

Reasons for Low Uptake of Eye Care Services Among Tribal and Non-Tribal People in Mysore District: An Anthropological Study

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ABSTRACT The present study aims at to identify the reasons for low uptake of eye care services among tribal and non-tribal people in H.D. Kote Taluk, Mysore District. In the study, 5 rural multi caste villages and 10 tribal settlements known as hadis were selected. A total of 400 individuals consisting of 240 non-tribal persons and 160 members of Scheduled Tribes were interviewed. Out of 400 informants, 200 were males and remaining 200 were females. Among members of Scheduled Tribes, the major reasons for low uptake of eye care services were 'no money' (137), 'fear of surgery or treatment' (79) and 'lack of information on eye care services' (61). Among non-tribals the major barriers identified were 'no money' (140), 'fear of surgery or treatment' (55), lack of time' (47) etc. These responses are culturally significant and act as major constraints for low uptake up eye care services.

INTRODUCTION

Anthropology is the science of man, which seeks to discover man's ways of living, ways of believing and ways of adapting to changing circumstances in diverse (physical, psychological, cultural and social) environments. Anthropologists are deeply interested in studying man in modern society and man, as he has lived in the past, in diverse places around the world. Anthropologists are interested in the way of man has adapted to and maintained him in different physical and cultural environments. Anthropologists continue to work for a scientific, humanistic and comprehensive knowledge about man, so that they can explain, interpret and predict cross-cultural behaviour.

Although other disciplines are interested in and contribute to the scientific study of man, anthropology is the only discipline, which takes a comprehensive and longitudinal look at man. That is, man is viewed from multifaceted dimensions from temporal and spatial perspectives.

Anthropology as a humanistic and scientific field has remained vitally interested in the health and illness behaviour of different cultural groups, and the knowledge generated by it forms the basis for understanding and planning people's health needs and problems.

Biology and culture interact in case of man

whereas in case of animals culture is absent. The social, cultural and psychological conditions play an important role in causing disease and illness. The branch of anthropology, which studies disease or illness in relation to socio-cultural, bio-medical aspects of man, is referred to as medical anthropology. Medical anthropology is the fastest growing sub-field of anthropology, with scholars engaged in research from different theoretical perspectives, methods and methodologies and working across the world in an array of medical, health and healing settings.

Blindness, the loss of eyesight is one of the most serious misfortune in human life. Apart from loss of functional ability and self-esteem, blindness and other related visual impairments have considerable economic significance. They lead to a greater loss of productivity, income and social dependence on others and require rehabilitative and supportive measures.

Anthropological studies on eye care services are rare. However other social scientists and medical scientists have conducted extensive studies on eye care services in rural India.

According to a study conducted by Operations Research Group majority of the 9 million estimated blinds in India suffer from cataract blindness. Cataract, if not treated in time, leads to loss of sight. 'over 2 million eyes are afflicted with cataract every year in India' (ORG, 1995). It is

also reported that 'prevalence of cataract is higher among women, in tribal populations and rural areas' and some 40% cases in India are in the productive 40-60 year age range. It also showed that as per the perception of the people cataract is not perceived as 'fatal' or 'serious' disease.

A study sponsored by DANPCB in 1995 in 19 districts in Karnataka (Limburg, 1997) and writes that the average prevalence of cataract blind eyes in persons of 50 years and older is 9.59% (11.67% in females and 7.59% in males). According to him an estimated 12,17,144 (VA 3/60) to 18,08,582 (VA 6/60) cataract blind eyes in persons aged 50 years or older in Karnataka, were awaiting surgery. The study also revealed that for Karnataka as whole 62 % of persons, bilaterally blind due to the cataract, was operated in one or both the eyes; males had made use of the surgical services (69.7%) compared to females (56%). The study also estimated the cataract surgical coverage and various barriers like social, economic and psychological resulting to low uptake of eye care services in Karnataka.

In the above mentioned study the author had identified 14 barriers to cataract surgical services. The important barriers mentioned in the report are; 'cataract not yet mature', 'nobody to accompany the patient to the hospital or eye camp for surgery', 'fear of operation', 'need not felt', 'cannot afford', and 'no information on cataract surgical services'. The report also indicated that significant differences were found for males and females in the perception of barriers.

