

## To Assess The Knowledge, Attitude And Practice Regarding Cataract Surgery Among Senile Cataract Cases In Rural Bengaluru

\*Dr. Indulekha Bindu<sup>1</sup>, Dr. Pallavi BA<sup>2</sup>, Dr. V K Srivastava<sup>3</sup>, Dr. V. Sujatha<sup>4</sup>

<sup>1</sup>(Department of Ophthalmology, MVJMC & RH, Bangalore, India), <sup>2</sup>(Department of Ophthalmology, MVJMC & RH, Bangalore, India), <sup>3</sup>(Department of Ophthalmology, MVJMC & RH, Bangalore, India), <sup>4</sup>(Department of Ophthalmology, MVJMC & RH, Bangalore, India)

Corresponding author: \*Dr. Indulekha Bindu

---

**Abstract:** Cataract blindness, in itself, is a public health problem of major proportions in the developing world. It has been assumed that there is poor access to the causation and treatment of cataract, as to where the surgical services are available. Therefore, the present study was carried out to assess the knowledge, attitude and practices regarding cataract surgery among inpatient senile cataract cases being admitted in general medical ward.

**Methods:** The population studied includes 250 inpatient senile cataract cases in a medical college hospital in rural Bengaluru. This is a cross sectional study by interview technique.

**Results:** 92% had awareness about cataract, the major source being peer groups/relatives (75%). 55% related it to old age and preferred treatment from allopathic doctors. Only 63% responded for surgery as treatment. 72% wanted surgery when able to see nothing. 75% preferred surgery without intraocular lens implant.

**Conclusion:** There is a definite need for exploring the myths regarding cataract and its surgery, and there is a large gap in public's knowledge and understanding of cataract blindness. Much and more emphasis has to be on advance eye surgery so that quality care is provided.

