

KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CORNEAL DONATION AMONG RELIGIOUS LEADERS IN ADDIS ABABA: ETHIOPIA

A Research Submitted to Department of Ophthalmology, Saint Paul s
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Acronyms

- 1.OPD - Outpatient Department
- 2.SPHMMC-Saint Paul Hospital Millennium Medical College
- 3.SPSS-Statistical Package for the social science

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Abstract

Background: Corneal blindness is one of the major public problems as a second cause blindness following cataract of the total blindness of the 45million the 6-8million is due to corneal blindness. The burden in our country shows that is also the second leading cause of blindness to alleviate the problem prevention is the most important measure to be taken but for the existing problem corneal transplant is recommended after assessing their eligibility. In Ethiopia the eye bank is established 14 yrs back and 130- 150 corneas are harvested and used every year there is a gap in the demand of cornea and more pledged cornea is required .One of the hesitation for individuals unwillingness is their body intactness after passing away and these issue has to be addressed by religious leaders and first knowing their stand is important to give recommendation and awareness program.

Objective: to assess the knowledge, attitude and practice of corneal donation
among religious leaders in Addis Ababa

Methods: Community based cross-sectional study on religious leaders in Addis Ababa taking a sample size of 351 and using multistage stratified random sampling with proportional allocation the chosen participants were interviewed . The data was entered and analyzed by using SPSS version 20

Result: the study comprised of 324 religious leaders with a median age of 44yrs.The proportion of overall level of good knowledge and Favorable attitude and practice toward eye donation was 48.5%,38.9% and 0.3% respectively.

Conclusion: Even though participants were aware but had poor knowledge attitude and practice and its mandatory to educate them with a detailed knowledge on corneal donation by preparing seminars and making it interactive so that they can ask questions and bring individuals for whom corneal transplant was done to motivate them .

1. Introduction

1.1. Statement of the Problem

Cornea is a transparent, a vascular tissue that contributes 74%, or 43.25 diopters (D), of the total 58.60 dioptric power of a normal human eye so its affection highly affects Vision. (1) Corneal blindness is the major cause of blindness in the world second only to cataract .While cataract is responsible for nearly 20 million of the 45 million blind people in the world, the next major cause is trachoma which blinds 4.9 million individuals, mainly as a result of corneal scarring and vascularization. Ocular trauma and corneal ulceration are significant causes of corneal blindness that are often underreported but may be responsible for 1.5—2.0 million new cases of monocular blindness every year. Traditional eye medicines have also been implicated as a major risk factor in the current epidemic of corneal ulceration in developing countries. (2)

Corneal blindness totally accounts for about 6-8 millions of blind persons in the world. (3) In our country also on a national survey done on blindness, low Vision and trachoma in 2006 it was found that trachomatous corneal opacity (11.5%) is the second leading cause of blindness following cataract (49.9%) and other corneal opacities account for 7.8% of blindness , the 3rd and 4th leading cause of low vision was corneal opacity due to trachoma and other causes respectively. (4) Even though prevention is most crucial to control corneal blindness, once a cornea has lost its transparency a corneal transplant or graft, is a patients option to regain vision the affected eye (s).

The success of corneal transplantation service is, however, dependent on many factors establishment of an efficient eye bank and acquiring the qualified professionals is the basic one. Harvesting of the adequate and quality donor corneas is a challenge, which depends on the availability of suitable donors and requires the presence of voluntary eye donation.(5)

However the challenge faced worldwide and in our country is shortage of donated corneas. In our country an eye bank was established since 2003 and between 130- 150 corneas are harvested and used in 90-120 transplants every year. (6)Therefore investigating their knowledge

awareness and practice to donate cornea is a key to address this under supply especially religious leaders are a group that has to be assessed because religion is one of the reason mentioned for unwillingness to donate cornea so addressing this group will alleviate one obstacle from the act of donation and finally help in the process regaining of vision for many.(20)

1.2. LITRATURE REVIEW

1.2.1 Magnitude of the problem

A research done in Melaka Malaysia on attendants of patients (relatives or friends) visiting outpatient department (OPD) of general hospital and two peripheral clinic from August 2007 - October 2007 convenient sampling used the awareness of eye donation was 69% of this 34. 4% were willing to donate their eyes .(7)

A cross—sectional study among 500 students from five tertiary institutions in Singapore. All students answered self—administered questionnaires which included seven questions that tested knowledge and three questions that determined willingness to donate corneas. With regards to the willingness to donate, 31 % were willing to donate their corneas, 22.2 % were not willing to donate their corneas, and 46.8% were undecided. Willingness to donate corneas was associated with an older age group (21 to 25 years old), those who are non-Muslims, and have good basic knowledge. Particularly, students with good basic knowledge were 1.71 times more likely to willingly donate their corneas. (8)

