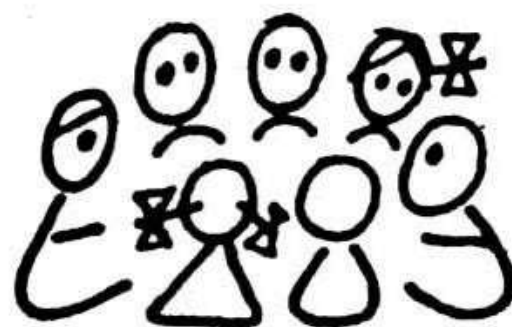
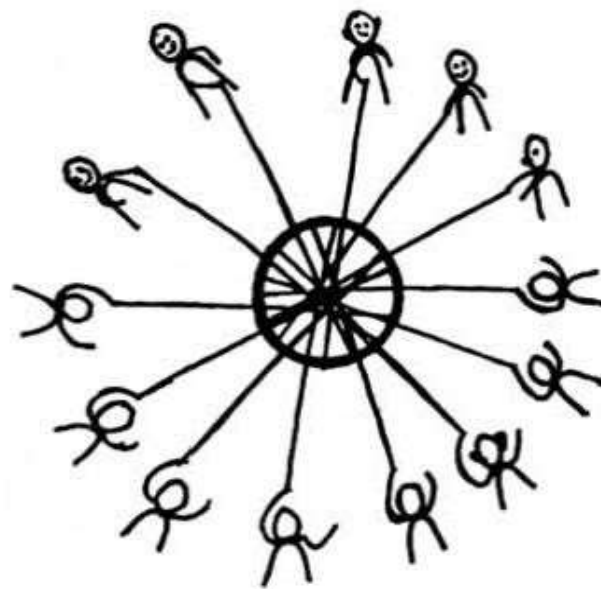
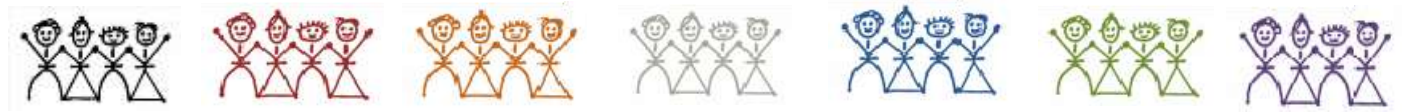


# Community Health Learning Programme

*A Report on the Community Health Learning Experience*

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School of Public Health Equity and Action  
(SOPHEA)



Society for Community Health Awareness Research and Action

# **Title: COVID-19 pandemic and its impact on eye care services among tea garden workers, Assam.**

## **ABSTRACT**

### **Introduction**

Corona virus has emerged as a global health issue. [2] and it has disrupted most the vulnerable communities. Like the rest of the places, the tea gardens too were not prepared to face the pandemic of this proportion. With deficient healthcare system in India, health facilities in tea gardens serving as an example. Most tea garden hospitals do not have the facilities, the wherewithal, to treat COVID-19 patients. The tea workers are thus, back to square one and worse with low wages, poor healthcare system, and a raging pandemic. Like any other health morbidities people with eye morbidities has found difficulty in treating their eye concerns during this pandemic and has increased the inaccessibility to eye health services. Therefore, this study is to determine if there is any practical issues of inaccessibility during the COVID-19 pandemic.

### **Objectives**

The study's objective is to see if there are any perceived practical issues with access to eye health services as well as to assess the factors associated with obtaining eye care service among tea garden workers during the COVID-19 pandemic.

### **Methods**

A qualitative study design with in-depth interviews were conducted among 20 tea garden workers. Three themes emerged after data analysis, including lack of priority placed on eye health during Covid-19 pandemic, prevalence of bygone medications, change anticipation

### **Findings**

Three themes emerged after data analysis, including lack of priority placed on eye health during Covid-19 pandemic, prevalence of bygone medications, change anticipation.

### **Conclusion**

COVID-19 has exacerbated the health disparities in tea gardens. As a result, we recommend a long-term approach to sustain the response at the policy level.

