



PERCEIVED EYE HEALTH-SEEKING BEHAVIOUR OF RESIDENTS OF IDO LOCAL GOVERNMENT AREA, OYO STATE NIGERIA

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ABSTRACT: Eye disease is a common global health problem that affects both young and old people. According to the World Health Organization (WHO), the utilisation of eye care services globally was 18% in 2014, while in Nigeria; the rate of utilisation was reported to be below 25% as against the set target of 90%. This study therefore was aimed at assessing the perceived eye health-seeking behaviour of the residents of Ido Local Government Area, Oyo State, Nigeria. The study adopted a quantitative cross-sectional method among 289 residents of three communities in the Ido Local Government area, Ibadan. A self-administered validated questionnaire was used for data collection. Analysis of data was done using descriptive statistics (frequency, means and standard deviation) and inferential statistics; chi-square test and correlation coefficient which was fixed at $p < 0.5$ level of significance. The result revealed that less than half of the respondents 135 (46.7%) had eye screening in the past, 156 (54%) had eye problems in the past 82(52.6 %) visited hospitals to solve their eye problems and others were involved in self - medication, patronised traditional healers and use over the counter drugs. The chi-square test showed a statistically significant relationship between the age of the participants and their engagement in the eye screening test. In conclusion, less than half of the respondents had eye screening in the past, while a large proportion of those who had eye problems visited non-medical facilities to seek eye care services. This indicates inappropriate eye health-seeking behaviour of the majority of the respondents. In addition, their perceived health-seeking behaviour was influenced by their age. This study recommends that more public health education needs to be done to educate the community on appropriate personal eye care to ensure positive eye health-seeking behaviour.

KEYWORDS: Eye, Health-Seeking behaviour, Perceived, Susceptibility



INTRODUCTION

Health care involves maintaining or enhancing health via activities such as prevention, diagnosis, treatment, and recovery from diseases, illnesses, injuries, and other physical and mental impairments in individuals. It encompasses labour related to delivering basic, secondary, and tertiary care. Access to healthcare, including eye health, may differ across nations, groups, and people due to social and economic factors, as well as health policy. Healthcare access factors include financial constraints (such as insurance coverage), geographical obstacles (such as extra commuting expenses), and personal restrictions (such as the inability to speak with healthcare professionals).

Constraints on health care services have a detrimental impact on the use of medical services, treatment effectiveness, and overall outcomes such as well-being and mortality rates (Mathers et al., 2010). Eye health is closely linked to overall health, with some nutrients being particularly crucial for maintaining good vision. These nutrients support eye health, shield the eyes from damaging light, and lower the risk of age-related degenerative conditions. The nutrients mentioned include vitamins A, D, E, and K, and seafood rich in Omega-3 fatty acids such as salmon and tuna. Fruits and green leafy vegetables, particularly those rich in carotene, are very beneficial for eye health. An individual can maintain healthy eyes by consuming a balanced diet rich in fruits and vegetables, maintaining a healthy weight, engaging in regular exercise, wearing sunglasses to protect against sunlight, avoiding particles from entering the eye, refraining from smoking, being aware of family medical history related to eye health and other risk factors, preventing contamination when using contact lenses, and resting the eyes every 20 seconds (following the 20-20-20 rule) (Onwubiko et al., 2014).

Uncorrected refractive errors and cataracts are the primary causes of visual impairment and blindness. The prevailing view is that most individuals with visual impairment and blindness are aged over 50; but, vision loss may impact individuals of all age groups. Uncorrected myopia and presbyopia cause significant worldwide economic losses due to decreased productivity, estimated at US\$24.4 billion and US\$25.4 billion annually, respectively. Disparities in different locations show that the occurrence of distant vision impairment is about four times greater in poor and middle-income regions compared to high-income regions (VLEG, 2020). In Western, eastern, and central sub-Saharan Africa, the estimated rate of unaddressed near vision impairment is over 80% whereas in high-income regions like North America, Australasia, Western Europe, and Asia-Pacific, the rate is reported to be less than 10% (VLEG, 2020). Population growth and ageing are anticipated to elevate the likelihood of more individuals developing visual impairment. According to national and state statistics, over 50% of adult Americans who did not seek eye care cited lack of knowledge or expenses as the main reasons, which are sometimes worsened by inadequate health insurance (VLEG, 2020).

