



**PATIENTS WITH CATARACTS' UNDERSTANDING AND ATTITUDES TOWARDS  
CATARACTS AND CATARACT SURGERY**

**SUBMITTED IN FULLFILMENT FOR THE DEGREE OF BACHELOR OF OPTOMETRY**

**SUBMITTED BY**

**ABHISHEK KUMAR MAHAKUD**

**ENROLLMENT NO- AJU/190789**

**BATCH 2019-2023**

**DEPARTMENT OF OPTOMETRY  
SCHOOL OF HEALTH AND ALLIED SCIENCE  
ARKA JAIN UNIVERSITY**



## **DECLARATION**

I hereby declare that the contents in this dissertation title is '**Patients with Cataracts Understanding and Attitudes Towards Cataracts and Cataract Surgery**

' Submitted by Abhishek Kumar Mahakud the award of the degree of bachelor of optometry to Arka Jain University is a bonafied work carried out by me. I further affirm that its entirely my effort and not has been copied. The dissertation has been conducted with the purpose of submission of fulfillment of the certificate for internship in clinical Optometry in Jamshedpur Eye Hospital, Jamshedpur, Jharkhand.

The above-mentioned information is authentic to the best of my understanding. I declare that the work reported in this thesis has not been submitted and will not be submitted either in full or in part for award of any other degree in this institute or other institute.

Name: Abhishek Mahakud

Enrollment no.: AJU/190789

Signature: *Abhishek K. Mahakud.*

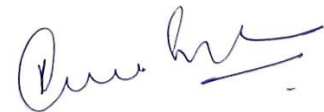
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## **CERTIFICATE**

This is to certify that the thesis entitled "**PATIENTS WITH CATARACTS' UNDERSTANDING AND ATTITUDES TOWARDS CATARACTS AND CATARACT SURGERY**" submitted by Abhishek Kumar Mahakud, for the award of the degree of Bachelor of Optometry, is a record of Bonafide work carried out by the student under my supervision, at Jamshedpur Eye Hospital as per the academic code of the University.

The contents of this report have not been submitted and will not be submitted either in part or in full, for the award of any other degree in this institute or any other Institute or University. The thesis fulfils the requirements and regulations of the University and in my opinion meets the necessary standards for submission.

Date: 5/05/2023  
Place: Jamshedpur



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(External Guide)


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Date: 5/05/2023

Place: Jamshedpur

  
Signature of the Programme Coordinator  
Program Co-ordinator  
Department of Optometry  
School of Health & Allied Science  
ARKA JAIN University, Jharkhand

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# CONTENTS

SL NO.	CONTENTS	PAGE NO.
1.	ABSTRACT	7
2.	INTRODUCTION	7-8
3.	STATEMENT OF PROBLEM	8
4.	LITERATURE REVIEW	9-10
5.	METHODOLOGY /PATIENT UNDERSTANDING	10-11
6.	RESULT	12-16
7.	DISCUSSION / CONCLUSION / LIMITATION	17
8.	RECOMENDATION	18
9.	CONFLICT OF INTEREST /REFERENCE	18

**Abstract**

*Background: Cataract occurs when the lens loses its transparency there by scattering or absorbing light that visual acuity is compromised. Worldwide, cataract is the most common cause of blindness and visual impairment.*

**Aim:** *The aim of this study is **PATIENTS WITH CATARACTS' UNDERSTANDING AND ATTITUDES TOWARDS CATARACTS AND CATARACT SURGERY***

*at Jamshedpur eye hospital at Jharkhand State.*

**Method:** *This study utilized a descriptive cross-sectional survey study design; the quantitative study involve interviewer administered questionnaire of 143 respondents who are cataract recipient & people with eye problems at Jamshedpur eye hospital.*

