INTRODUCTION

Vision is an essential tool for our survival within our environment in the pursuance of our activities of daily life. These activities of life are dependent upon the efficient, healthy and proper functioning of our visual organs. The prevalence of oculovisual problems varies in different places and where eye care facilities have not yet reached an adequate level, such problem reach proportion of overburden.

Primary healthcare which primary eye care is one of its component, has been described as the foundation of a nation's healthcare delivery and essential to its economic, social and political development. Primary eye care is a community based outreach clinic run in the spirit of primary health care and has helped to redirect the thinking and belief of most of the rural people and has propelled them to seek eye care services. Cataract is an increasingly important cause of blindness in developing countries and is associated with physico-chemical changes within the crystalline lens and could be as a result of age, infection/eye diseases, hereditary influences, congenital events, physical or chemical injury to the eye and exposure to intense heat or radiation.

MATERIALS AND METHOD

A community-based outreach programme was carried out in Alayi community in Bende Local Government Area of Abia State, Nigeria in 2003 by the Department of Optometry, Abia State University, Uturu. Consent was got from the traditional ruler of the community and the programme was given a wide publicity. Town criers, announcement in the churches and schools were used to publicize the exercise.

A total of 587 subjects who presented themselves for the exercise were examined using basic optometric diagnostic instruments/equipment such as Snellen visual acuity charts, Heine Ophthalmoscopes, Heine retinoscopes, Schiotz tonometer, American Optical trial case and penlight. Data obtained were tabulated and their percentage frequencies were determined.

Table 1 shows that majority of the subjects examined were farmers (289; 49.23%) followed by labourers (91; 15.50%), artisans (74; 12.78%), traders (57; 9.71%) and civil servants (38; 6.47%). Out of 587 subjects examined, 229 (39.01%) were males while 358 (60.99%) were females; all within various age groups (see table 3).

Table 4 shows that those within age group of (58-67) were more in number (198; 33.73%) and were predominantly females; followed by the age
group 38-47 (129; 21.98%) while the least was age
group 68-77 (38; 6.47%) who were mostly males.
It was only in the age group of 48-57 that males
were more in number (9.03%) compared to
females (8.00%).

DISCUSSION
Five hundred and eighty seven subjects who
presented themselves for eye examination at Alayi
Community in Bende Local Government Area of
Abia State, Nigeria were examined. This
constitutes 358 females and 229 males within the
age range of 18 and 77.

Cataract was found to be the major oculovisual
problem amongst these rural dwellers. This is in
agreement with assertion of some authorities that it
is common among people of low socioeconomic
status as those examined were mainly poor
farmer and labourers; see table 2) and that it could
be due to harmful radiation from the sun due to
outdoor life styled and occupation.

Refractive errors (19; 3.24%) were mostly
hyperopia. Presbyopia (69; 11.75%) was also very
common because of the elderly population that
turned out for the exercise. Allergic conjunctivitis
(97; 16.52%) could mostly due to exposure to
wind, intense sunlight, varying seasonal
temperature and adverse environment factors.
Cases of bacterial conjunctivitis (41; 6.98%) could
be due to the fact that some bacterial species are
well known spore formers; whose spores are easily
carried by wind and generally resistant to harsh
environmental conditions hence could be found in
several places.

Corneal opacity (16; 2.73%) was mainly due to
complication arising from poor or wrong
management of corneal related ocular problems
such as lacerations and abrasions with herbs and
confections. Retinopathy (28; 4.77%) was also
seen mostly amongst the elderly and this agrees
with Yorston's assertion. Eye injuries (25; 4.26%)
were mostly seen amongst farmers and artisans and
this agrees with revelations of some authorities that
eye injuries have assumed a greater percentage of
occupational hazards amongst rural artisans. Low
vision (28; 4.77%) were as a result of oculovisual
problems that were not properly managed and led
to severe visual impairment or low vision.
Glaucosa (72; 12.27%) and retinopathies (28;
4.77%) were also mostly seen amongst the elderly,
this agrees with an earlier assertion that they are
primarily geriatric diseases with the prevalence
increasing with age.