In Nigeria, the prevalence of poor vision was 3.4% and 6.1%. The number of persons with visual impairment is predicted to rise owing to the growth in life expectancy, which has grown from 37 years at independence to 50 years post-independence (WHO, 2017). Failure to immediately address eye problems may lead to consequences such as amblyopia, discomfort, visual distortion, partial vision loss, and perhaps permanent blindness. Vision impairments may have adverse economic, emotional, social, and psychological effects on individuals and their families (Dev, et al., 2013).



Various initiatives are used globally, domestically, and locally to address ocular issues. In 2017, Yueqing City in eastern China initiated a self-administered vision study where individuals at home used an eye chart to identify poor visual acuity. Those found with low visual acuity were sent for a free thorough eye examination at a local eye clinic (NNJS, 2012). Research on eye disease awareness was scheduled to take place in Delhi, North India. The study's objective was to assess the level of knowledge and health-seeking behaviours about prevalent eye disorders (Census of India Website, 2011).

In Ghana, the Ministry of Health (MoH) and the Ghana Health Service (GHS) implemented the community-based Health planning and services (CHPS) system as a national health strategy to address obstacles to healthcare access; however, basic eye care was not included. Eye health initiatives in Ghana since 2004 have focused on reducing avoidable blindness and improving access to eye health services by enhancing national, regional, and district capabilities. The goal is to provide accessible, affordable, and culturally acceptable eye care to all Ghanaians and engage communities in promoting eye health.

Babalola (2015) mentioned that the Nigerian government and non-governmental organizations have implemented various activities to enhance the availability, affordability, accessibility, and quality of eye care services in the country as part of the Vision 2020 programme to reduce visual loss. Even though 50% of cataract surgeries are performed by mobile vouchers, Nigeria has one of the lowest cataract surgery rates in Africa (300 per million per year in 2011) and the same applies to other eye care treatments. In 2015, the cataract surgery rate in Nigeria was 317 surgeries per million people per year (Ebeigbe & Oveneri-Ogbomo 2014).

Eye health-seeking behaviour is a multifaceted and dynamic notion, as described by Mazzilli & Davies in 2021. It refers to personal efforts made by individuals to enhance optimum well-being, healing, and rehabilitation from ocular issues. It encompasses personal, experiential, and sociocultural aspects shaped by family and communities, leading to diversity among individuals and communities (Iyalombe & Iyalombe, 2010).

Eye health-seeking behaviour in this research refers to how individuals seek solutions for their eye issues, which significantly impacts whether they will find effective remedies. Oftentimes, before reaching suitable facilities, individuals choose to visit various locations such as pharmacies and traditional eye care centres. Individuals may introduce dangerous chemicals into the eye, such as urine or breast milk, leading them to seek medical attention at proper facilities late, frequently after their conditions have become more difficult (Ebeigbe, 2013). The fear of becoming blind and its detrimental effect on the education of adolescents and adults serves as a strong incentive for obtaining eye treatment (Sutradhar, 2019).

Nurses have crucial responsibilities in eye care, including preventative, curative, training, and rehabilitative functions. Ophthalmic nurses educate the public about eye care, avoidance of dangerous habits, and the need for a balanced diet for maintaining healthy eyes. They also participate in regular eye screenings to identify any issues and provide guidance on how to handle eye emergencies. They educate the public about the significance of immunisation in eye care to avoid infections such as measles that might harm the eye. They provide therapy to customers with eye conditions such as conjunctivitis and cataracts, serving a healing function. They are also engaged in training ophthalmic nurses. Ophthalmic nursing is a specialised study offered in post-basic schools. Nurses are educated to provide care for the eyes, recognise eye issues, and prevent additional eye damage or vision loss. Ophthalmic nurse educators fulfil this



duty. Nurses have a role in the rehabilitation of clients with limited vision or full blindness by providing health education, and information, advocating for special schooling for school-aged individuals, and teaching coping strategies for both clients and their families.

