

Chapter IV

Data exercise

4.1 Introduction

Cataract is the major cause of blindness throughout the world. Especially it is a major problem in the developing countries. The eye care service providers are facing the problem in the developing countries that cataract patients are not coming to the hospital or not demanding services for sight restoration. At present, the major challenges for the service providers is to identify the barriers of the cataract patient to demand a cataract surgery.

To identify the barriers we need to have reliable information. A number of techniques can be used to compile information depending time, money and other various constraints. The common tools used for information collection are questionnaire survey , focus group discussion, in- depth interview, secondary data review and observation.

To know the existing knowledge, attitude, and behavior of the cataract patient why they are not demanding for service, what are their difficulties regarding sight restoration, and what are the main barriers to cataract surgery, a Knowledge attitude and practice (KAP) survey is required. For the purpose of KAP survey this project includes the following data collection instruments: survey questionnaire and focus group interview.

4.2 Objectives of the Data Exercise

Actual survey in the purposed community was not possible at present, therefore the data exercise was done in the Phaurad Indian community of Bangkok, Thailand to fulfill the following objectives.

1. To test and refine the data collection instruments.
2. To develop the practical knowledge and skills of data collection techniques.

4.3 Data Collection Techniques

For the purpose of data exercise, the researcher is very much interested to conduct focus group discussion and to administer a survey questionnaire among the cataract blind as in the real situation. But due to language barrier and the big difference of the level of awareness, socioeconomic status, and culture of the patients of Nepal and Thailand, to administer survey questionnaire among cataract blind was not possible. Therefore the focus group discussion technique was used as data exercise to refine the data collection method and to develop an appropriate data collection instrument for the purposed study.

4.4 Data Collection Procedure

Since the target population of this study is cataract blind having visual acuity < 3/60 due to cataract and age group 45 years and above. Phaurat is chosen for data

exercise because there are some Indian and Nepali origin who are speaking Nepali and Hindi which researcher can follow easily.

Since I was new for them, fortunately I have been many times in Phaurad for teaching -learning propose as assigned by the College and become familiar with many of them, particularly in Indian community. There is one well-managed religious institution known as Gurudwar. I become a good friend of the leader of Gurudwar because of frequent visits for teaching -learning process in that community.

For the data exercise, I made contact with the leader of Gurudwar on 14 March, 2000. Briefly I explained the purpose of data exercise, thesis topic, require number of participants, place for discussion facility needed for focus group discussion and also requested to invite the participant age 45 years or above. In response the leader of the Gurudwar asked me to come for focus group discussion on 17 March, 2000 and time was fixed 12 noon, and the place was Gurudwar, Phaurad.

4.4.1 Sampling.

Twelve participants were selected purposively among Indian Sikhs who came in Bangkok Thailand just before two months and staying with relatives in Phaurad. Average age of the participants was 56 years. Fortunately all of them were from the northern part of India near to the Nepal border. Socioeconomic status, culture, religion, language almost as same as Terai part of Nepal. Their residence is only 122 Km from the proposed project area.

4.4.2 Field activities

On March 17, 2000, there were 12 participants and one note taker (Mr. Ram Chandra Silwal, MSc student of the faculty of Tropical Medicine Mahidol University) and one observer (Mr Subas Pokhrel, MSc student Faculty of Economics, Chulalongkorn University) and moderator in the hall of Gurudwar 4th floor, which is commonly used for meditation. The introduction and greetings among each other started the discussion in an informal manner. Then the researcher explained about the purpose of visit. The spoken language was Hindi. All the participants took interest and actively participated in the discussion. In the beginning they looked among each other and few participants showed hesitation to participate, later on every body shared their feelings. 70 minutes time taken for focus group discussion.

4.5 Findings of focus group discussion

There were 12 male (all Sikhs ethnic) participants all of them are farmers. All the participants were literate. One participants had done cataract surgery 2 years previous and had satisfactory vision the another had a mature cataract. A few other participants also had immature cataract in their history they were wearing glasses.

4.5.1 Cause of cataract

Most of the participants were having knowledge about cataract in their own local language (Moti Bindu) They said the main reason of cataract among old people may be the age factors. Few participants added another contributing factors for cataract is exposure to sun light and low level of nutrition. They gave some examples, those who works in the office they get cataract in late stage than the farmer. Also citing example, a rich person who is having good nutrition, still have good vision and

the very poor person who is not getting enough food in the same age had gone for cataract (Moti Bindu) operation 2 years back. All these may be due to nutrition.

4.5.2 Cause and consequences of cataract if no go under surgery in time

Most of them, they considered family burden and also they shared it will affect in the family income. All the participants gave more emphasis on social discrimination and social stigma for the blind, also they stated about the poor quality of life too. They explained that, blind is not having any status in the community. Most people hate them only because of blind.

4.5.3 Reason not going for cataract surgery

All the participants agreed on that, family of low socioeconomic status does not value old people. Poverty, illiteracy, ignorance, and least priority for health care are main reasons of not going for cataract surgery. Particularly among very poor people. Not having escort, and not getting appropriate time to go to the hospital, not accessible, poor surgical out comes are may be the another reasons

4.5.4 How can we prevent cataract?

Many participants were not having about the ideas of preventive measures of cataract but some of the participants explained about intake more Vitamin C and wearing hat while working in the sun light are the preventive measure of cataract.

4.6 Findings

All the participants were familiar with Nepalese face. After introduction we became very close to each other. The other interesting event was one of the participants had operated his eye in Lumbini Eye hospital and he recognized me and became so happy. After this story the whole group became like one family even in a very short time.

All the participants expressed their views and feelings in an interested manner. Everybody wanted to share their feelings at once, the observer arranged and provided to share feelings one by one in a rotary basis.

After completing focus group discussion we had a tea and Biscuit with together. Before leaving the place we exchanged our addresses and thanks to the leaders as well as all the participants.

4.7 Conclusions

Fortunately all the participants were just from rural villages of India. The situation of rural villages of India and rural plain (Terai) area of Nepal is very similar. Therefore, it was similar as target population. All the participants were familiar with the word of cataract (MOTIVINDU) and they were familiar with cataract blindness in their community.

Interesting was, most of the participants explained that, head of the family (decision-maker) is responsible for not demanding cataract surgery particularly in the low socioeconomic society. They said, in one hand they are poor, they drink alcohol, smoking, and pay more attention to their wives and children than old parents on the other hand it is not on the priority list for taking an action.

All the participants were agreed that, lack of accessible health care and very poor surgical outcomes are another reason for low demand cataract surgery in remote parts of India. Therefore, the main conclusion is drawn: not accessibility, not getting support from the family, low quality or poor outcome of the health service are the main reasons of not demanding for cataract surgery. Reason behind data exercise was to test the instruments in one hand and on the other hand to know about the barriers of cataract surgery. After focus group discussion I learned that, response can influence the surgical outcome and experience of the participants. To get the real feeling from the participants and to share the feelings among each other without hesitation is depend on the rapport and trust with the researcher and the participants. Therefore building a rapport with participant is another task for the researcher to get the inner feeling of the community.