Barriers to Accessing Good Eye Care Services in Nigeria: A Focus on Anambra State.

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Abstract

Certain forms of blindness can be prevented if the right steps and treatments are applied at the right times, but this is not always possible due to the challenges patients face in accessing eye care services. The aim of this study was to explore and identify the barriers in accessing good eye care services in Anambra State Nigeria, and suggest how the three major stakeholders could work in harmony to minimise these barriers and facilitate easier access. Three main stakeholders in eye health comprising of 28 key informants (the target population), 8 service providers (the eye doctors) and 3 policy makers were identified and recruited for this study through purposive sampling method. Data was collected from all consenting participants through semi-structured interviews. The resulting transcripts were analysed using interpretative phenomenological analysis framework. Poverty and inability to pay for eye care services has been the most prominent barrier among this population. Other barriers include: distance of eye care service centres from the rural dwellers, fear of financial exploitation from the service providers, fear of treatment outcome and the availability of other cheaper treatment options. Also other barriers identified were: the ability to cope with eye disease, seriousness of the symptoms and lack of awareness of eye diseases and the related risk factors. Poverty remains a major determinant of health in Nigeria. Therefore to reduce the barriers to accessing eye care services in Nigeria, the three stakeholders must work in harmony.

Keywords: eye care services, barriers, challenges, Anambra State, accessing services.

Introduction

For the war against increasing global blindness to be won, there must be an increased commitment in effort of various stakeholders in eye health. These three major stakeholders comprising of the target population (the key informants), the service providers (the eye doctors) and the policy makers must work in harmony to produce positive results. Eye health has been a neglected area of health in both developed and developing world.[1-3] In fact most countries treat eye health with less attention when compared to other areas of health.[4] In Nigeria evidence from different studies[2,5] suggest that eye health has not been given priority attention. In many states of Nigeria, patients find it difficult to access eye care services. Therefore, effort must be stepped up if the aims of Vision 2020[6],[7] must be achieved in the country; hence there is a need

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for the three main stakeholders in eye health to pool resources together in order to win the war against rising challenges of global blindness. In Europe, there is renewed effort in the fight against blindness; also there has been clarion calls to end the neglect of eye health and to include it in the political agenda.[3] The aim of this study was to explore and identify the barriers in accessing good eye care services in Anambra State, and suggest how the three major stakeholders could work in harmony to minimise these barriers and facilitate easier access. Anambra State is one of the 36 states that make up Nigeria. It was created as a state in 1976 out of former East Central State. In 1991 the state was further split into two to form Enugu State and the present Anambra State. The state derived its name from the Anambra River. The 2006 population and housing census shows that the state has a total land area of 4,416 sq. Km and a population of 4,182,032.[4]

Patients from different places face different types of challenges that prevent them from easily accessing eye health services.[5,9,10] The type of problem patients face depends on who they are, where they are and the cause of the eye problem.[1,11-13] Visual impairment and blindness are caused by problems that are often treatable or preventable such as cataract, glaucoma, refractive errors, harmful traditional practices, trachoma and childhood blindness.[9,12,14] A study by Fletcher et al.,[15] in a rural community in India found that cost for eye care was among the prominent barriers people face when accessing eye care services; others include: reduced ability due to age, pressing family responsibilities and attitude of being able to cope with low vision and blindness. Later study by Kovai et al.,[16] in rural South India cite personal reasons, social and economic challenges as barriers; Odds Ratio for seeking treatment was higher for educated people compared to the uneducated. Cost for eye care services was equally cited as the reason for low up-take of eye care services in Ethiopia.[17] In Fiji,[18] the barriers people face in accessing eye care are: economic problems, being able to manage with the eye problem, lack of awareness of available services especially in the rural areas, and the thought that nothing can be done to remedy the problem. The barriers are almost similar in most places. Inability to pay for eye care services offered by qualified optometrists and ophthalmic doctors has forced some people into using alternative options like traditional eye medicine[19] [TEM]. In a report of recent studies done around United Kingdom, Leamon et al.,[5] pointed out the following as the existing barriers: racial differences, language problems, deprivation, financial problems, social status, and limited awareness and understanding of eye health; also most people that go for eye care services do not do this as preventative measure rather attendance is driven predominantly by distressing disease symptoms. In Nigeria some of these challenges are also faced by patients Ajibode et al.[10] However, simply identifying these problems without providing ways of solving them might not be very helpful; hence this study advocates that the major stakeholders in eye care must work in harmony to provide easy access to the entire population.

