



ROLL OF SOCIAL ENVIRONMENT IN ACCEPTANCE LEVEL FOR FREE CATARACT OPERATIONS IN NORTH-WEST PART OF PUNE DISTRICT.

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Introduction

The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity. Blindness is one of the important health problems worldwide as well as in India. Ophthalmic health is one of the prime requirements of mankind. Without sight life becomes handicapped. Blindness is not only physical deformity but it has ill effects on social, psychological & economic environment of a person, society and nation by large. Blindness burden worldwide is huge. Efforts are being taken from various agencies to eradicate blindness. Blindness worldwide is estimated to 65 million & by the year 2020 it will reach to 75 million people. The fact is 80% blindness is curable by simple operative method.

Increased awareness & improved hygiene lowered the proportion of blindness due to infectious eye diseases from 20% to 2% over the last three decades.1 (Serge Resnikoff & Ivo Kocur "Non-Communicable Eye Diseases; Facing the Future" Community eye Health Journal, Vol.27, Issue 87, 2014.

On the other hand due to increased life span & luxurious life style non communicable eye diseases like cataract, diabetic retinopathy (DR), age related macular degradation (AMD) & glaucoma have become more significant. The proportion of such eye problems have increased because these diseases affect people over the age of 50. The epidemiological transition (a change in population health due to change in life style), is the result of unhealthy life-style that leads to ophthalmic ill-health.

To overcome blindness problem Worldwide the ambitious programme "Vision-2020: The Right to Sight" was launched by the World Health Organization.

The World Health Assembly Which met in May 2013 adopted a new global programme entitled "Universal Eye Health: a global Action Plan 2014-2019.2 It States the major priorities for the global prevention of blindness efforts for the next five years.

In India it is being implemented by the name "National Programme for Control of Blindness" (NPCB) in the year 1998. During second five year plans (2007-12), for blindness eradication, the stress was given on the following areas; up gradation of technology, training of eye surgeons, participation of Government, private agencies & NGOs.

Vision 2020: The Right to Sight

Vision 2020: The Right to Sight is a global initiative launched by the World Health Organization. It's a Task Force of International Non-governmental Organizations to combat the gigantic problem of blindness in the world. Vision 2020 envisages collaboration between governments, World Health Organization, International Agency for the Prevention of Blindness, funding agencies, international, nongovernmental and private organizations that collaborate with the World Health Organization in the prevention and control of blindness. Globally, five conditions have been identified for immediate attention for achieving the goals of Vision 2020. They are-

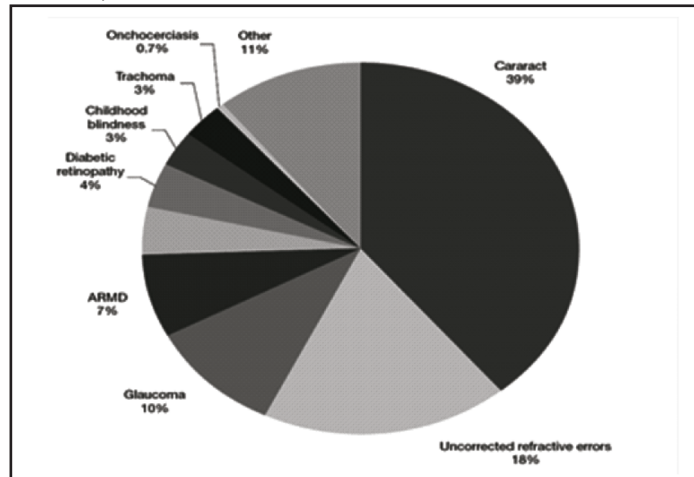
- Cataract
- Trachoma
- Onchocerciasis
- Childhood blindness
- Refractive Errors and Low Vision

National Programme for Control of Blindness (NPBC)

