

## CONTEXT/BACKGROUND

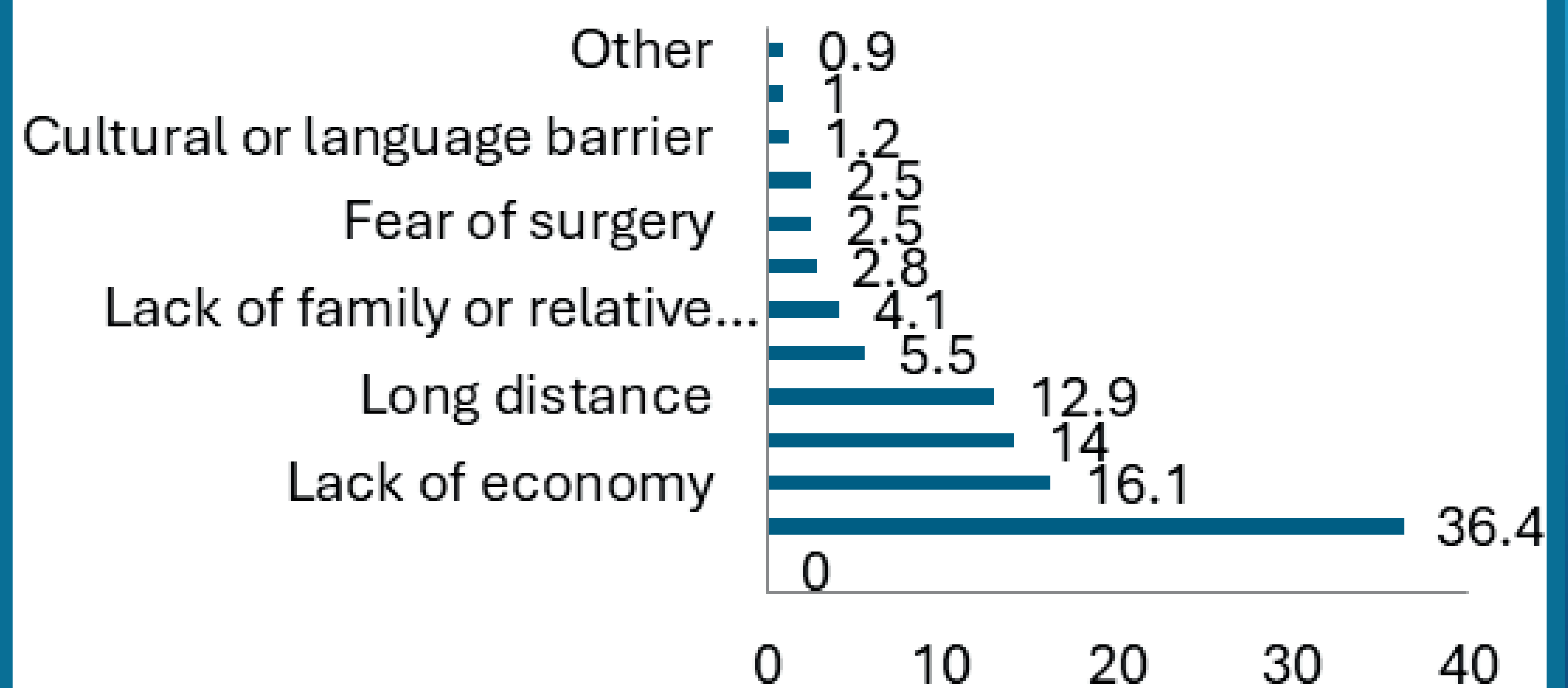
Ethiopia, bears one of the highest burdens of visual impairment in Sub-Saharan Africa, with the 2005/06 national survey reporting blindness at 1.6% and low vision at 3.7%, mainly due to cataract and trachomatous corneal opacity, while childhood blindness accounts for over 6% of all blindness.<sup>5</sup>

## METHOD/INTERVENTION

**Study Design and Setting:** A community-based, cross-sectional study was conducted from 1 June to 15 July 2023 in Dita and Uba Debretehay districts of South Ethiopia; **Sampling and sample size:** A multistage cluster sampling technique was employed, and total of 1,040 individuals were included in this study.

**Data Analysis and reporting:** The primary measure was the level of Eye Care Utilization (ECU). Associations between explanatory variables and ECU were assessed using binary and multivariable logistic regression; model fit was evaluated using the Hosmer–Lemeshow test.

## Reasons why respondents don't get eye care services (%)



## OUTCOME/RESULTS

A total of 992 respondents participated in this study, with a response rate of 95.4%. The prevalence of Eye Care Utilization within the past 2 years was 21.6% (95% CI 19.0, 24.3). The reported barriers to eye care utilization were lack of awareness (123, 40.6%) and lack of money (58, 19.2%), age <30 years (adjusted OR (AOR)=2.7; 95% CI 1.5, 4.6), being male (AOR=2.2; 95% CI 1.4, 3.6), shorter travel time (AOR=2.0; 95% CI 1.3, 3.1), undergoing regular vision check-ups (AOR=5.4; 95% CI 3.47, 8.37), history of eye diseases (AOR=4.8; 95% CI 2.5, 9.1) and having trichiasis (AOR=1.5; 95% CI 1.1, 2.3) were positively associated with eye care service utilization. Low wealth quantile (AOR=0.62; 95% CI 0.39, 0.98) and poor knowledge (AOR=0.26; 95% CI 0.16, 0.44) were negatively associated with eye care service utilization.

## CONCLUSION

Eye care utilization in the past two years was low, reaching fewer than one in four adults in the study area. Utilization was positively associated with male sex, shorter travel time, regular eye check-ups, and prior eye conditions, but was significantly lower among individuals with poor knowledge and lower wealth status. Strengthening community awareness and improving access to affordable, proximal eye care services, particularly for remote populations, are critical to improving utilization

## DISCLOSURE

ORBIS INTERNATIONAL ETHIOPIA FUNDED THIS RESEARCH (GRANT NUMBER: OIE/017/2023).

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