

Report: Barriers to Eye Care in Orissa, India

Investigator:
Chankrit Sethi, Rutgers University

Abstract

This study aims to identify barriers to care for people living in Orissa, India. Data was collected from 104 patients participating in Kalinga Eye Hospital's eye outreaches during the summer of 2011. Among participants and their families, eye problems were common, but formal eye care was not pervasive: 67.3% of people reported that a family member had suffered eye problems, but only 42.3% reported that a family member had received an eye exam. This data indicates that barriers to care exist in the surrounding communities. Responses suggest that conflicts with work and school explain why more people do not attend outreach events. Further exploring and addressing these barriers should increase access to eye care in Orissa.

Objective

To identify barriers to participation in Kalinga Eye Hospital's outreaches.

Methods

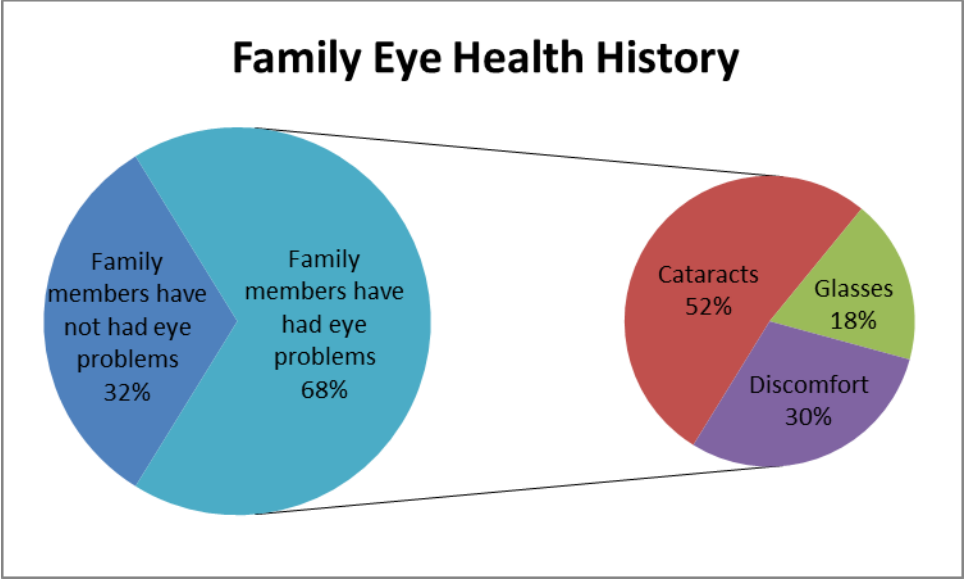
Adult patients were invited to participate in the study. A total of 104 people participated in the study. Participants were asked questions related to socioeconomic background and eye health.

Results

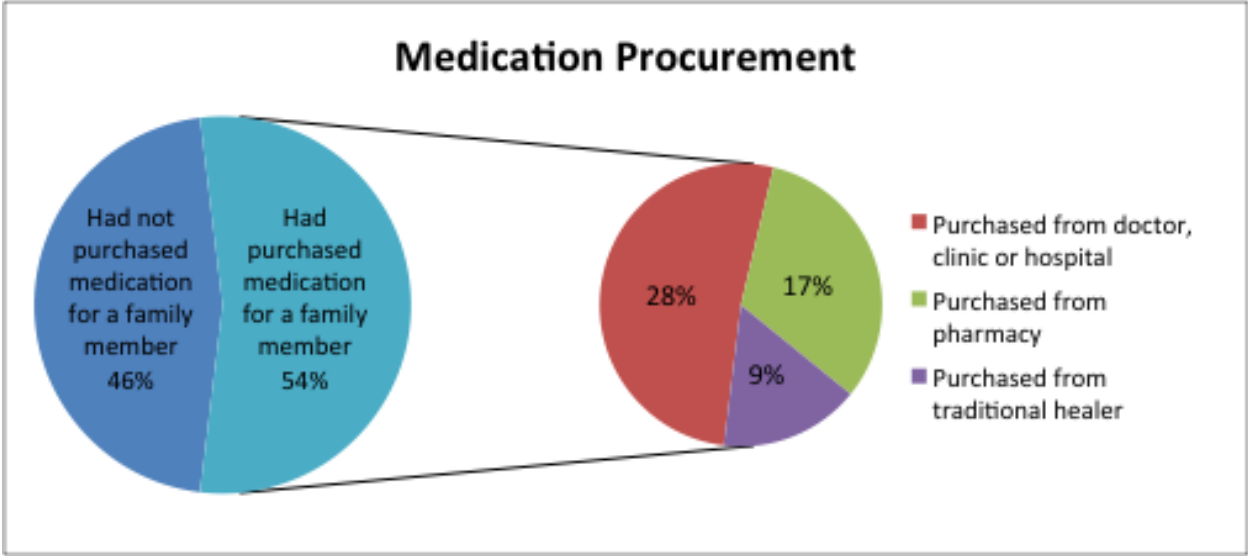
Participants were asked a series of ten questions (Questions 1-10) related to socioeconomic background, and those responses were used to calculate a poverty score out of 100 points. The average poverty score was 30.6 points.