A community based cross sectional study was conducted in the eastern part of Singapore in adult 67.0% of participants were willing to donate their corneas Ethnicity (Chinese) with 75.3% of them were more willing to donate. Malays were the least willing, with only 44.4% of Malay respondents willing to donate and religion, (Christians, Hindus, or those with no religion) were associated with increased willingness to donate corneas. Greater knowledge and increased altruistic values were also associated with increased willingness to donate corneas (92.5%). Other reasons cited for their willingness to donate included hearing good results from cornea transplants (47.8%) or having read an article or heard a speaker talk about the topic (47.0%).The most common reason cited by those who were unwilling to donate their corneas was that they preferred that their bodies remained intact after death (73.2%). Other reasons cited

included that their families may be upset (49.2%) or the fear that their bodies would not be treated with respect (49.2%).(9)

The cross-sectional study on knowledge and willingness to donate eye among medical doctor in delta state 75.9% medical doctors were aware of eye donation after death. 51.7% of participants their largest source of first information was the mass media. 57.4% medical doctors correctly indicated that cornea is the part of the eye donated and 52.7% knew that the donated eye is used for cornea transplant. The participants that correctly answered that the ideal time to collect the donated eye is within 6 hours were 39.8%. Only 33.3% respondents were willing to donate their eyes for transplant. The main reasons for unwillingness were poor knowledge of donation process to take a decision and family objection Study in Delta has shown willingness to donate was significantly associated with decreasing age, the male sex. Religion, ethnic group or number of years post qualification was not significantly associated with willingness to donate .Among the 33.3% doctors who were willing to pledge or donate their eyes or part of it, 53.0% felt that it will help restore sight to blind followed by being a noble act 13.9% were the commonest reasons . The commonest reason for unwillingness to donate was a need for more information to make a decision 40.0% followed by objection by family members 7.4 %.(10)

The Nigerian study done on ophthalmologists Only 21% of ophthalmologists agreed to donate their cornea at death. It was found that traditional beliefs, social implications and personal considerations mainly influenced those who were not willing . (11)

The research done in india in a Tertiary Care Hospital on Knowledge, Attitude and Practice Patterns Regarding Eye Donation, Eye Banking and Corneal Transplant 95.6% knew about eye donation, 36.9% people knew that eye to be collected within 6-8 hours of death, 75.36% knew that one eye donation benefits two blind people. The contact place for donation was

known to only 37.55%. 43.9% agreed to donate eye of their relative in case of demise. Newspaper was most common source of information for 91.4%, followed by television 76.4%, doctors 68.6%, Pamphlets 59.2%, Friends 57.8), Radio 52.7%, posters 51.3%, nursing and other staff 47.8% and others 25.5%. Of those 888 willing to donate 95.2%

would be doing as a noble deed, 83.9% for pleasure to help blind, 77.7% were motivated by the idea of giving vision to someone after their death. Of 212 unwilling, 83.9% disliked the idea of body being tampered with and 58.5% had objection by family members.(12)

The research done on awareness regarding eye donation among stakeholders in Srikakulam district in South India reported that all the study subjects were literate. Ninety-three percent of subjects were aware of the concept of eye donation. Knowledge levels were similar among the teaching community and persons engaged in social service, but lower among students ($p < 0.05$). Among the stakeholders, there was considerable ambiguity regarding whether persons currently wearing spectacles or suffering from a chronic illnesses could donate their eyes. Older age group ($p < 0.001$), female gender ($p < 0.001$) and education ($p < 0.001$) were associated with increased knowledge levels. 82% of the subjects were willing to donate their eyes and this was unaffected by gender or geographical location (rural vs urban).(13)

In a review done on awareness of corneal donation and reported willingness to donate are summarized from 55 published studies across 13 countries. In general, many more respondents indicated positive attitudes toward eye donation and willingness to donate their eyes than the number of respondents who have pledged their eyes for donation, suggesting an unrealized potential of additional donors. Specifically, of respondents across all included studies, 52% endorsed a willingness to donate their eyes after death, yet only 5% reported being a pledged donor. The most commonly cited reason for not being a registered eye donor was lack of awareness about eye donation. The disconnection between the large number of people who expressed willingness to donate and the scarcity of individuals who have pledged their eyes for donation could be addressed through educational media campaigns, collaborations with medical personnel, partnerships with grief counselors and religious leaders, use of social media, and educational sessions with medical students and staff.(14)

The study done in medical and paramedical students Al Ameen Medical College, Bijapur. The participants were well aware of eye donation (99.2%) quoting media as a major source of information for their knowledge. Attitude regarding eye donation in few (45.6%) was different as it was against their religious belief, although they said it was a service to the mankind (92%).