---

Date of Submission: 14-08-2017

Date of acceptance: 23-08-2017

---

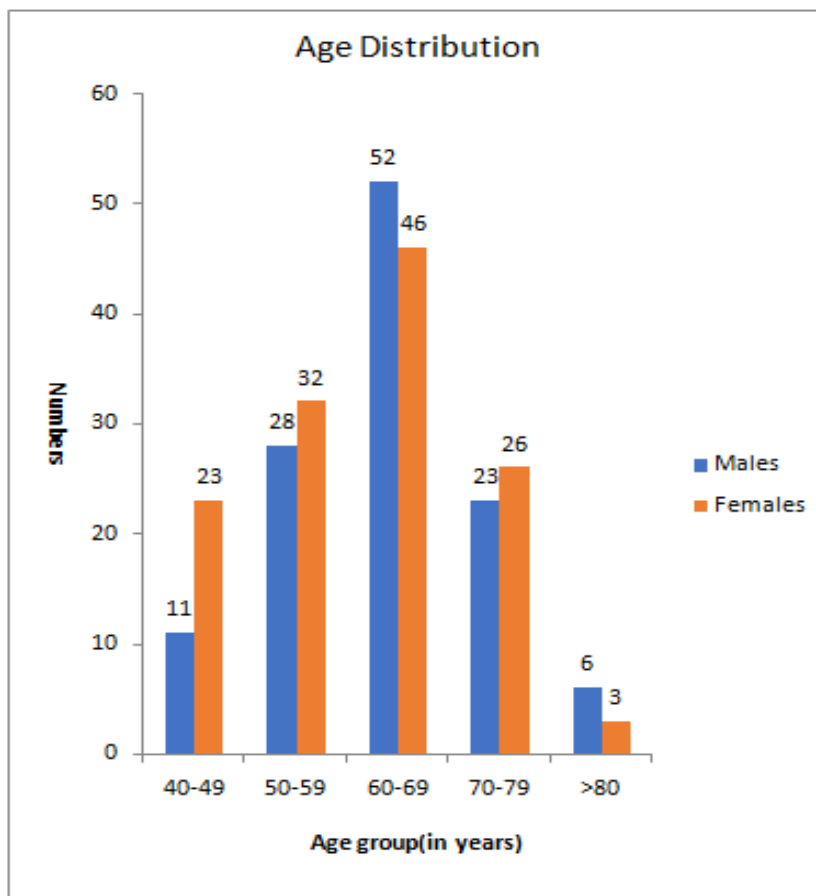
### I. Introduction

The prevalence of global blindness is 41.8%, out of which 23.5% contributed by India, is caused by cataract alone. Blindness due to cataract is a severe burden to the developing world as it has got severe economic constraints due to reduction in productivity. It has been noted that there is a poor access to the causation and treatment of cataract in cataract blinds. The present study was carried out to assess the knowledge, attitude and practices regarding cataract and its surgery among senile cataract cases admitted in general medical ward in a tertiary hospital in rural Bangalore.

### II. Materials & Methods

The study was a single centre cross-sectional study involving 250 patients, above 40 years admitted in general medical ward in a tertiary hospital in rural Bangalore over a period of 2 months. The information from these cases were obtained by interview technique on a pre-designed questionnaire, which contained questions such as age, sex, occupation, education and general awareness about cataract and its surgery. All the questions were asked in the local language.

#### Results:

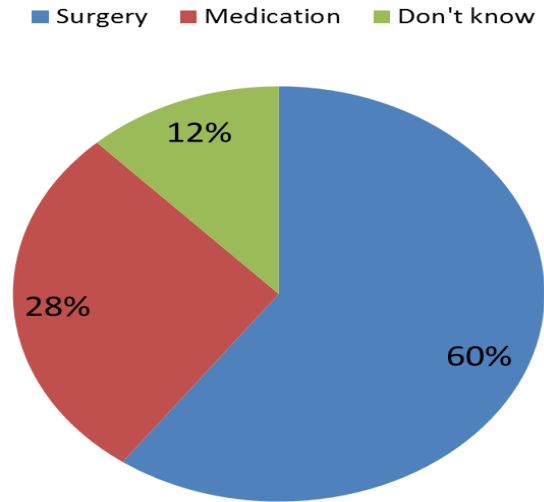


24% were in the age group of 50-59 years, 19.6% were in the age group of 70-79 years,13.6% were in the age group of 40-49 years and 3.6% were in the age group of above 80 years.

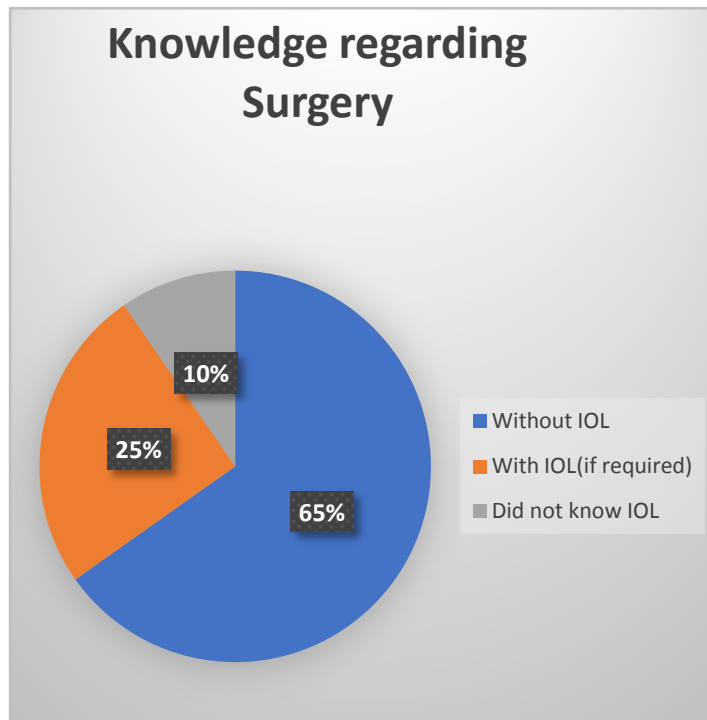
125(50%) people responded that cataract occurs after the age of 60 years,while 70(28%) conveyed that it occurs in 40-60years of age and 55(22%) did not know at what age cataract occurs.

