

An experiential study on understanding barriers to avail eye care services by the rural people in the state of Gujarat and need of outreach eye camps

Dharmendra Jena^{1*}, Somya Choubey²

¹Manager, Blind People's Association, Ahmadabad, Gujarat, INDIA.

²Assistant Professor, School of Management, Raffles University, Neemrana, INDIA.

Email: dkjena12@rediffmail.com

Abstract

The study demeanor to comprehend an assortment of extraction that impinge on the rural population of Gujarat to access eye care services and understand the need of outreach eye camps to be conducted in the remote and rural areas of Gujarat. The study investigate a variety of factors that protect them to available various eye care services available by various service provider like government, NGOs, corporate and others. Patients attend the eye camps from different villages have been interviewed of different age group. Total 110 people attended the camp were elected through cluster sampling method from the registration sheet of the camp. 110 patients from different villages of Sabarkantha and Aarvali district in the state of Gujarat have been interviewed for the purpose of the study. The staff of outreach team of Blind People's Association along with field workers and counselors conducted the interview for the study purpose.

Key Words: eye care service, Gujarat.

*Address for Correspondence:

Dr. Dharmendra Jena, Manager, Blind People's Association, Ahmadabad, Gujarat, INDIA.

Email: dkjena12@rediffmail.com

Received Date: 16/08/2017 Revised Date: 20/09/2017 Accepted Date: 26/10/2017

Access this article online	
Quick Response Code:	Website: www.medpulse.in
	Volume 7 Issue 4

INTRODUCTION

The rural people still have stigma that surgical intervention for cataract is not required and they are very much afraid of surgical intervention and afraid of going to hospital to obtained service also. Still people does not know that cataract surgical intervention is a very small medical intervention, consumes very less time and out come to back to the normal life. The rural community still accept the disability because of cataract rather going for a simple surgical intervention. Outreach camp is a very good way to reaching the people of rural areas and having vision center covering a population of 1 lakhs will be a

permanent solution in order to provide quality eye care service for accessible to the rural community and develop confidence among rural people to go for surgical intervention of regaining eye sight lost because of cataract.

AIM AND OBJECTIVES

To understand causes that affect the rural population of Gujarat to access eye care services and understand the need of outreach eye camps to be conducted in the remote and rural areas of Gujarat.

Study Methodology: Total 110 people attended the camp were elected through cluster sampling method from the registration sheet of the camp. 110 patients from different villages of Sabarkantha and Aarvali district in the state of Gujarat have been interviewed for the purpose of the study.

RESULTS

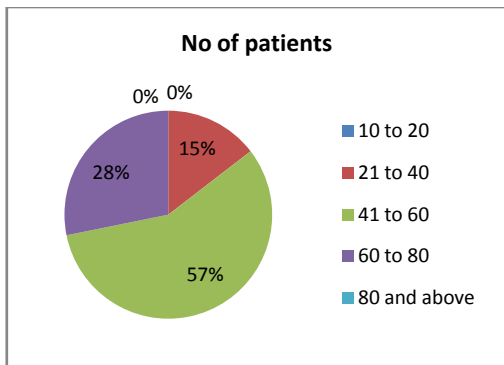


Figure 1: Age wise distribution of respondent

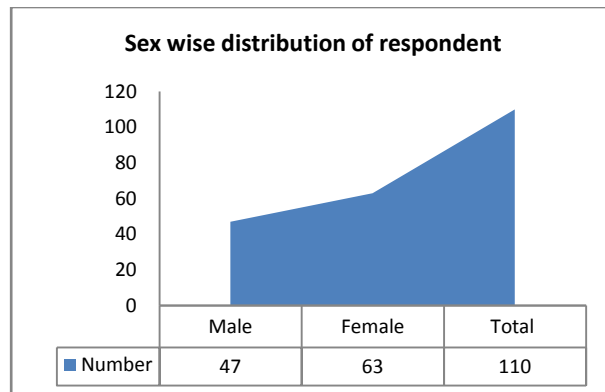


Figure 2: Sex wise distribution of respondent

As per the above graph Majority of the patients (57%) are from the age group of 41 to 60 followed by age group 60-80 (28%). It's clearly understood that 85% of the patients obtained eye care services from the outreach camp activities are from the age group of 40 to 80.

