

Barriers to Low Vision Rehabilitation for Urban and Rural Community Dwellers in South Africa: A Comprehensive Survey

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■ Strongly Agree ■ Somewhat Agree ■ Neutral ■ Somewhat Disagree ■ Strongly Disagree

Introduction

Background

 One in 10 individuals are affected by vision loss in South Africa (Addo et al., 2021). There are major disparities between rural and urban residents when accessing healthcare services and medical equipment (Naidoo et al., 2017). To increase accessibility of services for all, low vision occupational therapy programs in South Africa must strongly consider culture and context. Historically, a community-based approach has been effective in reaching rural areas experiencing injustice (Watson, 2013).

Purpose

 To identify practitioners' and consumers' perspectives regarding their experiences with low vision rehabilitation services.

Methods

 An online survey was distributed to providers and consumers of low vision services in South Africa using Qualtrics. Results were analyzed to measure frequencies of responses and identify trends. Participants were 18 years old or older, currently residing in South Africa, and had provided or received low vision services in the past.

Results

Demographics

 107 respondents completed the survey; 74 (69%) identified as low vision rehab providers and 33 (31%) identified low vision rehab consumers. See Table 1 for additional demographic information.

Providers

- The number of providers that provide public and private services was nearly even (45% and 43%, respectively). See Figure 1 and Figure 2 for providers' practice settings.
- See Figure 4 for providers' perspectives on their ability to provide services.

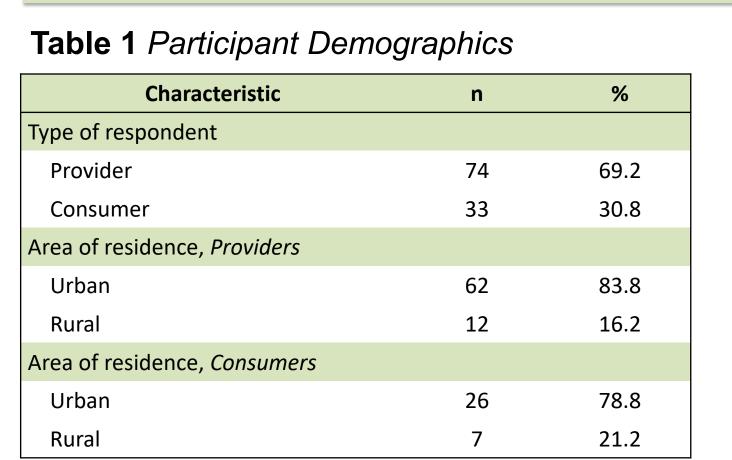
Consumers

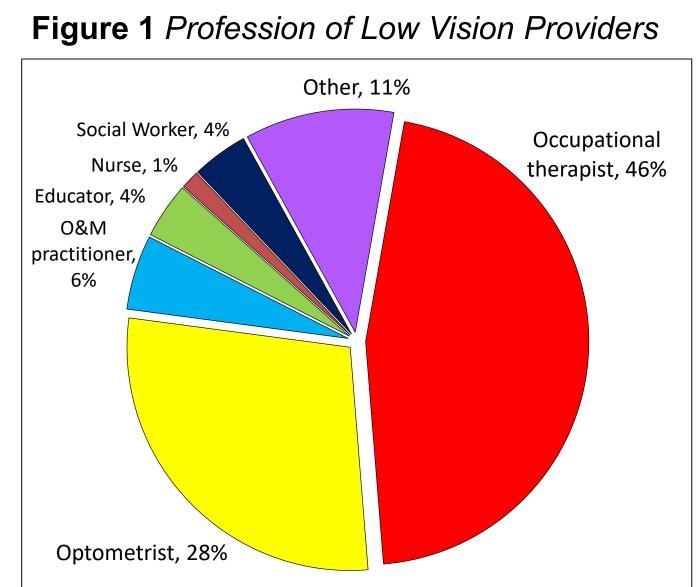
- Most consumers (85%) reported they seek private services. See Figure 3 for reported barriers to attaining low vision services.
- See Figure 5 for consumers' perspectives regarding experiences with receiving low vision services.

