

Barriers to Accessing Eye Care Services Among Marginalized Groups in Union Council Kili Shiekhan, Tehsil Chiltan, Quetta

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ABSTRACT

Background and Objectives: Barriers like as cost and finance, communication, trust, fear, lack of knowledge and awareness, distance and transportation, race, service-related, problems with glass and optical devices, lack of time, previous experience etc determination of eye care services among marginalized group in Quetta. Barriers to

Accessing Eye Care Services Among Marginalized Groups in Union Council Kili Shiekhan, Tehsil Chiltan, Quetta
METHODOLOGY: After taking consent and recording demographic details, a questionnaire was used to assess barriers to eye care services on a 20 points questionnaire, in the community.

RESULTS: It has been shown in our finding that among total of 400 participants (289 males, 111 females), mean age 40 years, (38.5%) educated and (61.5%) illiterates. Major barriers are five, which are more expensive (65%) and (62.5%) affordability issues, there were (50.75%) communication gaps, (70%) have a fear of surgery, (85.75%) have distance issues, transport facilities availability(51.75%) and (62%) don't have knowledge and awareness of eye care services,(53.25%) have spectacle cosmetic trouble, (42.25%) comfortable with spectacle, (65.5%) have managing problem of spectacles, (25.25%) gender biases exists and (91.75%) have schedule feasibility for visit hospitals, (36.25%) misbehaviour perception from hospitals staff and (62,25%) satisfied from hospitals staff and (77.5%) satisfied about treatment services, (62,25%) service availability and (76.5%) not felt racism.

CONCLUSION: This study aimed to highlight the barriers to accessing eye care services among marginalised groups. It is concluded from this research that most people have cost and finance issues regarding eye care services, there is a communication gap among them and fear of surgery is also found as an obstacle in accessing eye care facilities. Distance from hospitals and relatively low knowledge and awareness about facilities and services regarding eye care are playing a great role. Spectacles as cosmetic issues and management of spectacles are also found as barriers. On a minor scale race and gender favouritism hinder to access eye care services.

KEYWORDS: Barrier, Marginalized group, Eye care service.

INTRODUCTION

There are a number of challenges that people face when trying to access services of an ophthalmologist – these challenges are multiple and can have social, economical, cultural or systematic nature. Such barriers can greatly affect people's access to timely and enough treatment especially from the minority group (1).

Trust Issues: Another is mistrust of the providers of this services another common barrier is perceived powerlessness. For example, elderly African Americans have complaints about the doctors' intentions and insist that the doctors are in business to make money out of the patients. It also results in late presentation to

clinic and non-adherence to recommended health centra and management of both common and complicated health conditions such as cataracts. Patients' loyalty to physicians and their referrals is firmly connected with the faith in the doctor-patient relationship to go for such tests and adhere to particular regimens (2).

Fear: Another reason is fear, especially regarding the results of surgery operations they are going to undertake. Most patients develop a lot of anxiety expecting that they will lose their sight or their condition can be made worse when they undergo surgeries such as cataract surgeries. Some of the patients for example are

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afraid of surgery because their relatives have severally narrated their ordeals; despite of positive experiences, fear is always a barrier to required treatment (3).

Transportation and Accessibility: There are such factors as geographic isolation, limited access to care because of distance and lack of transportation, and these factors are especially true when it comes to rural population. Patients may have to travel several kilometres to access the eye care services, this may act as a barrier to people with a mobility or financial back drop. Regarding the ideas for a long-term solution to deliver eye care services more readily to rural consumers, mobile clinics and community outreach programs have been cited (4).

Lack of Knowledge and Awareness: The major breaches encountered are for instance, a great number of citizens do not have any information regarding eye health and existing services. Even when patients have a medical condition that makes them a candidate for an eye exam, they may not know they need one or that there are treatments for conditions such as refractive errors or low vision. This poor knowledge can lead to late presentation of the disease and therefore poor management of the condition (5).

Economic Factors: Another reason why patients are unable to access eye care is through the cost of eye care. Most of the people for instance those in the rural and low income bracket cannot afford to afford the extras like glasses, treatments or surgeries. This is highlighted for the developing countries' families where health needs may be low on their priority relative to the basic needs. Also, it means that the individuals will not receive important eye care since they will spend considerable amounts of money on transportation to reach the eye clinics (6).