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Materials and Methods

This study was conducted between July and August 2014 in Anambra State, Nigeria. Ethical approval was given by the Health and Social Care Ethics Committee of School of Health and Education, Middlesex University London, and by the Anambra State Ministry of Health Awka, Nigeria. The study adhered to the revised Helsinki declaration 2000. The purpose of the study, the details of the processes, the risks involved and the benefits of the study to participants were all clearly explained in the participants information sheets which were given to all the participants prior to the interviews. Participants were also informed that they have the choice to quit before the end of the study if anyone so wished. All participants read and signed the informed consent form.

Three sets of participants:- The key informants (28), the service providers (8 eye doctors) and the policy makers (3) were recruited for this study using purposive sampling method. Age and place of residence were the inclusion and exclusion criteria used in the recruitment. Participants aged 21-80 living in Anambra State were included for the study; while those outside this age range were all excluded including also those living outside the state.

Semi-structured interview was used to collect data from the total sample of 39 consenting participants. Originally, 20-40 key informants were targeted but 28 were eventually used when the interviews started returning similar responses. The interviews were all audio-recorded with the consent of each participant. All the interviews were transcribed and anonymized. Each of the participants was given pseudo-name for the purpose of the analysis. The transcripts were uploaded in the Nvivo 10 software for analysis; the key informants interviews were first analysed, followed by the service providers' interviews and lastly by the policy makers interviews. The interpretative phenomenological analysis [IPA] framework was adopted for the analysis of the transcripts.

Results

Out of the 28 (100%) key informants, (53.6%) live in urban areas and (46.4%) live in the rural areas [Table 1]. Eight service providers [eye doctors] were interviewed; of the eight eye doctors, none of them lives or practices in the rural areas. Two of the policy makers live in urban area; while one lives in the rural area. All the participants identified different barriers faced by the people while accessing eye care services in the state. Coding of the transcripts helped in identifying the following themes that are relevant to the purpose of the study:

- Poverty, cost and inability to pay for treatment
- Distance of hospitals from the rural dwellers
- Fear of exploitation from the doctors
- Fear of outcome of treatment
- Lack of awareness of eye diseases and the related risk factors
- Seriousness of the problem
- Ability to cope with eye disease
- Availability of other options

These themes are presented below and discussed with extracts from the interviews; which were annotated with pseudo-names and line numbers from the particular manuscript from where it was excerpted. All extracts were italicised, and where needed we used words in brackets to further clarify the quoted statement. For the three policy makers, the titles of their offices were used to replace their names. Thus the Health Commissioner [HC], the Local government chairman [LC] and the King by [HRH].

Emerging themes

Poverty, cost and inability to pay for treatment

Poverty and inability to pay for the cost of eye care services were among the main barriers this population face. Many people that need one form of eye care or the other cannot afford to pay for such services principally due to poverty.

"That's very true, because we do not have much money, many people are poor. So what people find easy to do is to use herbs or go to patent medicine shops to buy some medications that they could afford for the treatment of their problems" (Fatima:102-104).

"Why we are doing it is that sometimes we think that going to the hospital is more expensive and we go to the cheaper and quick one" (Ogonna:22-23).

Fatima, one of the key informants was pointing to the fact that they resort to the use of herbs, and also that they find it cheaper to purchase medications from patent medicine vendors due to the fact that they do not have enough money to spend consulting the professionals. Ogonna in the same vein pointed cost as the main determinant of how to act when one has a health issue. However, the use of herbs or even medications not prescribed by a professional has been identified as one of the major blindness risk factors. Sometimes this approach to treatment fails the people.