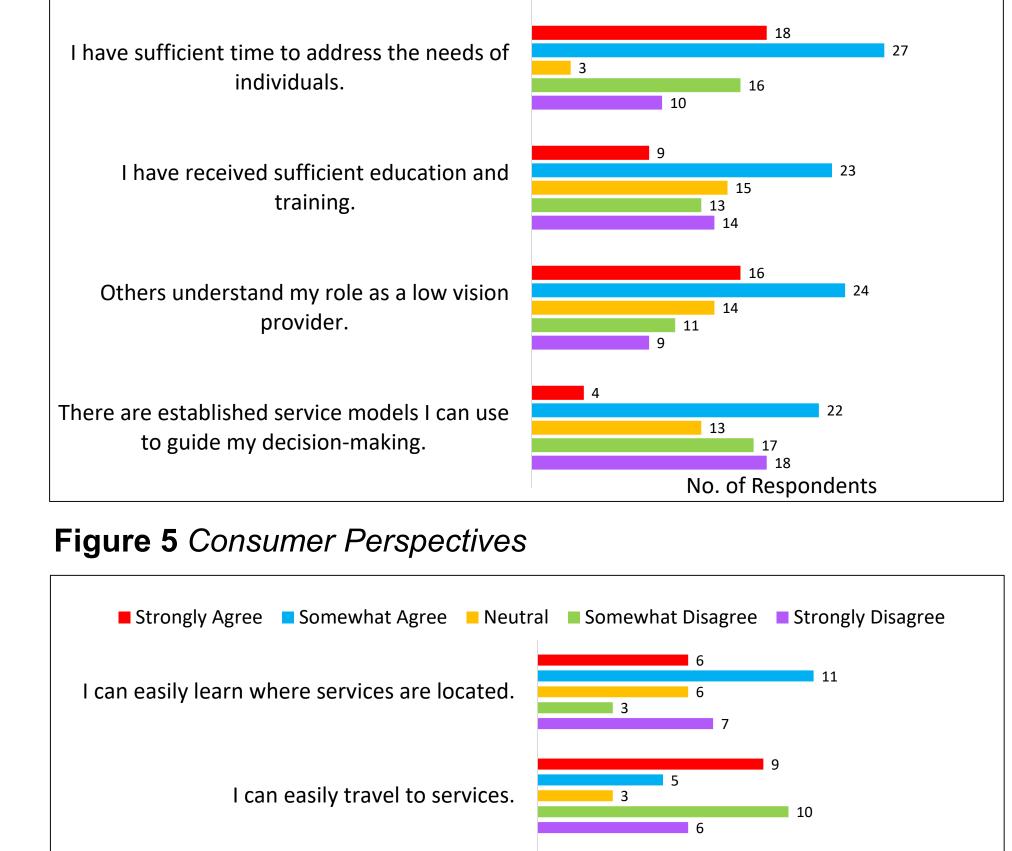
Results (Cont.)