Gender and Social Stigma: Cultural restriction also used as a barrier on eye care attainment for women from some cultures or parts of the world. Women and particularly those from rural or traditional areas might lack all the necessary means for accessing proper healthcare, or diminished social status might make them hide their condition and diseases. Access is also limited by prejudice against transgender and other minorities, and/or lack of insurance coverage (6).

Age and Disability: This is because older people and people with disabilities are disadvantaged when it comes to eye care. Such populations may be more prone to higher rates of pathogen impacts on their health and may comprise escalated aspects in terms of care reception. However, they are also at the same time

also likely to make lesser use of services due to disability, mobility, or information constraints (7).

Service-Related Barriers: While many of the existing investigations are carried out to examine the personal factors, of particular importance are service-related barriers including the availability of healthcare services, the level of access as well as the costs associated with these services. It means they have to wait long, there are few clinics, specialized professionals or no staff at all, which also hinders a person from getting their due care (8).

Therefore, it can be recommended that the identified barriers to eye care should be solved by implementing a step by step approach. This comprises the following; enhancing friendly quality relationships between the physicians and patients, increasing awareness on eye diseases, tackling challenges in transport and cost questions and making sure there is a balanced provision of services to the minority groups. The barriers to access to comprehensive eye care services as well as the integration of primary eye care services into other health care systems can be eased to avoid more avoidable blindness(8).

Objectives:

- To ensure that there can be a direct communication between the patient as well as the health care provider.
- To enhance transportation, cost and awareness of the eye care services.
- For effective provision of eye care to the minority and vulnerable groups of the population.

Rationale:

Eliminating barriers to access is important in order to promote the health of all people especially the marginalized and vulnerable populations. They include factors such as lack of trust, fear of procedures, and economic or geographical constraints that keep many away from seeking care. Such as mobile clinics, financial support, and awareness can mitigate these challenges. The need to undertake fair distribution to the several categories of people, especially women, the elderly and the disabled should be made because this will enhance improved health and wellbeing among different categories of people(9).

METHODOLOGY

Study design; Cross sectional study

Study setting / location; Union Council kili Shiekhan, Tehsil Chilton Quetta

Study Population; Marginalized groups

Study Area: Union Council kili Shiekhan

Duration of study; was six months

Sample size; 400 people
 Sampling technique; Cluster random sampling
 Sampling Unit; Household
 Data Collection Tool; Questionnaire
 Sample selection;
 Inclusion;

- Age more than 20.
- All Marginalized people.
- Who was willing to participate.

Exclusion;

- Age less than 20.
- All elite/rich people.
- Who was not willing to participate.

RESULTS

In present cross-sectional study, among 400 participants 289(72.25%) respondents were males and 111(27.75%) were females, as shown in figure no.01(10).

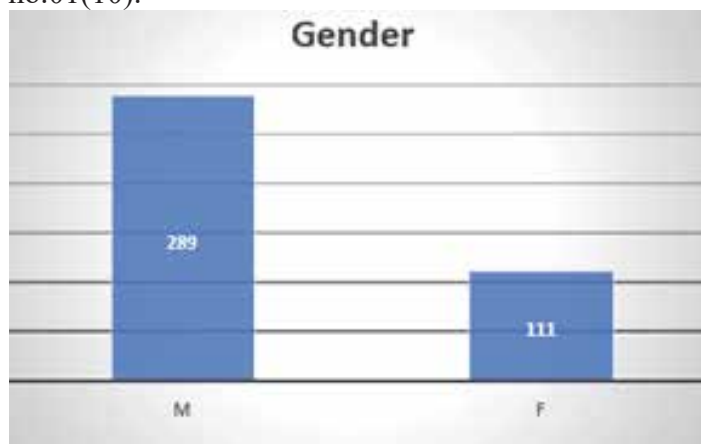


Figure. 1: Distribution of male and female.

In present cross-sectional study, among 400 participants 232(58%) respondents age were less than 40 years, while 168(42%) others age were greater than 40 years, as shown in figure no.02(11).