Participants were then asked for information about their eye health history and the eye health history of their family members. Approximately one-quarter (24.0%) of respondents had received an eye exam previously. Less than half (42.3%) reported that a household member had received an eye exam previously.

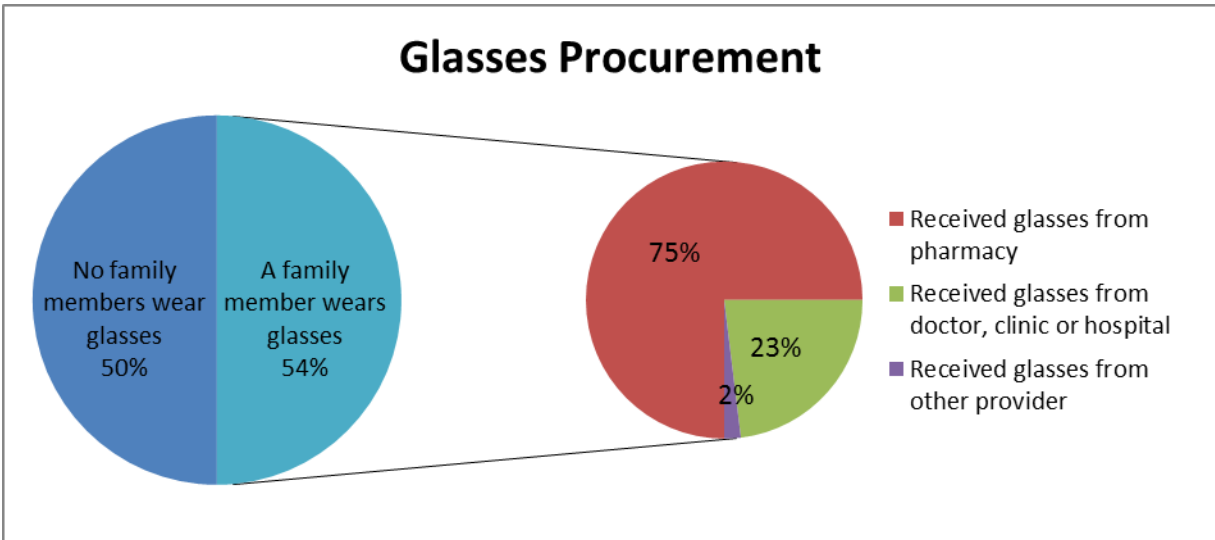
Despite this general lack of formalized eye care, a majority of participants (67.3%) reported that a family member had had eye problems. Of those who had had an eye problem, 52.1% had cataracts, 39.6% had discomfort, and 18.3% had refractive error.



53.8% of participants indicated that they had purchased medications for a household member. Of those, 51.8% purchased medication from a doctor, clinic or hospital, 32.1% had purchased from a pharmacy, and 16.1% had purchased from a traditional healer.

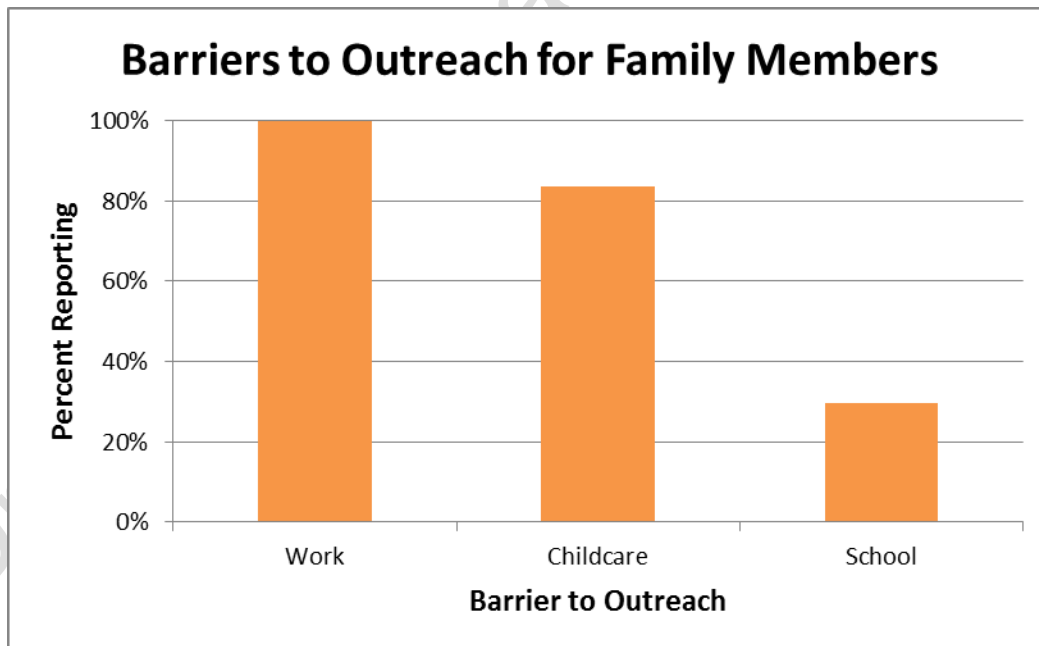


50.0% of participants reported that they had a family member that wore eyeglasses. Of these, 75.0% had procured their eyeglasses from the pharmacy, 23.1% had procured their eyeglasses from a doctor, clinic or hospital, and 1.9% had procured their eyeglasses from another source.