## **BACKGROUND**

In December 2019, a new coronavirus identified as SARS-CoV-2 caused the COVID-19 respiratory illness outbreak [1]. Due to its rapid geographic spread over the last two decades, the Corona virus has emerged as a global health issue. [2] and it has disrupted most the vulnerable communities. Covid-19 has had a significant impact on the world economy and financial markets, in addition to being a global pandemic and public health disaster. Significant revenue loss, increased unemployment and disruptions in the transportation, service and

manufacturing industries are all possible outcomes [3]. The spread of covid-19 has put India in the midst of an unprecedented humanitarian crisis. Not only the battle is with the pandemic there is also neglected healthcare system, which is a long-term issue in our country which has escalated during this crisis. Like the rest of the places, the tea gardens too were not prepared to face the pandemic of this proportion. With deficient healthcare system in India, health facilities in tea gardens serving as an example. Most tea garden hospitals do not have the facilities, the wherewithal, to treat COVID-19 patients. The tea workers are thus, back to square one and worse with low wages, poor healthcare system, and a raging pandemic. Like any other health morbidities people with eye morbidities has found difficulty in treating their eye concerns during this pandemic. Currently, eye diseases are considered as one of the major contributors of nonfatal disabling conditions in both high-low income countries [4]. For instance, India is home to one-fifth of the world's visually impaired people and therefore, any strategies to combat avoidable blindness must take into account the socio-economic conditions within which people live [5]. These may not appear as a major issue for those who can afford these services. Poverty and blindness are believed to be intimately linked, with poverty predisposing people to blindness [6]. There is need to give more importance to this vulnerable communities for the where there is lack of basic amenities and facilities. And when it comes to Tea-garden populations, they are no less.

## **PROBLEM STATEMENT**

Most of the ocular morbidities found in developing countries are preventable and curable but faced with inadequate availability of ophthalmic services in rural communities [7]. According to the Plantation Labour Act, 1951, eye care facility is not available in tea garden hospitals and thus government eye care facility is only available at the district hospitals.[12] This means that the bulk of the population in tea garden does not have easy access to eye health care. Most common cause of visual impairment in aged 30 years and above is Cataract, Glaucoma and refractive errors and which if neglected can go further blindness leading to disability.[10] As the tea garden labor community works in the tea gardens outdoors with the exposure of sunlight they tend to be more at risk of cataract. [9] All the tea gardens are in rural areas therefore the prevalence of uncorrected refractive errors is also high. Because rural communities have limited access to health care facilities, paying special attention to the correction of refractive errors in these places particularly with low- cost approaches such as eye glasses, can help to avert a large percentage of visual impairments. [11] Ocular morbidities that go undetected and untreated raise the major risk to blindness.[8] Eradicating avoidable blindness enhances the productivity, and thus impacts the many millions who are stuck in the vicious cycle of poverty and poverty induced disability.[13] As the primary focus of public health has switched to preparing for and containing the COVID-19 pandemic in the country, most preventive health efforts have been pushed to the side. Along with other health services, eye care services also must have disrupted. So, this qualitative study will allow to understand the factors associated in accessing eye health care services during COVID-19 to highlight the discrepancies by taking up this study.

