50 year showed more interest for eye screening and intervention compared to other age groups. There is no significant association between gender

Table 1: Sho	ws the	demographic	characteristics	of	the
participants					

variable	%
	/0
Age group(years)	
18-29	24%
30-50	46%
>50	30%
Gender	
males	68%
females	32%
Literacy	
Illiterate	41%
Elementary	16%
10th standard	22%
Graduation	12%
Post graduation	9%





and attitude towards the disease. The level of education had a significant association not only awareness and knowledge but also attitude towards the disease.

Source of information for 2561 (61%) participants was from neighbours and friends. Another1007 (24%) participants had received information from visiting hospitals, medical personnel, eye camps, TV and other resources (15%).

DISCUSSION

This study assesses the awareness and knowledge about glaucoma among rural residents of Telangana. A large number of participants had heard about the local term used for glaucoma, but very few were actually aware about it. Our study did not find any relationship between age or gender and glaucoma awareness similar to other studies.^[8,18-20] Relationship between gender and attitude towards glaucoma are not fixed and vary with socio economic, and literacy levels, Similar to the study.^[21, 22]

In our study, awareness and knowledge was better among literates and among close acquaintances of glaucoma patients. Similar to the studies done previously.^[8,12,13,19,20,23]

Only a small fraction (2%) of the respondents knew that glaucoma was an asymptomatic disease. In a study by Lau et al^[25]19% of the participants were aware about the asymptomatic aspect of glaucoma. Lack of awareness could often lead to under-diagnosis and late presentation, as noted in several previous studies ^[4-9] and therefore, adversely affected the attitude for eye care.^[9-12]

There was a large proportion of people 45% who had never heard of glaucoma, while only 2% had heard and understood the course of the disease. The most common source of awareness of glaucoma was TV/magazines followed by family members with glaucoma.^[14] 38% participants believed that it is a curable and showed positive attitude in screening however they are not ready to visit eye care centres on their own but through health camps.

Literates seek early screening than farmers we understood

that it could be because of the planting or harvesting season for farmers and daily labourers who miss the work which means miss their wages. Interestingly females and age group of >50 year participants showed positive attitude for screening than others. It necessitates that community based health education, and mass media participate on a larger scale. Studies from the UK have reported the successful role of media in increasing the awareness about glaucoma.^[26] Although our study results show a similar trend among rural Telangana residents, a direct comparison with other studies is difficult. The limitation of our study is unable to avoid selection bias and interviewer bias.

CONCLUSION

There is lack of awareness about Glaucoma among rural areas, as awareness about glaucoma can lead to early detection; a very important step in preventing glaucoma related blindness^[11] as well as a positive attitude towards eye care. There is unmet need of community based health education programmes regarding the eye care which means training of health staff like ANMs and anganwadi workers about eye health and encouraging people for regular eye screening.

ACKNOWLEDGEMENTS

We are very much thankful to the principal, medical superintendent of CAIMS hospital, for giving us permission for this survey, and we also thank the health care professionals, the staff, and participants for their cooperation. Last but not the least we thank the hospital medical camp organising committee for extending their hand of help and patience to complete the survey.

CONFLICT OF INTEREST

The authors declared no conflict of interest. **FUNDING:**None.

REFERENCES

1. Resnikoff S, Pascolini D, Etyaale D, Kocur I, Pararajasegaram R, Pokharel GP, et al. Global data on visual impairment in the year 2002. *Bull World Health Organ*. 2004; 82: 844-51.