Currently, there is a dearth of literature on the perceived eye health-seeking behaviour and the eye care services often used by the residents of Ido local government area, whenever they have eye problems. On this premise, this study seeks to assess the perceived eye health-seeking behaviour of residents of Ido local government area, Oyo State, Nigeria. The specific objectives are to:

1. assess health-seeking behaviour among residents of Ido Local Government;
2. assess the perceived susceptibility to eye health problems among residents of Ido Local Government;
3. assess perceived severity of eye problems among residents of Ido Local Government Area;

Research Hypotheses

Ho1: There is no significant association between the participants' age and their eye health-seeking behaviour.

Ho2: There is no significant association between the participants' educational background and their eye health-seeking behaviour

Ho3: There is no significant association between the participants' perceived severity of eye problems and their eye health-seeking behaviour.



LITERATURE/ THEORETICAL UNDERPINNING.

Adopted Health Belief Model (Glanz, et al 2009)

Concept	Definition	Potential Change Strategies
Perceived susceptibility	Beliefs about the chances of getting a condition	Define what populations (s) are at risk and their levels of risk. Tailor risk information based on an individual's characteristics or behaviours Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness	Explain how, where, and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	Offer reassurance, incentive, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	Provide training and guidance in performing an action Use progressive goal-setting Give verbal reinforcement. Demonstrate desired behaviors

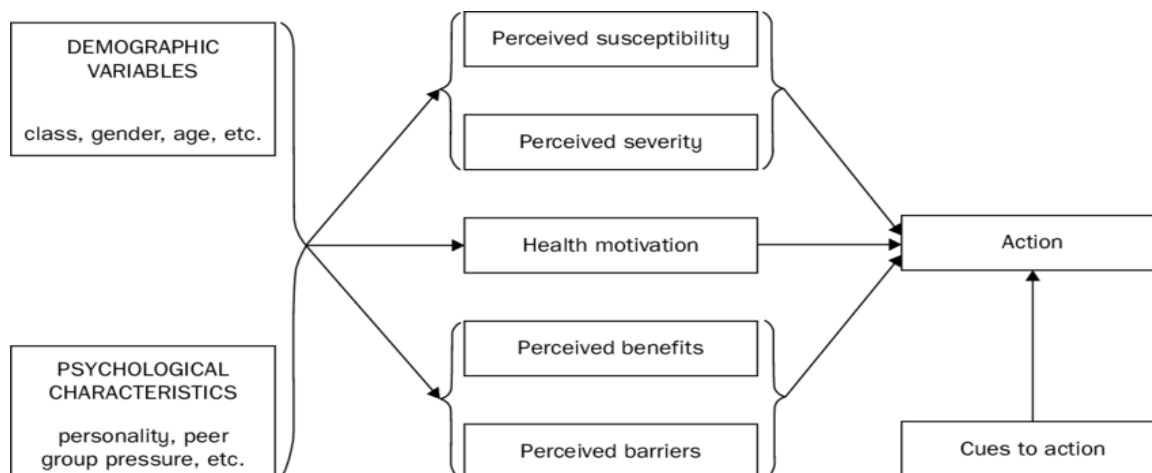


Figure 2.1: Adapted Health Belief Model

Modifying Factors.

