

UPTAKE OF EYE CARE SERVICES IN UNIVERSITY OF CALABAR TEACHING HOSPITAL, CROSS RIVER STATE, NIGERIA

BY

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ABSTRACT

This study was carried out to determine the importance of alternative sources of eye care services in delay in seeking ophthalmic treatment in University of Calabar teaching hospital (UCTH). A total of 580 patients who visited the hospital within 3 months of the study period October 2003 to December 2003, were examined and questionnaires administered on them. In this report, there was an observed long interval between times of onset of symptoms of eye pain and time ophthalmic consultation was sought, which is an important cause of blindness. The reason for this avoidable delay has been attributed in the study to use of alternative services (50%; Self medication/chemist, traditional medication, market eye wear sellers, prayer house/praying), ignorance (18.79%), poverty (14.14%) and time/distance (10.34%). A lot of these delays if avoided would lead to reduction in the avoidable causes of blindness.

KEYWORDS: Avoidable blindness, eye care services, orthodox eye care, traditional medication, alternative eye care.

INTRODUCTION

Utilization of health care services including eye care services is influenced by a people's health seeking behavior. It is a fact that behavior or life style is a product of social or cultural condition. To this end, there are a lot of different variations in illness behavior of people of different groups and age. The behavior we exhibit is also part of our own coping mechanisms, which affects the use, delay in use and non use of orthodox healthcare.

Throughout the world, patients in unprecedented numbers are going outside of conventional medicine to look for help. This is a movement that has been building up since the late 1960s and it is now reaching the point that visits to alternative practitioners exceeds visits to primary care providers¹.

In Nigeria and most other developing countries, patients tend to seek the alternative medical system first in the treatment of eye diseases before the conventional medicine. This accounts for some delay in the utilization of orthodox source of eye care services. This is an important cause of avoidable blindness, especially in cases where early detection and treatment would have prevented the victim from blindness.

As population ages in both developed and developing regions of the world, the burden of eye diseases will increase. These diseases on their own

alone may not cause blindness. Some behavioral factors that influence utilization of eye care services are contributory to, and play important role in the prevention of blindness.

RESEARCH METHODOLOGY

A total of 580 new patients who visited the University of Calabar teaching hospital within the three months study period October 2003 - December 2003 were interviewed through a questionnaire and screened for diagnosis. Information about age, sex, occupation, place of residence, presenting complaint, duration of complaint, reason for delay, alternative sources of eye care and others were obtained.

Data were tabulated and analyzed, using simple proportion and percentages.

RESULTS

The age and sex distribution of the 580 patients seen is as shown in table 1, 333(57%) were females, while 247(43%) were males. The data on the duration of patients complaints/symptoms of eye pains before visit to the hospital shown in table 1 indicate that only 47 (8.10%) of the patients interviewed reported within one week of symptoms. Another 168 (28.97%) reported after a period of one week to six months, while 356 (62.93%) reported after six months and above.

The questionnaire was also designed to find out the reasons for this delay. The result as shown in table 3 indicates that 130 (22.41%) of those interviewed gave self medication and visit to patent chemist shops for treatment as the reasons for delay to visit the hospital eye clinic for examination and treatment. Those who felt ignorant of what to do and as such, did not come on time were 109(18.79%), while 82 (14.14%) said they had no money to visit the hospital. Those who used traditional medication first before visit to eye clinic for examination accounted for 89 (15.44%) of those interviewed. Another 55 (9.48%) visited other eye clinic before coming and that accounted for their delay to visit the UCTH eye clinic. Those who gave lack of time due to busy schedule and distance of hospital as their reason for delay constituted 60 (10.34%). Some others who were delayed because they were either praying or visited prayer house for healing accounted for 17 (4.31%), while others which include market glass sellers, no reasons and superstitious beliefs accounted for 30 (5.17%; table 3).

The result in table 2 (Alternative sources of eye care in Cross River State) shows that majority of the respondents undergo self medication first as an alternative source of eye care when they have eye problem. The use of traditional medication was identified as the second important alternative source of eye care in Cross River State. One hundred and fifty seven (27.07%) of the patients interviewed practiced this. The forms of traditional medications used include urine, sugar solution, petrol, palm wine, herbs, salt solution, breast milk, palm oil, leaves-extract (cassava leaves, scent leaves, tomatoes leaves), lime, hot palm, saliva and kernel oil. Those that patronize market eye wear sellers for their reading eye problems were 28 (4.82%), while those that visit the prayer houses/churches for healing as alternative sources of eye care accounted for 25 (4.31%).