Among the 110 respondent 47 were male and 63 were female.

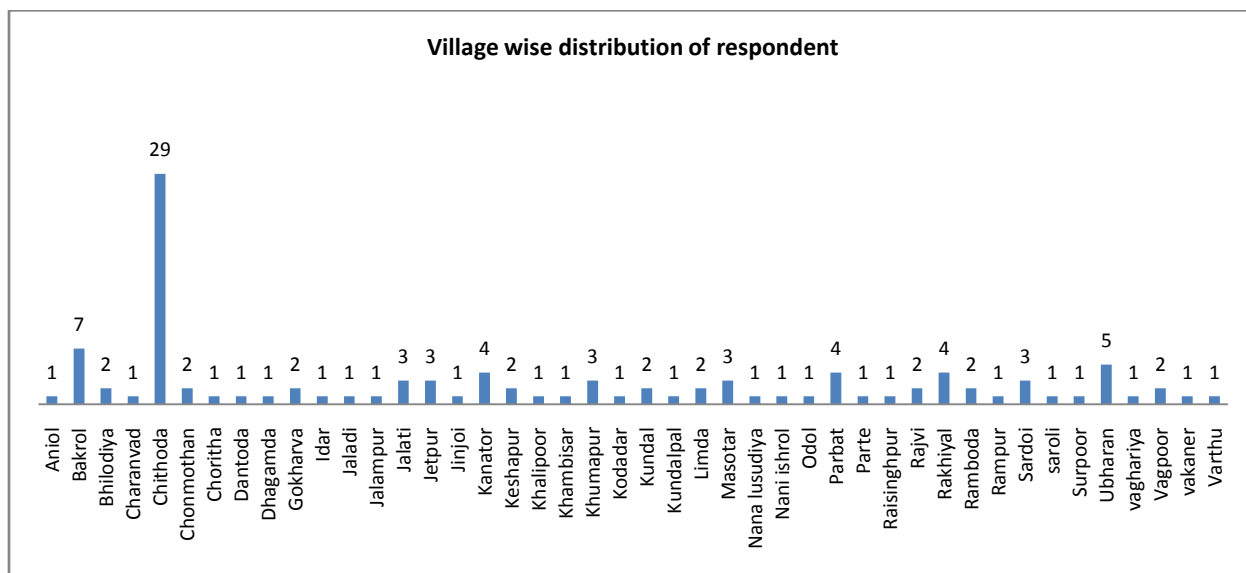


Figure 3: Village wise distribution of respondent

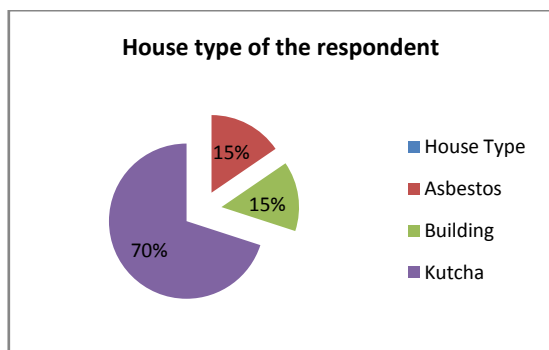


Figure 4: House type of the respondents

70% respondent are residing in Kutcha house followed by 15% Asbestos and 15% are living in Pucca house.

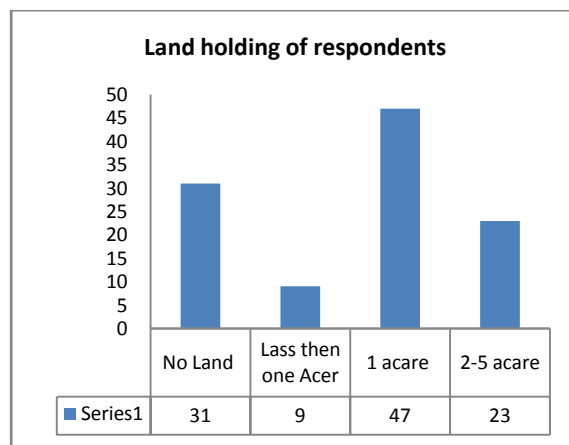


Figure 5: Land holding of the respondents

31 respondent are having no land, where as 9 respondent are having less than one acer, 47 respondent are having one acre and 23 respondent are having 2 to 3 acres of land.

