The need and process of IEC (Information, Education and Communication) Development in Delivering Paediatric Eye Care Services

Abraham Pradeep G, Sheeladevi S

Lions Aravind Institute of Community Ophthalmology, Madurai.

Introduction:

Childhood blindness has been identified as one of the priority areas under the global initiative, Vision 2020 – the Right to Sight. It has been estimated that 1 million of the 1.5 million blind children in the world are residents of Asia. The prevalence of childhood blindness in India is five times that of the developed world and it has been a greater challenge for the developing nations to address this issue.

The following facts denote the condition of childhood blindness in the world:

- A child goes blind every minute

- Most childhood blindness is preventable or treatable

- Approximately 50% of children, who go blind, die within 2 years.

- 89% of childhood blindness occur before the age of 5 years.

- 75% of learning in the first five years of life is through sight.

These facts reveal that childhood blindness should be treated as an emergency and early intervention is essential to address the problem. The most critical element in addressing this issue is to identify the children with eye problems to initiate the intervention at the earliest for the better quality of outcome. But the awareness level among the parents and communities are low and also the practices of traditional harmful methods serves as a major impediment for quality eye care service delivery to the children. The recent research study conducted by our institution has also revealed that the awareness level for parents on eye problems to their offsprings' has been fairly low. Parents need to be informed on issues regarding the eye and its problems, as children may not be aware of their own problems. Apart from service delivery the provider also has to take the responsibility of communicating the relevant information that is needed to create awareness to change in the social environment.

IEC:

IEC is a communication tool which combines strategies, approaches and methods that enable individuals, families, groups and organizations to play active roles in achieving health seeking behaviour to improve the quality of life of the communities. There are many types of IEC tools and few examples are as follows:

    a) Posters & Pamphlets

    b) Flash cards

    c) Folk songs

    d) Street plays

    e) Puppetry etc.

The above mentioned tools are the common source of IEC materials which are used for effective communication for social change. Among all the above, posters and pamphlets are very cost effective ways of reaching the masses. This is the best possible method to be adopted by any service delivery institution mainly for two reasons:

1. It is self explanatory and easy to distribute
2. To make the patient waiting time spent useful and informative.

Posters and pamphlets should convey the meaning to the readers exactly for which it has been developed. But there is always some gap between the providers and readers perspective. In order to bridge the gap between the two, development of such materials should undergo a logical process and the main objective of this article is to discuss the process of developing such posters and pamphlet through an example.

Methodology:

To start with, it was decided to test the existing IEC material available in the Peadiatric Ophthalmology Unit at Aravind. As a first step, pamphlet and poster on squint was tested by administering it with parents and other patients and modify it based on the feedback. This type of research needs a lot more qualitative information and consumes more time. It is difficult to interview more people and even if interviewed, it would become difficult to analyze and interpret the data. And hence it depends on the ability of the researcher to probe in detail to get the feedback within the smallest group. For this, the researcher should posses adequate knowledge on the subject of the tools tested. As a

first step the researcher was posted in the pediatric ophthalmology unit to understand the basics of the disease in detail. We developed a series of questions to facilitate discussion among the respondents. 16 respondents were selected randomly among those attending the pediatric eye unit at Aravind, Madurai. We gave importance to have equal representation by gender, literacy, residential status among the respondents. After getting their consent, the existing pamphlet was distributed and they were asked to read the pamphlet and this was followed by a discussion. The discussion was focused on obtaining basic information about the respondent and specific questions regarding the design of the pamphlet, content, clarity of the information presented, its relevance and the misconceptions existing about the diseases were recorded. All the responses were recorded and classified. Each response was coded, the most frequently mentioned and relevant feedbacks were taken into consideration. Based on the feedback, existing pamphlets were modified and again pre-tested with the 10 different respondents to check whether the purpose served. Other than the general respondents, the clinicians feedbacks were obtained at each step before proceeding to the next to make sure it matches with the scientific truth.

Results:

Out of the 16 respondents, 9 were males; 10 were literates. 6 persons were from urban area and others belong to semi urban and rural areas. The mean age of the participants was 34 and the range was 22 to 43. Almost all of them have seen the pamphlet for the first time. The most significant responses were classified with regard to the design, content and the misconceptions and relevant changes have been made in the revised pamphlet (Table – 1). The reasons for obtaining the misconceptions were to highlight them in the education materials to eliminate the harmful practices in the communities.

Table: 1 **Comments and feedback of the respondents:**

1. Design of the pamphlet:

No of responses

1. More number of pictures to be added – 8
2. Colorful pictures needed - 6
3. Lengthy messages to be avoided - 6

2. Content:

1. Content is very sufficient   - 11
2. Needs simpler terms for clinical explanation - 7
3. Clinical terms should be avoided   - 6

3. Misconceptions about squint:
1. Squint will be ok when the child grows up
2. Squint is a matter of good luck
3. Squint will not affect eye sight
4. Loss of vision may not occur due to squint
5. Squint correction is possible after the child grows bigger.

All the major comments and suggestions were considered positively and appropriate changes were made in the revised pamphlet. Again the revised pamphlet was pre-tested among 10 parents and caretakers and all of them expressed that they were able to understand the content easily and also the pictures depicted in the pamphlet helped them to understand the content better and it was attractive too. Most of them particularly mentioned about one picture to be changed in the pamphlet as it looks like an adult person and it was changed in the final version. After all the modifications were made, the pamphlet was printed.

Conclusion:

Though the process adopted consumes more time, it is worth investing the time because ultimate aim is to make the users understand the given information in the material to create awareness for better practices. The problem of paediatric blindness can thus be partly addressed through right information and education in the community by suitable and powerful communication tools like IECs, by choosing appropriate content and the communication channel to the audience for the intended change. Thus it cannot be denied that the pamphlets and the poster created for the pediatric unit would definitely serve as useful source of information and education materials for promoting suitable awareness on eye issues and serve as powerful tools for social change.

References:

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