"….we have some challenges; people needed to access some professionals but because of the poverty level in the state they would resort to 'local doctors', [patent medicine vendors] if they didn't find remedy they will now move up to the professionals in the state" (Dr Sam: 4-6).
"Poverty is number one, that is, patients do not have enough money. When you tell them to come in two weeks' time [for follow up treatment], they end up not coming or come after a month, and or you tell them to come in a week's time they don't come at all, because in most cases they don't have enough money, so the patient may end up coming after a month in worse situation." (Dr Yugos:105-108).

Nigeria is a country where the level of poverty is very high, with about 70.2% living in poverty; with poverty as a challenge,20 to access treatment for certain eye diseases is always overwhelming to many people as pointed by Adio and Onua.21 Poverty is therefore a major contributor to health inequality in Anambra State. The service providers should be aware of this and make efforts to devise a way of assisting those that need their services; a person that wears a shoe knows where it pinches most. Naturally, most people would like to have their ailment treated if they can afford to do that without any issues.

Distance of hospitals from the rural dwellers

The distance of the hospitals and eye care service outlets are sometimes one of the challenges this population face. Most of the services are located in the cities; quite a reasonable distance from the rural dwellers. Most often, those in need of eye care services find it difficult to travel such distances due to transport costs and other logistics. This implies that proper arrangements regarding transport both for the sick persons and their escorts must be made prior to the travel date. Both the HC and some of the doctors acknowledged this challenge.

"Yea people that have problems in the eyes especially in the rural areas, they don't have good access to eye care" (Dr Okafor:4-5).
"…most of the doctors here tend to be domicile in the cities and that's where people will even come and to check their sight…(HC:102-103).

Fear of exploitation from the doctors

Some people do not believe that the doctors are genuinely providing their services the way it should be; some believe that the main intention of the doctors is to exploit them financially each time they pay a visit. This exploitation might be in the form of making sure that the person was diagnosed with one illness or the other. This opinion was expressed by one of the key informants.

"You know that we the Africans or we the local people use to feel that if you carry yourself to a doctor that doctor must find a fault, that's why we are afraid of going to a doctor" (Zenda:27-29).

The claims of exploitation by the doctors cannot be dismissed completely. Some studies have investigated the reasons for mistrust of doctors by their patients, and found that cost of care, conflict of interest and imposition of decision have been some of the major triggers.22, 23 The challenge to meet up with running costs may force some service providers to charge more for their services, which may result to conflict of interest between the doctor and the patient. In some cases, some of the service providers are not really sensitive to the plights of the services users and the difficulties they face. The comments of one of the service providers presented below gives some insight. Dr Owelle considers payments made by the patients as "token"

"no no no they do pay a token; you know all these equipment, and they involve money to procure them…." (Dr Owelle: 80).

Fear of outcome of treatment

This is an important theme that is influenced by a number of factors. Some forms of eye diseases are chronic; thereby need long term treatment and management. One of the key informants while speaking about glaucoma pointed that glaucoma is not treatable in any way at all. He was of the opinion that whosoever has glaucoma must surely end up with blindness.

"I learnt that it is very bad and in most cases incurable [that is glaucoma]. You don't operate it because if you do it worsens it and the few people that I know that had it gradually became blind with their eye wide open but they have lost the whole sight" (Ezenwata:39-42)

With this mind-set, whoever has glaucoma may not see any reason in going for treatment, as the person is already convinced that blindness is eminent; what is the point in wasting money and one's precious time?

Lack of awareness of eye diseases and the related risk factors

Lack of awareness is an important factor in blindness prevention. People are not aware of what could predispose them to blindness; as a result, they lack the motivation to seek eye care services except when the situation becomes severe and probably too bad to remedy. This explains the reason for late presentations of certain eye diseases to the hospitals.