A study on 'changing trends in barriers to cataract surgery in India' (Vaidyanathan et al, 1995) estimate the prevalence of cataract blindness in 19 district of Karnataka. The major barriers identified by them were 'cataract has yet to mature', 'no one to accompany', 'fear of operation' 'need not felt', 'no services' and 'no information' about availability of services were mentioned as barriers.

Recently a study was conducted by (Bhat et al, 2000) which was sponsored by Danish Assistance to the National Programme for Control of Blindness (DANPCB), New Delhi on qualitative rapid assessment of reasons for low uptake of eye care services in three districts of Karnataka. In each district three villages were selected based on variations in ecology, culture, language, accessibility and external influence. The authors were able to record various responses on barriers for low uptake of eye care services included 'no

money', 'lack of eye care information', 'fear of operation' etc were recorded.

METHODOLOGY OF THE STUDY

The objectives of the present study are to identify the various reasons or barriers (physical, economic social and cultural) to uptake of eye care services among tribal and non-tribal people in rural areas of Mysore District. The information was gathered by residing in the villages and tribal settlements (hadis) and involving in the daily activities of the people. The idea was to supplement the data collected through interviews by systematic observation. This is known as participant-observation, which is a unique anthropological research strategy. An interview guide based on the objectives of the study was prepared and used to collect information. In addition, the information was also collected by informal discussion and conversations, genealogical technique, formal and informal interview and case study methods.

In the present study 'free listing' technique was used. In this technique in which the informants had the options to give one or more answers to the questions is preferred since the purpose of the study is to elicit data on cultural mode of behavior and practices rather than on specific individuals. This technique assumes the answers that which are more frequently mentioned would represent cultural modes of behavior.

Selection of Study Area: The study was conducted in the rural areas of Mysore District, especially in the H.D. Kote Taluk, the most backward taluk in the district. There were five non-tribal villages and ten tribal settlements known as hadi which were selected for the study. These villages and tribal settlements were selected on the following criteria; urban influence, accessibility of eye care services, external influence. In addition the study covered large number of tribal population, the demographic features had to be taken while selection of villages and tribal settlements. The complete household census was conducted in all 441 and 342 non-tribal and tribal households, respectively. The census data were analyzed for different variables like sex wise distribution of population, level of education etc. In all there were 1190 males and 1118 females in the non-tribal villages. In tribal settlement there were 749 males and 790 females.

The list of selected villages and tribal settlements, number of households and sex wise distribution of population in studied villages and tribal settlements are given in Table 1.

The educational status of the non-tribal and tribal population are given in Table 2. More than half of them were illiterates (57.75%) and remaining 42.25% were literates. Among literates 25.28% were received primary education, 34.66% were received middle school education and there were only 4.00% were graduates. Among members of Scheduled Tribes there were 47.38% literates and 52.62% illiterates. Among literates 40.32% were studied upto primary school, 48.78% were studied higher primary school and there were only 3.08% completed SSLC examination.

RESULTS AND DISCUSSION

The present study was aimed at to identify the various barriers to low uptake of eye care services among tribal and non-tribal peoples in rural areas of Mysore District. A total of 400 individuals consisting of 240 non-tribal and 160 tribal persons were interviewed. The statement on sex-wise and age-wise distribution of informants are given in Table 3.

The informants were classified based on their

vision status into four categories: cataract blind, operated, care takers and others. The detailed sex-wise distribution of informants based on vision status are given in Table 4.

In the study sample the majority of informants belonged to lower income group and they were educationally very backward. In the selection of villages demographic aspects were also considered. The villages having more number of Scheduled Caste and Scheduled Tribe populations were selected for the study. The detailed statement on informants belonging to four categories viz, Scheduled Caste, Scheduled Tribe, Other Backward Class and others are given in Table 5.