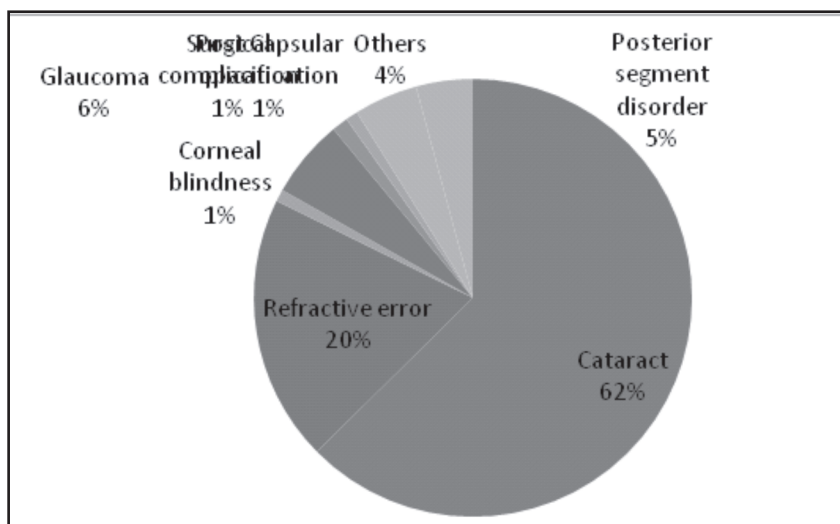
India is the first country to launch a “national program for control of blindness” (N.P.C.B) in the year 1994 as a 100% centrally sponsored program. The goal was to reduce the prevalence of blindness from 1.4% to 0.3%. It has been well received by the government as well as various organizations. Now India has committed itself for “vision 2020: the right to sight” initiative launched to reduce avoidable blindness worldwide. In spite of the effort from all the sectors there is a huge backlog of avoidable blindness. It is the national endeavor where Government, Voluntary & Private organizations, Panchayat Raj Institutions, Community & people themselves are involved. The role of health NGOs is crucial in making the N.P.C.B. program successful.

Worldwide blindness duo to cataract is 39% whereas India exhibits cataract blindness 62% followed by refractive error 20%.

Major causes of blindness, Worldwide



Major causes of blindness in India



Indian blindness has been reduced from 1% to .7% in the last 17 years. Rural India still has backlog of blind people need treatment. Majority medical facilities are concentrated in the urban areas while high proportion of blind population in rural areas needed to be treated timely. Affordability, accessibility & lack of awareness are the major obstacles preventing patients to avail eye care treatment. In rural India proportion of age related (senile) cataract is more whereas epidemiological transition is the major cause for non-communicable blindness in urban India. It has been observed that eye care treatment is reaching to the needy people through Primary Health Centers & mainly efforts of NGOs. Acceptance level of patients is also improving. Patients response for the treatment indicate hopes for blindness eradication, yet long way to go towards complete control on blindness.

The study area

North-West part of Pune district comprises mainly Junnar, Ambegaon & Shirur tahasils. NGO in the eye care sector has been rendering free services to rural poor's & people residing in inaccessible mountain areas. There are 185 villages in Junnar, 143 in Ambegaon & 116 in Shirurtalukas. In Junnar & Ambegaon average 20% villages are located in hilly areas of Western Ghat. Shirur is a drought prone area of Deccan Plateau. Rampant poverty, illiteracy & low economic strata are the main features of the study areas. The hilly area is predominated by schedule casts, schedule tribes & Adivasis. Comparatively better development is seen along to Pune - Nasik highway no.50 passing through the study region.