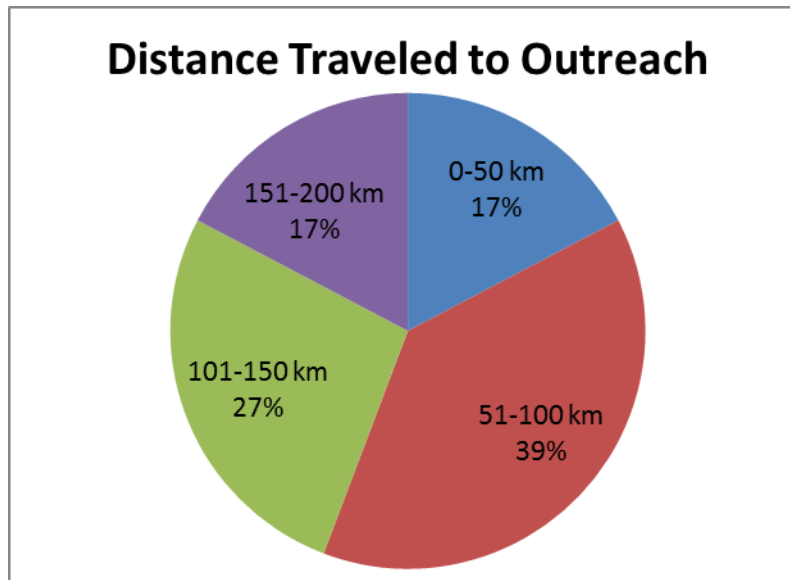


26.9% of participants said that a family member had received an eye treatment that was not medication or glasses.

To investigate barriers to care, participants were asked why other family members had not attended the outreach. They were specifically asked about conflicts with work, childcare and school. Participants could select none, some or all of these responses. Work was the most common response, followed by childcare and school.



Participants also indicated how far they had traveled to attend the outreach. The chart below shows the breakdown by distance traveled.



Recommendations

While this study offered some insight into barriers to eye care in Orissa, future iterations of this project could be more discerning with a few modifications. For example, it will be important to ask and record responses for all of the questions in the questionnaire. This study's investigator skipped the following questions for unknown reasons:

1. How did you hear about this outreach?
2. What are the ages of the household members?
3. What are the occupations of the household members?
4. Did you consider bringing others from your household today to receive eye care?
5. Why or why not?
6. Do you think that others in your household would benefit from an eye exam by an eye doctor?
7. (For those who had purchased eye medication for others in their household) If yes, what was the medication for?

Future studies should also include basic demographic information, such as age, gender and education level, for all participants.

This study focused on barriers as time conflicts and physical distance. Future studies might additionally consider barriers related to perception and awareness. For example: Do community members know how often they should receive an eye exam? How do they prioritize eye health?

These few modifications should provide additional insight into barriers to care, ultimately helping Kalinga Eye Hospital increase access to their services.

Questionnaire

1. How many people aged 0 to 17 are in the household?
2. What is the household's principal occupation?
3. Is the residence all *pucca*?
4. What is the household's primary source of energy for cooking?
5. Does the household own a television?
6. Does the household own a bicycle, scooter, or motor cycle?
7. Does the household own an *almirah*/dressing table?
8. Does the household own a sewing machine?
9. How many pressure cookers or pressure pans does the household own?
10. How many electric fans does the household own?
11. How far did you travel today to reach this outreach?
12. Have you ever had an eye exam?
13. Has anyone in your household had an eye exam by an eye doctor?
14. If yes, when did they each have an eye exam?
15. Has anyone in your household had any problems with their eyes?
16. If yes, please describe.
17. Is there anything that prevents others in your household from coming to this outreach clinic for eye care?
18. If yes, please describe for each person.
19. Have you ever purchased eye medication for others in your household?
20. Where was the medication purchased?
21. Does anyone in your household wear eyeglasses?
22. Where did each person receive eyeglasses?
23. Have you ever purchased eyeglasses for others in your household?
24. Has anyone in your household ever had any other type of eye treatment?
25. If yes, please describe.

Additional questions included in the questionnaire, but not recorded by the investigator:

1. How did you hear about this outreach?
2. What are the ages of the household members?
3. What are the occupations of the household members?
4. Did you consider bringing others from your household today to receive eye care?
5. Why or why not?
6. Do you think that others in your household would benefit from an eye exam by an eye doctor?
7. (For those who had purchased eye medication for others in their household) If yes, what was the medication for?