

**TO STUDY THE PREVALENCE OF EYE DISEASES AND COMMUNITY
PREFERENCES FOR SELECTING EYE HEALTH CARE CENTRES IN BLOCK
PAPPAMPATTI AND PERUR COIMBATORE, TAMIL NADU**

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in

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By

Saroj Kumar Pathak

Under the Supervision and Guidance of

Dr. Mamta Chauhan

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The certificate is awarded to

Mr Saroj Kumar Pathak

In recognition of having successfully completed his
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COMMUNITY OUTREACH

and has completed his Project on

**TO STUDY THE PREVALENCE OF EYE DISEASES AND COMMUNITY PREFERENCES
 FOR SELECTING EYE HEALTH CARE CENTRES IN BLOCK PAPPAMPATTI AND
 PERUR COIMBATORE, TAMIL NADU**

19th March 2024 to 18th June 2024

Organization: SANKARA EYE HOSPITAL, COIMBATORE

He comes across as a committed & diligent person who has
 a strong drive and zeal for learning

We wish him all the best for future endeavours

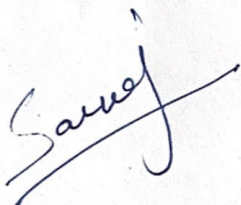
M^ASenthilraj
 Head- Outreach

Ms Srinil Karthikeyan
 Chief People Officer

Mr Bhanthi^Ailsubramanian
 President – Operations

DECLARATION

I hereby declare that this dissertation titled "To Study the Prevalence of Eye Diseases and Community Preferences for Selecting Eye Health Care Centres in block Pappampatti and Perur Coimbatore, Tamil Nadu." is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



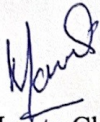
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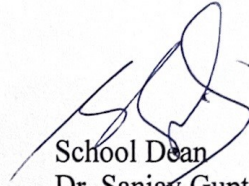
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CERTIFICATE

This is to certify that dissertation titled **“To Study the Prevalence of Eye Diseases and Community Preferences for Selecting Eye Health Care Centers in Block Pappampatti and Perur, Coimbatore, Tamil Nadu”** is a record of the research work undertaken by **Mr. Saroj Kumar Pathak** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.



Dr. Mamta Chauhan
Professor
IIHMR University, Jaipur
Date:



School Dean
Dr. Sanjay Gupta
IIHMR University, Jaipur
Date: 02/01/2024.

ABSTRACT

Study Objective: This study was conducted with the objective of estimating the prevalence of various eye diseases and identifying community's choice of strategies in choosing an eye health care center in the Pappampatti and Perur blocks of Coimbatore, Tamil Nadu. The study aimed at establishing the prevalence of the common eye ailments, determine the reason for selecting eye care practitioners, factors of care inequalities, as well as designing recommendations, ideas and approaches to increase eye care accessibility and quality as per community needs.

Methodology: Descriptive cross-sectional survey was done from March to June 2024. Data was collected through administration of a structured questionnaire by going round the community to the households. Community residents with >5 years of residence in the community were administered questionnaires by convenience sampling and 104 responded. Based on the specified inclusion criteria, participants had to have a prior visit to the eye care centre within 6 months. Data analysis of recorded, observed, and self-developed questionnaires was done by using the computer software well-known as MS Excel.

Key Results: Comparing the mean/average of eye diseases found in patients in Pappampatti and Perur, the research showed many differences. Out of the Pappampatti 7. 41% had retinal diseases, 8. 64% had glaucoma and 9. 88% corneal conditions, whereas only 18. 62% of the Perur's had cataracts. Some trends across the age were observed; cataracts and glaucoma being more rampant in people within the age of 65 years and above. Aravind Eye Hospital was recorded to be the most visited eye care center in both regions. The main attributes that rationalised the choice of a GP/ Provider were the cost, especially when it is higher during Old age, availability of sophisticated services & nearness to home/workplace which has more significance to the young generation. Some of the observed barriers to eye care included; Ignorance of eye health care services' availability, inability to pay for eye care services, and perceived self-sufficiency in the community.

Conclusion: The existence of disparities in the patterns of eye diseases between developed and developing countries, and differences in consumer preference offer indications on why there is the need to develop holistic and specific plans of action for eye health in the various regions. It is suggested that the screening strategies should

reflect the age and geographical distribution; in Perur, interventions should include cataract management and in Pappampatti, glaucoma/corneal illness. By enhancing service provision, availability, and demand, the research recommends mobile eye care centers, need-based services, and, promotional programs. Promoting the followership among the community, chaining the relationships, and considering some needs of the clients and patients of various age groups is very effective in improving the health of the eyes amongst the community.

Keywords: existing rehabilitation facilities, factors influencing utilization, Coimbatore, Tamil Nadu and factors associated with accurate utilization of eye care in public health, vision care and healthcare infrastructure.

B. ACKNOWLEDGEMENT

This report is the end product of twelve weeks during which several employees from various departments mentored me. It's a nice chance to let them all know how grateful I am.

