Health seeking behaviours of those accessing primary eye care services in Tamil Nadu, India

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Background

Approximately 270 million Indians have some form of visual impairment(1). Currently, a global effort is being made to improve primary eye care services as this acts as the frontline for the health needs of most populations. The goal of this study was to ascertain the health-seeking behaviours of patients attending vision centres (VCs) part of the Sankara Eye Group in Tamil Nadu (TN), India.

Objectives

- To describe the demographic and clinical patterns of patients attending seven Sankara Eye Hospital VCs within the Coimbatore, Cuddalore and Erode districts of TN in a mixed-methods cross-sectional study (CSS) over three weeks in June/July 2023
- To explore attending patients' perspectives on how they view eye health and what they perceive to be barriers and enablers to primary eye care services
- To identify any significant data regarding the clinical patterns, initial diagnosis and VC location with their demographic data
- To explore attending patients' opinions on ideas to resolve hindrances to attending VCs run by Sankara Eye Hospital

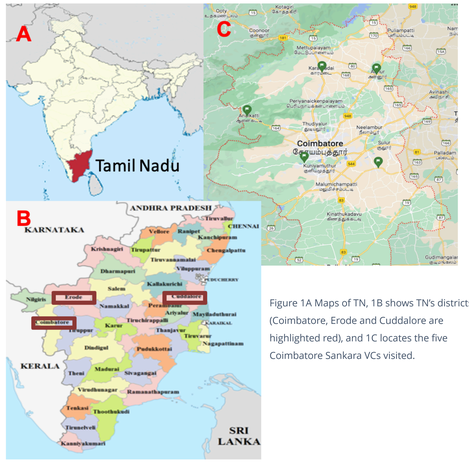


Figure 1A Maps of TN, 1B shows TN's districts (Coimbatore, Erode and Cuddalore are highlighted red), and 1C locates the five Coimbatore Sankara VCs visited.

Methods

A mixed methods study was conducted to explore health-seeking behaviours of 158 patients who attended seven VCs across three districts of TN. Quantitatively, patient's sex, age, monthly household income, travel behaviours, presenting visual acuity and an initial diagnosis was recorded for all patients. Qualitatively, some were invited to be interviewed concerning their views on their own eye health, their knowledge and importance of the subject and their ideas on increasing VC attendance. Analysis involved deducing medians, interquartile ranges and associations for quantitative and inductive thematic analysis for qualitative data.

Qualitative results

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Quantitative results

Quantitatively, possible associations between patient characteristics and attendance behaviours were explored to identify any significant differences. The four patient characteristics (sex, age, monthly household income and educational attainment) were compared with the distance a patient travelled to the VC from their home, if they attended the VC with a companion, and whether they spent money to attend the VC. This led to 12 association calculations.

Of these, three significant associations were found. Women were more likely to attend the VCs with a companion and older patients/those with a higher educational attainment were more likely to pay to travel to a VC. (as seen in Table 1).

Themes	Sub themes
Hinderances to attendance	**Belief that one's vision problems would subside by itself** "I thought if I slept well or used other medication I already had that it would help the problem and it would go away." (P48, Karamadai, Cataract)
	Foreseen treatment costs "I also couldn't afford the medication before but now I can, so I came." (P48, Karamadai, Cataract)
	Not knowing the VC existed
	No accompaniers "My relatives go to work and can't bring me here all the time and with my bad eyesight and arm I can't come by myself. I already fell down when someone came with me! So, I need someone to come with me." (P60, Annur, Cataract)
	Work commitments "I had to take leave of absence today and lost my daily wages." (P13, Annur, Presbyopia)
Motivators to attendance	**Need for eye health surpasses hinderances** "Even if hands and legs are impaired, I feel eyes are very important to an individual." (P13, Annur, Presbyopia)
	Positive recommendations "I happened to meet another individual with similar problems as mine…he told me that this vision centre is quite good and famous" (P110 Virudhachalam, Cataract)
	Symptoms unbearably hindering lifestyle "Only when it becomes unbearable, we try to seek help with the doctors." (P15, Annur, Foreign Body)
Factors influencing eye health education	**Reading**
	Knowing someone with vision problems "I just see everyone wearing glasses and they are all doing well." (P29, Perur, Allergic Reaction)
Ideas to increase attendance	**Patient recommendations** "For instance, if you get my phone number and tell me when a camp comes, I can call my other friends and tell them to go there. Even if I can't go there at the time, they still will" (P3, Karamadai, Foreign Body)
	Increased advertising

Table 1: Themes, subthemes and selected quotes captured from qualitative interviews.

Patient Characteristic	Attended Vision Centre with a companion	Spent money to attend the Vision Centre
Sex		
% Male	14.6	30.5
% Female	46.1	21.1
P-value	**<0.001**	0.176
Age		
Mean ages (years)	57.6 - attended with companion 54.9 – attended without companion	62.3 – spent money 53.4 – did not spend money
P-value	0.336	**0.002**
MHI		
Mean MHIs (Rupees)	10625 – attended with companion 15821 - attended without companion	8717 – spent money 15877 – did not spend money
P-value	0.276	0.167
Educational Attainment		
% No Education/<1st St.	33.3	31.5
% Lower Primary: 1st – 4th St.	46.2	26.3
% Upper Primary: 5th – 8th St.	76.5	43.3
% Secondary: 9th - 10th St.	26.7	21.1
% +2: 11th – 12th St.	9.1	0.0
College/University Degree	26.3	8.3
P-value	0.203	**0.016**

Table 2: Associations between patient characteristics and attending a VC with a companion characteristics and whether the patient spent money to attend the VC. Underlined and boldened are any associations where p<0.05.