Out of the 250 students, 48% were willing to pledge and 52% students did not believe in pledging their eyes.(15)

The study in done Awareness and knowledge on eye donation among students at Bhopal, India 98% were aware about eye donation but less than half of them (46.75%) were willing to donate their eyes. Most of the students (94%) did not know about any eye bank in India and only 39.7% of students knew that eye should be removed within 6 hours of death. Knowledge of the fact that cornea is removed and grafted was found in 48.5% of them. A remarkable number of students (68.5%) felt it necessary to obtain the consent of family members before pledging eyes. The medical, paramedical and nursing students differed significantly in their knowledge.(19)

Attitude, beliefs and awareness towards corneal donation in Saudi Arabia residents only 4.3% believed that they had sufficient knowledge about corneal donation; 66.3% of the sample had not decided whether to donate their corneas after death; 40.2% stated that they would be more willing to donate

if they had sufficient knowledge about corneal donation; and 46.1% of the population did not know where to apply to donate their corneas. Those who believed that they had sufficient information about corneal donation were significantly more likely to donate ($p < 0.001$) than those who believed they did not have enough information.(16)

At the University of Nigeria a study conducted the participants 107 medical students, 75 environmental science students. There were no significant intergroup differences regarding awareness of eye donation and willingness to donate their own or their relatives' eyes . Significantly more medical students than environmental science students knew that donation consent is given by the donor while alive and had good know ledge of donor eye preservation.(17)

The community based cross sectional study done in Wolkite, central Ethiopia with systematic random sampling method from a total of 492 residents taken 3 18yrs old individuals 57.9% were willing to pledge to donate their eyes 30.9% were aware of donation .On multiple logistic regression, willingness to donate was associated only with previous awareness on eye donation. The main reason given in 73% of individuals was the pleasure of helping the blind. Unwillingness donate was 59.4% to have an intact body after passing away. (5)

In a A community-based, cross-sectional study with multistage systematic random sampling was conducted in Gondar town it s reported that The proportion of overall level of good knowledge and favorable attitude toward eye donation was 8.4% and 59.9%, respectively. It has been also recognized that attitude was positively associated with educational level of high school (adjusted odds ratio [AOR] = 2.41, 95% confidence interval [CI]: 1.41–4.14)

and college/university (AOR = 2.73, 95% CI: 1.53–4.89) and awareness (AOR = 1.50, 95% CI: 1.05–2.03).(18)

In the study done in on socio-demographic correlates of attitude towards corneal donation among health science students and academic staff of Jimma university among the repondents 81.8% had heard of corneal donation those with age above 66th percenttile and educational level of above year 4 had a positive attitude towards corneal donation($p < 0.05$).those who had church attending habits and muslims had unfavorable attitude ($p > 0.05$)religion had a significant role in influencing attitude toward corneal donation.(20)

1.3. SIGNIFICANCE OF THE PROBLEM

The burden of corneal blindness in our setting is enormous it's the second cause of blindness and corneal transplant is one of the crucial procedure required to regain sight. One of the reason for individuals unwillingness to donate cornea is religion .To address this belief first the KAP of religious leaders needs to be assessed and again give awareness program to the religious leaders and thru them addressing the congregation they lead. It's also a known fact that a religious leaders are one of the close individuals that will be around at times of death to the deceased family and addressing them will make them give the right perspective on the decision people make.

2. Objectives

2.1. General Objective

Knowledge, attitude and practice on corneal donation among religious leaders in Addis Ababa.

2.2. Specific Objective

the knowledge of corneal donation among religious leaders in Addis Ababa was evaluated.

the attitude of corneal donation among religious leaders in Addis Ababa was assessed.

the practice of pledging their cornea for donation among religious leaders in Addis Ababa was assessed.

reason for willingness and unwillingness for corneal donation among religious leaders in Addis Ababa was assessed.

3. Methods

3.1. Study Design

Community based descriptive cross-sectional study

3.2. Study area and period

The study will be conducted in among religious leaders in Addis Ababa is the capital and largest city of Ethiopia and has a population of 3,384,569 on the population census done on 2017. The religion that accounts for 96.7% are orthodox, evangelicals, catholic, muslims and this were the main religious institution included in the study conducted from May -June 2019.

3.3. Source population

All religious leaders in Addis Ababa

3.4. Study population

Multistaged randomly selected religious leaders of Christians (Orthodox Christian, protestants, catholic), Muslims

3.5. Inclusion and exclusion criteria

3.5.1. Inclusion criteria

Religious leaders from Christians (orthodox, catholic, protestant) and Muslims in Addis Ababa

3.5.2. Exclusion criteria

Religious leaders from other type of religion like jehova witness, baha'i ...