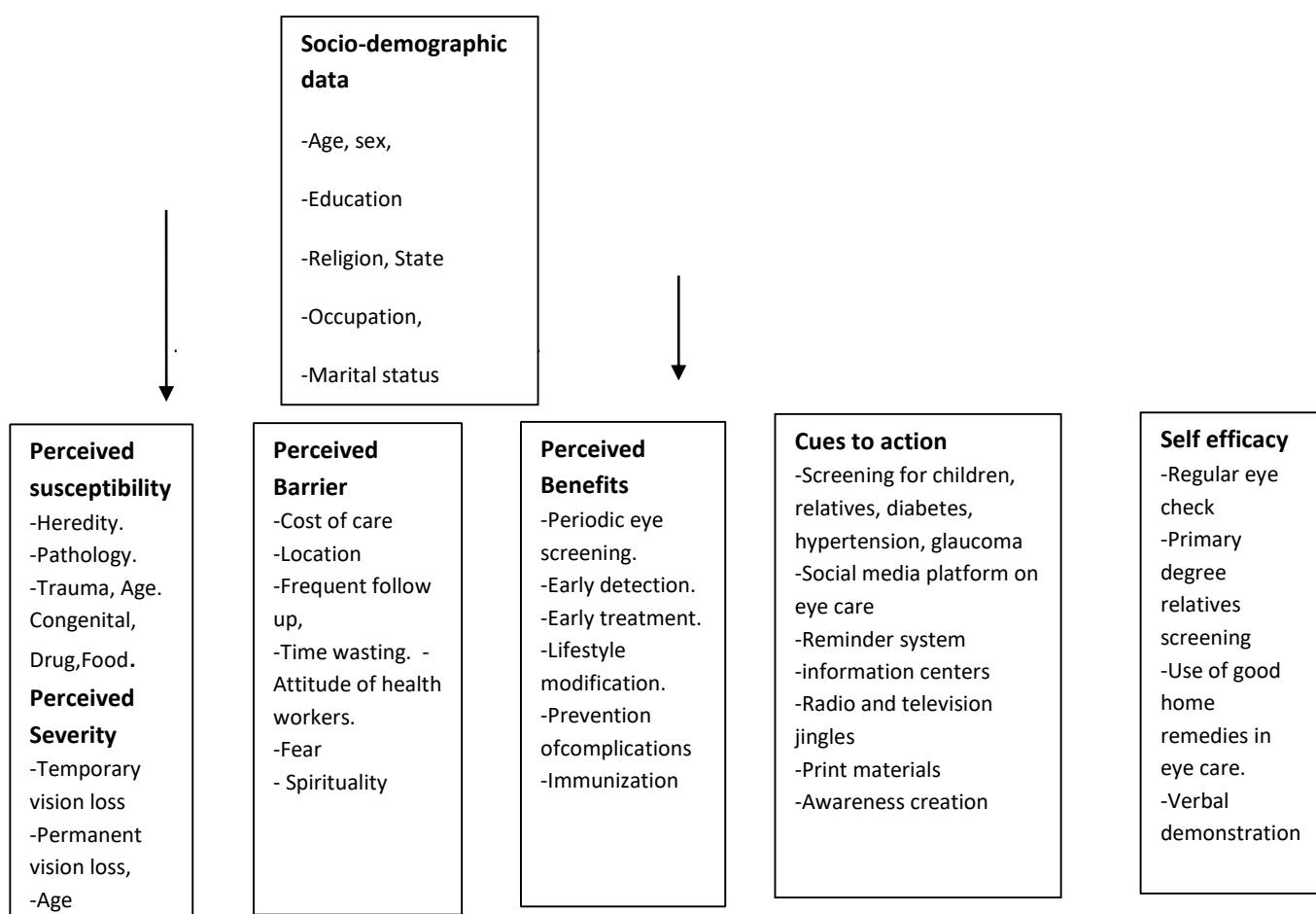


Figure 2.2: Application of Health Belief Model to the Study

Source: Self adapted



METHODOLOGY

This study used descriptive design, and quantitative methods to investigate what, where and when about eye health-seeking behaviour. This is a numerical descriptive method, using a structured questionnaire. The population consists of male and female residents of the Ido local government area who were available during the study and agreed to participate in the study. Prevalence of health-seeking behaviour (74.3%) in a study carried out by Megbelayin and Babalola, (2015) in Nigeria. The sample size was determined by using Cochran's formula which yielded a sample size of 289 Three wards were randomly selected (through balloting) and three major towns, one from each ward selected by judgmental sampling technique from the local government area. Convenience sampling was used to reach those respondents that are available at the time of data collection and to give opportunity to all participants that are willing to participate.

A self-administered questionnaire adapted from a previous study (Aham-Onyebuchi et al, 2020) was used. The questionnaire consists of 3 sections. Section A consisted of socio-demographic data (age, sex, religion, educational background, state of origin, marital status and occupation) of the respondents, this comprises 7 items. Each person will tick the options applicable to them. Section B consisted of items on perception towards eye problems and eye health-seeking behaviour. Section C consisted of items on eye screening habits this comprises questions with options Yes and No which shows when and how often an individual screens their eyes.

