

# **OPHTHALMOLOGISTS' PERCEPTIONS OF THE REHABILITATION SERVICES FOR THE IRREVERSIBLY BLIND IN NIGERIA**

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## **SUMMARY**

**Objective:** To ascertain the perceptions of a cross-section of Nigerian ophthalmologists on various aspects of rehabilitation services for the irreversibly blind (IB) in Nigeria.

**Methods:** The opportunity of an annual gathering of Nigerian ophthalmologists in Calabar, Nigeria, from the 7<sup>th</sup> to 11<sup>th</sup> September 2004, was used to conduct the study. A semi-structured questionnaire was given to each participant to fill. Information sought included their perceptions of the availability, adequacy, funding, and improvements needed for the rehabilitation of the IB in Nigeria.

**Results:** Out of the 114 ophthalmologists who attended the congress, 69 participated in this study by submitting their completed questionnaires. There were low vision services in only 7 (41.2%) of the 17 ophthalmology institutions in which the respondents practice. However, educational facilities for training the blind existed in or around most (73.9%) of the locations of practice. The sponsoring agencies for these educational institutions were identified as: government (50%), missionary organizations (21.5%), non-governmental organizations (7.8%), and a combination of these (21.5%). Most ophthalmologists (87.9%), however, noted that parents should ideally be involved, alongside the aforementioned agencies, in funding the education of the blind. The integrated school model for educating blind children rather than the special blind school model was favoured by 78.7% of the ophthalmologists for better social interaction and to reduce costs. No ophthalmologist was of the opinion that the existing rehabilitation support services in Nigeria are adequate, and relevant suggestions for improved services were made.

**Conclusion:** The Nigerian ophthalmologists who participated in this study were well aware of the optical,

educational and rehabilitation support services needed for the IB. Their overwhelming verdict is that the support facilities presently available in Nigeria are grossly inadequate. They suggested a partnership between government, non-governmental organizations, and parents to mobilize resources for the needed improvements in the rehabilitation services for the blind.

**Key words:** irreversibly blind, rehabilitation for the blind, Nigeria

## **INTRODUCTION**

The World Health Organization (WHO) defines people with irreversible blindness (IB) as those whose best-corrected visual acuity in their better eye is less than 3/60, and in addition, their vision loss does not lend itself to improvement by standard spectacles or medical or surgical treatment. Worldwide, about 45 million people are blind. Of these, 9 million (20%) have no perception of light, i.e. are 'completely' blind. Of the remaining 36 million, 14.4 million will not have their eyesight restored or improved by any form of standard treatment.<sup>2</sup> In effect, 23.4 million people worldwide are irreversibly blind.

Lack of adequate support for the IB results in a life of misery and economic dependence for the affected individuals, particularly children, who have their whole life still ahead of them. Support services for the IB should include the provision of: low vision services (for those with some residual vision), education, and vocational and functional training. A major barrier to accessing these support services in areas where they exist has been the lack of awareness of these services by ophthalmologists and other eye care professionals.<sup>2,3,4,5</sup> Since ophthalmologists are consulted to objectively assess and diagnose irreversible blindness, their

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perceptions of the rehabilitation services will have an important impact on their advice to the IB on further rehabilitation.

The aim of this study is to ascertain the perceptions of ophthalmologists in Nigeria on the availability, adequacy, funding, and improvements required for the rehabilitation needs of the IB.

## MATERIALS AND METHODS

A qualitative assessment of the rehabilitation services for the irreversibly blind (IB) in Nigeria as perceived by a cross section of Nigerian ophthalmologists attending an annual professional congress in Calabar, Nigeria, was conducted from the 7<sup>th</sup> to the 11<sup>th</sup> of September 2004.

The data collection instrument was a semi-structured questionnaire given to each participant who agreed to complete the questionnaire. The opportunity of recruiting as many ophthalmologists as possible for the study was maximized by giving out the questionnaires to all attendees at the congress and latter analysing the response of ophthalmologists alone. The questionnaire had three sections. The first section sought background information on the respondent (gender, place of practice, duration of practice). The second section explored the respondent's experience and preferred management practices in the care of the IB. The third section, which is the section of interest to this paper, dealt with the respondent's perceptions of the various aspects of rehabilitation service for the blind. Specific questions in this category sought the respondent's perceptions of the availability, adequacy, funding, and improvements required for the rehabilitation needs of the IB in and around their locations of practice within Nigeria.