**Result:** *The finding of the study showed that only 55.2% of the respondents attended hospital for intervention, 59.4% do not know what cataract means and 28.0% said it is due to ageing. The study further revealed that knowledge of cataract patients regarding cataract and its surgery is not that poor since 0.7% said medication is the effective cataract treatment, 18.2% said it is couching while 61.5% do not know there are different surgical techniques for cataract. Most of the patient have fear of pain, surgery, surgical outcome as well as financial costs of cataract surgery as a reason that can prevent people from seeking cataract intervention.*

**Conclusion:** *The study found that patients' lack of awareness and negative opinions are key obstacles to early cataract treatment, which raises the risk of cataracts and blindness in our society at large.*

**Recommendation:** *The study recommended that eye patients should be educated through mass awareness campaign, sensitization and mobilization, government should initiate and implement free cataract programs that will ensure a wide coverage of cataract patient nationwide. Training of eye care providers and incorporate acquisition of newer skills and training methods to ensure trainees are at par with those in other part of the world.*

**Keywords:** *Knowledge, Attitude, Cataracts, Cataract extraction surgery, Jamshedpur eye hospital*

**INTRODUCTION:**

Cataracts happen when the lens loses its transparency, scattering or absorbing light to the point that it impairs vision. The most frequent cause of blindness and vision impairment in the world is cataract. The crystalline lens of the eye becomes clouded or opaque as a result of a cataract, which eventually results in blindness. The Latin word "cataracta," which means "waterfall," is the source of the English term "cataract." The term "cataract" refers to the opacity or clouding that occurs on the eye lens due to the adult cataract's grey-white appearance, which was once supposed to resemble the streaky white appearance of falling water.

the opacity or clouding that forms on the eye lens. Cataracts are most usually caused by ageing, however they can also form as a result of trauma, radiation exposure, vitamin deficiency, smoking, congenital, or following surgery. Other risk factors include diabetes, prolonged sun exposure, and alcohol consumption

The clinical presentation of cataract is determined by the location of the cataract in the lens (cortical, nuclear, sub-capsular, or central cataract). Cataracts are painless and frequently proceed slowly; several years may pass before the patient notices any symptoms. Many years may pass before the patient experiences symptoms.

If only one eye develops a cataract, the patient may not notice any symptoms as long as the other eye's vision remains steady. Common cataract symptoms include fuzzy vision, fading colours, frequent prescription eyeglass adjustments, poor night vision, perceiving a halo around light, and sensitivity to strong sunshine or headlights.

According to dictionary of health professionals and nursing, 2013, attitude is a hypothetical construct that reflect an individual disposition toward like or dislike, it is a personal view of something, an opinion or general feelings about something.

The general health behaviour of eye patients towards seeking timely care has been greatly attributed to the knowledge and attitude that they possess; additionally, community access to cataract surgery is reported to be limited both by health services availability at the local level and patient attitudes. Although surgery to remove the cloudy lens and replace it with an artificial lens (Cataract extraction surgery) is the only effective treatment for cataract avoidable blindness, it is not widely available.

Patients' knowledge and negative attitudes about cataract and its extraction are essential areas of research because patients' attitudes and beliefs such as fear, anxiety, cultural and religious beliefs, perceived expense, discomfort, and accessibility and visual outcome after the procedure plays a significant role in preventing patients from seeking early cataract intervention and prevents those who had surgery from coming for the second eye.

## **STATEMENT OF PROBLEM**

Cataracts and the resulting visual impairment have an influence on the person, family, society, and nation at large. It lowers one's quality of life, independence, economy, and social interaction. In impoverished nations, the economic cost of cataract vision loss is enormous, including employment loss and increased custodial care. A recent survey by the World Health Organisation (WHO) found that cataract blindness affects 20 million people globally, making it the main cause of sight loss. The gradual deterioration in sight initially prevents patients from recognizing faces or finding their way in unfamiliar territory. Eventually, the patient requires constant care.