3.6. Sample Size Determination by single proportion formula

$$n = \frac{(Z_{\alpha/2})^2 P (1 - P)}{d^2}$$

$Z_{\alpha/2} = 1.96$ at 95% confidence level

p = taken to be 50% didn't find research similar to take P from

d = maximum allowable error 5%

The sample size (n) = 384 with 10% non-respondent rate 423

3.7. Sampling technique and Procedure

Stratified random sampling using proportional allocation

No of Orthodox churches in Addis Ababa = 180

No of Muslim mosques in Addis Ababa = 265

No of Evangelical churches = 64

No of catholic churches = 14

Therefore it was be a total of 523 leaders reduction formula was be used

$$n / 1 + n/N = 234$$

since I used multistage sampling $234 * 1.5 = 351$

with a proportional allocation formula [$n_i = n/N * N_i$]

n_i – sample size from each strata

n - total sample size to be selected

N = total population

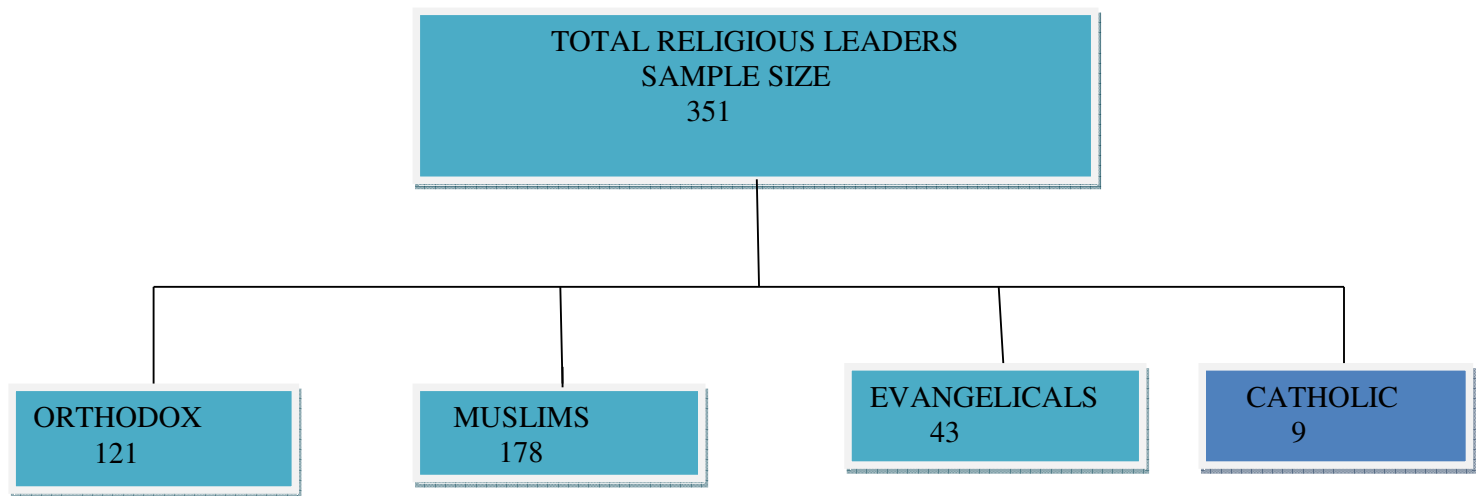
N_i = total population of each strata

Orthodox Christian religious leaders = 121

Muslims religious leaders = 178

Evangelical Christian religious leaders = 43

Catholic Christian religious leaders = 9



3.8. Variables of the study

Knowledge, attitude and practice of corneal donation

Age

Sex

Religion

Educational status

3.8. Operational definitions

Religious leaders; Orthodox – Kes, Teacher ,Muslims-Iman ,Muaz, Hustaz , Protestant – Pastor, Evangelist ,Teacher , Catholic – Abba.

Knowledge was categorized using mean as cutoff point

Good if the score was $\geq 50\%$

Poor if the score was $< 50\%$

Attitude :

Favorable if the score was $\geq 50\%$

Unfavorable if the score was $< 50\%$

Practice:

Good if the score was $\geq 50\%$

Poor if the score was $< 50\%$

3.9. Data collection procedure

With supportive letter from the research directorate of SPHMMC I first went to two sub cities Arada and Addis Ketema which I picked using a lottery method to know the number of religious institution and I had a data collector whom I instructed well on the content of questioner and also on the purpose of the study and we interviewed randomly selected religious leaders with the questioner that was translated into Amharic after written consent form was signed. Questionnaire included demographics (age, sex, and educational status, religion) 9 questions that assessed knowledge, 3 questions that assessed attitude, 1 questions that assessed practice on donation of eyes.

3.10. Data Quality

The questioner was prepared both in English and Amharic made the quality clear and the collection will be handled by 2 individuals that I monitored every day.

3.11. Data Analysis

Statistical analyses were performed by using the statistical package for the social sciences software, (SPSS) version 20.

3.12. Ethical Consideration

Ethical clearance was obtained from the ethical review board of SPHMMC. The purpose of the research was explained to the study population with informed consent were enrolled in the study.

4. RESULTS

4.1. Socio-demographic characteristics of the study population

A total of 324 religious leaders participated with a response rate of 92.31%, the median age was 44 years and majority of the respondents were in the age > 50 years. Among the respondents 313(96.6%) were male and majority of the respondents were muslims 151(46.9%) followed by orthodox 121(37.3%) . The educational status of the respondents is as follows 108(33.3%) had higher education, 91(28.1%) had secondary education.