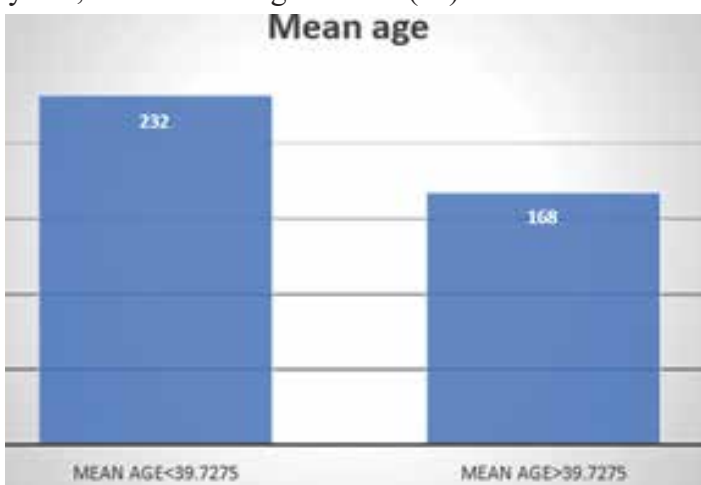


Figure. 2: Frequency chart of Age.

In present cross-sectional study, among 400 participants 154(38.5%) respondents were educated while 246(61.5%) were non-educated or illiterate, as shown in figure no.03.

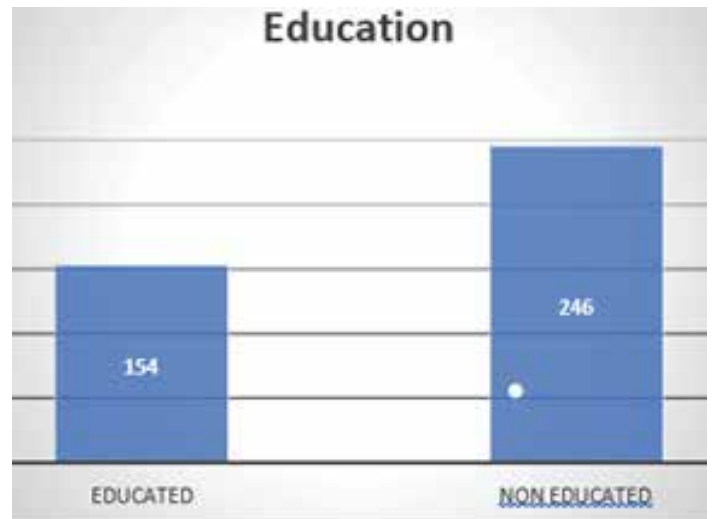


Figure.3:Frequency chart of education.

A) Expensive

In present cross-sectional study, among 400 participants 260(65%) have agreed that eye care services are expensive and 139(34.75%) were have no idea of expensiveness of eye care services while 1(0.25%) other were not sure, as shown in figure no.04(10).

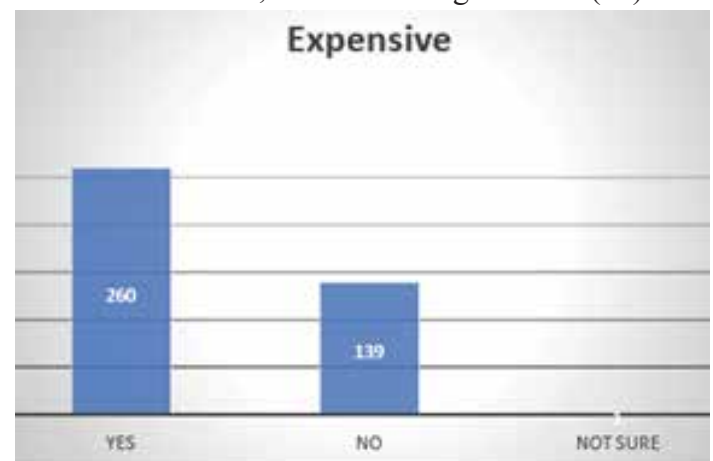


Figure.4: Frequency chart of cost and finance.

B) Affordability

In present cross-sectional study, among 400 participants 149(37.27%) were have mentioned that they can afford eye care services and 250(62.5%) were mentioned that they can't afford eye care services while 1(0.25%) other were not sure, as shown in figure no.05.



Figure.5: Frequency chart of cost and finance.

In present cross-sectional study, among 400 participants 203(50.75%) were mentioned that communication is a problem for having eye care services and 196(49%) were mentioned that communication is not a problem to have eye care services while 1(0.25%) other were not sure, as shown in figure no.06(12).