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List of Symbols and Abbreviations:

<i>ABBREVIATIONS</i>	<i>FULL FORM</i>
VC	Vision Centre
ASHA	Accredited Social Health Activists
VHN	Village Health Nurses
ICT	Information and Communication Technology
ECC	Eye Care Centre

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CHAPTER 1 – INTRODUCTION

Vision is one of the most precious senses, enabling individuals to perceive and interact with the world around them. However, the prevalence of eye diseases remains a significant global health concern, with millions of people affected by conditions that can lead to partial or complete vision loss. In India, the burden of eye diseases is particularly high, with a large population susceptible to conditions such as cataract, refractive errors, glaucoma, and diabetic retinopathy. These conditions if diagnosed early and if proper intervention is mounted then they are easily controlled to avoid blindness.

Albeit, there are various eye care services available around the world, but the challenging reality is that people often cannot get access to those services due to several barriers that include geographic restrictions, economic, and social inequalities, and people's preference. It is important to identify specific features of eye diseases in the region and the reasons that make people choose particular options for eye health care centres in order to establish special improvements to the access to and quality of vision care services.

The selection of healthcare centres, including those for eye care, is a complex decision-making process influenced by multiple factors. People looking for healthcare options in Coimbatore, South India, take many things into consideration. Things like distance, cost, how good the care is believed to be, reputation, and suggestions from family and friends are all important. Beliefs, knowledge about health, and past experiences with healthcare also play a big role in making these. Sometimes, how serious the condition is can determine where someone goes for care. Usually, people go to local clinics for regular check-ups, but for more complicated issues, they might need to go to special centres.

In Coimbatore, there are different kinds of healthcare systems - public ones run by the government, private ones, and some that are partnerships between the two. Coimbatore is famous for its industries and has become a significant place for healthcare in the area.

Government hospitals and clinics in Coimbatore give services at very low prices or even for free to help people who don't have a lot of money. These places often have lots of patients but might have problems with buildings and making people wait.

Private healthcare facilities in Coimbatore have grown a lot too - from small clinics to big hospitals with many services. Many of these places have very modern technology and bring in patients from nearby states and sometimes from other countries for special treatments.

Some projects in Coimbatore mix private business with government help to make healthcare better - especially in areas where there aren't enough services or for some specific health programs.

There are also non-profit groups in Coimbatore that focus on eye care and offer high-quality services at prices that people can afford. They often help people who don't have much money get the care they need.

In Coimbatore, there are lots of ways people can get help with their eyes - from simple tests to more complicated surgeries. Having many options is good but it's also important to know what patients want and how they choose so that eye care can be accessible, used well, and really help people who need it.

Understanding why people pick specific places for eye care in Coimbatore is really important. This information can help leaders make better decisions about eye health services and make sure everyone gets good care and has a better life if they're dealing with or at risk of eye problems.

CHAPTER 2 – REVIEW LITERATURE

Sr.	Journal & Date	Title	Author	Salient Feature
1	Rural and Remote Health (April 2013)	“Prevalence of eye diseases among school children in a rural south-eastern Nigerian community”	Obiekwe Okoye, Rich E Umeh, Felix U Ezepue	The study aimed to determine the prevalence and reasons of eye diseases among paediatric group in villages in Nigeria. A cross-sectional study was applied on 2,092 primary school children aged 6-16 years in Abagana, a rural community in Anambra State, Nigeria. Eye examinations were performed on all the children. The results showed that ocular disorders were present in 6.1% (127 children) of the population. The most common eye diseases were vernal conjunctivitis (2.9%) and refractive error (0.7%). Amblyopia, a condition that can lead to permanent vision loss if not treated early, was the most common cause of

				visual impairment in these children. The researchers concluded with early stage of identification through eye assessment programs, health awareness, and easy accessibility of eye care facilities are crucial for reducing the burden of eye diseases and blindness among rural Nigerian children. Early intervention and treatment can help prevent lifelong visual impairment in these children. This study highlights the need for regular eye examinations and early intervention to address the significant prevalence of treatable eye conditions among children in rural areas of Nigeria.
2	PubMed Central (April 2012)	Prevalence of eye diseases and visual impairment among the rural	T Thevi, M Basri, SC Reddy	This study aimed to point out the prevalence rate of eye health diseases and visual impairment among new admitted patients at

		population – a case study of temerloh hospital		Hospital in Temerloh, Pahang, through a six-month, cross-sectional prospective analysis of 1081 patients. The sample consisted predominantly of males (56.1%) and Malays (72.4%), with a mean age of 45.2 years. Cataract was the most popular disease in eye health (22.9%), followed by retinal diseases (11.5%) and ocular trauma (9.8%). Visual impairment was discovered among the patient (8.2%), severe visual impairment among 1.1% (mostly due to cataracts), and blindness in 3.2%. Vision assessment was inconclusive in 7.9% of premature infants screened for retinopathy. The study concludes that enhancing health education and ensuring the availability of eye specialists in district hospitals are essential for early diagnosis and treatment, crucial for the
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				rehabilitation of visually impaired and blind individuals.
3.	Calabar Journal of Health Sciences (October 2022)	“Barriers to utilization of an eye care facility in a rural community in South-South Nigeria”	Author Ernest Ikechukwu Ezeh	This study aimed to identify barriers to utilizing eye care services in a village area in South-South Nigeria through a descriptive cross-sectional survey of 200 participants. Only 24.1% had previously sought eye care at the community’s Comprehensive Health Centre (CHC). The main barriers were ignorance of the existence (47.3%) and schedule (33.0%) of the eye clinic, along with a perceived lack of need (23.2%). Apart from that, a high prevalence of ocular disorders, the use of available eye care services was low, indicating a need for improved strategies to increase service uptake.