"Hey! I want them to organise seminars, workshops, bring medicine, create awareness, tell people about likely things that can cause blindness. Educate people because people don't know. Ignorance is very big disease. Even some of us that are educated don't even give special attention to our eyes. So, it is very necessary they wake up from slumber and do something very very important patterning our eyes because if you don't have your eyes, you can't do anything" (Carol:91-95).

Seriousness of the problem

How serious a health issue is, determines the reaction or the effort made to treat the problem. Some problems are considered too insignificant to be bothered about.

"There is a type of sickness it will be and I will just take them to hospital if I have the money but if there is no money, I will just take them to a chemist [patent medicine vendor]. The truth is that I am not familiar with any medications so any one they give me I will just take believing that they have given the right medication" (Johnson:4-7)

Johnson, one of the key informants was describing how he approaches his children's health issues. Naturally, not many like to waste time and money on any sickness that is not significantly serious. Inasmuch as this is reasonable, there are some diseases that might appear to be mild by the patients' assessment but which could be seen as otherwise by a professional. Furthermore, some forms of eye diseases could come with little or no symptoms at all until at the advanced stage.

Ability to cope with eye disease

Sometimes people are able to cope with certain eye conditions. This encourages some to over-stretch ability of the eye to adjust to such conditions; thereby exposing them to higher risk of blindness. The eye has certain mechanisms that could enable it to keep on functioning in spite of certain obvious problems but sometimes, this ability to adjust paves a way for neglect which may result to serious complications in the future. One of the key informants when asked why he has not consulted an eye doctor retorted: *"why should I be looking for problem where none is around?"*

Availability of other options

Some people are not patient enough to wait for standard treatment from the hospitals; they prefer a quick service from the patent medicine vendors. Hilda cited this as one of the barriers to accessing health care services in the state.

"….Is still money and protocols -that is, 'the issue of come today come tomorrow'' (Hilda:97).

A patient might be asked by the doctor to return for further assessment as a result of findings from the previous tests; this is always a normal conventional method in medical practice but the issue is that some people may want everything to be done instantly. The result is that they will feel that they are wasting too much time. Hilda branded this "come today, come tomorrow". Some patients may feel that way probably due to the fact that they may have other options. Availability of alternative treatment options makes it possible for some to try these cheaper options before consulting the professionals. Some try some home remedies like urine, breast milk, herbs, gasoline, sugar and many different things; some also consult the patent medicine vendors. Inasmuch as these options might be cheap, they prevent people from going promptly for the right treatment in most cases.

"….with regards to eye health, I think especially people from the remote areas, initially they like doing self-medication. Most times you see somebody using breast milk, dropping breast milk into their eye, sometimes you see them making concoction out of roots and herbs and sometimes you even see them dropping early morning urine into their eyes…." (Dr Rita:4-8).

"I have used that myself [that is herbs]. People told us that if you are having itching eyes, that you should look for one particular herb, squeeze it to extract the water, and applied the water as eye drops. This will take care of the problem" (Ogonna:72-74).

Discussion

Our findings revealed that the barriers to up-take of good eye care services in the state are varied and many, but poverty and inability to pay for treatments are the most prominent challenges. This directly influences the health seeking behaviour of this population. Having the capacity to pay for health care services determines who they consult when they have health issues. People's poor health seeking behaviour can be changed if they have the capacity to pay for better options.[24] Akande and Owoyemi[25] in their study found that one of the major reasons for delay in seeking treatment for an illness among some Nigerians is financial constraints; thus, good lectures and various health seminars cannot solve this problem if the government do not come to assist the poor masses. From the tone of most of the participants, affording the cost of the treatment has always been an unsurmountable feat. Subsidising the cost for medications and treatment would go a long way in minimising this barrier.

Location of most treatment centres away from the rural populace tends to be additional burden to the existing financial challenge. This finding is consistent with previous studies done in Ethiopia, Fiji and South-western Nigeria.[10,17,18] Thinking of the risk, the costs for transportation as well as the cost for the eye care services simply force many to remain without any treatment, culminating eventually to blindness. Bringing the services closer to the people would at least remove the cost for transportation and even the time wasted in travelling to the cities for treatment.