At the turn of the century, WHO and the International Agency for Prevention of Blindness launched the Vision 2020: the right to sight initiative. The most recent estimates from WHO reveal that 47.8% of global blindness is due to cataract and in South Asia region which includes India, 51% of blindness is due to cataract. Since cataract is a major cause of avoidable blindness in the developing countries, the key to the success of the Global Vision 2020

Lack of knowledge and attitudes of eye patients prevent them from receiving appropriate intervention, resulting in low visual acuity and blindness, which can have negative consequences at both the individual and population levels, including psychological, social, and economic problems, as well as quality of life impairment due to loss of self-esteem and occupational status, resulting in job loss (World Health Forum, 1996).

## **OBJECTIVES**

- i. To measure cataract patients' understanding of cataract and surgery.
- ii. To examine cataract patients' views about cataract and surgery.



**LITERATURE REVIEW**

SL NO.	AUTHOR	TITLE	METHODOLOGY	RESULT	CONCLUSION
1.	VU. QUANG DO ;PETER MC.CLUSKEY;ANN A PALAGYI;ANDREW WHITE;FINONA J STAPLETON;NICOL E CARNT;LISA KEAY	PATEINT PERSPECTIVE OFCATARACT SURGERY: PROTOCOL AND BASELINE FINDINGS OF A COHORT STUDY	At four public hospitals and three private ophthalmology clinics in Sydney, Australia, patients with bilateral cataracts (aged 50years) scheduled for their and, again first cataract surgery were sought out. Prior to the first eye surgery and again three months after the second eye surgery, participants had a thorough evaluation clinical measures of vision such as visual acuity, contrast sensitivity prom's. And satisfaction with vision.	The publication covers the 359 persons. over a 2year period the majority of participants 96%recruited from urban public hospitals. The quality of terms of health received great marks 80/100.	Before having your first cataract sx. you will go through extensive range of patient entered experiences in a public hospital, more understanding of the patient's viewpoint should help eye care personnel time operation more effectively, better patient manages, companion article that describe the surgical outcomes in terms of Proms will be published afterward
2.	REGINA DESOUZA CARVALHODE SALLWS OLOIVEIRA, EDMEAR TEMPOROINI, NEWTON KARAJOSE, PEDRO CCARRICONDO, ANDREAC KARA JOSE	PERCEPTIONS OF PATIENTS ABOUT CATARACT	At the University of So Paulo General Hospital in 2004, an exploratory survey was carried out among adult cataract patients taking part in a significant cataract management programme. The interviews were performed by research assistants who had undergone training in question-and-answer sessions.	The research comprised 170 men and women ranging in age from 40 to 88 years. state of So Paulo had 14.7% participants, Bahia had 12.4%, Minas Gerais had 5.9%, Pernambuco had 5.9%, foreign nations had 1.8%, and other states had 21.7%. Of those who were actively working (n = 87), 43.7% worked in nonspecialized manual labour, 27.6% in specialised manual labour, 25.3% in nonmanual employment, 1.1% in manual labour, and 2.3% in low-ranking supervision &other responsibilities. 5	Some misconception s were identified, and the fear of blindness was the most mentioned reason for not seeking cataract surgery, which indicates the need for orientation.

				3.6% retired, 45.2% housewives, and 1.2% students among individuals who were not actively working (n = 82).	
3.	J B Zhou 1, H J Guan, J Qu, X J Yang, D Peng, H Y Gu	A study on the awareness of cataract disease and treatment options in patients who need surgery in a rural area of Eastern China	A total of 251 cataract patients were chosen through Jiangyan County eye disease screenings. After the doctor concluded that the patient needed cataract surgery, questionnaires were given out. Fletcher created the patient awareness survey, which was then clinically approved at the Aravind Eye Hospital in India.	89.6% of patients had been aware of their illness for more than a year. Only 49.8% of the patients were aware their illness could require treatment functional eyesight (49.0%), financial constraints (36.7%), lack of interest in surgery (8.8%), & scepticism of operation (8.8%). Patients who had a history of eye disease or were more conscious of eye disease were more aware of treatments.	The patients' awareness of cataract sx is imbalanced. Low eyesight improvement demand and financial issues were treatment hurdles. It is difficult to educate patients about eye health give them with low-cost, high-quality cataract surgery.