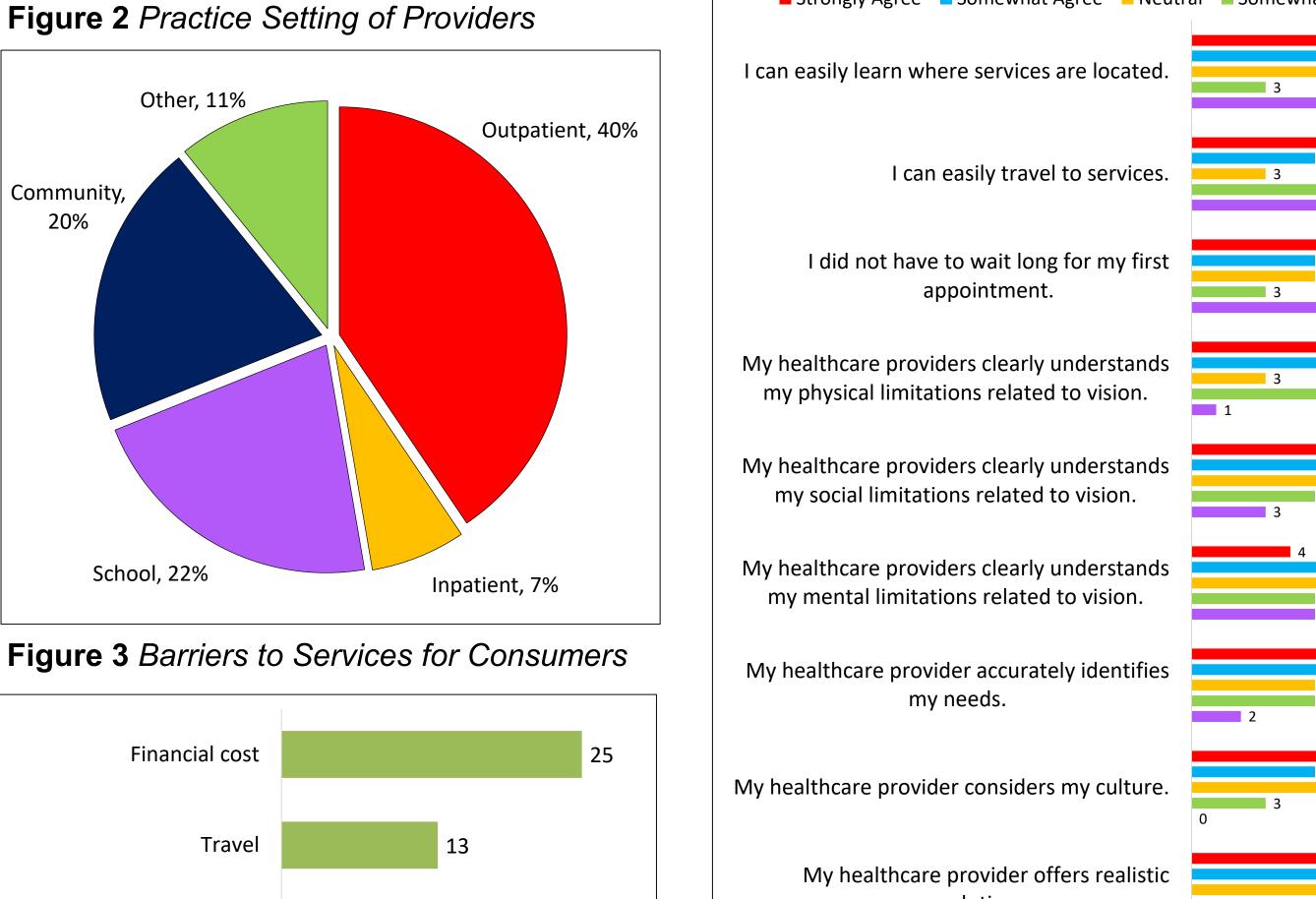
Figure 4 Provider Perspectives

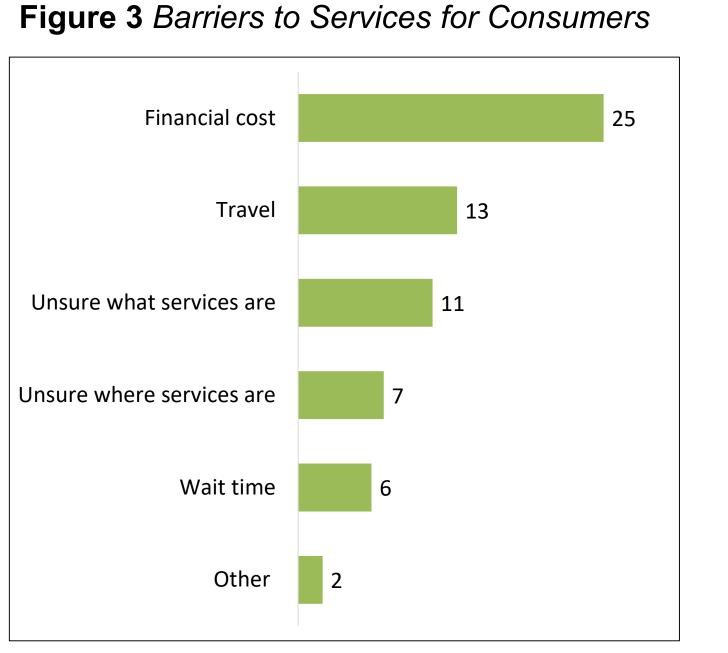
I am confident in my ability to provide low



