

**FACTORS AFFECTING UTILIZATION OF EYE CARE SERVICES AT
BENEDICTINE EYE HOSPITAL, TORORO DISTRICT, EASTERN
UGANDA: A CROSS SECTIONAL STUDY.**

BY

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REQUIREMENTS FOR THE AWARD OF MASTER OF PUBLIC
HEALTH OF BUSITEMA UNIVERSITY.**

DECLARATION

I Proscovia Arach hereby declare that this dissertation is my original work, which is done in partial fulfillment of the award of Master of Public Health (MPH) of Busitema University and it has not been published or submitted anywhere else for academic work.

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DEDICATION

This dissertation is dedicated to the memory of my mother Hellen Aryemo Olwedo.

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OPERATIONAL DEFINITIONS

Term	Definition
Avoidable blindness	This was defined as blindness which could be either treated or prevented by known, cost-effective means(1)
Blindness	This was considered when best corrected visual acuity was less than 3/60 in the better eye or visual field no greater than 10 ⁰ in the better eye(2)
Cataract surgical rate (CSR)	This was defined as the number of cataract operations done per million population per year(1)
Low Vision	Visual acuity of less than 6/18 but equal to or better than 3/60 in the better eye with best possible correction (ICD-10 visual impairment categories 1 and 2).
Ophthalmologist	A medical doctor with special training in diagnosis and treatment of all eye diseases, eye surgery and prescribes and fits eye glasses and contact lenses.
Utilization of eye care services	This was defined as the timely ability to see an eye care professional or a qualified health professional when in need of eye care service or had an episode of eye condition that requires treatment in a 5-year period.
Visual impairment	This was considered as reduced vision not corrected by spectacles or contact lenses. It combines both Blindness and Low Vision (ICD-10 visual impairment categories 1–5).
Visual Acuity	measure of the acuteness of vision; the finest of the detail that the eye can distinguish

ABBREVIATIONS

ARMD	Age Related Macular Degeneration
CSR	Cataract Surgical Rate
DHO	District Health Officer
IAPB	International Agency for Prevention of Blindness
MRRH-REC	Mbale Regional Referral Hospital Research and Ethics committee
MPH	Master of Public Health
NGO	Non-Governmental organization
OPD	Outpatient department
OA	Ophthalmic Assistant
OCO	Ophthalmic clinical officer
UNCST	Uganda National Council for Science and Technology
WHO	World Health Organization

ABSTRACT

Background: Utilization of eye care services is significantly influenced by the individual's health seeking behavior, which has been shown to affect the use, time taken to access care and the nonuse of the orthodox health care. Research into utilization of eye care services plays an important aspect in providing data on availability and use of these services by the community. In addition, these data provide eye health risks, and the risk factors associated with poor utilization of eye care services; thereby informing the best practices for eye care program. The aim of this study was to determine factors associated with utilization of eye care services and establish the pattern of use of eye care services among the patients attending Benedictine Eye Hospital to inform appropriate planning of eye care services.

Study methods: A cross-sectional descriptive and analytical study was done at Benedictine Eye Hospital, located in Tororo district, Uganda. The study used quantitative methods of data collection in which a structured questionnaire was administered to each participant by trained research assistants using an appropriate language best known by both the research assistant and study participant. Data collected was entered in MS – excel and then exported to STATA version 14.2 (STATA Corporation, College Station, TX) for analysis.

Results: We studied 260 participants. The age range was 18 to 88 years. The common eye conditions they presented with in the order of importance included: cataract 74(28.7%), glaucoma 21(8%), corneal disease 20(7.7%), allergic conjunctivitis (16.9%), Eye trauma 12(4.6%), conjunctiva growth 12(4.6%), Uveitis 10(3.8%), refractive error 5(1.9%), retinal disease 5(1.9%) and other eye conditions (21.9%). The mode of payment for services was out of pocket among 235(90.4%), Insurance scheme among 24(9%) and none for 1(0.6%). One hundred thirty five (51.9%) respondents sought care from alternative sources before coming to the

hospital. Other places the participants sought care from included pharmacy or drug shop 44(32.6%), general clinic 35(25.9%), general hospital 35(25.9%), other eye clinics 11(8.2%), herbal treatment 5(3.7%) and traditional healer 5(3.7%). Peasant farmers and business or commercial farmers were more likely to present to the eye hospital with eye symptom duration of greater than one month (OR=4.5, CI 1.07-18.97 $P=0.04$) and (OR=4.4 CI 1.30-14.91, $P=0.018$) respectively. There were 57(21.9%) of participants who indicated that they would decline surgery even when indicated and the reasons for this were fear of pain reported by 36(63.2%), fear of the procedure 11(19.2%), eye may become spoilt 9(15.8%) and the eye cannot be operated 1(1.8%).

Conclusion: The people attending Benedictine Eye Hospital from Tororo district are largely aware about the services that are available at the eye care facility and some of the priority eye diseases. The use of the services, however, is affected by factors related to their attitudes and practices.

Recommendation: There is need to create awareness about eye disease service availability and importance of appropriate regular eye checkup amongst the people in the Tororo community in Eastern Uganda.