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Theater for Development Methodology in Childhood Cataract Case Finding

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ABSTRACT

The key informant methodology for case finding for childhood cataract was utilized in a rural population in Nigeria to identify suitable children who would benefit surgically from intervene for cataract and restore vision such children. It was however noticed that some parents who had children with cataract did not bring their children to the primary health center for examination and recommendation. The purpose of this study is to investigate the benefits of using the theatre for development approach in childhood cataract case finding. The delay in identification and referral of children with cataract at an appropriate age for surgical intervention and optical rehabilitation is the main cause of poor vision following surgery for the condition as amblyopia results. Therefore early presentation, identification, referral and surgical intervention as well as appropriate optical rehabilitation is the key to successful surgical outcome of childhood cataract and good visual prognosis. The theater for development (TfD) approach methodology was implemented in a community in Akpabuyo local government are of Cross River state, Nigeria as a means to enhance community participation, health promotion and education and to complement the key informant methodology in case finding for childhood cataract. Three children with cataracts were referred by the community following the TfD intervention, for cataract surgery and uptake of follow up care after surgery. The TfD approach appears to be a useful method for encouraging community participation in the case finding of childhood cataract.

Keywords: Case Finding, childhood cataract, follow up, theatre for development method, surgery.

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1.0 Introduction

The number one duty of the Pediatric Ophthalmologist is advocacy. Without the children in our clinics we will have no one to cure or refer... (Marilyn Miller 2015)

This article investigates and reports the role of active community participation in child eye care service delivery in a developing country. Community participation is relevant in the process of empowerment and increased involvement of the members of communities as described by the Ottawa Charter (Ottawa Charter 1986).

The issue of late presentation for diagnosis and the uptake of cataract surgery in children has been a problem which was identified about a decade ago in developing countries. Community involvement in the management of childhood cataract invariably will differ from one setting to another. However, many strategies have been proposed in developing countries, including the use of maternal eye camps to identify children with eye problems as well as more recently the key informant methodology. Strategies are still being investigated to solve this challenging problem. Socio-cultural, economic, geographic, educational and gender differences and roles are few of the reasons for this challenges ..(Fletcher et al. 1998). This varied challenges makes us suspect that a combination of strategies rather than one particular strategy may be more suitable for our environment

Benefits of community participation in health-related issues cited in relevant literature include (Dineen, 1999) the increased sense of responsibility and control over individual health and that of the community, the empowerment of individuals through increased knowledge, awareness and the development of new skills through participation, greater understanding of local conditions, the appropriate and effective incorporation of traditional, indigenous experience in eye care service delivery (Zakus and Lysack, 1998) and finally, the increased accessibility and up-take of eye care services can be positively affected through increased community involvement, particularly relevant is the desirable reduction of preventable blinding conditions in children, such as cataract.

Cataract is an opacity of the lens of the eye that causes partial or total blindness. Cataract is a significant cause of visual disability in the pediatric population worldwide and can significantly impact the neurobiological development of a child (Congdon NG, Ruiz S, Suzuki M, Herrera V., 2007). Early diagnosis and prompt surgical intervention is critical to prevent irreversible amblyopia. In children, cataract causes more visual disability than any other form of treatable blindness in our environment (Duke et al, 2013). Children with untreated, visually significant cataracts face a lifetime of blindness at tremendous quality of life and socioeconomic costs to the child, the family, and the society. More than 200,000 children are blind from unoperated cataract, from complications of cataract surgery, or from ocular anomalies associated with cataracts (Medsinge and Nischal, 2015). Many more children suffer from partial cataracts that may slowly progress over time, increasing the visual difficulties as the child grows. The management of cataracts in childhood is tedious and often difficult, requiring many visits over many years. Success requires early identification, a dedicated team effort that often involves parents, primary care pediatricians, surgeons, anesthesiologists, technicians, orthoptists, low vision rehabilitation specialists, and community health workers.

Research worldwide including in Nigeria has shown that the commonest cause of poor surgical outcome is as a result of deprivation amblyopia which results from a delay in early presentation, uptake of surgery and follow up care following surgery for the condition. Because of these challenges new ways to conduct community case finding for pediatric or childhood cataracts are being proposed. Various community methods have been used to achieve this. This includes the use of key informants and the development of personnel such as the childhood blindness coordinator to facilitate communication with families hence encouraging uptake of services and early presentation. Other methods include examinations conducted in well baby clinics and at traditional birth attendant sites.