Table 1: Socio-demographic characteristics of the study population in Addis Ababa ,Ethiopia 2019(n=324)

Variable	Frequency(%)
Age	
20 — 29	45(13.9)
30 – 39	70(21.6)
40 – 49	91(28.1)
>50	118(36.4)
Sex	
Male	313(96.6)
Female	11(3.4)
Religion	
Muslims	152(46.9)
Orthodox	121(37.3)
Protestant	43(13.3)
Catholic	8 (2.5)

Educational status

Higher education	108(33.3)
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Primary education	97(29.9)
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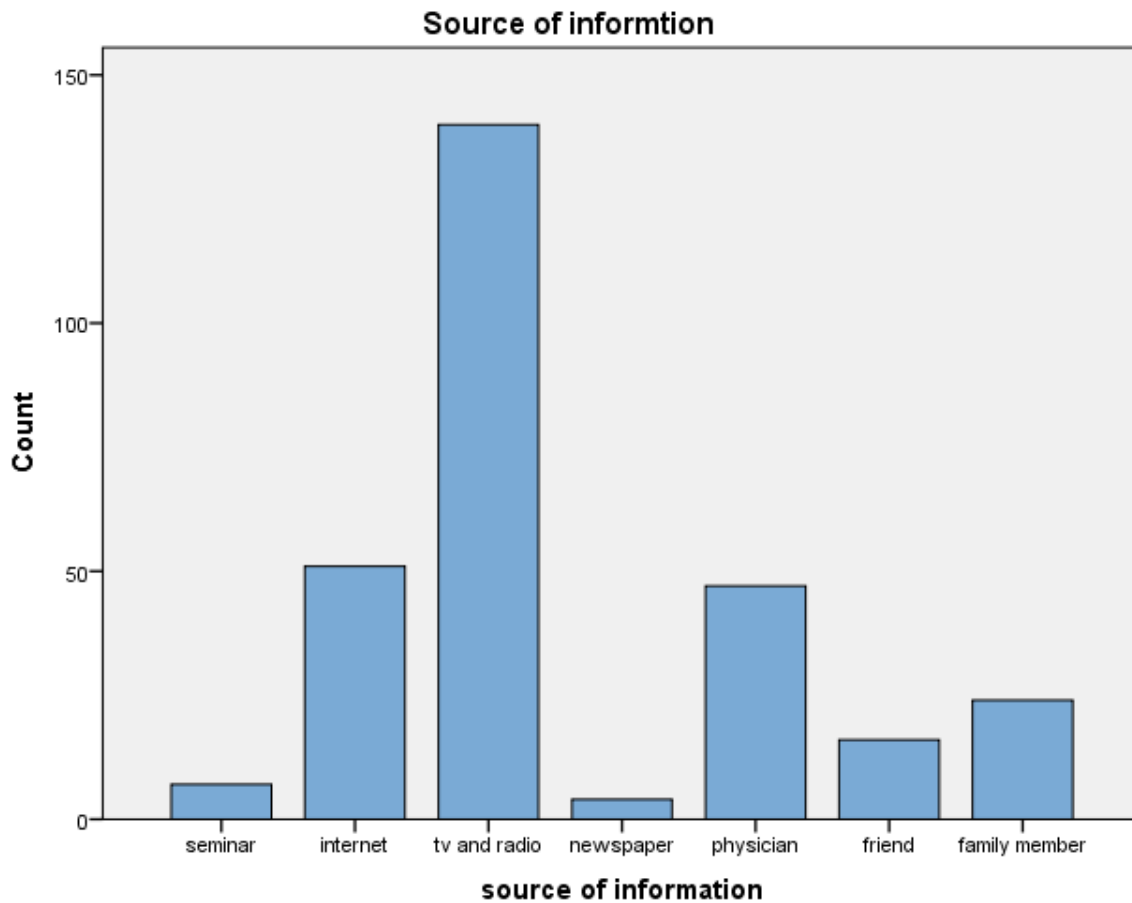
Secondary education	91(28.1)
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Religious education	27(8.3)
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4.2 Source of information on corneal donation

The major source of information were mass media (TV and Radio) 140(43.2%) followed by internet 51(15.7%)

Figure 1



4.3 Knowledge on corneal donation among religious leaders

The proportion of good knowledge about corneal donation among religious leaders was 157(48.5%) (95%CI: 42.9, 53.4).