Barriers to Use of Eye Care Services Among Non-Tribal and Tribal People

The major barrier identified was 'no money' for not using the existing eye care services in both non-tribal and tribal settlements. Since the study focused on the economically poor sections of the society, this was an expected answer. Patients belonging to 'rich' and 'middle' categories preferred to consult private doctors at Mysore. The various barriers, which were identified during the fieldwork among non-tribal

Table 1: List of selected villages and tribal settlements, number of households and sex-wise distribution of population

S. No.	Name of the villages	Number of households		Sex-wise distribution of population					
				Male		Female		Total	
		No.	%	No.	%	No.	%	No.	%
a) Villages									
1	Nisna Belthur	156	35.37	434	36.47	468	41.86	902	39.08
2	Bethur Nisana	99	22.45	270	22.69	218	19.45	488	21.15
3	Karapura	19	4.31	38	3.20	47	4.20	85	3.68
4	Old Belthur	45	10.2	125	10.50	118	10.55	243	10.53
5	Malali	122	27.67	323	27.14	267	23.88	590	25.56
	Total	441	100.00	1190	100.00	1118	100.00	2308	100.00
b) Tribal Settlements (Hadis)									
1	Seegooru hadi	53	15.50	98	13.08	121	15.32	219	14.23
2	Udbooru hadi	45	13.16	112	14.95	121	15.32	233	15.15
3	Hunsekuppe hadi (A)	25	7.31	57	7.61	62	7.85	119	7.7
4	Malada hadi	33	9.65	68	9.08	62	7.85	131	8.45
5	Karapura hadi	35	10.23	62	8.28	85	10.76	147	9.55
6	Maranahadi	36	10.53	100	13.35	95	12.02	195	12.67
7	Maggehadi	13	3.81	25	3.34	25	3.16	50	3.25
8	Hunsekuppe hadi (B)	37	10.82	88	11.75	72	9.11	160	10.39
9	Dammanakatte hadi	30	8.77	54	7.21	60	7.59	114	7.42
10	Sogalli hadi	35	10.23	85	11.35	87	11.02	172	11.18
	Total	342	100.00	749	100.00	790	100.00	1539	100.00

Table 2: Statement on educational status of studied non-tribal and tribal population

Status of Education	Educational status of Non-tribal people						Educational status of members of Scheduled Tribes						Total					
	Male			Female			Male			Female			Male			Female		
	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%	
Literates	715	69.55	436	45.18	1151	57.75	343	52.05	272	42.57	615	47.38	1058	62.72	708	44.14	1766	53.66
Illiterates	313	30.45	529	54.82	842	42.25	316	47.95	367	57.43	683	52.62	629	37.28	896	55.86	1525	46.34
Total	1028	100	965	100	1993	100	659	100	639	100	1298	100	1687	100	1604	100	3291	100
Primary school (1 st to 4 th Std)	167	23.86	124	28.44	291	25.28	132	38.48	116	42.65	248	40.32	299	28.26	240	33.9	539	30.53
Middle school (5 th to 7 th Std)	225	31.47	174	39.91	399	34.66	162	47.23	138	50.73	300	48.78	387	36.58	312	44.07	699	39.58
High School (8 th to 9 th)	100	13.99	63	14.45	163	14.16	29	8.46	14	5.15	43	7	129	12.2	77	10.87	206	11.66
SSLC	124	17.34	55	12.62	179	15.56	18	5.25	4	1.47	42	3.58	142	13.42	59	8.33	201	11.38
PUC	57	7.97	13	2.98	70	6.08	2	0.58	-	-	2	0.32	59	5.57	13	1.85	72	4.08
Degree	39	5.45	7	1.6	46	4	-	-	-	-	-	-	39	3.69	7	0.98	46	2.6
Others	3	0.42	-	-	3	0.26	-	-	-	-	-	-	3	0.28	-	-	3	0.17
Total	715	100	436	100.00	1151	100.00	343	100.00	272	100.00	615	100.00	1058	100.00	708	100.00	1766	100.00

Table 3: The statement on sex-wise and age-wise distribution of informants

Age (in years)	Non tribal population						Tribal population						Total					
	Male			Female			Male			Female			Male			Female		
	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%	
< 30	3	2.5	7	5.83	10	4.17	7	8.75	5	6.25	12	7.5	10	5	12	6	22	5.5
30-50	43	35.83	34	28.33	72	32.08	27	33.75	29	36.25	56	35	70	35	63	31.5	133	35.25
> 50	74	61.67	79	65.84	153	63.75	46	27.5	46	57.5	92	57.5	120	60	125	62.5	245	61.25
Total	120	100.00	120	100.00	240	100.00	80	100.00	80	100.00	160	100.00	200	100	200	100.00	400	100.00