A proposal was submitted to the Oyo state ethical research committee, the chairman of Ido local government headquarters was also informed as well as medical officer of health, village heads and chairmen of landlord associations were duly informed about data collection, and approval was given. The researcher met with the community leaders and chairmen of the landlord association in the Ido local government area in order to gain access to the communities. Analysis of data was done using Statistical Packaging for Social Sciences (SPSS) version 22 after data had been cleansed. The result was presented using frequency tables while the Chi-square test was used for testing hypotheses at a 0.05 level of significance.

RESULTS/ FINDINGS

Table 1: Socio-Demographic Characteristics of Respondents (N = 289)

Variables	Frequency	Percent %
Age range (43 ± 16.48)		
Youths (18 - 39 years)	123	42.6
Adults (40 - 64 years)	124	42.9
Elderly (65 - 82 years)	42	14.5
Gender		
Male	101	34.9
Female	188	65.1
Educational background		
No formal education	18	6.2
Primary education	20	6.9
Secondary education	120	41.5
Tertiary education	131	45.3



Religion		
Christianity	202	69.9
Islam	87	30.1
Marital status		
Single	20	6.9
Married	243	84.1
Single parent/Divorced	2	0.6
Widow/Widower	24	8.3
Occupation		
Civil servant	53	18.3
Private sector worker	32	11.1
Trader/Business	97	33.6
Self-employed	58	20.1
Students/Housewife/ Unemployed	37	12.8
Retiree/Pensioners/Farmers	12	4.1
Eye problems in the past		
Experienced	156	54
Not experience	133	46
Source of information on eye care		
Social media	164	56.7
Radio	186	64.4
News paper	98	33.9
Hospital	206	71.3

Table 1 shows the socio-demographic characteristics of respondents. There are 289 total respondents. The age of the respondents ranged from 18 to 82 years with a total of 123 (42.6%) of the respondents' ages ranging from 18 to 39 years and a total of 124 (42.9%) of the respondents' ages ranging from 40 – 64 years, the mean age was 43 years \pm 16.48. Findings show that a total of 188 (65.1%) of the respondents were females while the remaining respondents were males. Results of the study showed that a total of 120 (41.5%) of the respondents had a minimum of secondary education while a total of 131 (45.3%) were educated up to tertiary level. A total of 18 (6.2%) of the respondents had no exposure to formal education. Further findings show that 202 (69.9%) of the respondents were Christians while 87 (30.1%) of the respondents were Muslims. A total of 243 (84.1%) of the respondents were married while 20 (6.9%) of the respondents were single. 97 (33.6%) of the respondents were traders/businessmen/women. A total of 53 (18.3%) were civil servants while 37 (12.8%) of the respondents were students/housewives/unemployed. Also, the source of information on the eye care of the respondents was shown. A total of 164 (56.7%) got the information through social media platforms. The hospital was responsible for the awareness of the majority, 206(71.3%) of the respondents, 186 (64.4%) got the information from the radio, remaining respondents 98 (33.9%) got the information from the newspaper.

**Table 2: Eye Health Seeking Behaviour of Respondents (N = 289)**

Eye screening habits	Frequency	Percent%
Eye Screening Exposure		
Exposed to eye screening	135	46.7
Not exposed to eye screening	154	53.3
Last time of screening exercise		
Never done eye screening exercise	154	53.3
Done eye screening In the last 3 months	10	3.5
In the last 6 months	18	6.2
In the last twelve months	40	13.8
Two years ago	16	5.5
More than two years ago	51	17.6
The period interval of the eye screening exercise		
Never	154	53.3
Twice in a year	10	3.5
Yearly/Annually	6	2.1
Every two year	13	4.5
Once in a while	55	19.0
Only when I have an eye complaint	51	17.6
Action taken to solve the eye problem (N = 156)		
I treated it at home by myself or by relatives	42	26.9
I visited a traditional Medical centre	5	3.2
I bought eye drops/ointment from a patent medicine store	1	0.6
I bought eye drops/ointment from a chemist/pharmacy store	26	16.6
I visited Hospital (private, general, teaching etc)	82	52.6
Treatment of eye problems		
Nothing	3	1.9
Home Remedy	42	26.9
Traditional	2	1.3
Pharmacy	27	17.3
Health facility	82	52.6

