

Barriers to utilization of eye care services in Kibera and Dagoreti Divisions of Nairobi, Kenya

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Abstract:

Objective: To determine the barriers to uptake of eye care services and to establish the pattern of utilization of eye care services in the Nairobi Comprehensive Eye Care Services (NCES) Project; the catchment area of the Mbagathi District Eye Unit of Nairobi. **Design:** Community based survey conducted from 15th to 31st October 2007 **Setting:** Kibera and Dagoreti divisions of Nairobi City **Subjects:** Of the 4,200 people of all ages who were randomly selected; 4,056 were examined giving a response rate of 96.6%. Of those not examined, 126 (3.0%) were not available and 15 (0.4%) refused to be examined. Mean age of the study population was 22 years. **Results:** A total of 294 subjects (7.2%) despite having some ocular disorder, had not visited any health facility to seek treatment. The majority, 144 (49%) gave the reason as no perceived need to seek treatment as the problem did not bother them; especially those with refractive error. A third, 97 (33%), gave the reason as lack of money, 22 (7.5%) said that they did not know where to seek eye care and 20 (6.8%) said they had no time to seek eye care. Only 3 said that the health facility where to go for eye care was too far. The population in the survey area has vast number of nearby secondary and tertiary eye care facilities to choose from. The majority of subjects indicated Mbagathi District Hospital (20.9%), Kikuyu Eye Unit (18.5%), Kenyatta National Hospital (12.1%) and private clinics (10.9%) as their health facilities of choice for eye care. The rest preferred Lions Sight First Eye Hospital, St Mary's Hospital, City Council Health Centers and optical shops. 7.7% of the subjects would visit a health centre or dispensary if they had an eye problem. A significant proportion of respondents (7.5%) had no idea where they could seek treatment for eye disorders; most of them knew Mbagathi District Hospital and Kenyatta National Hospital but were not aware that eye care services were available at these facilities. **Conclusion:** Despite the large number of eye care facilities surrounding the NCES, community members are not able to access their services mainly because of lack of felt need (ignorance) and lack of money (poverty). **Recommendations:** There is need for eye health education and review of cost of services to the very poor communities within the NCES. It is important to strengthen the community eye care structures and referral network now that the project area has excess secondary and tertiary health facilities offering eye care services