The relationship between theater and society is familiar in the social circles but a new concept in the medical circle as a method of community participation. However, they play mutually supportive roles. Under the present dispensation art has evolved into a creative tool that can be used to address wide ranging potential and developmental purposes; ranging from health conditions such as malaria, sanitation to social situations such as child abuse, caring for the aged etc.(Kamal, 1998)

Theater as a research method is a skill that can be used for academic purposes. People are increasingly becoming aware that 'action' instead of 'words' has a much lasting transformative impact on a majority of people. (Malamah, 1988)

An example of the use of theater for development is the initiative called Theatre for Development (TfD) which refers to live performance, or theater used as a development tool (Zakes M, 1993). The object of this work is to explore the use of theater performance research to create community participation in case finding and encourage the uptake of childhood cataract surgery in families with such a problem.

2.0 Methods

The study was carried out within a one year span from July 2014 to June 2015. Stages of the theater for development method was used. Both qualitative and quantitative methodologies were used in the research process. Participant observer techniques formed the instruments used in data collection. Interviews, observations, data analysis and creating a play were applied during the research. Simple statistics frequencies, are used to present the research findings. The study followed the Helsinki's declaration.

The theater for development methodologies involved first identifying a community which was in Ikot Edem Odo a village of about 5,000 inhabitants in Akpabuyo local government area of Cross River State. After community entry, dialogue ensued. This was through a visit to the traditional village head, members of the research team in agreement with the council of chiefs agreed on the topic and emphasis of the play to be on the treatment of childhood cataract. The content, participants in the creation of play, analysis of performance and evaluation of work undertaken was done with the participation of key members of the community. The community was involved in the determination of follow up of activities and the outcomes of the play message. The play was based on the biblical story of the healing of a blind child by Jesus Christ. The actors were members of the community, identified by the village chiefs council. The script was prepared by the research team, however the theme was collectively agreed on with the village leadership. The play was titled ' the Lord Heals through the hands of his servants'. The theme of the play was that cataract was not a curse, and that ophthalmologist known as eye surgeons can perform an operation through the grace of God like Jesus did and restore sight to children blind from cataract. The play was conducted in the native dialect in the community town hall as a social activity planned by the community for the community during on of the fixed social days. The target audience were mainly the elders and men of the community who research has shown were the decision makers in the family and the financial providers, who were identified as key players in the scheme of barriers for uptake of surgery by this group of patients. Data was collected on the observation, including the reactions, expressions and behaviors of the community as the play was going on. There was a pre-rehearsal with some of the community women who were the main actors. Native song and dances were incorporated into the play.

The village head had identified 4 key informants (non medically qualified personnel who were interested in volunteer para medical activities) in the community a month before the play and announced that people with such problems(cataract) should refer their 'cases' of children with "white eyes or children who could not see" to these key informants. Previous data collection had been done about this village. It was found out that during a case finding exercise two years previously, blind children were left at home and not brought to the visiting surgical team for examination and eventual surgery.

Evaluation and follow up was performed by the key informants after the play. They were to search for, receive referrals, identify and refer children with a white pupil (leucocoria) or children who couldn't see from that community. Upon identifying such children, they were to refer the children to the hospital for examination and confirmation of diagnosis by the eye physician.

The outcome of the TfD process and activity was documented within a span of one year after the play.

3.0 Result

The 4 key informants were from Ikot Edem Odo village and were people that had a previous experience of health related activities as they were members of Red Cross and had conducted measles immunization campaign. They were three men and two women with a mean age of 34 years.

During the drama, the main expression was that of questioning, why a child should have such a problem. As the drama ended and a summary of the play was said, the community expressed the desire and asked for more information on sight restoration. A question and answer session followed in the native dialect.

Three (3) children with leucocoria were identified by their families and referred to the key informants by the fathers of the children. These cases were confirmed to be children with congenital cataracts. These children were operated upon at the Calabar Childrens Eye Center, and their sight restored from hand movement in all three children to best corrected visual acuity of all two children being 6/18 in two children and 6/24 in one of the children. Two children were consistent with three follow up appointments after surgery and were brought by their mothers for the hospital visit which was funded by the fathers. While one child was brought by a key informant with the permission of the father for the first two visits and a visit for change of spectacles.