## **LITERATURE REVIEW**

1. There is no particular studies on COVID-19 pandemic and its impact on eye care services among tea garden workers, Assam. A cross-sectional study was conducted by Rebecca Low, et.al on “Patient perception and experiences of eye care during COVID-19 Pandemic, lockdown” in 2020[14]. The aim of the study to elucidate the perceptions on eye care of patients affected by the disruption of outpatient and surgical ophthalmological services during the COVID-19 pandemic. A questionnaire-based survey was conducted during the reopening of outpatient services at two tertiary eye care centers in Singapore and North India. A total of 326 patients were recruited, 200 patients from Singapore and 126 patients from New Delhi, India. As resulted, most common eye conditions were diabetic retinopathy and uveitis or ocular inflammatory conditions in the Indian center, whereas the most common in the Singaporean center were cataract in the pre- or postoperative stage and glaucoma. For patients from the Indian center, 61.9% felt that COVID-19 had negatively impacted their eye disease, 58.7% were more distressed by their eye disease, 70.8% could not access appropriate eye care, 66.6% were afraid of contracting COVID-19 in the clinic, and 61.9% were accepting of teleconsultations. For patients from the Singaporean center, 13.5% felt that COVID-19 had negatively impacted their eye disease, 19.5% were more distressed by their eye disease, 21.5% could not access appropriate eye care, 35% were afraid of contracting COVID-19 in the clinic, and only 31% were accepting of teleconsultations. The study concluded that patients from India appear to have been more negatively affected by the pandemic compared to patients from Singapore.
2. A study was conducted on “Access to eye care during the COVID-19 pandemic, India” by Janani Muralikrishnan, Josephine S Christy and et.al in 2019 [15]. The aim of the study is to study the impact of the coronavirus disease 2019 (COVID-19) pandemic on outpatient visits to eye care facilities in south India. A cross-sectional study of 87 eye-care centres belonging to the Aravind Eye Care System in the states of Tamil Nadu and Pondicherry in south India. compared outpatient numbers and outpatients’ age and sex between the pandemic period and the pre-pandemic period in 2019 for all centres, whereas vision and ophthalmic assessments were compared for vision centres only. Findings During the first wave, the number of outpatient visits at tertiary, secondary and vision centres was 39% (647 968/1 656 296), 60% (170 934/283 176) and 73% (180 502/246 282) respectively, of 2019 levels. During the second wave, outpatient visits at tertiary, secondary and vision centres were 54% (385092/710949), 73% (88383/121739) and 79% (121993/154007), respectively, of 2019 levels. The proportion of outpatients who were female or younger than 20 years or older than 60 years was significantly lower during the first and second waves than in 2019 ( $P < 0.0001$  for all). The proportion of outpatients who were female or younger than 20 years or older than 60 years was significantly lower during the first and second waves than in 2019 ( $P < 0.0001$  for both). Study concluded that Restrictive measurements led to declines in outpatient visits, however the decline was less at secondary and vision centres than at tertiary centres.
3. A systematic review study was conducted on “Impact of COVID-19 pandemic on utilisation of healthcare services” by Ray Moynihan, Sharon Sanders and et.al [16]. Aimed to

determine the extent and nature of changes in utilisation of healthcare services during COVID-19 pandemic. Eligible studies compared utilisation of services during COVID-19 pandemic to at least one comparable period in prior years. Services included visits, admissions, diagnostics and therapeutics. Studies were excluded if from single centres or studied only patients with COVID-19. Data resources like PubMed, Embase, Cochrane was used to get information about COVID-19 Study Register and preprints were searched, without language restrictions, until 10 August, using detailed searches with key concepts including COVID-19, health services and impact. Resulted that 3097 unique-references were identified, and 81 studies across 20 countries included, reporting on >11 million services prepandemic and 6.9 million during pandemic. For the primary outcome, there were 143 estimates of changes, with a median 37% reduction in services overall (IQR -51% to -20%), comprising median reductions for visits of 42% (-53% to -32%), admissions 28% (-40% to -17%), diagnostics 31% (-53% to -24%) and for therapeutics 30% (-57% to -19%). Among 35 studies reporting secondary outcomes, there were 60 estimates, with 27 (45%) reporting larger reductions in utilisation among people with a milder spectrum of illness, and 33 (55%) reporting no difference. Concluded that Healthcare utilisation decreased by about a third during the pandemic, with considerable variation, and with greater reductions among people with less severe illness.

