Understanding Barriers to Care for Family Members of Patients Who Seek Treatment at an Eye Clinic in Orissa, India

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METHODS- Procedure

Optical devices and alternative treatments: Does anyone in your household wear eyeglasses? Has anyone in your household ever had any other type of eye treatment? If yes, please describe.

METHODS- Subjects

The subjects in this study were either “paying” patients, who visited Kalinga Eye Hospital and received eye care services at their own expense, or “non-paying” patients who had received eye examinations in nearby villages through monthly-organized “outreach” camps.

RESULTS

The distances traveled by the patients to arrive at the hospital shows that 38.5% of the participants traveled 51 to 100 km. to Kalinga eye hospital, 17.3% traveled less, 0-50 km (bar 1), 26.9% between 101 and 150 km, and 17.3% 151-200 km (bar 4).

METHODS- Procedure

• The interview opened with the “Poverty Scorecard”, a series of objective questions covering background socio-demographic characteristics of participant. The sum of the categories points to the gravity of their and their family members’ vision problems.
• History of Eye Care: Following the completion of the Poverty Scorecard, each participant was asked a series of questions about their habits regarding receiving eye care, and the eye care of their family members. The primary dependent variable, the frequency of eye exams (25, 26, 27), was assessed.
• Barriers to Care: Potential barriers to eye care including distance from hospital or eye camp, family barriers and responsibilities were asked.
• Medication use: Have you ever purchased eye medication for others in your household? If yes, what was the medication for? Where was the medication purchased? (Categorize the responses as: (a) doctor/clinic/hospital (b) traditional healer (c) pharmacy (d) other.

RESULTS

57.7% of the subjects’ family members had never had an eye exam.

DISCUSSION

• 57.7% of these subjects’ family members had never had an eye exam. A range of family and work obligations appear to be the main barriers responsible for this shocking result.
• Thus, 100% of the subjects stated that work obligations were a barrier to seeking care.

METHODS- Procedure

• Participant elaborations of “work” described one or more forms of “hard” labor [86.5% of subjects labored on farms (agricultural, or plantation), some were hunters, or tobacco preparers or tobacco product makers, etc.].
• Over 60% of the subjects replied that family obligations included care of children at home in addition to work.
• The barriers posed by these work and family obligations are related to family’s poverty scores.
• Since the average poverty score was below the median of the regions norm, these patients had few choices other than hard labor to earn the essential minimum for survival in their communities.
• Poverty appears therefore, to be the major factor underlying the barriers to the receipt of eye care for residents in Dhenkenal, Orissa and the prevention of eye disease in this population.

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REFERENCES

(2) Sethi, Chankrit. Sethi, Chankrit, (author); Leventhal, Howard (supervisor); Unite for Sight (Affiliate). More than 2,000 (Vol. 351, Issue 9112, Pages 1312-1313).