- 2. George R, Ve RS, Vijaya L. Glaucoma in India: Estimated burden of disease. *J Glaucoma*. 2010; 19:391-7.
- 3. Quigley HA, Broman AT. The number of people with glaucoma worldwide in 2010 and 2020. *Br J Ophthalmol*. 2006; 90: 262
- Tielsch JM, Sommer A, Katz J, Royall RM, Quigley HA, Javitt J. Racial variations in the prevalence of primary open-angle glaucoma. The baltimore eye survey. *JAMA*. 1991; 266: 369-74.
- Vijaya L, George R, Baskaran M, Arvind H, Raju P, Ramesh SV, et al. Prevalence of primary open-angle glaucoma in an urban South Indian population and comparison with a rural population. The Chennai glaucoma study. *Ophthalmol.* 2008; 115: 648-54.
- Kwon YH, Kim CS, Zimmerman MB, Alward WL, Hayreh SS. Rate of visual field loss and long-term visual outcome in primary open-angle glaucoma. *Am J Ophthalmol.* 2001; 132: 47-56.
- 7. Oliver JE, Hattenhauer MG, Herman D, Hodge DO, Kennedy R, Fang-Yen M, et al. Blindness and glaucoma: A comparison of patients progressing to blindness from glaucoma with patients maintaining vision. *Am J Ophthalmol.* 2002; 133: 764-72.
- Attebo K, Mitchell P, Cumming R, Smith W. Knowledge and beliefs about common eye diseases. *Aust N Z J Ophthalmol.* 1997; 25: 283-7.
- 9. Fraser S, Bunce C, Wormald R. Risk factors for late presentation in chronic glaucoma. *Invest Ophthalmol Vis Sci.* 1999; 40: 2251-7.
- 10. Javitt JC. Preventing blindness in Americans: The need for eye health education. *Surv Ophthalmol.* 1995; 40: 41-4.
- 11. Rosenstock IM. Why people use health services. *Milbank Mem Fund Q*. 1966; 44 : 94-127.
- 12. Livingston PM, McCarty CA, Tylor HR. Knowledge, attitudes, and self care practices associated with age related eye disease in Australia. *Br J Ophthalmol.* 1988; 82: 780-5.
- Dandona R, Dandona L, John RK, McCarty CA, Rao GN. Awareness of eye diseases in an urban population in Southern India. *Bull World Health Organ*. 2001; 79: 96-102.
- Krishnaiah S, Kovai V, Srinivas M Shamanna BR, Rao GN, Thomas R. Awareness of glaucoma in the rural population of Southern India. *Indian J Ophthalmol.* 2005; 53: 205-8.
- 15. Sathyamangalam RV, Paul PG, George R, Baskaran M, Hemamalini A, Madan RV, et al. Determinants of glaucoma awareness and knowledge in urban Chennai. *Indian J Ophthalmol.* 2009; 57: 355-60.
- Gogate P, Deshpande R, Chelerkar V, Deshpande S, Deshpande M. Is glaucoma blindness a disease of deprivation and ignorance? A case-control study for late presentation of glaucoma in India. *Indian J Ophthalmol.* 2011; 59: 29-35.
- 17. Available from: *http://www.thefreedictionary.com.* [Last accessed on 2009 Dec 12].
- Tenkir A, Solomon B, Deribew A. Glaucoma awareness among people attending ophthalmic outreach services in South western Ethiopia. *BMC Ophthalmol.* 2010; 10: 17.
- Hennis A, Wu SY, Nemesure B, Honkanen R, Leske MC. Barbados Eye Studies Group. Awareness of incident open-angle glaucoma in a population study: The barbados eye studies.

Ophthalmol. 2007; 114: 1816-21.

- 20. Pfeiffer N, Krieglstein GK, Wellek S. Knowledge about glaucoma in the unselected population: A German survey. *J Glaucoma*. 2002; 11: 458-63.
- 21. Health literacy interventions and outcomes: An updated systemic review. http://www.ahrq.gov/clinic/tp/lituptp.htm.
- 22. Sorensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, et al. Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health.* 2012; 12: 80.
- Saw SM, Gazzard G, Friedman D, Foster PJ, Devereux JG, Wong ML, et al. Awareness of glaucoma and health beliefs of patients suffering primary acute angle closure. *Br J Opthamol.* 2003; 87: 446-9.
- 24. Derman U, Serbest P. Cancer patients' awareness of disease and satisfaction with services: The influence of their general education level. *J Cancer Edu.* 1983; 8: 141-4.
- Lau JT, Lee V, Fan D, Lau M, Michon J. Knowledge about cataract, glaucoma, and age related macular degeneration in the Hong Kong Chinese population. *Br J Opthamol.* 2002; 86: 1080-4.
- 26. Baker H, Murdoch IE. Can a public health intervention improve awareness and health seeking behaviour for glaucoma. *Br J Ophthalmol.* 2008; 92: 1671-5
- 27. Census 2011 Government of India, *Telanagana educational statistics*. 2013-2014.