4. A Community-based cross-sectional survey in eight randomly selected tea gardens of Dibrugarh district of Assam was conducted to “assess the health problems and nutritional health status of tea garden population of Assam” by G K medhi, et.al [17]. Socio-demographic and behavioral characteristics of participants were recorded. Health problems and nutritional status were assessed through medical examination, evaluation of medical records, anthropometry and laboratory investigations. Percentage prevalence; Chi-square test was applied wherever applicable. The results are out of 4,016 participants, 1,863 were male and 2,153 were female. They were mostly illiterate and nearly 52.9% (1,197 of 2,264) of adults were manual workers in the garden. Alcohol and oral tobacco use were common. Prevalence of underweight among children was 59.9% (357 of 596) and thinness among adults was 69.9% (1,213 of 1,735). Anemia was widespread. Worm infection (65.4%, 217 of 332); skin problems; respiratory infections, including tuberculosis; filariasis were present in a significant way. Children suffered more in various diseases. Major noncommunicable diseases like hypertension, stroke were emerging in the community and were associated with modifiable risk factors like alcohol and tobacco use. It is concluded with that the health status of the population can be ameliorated through better hygienic practices, environmental sanitation, creating health awareness, nutritional intervention and overall improvement of socioeconomic conditions of the population.
5. A study conducted to know “the prevalence and risk factors of senile cataract in Tea garden in Dibrugarh district of Assam” by Sheshadra Sonowal, et.al [18]. Aimed to find out prevalence of senile cataract in tea garden community and its association with risk factors.

A cross sectional study, community-based study was undertaken among adults aged 40 years and above in 10 randomly selected tea gardens of Dibrugarh district. Those eligible were subjected to interview and ocular examination using Distant Direct Ophthalmoscopy. The lens opacity was graded and classified after dilation using LOCS III system at the slit lamp for cataract. Out of 1200 eligible persons examined 384 persons were found to have cataract. Data analysis revealed prevalence of 32 %. On univariate analysis age, educational status, occupation, socioeconomic status, BMI, family history, history of sunlight exposure, smoking, alcohol consumption and severe diarrhea were found to be significantly associated with senile cataract and on multivariate analysis age, educational status, occupation, family history, smoking and alcohol consumption were found to be significantly associated with senile cataract. Senile cataract appears to have a multi factorial etiology.

## **AIM**

Research question: What are the concerns and challenges faced by tea garden laborers in getting access to eye health services during COVID-19 pandemic?

Overall aim: To determine if there is any perceive practical issues in access to eye health services among Tea-garden worker during Covid-19 pandemic.

Specific Aims: To assess the factors associated with obtaining eye care services among the tea garden workers during COVID-19 pandemic.

## **METHODOLOGY**

### **Study Design**

A cross sectional study was conducted among tea garden worker from Koomtai Tea estate, Golaghat (district), Assam.

### **Study period**

Data was collected from January – February 2022

## **ETHICS CLEARANCE**

The ethical clearance was taken from the SOCHARA Institutional Scientific and Ethics Committee (SISEC). The purpose of the study was explained to participates and given opportunity to clear the doubts. Written informed consent was obtained from the volunteer participants. Illiterates was explained the purpose in local language (Assamese), finger print was taken in informed consent letter along with the witness signature. Anonymity, confidentiality of information, and the right to withdraw were considered during the study.

## **SAMPLE TECHNIQUE**

Random sampling technique (lottery method) was used to select the Golaghat district area in Assam to conduct the study. In Golaghat district, Koomtai village tea estate was selected as

target population by using Convenient sampling technique and snowball technique is used to approach the tea garden workers in tea estate. This study covered workers of 7 tea gardens under Koomtai tea estate.

### **SAMPLE SIZE**

The sample size for qualitative study was expected to be approximately 15 participates to achieve data saturation. But this study covered 24 tea garden workers. Interviews were continued with participants until the data was saturated.

### **INCLUSION AND EXCLUSION CRITERIA**

The study included both genders (male, female) with the age limit of 18-70 years. Daily wages or contractual workers with history of eye morbidity, People who are resident of Koomtai tea estate and able to respond in Assamese were also included in the study. Person with the history of eye diseases but also diagnosed with others diseases (NCD) were excluded. People obtaining ayurvedic and other nature treatments, working in other sectors than Tea-garden and who are not willing to participates or absent or absent at time of data collection was excluded from the respective study.