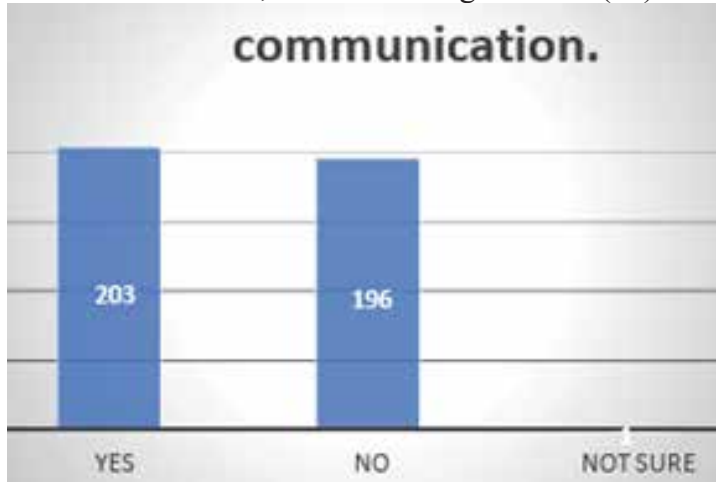


Figure.6: Frequency chart of communication.

In present cross-sectional study, among 400 participants 337(84.25%) were mentioned that they trust upon eye care provider and 50(21.75%) were mentioned that they don't have trust upon eye care provider while 13(3.25%) other were not sure, as shown in figure no.07

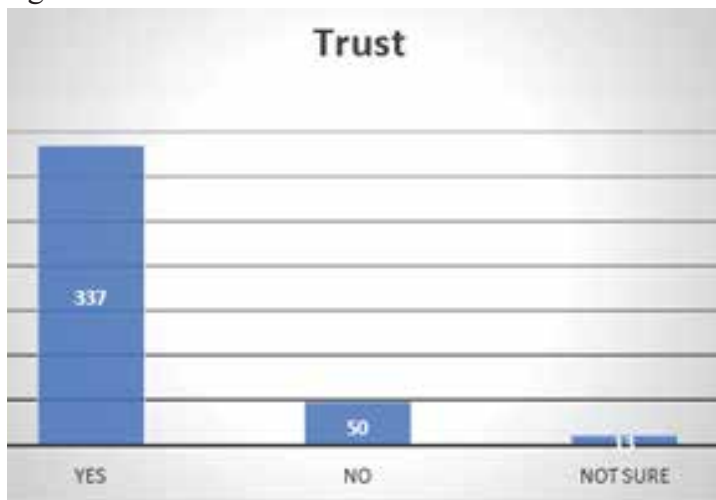


Figure7: Frequency chart of trust.

A) Fear of surgery.

In present cross-sectional study, among 400 participants 280(70%) were mentioned that they have fear of surgery and 108(27%) were mentioned that they don't have fear of surgery, while 12(3%) other were not sure, as shown in figure no.08.

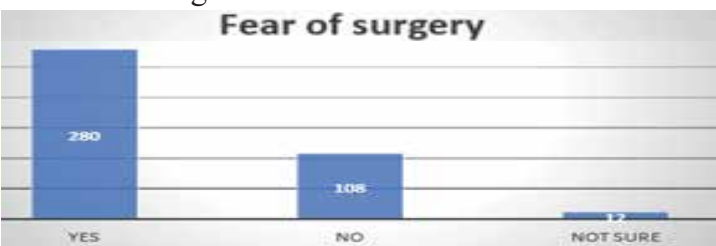


Figure. 8: Frequency chart of Fear.

B) Fear of Infection

In present cross-sectional study, among 400 participants 23(5.75%) were mentioned that they have fear of infection and 87(21.75%) were mentioned that they don't have fear of infection, while 290(72.5%) other were not sure, as shown in figure no.09(13).

