

Case Stories

Inadequate public initiatives to deal cataract problem!

Dr. Md. Jaynul Abedin is a Senior Consultant and Ophthalmic Surgeon at the 250-bed Patuakhali General Hospital. Eye patients from all classes from Patuakhali and nearby districts come here to receive treatment—majority is poor, women and children. Service cost here is publicly subsidized and is generally affordable, therefore, significantly lower than private providers.

Government, according to Dr. Abedin, is trying to expand eye care services at the district levels. However, lack of equipment, inadequate supply of medicines and shortage of skilled human resources affect both quantity and quality of services.



According to him, Patuakhali General Hospital has the capacity to conduct more than 200 cataract surgery in a month whereas only 21 cataract surgeries were performed in the first five months of 2016. This underperformance is mainly attributed to

inadequate supply of lens and medicines. He feels that there is space for external donors to support the existing system to augment cataract surgery in the Barisal region.

Negligence costs a valuable eye

Zahanara Begum (60), a mother of five, hails from Uzirpur Upazila, Barisal and belongs to a rural middle class family. She has been suffering from eye problem



for the last three years and has seen local quacks for treatment. Recently she visited an eye camp to see a doctor for the first time. She was referred to an ophthalmologist in the city. Her family ignored the advice and continued to rely on the quacks. In the end, she lost her left eye completely and is now suffering from continuous pain. She is now beginning to feel uneasiness in her other eye. Her husband, who has done cataract on his both eyes, still find it unnecessary for Zahanara to see an eye specialist. He thinks that Zahanara can see with one eye and that is sufficient. There are no services available locally where Zahanara can go on her own. She is passing her days with pain and agony and waiting for a free treatment.

Highlights

Knowledge Attitude and Practice (KAP) Survey on Eye Health Services in Barisal Division



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Preface

A Knowledge Attitude and Practice (KAP) Survey has been completed in Barisal Division under the project 'Building Gender Equitable Eye Health Systems in Barisal Division' funded by 'Seeing is Believing' (SiB) - Standard Chartered Bank's flagship community investment program.

Purpose of KAP survey

To assess knowledge, attitude and practice on eye health care (with a focus on cataract) and determine factors behind low uptake of eye care services - especially among women in Barisal division.

Methods and outreach

The survey adopted a combination of quantitative and qualitative methods. Initially a rapid quantitative survey using key variables was conducted on 15,100 households from 302 data collection points to estimate overall eye health issues in the Barisal division. Thereafter, 2,400 Households (HHs) were selected through multi-staged purposive random sampling from the 15,100 HH for the detail KAP survey proportionately distributed among 6 districts of Barisal division and between urban and rural areas. In the qualitative part, as many as 90 key informant interviews were conducted ranging from eye health professionals, managers, technicians, development workers and community leaders.

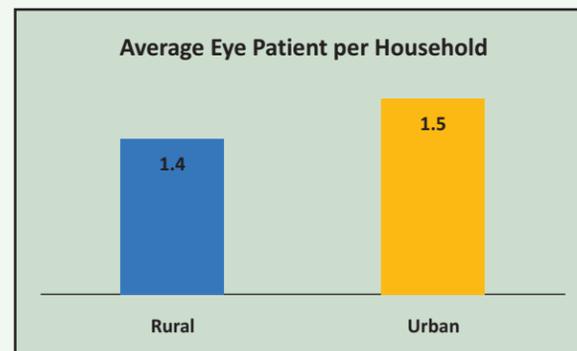
In addition, 26 focus group discussions were conducted separately with men, women, people with low socio-economic background and transgender communities. A number of case studies were also conducted on eye health care providers as well as service seekers from both urban and rural contexts.

Period

The study was implemented from February to June 2016.

Key results

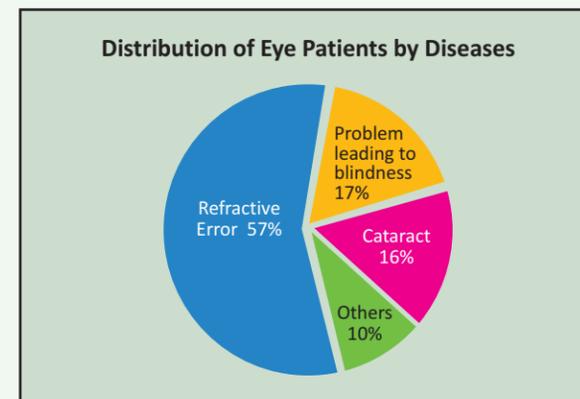
Respondent profile/HH profile: According to 2011 census, total population of Barisal division is 8.32



million (Barisal district alone has 2.32 million). Average family size is 4.5. About 60% of the population have low socio-economic conditions, while 35% are middle class and the rest 5% belongs to high class. Average age of the respondents is 43 years for female and 48 years for male. About 37% female respondents have no formal education, 44% have formal education up to secondary level and the remaining 19% have above secondary education. For male respondents, these numbers are 25%, 42% and 33% respectively.