### **DATA COLLECTION**

Qualitative method was used to obtained data. In Depth Interview (IDI) method was used among tea garden workers to access the eyecare services during Covid-19 pandemic. Face-to-face individual interviews was carried out as per the willingness of the participants in convenient place within the tea garden premise. The individual interviews began by asking the participants a general and open question regarding the description of their practical issues in accessing to eyecare services during covid-19 pandemic, and then some other questions were asked based on the participants' statements and responses [17]. Moreover, some supplementary questions were utilized based on the participants' comments and opinions (e.g., "would you elaborate more on this?" or "what did you mean by saying ...?") to search and complete information. All the conducted interviews with the participants were recorded and immediately transcribed verbatim after the end of the interview sessions. Each interview lasted about 20 to 40 minutes and was 32 minutes on average. Permission was taken from the participants to record the interview, for analysis and further publication.

### **DATA ANALYSIS**

This study employed content analysis to see if there were any perceived practical challenges with access to eye health care among Tea-garden workers during the Covid-19 outbreak. This style of analysis is an interpretive process that examines the similarities and differences between and within different areas of the text while focusing on the subject and backdrop. The researcher read the interview script multiple times to gain a general knowledge on this procedure. Parts of the

interviews relating to the participants' experiences with practical challenges in accessing eye health services among Tea-garden workers during the Covid-19 pandemic were removed and placed in a separate text. Then, words, sentences and paragraphs relevant to each other in terms of both content and context were merged and coded. Codes and units of meaning were interpreted in the context of the study and compared in terms of similarities and differences. Finally, abstract subclasses were made based on the semantic line. Rethinking about the codes and the subclasses resulted in the extraction of three main categories.

## **RESULTS**

Quantitative findings of this study are presented under the following categories and themes.

The study participants consisted of 24 tea garden workers. After analysing the interviews with the participants regarding the impact on eye care services among Tea gardens workers; four main themes emerged

- A. Lack of priority placed on eye health during Covid-19 pandemic
- B. Prevalence of bygone medications
- C. Financial distress.
- D. Change anticipation.

The main categories are divided into themes.

### **A. Lack of priority placed on eye health during Covid-19 pandemic.**

**1.Fear of contracting virus-** The tea garden workers were not afraid of having their eyes tested, but they were afraid that the virus would spread to their children and that they would be quarantined. One participant stated - I was thinking of going to an eye doctor, but I was afraid to go because of the Covid situation, and if I go, what if I get the Covid virus and then pass it on to my children, and what if I /am quarantined and have to lose my daily wages?’’In addition, from the fear of virus there was discrimination in the hospital practice, as evidenced by the doctors’ behaviour toward the tea garden workers. According to one of the tea garden workers who participated in the study–

“I went to consult a doctor in Golaghat district, but the doctor refused to see me because he considers his life to be more valuable than mine? That he refused me down”

**2.Communication barrier-** Information about the eyes was not widely disseminated. Many tea garden workers were likewise unaware of the doctors’ visit in the tea garden during the covid pandemic, as they maintained limited outings. In this regard one of the participants has said the following-

“There was no announcement of the eye doctor’s visit at the proper time from ANM, ASHA or the general public, and no banners or posters were hung in the tea garden.”

### **B. Prevalence of bygone medications**

**1.Approaches for alternate remedies-** Some of the tea garden workers adopted alternate treatments while dealing with their eye conditions. One of the tea garden workers said the following-



“I occasionally use kajal to protect my eyes, but it does not help me see small letters”

**C. Financial distress-** Tea gardens have been a good source of employment and feed for families since the beginning of the tea industry. Employees at the tea gardens, on the other hand, suffered financial catastrophe during the Covid-19 lockdown. One of the participants said the following-

“we have no choice but to miss meals, and there is no other option if we think about going for an eye test now, therefore we must continue in this way for the time being”.

**D. Change anticipation-** Demands was evident with almost all participants.

**1.Demands on awareness-** The population to ophthalmologist ratio is just 1:100000, which is why there is always a shortage of eye doctors in every region. And if there is a lack of awareness, the situation worsens, which is why awareness has become more important in tea gardens throughout the pandemic. One of the tea garden workers said the following-

“We require an eye doctor in Tea Garden; however, because my house is in the corner, we are unaware of any eye doctor visits, therefore would like any health professional to call us prior to a doctor’s visit and notify us, or they should visit house to house during a pandemic to ensure that we do not miss consultation.”