4	PubMed Central (December 2023)	“Barriers to the uptake of eye health services of the children in rural Bangladesh: A community-based cross-sectional survey”	Author A.H.M. Enayet Hussain, Saidur Rahman Mashereky, Labida Islam, A.K.M. Fazlur Rahman, Eija Viitasara, Koustuv Dalal,	This study aimed to explore the health-seeking behaviors of parents in Bangladesh whose children have ocular problems. It was a cross-sectional mixed-method study conducted in a rural area of Bangladesh. Out of 198 confirmed cases of childhood ocular issues, only 43.9% of parents pursued medical care for their children's eye conditions. Wealthier and more educated families exhibited better health-seeking behaviour. Socio-demographic factors, lack of health education, and financial issues played a vital role in parents' health-seeking behaviour. The major barriers identified were lack of eye health awareness about the disease and its consequences, lack of eye health awareness about children's eye illnesses, and economic constraints. The study
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				highlights the need for comprehensive assessment at the community level for quickly detection of eye illness and the awareness of health care provider about ocular health issues and the importance of early interventions.
5	African Vision and Eye Health (December 2010)	“A review of factors influencing the utilization of eye care services”	Author M.D. Ntsoane, O.A. Oduntan	This study reviews various factors that influence the utilization of eye care services. The primary factors discussed are the availability, accessibility, and affordability of eye care services. Secondary factors include demographic characteristics like age, gender, race, education level, and socioeconomic status. Other factors covered are knowledge of eye diseases and available services, perceived need for eye care, and psychosocial factors such as attitudes, beliefs, and cultural norms. The authors

				emphasize that identifying these barriers is crucial for eye care providers & policymakers to improve utilization of eye care services, quickly detection of eye conditions, & prevention of visual impairment, especially in underserved communities.
6	Journal of Positive School Psychology (September 2022)	“A Review of the Determinants that Influence the Use of Eye Care Services”	Gadila Vakula Devi, Byram Anand	The article comprehensively reviews the various determinants that influence the utilization of eye care services across different populations and regions. It highlights how factors like lack of availability and accessibility of services, cost affordability issues, demographic factors (age, gender, education, socioeconomic status), perceptions about need and quality, as well as other socio-cultural barriers like language, lack of social support etc. prevent people from

				accessing existing eye care facilities, even when reasonably priced services are available. The article emphasizes the need for eye care providers, health systems and policymakers to understand and systematically address these complex barriers through better planning, public awareness, affordable services and coordinated efforts to increase uptake of eye care and tackle preventable vision impairment.
7	Community Eye Health Journal (November 2021)	“Strategies to improve delivery of primary eye care in public health care institutions in Sri Lanka”	Author Prabhath Piyasena, Vindya Kumarapeli, Dhanushka Abeygunathilaka	According to the study primary eye care in Sri Lanka, integrated within the public health system, faces challenges despite a robust primary health care framework. The prevalence of blindness and visual disability, primarily due to cataracts and uncorrected refractive errors, highlights the need for enhanced primary eye care services. Government

				policies endorse universal health coverage, aiming to strengthen primary care through initiatives like the essential services package. Key strategies for improvement include training mid-level eye care personnel, ensuring medical supplies and technology, addressing referral system inefficiencies, and fostering multi-sectoral collaboration and community participation. These efforts aim to reduce disparities and meet the evolving eye health needs of the population effectively.
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- **Research Gap :**

The primary research gap identified during the survey in Pappampatti and Perur blocks of Coimbatore, Tamil Nadu, was the language barrier. Participants' diverse linguistic backgrounds hindered effective communication, leading to potential misunderstandings and incomplete data collection. This gap underscores the need for multilingual survey tools and strategies to ensure more accurate and inclusive research outcomes.

- **Research Question:**

1. What are the most common eye diseases found in the Pappampatti and Perur blocks?
2. What factors influence the community's choice of eye health care centres?
3. What are the main barriers preventing community members from accessing eye health care services, and what strategies can be implemented to enhance accessibility and quality of eye care based on community preferences?

- **Objective:**

- To Identify the various types of eye diseases present within the community.
- To Assess Community Preferences for Eye Health Care Centres:
- Investigate the factors influencing the community's choice of eye health care centres.
- Understand the barriers to accessing eye health care services.
- Suggest strategies to enhance the accessibility and quality of eye care based on community preferences and disease prevalence.

CHAPTER 3 – METHODOLOGY

- **Study Design:** Descriptive Cross Sectional Study Design.
- **Setting:** In Block Pappampatti And Perur Coimbatore, Tamil Nadu
- **Study Population:**

Inclusion Criteria:

1. **Residence:** Residents who are living in the community for more than Five years. This criterion ensures participants have adequate experience with local eye health care services.
2. **Eye Health Experience:** Individuals who have visited any eye care centre within the last six months. This ensures the data reflects recent experiences and preferences.
3. **Willingness to Participate:** Individuals willing to provide informed consent to participate in the survey.