### **METHADODOLOGY:**

The study is being undertaken at Jamshedpur Eye Hospital in Jamshedpur to assess patient awareness of cataracts and their surgical treatment using questionnaires. From January 15, 2023, this investigation was carried out. The research comprised a total of 143 participants, ranging in age from 20 to over 60.

- Anterior and posterior segment were evaluated with the help of slit lamp and indirect
- Questionnaire is used for evaluation.

### **Patient Understanding and Attitude Towards Cataract**

Although surgery to remove the lens and replace it with an artificial lens is the only effective treatment for cataract, patients' lack of knowledge and attitudes prevent them from receiving an appropriate intervention, resulting in low visual acuity and blindness, which can have negative consequences at both the individual and population levels, including psychological, social, and economic problems.

## Types of Cataract Extraction

From the antiquated practise of couching to the modern process of phacoemulsification, several surgical methods have developed over time. Couching, the first type of cataract surgery, involves displacing the cataractous lens into the vitreous cavity through the cornea. It was used throughout antiquity, the mediaeval ages, and the early 20th century. (Abdussalam, 2011)

Initiated by David Jacques in 1753, extracapsular cataract excision was discontinued because to residual cortex that caused an inflammatory response in the eye (Mem Acad Roy Chur, 1753). In the first decades of the twentieth century, intracapsular cataract extraction (ICCE) becomes the norm. In this procedure, the lens and its capsule are both delivered (Abdussalam 2011).

Surgeons need a scaffold to repair a posterior chamber intraocular lens (PCIOL) after Sir Harold Ridley introduced intraocular lenses in 1947. Extra-capsular cataract extraction with posterior chamber intraocular lens (ECCE+PCIOL) was revived as a result of the aforementioned factors. The techniques for phacoemulsification (PHACO) and manual suture-less small incision cataract surgery (SICS) have both significantly changed extra-capsular cataract extraction (ECCE). In affluent nations, phacoemulsification is currently the favoured surgical method for removing cataracts (Abdussalam, 2011). Due to the high cost of equipment acquisition and maintenance, this surgical technique is less common in developing countries.

## Materials and Method

### 1. Research Design

Descriptive cross-sectional design was used in this study

### 2. Study Population

People having eye problem within the age range of 20 years and mostly above in Jamshedpur eye hospital were the target group in this study.

**3. Sampling Technique:** Due to the high population of people with eye problems, a suggestive/judgmental sampling technique was used to gather the data in the Jamshedpur eye hospital in the state of Jharkhand. To determine if the respondent had cataracts or not, a pencil light was used.

### 4. Method of Data Collection

Interviewer administered questionnaire on patients with Patients with Cataracts' Understanding and Attitudes Towards Cataracts and Cataract Surgery was used to obtain data. Questionnaire was created in both English and Hindi and was accurately translated for those who cannot understand questions. Data was collected in 3 months from Jan 15 it was started.

### 5. Data Analysis

A quantitative data was expressed using descriptive statistics; the data was analysed using statistical package for social sciences.

**Result**

<b>Variables Age</b>	<b>Number</b>	<b>%</b>
20-40 years	48	33.6
41-60 years	66	46.2
< 60 years	29	20.3
<b>Gender</b>		
Male	77	53.8
Female	66	47.2
<b>Marital Status</b>		
Married	115	80.4
Unmarried	28	19.6
<b>Educational Status</b>		
Primary	12	8.4
Secondary	56	39.2
Tertiary	72	50.3
Informal	3	2
<b>Occupation</b>		
Professional	42	29.4
Unemployed	75	52.4
Civil Servant	12	8.4
Craftman ship	14	9.8
<b>Duration of Eye Problems</b>		
0-2 years	61	42.7
3-5 years	46	32.2
> 5 years	36	25.1

**Table 1** Distribution of respondents' frequency rates in relation to sociodemographic traits (n=143)

Table 1 shows the socio-demographic characteristics of the respondents with majority of the respondents (46.2%) are 41 to 60 years. With regards to gender, it is shown that male respondents carry higher percentage of 53.8% compared to their female counterpart 47.2% probably due to socio-cultural and religious restrictions for females to participate in the study. With regard to the educational background of the respondents, it is apparent that most of the respondents (50.3%) attended tertiary education. It is also clear from this table that half of the study respondents are not employed (52.4%). It is also shown from the table that, higher number of the study respondents (42.7%) had eye problems for a period of 2 years and above.