Knowledge about cataract	
	No of patients(%)
From peers/relatives	175(70%)
Radio	35(14%)
TV	20(8%)
Newspapers	20(8%)

### Knowledge regarding Surgery



Regarding sources of treatment,150(60%) preferred treatment from allopathic doctors,while 80(32%) thought it's better to try alternative medicinal system,20(8%) consented to treatment from quacks.225(90%) opined that surgical cure was available at the tertiary hospital.187(75%) cases were aware about camp surgeries.150 wanted surgery as treatment, 70 thought that cataract could be cured by instilling medicines while 30 were not sure about the treatment



As far as getting the surgery done was concerned,188(75%) wanted surgery only upon not seeing anything,while 62(25%) were ready to get advice from a doctor.As far as knowledge regarding the surgery was concerned,163(65%) preferred surgery without intraocular lens implantation while 63(25%) wanted surgery with PCIOL implantation if at all it is required.

### **III. Discussion**

There is always a definite need for better quality information, education and communication on eyecare to reach the public so that the existing facilities can be availed. Thus to explore the myths and attitude of the people, this study was conducted. Majority of the cases (39.2%), interviewed in our study were between 60-69 years of age as in reported by Soundarssanane et al (40.37%) and Chaterjee et al (43.3%)<sup>2</sup>. Bilateral cataract cases were higher 146 (58.4%) compared to bilateral aphakia/pseudophakia 39 (15.6%) cases and unilateral aphakia/pseudophakia 65 (26%) with other eye cataractous. This may be attributed to less awareness and less facilities for the surgery. Poor knowledge regarding cataract surgery is reflected from the facts that only 50% opined that cataract occurred after 60 years of age. 22% did not cite any specific reason for cataract. Brilliant and Brilliant found out many suggesting unspecific reasons for cataract<sup>3</sup>. This shows that awareness campaigns need to be sped up so that the public is given right information. 60% preferred surgical treatment from allopathic doctors while 28% thought that instilling medications in eye would resolve cataract. At the same time, 75% were aware about camp surgeries. It may be because camps are being organised regularly in most of the areas. 75% wanted surgery upon not able to see anything while 25% were ready to get advice from a doctor regarding surgery. The same has been confirmed by Limburg H et al. It may be a factor for unwillingness or misbelief may be a hindrance for the total cure of blindness<sup>4</sup>.

### **IV. Conclusion**

One of the interesting findings were that, 65% preferred surgery without PCIOL implantation while 25% wanted IOL implantation if at all needed. The reason may be that in our study, the number of patients were more from the rural areas where IOL implantation has not gained much confidence due to less literacy levels. Thus, to make cataract surgery more acceptable, people are to be told, with good communication packages devised, especially to educate the rural people on the importance of curable blindness and prompt surgery.

**Competing interests:** The authors declare that they have no competing interests.

### **References**

- [1]. Ellwein LB, Kupfer C. Strategic issues in cataract blindness prevention in developing countries. Bull WHO 1995; 73(3): 681-90
- [2]. Soundarssanane MB, Bansal RD, Narayan KA. An epidemiological study of cataract in a rural area in puducherry.
- [3]. Brilliant GE, Brilliant LB. Using social epidemiology to understand who stays blind and who gets operated for cataract in rural swelling.
- [4]. Limburg H, Vaidyanathan K, Pampattiwar KN. Cataract blindness on the rise? Results of a door-to-door examination in Mohadi.

\*Dr. K. Kodandapani. "Newer Management of Distal tibial Fractures with Periarticular Locking Plate – Our Experience." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 16, no. 08, 2017, pp. 01–12.