Table 2 shows the eye health-seeking behaviour of the respondents. The majority, 154 (53.3%) had no previous eye screening exposure while a total of 135 (46.7%) had undergone eye screening exercises before. A total of 40 had undergone eye screening exercises in the last twelve months while a total of 51 (17.6%) hadn't been screened in more than two years. Moreover, a total of 10 (3.5%) claimed to undergo eye screening exercises twice a year while a total of 51 (17.6%) claimed they performed eye screening exercises only when they had eye complaints. The results of the study also showed the specific actions taken by the respondents who suffered from eye problems. 42 (14.5%) of the respondent resorted to home treatment of



eye problems by themselves or by relatives while 82 (52.6%) claimed they visited hospitals (teaching/general/private).

Table 3: Perceived Susceptibility to eye diseases by the respondents (N=289)

Perceived Susceptibility	SD		D		U		A		SA	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
I have a family history of eye problems hence I am susceptible	94	32.5	87	30.1	19	6.6	69	23.9	20	6.9
One of my relatives has an eye problem hence I am susceptible (heredity)	83	28.7	102	35.3	20	6.9	60	20.8	24	8.3
The type of food I eat makes me susceptible to an eye problem	84	29.1	80	27.7	34	11.8	69	23.9	22	7.6
I am susceptible because I live with people that have eye problems.	83	28.7	98	33.9	37	12.8	42	14.5	29	10
I am susceptible because of my age	68	23.5	93	32.2	32	11.1	60	20.8	36	12.5
I have medical conditions that make me susceptible to eye problems (pathological)	79	27.3	93	32.2	30	10.4	48	16.6	39	13.5
Traditional eye medications are harmful and can make one susceptible to eye problems.	51	17.6	64	22.1	38	13.1	82	28.4	54	18.7

Table 3 shows the perceived susceptibility of the respondents. A total of 69 (23.9%) agreed to the fact that they had a family history of eye problems hence they were susceptible to eye problems. A total of 69 (23.9%) were of the perception that the kind of food they eat could make them susceptible to eye problems (the two groups were categorized as high susceptibility perceptors). And 14.5 believe they were susceptible because they live with people who have eye problems (Low susceptibility preceptor category). A total of 60 (20.8%) were of the opinion that age could be a risk factor for their susceptibility. A total of 82 (28.4%) agreed to



the thought that traditional eye medications are harmful and can make one susceptible to eye problems (These two groups belong to the high susceptibility preceptor category).

Table 4: Participants' Perceived Severity of Eye Problems (N = 289)

Perceived Severity	SD		D		U		A		SA	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
I believe my eye problem cannot be solved in the hospital.	68	23.5	44	15.2	73	25.3	74	25.6	30	10.4
I believe the eye problem is the act of God/gods	57	19.7	53	18.3	75	26	74	25.6	30	10.4
If my eye disease is left untreated, it can lead to loss of vision/blindness	27	9.3	34	11.8	31	10.7	133	46	64	22.1
If I am blind, it could affect my education	18	6.2	35	12.1	25	8.7	119	41.2	92	31.8
Blindness could become a disability if it happened to me	24	8.3	28	9.7	18	6.2	103	35.6	116	40.1
Eye diseases are seen more in the elderly	21	7.3	34	11.8	36	12.5	86	29.8	112	38.8

Table 4 shows the perceived severity of the respondents. A total of 74 (25.6%) agreed with the perception that eye problems cannot be solved in the hospital while an equal proportion (25.6%) believed eye problems to be an act of God/gods. A total of 119 (41.2%) were of the fear that they could lose their vision if they failed to seek eye health early or failed to utilise eye care services. A total of 86 (29.8%) agreed that eye diseases were more predominant among elderly people. This perception can propel them to seek eye health or prevent them from seeking eye health especially if they are young.