### Knowledge regarding Cataract

Statement	Number	%
<b>Previous knowledge about cataract</b>		
Yes	59	41.3
No	84	58.7
<b>What causes cataract</b>		
ageing	40	28.0
malnutrition	8	5.6
prolong physical and/outdoor activities	3	2.1
smoking	7	4.9
I don't know	85	59.4
<b>Is cataract treatable /or preventable?</b>		
Yes	123	86.0
No	20	14.0
<b>Can cataract lead to blindness?</b>		
Yes	114	79.7
No	30	21.0
<b>What is the effective treatment for cataract</b>		
Surgery	115	80.4
Couching	26	18.2
Medication	1	0.7
Spiritual	1	0.7
<b>How is Cataract operated in hospital ?</b>		
Eye is removed	3	2.1
Lens is removed and replaced	41	28.7
Lens is dislocated	0	
Don't know	99	69.2
Others	0	
<b>Are all cataract surgeries the same</b>		
Same	9	6.3
Different	45	31.5
I don't know	88	61.5
<b>Do you think cataract surgery is affordable?</b>		
Affordable	91	63.6
Not affordable	15	10.5
It should be free	6	4.2
Others	31	21.7
<b>Sources of information that motivate people to go for cataract intervention</b>		
Media	7	4.9
Someone Operated	55	38.5
Family/Community	57	39.9
Informants	21	14.7

**Table 2:** Knowledge of respondents as regards to cataract and its surgery (n=143)

It is shown from the above tables that, highest proportion of the study respondents (58.7%) had no previous knowledge about cataract and 41.3% had previous knowledge about cataract before which is a reflection that they have prior knowledge of the word cataract, also majority (59.4%) of the respondents don't know the cause of cataract, followed by 28.0% who believe cataract is due to ageing while others were reflected in the table. With regard to the knowledge of whether cataract is treatable&/or preventable, 86% of the respondents believe that cataract is treatable /preventable. According to this table, 80.4% of the respondents believe that surgery is the only effective treatment for cataract, medication (0.7%); this is followed by those who believed that couching is the effective cataract intervention (18.2%) only 0.7% believes on spiritual as regiment for cataract blindness. It is apparent that, majority of the respondents 69.2% don't know how cataract is operated in the hospital. It is shown from table that, highest proportion (79.7%) of the respondents knew that cataract can lead to blindness; only 21.0% don't know cataract can lead to blindness. With regard to knowledge of the respondents on different types of cataract surgery it is shown that majority (61.5%) of the respondents don't know there are different types of cataract extraction, while 6.3% said all surgical techniques of cataract surgery are the same, only 31.5% had knowledge that there are different types of cataract surgery. Knowledge of the respondents on whether cataract surgery is affordable shows that, majority of the respondents (10.5%) believe that cataract surgery is not affordable. Also, most of the respondents (38.5%) believe that those operated for cataract before inform others about cataract and its surgery than through media (4.9%).