4.0 Discussion

Case finding is the systematic process of identifying all cases of a disease eligible to be included in a registry database for a defined population. It could also be described as a strategy for targeting resources at individuals or groups who are suspected to be at risk for a particular disease. It involves actively searching systematically for at risk people, rather than waiting for them to present with symptoms or signs of active disease. With regards to children with cataract, late presentation and poor uptake of surgery and follow up in this environment were the leading causes of poor outcome. This brings an urgency to the point of early case finding for this blinding condition in children. The well established key informant methodology for case finding for childhood cataract revealed short comings. Such that blind children were still present in the communities despite the family and members of the community being aware of the plight and situation of the children and the recommended treatment. Therefore another method that appeals to the emotions, culture and social standing of the members of the community needs to be utilized to enforce the recommended scientifically proven treatments for childhood cataract through a community participation. From our study the use of TfD has proven useful; suggesting a combination of strategies in a programme will yield a higher number of participants and children requiring education and intervention.

The mission of the TfD in this research was accomplished. As there was a change in attitude of the family heads and fathers as well as in the ability to identify children with cataract. The change in attitude and disease behavior profile of the fathers was indeed a laudable achievement of the TfD. TfD is a successful method in case finding for childhood cataract in this population as it met the characteristics of a case finding process and achieved a successful outcome of sight restoration and output of at least 3 children been referred to the eye center. The TfD success characteristic, also included addressing a specific population on a specific disease entity which was targeted to a specific population, children with a white pupil in this case.

In addition to earlier mentioned achievement, the ability to families participate in follow up actives was another important gain of the project as it known that poor post-operative follow up is a course of poor surgical outcome (Gogate et al, 2014).

Every community has its peculiarities and challenges (Asiama, 2003). By using the Tfd method we see that, knowledge sharing as well as educating the public on vital health issues in a language and manner that they will understand, especially through a participatory approach can very strongly affect the improvement in health related problems through a change in attitude and behavior as seen in this situation.

4.0 Conclusion

While research has shown that the use of the Key informant methodology (KIM) is successful in case finding for childhood cataract, no other method has been proposed to resolve the problems that exist when parents refuse to participate fully in community programme such as the KIM. Considering this challenge, new and creative methods to enhance community participation in child eye care is needed. The Tfd method is one of such methods and is encouraged in this population as it is built upon traditional community behavior and practices and appears to be generally well accepted and productive.

Therefore, we recommend a wide range of methods for childhood cataract case finding should be proposed for different stages of a childhood cataract screening programme in a community. This will ensure maximal community participation and a better yield of cases.

References

- Asiama, E. (2003). Theater for Development: "Issues, Approaches and Problems". *sankofa*.1:(1);75-98.
- Congdon NG, Ruiz S, Suzuki M, Herrera V. (2007). Determination of pediatric cataract program outcomes and follow-up in a large series in Mexico. *J Cataract Refract Surg*; 33(10); 1775–80.
- Dineen B. (1999) Health promotion and community participation in eye care services *Comm Eye Health*, 12 (31) 1999, 35 - 36
- Duke R, Otong E, Iso, M., Okorie U, Ekwe A, Courtright P, Lewallen S. (2013). Using key informants to estimate prevalence of severe visual impairment and blindness in children in Cross River State, Nigeria. *Journal of AAPOS* 17(4);381-384.
- Fletcher A et al. (1998) Barriers to using eye services and recommendations to improve service uptake – research findings and international workshop recommendations. Madurai: India.
- Gogate P, Patil S, Kulkarni A, Mahadik A, Tamboli R, Mane R, Borah R, Rao GV. Barriers to follow-up for pediatric cataract surgery in Maharashtra, India: how regular follow-up is important for good outcome. *The Miraj Pediatric Cataract Study II*. (2014). *Indian J Ophthalmol*. Mar; 62(3), 327-32.
- Kamal S. (1998). Theater for development in Africa: self -Determination.
- Malamah Thomas D H. (1988). Educational Innovation in Sierra Leone Participatory Reserach: community Theater for education Development.
- Medsinge A, Nischal K. (2015). Pediatric cataract: challenges and future directions. *Clinical Ophthalmology*, (9), 77–90.
- Ottawa Charter for Health Promotion – First International Conference on Health Promotion. Ottawa, Canada. (1986) World Health Organization/Health and Welfare Canada Canadian Public Health Association.
- Wilkins, K. G., Tufte, T., and Obregon, R, (2014). David Kerr. (1st ed) *The Handbook of Development Communication and Social Change*. John Wiley. DOI: 10.1002/9781118505328.ch13.
- Zakes M. (1993). *When People Play People*. Development communication Through Theater.
- Zakus, J.D, Lysack CL. Revisiting community participation. (1998). *Planning Health Policy* 13(1), 1-12.