Exclusion Criteria:

1. **Non-residents:** Individuals who have lived in the community for less than one year. This excludes those who may not have sufficient experience with local eye health care services.
2. **Lack of Experience:** Individuals who have never visited any eye care centre. Their lack of direct experience may limit the relevance of their responses.

- **Study Tools:**

Questionnaire was developed to collect qualitative data on the prevalence of eye disease, past experiences of visiting eye care centres, individuals' preferences for specific eye care centres, barriers to accessing eye care centres, and the factors influencing their choice of eye care centres.

- **Duration of study:** 19th March 2024 –19th June 2024
- **Sample Size :** 104
- **Sampling Technique:** Convenience sampling
- **Data Collection Procedure:**

Data collection was based on a primary survey, conducted mainly through a door-to-door approach. For this purpose, a Google Form was created. For this research, the sample included patients who were living near the Vision Centre (within a 5 to 7 km radius) and who were not attending the Vision Centre.

- **Operational Definitions:**

Prevalence rate The prevalence rate of eye disease within a particular community is the proportion of individuals in the community who have been diagnosed with one or more types of eye disease at a specific point in time or over a defined period. It is typically expressed as a percentage or per 100 or 1000 population.

Decision making The decision-making process for selecting an eye care centre refers to the set of motivational factors and certain criteria's that individuals in the community consider important when choosing where to receive eye health care services.

Marketing Strategy A marketing strategy to increase footfall in a vision centre is involved with planning the particular set actions designed to attract more patients to the centre, enhancing its visibility and appeal in the community.

- **Data Analysis Plan:**

The collected data was mainly analysed using MS Excel.

- **Ethical Consideration :**

The data collection was done after obtaining verbal consent from participants, and all information was stored securely and was not shared with anyone.

- **Implication of Research:**

The outcomes of research will help to find out the prevalence rate of eye diseases within two blocks in Coimbatore, find out the individual's choice to select eye care centre, barriers for not visiting eye care centre and find out the strategies for promotion of vision centres.

CHAPTER 4 – RESULT

Outcome of the primary survey:

Table 4.1

Age wise Participants Percentage(%)- Demographic Data

Age Group	No. of Population	Percentage
12-18	2	1.94%
19-24	6	5.83%
25-34	7	6.80%
35-44	19	18.45%
45-54	20	19.42%
55-64	21	20.39%
65 or older	28	27.18%

Table 4.2

Gender wise Participants Percentage(%)- Demographic Data

Gender	No. of Population	Percentage
Female	58	56.31%
Male	45	43.69%

Table 4.3

Area wise Participants Percentage(%)- Demographic Data

Place	No. of Population	Percentage
Pappampatti	54	52.43%
Perur	49	47.57%

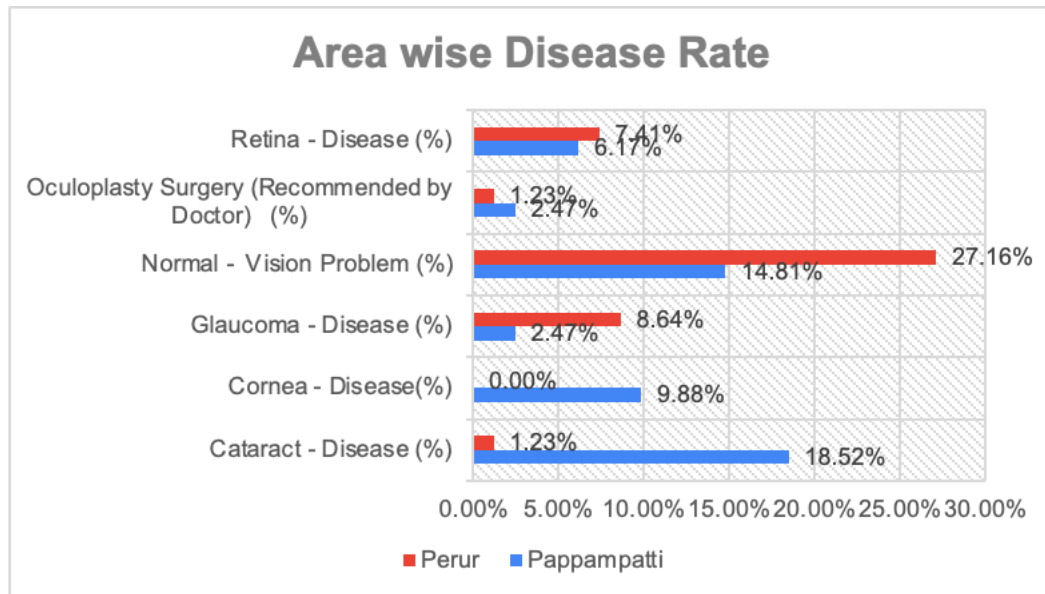
Table 4.4

Education Level wise Participants Percentage(%)- Demographic Data

Education Level	No. of Population	Percentage
College/University Degree	22	21.36%
Secondary Education	16	15.53%
Primary Education	33	32.04%
No formal education	32	31.07%

The research covered participants across various age groups. The largest age group represented was 65 or older (27.18% of respondents). The age groups 45-54 (19.42%) and 55-64 (20.39%) also had a significant representation. The younger age groups (12-18, 19-24, and 25-34) had relatively lower representations. The research study included both female (56.31%) and male (43.69%) respondents. There was a slightly higher representation of females compared to males. The respondents were from two locations: Pappampatti (52.43%) and Perur (47.57%). The distribution of respondents from these two centres was relatively balanced. The survey captured respondents with varying levels of education. The majority of respondents had either no formal education (31.07%) or primary education (32.04%). A smaller proportion had secondary education (15.53%) or a college/university degree (21.36%).

