

An Epidemiological Study on Perception of the Cataract Patients regarding Cataract Surgery in Tertiary Care Hospital, Bareilly District, Uttar Pradesh

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ABSTRACT

Blindness is one of the significant social problems in India with 7 million of the total 45 million blind people in the world residing in our country. Major barriers to cataract surgery are poverty, no transportation, need not felt, and sex related. The low literacy rate among females and poor accessibility of the surgical sites were identified as important barriers in rural areas. There was also association found between socioeconomic status and cataract among cataract patients. In this study, a total of 208 participants who attended the ophthalmology outpatient department were studied for the observation on perception of cataract patient regarding cataract surgery. Data were analyzed and results were compared with other global studies.

Keywords: Cataract, Perception, Tertiary care.

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INTRODUCTION

Blindness is one of the significant social problems in India with 7 million of the total 45 million blind people in the world residing in our country.¹ Prevalence of blindness was found to be 1.49%, with cataract contributing to 77% of it. With the increasing life expectancy and expanding population, the number of cases is expected to increase in the near future.²

The term cataract is derived from the Greek word "cataractos," which means waterfall. Cataract is opacity or clouding of the crystalline lens that prevents light rays

from reaching the retina. Cataract is the main cause of low vision and blindness in the world. Majority of cataract (85%) is regarded as senile or age related with uncertain etiology. However, it is a preventable cause for blindness rectified by the use of appropriate surgical services. The absence of effective utilization of such services leaves many of those affected by it with severely impaired vision. Significantly, a majority of those living with blindness due to cataract and poor access to services are in the developing world.³⁻⁵ Earlier studies identified the major barriers to cataract surgery as poverty, no transportation, need not felt, and sex related. The low literacy rate among females and poor accessibility of the surgical sites were identified as important barriers in rural areas.

Blindness continues to be one of the major public health problems in developing countries. Cataract and corneal diseases are major causes of blindness in countries with less-developed economies.⁶ According to the World Health Organization, corneal diseases are among the major causes of vision loss and blindness in the world today, after cataract and glaucoma.⁷

Considering the complicated epidemiology of visual impaired and wide variety of factors involved, region-specific intervention strategies are required for every community. Therefore, proving appropriate data is the first step in these communities. Various studies estimating the burden of visual impairment and blindness in the elderly have been conducted in various parts of the country in the past. However, there has been lack of appropriate community-based data on prevalence of ocular morbidities on adults. Thus, in view of the importance of the problem and lack of the appropriate community-based data, the present study was undertaken.

AIMS AND OBJECTIVES

To find out the perception regarding the cataract surgery among cataract patients attending in Tertiary Care Hospital, Bareilly, Uttar Pradesh, India.

MATERIALS AND METHODS

After taking clearance from the Ethical Committee, the indexed study was carried out at the Tertiary Health Care Hospital, Bareilly, Uttar Pradesh, India. A

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semi-structured schedule was prepared, modified, and finalized as needed, which included both open- and closed-ended questions. The study was pretested by carrying out pilot study on a sample of 40 cataract study participants to check feasibility and development of the schedule. These 40 study participants were not included in the study. After taking informed written consent, study participants were explained the purpose, benefits, risks, anonymity, and confidentiality of the study than face-to-face interviews with cataract study participants was done and then data collection was started. All the cataract study participants to take part in the study were interviewed till the period of study of 1 year. Data were entered and analyzed using Statistical Package for the Social Sciences version 22.0.

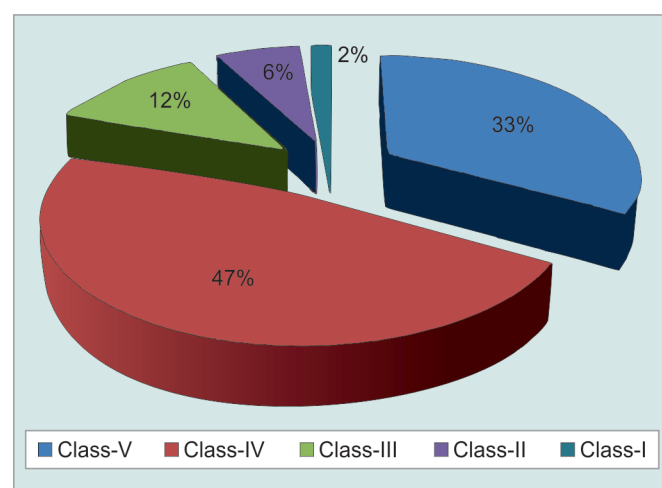
RESULTS

Table 1 shows that maximum number of study participants were worried about the cost of the operation (88.9%), followed by being afraid to undergo operation, fear of losing eyesight, clearly see with other eye, and fear of leading to death, which were 76.4, 59.1, 42.8, and 30.2% respectively.

Graph 1 shows that maximum number of cataract patients were from low socioeconomic class IV (47%), followed by classes V, III, II, and I, which were 33, 12, 6, and 2% respectively.

Table 1: Perception of the cataract patients regarding cataract surgery

Perception regarding cataract surgery	No (%) (208)
Afraid of undergoing an operation	159 (76.4%)
Worried about the cost of operation	185 (88.9%)
Fear of losing the eyesight	123 (59.1%)
Fear of leading to death	63 (30.2%)
Can see clearly with the other eye	89 (42.8%)



Graph 1: Perception of the cataract patients regarding cataract surgery

DISCUSSION

The indexed study is carried out in Bareilly, Uttar Pradesh, India, with the objective to identify the perception related to cataract surgery. In the present study, the major barrier that comes out is the cost of operation, which is about 88.9% followed by afraid of undergoing an operation (76.4%) and the least is feared to death (30.2%), and also Rabi⁸ and Bowman et al⁹ observed the same results in their respective studies, whereas some of the studies like Brian and Taylor,¹⁰ Fletcher et al,¹¹ Melese et al,¹² and Turner et al¹³ found that their results were not consistent with the observations as in our study.

In our study, the relationship between socioeconomic status and cataract patients was also observed and the results observed that low socioeconomic status had positive association with cataract, and Knight and Lindfield¹⁴ and Wesolosky and Rudnisky¹⁵ also observed the same results.

CONCLUSION

In this study, the maximum percentage of perception of barriers is the cost of the operation, whereas some of the studies observed the same result, and there was also association found with the socioeconomic status. That is, cataract is associated with low socioeconomic status.

RECOMMENDATIONS

This study concluded that the major barrier relating to the uptake of cataract surgery was the cost of the operation, which was very high in about 88.9% of the study participants. Therefore, there is a need for government sharing, finding out the new and cheaper techniques, and, most importantly, the health education and health information among the population.

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