



BARRIERS IN TREATMENT SEEKING RELATED TO SURGICAL CONDITIONS IN INDIA: A VIEWPOINT

Dr. Deep Priya Lall	MD Community Medicine Department of Community Medicine, Lady Hardinge Medical College, New Delhi
Dr Balraj Dhiman*	Director Professor Department of Community Medicine, Lady Hardinge Medical College, New Delhi*Corresponding Author
Dr. Manish Kumar Goel	Professor Department of Community Medicine, Lady Hardinge Medical College, New Delhi
Dr Ananya Ray Laskar	Associate Professor Department of Community Medicine, Lady Hardinge Medical College, New Delhi
Dr. S K Rasanía	Director Professor & Head Department of Community Medicine, Lady Hardinge Medical College, New Delhi

ABSTRACT

Introduction: Various barriers are present that prevent individuals from undergoing surgical treatment. The most common surgical conditions can be categorized into minor which include cataract, hernia, hydrocoele and major surgical conditions which include mastectomy, hysterectomy and so on. Timely treatment for the same are important, but due to these barriers, there is a delay in seeking treatment. Current review was done to look into main barriers for seeking surgical treatment in India. **Methods:** A review of literature was done of Indian literatures from 2010 to 2020. PubMed, Google scholar, National Medical Library and medical college library were used for literature search. Twenty journals were reviewed and analysed. The keywords used were Barriers, Surgical conditions, India, Treatment seeking behaviour. Only studies in the given time period were taken. Analysis was done to assess the barriers for seeking treatment in surgical conditions. **Result:** There were many barriers such as patient related barriers like cost, beliefs; physician related barriers like health worker shortages and lack of adequately skilled professionals; institution related barriers in terms of materials, skilled personnel, finance and structural barriers like lack of cooperation and coordination between providers. **Conclusion:** More than half individuals who needed surgical care did not undergo surgery due to reasons of affordability, accessibility and no trust. Providing transport, mobile surgical clinics and raising awareness campaigns should be implemented to overcome the barriers.

KEYWORDS : Surgical Conditions; Barriers; India; Treatment seeking behaviour; Cataract.

INTRODUCTION

Of all the hospital visits, approximately 30% of the patient visits have been found to be visiting for surgical conditions. But surgical treatments are marred or delayed due to various barriers are present, preventing individuals from undergoing surgical treatment. These barriers create undue delay in seeking as well as getting adequate surgical care leading to higher morbidity and mortality. This results in other indirect effects in terms of quality of life as well as economic constraints.

The most common surgical conditions can be categorized into minor which include cataract, hernia, hydrocoele and major surgical conditions which include mastectomy, hysterectomy and so on. Timely treatment for the same are important, but due to these barriers, there is a delay in seeking treatment. Current review was done to look into main barriers for seeking surgical treatment in India.

MATERIALS AND METHODS

Review of Literature of Indian studies from 2010 to 2020 from PubMed, Google scholar, National Medical Library and medical college library was done. Keywords such as Barriers, Surgical conditions, India, Treatment seeking behaviour were used. Twenty journals were reviewed and eleven were selected for final analysis. Analysis was done to assess barriers for seeking treatment for surgical conditions. The final list of selected as per Table no. 1.

Table no 1: List of the studies included in the final review

S. NO	AUTHOR	YEAR	PLACE OF STUDY	STUDY DESIGN
1.	Ensor T et al	2020	North East India	Cross sectional study
2.	Bhandarkar P et al	2020	Mumbai	Cross-sectional study

3.	Sood R et al	2019	Bihar	Cross sectional study
4.	Are C et al	2019	-	Review article
5.	Amritanand A et al	2018	Tamil Nadu	Cross sectional study
6.	Dharmadhikari S et al	2017	Maharashtra	Cross sectional study
7.	Khan MNA et al	2017	Aligarh, Uttar Pradesh	Cross sectional study
8.	Dare AJ et al	2015	-	Systematic review
9.	Hudson JL et al	2014	Gadchiroli, Maharashtra	Cross sectional study
10.	Ologunde R et al	2014	-	Review article
11.	Grimes CE et al	2011	-	Systematic Review

