

IEC Strategies for Diabetic Retinopathy Programme

Mr. K. Kaliaperumal, I.E.C Expert, Lions Aravind Institute of Community Ophthalmology, Madurai

Introduction

Diabetic retinopathy is one of the foremost frequent causes of blindness in the developed countries. In India, it was the 17th cause of blindness 20 years ago. But today diabetes related blindness has rapidly ascended to the 6th position. The magnitude of the problem of diabetes could be well understood, if the backlog of the cataract is reduced and the control of infections and nutritional causes of blindness are eliminated. Increase in life expectancy due to improved health conditions will increase the number of age adjusted population and modern management of diabetes will also increase the life expectancy of diabetics. It is a well-known fact that the frequency of vascular and other complications of diabetes tends to be more with this duration of diabetes.

Magnitude of diabetes

The recent WHO report states that 2% of the total population in India are diabetics. India, which had 19.4 million diabetics in 1995, is expected to register a near three-fold increase by 2025 when they would constitute 57.2 million. Aravind Eye Hospitals have been treating diabetic retinopathy patients for quite some time and unpublished data on the diabetic population is estimated approximately to be 25%.

Magnitude of diabetic retinopathy

The problem of diabetic retinopathy in developing countries like India is very high and the magnitude of the problem is not realised at present because of the existing problem of cataract and the anterior segment diseases.

What is IEC ?

Information, Education through Communication is a concentrated pre-planned educational endeavor with specific objectives focussed on specific programme goals in order to reach specific audience either in individual, or group settings through skillful use of proper methods and media.

Need for IEC

Illiteracy and ignorance of diabetes and its treatment shall soon increase the number of diabetic retinopathy patients and it will impose a public health problem for India. Since most of the patients live in rural areas, it is necessary to train the primary care physicians to recognise diabetic patients and refer the patients with high risk to the tertiary centres for management. Health education is essential for the physicians, patients and ophthalmologists to prevent blindness caused by diabetic retinopathy.

Importance of IEC

IEC is an essential input in community diabetic retinopathy care activities. The IEC process is concerned with providing information to people which enable them to analyse the pros and cons and be educated on the benefits of certain eye care practices. This ultimately would lead to a change in the beliefs, attitudes, misconceptions and practices of the population. The positive behaviors adopted would help in reducing the burden of diabetic retinopathy conditions in the community.

- People need to have correct information. Without correct information, the credibility of the eye

Population of India	2% Diabetic (WHO)	25% Diabetic Retinopathy
100 crores	2 crores	0.5 crores

care system suffers.

- Most eye diseases are preventable. Diseases like diabetic retinopathy need strong community action for prevention.
- Blindness is curable among large proportion of the cases especially in cataract cases. However, the community is not aware of the available diabetic retinopathy service facilities and lack confidence in the available services. IEC can help in surmounting these barriers.
- Eye health status can be promoted by adherence to healthy lifestyles. Dietary and metabolic control are extremely important in delaying blindness in diabetic retinopathy.
- Compliance with prescribed course of action is important in many eye diseases.

IEC strategies

Success of the programme depends upon a well-planned strategy. The main strategy planned and followed in the diabetic retinopathy project are advocacy, training, inter sector coordination, involvement of NGO's, community participation, screening camps, targeted interventions and research.

Advocacy

Advocacy is the application of information and resources to effect systematic changes that shape the way people in a community live, and public health advocacy that is intended to reduce death or disability in groups of people.

The advisory committee of the diabetic retinopathy project is formed with the following members for effective advocacy.

- Ln. Mohan Singh, District Lion Governor
- Ln. Nagarajan, Lions International Director
- Ln. Gopalkrishna Raja, Grant Administrator
- Dr. Balasubramanian and Dr. Kannan, Diabetologist
- Ln .Dr. Kumar Venkatesh, Paediatric Surgeon
- Dr. P. Namperumalsamy, Diabetic Retinopathy Project Chief

The advisory committee discussed the strategy and action plan for the diabetic retinopathy project. They periodically meet and assess the performance and that is suggested for the future plan of action. In short, this is a policy-making body of the project at the highest level. They have interaction with the government and other higher level officials.

Training

Training is an important aspect of developmental planning and helps to increase efficiency and productivity. Health personnel can do a better job only when they have technical knowledge and skill related to the task. The different personnel working in the rural and urban areas need orientation training on diabetic retinopathy. The orientation training for ophthalmologist and medical practitioners on diabetic retinopathy covered magnitude and management of diabetic retinopathy, signs and symptoms, laser treatment procedure for diabetic retinopathy. For the paramedical personnel, magnitude and management and also key message in diabetic retinopathy were discussed. The training will create confidence and motivation to create awareness in various situations.