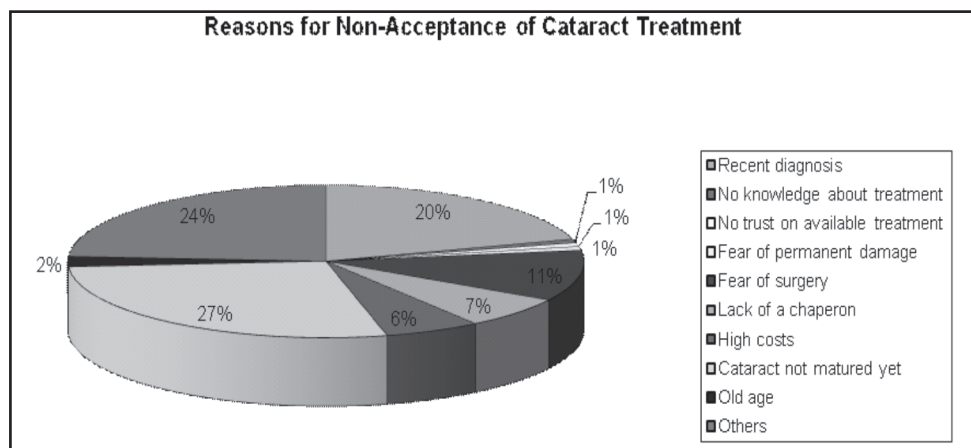


The health NGO, MTNR, working in the study area, at Narayangaon, taluka Junnar, for last 32 years in the ophthalmic field has authentic primary data. It runs well-equipped eye hospital on charitable basis. The hospital is authorized center for Government induced NPBC Program me. Free eye screening camps has been organized regularly in the study area. On an average thirty eye screening camps are organized in a month. Patients selected for cataract are treated at the base hospital.

Census of India, Government Health Department & NGOs Eye Hospital data of the year 2014 has been used for this paper. Analysis of the topic is based on the data of free camp based surgery only.

Cataract Socio-Economic factors responsible for not availing cataract treatment in the study area are

- Monetary constrains, poverty
- Distance to an eye care facility
- Lack of perception about the seriousness of the eye problem
- No chaperon to escort to the hospital
- Lack of knowledge
- Limited transport facility hence restricted mobility
- Ignorance of diminishing vision until they are severely handicapped
- Poor access to information regarding the treatment
- Seek treatment at late age



Social-economic implications of blindness

- Lost wages & productivity
- Breakdown in social relations, family & community interactions
- Difficulties to cope-up with the new life situation
- Detoriation in the family wellbeing
- Loss of confidence, encounter severe depression & helplessness
- Total dependency on others
- Lead a lonely life, isolated from the daily routine of the community
- Possibility of breakdown of marital relations
- Face taunts & abuse of their kin & spouses

Discussion

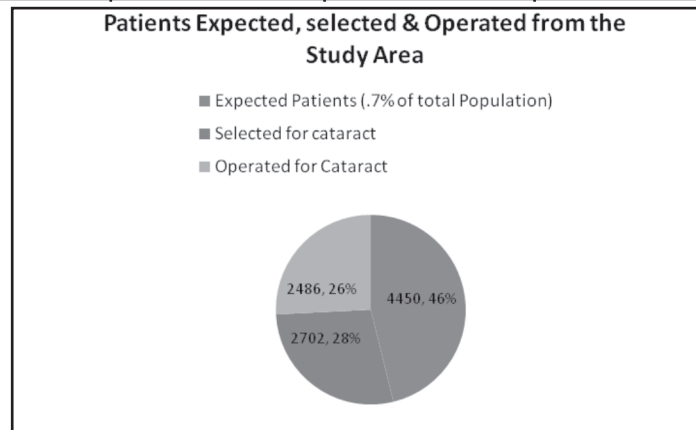
Indian average of blindness is 0.7% of the total population. In the study area of Junnar & Ambegaon total population is 635274.2 (Census of India 2014)

Compared with the national average (.7% of the total population) expected blind population in the study area would be 4450 people. Through eye camp screenings in the study area 2702 cataract patients were selected who attended the camp & needed cataract surgery. This proportion is 63.6% as compared to expected blind population in the study area. It reveals the fact that approximately 36.40% people did not turned up to avail free eye care facility that was available at their doorstep. There is also possibility of availing treatment in nearby city area by very few wealthy people.