Figure 4.1
Disease Prevalence Rate Area wise (n=81)

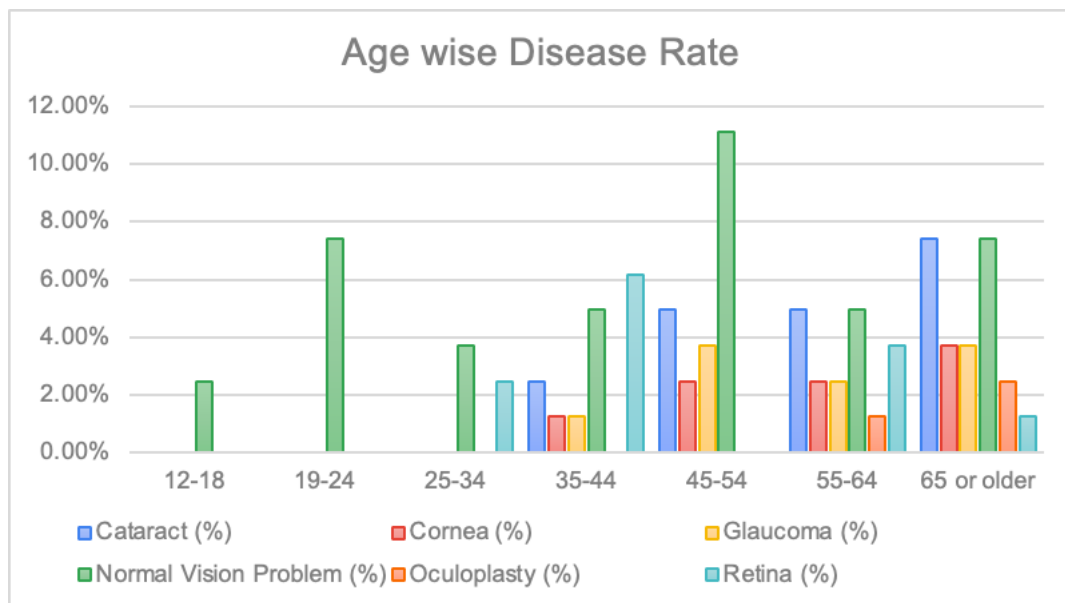


According to the Research, Retina-related diseases have a higher rate in Pappampatti (7.41%) compared to Perur (6.17%). The rate of oculoplasty (eye surgeries) is higher in Perur (2.47%) than in Pappampatti (1.23%). Pappampatti has a significantly higher percentage of patients with normal eye conditions (27.16%) compared to Perur (14.81%). The rate of glaucoma is considerably higher in Pappampatti (8.64%) than in Perur (2.47%). There were no cases of cornea-related diseases reported in Perur (0.00%), while the rate was 9.88% in Pappampatti. The rate of cataracts is much higher in Perur (18.62%) compared to Pappampatti (1.23%).

This comparative analysis highlights the differences in the prevalence of various eye diseases and conditions between these two areas. The data could be helpful in identifying potential risk factors, allocating resources, and developing targeted interventions or preventive measures based on the specific eye health needs of each location.

Figure 4.2

Disease Prevalence Rate Age Wise (n=81)