Inter sector coordination

Inter sectoral coordination is another activity of the project. Many studies have proved beyond doubt that involvement of other health related sector personnel will go a long way in improving the performance. Social work and education department, personnel were oriented on diabetic retinopathy project activities. The Community Nutrition Workers (CNW), AnganWadi Workers (AWW) and teachers are helping for awareness creation, screening camp and follow-up.

IEC approaches

People vary widely in their socioeconomic conditions, traditions, attitudes, beliefs and level of knowledge that uniform communication approach may not be viable. A mixture of different approaches must be developed depending upon the local circumstances. The approaches are classified as individual approach, group approach and mass approach. Each has its own place and value depending on the circumstances and in spite of some overlap, each has its own unique features.

By mass media, a large audience can be reached. It can create awareness about the programme and the message across. In diabetic retinopathy project lectures, press meetings, public meeting and exhibitions were conducted as part of awareness creation activities in the project districts.

Group discussion is an informal interaction among a specific group. There is a free exchange of ideas and thoughts by a group of members, in an

atmosphere of acceptance. This method is more effective in bringing about changes in the attitude of the people. Group discussions were conducted during orientation training, teacher's meetings, religious group and self-help group member's meetings.

Individual approach is followed during the home visits and counselling situations. This approach will clear their doubts, misconceptions and wrong beliefs about eye care services.

Mass approach and interpersonal approach have individual and complimentary roles. Information transmitted by media carries a certain amount of weightage. Interpersonal communication helps to reach deeper into the attitudinal and motivational core of the individual. It also helps in decision-making process and to solve psychological problems. Feedback is possible in interpersonal communication. Mass communications cannot replace interpersonal approaches.

Each has its definite and well-defined objectives. Mass media programmes are best followed up with the effective system of interpersonal communications, so that awareness can be concerted into action without any lapse of time.

By these methods many satisfied customer could be created in the community on diabetic retinopathy. They act as change agents and motivators for diabetic retinopathy project.

This strategy is followed based on the principles of "Satisfied customer is selling the product in an effective manner".

Involvement of NGO's

One of the policies of the Government is to involve NGO's for providing education and service where the health care services cannot reach easily. Since NGO's have freedom and flexibility, they can do lot of innovative approaches for effective implementation of the programme. Many NGO's are there in the project area. Certain NGO's are identified who are doing good work in the health field. 26 NGO's were identified and 52 representatives were oriented on magnitude and management of diabetic retinopathy. During the training programme each NGO prepared strategy and action plan for their area. They have organised diabetic retinopathy screening camps in their area and referred diabetic patients for diabetic

retinopathy clinic periodically.

Targeted intervention

The target group for the diabetic retinopathy project are type I and type II diabetic patients. More emphasis is given to type II patients who are above 40. Diabetes mellitus patients from the community are identified through blood tests and then diabetic retinopathy is identified through fundus examination.

Screening camp

Screening for diabetes involves measuring the amount of the sugar in a drop of blood. Only a physician is qualified to diagnose diabetes. However, diabetes detection screenings are valuable in locating people whose blood sugar level is higher than normal. By organising many screening camps in the community, diabetic patients and diabetic retinopathy patients are identified through blood test and fundus examination. Thus diabetic patients who are at risk for diabetic retinopathy are identified and counselled regarding the diseases, eye care and laser treatment facilities. As per the saying, that education and service must go together, Aravind Eye Hospital has been providing laser treatment for diabetic retinopathy patients.

Research

The diabetic retinopathy team has conducted a Knowledge Attitude Practice (KAP) study on diabetic retinopathy among medical officers, paramedical personnel and in the community (among diabetics and non diabetics) to know their level of knowledge, attitude and practice. The KAP study finding has helped us to design an educational strategy for medical officers, paramedical personnel and the community. Further it also has helped to develop IEC material for awareness creation activities.

By conducting many screening camps both in rural and urban areas, we have found out that more men are affected by diabetic retinopathy than women. We are in the process of developing a training strategy for medical officers, paramedical personnel, and the community. Further we have developed a communication strategy to enhance the reach of diabetic retinopathy key messages in the community. We are in the process of developing a service delivery model for diabetic retinopathy patients.