The Epi Info version 6 statistical software was used to analyse the ophthalmologists' responses, which had been pre-coded, in simple percentages.

## RESULTS

One hundred and sixty-seven participants comprised of 114 ophthalmologists and 53 trainee ophthalmologists (residents), attended the Ophthalmological Society of Nigeria (OSN) congress which held in Calabar, Nigeria between 7<sup>th</sup> and 11<sup>th</sup> September 2004. Only one hundred copies of the study questionnaire were administered as not all the participants agreed to fill the questionnaires. Ninety-two of the 100 questionnaires issued out were filled and returned, 69 by ophthalmologists and 22 by trainee ophthalmologists. The findings presented below are obtained from the questionnaires that were returned by 69 ophthalmologists (60.5% response rate).

On the availability of low vision services for the irreversibly blind (IB) within their institutions of practice, only 12 (17.4%) of the 69 ophthalmologists indicated that such services exist. A further analysis revealed that these 12 ophthalmologists practice in 7 of

the 17 (41.2%) localities where all the respondents practice. As to the available educational facilities for the IB, 51 ophthalmologists (73.9%) indicated that such training facilities exist in or around their place of practice. Approximately half (25) of these 51 ophthalmologists cited government as the funding (sponsoring) organ of the educational facilities, 11 (21.6%) cited missionary organizations, 4 (7.8%) indicated non-governmental organizations (NGO) and 11 (21.5%) mentioned various combinations of partnerships between any two of the 3 organs. 66 respondents answered the question on who, should ideally fund education for the IB. 58 (87.9%) of these indicated that the government, parents and non-governmental organizations should partner to fund the education of the blind. The remaining eight respondents (12.1%) indicated government alone (2), NGOs alone (1), government and parents (2), parents and NGOs (1), and government and NGOs (2).

Respondents were asked to give their opinion on the model they considered best for educating the IB. Of the 61 respondents who gave their opinion on which is the better model for educating the IB, 48 (78.7%) indicated that educating the IB in integrated schools (conventional schools for both the sighted and the blind) was better than educating them in the special schools for the blind. Only 13 respondents (21.3%) thought otherwise. Among the 61 ophthalmologists who gave reasons in support of their preferred model, 52 respondents cited reasons as to why the integrated schools model was better. These include better social interaction for the IB, 37 (71.2%); cheaper costs, 2 (3.9%); a combination of the last two reasons, 8 (15.4%); and other reasons, 5 (9.6%). Nine respondents cited reasons for their preference for educating the IB within the who preferred education of the IB within special schools for the blind were: the availability of specialized training and care within such schools, 4 (44.5%); the relatively safer environment, 1 (11%); and the combination of these two reasons, 4 (44.5%).

When asked whether the general support services for the blind in Nigeria are adequate, none of the 65 ophthalmologists who responded to this question answered in the affirmative.

Among the general suggestions given by respondents on how to generally improve the care of the irreversibly blind in Nigeria, 63 of the 66 ophthalmologists who responded made suggestions relating to improvements in the rehabilitation services. The 63 respondents suggested improvement in funding for the education of the blind either as their sole suggestion 3 (4.8%) or in combination with other measures 60 (95.2%). In relation to low vision services, eleven respondents (17.5%) suggested improvement in low vision services alone, while 37 (58.7%) suggested the

combination of improvement in low vision service and some other measures.

**DISCUSSION**

Ophthalmologists are usually not the direct providers of formal rehabilitation or education for the irreversibly blind (IB). Their role is to refer or transfer the irreversibly blind child or adult to a unit where services can be provided to improve their life and self care skills.<sup>4</sup> Only a well-informed transfer, in which ophthalmologists have information on the services available, will ensure easy access to such facilities by the IB. If given proper education and rehabilitation, the IB, particularly children, would have an enhanced chance of acquiring a means of livelihood, improved social interaction and enhanced self dignity.<sup>6</sup>

Only 7 out of 17 ophthalmology institutions (41.2%) where the respondents practice had low vision services as revealed in this study. This problem of scarcity is further compounded by the exorbitant cost of procuring low vision devices such as magnifiers, closed circuit televisions, and conversion systems such as talking watches, talking calculators and speech and Braille conversion systems.<sup>7</sup> It is therefore gratifying that the global initiative, VISION 2020: The Right to Sight, includes low vision care with refraction among the 5 identified disease control priorities.<sup>8</sup>