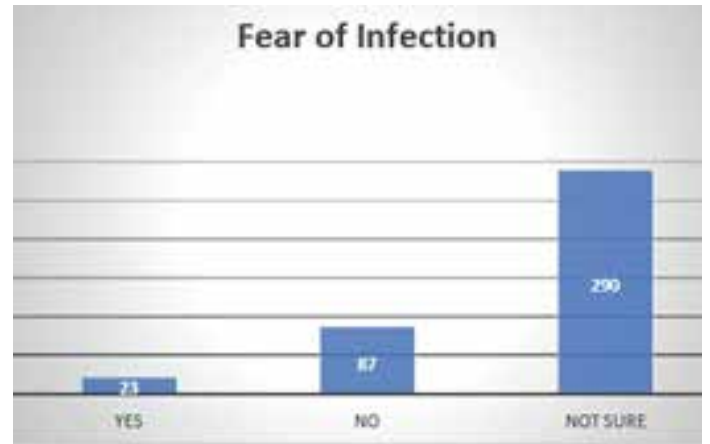


Figure. 9: Frequency chart of Fear.

Results Summary

It has been shown in our finding that among total of 400 participants (289 males, 111 females), mean age 40 years, 154(38.5%) educated and 246(61.5%) illiterates. Major barriers are five, which are more expensive 260(65%) and 250(62.5%) affordability issues, there were 203(50.75%) communication gaps, 280(70%) have fear of surgery, 343(85.75%) have distance issues, transport facilities availability 207(51.75%) and obstacle 149(37.25%). 148(37%) were aware about eye care services, 248(62%) don't have knowledge and awareness of eye care services, 213(53.25%) have spectacle cosmetic trouble, 169(42.25%) comfortable with spectacle, 262(65.5%) have managing problem of spectacles, 101(25.25%) gender favoritism exist and 292(73%) not felt gender favoritism, 123(30.75%) vulnerable group which faces service access problem. 367(91.75%) have schedule feasibility for visit hospitals, 145(36.25%) misbehavior perception from hospitals staff and 249(62.25%) satisfied from hospitals staff and 310(77.5%) satisfied about treatment services, 319(62.25%) service availability, 83(20.75%) felt racism and 306(76.5%) not felt racism.

DISCUSSION

Several challenges limit affordable and effective access to eye care services in LMICs: financial accessibility, low-level awareness, logistical factors, and phobia of surgeries(14). The published investigations indicate that a large number of the population in these areas experiences problems in receiving the

required eye care, and the identified prerequisites include high costs, transport accessibility, and significant distances to healthcare providers. In the current study, our survey results reflected that 65% of the respondents stated that they experienced high cost of eye care services and more than 60% of the respondents admitted that they could not afford the services(15). Furthermore, people seem to be unaware of services they can access, where 62% of participants were uninformed of eye care services. Insurance and the availability of doctors also stop individuals from seeking medical help since 70% of the persons interviewed stated they had a surgical conjugutte phobia, and the constant fear of infections. This is in harmony with the other cross-sectional investigations that found out that most patients in LMICs experience barriers like financial problems to access the services because of perceived unnecessary, and fear of procedures(16). Furthermore, there is a question of trust in the manager or the healthcare provider and; most importantly, communication barriers relate closely to access. Despite the fact that majority of the participants (84%) claimed to have confidence in their eye care givers, some of them raised concerns of gender bias, poor behavior from the staff, and perceived quality of service. The most repetitive concern raised by half of the participants was concerning communication which is also an impediment to care delivery(17). These challenges coupled with the geographic and means of transport since many people are far from the health facilities. Research from the Africa and Asia contexts is also aligned with such concerns, where individuals, particularly women and those living in rural areas, are financially, culturally or physically unable to access available forms of eye care(14). Combating these barriers must involve a number of steps like increasing the awareness rates, decreasing the costs, increasing the number of transport available, and building patient physician rapport(18-20).

CONCLUSION

This study aimed to highlights the barriers in accessing eye care services among marginalized groups in UC Kili Shiekhan, tehsil Chiltan, Quetta. It is concluded from this research that there mostly people have cost and finance issues regarding eye care services, there is a communication gap among them and fear of surgery is also found as an obstacle in accessing eye care facilities. Most importantly distance from hospitals and relatively low knowledge and awareness about facilities and

services regarding eye care are playing a great role as barriers to access eye care among them. Spectacles (eye glasses) as cosmetic issue and managing of spectacles are also found as barriers. On minor scale race and gender favoritism hindrance to access eye care services. There must be proper setup for counselling. It is also mandatory to conduct further research in this territory.

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Authors Contributions:

Shahsawar Ali and Ayesha Saeed: Substantial contributions to the conception and design of the work.

Mehboob Ali and Muhammad Amir: Design of the work and the acquisition. Drafting the work.

Zabid Ali: Final approval of the version to be published.

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