

Barriers to the uptake of eye care services

- **Poor marketing of eye care services**, including poor information about treatment costs. Patients will need to know about any related costs too, such as transport and accommodation.
- **Insufficient counselling of patients.** Incomplete information about causes and/or treatment options can lead to poor uptake of treatment. Information alone is not enough – patients need to be given time and support to help them make decisions (see page 69).
- **Traditional beliefs and stigma** about the causes of and treatments for particular eye conditions. These beliefs may contradict clinical explanations, and may even be dangerous if they lead to unhelpful or even harmful practices.
- **Decision making in the household.** If the household head makes the decisions on expenditure and time use for all members of the family, then women, the disabled or elderly household members may not be able to access the care they need.
- **Social barriers.** Stigma against particular ethnic minority groups, people with disabilities or people living with HIV/AIDS may discourage these groups from using available services for fear of abuse or non-acceptance by health care staff and other service users.
- **Not seeing the need.** Some people may not see the need for sight restoration or improvement.
- **Convenience and competing priorities.** Families with limited time or finances may feel that it is easier to visit a local (and potentially less costly) traditional healer easier than traveling for clinical services.
- **Inaccessibility.** Service centres may not be physically accessible for people with mobility impairments, and information may not be provided in an accessible way for people with hearing or visual impairments
- **Prior experiences.** Whether personal experience, or the experience of other members of their community, if someone has previously sought treatment from a service provider and had a bad experience, this can prevent others from coming forward.



FROM THE FIELD

Working with the community in Cameroon

Okwen Marvice is the resident ophthalmologist at Mbingo Baptist Hospital, a large NGO-funded hospital in the North-West of Cameroon. Patients come from across the country, and even from neighbouring countries Nigeria and Gabon, for treatment. The eye department conducts almost 15,000 eye consultations a year and provides in- and out-patient services, community outreach and school screening.

It is our duty to educate the community about common eye conditions. We attend village meetings and church services, collaborate with traditional rulers and local clinics to raise awareness, and give talks on community radio to educate the community about primary eye care and eye health. We focus on the following key messages, which are aimed at all community members:

- Have an eye check-up once a year, even if the eye is not painful (glaucoma is common in the area).
- Have regular check-ups if you have previously diagnosed with eye diseases; attend immediately if a problem with the eyes occurs.
- Avoid using traditional medicines or self-medication if you have an eye problem or a painful eye.
- Ensure children do not play with sticks or sharp objects.

We offer free eye check-ups at least once a year, train school teachers in visual acuity testing and in the identification and referral of children with eye problems. We also screen motorcycle riders for eye problems.

Our outreach services are organised with the help of field workers and volun-

teers and are sponsored by several international NGOs, including CBM and the International Response to Improve Sight (IRIS). Activities include performances during Glaucoma Week and World Sight Day, and community discussions in the local language, often led by former patients who tell the communities about their own experience attending the eye clinic. We believe that working in close collaboration with local health centres (who provide space for screening), community leaders, and social and religious groups, ensures that community members actively take part. This makes them more likely to change their behaviour.

Since the launch of the programme to reach out into the local communities and to educate them about eye care and where to access our services, the hospital has seen greater attendance for asymptomatic conditions, more people coming for annual screening, higher referral rates from teachers of children with eye conditions, and increased local knowledge about eye health.

For further information about the work of Mbingo Baptist Hospital, visit www.cbchealthservices.org/html/Mbingo.html



Volunteers spread awareness about glaucoma. CAMEROON

Mbingo Baptist Hospital