Eighty per cent of learning in a normally sighted child is acquired through vision; hence a blind child needs special training to use stimuli from the other senses. When asked whether such education should be acquired through integrated schools or in special schools for the blind, Nigerian ophthalmologists in this study concur with modern views<sup>6,9</sup> and prefer the former. It should, however, be understood that there is still a need for the continued existence of special schools for the blind as resource centres for the provision of specialized teaching materials and resource persons for the integrated schools within their defined catchment areas. Another role for the special schools would be to serve as the sole facility for the training of blind children with additional disabilities who, therefore, cannot benefit from integration.<sup>9</sup>

The education of irreversibly blind adults and blind children who either could not access formal education or could not proceed further, centres on the provision of vocational skills to equip them with the means to earn a livelihood. It is noteworthy that respondents advocated the involvement of the parents in funding the education of the blind, rather than the existing practice of abandoning this to the government, missionaries and NGOs. Apart from adding to the revenue base, parental involvement will make them more aware of the developments in the life of their blind wards and foster increased bonding.

Another aspect of rehabilitation needed for the IB is functional rehabilitation which can be offered alongside vocational training, through community-based programmes. The objective of this aspect of rehabilitation is to increase the number of activities blind people can carry out in their homes and in the neighbourhood, focusing on what matters in that specific community, and at that specific stage of life.<sup>4</sup> There is also a need to do more than pay lip service to various international and national conventions and legislations which discourage discrimination on the grounds of disability in certain fields of activity. The provision of disability living allowance and improved access to modern technologies such as tape recorders, televisions, and computer-assisted Braille devices, as obtains in the developed world<sup>10</sup> for the rehabilitation of the blind, is worthy of emulation in Nigeria.

A comprehensive list of all the available rehabilitation services for the blind in Nigeria is yet to be compiled. An attempt by the Nigeria National Programme for the Prevention of Blindness (NPPB) to compile such a list was inconclusive as only 16 out of the 36 states made submissions.<sup>11</sup> A fresh effort should be made to make such a compilation nationally, and the ensuing data should be widely disseminated to all ophthalmologists and other interested persons. The NPPB, however, had more success in compiling a list of the material needs for the educational support of the visually impaired in Nigeria.<sup>12</sup>

In conclusion, the Nigerian ophthalmologists who participated in this study were well aware of the optical, educational and rehabilitation support services needed for the incurably blind in Nigeria. Their overwhelming verdict is that the existing support facilities are grossly inadequate. They suggested a partnership between the government, non-governmental organizations, and parents to mobilize resources for the needed improvement in the rehabilitation services for the blind.

**REFERENCES**

1. World Health Organization. *International Classification of Diseases*, 1975 revision. WHO, Geneva, 1977.
2. Pararajasegeran R. Low vision care: The need to maximise visual potential. *Community Eye Health* 2004; 17(49): 1-2.
3. Pollard TL, Lamoureux EL, Simpson JA, Keeffe JE. Barriers to accessing low vision services. *Ophthalmic Physiol Opt*. 2003; 23: 321-27.
4. Vanneste G. How eye workers can help newly blind people. *Community Eye Health* 2003; 16(45): 5-6.
5. Greenblatt SL. Physicians and chronic impairment: A study of ophthalmologists' interactions with visually impaired and blind patients. *Soc Sci Med* 1988; 26(4): 393-9.

6. Dawodu OA, Ejegi FN. The problem of educating blind children in Benin City. *Nigerian Journal of Ophthalmology* 2001; 9(1): 20-24.
7. Minto H. Low vision devices and training. *Community Eye Health* 2004, 17(49): 6-7.
8. World Health Organization. Vision 2020: Global Initiative for the Elimination of Avoidable Blindness. World Health Organization 1997. WHO/PBL/97.61 Rev.1.
10. Mani MNG. The role of integrated education for blind children. *Community Eye Health* 1998; 11(27): 41-42.
11. Wall J. The rights of blind people. *Community Eye Health* 2003; 16(45): 1-2.
12. Nigerian National Programme for the Prevention of Blindness (NPPB). Survey of schools, manpower and resources for the education and welfare of visually impaired and the blind in Nigeria: Executive summary with policy implications. NPPB, Kaduna, Nigeria, 1996.
13. Nigerian National Programme for the Prevention of Blindness (NPPB). Educational support for visually impaired people in Nigeria. NPPB, Kaduna, Nigeria, 2000.