DISCUSSION

The study has revealed four alternative sources of eye care in Cross River State. They include self-medication/chemist (63.79%) traditional medication (27.07%), prayer houses/churches (4.31%) and market eye wear sellers (4.82%). These four types of alternative sources of eye care also accounted for about 50% of the patients' reason for delay in the utilization of eye care services in UCTH. If this delay could be

minimized then, the preventable causes of blindness can be avoided or reduced to a minimum. Blindness from glaucoma for instance can be prevented if the patients visit the hospital on time. But that has not been the case, most of the patients with glaucoma came very late to the hospital, when the vision in the eye is almost gone, which is usually irreversible. The same is applicable to corneal disease that eventually leads to blindness from corneal opacity.

Refractive error and cataract are treatable causes of blindness, yet the number of patients blind from them increases yearly. Most of the vision that is lost even after refraction is usually due to delay in utilization of orthodox source of eye care.

Other causes of delay in the utilization of eye care services in UCTH found in the study includes ignorance 109(18.79%). The patients complained that they were ignorant of the use and availability of orthodox source of eye care, while 82(14.14%) complained of poverty/lack of money and another 60 (10.34%) complained that they had to travel long distances to access eye care service. A good number 370(63.79%) of the patients use some form of self medication, buy drugs from patent drug dealers before visit to the hospital, this is not peculiar to eye care only, it is common to health care in general. The study in Zambia, found that money, distance and fear were the main barriers that prevented the blind from seeking specialist help earlier². The main reason for poor use of eye service by people with eye problem in India³, Gambia⁴, Nepal⁵ and South Africa⁶ includes fear, lack of awareness, religious and cultural beliefs, lack of transport, too old, cost in time and money, distance among others.

Traditional medication was another alternative source of eye care revealed in this study, the list of traditional eye medication used in Cross River State ranges from salt solution, sugar solution, palm wine, palm oil, palm kernel oil, cassava leaves extract, fermented cassava water, tomatoes leaves extract, breast milk, kerosene, fuel, rub/balm among others. Most of these items are very harmful to the eye and might lead to blindness but the people were quite ignorant of these. The fact remains that these patients either see traditional healers or use traditional medication first before visiting hospitals. Couching was found to be a common traditional procedure for the treatment of blinding cataract in northern Nigeria⁷.

Reasons usually include easy access, inaccessibility of orthodox eye care, low cost, simple technique, belief regarding cause of disease. There has been inadequate research on the effectiveness of plants used in the treatment of eye diseases. Most of these plants do more harm than good to the eyes. Studies have shown that 25% of corneal opacity in Tanzania and 20% childhood blindness in Nigeria and Malawi were associated with the use of traditional eye medicine¹.

The study has also shown that 25 (4.31%) of the patients stay at home and pray for healing to occur while some go to the prayer house for healing. It was discovered that 28 (4.82%) go to market eye wear sellers for their eye problem,

especially those who cannot read tiny points. They end up doing more harm than good by this approach. Three assumptions have been proposed by Pal⁷ to explain the use of alternative medicine: dissatisfaction, need for personal control and philosophical consequences.

By making eye care services available, accessible, affordable and acceptable to the people, a lot of the basic problems would be solved, such as difficulty in obtaining expert attention, traveling long distances which is often expensive to get appropriate treatment, failure to make use of available services and patronage of traditional and often use of dangerous eye medication can at least be alleviated.

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TABLE 1: DURATION OF PATIENT'S COMPLAINTS/SYMPTOMS BEFORE FIRST VISIT.

Duration	No	%
With 1 week	47	8.10%
>1 week-6months	168	28.97%
Above 6months	365	62.93%

TABLE 2: ALTERNATIVE SOURCES OF EYE CARE SERVICES IN CROSS RIVER STATE

Alternative source	No	%
Self medication/chemist	370	63.79
Traditional medication	157	27.07
Market eye wear sellers	28	4.82
Prayer house/church	25	4.31

TABLE 3: REASONS FOR PATIENTS DELAY IN UTILIZATION OF EYE CARE SERVICES IN UCTH

Reasons	No.	%
Traditional Medication	89	15.44
Self Medication/Chemist	130	22.41
Been to other Clinic	55	9.48
Been to Church/praying	25	4.31
Ignorance	109	18.79
Poverty	82	14.14
Time/Distance	60	10.34
Others.	30	5.17
Total	580	100