**2.Demand of eye doctor-** eye facilities are not available nearby. They claim that they have issue with travelling distant for check-ups. On this regard one of the participants has said the following- “we wish to bring an eye doctor to the tea gardens on a regular basis or retain a permanent eye doctor on staff at the tea garden hospital”.

## DISCUSSION

The present study explored the impact on eye care services among Tea gardens workers during covid 19 pandemic. As covid is droplet infection by which 4.31 crores cases been reported and 5.24 lakhs deaths were registered in India. In Assam, 7.24 lakhs cases been reported and 7,986 deaths were registered so far. A clear statement was given by participants that they were willing to go for eye check-ups but fear of getting infected by covid which can be spread over family members and faced financial problems such that they even skip the meals. Similarly justified in the study of Janani Muralikrishnan [15], a drastic decline in clinic visits and procedures, which reflected travel restrictions, unemployment-related financial challenges and fear of infection was stated. Few also stated that huge negligence in conducting regular health/ eye check-ups, discrimination towards tea garden workers due to their job level. In study of Janani Muralikrishnan [15] also stated that the pandemic adversely affected access to eye care, Ophthalmic care was provided by government and private multispecialty hospitals but they were overwhelmed by the inflow of COVID-19 patients. Moreover, most private eye clinics were closed during the acute phases of the pandemic. Participants reported that Communication, involving community in campaigns, creating/ conducting awareness programs by ASHA/ ANM’s and community participation are the major lacking and contributing factors for uncontrol of eye related disease cases and its minor/ major complications in covid 19 pandemic especially among tea garden workers.

The tea garden community of Assam, which is already a vulnerable community and lives mostly in rural areas, has faced a worse scenario during the COVID-19 pandemic, which aligns with a

study that says services in rural areas, which has always been a problem, have gotten worse during the pandemic [19]. During the COVID-19 pandemic, some of the most basic services they were receiving were disrupted. The assertion is in line with a study that found essential health services continued to be disrupted during the COVID-19 pandemic [21].

Since the emerge of the pandemic, no eye camps have been established, according to some of the participants. Furthermore, the tea garden populace was ignorant of an eye care professional's visit to the tea hospital due to a lack of community awareness during the pandemic which was traditionally conducted by grassroot level health workers who were occupied with other covid tasks. A study reported that due to a lack of awareness of available eye care facilities, rural residents were nearly four times more unlikely to seek eye care than their urban counterparts [20]. Some of the study participants reported adapting alternative traditional eye medications because of the barrier of inaccessibility to eye care services. According to one study, the use traditional eye medication like Kajal may promote corneal epithelial breakdown, allowing bacteria to penetrate deeper into the corneal layers, because of their direct damaging and noxious action. As a result, increased prevalence of infectious keratitis in developing countries may be due to indiscriminate use of traditional eye medications [22].

## **LIMITATIONS**

This study is subject to some limitations. Firstly, a convenient sampling technique was used for the study which could create selective bias, but study covered large number of participants and conducted interview till data is saturation to reduce the bias. Secondly, this study has geographically limitation, results of this study is not application in others places. Thirdly, Focus Group Discussion (FGD) was not conducted in this study. In Depth Interview was conducted if FGD were also involved then the outcome of the study will be more specifically informative.

## **CONCLUSION**

The COVID-19 pandemic has increased the already existing inequities in groups that are already vulnerable. Also, the use of traditional eye medications is still common in Assam's tea gardens, and its likely to become more widespread in future when eye care services are inaccessible. As a result, there is concern that traditional eye medication will be used more frequently during pandemics when access is limited. The COVID-19 pandemic appears to stay for some time, which is why a long-term strategy to sustain the response is needed at the policy level, which should include enhancing access to eye care by expanding the existing vision centers in vulnerable areas.

## **RECOMMENDATIONS**

Consideration from the central government and local government is required to develop policies for vulnerable population like tea garden workers. Establishment of hospitals and eye clinics with in-patient facilities, doctors and hospital staff must be made mandatory, establishment of well-equipped health facilities with expertise in eye clinic, regular eye and health check-ups for free of cost to be utilize by the poorest of the poor. Awareness and campaigns should be conducted by medical staff like ASHA/ ANM's regularly and encourage community participation. More research studies should be conducted to bring out the problem into focus light, that helps the government to go further implementation of policies required to improve healthy living.