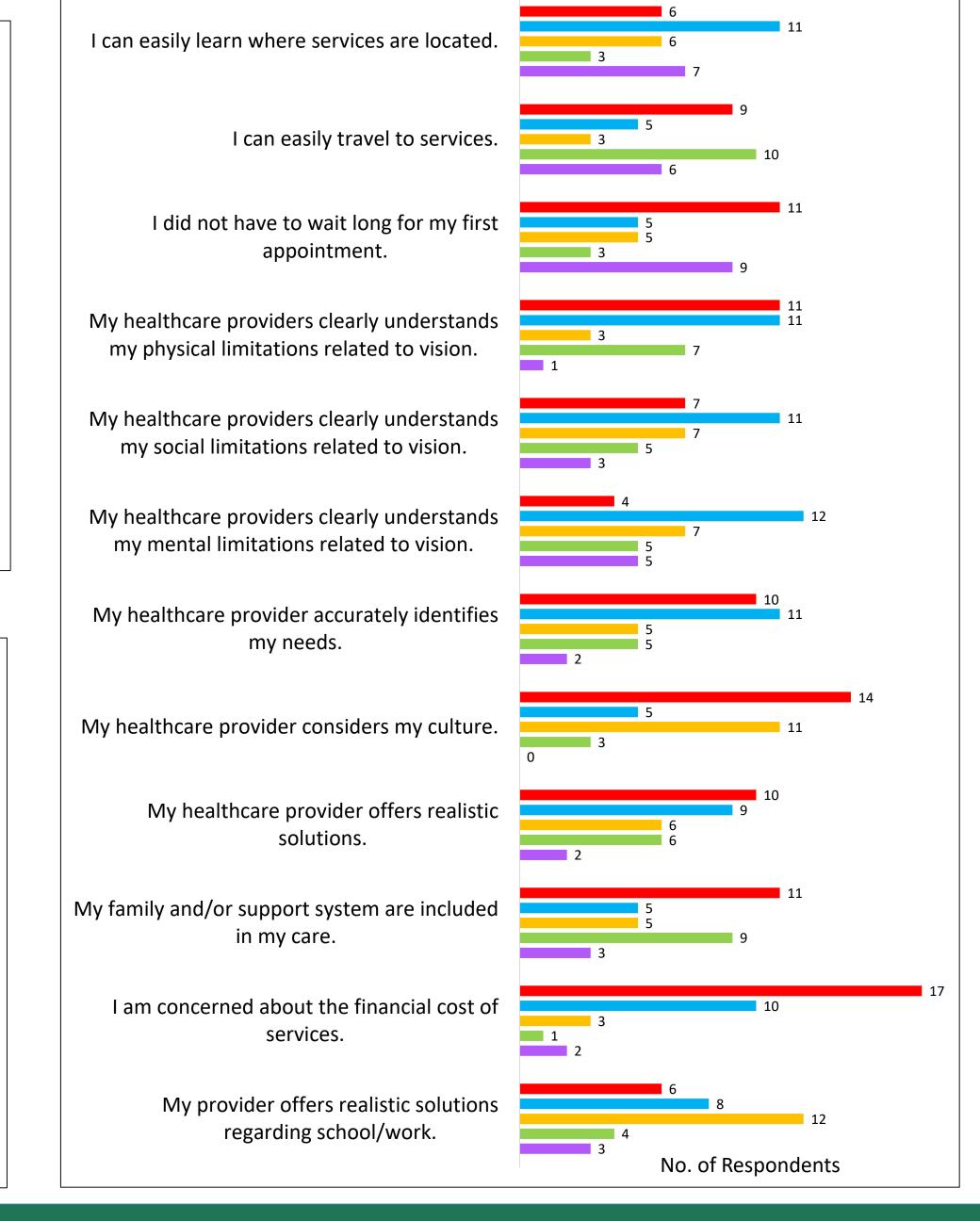








School, 22%



Discussion

- Practitioners provide private services about 50% of the time whereas consumers seek private services about 85% of the
- Urban dwelling providers and rural dwelling providers reported the same average ratings for all statements.
- Urban dwelling consumers and rural dwelling consumers reported the same average ratings for all statements except #5, #7, #9, and #10.
- Study limitation includes a limited number of responses from rural dwellers due to a lack of internet access and device use in communities. The study population may not be representative of the country population.

Conclusion

 The findings in the study suggest that residing in a rural versus urban community does not significantly affect access to low vision services, however, rural community dwellers felt more negatively about their providers' ability to consider culture and context.

References

Addo, E. K., Akuffo, K. O., Sewpaul, R., Dukhi, N., Agyei-Manu, E., Asare, A. K., Kumah, D. B., Awuni, M., & Reddy, P. (2021). Prevalence and associated factors of vision loss in the South African National Health and Nutrition Examination Survey (SANHANES-1). BMC Ophthalmology, 21(1). https://doi.org/10.1186/s12886-020-01714-4

Naidoo, D., Van Wyk, J., & Joubert, R. (2017). Community stakeholders' perspectives on the role of occupational therapy in primary healthcare: Implications for practice. African Journal of Disability, 6(0), a255.

https://ajod.org/index.php/ajod/article/view/255/528

Watson, R. (2013). A population approach to occupational therapy. South African Journal of Occupational Therapy, 43(1), 35-39. http://www.scielo.org.za/scielo.php?script=sci arttext&pid=s2310-38332013000100007

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