Out of the selected patients (2702) for cataract 2486 patients (92%) accepted the treatment & only 1% could not accept it due to unfit medical condition of the patient. 7% patients did not accept treatment due to mainly socio-economic reasons.

The data of the year 2004 shows the acceptance level of patients for cataract surgery in the same study area was much less. It was 49.3% acceptance out of the patients selected for cataract. Acceptance level has increased more than 90% in recent year due to tireless efforts of the eye hospital. Acceptance level of patients during the decade

Year	patients selected for cataract	Patients operated	% of patients accepted treatment
2004	1235	609	49.3
2014	2702	2486	92

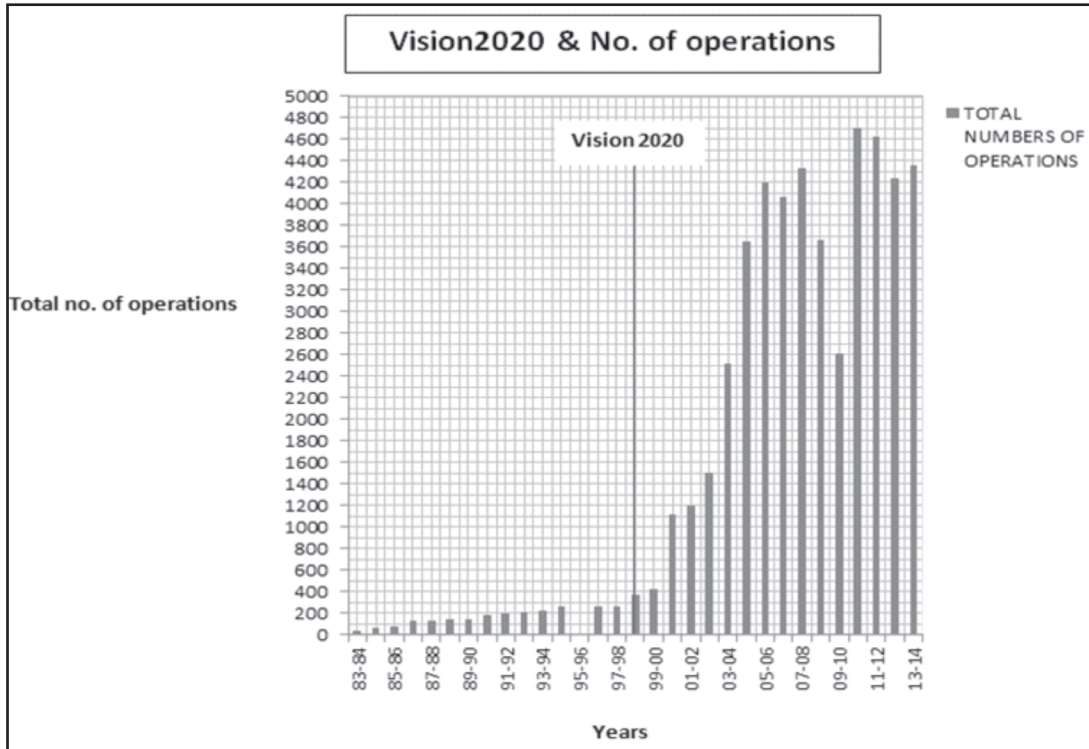


Factors responsible for increased acceptance level for eye surgery:

There are certain factors contributed in increasing response for eye care treatment in the rural areas of North-West part of Pune District. Improved services rendered by the charitable hospital has played key role in improvement in the acceptance level of patients. It has been proportionate to the number of eye camps organized. With increasing number of eye camps, number of operated patients also increased. In the year 2004, number of eye-camps organized was 118, whereas in the year 2014 it was 227

Increased number of eye-camps could expand the catchment of the patients made easy accessibility to patients, in the study area. Modernization of hospital by installing hi-tech machinery and advanced operative techniques increased quality of eye treatment. There is also increase in number of ophthalmic surgeons to meet the increasing demand of eye care services. The hospital has purchased a new mobile van that could reach easily in remote, inaccessible areas of GesternGhat. Totally free treatment for the patient selected in eye camp. Door to door services were provided, enabled old patients to go to base hospital without any body's help. Gifts are given to the patients undergone cataract surgery, attracted poor needy patients. Long term service tenure of the hospital created confidence about the treatment among the patients. Effective counseling by the hospital concealer helped to increase awareness about timely treatment for eye care.