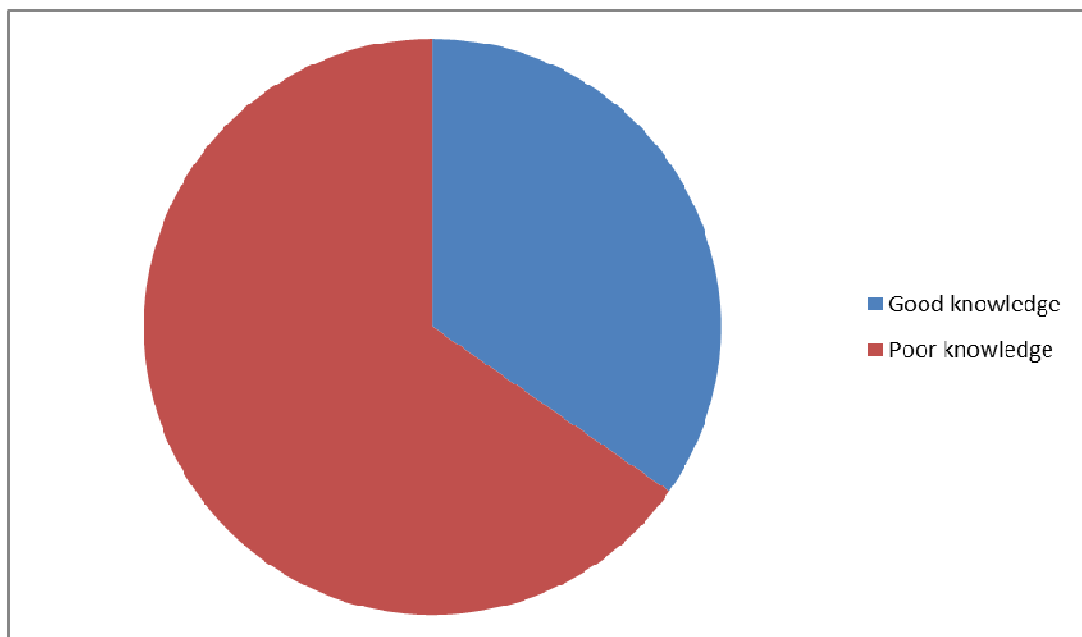


Figure 2: Knowledge on corneal donation among religious leaders

The questions regarding knowledge those who knew that eyes can be donated were 67% and those who knew about that eyes can only be donated after death are 58%.The participants who knew the part of the eyes to be used for transplantation were only 39.2%.

Table 2: Knowledge about eye donation among religious leaders in Addis Ababa

Questions	Response	
	Correct(%)	incorrect/I don't know(%)
1. Can eyes be donated	217(67)	107(33)
2. eye donation means	119(36.7)	205(63.3%)
3. the eyes can be removed at donors house itself	69(21.3%)	255(78.7)
4.the donor eyes can be preserved in the eye bank	187(57.7)	137(42.3)
5. which part of the eyes is used for transplantation	127(39.2)	197(60.8)
6. one can donate eyes only after death	188(58)	136(42)
7. ideal time duration to retrieve eyes is within 6hrs after death	111(34.3)	213(65.7)
8. the first degree relative has the right to give consent for eye donation	197(60.8)	127(39.2)
9. a person with communicable disease can donate eyes	154(47.5)	170(52.5)

4.4 Attitude on corneal donation among religious leaders

Among the participants in the study those religious leaders with favorable attitude were 126(38.9%) (95%CI: 33.6, 43.8)

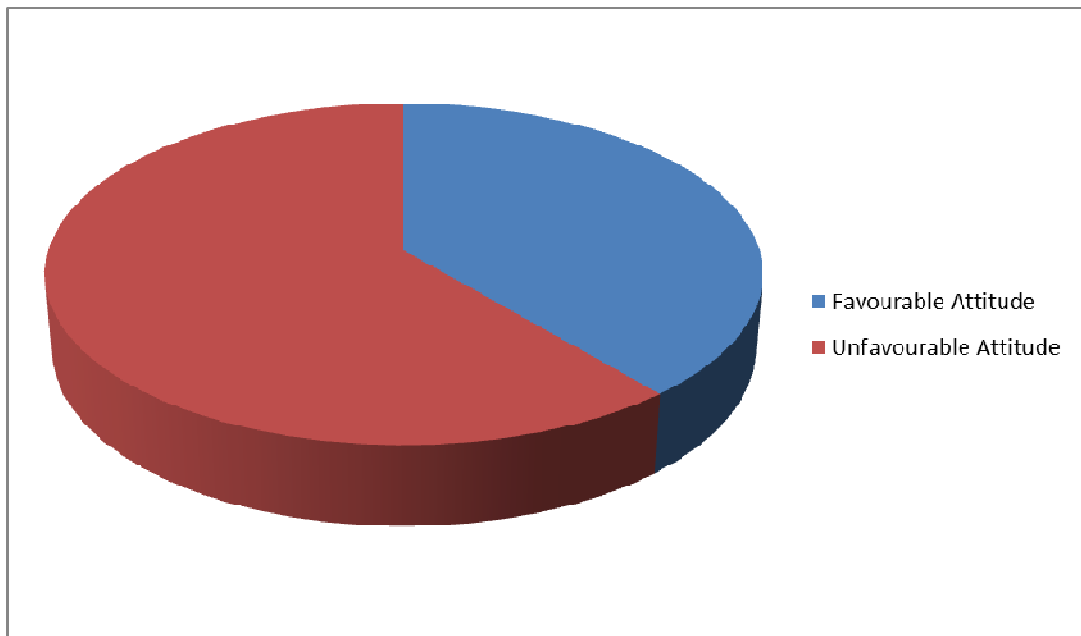


Figure 3: Attitude on corneal donation among religious leaders

From the participants 43% of them think that eye donation is disfiguring and 38% said that it's against their religious.