Demand for eye care

Incidence of eye disease is widespread across the communities with 41% HHs having eye patients. Overall, 13% of total population is suffering from eye diseases which are more acute in people from low socio-economic background. It is estimated that over 176,017 people are currently suffering from cataract in the Barisal division which is about 2.1% of the total population (based on 2011 census data). About 7.4% of the population has some form of refractive error. More



males from urban areas are identified with cataract cases whereas more females with cataract from rural areas remain unidentified. Around 40% of the existing eye patients have reported to have been suffering from eye problems for over three years, though a significant of them have treated their problem. About 18% of them have been suffering for the last one year. In the rural areas, 60% of the eye care demands come from the people of low socio-economic conditions followed by middle class (36%) while in the urban areas, middle class represents the highest (48%) needs for eye care followed by low socio-economic categories of households. In other words, eye care needs are more

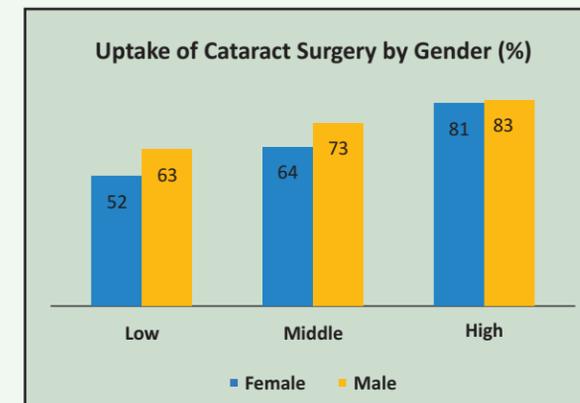
prominent among the people of low socio-economic categories in the rural areas.

Eye care provisions and challenges

Eye-care in Barisal is in general are inadequate, urban centric and disproportionate. As many as 14 eye care service facilities currently serve the eye health care needs in the Barisal division. In addition, 17 Upazila health complexes have eye care service provisions though none of them have ophthalmologist - making them merely a referral centre. Majority of eye health services including cataract surgery are provided by NGOs and private organizations. A number of Ophthalmologists from Dhaka and other districts provide eye care services privately in the weekends. Therefore, a significant gap exists between the demand and supply of eye care services. Pharmacists and village doctors remain the main providers of eye health care at least in the initial stage and therefore, maltreatments are widespread making patient suffer and pay more.

Knowledge and Eye health seeking behavior

Majority of the respondents are found to be familiar with the most common types of eye health problems like refractive error and cataract. However, only a



handful (between 42% - 85%) of them is aware about the symptoms of cataract. These huge deviations of awareness level can be attributed to gender and education level. Urban educated male respondents are found to be the most knowledgeable on cataract while females living in rural areas who have low literacy rate are the least knowledgeable.

In general, higher level of awareness was found among male and urban respondents. Majority of the rural (58%) and female (57%) respondents do not have adequate understanding on blindness preventions, and 8% respondents are found to have no idea of eye care service facilities. Except few (2%), most respondents are aware that surgery is necessary for cataract.

Eye health care uptake remains low with only 67% females and 71% males receiving eye care services from a variety of providers including unrecognized providers. Among females who sought service, 55% went to ophthalmologists, 13% to general physicians, and 27% to pharmacy/ village doctors. For males, these numbers were 64%, 12% and 21% respectively in the first visits. 13% female and 9% male never visited an eye specialist for treatment. Low eye care uptakes have been attributed mainly to high cost, lack of family support and self-negligence/ignorance.

Among the cataract patients, 62% female and 76% males from low socio-economic groups received treatment from an eye consultant but only 52% and 63% respectively have actually undergone cataract surgery. Of the middle class people, 64% females and 73% males have undergone cataract surgery. Among the cataract patients from high socio-economic group, 81% females and 83% males underwent surgery. This leads to a growing backlog of cataract patients particularly among females and people from low socio-economic group.

Average health cost per annum is found to be Tk. 8,950 in a household. Eye health cost represents only 5.4% of the health cost. Rural patients have preference to public facilities and outreach camps for low cost while urban patients are more inclined to private providers.

Way forward

There is a need for comprehensive strategies to enhance eye care uptake particularly among women and poor households. Interventions such as community awareness generation and demand creation, affordable and quality eye care services, strengthening existing public eye health facilities and gender friendly service centers will contribute to "Building Gender Equitable Eye Health Systems" in Barisal Division.