The major occupation of the people seen was
farming (289; 49.23%), followed by artisans (74;
12.78%), traders (57; 9.71%) while transporters
and civil servants were 38 (6.47%) respectively
(see table 2). The age group with highest
percentage frequency was 58-67 (198; 33.73%) from
table 4.

Orientation, creation of awareness and
provision of eye care services should be a top
priority by government authorizes towards the
achievement of Vision 2020 the right to sight
programme of the World Health Organization.
Involvement of NGOs and private sector could also
be helpful in this direction.

TABLE 1: DISTRIBUTION OF OCULOVISUAL PROBLEMS

<table>
<thead>
<tr>
<th>Oculovisual problems</th>
<th>Frequency</th>
<th>% Frequency</th>
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<tbody>
<tr>
<td>Allergic Conjunctivitis</td>
<td>97</td>
<td>16.52</td>
</tr>
<tr>
<td>Bacterial Conjunctivitis</td>
<td>41</td>
<td>6.98</td>
</tr>
<tr>
<td>Corneal Opacity</td>
<td>16</td>
<td>2.73</td>
</tr>
<tr>
<td>Cataract</td>
<td>192</td>
<td>32.71</td>
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<tr>
<td>Glaucoma</td>
<td>72</td>
<td>12.27</td>
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<tr>
<td>Eye Injuries</td>
<td>25</td>
<td>4.26</td>
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<tr>
<td>Low Vision</td>
<td>28</td>
<td>4.77</td>
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<tr>
<td>Retinopathy</td>
<td>28</td>
<td>4.77</td>
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<tr>
<td>Refractive Errors</td>
<td>19</td>
<td>3.24</td>
</tr>
<tr>
<td>Presbyopia</td>
<td>69</td>
<td>11.75</td>
</tr>
<tr>
<td>Total</td>
<td>587</td>
<td>100%</td>
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</table>
TABLE 2: DISTRIBUTION OF SUBJECTS ACCORDING TO OCCUPATION

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>% Frequency</th>
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<td>Farming</td>
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<td>49.23</td>
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<tr>
<td>Traders</td>
<td>57</td>
<td>9.71</td>
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<tr>
<td>Transporters</td>
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<td>6.47</td>
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<tr>
<td>Labourers</td>
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<td>15.50</td>
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<tr>
<td>Artisans</td>
<td>74</td>
<td>12.78</td>
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<tr>
<td>Civil Servants</td>
<td>38</td>
<td>6.47</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>587</strong></td>
<td><strong>100%</strong></td>
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TABLE 3: DISTRIBUTION OF SUBJECTS ACCORDING TO SEX

<table>
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<th>Sex</th>
<th>Frequency</th>
<th>% Frequency</th>
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<tr>
<td>Males</td>
<td>229</td>
<td>39.01</td>
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<tr>
<td>Females</td>
<td>358</td>
<td>60.99</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>587</strong></td>
<td><strong>100%</strong></td>
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TABLE 4: DISTRIBUTION OF SUBJECTS ACCORDING TO AGE GROUP

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>% Frequency</th>
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<th>Females</th>
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<tr>
<td>18 – 27</td>
<td>50</td>
<td>8.50</td>
<td>82;</td>
<td>3.21;</td>
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<tr>
<td>28 – 37</td>
<td>72</td>
<td>12.27</td>
<td>28;</td>
<td>4.77;</td>
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<td>38 – 47</td>
<td>129</td>
<td>21.98</td>
<td>38;</td>
<td>6.47;</td>
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<td>48 – 57</td>
<td>100</td>
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<td>53;</td>
<td>9.03;</td>
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<td>198</td>
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<td>69;</td>
<td>11.75;</td>
</tr>
<tr>
<td>68 – 77</td>
<td>38</td>
<td>6.47</td>
<td>22;</td>
<td>3.75;</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>587</strong></td>
<td><strong>100%</strong></td>
<td>229;</td>
<td>39.01;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>358;</td>
<td>60.99;</td>
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REFERENCES