Table 3: Attitude toward eye donation among religious leaders in Addis Ababa

Questions	Response	
	Correct(%)	incorrect/I don't know(%)
1. eye donation disfigures the face of the donor	140(43.2)	184(56.8)
2. are you willing to donate your eyes	103(31.8)	221(68.2)
3. eye donation is against your religious belief	125(38.6)	199(61.4)

4.5 Reason for willingness and unwillingness to donate cornea

Religious leaders that were willing to donate their eyes 103 (31.80%) their main reason was helping the blind 83(25.6%) followed by they are not going to use it after they are dead 13 (4.0%). Among those who were unwilling mostly mentioned reason was they had no reason followed by they haven't decided yet and because they want their body to be intact.

Table 4: Reason for willingness to donate cornea

Variable	Frequency (%)
hlepig the blind	83(25.6)
i wont use it after i m dead	13(4.0)
allowed in religion	2(0.6)
If its for the youngs	3(0.9)
If lts for those i love	2(0.6)

Table 5 : Reason for unwillingness to donate cornea

Variable	Frequency (%)
not enough awareness	27(8.3)
i have unhealthy eyes	15(4.6)
not allowed in my religion	33(10.2)
i want my body to be intact	29(9.0)
never thought of it	4(1.2)
no reason	51(15.7)
scared	4(1.2)
i ve to discuss with family	9(2.8)
undecided	46(14.2)
unusual thing	2(0.6)
i will be using	1(0.3)

4.6. Practice on corneal donation among religious leaders

Among religious leaders there was 1(0.3%) who actually pledge eyes

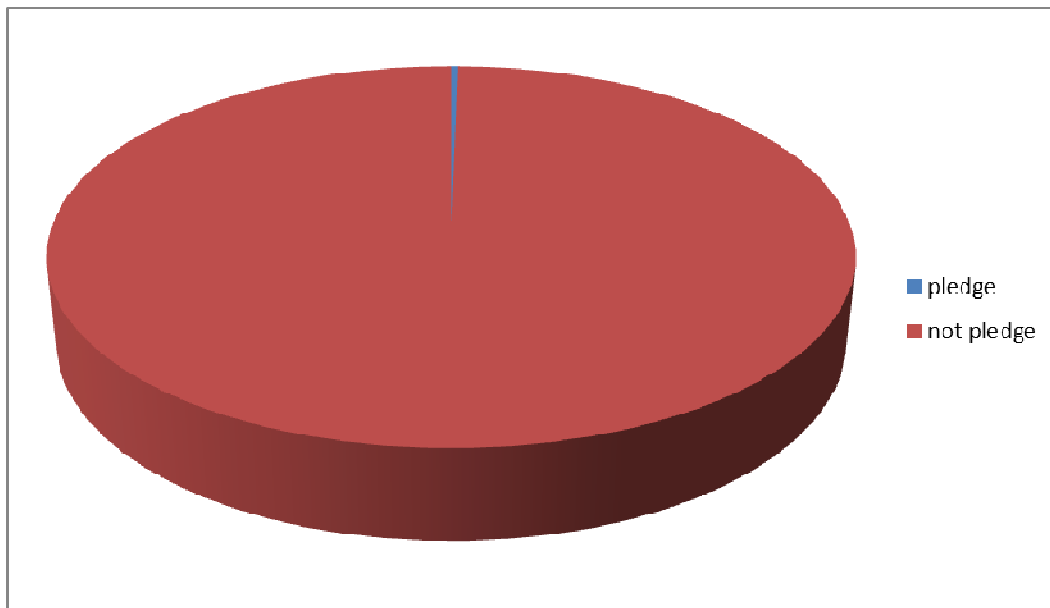


Figure 4: Practice on corneal donation among religious leaders

5. Discussion

In this community based cross-sectional study conducted among religious leaders on their knowledge, attitude and practice on corneal donation in Addis Ababa, 2019. The proportions of religious leaders with good knowledge were 48.5 % and they had a favorable attitude of 38.9 % and there was 1 religious leader who actually pledged his eyes accounting for 0.3% of the whole participants. Those participants who were willing to their eyes accounted for 31.8%.

Both the level of knowledge and attitude of religious leaders were lower from the report seen in the Gondar study the good and moderate knowledge together accounted 67.8% and those with favorable attitude were 59.9%. [18]

Compared to the study done in our country in Wolkite and Gondar a community based studies the awareness of participants were 30.9%[5] and 56.4%[18] respectively and also other studies done in Malaysia (69%)[7], Singapore (80.7%)[9], the current study participants were more aware than the previous studies 89.2% but lower than the study done in Andhra Pradesh, South India (93%)[13] and Bhopal, India (98%). The major source of awareness for the religious leaders was mass media (TV& Radio).