Table 4: Status of vision among informants belonging studied villages and tribal settlements

Status of vision	Non-tribal people				Tribal people				Total			
	Sex		Total		Sex		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Cataract blind	35	29.17	39	32.5	74	30.83	29	36.25	39	37.5	59	36.87
Operated	12	10	7	5.83	19	7.92	6	7.5	1	1.25	7	4.38
Caretaker	16	13.33	27	22.5	43	17.92	11	13.75	19	23.75	30	18.75
Others	57	47.5	47	39.17	104	43.33	34	42.5	30	37.5	64	40
Total	120	100.00	120	100.00	240	100.00	80	100.00	80	100.00	160	100.00
									200	100.00	200	100.00
									64	32	69	34.5
									18	9	8	4
									27	13.5	46	23
									91	45.5	77	38.5
									200	100.00	400	100.00

Table 5: Socio-economic status of informants belonging to studied villages and tribal settlements

Socio economic status – II	Informants in villages				Informants in tribal settlements				Total			
	Sex		Total		Sex		Total		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Scheduled Caste	17	14.17	41	34.17	58	24.17	-	-	17	8.5	41	20.5
S.T	19	15.83	13	10.83	32	13.33	80	100	99	49.5	93	46.5
O.B.C	83	69.17	66	55	149	62.08	-	-	83	41.5	66	33
Others	1	0.83	-	-	1	0.42	-	-	1	0.5	-	-
Total	120	100.00	120	100.00	240	100.00	80	100.00	200	100.00	200	100.00
									200	100.00	400	100.00

Table 6: List of barriers identified among non-tribal people for low uptake of eye care services

S. No.	Types of responses	Number of responses		
		Sex		Total
		Male	Female	
1	No money	72	68	140
2	Lack of information on eye care services	43	24	67
3	Fear of surgery or treatment	23	32	55
4	Lack of time	30	17	47
5	Presence of other illness: like asthma, Blood Pressure, cardiovascular diseases and diabetes etc.	18	21	39
6	Nobody to accompany	16	13	29
7	No faith in the treatment	9	10	19
8	Shyness among women to wearing spectacles	2	16	18
9	Lack of family members who are willing to accompany the blinds to get treatment.	8	7	15
10	Lack of interest to undergo operation in old age.	6	8	14
11	Believe in there is no proper treatment	6	7	13
12	No barriers	36	41	77

Table 7: List of barriers identified among members of Scheduled Tribes for low uptake of eye care services

S. No.	Types of responses	Number of responses		
		Sex		Total
		Male	Female	
1	No money	65	72	137
2	Fear of surgery or treatment	40	39	79
3	Lack of information on eye care services	25	36	61
4	Lack of family members those who willing to blinds to get treatment.	20	31	51
5	Lack of interest to undergo operation in old age.	13	17	30
6	No faith in the treatment	10	9	19
7	Presence of other illness: like Asthma, Blood Pressure, Cardiovascular diseases, Diabetes etc.	3	5	8
8	Shyness among women to wearing spectacles	-	5	5

and tribal people are given in Table 6 and Table 7, respectively. The second major barrier identified was 'fear of surgery or treatment' among both non-tribal and tribal people numbering about 55 and 79, respectively. Fear of surgery or treatment was more among tribal people. This is followed by 'lack of information on eye care services' (61) and 'lack of family members who are willing to help blinds to get treatment' (51). Among non-tribal people 'lack of time' (47), 'presence of other illness like asthma, blood pressure, cardiovascular diseases, diabetes' (39) and 'lack of information on eye care services' (39) were frequently mentioned as barriers for low uptake of eye care services. Women, both non-tribal (18) and tribal (5) had expressed 'shyness' as the reason for not-availing the services of an eye doctor. This was strongly expressed by women below 50 years of age. Another difficulty in women in wearing spectacles was that they were uncomfortable in doing household chores or farm labor while wearing them.

