CHAPTER: 03

STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING EYE HEALTH CARE AND WILLINGNESS TO PAY FOR SPECTACLES AMONG THE SLUMS POPULATION OF CHANDIGARH

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INTRODUCTION

Visual impairment poses a worldwide public health challenge. The World Health Organization (WHO) reports that there are 285 million individuals experiencing visual impairment, with 39 million among them being blind. Approximately 90% of the global visually impaired population resides in low-income countries. In India, 12 million people are blind, constituting 1% of the global figure, and a majority are aged over 50 years. Among this group, 26% of children are affected by corneal disorders, particularly in economically deprived regions with limited access to basic healthcare services [1].

Limited exploration of eye care services may be attributed to the perception that urban areas offer more extensive service availability compared to rural regions. Despite relatively better service availability in urban settings, accessibility remains challenging, especially for marginalized populations such as urban slum dwellers and the urban poor [2]. In a study involving 5150 individuals aged 40 years and older, randomly selected through cluster sampling from three districts in southern India, 72.7% of the subjects required eye care examinations. Among them, 35.5% had a history of prior eye examinations, primarily from general hospitals (58.7%). The study indicated that advancing age and higher education correlated with increased utilization of eye care services. Among the 3323 individuals who had never sought eye care, 27.4% recognized the need for an eye examination but did not pursue it. Additionally, only one-third of those with vision impairment, cataracts, refractive errors, and glaucoma had availed services previously [3]

The National Programme for Control of Blindness (NPCB) was initiated in 1976 as a centrally sponsored scheme with the aim of reducing the prevalence of blindness. Despite government efforts, the prevalence of blindness remains high in India, particularly among the economically disadvantaged populations in urban slums and rural

areas. One of NPCB's objectives was to raise community awareness on eye care, emphasizing preventive measures. However, this objective has not been adequately realized, as reflected in the persistently high prevalence rates, indicating a failure to effectively disseminate knowledge and translate it into practical action.

RESEARCH QUESTIONS

1. What are the attitude and practices around eye care in slum dwelling communities?
2. What are the various visual impairments and their causes in urban (poor) communities?

RESEARCH OBJECTIVES

1. To evaluate the understanding, mindset, and behaviours regarding eye health within the slum-dwelling population.
2. To examine the perceived reasons for preventable blindness and visual impairment among residents of slum areas near Chandigarh.
3. To gauge the ability and inclination of slum-dwellers to financially contribute to the acquisition of spectacles.
4. To gather data on healthcare providers offering eye care services to communities residing in slums.

RESEARCH METHODOLOGY

In this research study, a descriptive cross-sectional design was employed to investigate the prevalence of refractive errors in the slums of Chandigarh over a period of three months, from February 2016 to April 2016. The study population consisted of residents in Colony no. 4, located in the Industrial Area, with a total population size exceeding 20,000.

A multistage sampling technique was adopted, with the selection of Colony no. 4 as the study site. The slum was subdivided

into 12 blocks or segments, each accommodating 300-350 households. Block D was randomly chosen using a lottery method, and a total of 321 households were surveyed based on the right-hand rule. The selection of this slum was informed by the demolition and rehabilitation activities in other major slums, rendering Colony no. 4 with its sizable population an appropriate setting for data collection. This detailed sampling strategy ensured the representation of the study population and contributed to the reliability of the findings. The data was entered and analyzed in SPSS version 16.0. Proportions of respondents on various variables were calculated at 95 percent Confidence Interval and Precision at 5 percent.

RESULTS AND DISCUSSION

Approximately 89% of the 321 participants expressed a willingness to wear spectacles if the need arose. Among those willing to pay for the spectacles, the mean paying capacity of 284 respondents was Rs 595, while 37 individuals were unsure about the amount they could afford, depending on the availability of funds. In terms of financial considerations, about 58% of the respondents mentioned that paying for the treatment (specifically, spectacles) would be somewhat challenging for them. Of those surveyed, 66% indicated that they would have to allocate funds from their monthly income or reduce household consumption for a certain period, with 19% specifying that they would manage from their savings. Only 2% stated that they might need to borrow from lenders to cover the expenses. Regarding decision-making authority for healthcare spending, 41% of the respondents noted that their husbands were responsible for such decisions. Moreover, 99% were confident that their husbands would be willing to pay for the required treatment.

CONCLUSION

This research provided crucial insights into eye healthcare demand and provision in Chandigarh's slum communities. While there is notable awareness about ocular health, affordable and easily

accessible eye care services are essential. Respondents often rely on local sources for information, influenced by community opinions. However, factors like education, awareness, costs, and health prioritization limit service demand. Addressing low awareness and prioritization of eye care is crucial for shaping health-seeking behavior among slum residents.

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