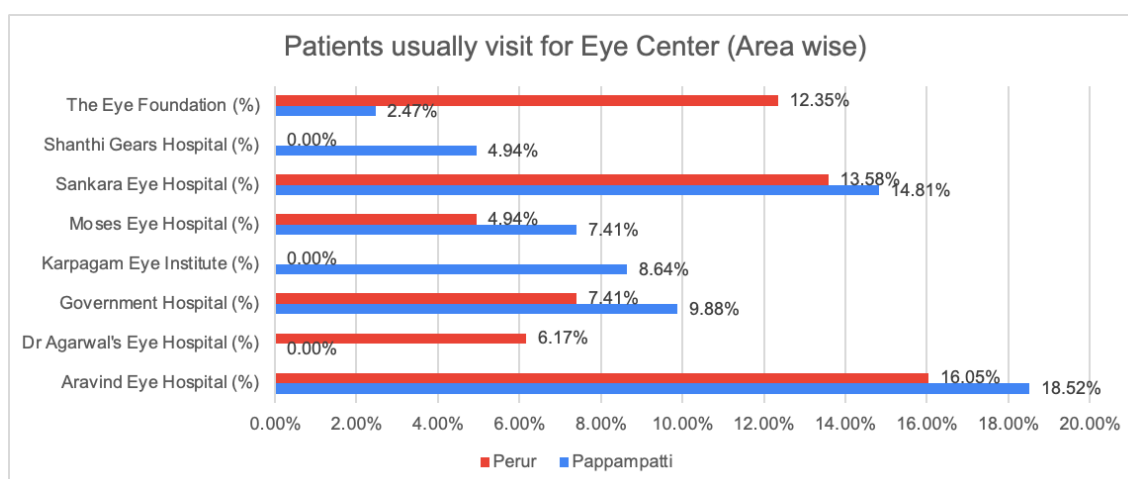
According to the research, information about Cataract prevalence reveals that the Cataracts cases are more reported among people of old age; more so, those aged 65 years and above followed by those aged between 55 and 64 years. This implies that mostly people of advanced age get affected by cataracts, although any age group can be affected. The diseases associated with cornea itself do not seem to have any particular trend pertaining to different age groups; however, when the subjects are divided into age groups there is a slight increase in incidence in the 55-64 age group. It is also very useful in terms of suggesting the need for folks to regularly have their eyes checked and emphasizing the proper care of the corneas as people grow older. An overall upward trend of glaucoma in age is also evident as the prevalence is highest in the 65 and over age bracket. Glaucoma's initial symptoms may go unnoticed or ignored until the diseases develop to the point that they cause vision loss; thus, regular screening and interventions are vital for older adults. The portion of respondents with no eye abnormalities is the highest among the youngest participants of the survey (12-18) and decreases as people get older. This discovery points out the need for constant and periodic eye examination and the early control measures across the all age groups regardless of any observed form of eye ailments. The absolute frequency of oculoplasty (eye surgeries) procedures remains comparatively low, although there is a tendency towards a slightly higher utilization in the 55-64 and 64+ years age categories. This may be attributed to the fact that there are more diseases of the eyes associated with age that

may call for operations in these age bracket. In the case of Retina-related diseases, people belonging to the age group 65 and above show a significant surge. It, therefore, underlines the importance of scheduling for retinal examinations and the appropriate treatment of retinal diseases in order to prevent sight loss in the elderly.

In conclusion, this research study brings to light the changes that occur with increasing age in the occurrence rates of various diseases and disorders of eyes and as such, the need to have a differentiated approach to eye health policies and measures to match the needs of a given age group.

Figure 4.3

Patients have already been coming to eye care centre (n=81)



In the Perur and Pappampatti areas, the research examines patients visiting various eye centers or hospitals. Here are the main findings:

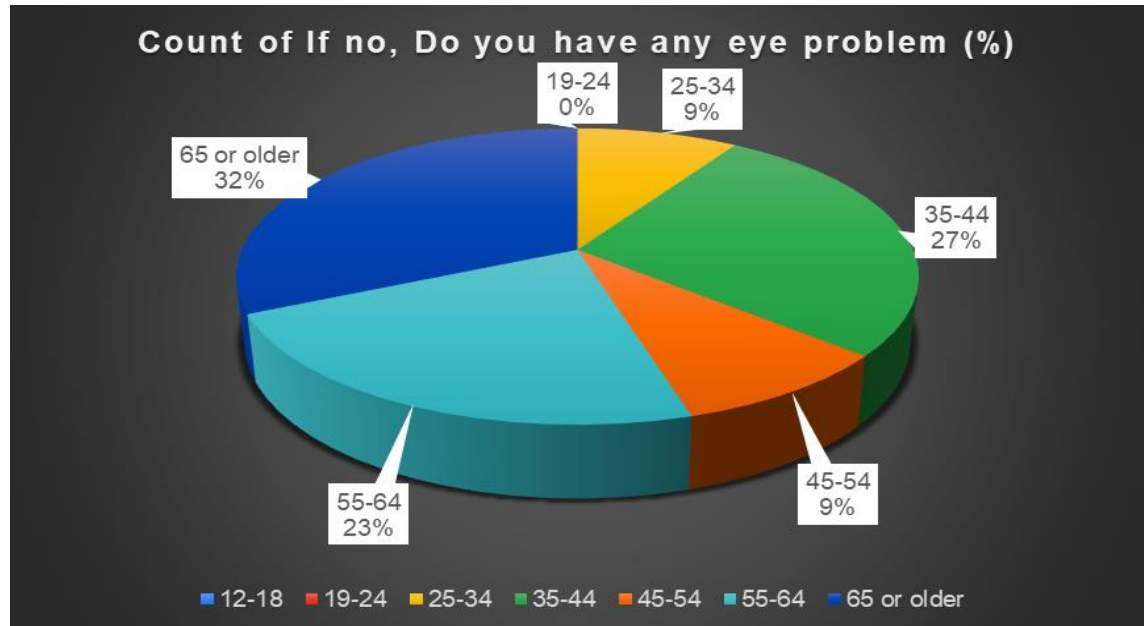
Aravind Eye Hospital is the top, with the most patient visits in both Perur (18.52%) and Pappampatti (16.05%). This shows that this hospital is highly preferred by patients looking for eye care in these regions. The Eye Foundation exhibits a significant disparity, with a substantially higher percentage of patients from Perur (12.35%) compared to Pappampatti (2.47%). This finding indicates a stronger presence or preference for The Eye Foundation in the Perur area. Sankara Eye Hospital also attracts a higher percentage of patients from Perur (14.81%) than Pappampatti (13.58%), although the difference is relatively smaller compared to The Eye Foundation. Moses Eye Hospital and Shanthi

Gears Hospital exhibit an equal distribution of patients (4.94%) from both Perur and Pappampatti, suggesting a consistent patient base across these areas. Karpagam Eye Institute and Government Hospital cater to a higher percentage of patients from Pappampatti (8.64% and 9.88%, respectively) compared to Perur (0.00% and 7.41%, respectively), indicating a stronger presence or preference in the Pappampatti area. Dr. Agarwal's Eye Hospital exclusively serves patients from Pappampatti (6.17%), with no recorded patients from Perur (0.00%), suggesting a localized presence or preference in the Pappampatti region.