People from 'poor' category irrespective of their caste belonging to non-tribal villages, mentioned that 'lack of time' was the reason for not availing the existing services. In all the villages and tribal settlements, eye care services were not available within 20 kms. This had some bearing on their economics. One had to make atleast 2 to 3 visits (spending about 5-10 man days) to get the proper treatment in a government or private hospital. That means, loss of that many working days for the poor. 'Lack of information' on available services at hospitals as well as in camps was another common response for not availing the eye care services. More such responses were obtained from members of Scheduled Tribes (67) compared to non-tribal people (37), this is due to the tribal settlements are scattered and spread over in a larger area than the non-tribal villages. This may be one of the reasons for low information flow. Other barriers mentioned were 'no interest to undergo operation in old age' and 'nobody to accompany'. The poor

informants both non-tribal and tribal, felt that they had seen enough of poverty and suffering and did not want to prolong the miserable life by undergoing treatment. Families where labor was the main source of income have the problem of sparing a few days to accompany the patients. In families with small land holding or landless families, subsidiary occupation like poultry and cattle rearing were also found to supplement the income.

However agricultural labor was the main source of income. Since all members of the family were involved in some economic activities, time and money were the two main constraints, to help the cataract blind people to get treatment in such families.

Lack of information on eye care services was another barrier for not availing eye care services among both non-tribal and tribal people. People said that they did not get all details about free camps to be held in nearby places. Our interviews also revealed that there was no concerted effort from the personnel of the government health department to inform the people about the free eye care services available in the government hospitals all through the year.

Following are some of the responses recorded during the fieldwork, which illustrate the cultural significance of the reasons for low uptake of eye care services among non tribal and tribal people.

Gopamma, a 57 year old woman belonging to Scheduled Caste, having lower income, belonging to Nisana Bethur village with cataract blindness problem said *'I don't have enough money to run the family. If both of us stay in bed just for two days due to sickness or some injury, we will have to borrow money even for food. So this leads us to debt. If we have to spend Rs. 500/- to go to hospital our family will be drowned in debt'*.

Anjanaiah, a 65 years old man belonging to Scheduled caste, having lower income, belonging to Nisana Bethur village with cataract blind vision status said *'all people told me that if I go to the hospital then they will peel of the eyes'*.

Devamma, a 67 years old woman belonging to Scheduled caste having lower income, belonging to Nisana Belthur village with cataract blind vision status said *'I will just die with my present eye sight. It is enough'. The people at home too don't care about me so I did not go anywhere'*.

Bhagyamma, a 49 years old woman belonging

to other backward class having middle class income, belonging to Nisana Belthur village with normal vision status said about her mother-in-law *'I did not allow her to take treatment. She will ask me for money to go to the hospital. I will not give it. I will say that it would spoil her present eyesight and I will not send her'*.

Mallamma, a 65 year old woman belonging to Yerava Scheduled Tribe having lower class income, belonging to Udbooru hadi with cataract blind vision status said *'I am old, I don't want operation at this age, I want to die like this way'*.

Kenchaiiah, a 49 year old man belonging to Jenukuruba Scheduled tribe, having lower class income, belonging to Karapurahadi with normal vision status said about his mother *'what is the use of making her to see when she is going to die'*.

Sallamma, a 43 years old woman belonging to Jenukuruba Scheduled tribe, having lower class income, belonging to Maranahadi, with normal vision status said about his father-in-law *'He has become very old and so I thought that it would be of no use if I take him for treatment, he has become a burden at this old age. We think it would be better if he dies soon'*.

CONCLUSION

In all, data were collected from 400 informants comprising 240 non-tribal (120 males and 120 females) and 160 tribal (80 males and 80 females) people from 5 rural multi-caste villages and 10 tribal settlements (hadis) respectively. The study was mainly focused on economically backward sections of the society and covered large number of Scheduled Caste and Scheduled Tribe people. A majority of the families covered in the study were living in unhygienic conditions. In the present study, the major barriers identified among non-tribal people were 'no money' (140), 'fear of surgery or treatment' (55) and 'lack of time' (47). Whereas in case of tribal people also 'no money' (137), 'fear of surgery or treatment' (79) and 'lack of information on eye care services' (61) and 'lack of family members who are willing to help blinds to get treatment' (51) are frequently mentioned. In the study group, according to our observation there were 74 persons (35 males and 39 females) and 59 persons (29 males and 30 females) who were suffering from cataract blindness among non-tribal and tribal people. There is a need of

surgery for these people and majority of them were unable to utilize the available eye care services.

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