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Awareness and barriers to low vision services among eye care practioners in Gujarat

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Abstract
Background: Low vision is a broad term used for conditions resulting in reduced vision that cannot be completely rectified even after treatment. Low vision services work well in controlling the functional and psychological impacts of visual impairment. it is necessary to have data on the knowledge and awareness of low vision services among eye care practitioners to improve the low vision care in the developing world. The aim of this study was a questionnaire to find out the awareness and barriers to the provision of low vision care among eye care practitioners in Gujarat.
Methods: It was a cross-sectional study conducted over a period of 2 months among practicing optometrists and ophthalmologists residing in Gujarat states. Questionnaire was made available on a web-based questionnaire format so that it could be circulated all over Gujarat and filled online. Every question except the optional questions was made mandatory to attain the completely filled questionnaire. All the responses were collected into the Google Forms. Contact information of the participants was collected through hospitals, optical outlets, and friends. The questionnaires were sent to the participants through SMS and WhatsApp. Participation in the study was voluntary.
Results: Study was conducted among 117 eye care practiners in Gujarat. Participants of the pilot study included 41 men and 76 women. Among the participants, 8 were ophthalmologists and 109 were optometrists.In this study retinal problems (84.5%) and Glaucoma (47.4%) were reported as two major causes of Low vision.Among the participant,75.6% preferred to provide the best possible spectacle correction. Magnifiers were found to be most commonly prescribed low vision devices (78.8%).Lack of awareness (73%) among the practioners were major barriers restricting the provision of low vision services. Though (93.3%) of the practioners were interested to participate in workshop for low vision.
Conclusions: Low vision services, to be better prepared for the increase in the number of people with low vision. In addition to the expected difficulties with lack of awareness of services by people with low vision, many people do not understand what the services provide and do not identify themselves as having low vision. Knowledge of these barriers, from the perspective of people with low vision, can now be used to guide the development of health compagins.

Keywords: low vision, eye care practioners, developing world

Introduction

Visual impairment is a major health concern all over the world. About 90% of the World's visually impaired live in developing countries.

As per the population-based studies, over the past two decades, the highest number of visually impaired people (over 9 million) live in India. The most recent World Health Organization (WHO) statistics shows that 285 million people are visually impaired worldwide, 39 million are blind, and 246 million have low vision. According to WHO, visual impairment includes both low vision and blindness Low vision is a broad term used for conditions resulting in reduced vision that cannot be completely rectified even after treatment.

Low vision services work well in controlling the functional and psychological impacts of visual impairment. It also improves the quality of life and daily living skills of the individual.

The goal of any vision rehabilitation is to empower patients to lead fruitful lives. In this context, it is necessary to have data on the knowledge and awareness of low vision services among eye care practitioners to improve the low vision care in the developing world. Hence, the aim of this study was a questionnaire to find out the awareness and barriers to the provision of low vision care among eye care practitioners in Gujarat.

Materials and Methods

It was a cross-sectional study conducted over a period of 2 months among practicing optometrists and ophthalmologists residing in Gujarat states. Validated questionnaire was made available on a web-based questionnaire format so that it could be circulated all over Gujarat and filled online. Every question except the optional questions was made mandatory to attain the completely filled questionnaire. All the responses were collected into the Gmail drive and it was accessible to the investigators at any point of time. Contact information of the participants was collected through hospitals, optical outlets, and friends. The questionnaires were sent to the participants through SMS and WhatsApp. Participation in the study was voluntary. Reminder messages were sent after 2 weeks for those who had not responded to the first messages. The participants who failed to fill up the questionnaire even after the second reminder were excluded from the study.

Results

Study was conducted among 117 eye care practiners in Gujarat. Participants of the pilot study included 41 men and 76 women. Among the participants, 8 were ophthalmologists and 109 were optometrists. In this study retinal problems (84.5%) and Glaucoma (47.4%) were reported as two major causes of Low vision. Among the

participant, 75.6% preferred to provide the best possible spectacle correction. Magnifiers were found to be most commonly prescribed low vision devices (78.8%).Lack of awareness (73%) among the practioners were major barriers restricting the provision of low vision services. Though (93.3%) of the practioners were interested to participate in workshop for low vision.