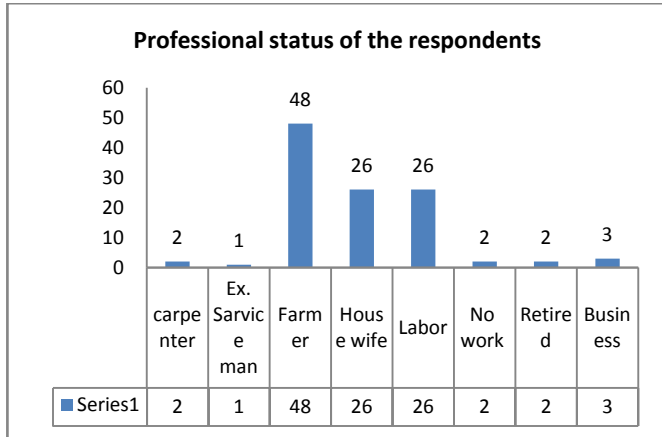


Figure 6: Professional status of the respondents

The above table clearly shows that majority of patient are farmer (48 respondent) followed by labor (26 respondent) and house wife (26 respondent). Others are carpenter (2), Ex. Service man (1), retired (2), Business man (3) and 2 are having no work.

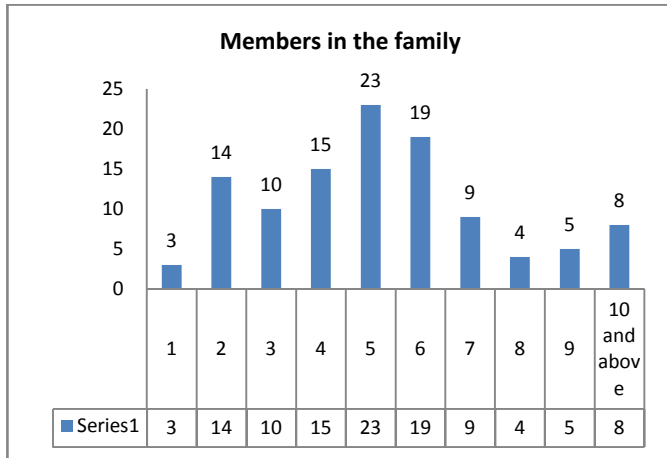


Figure 7: Numbers of members in the family

Majority of the respondent are family members of 5 followed by 6 members in a family. The highest members in the family are 8.

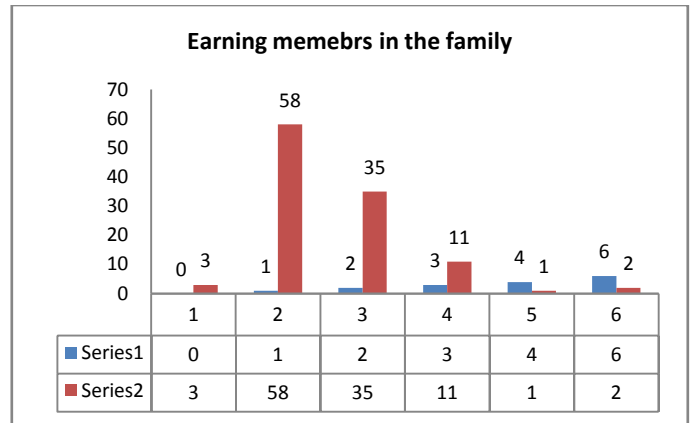


Figure 8: Earning members in the family

58 respondent is having one earning member in a family followed by 35 respondents is having two earning members in the family.