Testing of Hypotheses

Ho 1: There is no significant association between the participants' age and their eye health-seeking behaviour

Table 5: Association between Age and Eye Health Seeking behaviour

Age range	Eye Health Seeking Behaviour vs Age			Chi-Sq.	df	p	Remark
	Never done screening	Unacceptable habit	Acceptable habit				
Youths (18 - 39 years)	82 53.20%	28 27.20%	13 40.60%	21.02	4	0.001	S
Adults (40 - 64 years)	57 37.00%	51 49.50%	16 50.00%				
Elderly (65 - 82 years)	15 9.70%	24 23.30%	3 9.40%				

Table 5 shows that the youths constituted more than 82 (53.20%) of the population of participants who had never done an eye screening test. The adult population engaged most in the screening exercise and 16 (50%) of them did it the accepted way. The result showed that the age of the participants had an influence on their engagement in the eye screening test. Statistically, the result was found to be significant ($Chi-Sq. = 21.02, df = 4, P = 0.001$). The null hypothesis is therefore rejected.

Ho 2: There is no significant association between the participants' educational background and their eye health-seeking behaviour

Table 6: Association Between Educational Background and Eye Health-Seeking behaviour

Educational background	Eye health Seeking behaviour			Chi-Sq.	df	p	Remark
	Never done screening	Inappropriate	Appropriate				
Below secondary	21 13.6%	13 12.6%	4 12.5%	4.10	4	0.4	NS
Secondary	71 46.1%	39 37.9%	10 31.3%				
Tertiary	62 40.3%	51 49.5%	18 56.3%				

From Table 6, 71 (46.10%) of the participants who had never done screening fell among those that had secondary educational background while 18 (56.30%) of the participants who exhibited acceptable habits towards eye screening were those with tertiary level of education. Findings showed that participants' level of education had an influence on their attitude towards eye screening. Although, the result was not significant statistically ($Chi-Sq. = 4.10; df = 4; p = 0.4$). The null hypothesis was therefore rejected.



Ho 3: There is no significant association between participants' perceived severity of eye problems and action taken towards ensuring eye health

Table 7: Association between Perceived Severity and Eye Health Seeking behaviour

Level of Severity	Eye health-seeking behaviour		Chi-Sq.	df	P	Remark
	Non-Clinical facility	Hospital (clinical) facility				
Less Severe (<50)	4 5.4%	5 6.1%	2.24	2	0.3	NS
Highly Severe (50 - 100%)	70 94.6%	77 93.9%				

From the result of findings in Table 7, 77 (93.9%) of the participants who patronized health facility were those who perceived high severity of eye health conditions, while 70 (94.6%) of those who patronized other means outside the health facility were those who perceive low severity of eye problem. Although those who had high severe perception showed more concern by taking action, the result was not significant statistically ($Chi-Sq. = 2.24; df = 2; Pv = 0.3$). The null hypothesis was therefore accepted.

DISCUSSION

The research demonstrates the steps performed to guarantee eye treatment. According to this study, up to half of the respondents had eye problems in the past, and a higher percentage of those who sought treatment went to the hospital. This result is consistent with research by Ofori et al. (2018), who reported that community members tended to either seek assistance from the practitioner who was nearest to them or alternate between different practitioners. This is contrary to the study carried out by Senyonjo et al (2014), which revealed that most respondents sought eye care first at a chemist or medicine store. This also contrasts with a study in India which reported traditional healers as the point of first contact (Ntim-Amponsah, et al, 2005). Moreover, findings also suggest that the choice of action taken by respondents is multi-factorial; either depending on financial capacity, proximity or influence from significant relatives such as parents, spouse, friends etc. Furthermore, it was found that the most common type of ailment reported by respondents was "blurry vision".

In addition to this, it was also discovered that some of the respondents resorted to home remedies in a bid to solve eye problems. Some of the respondents resorted to the use of herbs, seawater, urine, and breast milk, while some of them even visited traditional healers in a bid to cure eye problems. However, this choice of care could be a result of certain superstitious beliefs which are deeply rooted among the Yoruba locales of which Yoruba is the predominant ethnic group in Oyo state. This finding is similar to the one conducted by Foster and Sommer, (1996) which reported that traditional preparations are causes of bilateral corneal ulceration leading to blindness in children in Africa.



The eye screening habits of respondents were also researched and it was discovered that close to half of the respondents had been screened for eye problems before now. However, it was discovered that more than half of the respondents had never undergone eye screening as at the time of this study. Some of the respondents also revealed that they only perform eye screening once in a while some claimed they only did so when they had eye complaints. In addition to this, the respondents' perception towards utilization of eye care services was also tested where it was discovered that the majority of the respondents thought that their eye problems could not be solved in the hospital while some even feared that eye problems are the act of God/gods.