Statements	Number	%
<b>Do you ever attend hospital for treatment</b>		
Yes	79	55.2
No	64	44.8
<b>Personal belief can prevent people from cataract treatment</b>		
Agree	21	14.7
Disagree	26	18.2
Neutral	96	67.1
<b>Cost of cataract surgery can prevent people from seeking treatment</b>		
Agree	42	29.4
Disagree	28	19.6
Neutral	73	51.0
<b>Fear of pain can prevent people from seeking treatment</b>		
Agree	54	37.8
Disagree	27	18.9
Neutral	62	43.4
<b>Fear of surgical outcome can prevent people from seeking treatment</b>		
Agree	61	42.7
Disagree	21	14.7
Neutral	61	42.7

<b>Lack of accessibility can prevent people from seeking treatment</b>		
Agree	57	39.9
Disagree	14	9.8
Neutral	72	50.3
<b>Cataract will recur after surgery</b>		
Agree	18	12.6
Disagree	50	35.0
Neutral	75	52.4
<b>Person with poor vision should go to hospital for treatment</b>		
Agree	117	81.8
Disagree	6	4.2
Neutral	20	14.0
<b>Cataract extraction restores sight</b>		
Agree	56	39.2
Disagree	17	11.9
Neutral	70	49.0
<b>Couching is harmful eye practice</b>		
Agree	15	10.5
Disagree	64	44.8
Neutral	64	44.8
<b>People from cities go to hospital for intervention than those in rural areas</b>		
Agree	80	55.9
Disagree	1	0.7
Neutral	62	43.4

**Table 3:** Attitude of respondents regarding cataract and its surgery (n=143)

This table shows that 55.2% of the respondents attended hospital for intervention, only 44.8% of the respondents had never attended hospital for intervention which is a true reflection they stay at home for long without cataract intervention also, (18.2%) of the study respondents disagree personal belief prevent patient from seeking cataract intervention, only 14.7% agreed personal belief prevent people from cataract treatment. It is apparent that, most of the study respondents (51.0%) are neutral that financial cost of cataract surgery prevent patient from seeking intervention, 19.6% disagree & 29.4% gave agree opinion, which is an indication that cost of cataract surgery can prevent people from seeking intervention It is shown from this table that most of the study respondents (43.4%) are neutral that fear of pain prevents people from going to hospital for cataract intervention of which 18.9% disagreed only 37.8% of the study respondents had neutral opinion. In assessing whether fear of surgical outcome can prevent people from seeking cataract intervention, most of the respondents (42.7%) agreed that fear of visual result can prevent people from seeking cataract intervention 50.3% had neutral opinion of which only 9.8% disagreed. With regard to accessibility, most of the respondents (39.9%) agreed that lack of accessibility prevent people from seeking cataract intervention. Also most of the study respondents (81.8%) agreed that person with poor vision should go to hospital early for intervention and only 4.2% disagreed while 14.0% had neutral answers.

Relationship between age of the respondents and their previous knowledge about cataract				
Age (years)	Previous Knowledge about cataract		$\chi^2$	P value
	Yes	No		
20-40	21	27	0.259	0.85*
41-60	27	39		
< 60 years	11	18		

**Table 4:** Relationship between age of the respondents and their previous knowledge about cataract (n=143) According to this table, there is no statistical significant relationship between age of the respondents and previous knowledge about cataract (P=0.85).

Relationship between sex and whether the respondent ever attended hospital for treatment				
Gender	Ever attended hospital for treatment		$\chi^2$	P value
	Yes	No		
Male	49	28	8.251	0.08*
Female	30	35		

**Table: 5** Relationship between sex and whether the respondent ever attended hospital for treatment(n= 143) \* P>0.08 According to table 5 there is a significant statistical relationship between the gender and whether the respondent attended hospital for cataract intervention (P=0.08)

Relationship between educational background of the respondents and attending hospital for treatment				
Educational Background	Ever attended hospital for treatment		$\chi^2$	P value
	Yes	No		
Primary	3	9	13.54	0.09*
Secondary	28	25		
Tertiary	47	25		
Informal	1	1		

**Table 6:** Relationship between educational background of the respondents and attending hospital for treatment (n= 143) \*P=0.09 According to this table there is a significant statistical relationship between educational background of the respondents and attending hospital for cataract treatment (P=0.09)