Fear of exploitation by the service providers probably arose due to financial stress; people are worried and very concerned with how they spend the limited cash they have. This type of belief and attitude may cause some friction on doctor-patient relationship with its attendant consequences. Previous studies[22,23] revealed that some service providers do not use patient-centred approach in their dealings with the service users. Patient-centred approach is useful in understanding the feelings of the patient in order to provide the best of the services; the service providers should adopt this. Mere giving instructions and directives may sometimes cause the patient to feel being forced to accept the doctor's decision. Conversely; in a situation where the doctor

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aims at providing the best services for the patient, and the patient refuses to acknowledge this due to suspicion, relationship is often affected. Good understanding and smooth relationship between the patients and the doctors is very important to achieving better eye care programme in the state.

Some people are not impressed by the treatment outcome of some eye conditions, especially in case of some eye diseases that are chronic, and as such can only be managed throughout one's life time. In such cases, for instance glaucoma, people tend to believe that the prolonged treatment must have been due to the in-experience of the doctor. This sometimes results to loss of confidence in the doctor. Previous research has shown that patients' confidence in the doctor would be seriously affected as a result of poor treatment outcome.[26] However, while some poor outcome could be result of poor management, it is equally important that the population should have adequate awareness of some common eye diseases so as to be able to understand differences between the disease natural course and poor management. Therefore, creation of awareness of eye diseases and its associated risk factors is very important in this population, and would go a long way in removing some barriers to accessing eye services promptly.

Seriousness of the condition and the ability to cope with it tends to be another influential barrier.[15,18] Some tend to interpret the seriousness of a condition based on subjective symptomatic assessment and their ability to endure the discomfort; however, this could be most misleading. Furthermore, some eye diseases might not present obvious symptoms until when the condition has become very bad.[7,27] The solution still lies on creating effective awareness among the entire population. Most importantly, there is a great need to reassess other optional treatment choices available to the population to ensure that those choices are safe to use; the policy makers should take note of this.

The service providers as a matter of urgency must be ready to provide regular eye health education to the population to promote awareness of eye diseases and the associated risk factors. This would go a long way in increasing the awareness and knowledge of eye diseases and dousing some misconceptions about certain eye conditions. The service users must be empowered in order to become partners with their service providers. They need to know they have the right to information and the right to make decisions based on their discussion with the doctor. Trusting a doctor is most important but trust is earned through mutual respect and the knowledge and skills of the doctor. The policy makers should be able to make services available and affordable to the population by setting up more eye care services within the reach of the entire population. There is a great need for all the stakeholders to cooperate for the achievement of better eye care services in the state. This has been the main goal of International Agency for the Prevention of Avoidable Blindness[7]- vision for Africa Phase 1.

Conclusion

This study has been able to identify the various barriers that prevent people from easily accessing eye care services in Anambra State, and has made some suggestions on how to reduce them. Evidence from this study shows that all the stakeholders in eye health have a role to play in reducing the barriers to accessing good eye care services in the state. Everyone has to play their part to make this work.

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TABLE 1

Socio-demographic characteristic of respondents

Characteristics	Frequency	Percentage (%)
Key informants (populace n=28)		
Sex		
Male	11	39.3
Female	17	60.7
Age (in years)		
21 - 30	5	17.9
31 - 40	6	21.4
41 - 50	6	21.4
51 - 60	7	25.0
61 - 70	3	10.7
71 - 80	1	3.6
Occupation		
Driver	1	3.6
Technician	2	7.1
Farmer	1	3.6
Retired	2	7.1
Trader	6	21.4
Student	3	10.7
Civil servant	13	46.4
Residence		
Rural	13	46.4
Urban	15	53.6
Eye care Service providers (n = 8)		
Sex		
Male	7	87.5
Female	1	12.5
Occupation/Profession		
Optometrist	8	100
Policy makers (n = 3)		
Sex		
Male	3	100
Female	0	
Occupation		
Public servant	2	66.7
King	1	33.3