Overall, the study highlights the varying preferences and distribution of patients seeking eye care services across different hospitals or centers in the Perur and Pappampatti areas. These findings can inform healthcare providers, policymakers, and hospital administrators in understanding patient behavior, optimizing resource allocation, and tailoring service delivery strategies to better meet the needs of these communities.

Figure 4.4

Prevalences of eye problem(Not visited to eye care centre) (n=22)



According to research, the distribution of respondents who do not have any eye problems varies across different age groups as depicted in the pie chart. The group aged 65 or older constitutes the largest portion, accounting for 32% of the respondents without eye problems. A significant number of older adults seem not to report eye problems. This could mean good eye care or not reporting in this age group. The 55-64 age group is the-

largest, making up 23% of the respondents, showing a sizable portion without eye problems. The 35-44 age group constitutes 27% of respondents without eye issues, indicating good eye health or proactive care in this demographic. People aged 45-54 make up 9% of folks with no eye troubles. This indicates fewer middle-aged grown-ups saying they're issue-free than older folks. In the same, those aged 25-34 also make up 9% of people without eye problems. This suggests a lower proportion of younger grown-ups with clear vision. It's interesting that the age group 19-24 reports 0% with no eye issues. Maybe it's because there aren't many people in group or everyone has some trouble seeing. The info tells us that older adults, particularly those 65+, are more likely to have no eye problems than younger adults, especially the 19-24 gang. This might be due to differences in eye health, care access, or how different age groups share their issues. A curious thing is that the age group 19-24 shows 0% with no eye problems. This means everyone in this group has something going on with their eyes or there may not be many people in this study from this group. The data highlights that older adults, particularly those aged 65 or older, are more likely to report no eye problems compared to younger adults, especially those in the 19-24 age group. This could reflect differences in eye health, access to eye care, or reporting tendencies among different age groups.

Table 4.5

Factors Influencing in Selecting Eye Care Centres

Age Group	Access to specialized services or treatments (%)	Affordability of services (%)	Distance from my home or workplace (%)	Positive past experiences or reviews (%)	Reputation for quality care (%)	Suggestions from friends, family, or healthcare providers (%)
12-18	0.97%	1.94%	5.83%	1.94%	0.97%	0.00%
19-24	0.97%	3.88%	1.94%	0.97%	1.94%	2.91%
25-34	1.94%	2.91%	0.97%	0.97%	7.69%	0.00%
35-44	5.83%	4.85%	1.94%	2.91%	3.88%	0.97%
45-54	4.85%	6.80%	0.97%	0.97%	2.91%	2.91%
55-64	3.88%	7.77%	3.88%	3.88%	3.88%	7.69%
65 or older	6.80%	10.68%	1.94%	3.88%	3.88%	1.94%

According to the research study, the factors influencing respondents' choices regarding eye care services vary across different age groups. For the 12-18 age group, the most significant factor is the distance from home or workplace (5.83%)(The information has been shared by parents), while other factors like access to specialized services, affordability, positive past experiences, reputation for quality care, and suggestions from

others are less significant, with suggestions from friends, family, or healthcare providers at 0%. In the 19-24 age group, affordability and positive past experiences or reviews are the primary concerns, both at 3.88%, followed by the distance from home or workplace at 1.94%. The age group 25-34 really cares about the price (2.91%) and having good quality care (7.69%) the most. They also think access to special services and good experiences before are important, each at 1.94%. Plus, distance and what others suggest matter a bit as well, at 0.97%. Now, for the 35-44 age group, the money thing is crucial at 4.85%, then having special services (5.83%) and good quality care reputation (3.88%). Similar to the younger ones, distance and suggestions matter a bit too, at 0.97%. The folks in the age group 45-54 mostly think about how much things cost (6.80%) or what others have said nicely about it (3.88%). They also want those special services at 4.85%, with other stuff considered too, each at 2.91%. When it comes to the range of ages 55-64, they're all about affordability (7.77%) and those special services (3.88%). Also, getting good reviews or recommendations and having a good reputation are on their minds at 3.88%, along with positive past experiences and distance equally at 2.91%. Finally, for those in the group of 65 or older, it's all about that affordability factor at a whopping rate of 10.68%. Then they look for those specialized services at 6.80%, caring about reputation and good past experiences similarly at 3.88%, while considering distance and what others say a bit at just 1.94%. Overall, most people across different age groups really worry about how much things cost – especially the older folks and those around ages 55-64 – while getting access to special services ranks high for those aged 65 or older. Interestingly, younger people – especially those between ages 12-18 – find it more important how far away something is from home or work. Even though priorities vary by age, having a good reputation for quality care and positive past experiences are valued by everyone regardless of age group.