## Discussion

<sup>1</sup>Evidence has been documented in a work of Lindbergh B., St. Louis, (2016) that as you reach your 60s you need to be aware of the signs of age-related eye problems that could cause vision loss especially age-related cataract and age-related macular degeneration. In this study, the demographic characteristics of the respondents' shows that, almost half of the respondents were of higher ages (>61 years). This is a typical reflection that cataract is a disease of ageing. Similar report was revealed by the study conducted by World Health Organization (WHO, 2014) which stated that "As the proportion of people aged 60 years and older in the world's population increases, a shift in burden of eye diseases to age related causes will occur, resulting in cataract accounting for an even greater proportion of visual loss. The result of this study shows that out of 143 respondents surveyed more than 2/5 had eye problem for duration of 2 years and above, followed by 5 years (>1/3). <sup>2</sup> It was reported in a study by Xianfan, C., (2010) in China that " among patients 60 years of age and older, the percentage of patients delayed increase with age, the reason for delaying cataract surgery was that cataract is immature(29%), unaware of the presence of cataract (14.9%), lack of trust/fear of surgery (9.4%), cannot afford (6.9%)". It is true that ageing, lack of information, fear and unaffordability can cause delay in cataract treatment, this research is weak in addressing the issues of low level of education and unemployment. This study also identified reasonable proportion of the respondents do not know what cataract means, while almost half do not know the causes of cataract. It was documented in a work of Abdussalam (2011) that Cataract extraction is the only effective treatment for cataract avoidable blindness

in this study almost all the respondents agreed that cataract is treatable and preventable. Also 3/5 of the respondents agreed that surgery is the only effective treatment for cataract, 1/5 believed that medication is the effective treatment; while 18.2 % said couching (traditional cataract extraction) is effective. Their knowledge that cataract is preventable and surgery is the only effective treatment for cataracts possibly due to higher number of eye patients in Jamshedpur eye hospital area of Jharkhand State where the research was conducted. When the participants were asked about how cataract is operated in hospitals, more than half of the respondents do not know. This is possible since 58.2 % of the study respondents attended hospital for medical intervention.<sup>3</sup> Over the years, various surgical techniques have evolved, from ancient method of couching to the present-day technique of phacoemulsification (Abdussalam, 2011). In this study when the respondents were asked whether the surgical techniques for cataract are the same? Of which more than 4/5 of the respondents do not know this is possible since most of them do not attend hospitals.

This research shows that 51.0% of the respondents were neutral about cataract surgery is affordable or not. When asked of which sources of information they think can easily motivate people to go for cataract surgery, more than 3/5 of study respondent said some eye patients were operated before, 2/5 said family/community members are their informants while small proportion said it was through the media. This implies that family/community members as well as mass media are playing lesser role in informing people about cataract and its surgery

According to this study, 4/5 of the respondents were neutral that personal beliefs prevent eye patients on cataract intervention while more than half agreed that it is the fear of surgical outcome, almost 4/5 were neutral it was lack of accessibility, those who agree that fear of pains prevent patients from seeking intervention accounts for more than half of the study respondents, this may be explained by considering their age group, level of literacy and lack of sources of information on cataract and its surgery.

Finding of this research showed that, most of the respondents expressed neutral opinion on whether cataract will re occur after surgery or not, it is possible since they lack reliable information source. In this study, most of the respondents were neutral that cataract extraction can restore sight while significant percentage of the study participants (3/5) were neutral that couching is a harmful eye practice.

Although the good attitude of the respondents that couching is a harmful eye practice and agree that cataract extraction restores eye sight, most of them agree that fear of pains and surgical outcome, financial cost of surgery prevent patients from seeking cataract intervention.

**Conclusion:** The study found that patients' lack of awareness and negative opinions are key obstacles to early cataract treatment, which raises the risk of cataracts and blindness in our society at large.

### **limitation**

- patient refusing to take part
- Less Sample Size
- Less time

### **Recommendations:**

Increase public knowledge of cataracts, their operation, and the associated blindness through popular media, community marketing, and action.

To stay current with emerging developments in eye care, eye care professionals must be open to adopt modern treatments.

### **CONFLICT OF INTEREST:**

There Is No Conflict of Interest in This Work.

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