

Diabetic Retinopathy Awareness Strategies

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Introduction

A successful program to combat any disease in the community relies on the awareness of the community on that disease. The community must be aware of the problem and the efforts being taken to help solve it so that they can actively engage in health seeking behavior, such as coming in for treatment. In addition, general knowledge on the specifics of the disease and on what can be done to combat it will help enormously in the effectiveness of the program.

Rationale

Awareness creation is a vitally important step in the creation of a successful program to battle against any disease in the community. This is especially true of the growing problem of Diabetic Retinopathy. Studies previously completed have revealed that Diabetic Retinopathy, despite its status as one of the greatest causes of blindness in both developed and developing countries, is virtually unknown to a large majority of the population. This lack of knowledge is not restricted to the general public, but pervades the medical and paramedical communities as well.

Without awareness of the disease it is impossible for any individual to aid the cause of preventing blindness from Diabetic Retinopathy, either in him or herself or in the community as a whole. Awareness creation is therefore necessary as one of the first steps in any program aimed at reducing Diabetic Retinopathy.

Objectives of the Awareness Creation Module

- To explain the undertaking of a successful Knowledge, Attitude and Practice (KAP) study to gauge the necessary awareness creation level in a community.

- To help in the selection of target areas for awareness creation.
- To define effective strategies in creating awareness in the community.
- To help in the overall administration and management of an effective awareness creation project.

The Diabetic Retinopathy Program launched by the Aravind Eye Hospital and the Lions Institute will serve as a model from which this module will draw its experiences.

Communication Approaches

People vary so widely in their socio-economic 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.

There are three main approaches to awareness creation activities, each intended to reach a different audience and each with a different goal in mind. As their names suggest, the basic difference between



these approaches is the number of people they are intended to reach. This intent affects the mediums that are used in each approach. An effective awareness creation program will employ each of these strategies, to varying degrees, to educate the population targeted.

Mass Approach

The Mass Approach is intended to reach a large number of people. Its primary goal is to create awareness of the problem in those whom it reaches and to begin to increase their level of Knowledge. Activities that fall under this category are not intended to result in great understanding in those they reach, but an increased awareness of the problem and basic knowledge about its specifics. Poor results in the Knowledge section of the KAP survey amongst the population studied is a good indication that a high level of effort should be focused on the Mass approach to awareness creation. The mediums that are most appropriate for this type of awareness creation vary largely.



- Mass Media, such as television, newspapers, and the radio can be effectively used to increase the level of knowledge in the community about diabetes and diabetic retinopathy. These forms of communication have the potential benefit that they almost invariably reach a large audience, and therefore can spread information very effectively to a large population. Television and radio announcements are potentially more useful in creating awareness of the problem, as they can be heard by those with visual impairment, and heard or seen by those who cannot read.

Television and radio announcements, however, are likely to be too expensive to convey more than very basic details. Illiteracy is a common obstacle to awareness creation in rural areas, and, in any project whose intended audience is assumed to suffer from vision problems, audio messages are very useful.

- Poster display in hospitals or public meeting places have the same advantage of being widely seen, but also carry a disadvantage. Since most of the targeted population may be illiterate or visually impaired and poster message may not be clearly transmitted. They have the additional benefit of the possibility to more specifically target your intended audience, as they can be displayed in eye hospitals or diabetes treatment centers, and therefore are likely to be seen by those who most need to see them.



Displays of Posters & Stickers

- Pamphlets and Booklets may be distributed in the community to spread more specific knowledge about the disease. Newspapers and television or radio programs are not likely to provide in depth information concerning diabetic retinopathy due to the costs involved. Pamphlets and booklets can provide very specific details about the disease, and can be re-read many times by those who pick them up - another advantage over mass media communications like TV and radio. They can also be tailored to specific groups of people, and contain information meant specifically for them.



Awareness creation through stalls in Public Exhibition

- Exhibition and local Fairs or Festivals provide opportunity to reach a large audience through the use of a booth distributing IEC materials. This is a particularly valuable venue for awareness creation because of the possibility for interaction between knowledgeable project staff and the public during the distribution of these materials, which can help to provide elucidation of the information provided in these materials or additional information to those who desire to learn more. Exhibition and fairs are also valuable because of the large potential audience they provide.



Group Approach

The Group approach is designed to help change the opinions and attitudes of the targeted people. It is characterized by efforts to reach a smaller target audience for a more sustained period of time. This approach is more effective in educating its audience than methods conducted under the Mass approach. Activities characterized under the Group approach should occur after those under the Mass approach. This is because the activities that this approach

includes assume that the audience already possesses some level of awareness and some form of basic knowledge of the problem. The need for sustained efforts using the Group approach is demonstrated by poor results in any section of the KAP study, as Group awareness creation activities can effectively increase knowledge, change attitudes and correct wrong practices. The following activities are included in the Group approach:

- **Group discussion:** Group discussions are highly effective tools in efforts to provide education and change the attitude of those who attend them. They are effective because they facilitate a free flow of ideas in an informal setting, and allow for one-on-one interaction with a knowledgeable person who can answer questions pertaining to the disease. Group discussions can be conducted during orientation training, teachers' meetings, religious gatherings, self-help groups, and other settings like these.
- **Guest Lectures:** Guest lectures offer the opportunity to spread knowledge to small groups in a manner that cannot be achieved through mass media. They are given by doctors and project staff, and are designed to educate specific groups on the problems identified by the KAP. Guest lectures should be arranged at professional gatherings, medical conferences, diabetic associations, rotary meetings, NGO conferences and similar settings. These groups are selected for a variety of reasons, including being at a high risk for developing diabetes or diabetic retinopathy, or being in a position to effect a positive change in the community.
- **Health Education Training Sessions:** Health education training sessions are presentations given to small groups made of up of very specific members. Typical groups that can benefit greatly from these sessions are known diabetics, who represent a high-risk group for diabetes (and therefore diabetic retinopathy) because of the sedentary nature of their employment. These sessions involve a short presentation on diabetes and diabetic retinopathy, followed by a question

and answer session between the audience and the presenter.

Individual Approach

The activities undertaken that are classified as part of the Individual approach are aimed at a goal similar to that of the activities carried out for the Group approach. They are designed to change the attitudes and practices of those with mistaken perceptions concerning diabetes and diabetic retinopathy. Although this approach has the greatest possibility of success, due to the great interaction between the educators and those they are educating, this approach is most costly and would consume lot of time than the Mass or Group approaches do. For this reason, activities that are classified under the Individual approach should be conducted only after Mass and Group awareness creation campaigns.



Individual approach through counselling

- Door-to-door home visits: Conducted either by project staff or sufferers of diabetes and diabetic retinopathy who have undergone treatment, home visits are a very effective way to disseminate information.
- Counselling: Counselling sessions during screening camps and eye examination provide a perfect opportunity for awareness creation. Because of the one-on-one interaction between a doctor and the patient this is a good time to provide specific, detailed information designed to increase knowledge, change attitudes, or alter incorrect practices.

The activities undertaken that are classified as part of the Individual approach are aimed at a goal similar to that of the activities carried out for the Group approach. They are designed to change the attitudes of those with mistaken perceptions concerning diabetes and diabetic retinopathy.

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 problem. 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 communication, 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 principle of "Satisfied customer is selling the product in an effective manner".

References

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