CHAPTER 5 – DISCUSSIONS

The research study offers valuable insights into eye diseases' prevalence and how communities pick eye health care centers in Pappampatti and Perur blocks of Coimbatore, Tamil Nadu. The study found big differences in eye illnesses between Pappampatti and Perur. Pappampatti sees more issues with the retina, glaucoma, and corneas, while Perur has a lot of cataracts. This shows the need for special eye care plans that fit the diseases in each place. The research also points out that as people get older, they are more likely to cataracts and glaucoma, especially those 65 years old and above. This it's super important for seniors to get checked regularly and treated early. As folks age, the number of those with healthy eyes goes down due to eye health issues getting worse with age. When it comes to picking where to get eye care, Aravind Eye Hospital is popular in both areas because of its great reputation. But some people choose other places like The Eye Foundation or Sankara Eye Hospital based on how easy they are to reach, what people know about them, or how good people think they are. One big thing that affects where people go for eye care is cost, which is a big deal for older folks. Getting access to special services helps give complete care, while being close to home or work is more important for younger folks. Good service rep and happy patients matter no matter how old you are. These results mean that planning screenings should consider where you live and how old you are. It might be helpful to focus on cataracts in Perur or really push for good treatment of glaucoma and corneal diseases in Pappampatti. To make services better, factors affecting where people go can help improve pricing models, mobile units for reaching out to folks who need eye care, and campaigns telling people about special services based on what the community needs most. Finding ways to pay for eye care by using things like community insurance or working with businesses can help everyone get quality eye care within professional rules better.

CHAPTER 6 – RECOMMENDATION

- 1. Networking with Health Workers:** To build health workers' capacity especially those in the field to enhance the early identification and referral network for referral for comprehensive eye care services at the community level. The competency of ASHA & VHN must be developed to predict any communicable disease, with a base in primary health care where timely referral linkage to vision center (VC) or hospital as per requirement of specialized service can happen.
- 2. Specific Eye Disease Finders Program (Cataract, Retina, Glaucoma etc):** Community mobilization for identification of persons needing cataract surgery with facilitation of referral. This approach offers equipments for moving of the people, as well as identifiable services to identify the locality inhabitants for cataract surgery. The need for counselling of patients referred in as a surety that the right care is accorded to them. Identifications of these patients and referrals cannot suffice; it is required that we follow up on these patients to guarantee their utilization of the required services.
- 3. Strengthening Community Engagement:** Give Oral presentations at local community gatherings, schools, other places where people gather. Focus on Community members of all ages, with a focus on groups with higher risk factors or limited access to eye care. Cover topics such as eye health, common eye conditions, the role of optometry, and the importance of regular check-ups. More community awareness of eye care, which leads to higher attendance at VC.
- 4. Focus on Child Eye Care:** Increase footfall by addressing child eye care more effectively through ICT materials.
- 5. Referral System:** Foment the referral of cases to be seen in Vision Centre by means from camps. Educate patients on the necessity of follow up with Vision center for detailed evaluations as camps may not have all investigative equipment.
- 6. Market area:** Having a "Shopkeeper Eye Health Day" on the same day each month, targeting maybe older shopkeepers in our vision centre could be hugely successful. By tailoring this event to their unique needs and busy schedules, we show that we understand and value their contributions to our community. This personalized approach

makes them feel seen and cared for, motivating them to prioritize their eye health despite their demanding routines.

7. **Follow-up :** Follow up with referred patients to ensure they visit the vision centre for care.
8. **Awareness:** Increase awareness about the vision centre through community engagement campaigns, Social Media, ICE materials.

CHAPTER 7 – CONCLUSION

The study looked into how often people in Pampatti and Perur, Coimbatore, Tamil Nadu had eye problems and which eye care places they liked. They found out interesting stuff that could help make eye care better. In Pappatti, they saw more issues with retinas, glaucoma, and corneas. But in Perur, cataracts were more common. This shows that where you live matters for eye care planning and using resources wisely. The study also checked what people like when choosing eye care centres. They found that cost was a worry for older folks of all ages. So, it's crucial to have affordable eye care options and new ways to pay for them. How close the centre is to home or work also mattered but not the same for all ages. These findings suggest that implementing strategies such as pricing models, mobile eye care units and targeted awareness campaigns could improve accessibility to and utilization of eye care services. Moreover the research identified obstacles to accessing eye care services including lack of awareness, about eye health, financial limitations. Perceived lack of necessity. To enhance the accessibility of eye care services it is important to tackle these obstacles by involving the community providing health education and improving systems.

Based on these findings the suggestions include forming partnerships, with healthcare workers implementing an eye disease detection program enhancing community involvement focusing on paediatric eye care. These approaches are aimed at enhancing visibility establishing trust and customizing services to cater to the needs of community groups. This research offers an insight into the eye health situation in Pappampatti and Perur providing advice based on evidence, for healthcare professionals, policymakers and stakeholders. By addressing the identified patterns of diseases, patient preferences and accessibility challenges there is an opportunity to improve the quality and accessibility of eye care services thereby reducing vision impairment burden in these areas.

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