As it's observed also in other studies like the one done in Bijapura (awareness 82.4%, willingness 48%)[15] participants awareness doesn't mean they are willing in the current study also was similar result (89.2%, 31.8%) Yew et al.in Singapore showed same pattern (80.7% and 67%)[9].

The main reason cited for willingness was helping the blind and similar in the study done in Wolkite, Singapore and Delta state, Nigeria. Among those who were willing Christians accounted about 82% in the order of (orthodox, protestant and catholic) which is also seen in the study done in young Singaporean [8]. The reason for unwillingness were majorly they had no mentioned reason followed, not decided yet and wants intact body at burial this reasons were also mentioned by other studies.

In the present study their attitude was more unfavorable compared to other study in Malaysia, 43% of respondents think that eye donation is disfiguring and 38% said that it's not against their religion. 84.5% were aware that eye donation is not against their religion and 76.2% knew that it does not cause any disfigurement of the face in the Malaysia study . [7]

In the Bijapura study their response also concerning eyes could be donated only after death (82.4%), and that during transplantation only the front part of the eye or the cornea is used for replacing the recipients 93.6%.[15] The current study their response was 58% and 39.2% respectively and it's lower.

Limitation of the study

Although the sample size acquired of the participants were adequate there were religious leaders that were not willing to participate in the study and were not included and also since we are not allowed in all the religious institution we used a focal person to take the interview after brief explanation and this could also affect the answers.

6. Conclusion and recommendation

Even though the awareness of the participants was good but as its observed their overall knowledge, attitude and practice was poor so its mandatory to facilitate a way to equip them with a detailed knowledge on corneal donation by preparing seminars and making it interactive so that they can ask questions and bring individuals for whom corneal transplant was done to motivate them it's also my observation that public figures should be more encouraged to pledge because my participants repeatedly mentioned their source of awareness to be the late president Girma W/ Giorgis who pledge his eyes.

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Annexes

Annex 1

Informed Consent

Good morning/afternoon, my name is _____ I am working with Dr.Konjit Fekadu an ophthalmology resident at SPHMMC. I am studying the knowledge, awareness and practice of corneal donation among religious leaders in Addis Ababa. Your answers to our questions are important to address one of the limiting factor for the reduced corneal donation seen in our country. Your answers will be confidential and secret and there won't be incentives for you to take part in this research.

If you decide that, you do not want to participate in the study your right is served.

Do I have your permission to continue?

If yes thank you and continue _____

If no, thank you and go to next study subject _____

Data collector

Name _____ Signature _____ Date _____

Checked by Supervisor

Name _____ Signature _____ Date _____

Questioner for assessing knowledge, awareness and practice of corneal donation among religious leaders

I) Demography

Age: _____

Sex: Male ☐ Female ☐

Educational: Primary education ☐ Secondary education ☐
Graduate and postgraduate ☐ Other _____

II) Knowledge

1. Can eyes be donated? Yes ☐ No ☐ don t know ☐

If yes, answer the following

2. Eye donation means

Service to mankind ☐ Giving sight to blind ☐

Donation of eyes after one's death ☐ Don not know ☐

3. The Eyes can be removed at donor's house itself.

Yes ☐ No ☐ I don t know ☐

4. The donor eyes can be preserved in the eye bank.

Yes ☐ No ☐ I don t know ☐

5. Which part of the eyes is used for transplantation?

Whole eyeball is transplanted ☐

Only the cornea (layer in front of the black portion of the eye) ☐

Other _____ I don t know ☐

6. One can donate our eyes only after death.

Yes ☐ No ☐ I don't know ☐

7. Ideally time duration to retrieve eyes is within 6 hours after death.

Yes ☐ No ☐ I don't know ☐

8. The first degree relative has the right to give the consent for eye donation.

Yes ☐ I don't know ☐

9. A person with communicable disease can donate his eyes.

Yes ☐ No ☐ I don't know ☐

10. Source of awareness.

Family member ☐ Friend ☐ Physician ☐

Newspaper ☐ TV & Radio ☐ Internet ☐

Seminar ☐ I never heard about it ☐

II)Attitude

11. Eye donation disfigures the face of the donor

Yes ☐ No ☐ I don't know ☐

12. Are you willing to donate your eyes?

Whether your answer is yes or no please specify your reason _____

13. Eye donation is against your religious belief Yes No I don't know ☐

III)Practice

14. Did you pledge your eyes Yes ☐ No ☐

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Annex 2

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Konjit.fekadu2008@gmail.com

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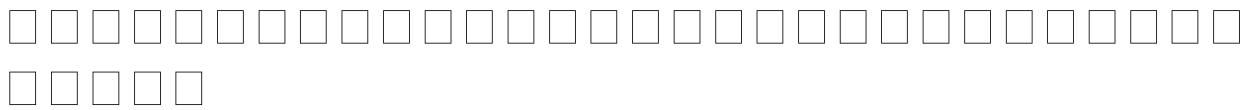
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