According to the findings of this study, some of the respondents admitted to being susceptible to eye conditions as they were of the belief that eye problems could be handed down generational lines. Some of the respondents also believed that the type of food they eat can make them susceptible to this condition. Some agree that age is a contributing factor to susceptibility to eye problems. Participants who perceived that they were at high risk of having eye challenge (s) (perceived susceptibility) due to some surrounding factor constituted more to the number of those who took necessary actions, especially, visiting a health facility. This is in agreement with Adeseye, (2016) report that people will seek eye health if they know /perceive how susceptible they are to eye problems and if they know those factors that make them susceptible like age, hereditary factors and so on.

Also, the majority of the participants 77 (93.9%) who patronised health facilities were those who perceived high severity of eye health conditions, while 70 (94.6%) of those who patronized other means outside the health facility were those who perceived low severity of eye problems. This is similar to the findings of other studies (Senyonjo et al., 2014; Onwubiko et al., 2014; Ocansey et al., 2014) which also revealed that delay in seeking eye care was due to the perceived notion that eye disease is not serious enough to warrant consulting an ophthalmologist. In addition, Sutradhar et al., (2019), opined that the perceived threat of blindness and its negative impact on the education of students is a propelling motive for seeking eye healthcare

Nevertheless, the findings of the study revealed a significant association between the participant's age and eye healthcare-seeking behaviour. Findings suggest that the adults were more likely to engage in eye screening exercises than the youths. This could be because aging comes with various biological changes which sometimes include the inability to read small prints which is often known as presbyopia. This occurs usually among adults above 40 years of age. However, the findings of results also show that there was no statistical significance between the respondents' educational background and their eye health-seeking behaviour.

IMPLICATION TO RESEARCH AND PRACTICE

RESEARCH- Further study should be carried out in order to investigate about eye health-seeking behaviour of the members of the community in another setting. The findings of this study can be used as a source of methods, materials, and references for further study. Nurses should be adequately involved in carrying out research.

PRACTICE- The findings of this study, if used by the nurse clinician, may help prevent complications that may arise due to delay in seeking eye care.



Nurses should encourage positive eye health-seeking behaviour among the clients who come to the clinic.

Make efforts to health educate the masses on the importance of early detection and prompt treatment of eye problems and the importance of positive behaviour towards eye care.

Nurses should be aware and be ready to take eye care to the communities that are not opportune to have access to quality eye care.

Nurses should be ready to disabuse the mind of people from using harmful home remedies that can damage the eyes or that can complicate eye problems.

More ophthalmic nurses should be trained in order to have adequate coverage in all local government areas in the state.

Primary health care (PHC) should have a Primary eye care (PEC) centre incorporated for easy accessibility of eye care.

CONCLUSION

In all of the study communities, eye disease has been identified as a common health issue. Participants in the study were able to distinguish between healthy and unhealthy eyes. Concerning the causes and prevention of eye diseases, there was, however, a significant knowledge gap. They preferred to look for assistance in their local communities. By using the services of various practitioners, some community members appeared to have a tendency to take advantage of various eye care systems sequentially or simultaneously.

FUTURE RESEARCH

The findings of this study can be used as a source of methods, materials, and references for studies on similar topics. This type of study should be extended to other parts of local government areas and the state at large so as to assess the eye health-seeking behaviour of residents of various communities. Further studies are needed to ensure each patient receives adequate eye care in appropriate eye care centres and for them to patronize professionals instead of quack when seeking eye care.

RECOMMENDATIONS

1. Eye health service needs to be made affordable. In addition, people need to be educated and encouraged to register with the NHIS service.
2. The attitude of the community health providers must be acceptable. They need to be trained and equipped to empower them to provide primary-level eye care and refer all complicated eye diseases.
3. The referral eye system must be strengthened for quality eye health delivery.



4. The use of harmful home remedies and self-medication should be discouraged.
5. Traditional medicine practitioners and herbalists in the community should be involved in eye health so that they will appreciate the negative effects of traditional preparations on the eye.
6. This study recommends that more work be done through planned awareness programs to educate people and help them overcome the concerns and barriers that hinder them from seeking personal eye care.

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