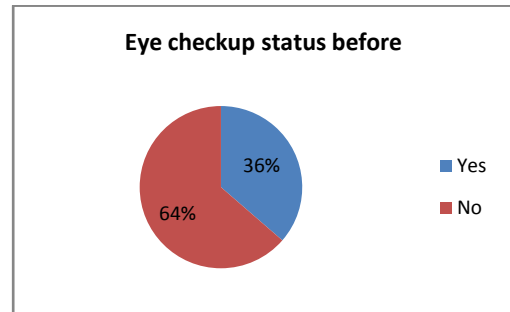


Figure 9: Eye checkup status before

36% of the patients were checked their eyes before in a camp, vision center or hospital.

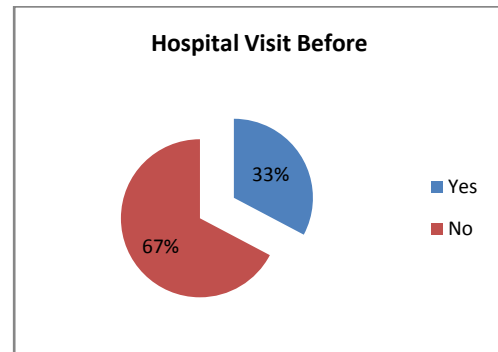


Figure 10: Hospital visit before

33% respondent were visited hospital before and experience of hospital care.

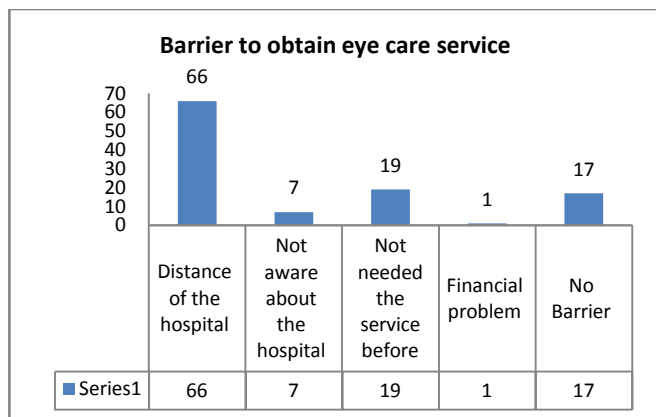


Figure 11: Barrier to obtain eye care services by rural community
The major barrier to obtaining eye care facilities is distance of the hospital from the place the respondent are residing followed by 19 not needed the service before. 7 respondents stated they are not aware about the hospital, 1 responded explained financial problem is a big barrier.

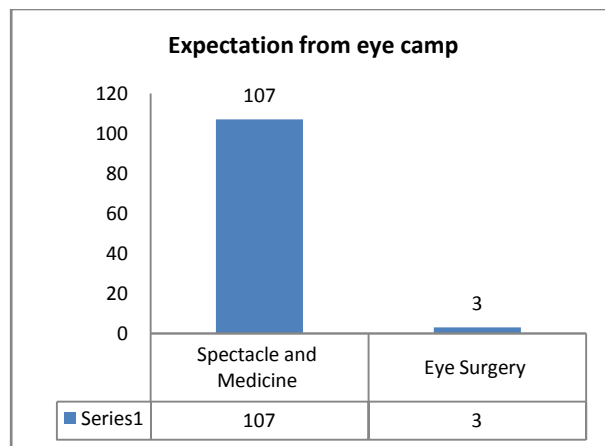


Figure 14: Expectation from the eye camp by rural community
Majoring of the respondent stated they mostly come to camp with the expectation of spectacle and eye drops.

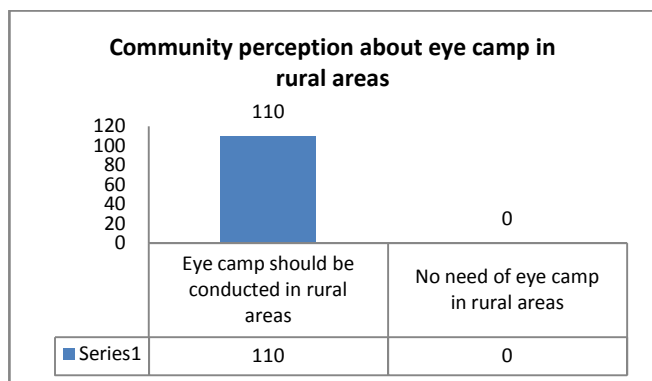


Figure 12: Community perception about eye camp in rural areas
All the responded agreed that eye cam should be conducted in rural areas in order to provide eye care more accessible and reaching to unreached.