Performance of the MTNR eye hospital over the period of time



Suggestions to improve patient's acceptance level for available eye-care services rendered by the local eye hospital

- Partnership in National Programme for Blindness Control (NPBC) as a part of vision2020.
- To reach inaccessible remote mountains areas towards needy and tribal people.
- Planned free eye-camps at specific intervals.
- Building confidence with head of village and convince localities through teacher/counselor.
- Announcement of free eye-camps, well in advance, through vehicle with loud speakers.
- Visit the village as per the schedule with well-equipped mobile van and team of staff.
- After investigation selection send cataract patients to hospital van.
- Arrangement of free stay, food, medicines, check-up and pathological test of patients.
- Perform operations, post-operative care like giving protective goggles, etc.
- A gift of new clothes after eye surgery as an additional incentive, which proved great successes to attract patients to the hospital.
- After discharge, take back patients to the door-steps/homes.
- The hospital builds local capacity by accommodating local health works like general practitioners, paramedical, local leaders.
- Exhibition, posters and film screening during public gathering, fairs and festivals.
- Propaganda for IOL as pointless and safe eye surgery.
- Operated/satisfied patient's presence as a motivator in eye camps.

Conclusions:

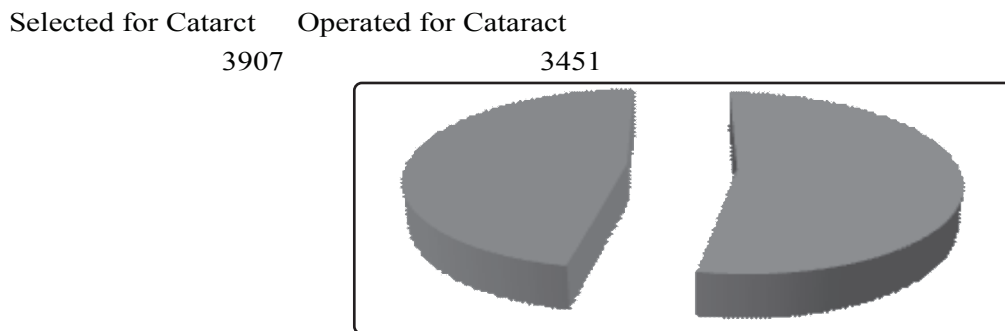
Any health issue and its prevalence level in the society is the outcome of social, economic and geographical personality of that area. Blindness eradication is not only the need of a person to overcome physical deformity but it has economic and social impact on the society by large. The view towards availing medical treatment is slowly changing by the efforts of Government induced schemes like NPCB program but the real credit goes to the NGOs effectively implementing the program successfully. It is proved that eye-camp based approach is still effective and necessary for rural poor patients particularly residing in the remote areas.

Though it is optimistic picture about the increasing acceptance for medical help one must note that the major volume of acceptance is the result of long term efforts of NGOs who reach to the doorstep of patients. Approximately 3- 5% patients from higher economic strata are able to go to the nearby cities. Vision 2020, the Right to Sight worldwide program is being implemented in India under the scheme of National Program for Control of Blindness is the right step toward the eradication of blindness from the country where india the real challenge to avail medical service is to overcome A,B,C,D barriers i.e. A: Awareness, B: Bad or no service, C: Cost and D: Distance.

The patients who regained their sights are the additional man power for farming and other economic activities. Regaining the sight is a boon to old patients to gain the respect and prove their usefulness for their families and final to the society.

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