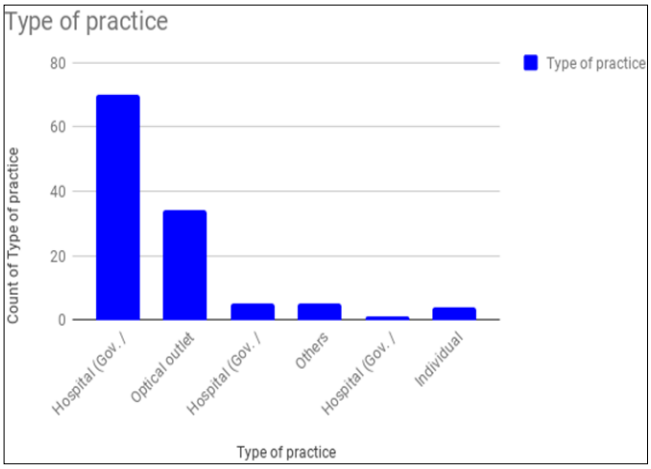

Fig 1

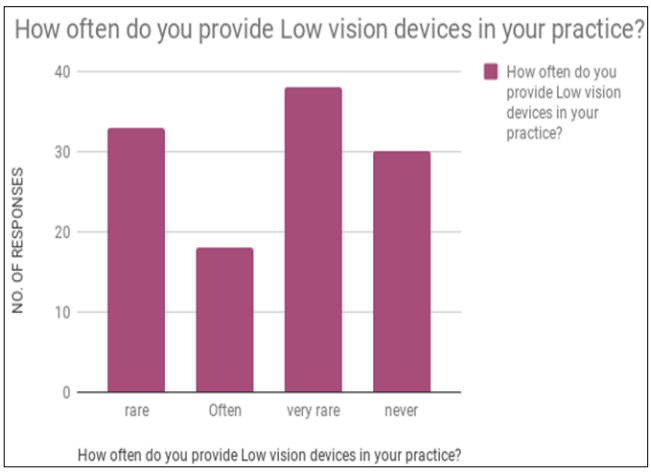

Fig 2

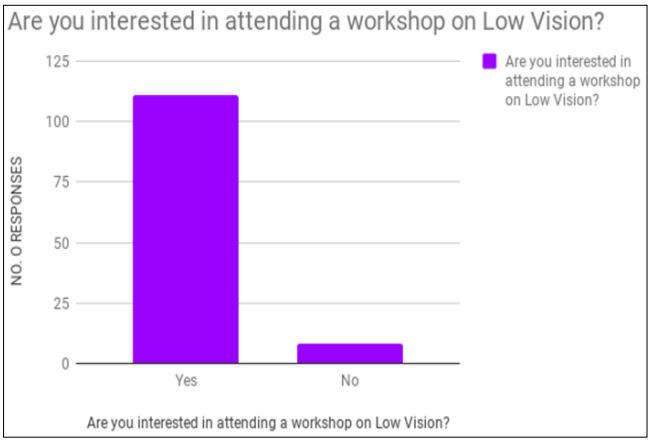

Fig 3

Discussion

In this study, the posterior segment diseases were found to be the major causes of low vision by the participants in the current study. This results correlated well with the findings of previous studies [1, 2, 3, 4]. In our study, the major barriers to access low vision services by the patients from practitioners' perspective were a lack of awareness (26). Khan *et al*. in their study found that the lack of knowledge and awareness about low vision can act as a barrier to the provision of low vision services among ophthalmologists in India [5]. Another study done by Okoye *et al*. among ophthalmologists in Nigeria cited nonavailability of low vision devices within the country, lack of training in low vision care, lack of public awareness of low vision care and its practitioners and the ophthalmologists' preoccupation with general ophthalmic practice as the major barriers in clinical low vision provision [6]. Concurrent health issues and patient's perception to low vision were the reasons for accessing low vision services among patients as reported in a study conducted by Matti *et al*. in South Australia, which emphasize the need for raising the patient awareness to increase low vision service uptake [4]. This is consistent with our study findings. Improved communication between eye care practitioners and low vision services can increase low vision uptake as reported by Keeffe *et al* [7]. Barriers to the referral for low vision rehabilitation may be due to misconceptions about referral criteria and lack of information as observed by Adam and Pickering in their study [8].

Conclusions

Low vision services, to be better prepared for the increase in the number of people with low vision. In addition to the expected difficulties with lack of awareness of services by people with low vision, many people do not understand what the services provide and do not identify themselves as having low vision. Knowledge of these barriers, from the perspective of people with low vision, can now be used to guide the development of health compagins

Recommendations

To arrange work shop for low vision in every six months, create awareness of low vision through newspaper, leaflet and internet

Develop low vision assessment video and presentation for eye care practioners.

Develop fully equipped low vision department in every colleges and arrange School screening camp Specially for low vision patients and provide the low vision aids.

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