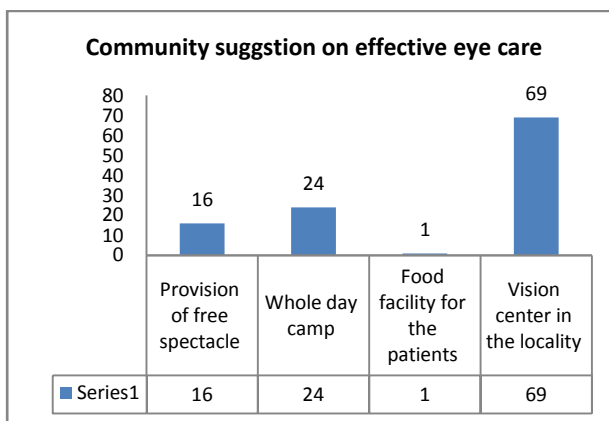


Figure 15: Community suggestions for effective eye care in the locality

Most of the respondent stated that there should be vision center available in the locality for better access to eye care and develop confidence among local people to accept surgical intervention.

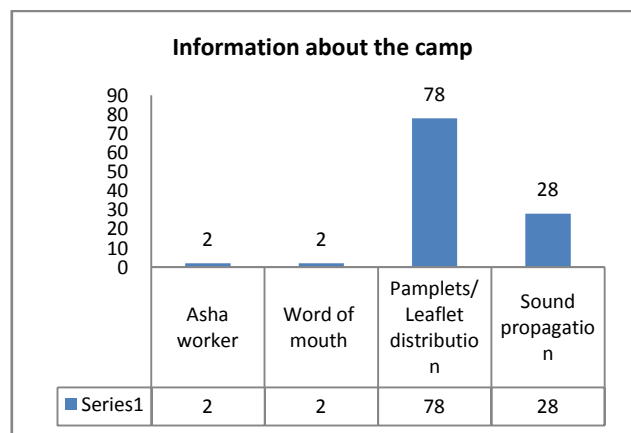


Figure 13: Information about the camp

Majority of the responded explained that they mostly came to know about the eye camp through pamphlets distribution followed by sound propagation.

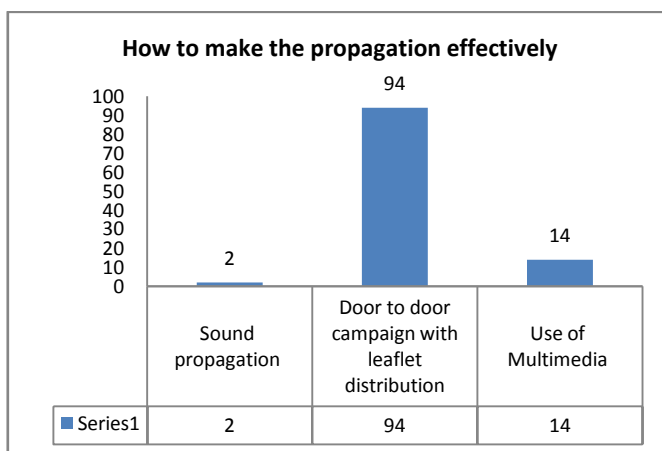


Figure 16: Community suggestion on how to make the propagation effectively

Most the respondent (94) shared that door to door campaign with leaflet distribution is a effective way to make the propagation more effective.

CONCLUSION

The major barrier to obtaining eye care facilities is distance of the hospital from the place the respondents are residing and awareness regarding eye care. If every district will have vision center covering a population of 1 lakhs will be a permanent solution in order to provide quality eye care service for accessible to the rural

community and develop confidence among rural people to go for surgical intervention of regaining eye sight lost because of cataract.

REFERENCES

1. www.aravind.org
2. www.seva.org
3. www.eyecamps.org
4. www.ncbi.nlm.nih.gov
5. www.srivenkateshwaranethralaya.com
6. www.himalyaoptical.com

Source of Support: None Declared
Conflict of Interest: None Declared