## **FINANCIAL SUPPORT AND SPONSORSHIP**

Nil.

## **CONFLICT OF INTEREST**

Nil.

## **ETHICAL CLEARANCE**



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**Society for Community Health Awareness, Research and Action - SOCHARA**

Registered under the Karnataka Societies Registration Act 17 of 1960, S.No. 44/91-92.

10<sup>th</sup> January, 2022

### **To Whomsoever it May Concern**

### **Scientific and Ethical Clearance**

The SOCHARA Institutional Scientific and Ethics Committee (SISEC) has reviewed all the necessary documents submitted to SISEC for clearance on scientific and ethical aspects of the research proposal title, “**COVID-19 pandemic, and its impact on eye care services among tea garden workers, Assam**” by Utpal Gogoi, CHLP 2021 Fellow. The SISEC found them satisfactory and hereby a provisional approval to carry out the study as planned is issued. Reporting to SISEC on the progress needs to be done at regular intervals and any adverse effect happening during the study should be intimated immediately.



Dr Arvind Kasthuri

Chairperson- SISEC

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## Interview schedule

### General information (demographic)

Name-

Age-

Gender-

Education-

Marital status-

### INFORMATIONAL-

1. Did any health professional provide eye related education throughout the pandemic?  
Probe-
  - Who (nurse, doctor, optometrist, eye technician, ANM, ASHA)?
2. Have you noticed any eye-related posters or displays during the pandemic?  
Probe-
  - What problem?
3. Has someone from the government side has recommended a place for eye treatment?  
Probe-
  - Which place?
4. How helpful it was from the Tea-garden authorities in recommending and suggesting a doctor for eye problems?
5. How are you taking care of your eyes during pandemic?
6. Have you heard about any local treatments in last two years for your eye illness?  
  
Probe-
  - What are these treatments?
  - Did you tried to follow them?

- Did it bring you any relief?

7. What changes do you feel would minimize the impact of the informational barriers?

#### ACCESSING-

1. Do you have an eye institution nearby where you can get an eye consultation?

Probe-

- How much distance you have to travel for eye consultation?

- What you have to say about availability of an eye specialist during pandemic?

- How was the quality of eye services during pandemic?

2. Where do you avail the medicines that you have been prescribed?

Probe-

- From where do you take all the prescribed medicines?

- How much distance you have to travel to access the medicines?

- are the prescribed medicines always available during pandemic?

3. Did you have any fears about contracting the Corona virus while seeking your eye services during the pandemic?

Probe- Are you avoiding eye check ups due to fear of acquiring the virus?

4. Were you required to take a Covid-19 test before receiving eye care?

Probe-

- What is your opinion of having a mandatory test before getting an eye consultation?

- Have you ever felt avoiding seeing a doctor because of the formality of a covid test prior to eye consultations?

5. Were there any eye camps held during the pandemic?

Probe-

How much beneficial it is to have the eye camps?

6. Do you think eye camps are helpful in tea gardens for eye services?

Probe-

- How it has helped before Covid-19 pandemic?

7. What changes do you feel would minimize the impact of all these accessing barrier?

#### FINANCIAL-

1. Did the tea gardens close due to pandemic?

Probe- Was the daily wage amount reduced during the pandemic?

2. How do you manage the expenses to access your eye illness during the lockdown?

Probe- Transportation cost, medicine cost, consultation cost increased?

1. Did you had financial crisis to bear the expenses on your eye treatment?

2. From where do you manage the expenses for your eye treatment?

Probe-

- Is the amount sufficient to meet all the expenses?

3. Have you heard about insurance schemes like AB-PMJAY or any other?

4. Are the costs of your eye illness covered by your tea garden's management?

Probe-

- How much do they bear?

- Is it enough for your eye treatment?

5. What changes do you feel would minimize the impact of the financial barrier?

### **Photographs of In-depth Interview**







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