RESULTS:

Table No. 2: Distribution of barriers in the study subjects according to categories

Sl No	KEY BARRIERS	PERCENTAGE RANGE
1.	Acceptability	6.3%- 33%
2.	Affordability	8.1%- 77.4%
3.	Accessibility	19.9%- 22.9%

The most common barrier found was affordability (77.4%) followed

by acceptability (33%). The range was broadest in terms of affordability that is 8.1% - 77.4%. (Table No. 2)

Table no. 3: Distribution of barriers to getting surgical care in females

S.NO	BARRIERS IN FEMALES	PERCENTAGE
1.	Financial constraints	42.5%
2.	Cultural beliefs	41%
3.	Illiteracy	30.7%
4.	No one to accompany to the facility/ lack of social support	25.4%
5.	Lack of access to information about services	24.6%
6.	Less likely to travel far to seek services	10.4%

As given in table no. 3, more than 80% of the barriers were due to financial constraints (42.5%) and cultural beliefs (41%). Illiteracy contributed to an average of 30.7% of the barriers to surgical treatment.

DISCUSSION:

The review stressed on major barriers with extensive review of the articles that were chosen for the same. The eleven articles reviewed showed the main barriers in treatment seeking to surgical care. The most common barrier being affordability which included financial constraints either in terms of treatment or transport. Financial difficulties that are usually associated with the surgical care include out of pocket expenditure as well as catastrophic health expenditure. This not just impacts on short term but also has individual and collective ill effects on long term. Untreated surgical conditions can also lead to adverse health outcomes due to complicated sequelae associated with the diseases. The next main barrier was acceptability which is a very important determinant in terms of fear of surgery or myths and acceptance of the procedure. Many patients are known to choose also, the alternate system of medicine which might not be suitable on a long run. Acceptability being low can also be due to various religious, cultural and social constraints that are associated with the disease. This can also be confirmed by cultural beliefs affecting seeking of care in 40% of the individuals in average in various studies. Accessibility was also found to be highly affected that is mainly because of poor transport or distance of the health centres with requisite facilities from the place of residence. Long distances can also impact on how a patient will seek the health care. Thus the review threw light on three major hindrances in the seeking of healthcare.

CONCLUSION:

Most common barrier was affordability followed by accessibility and acceptability. Subsidized surgical care, providing transport, mobile surgical clinics should be implemented to overcome the barriers. Educational programme and awareness campaigns should be done at both community and household level.

REFERENCES

1. Ensor T, Virk A, Aruparayil N. Factors influencing use of essential surgical services in North-East India: a cross-sectional study of obstetric and gynaecological surgery. *BMJ Open* 2020;10:1-9.
2. Dhamadhikari S, Bakare PN, Deshpande M, Hegade A, Kesari A. Study on barriers causing delay in cataract surgery of bilateral cataract blind at a tertiary eye care centre in urban India. *J Clin Ophthalmol Res* 2017;5:69-72.
3. Khan MNA, Ansari MA, Ahmed A, Khalil S, Maroof M. A study to assess the barriers for cataract surgery uptake among elderly population of Aligarh. *Int J Community Med Public Health* 2017;4(11):4219-23.
4. Ologunde R, Maruthappu M, Shanmugarajah K, Shalhoub J. Surgical care in low and middle-income countries: Burden and barriers. *International Journal of Surgery* 2014;12:858-63.
5. Grimes CE, Bowman KG, Dodgion CM, Lavy CBD. Systematic Review of Barriers to Surgical Care in Low- Income and Middle- Income Countries. *World J Surg* 2011; 35:941-50.
6. Amritanand A, Jasper S, Paul P, Kuriakose T. Facilitating factors in overcoming barriers to cataract surgical services among the bilaterally cataract blind in Southern India: A cross-sectional study. *Indian J Ophthalmol* 2018;66:963-8.