

## EVALUATING AWARENESS AND ACCEPTANCE OF CATARACT SURGERY IN RURAL POPULATIONS: A CROSS-SECTIONAL

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### ABSTRACT

**Background:** Cataract is the leading cause of preventable blindness, especially in rural populations. Although cataract surgery is an effective treatment, lack of awareness and poor acceptance continue to limit surgical uptake in rural communities. The aim is to assess the level of awareness and acceptance of cataract surgery among rural populations and to identify barriers influencing acceptance. **Materials and Methods:** A community-based descriptive cross-sectional study was conducted among 200 rural residents aged  $\geq 40$  years. Data were collected using a pre-tested structured questionnaire assessing awareness of cataract, knowledge of cataract surgery, acceptance of surgery, and perceived barriers. Data were analysed using SPSS software version 28. Results were expressed as frequencies and percentages. **Result:** Awareness of cataract as a cause of visual impairment was present in 68% of participants. However, only 46% were aware that surgery is the definitive treatment. Acceptance of cataract surgery was observed in 52% of participants. Fear of surgery (34%), financial constraints (28%), lack of family support (22%), and misconceptions (16%) were the major barriers to acceptance. **Conclusion:** Although general awareness about cataract exists in rural populations, acceptance of cataract surgery remains suboptimal. Community-based health education and improved accessibility to eye care services are essential to enhance surgical uptake.

## INTRODUCTION

Cataract is characterised by progressive opacification of the crystalline lens, resulting in painless diminution of vision. It remains the leading cause of avoidable blindness worldwide, with a higher prevalence in rural areas of developing countries.<sup>[1]</sup> In India, cataract accounts for a significant proportion of blindness despite the availability of effective surgical treatment.<sup>[2]</sup>

Cataract surgery is a highly successful and cost-effective intervention. However, delayed presentation and refusal of surgery are common in rural populations due to lack of awareness, fear, socio-cultural beliefs, financial constraints, and limited access to healthcare facilities.<sup>[3-5]</sup> Understanding the level of awareness and acceptance of cataract surgery is crucial for planning targeted interventions to reduce the burden of cataract-related blindness.

## MATERIALS AND METHODS

**Study Design:** Descriptive cross-sectional study

**Study Setting:** Rural field practice area attached to a tertiary care teaching hospital

**Study Duration:** Six months

**Study Population:** Rural residents aged 40 years and above

### Inclusion Criteria:

- Age  $\geq 40$  years
- Permanent resident of rural area
- Willing to participate

### Exclusion Criteria:

- Cognitive impairment affecting response
- Unwilling to give consent

**Sample Size:** A total of 200 participants were included.

**Data Collection:** Data were collected using a pre-tested structured questionnaire comprising socio-demographic details, awareness of cataract, knowledge regarding cataract surgery, acceptance of surgery, and barriers to acceptance.

**Statistical Analysis:** Data were entered in MS Excel and analysed using SPSS version 28. Results were expressed as frequencies and percentages.

## RESULTS

**Table 1: Demographic Distribution of Study Participants (n = 200)**

Age Group (years)	Number	Percentage (%)
40–49	48	24.0
50–59	72	36.0
60–69	56	28.0
≥70	24	12.0
Gender	Number	Percentage (%)
Male	104	52.0
Female	96	48.0

**Table 2: Awareness Regarding Cataract (n = 200)**

Awareness Parameter	Yes n (%)	No n (%)
Heard about cataract	136 (68.0)	64 (32.0)
Cataract causes gradual vision loss	118 (59.0)	82 (41.0)
Cataract is age-related	104 (52.0)	96 (48.0)
Surgery is definitive treatment	92 (46.0)	108 (54.0)

**Table 3: Acceptance of Cataract Surgery (n = 200)**

Acceptance Status	Number	Percentage (%)
Willing to undergo surgery	104	52.0
Not willing	96	48.0

**Table 4: Barriers to Acceptance of Cataract Surgery (n = 96)**

Barrier	Number	Percentage (%)
Fear of surgery	33	34.4
Financial constraints	27	28.1
Lack of family support/escort	21	21.9
Misconceptions/traditional beliefs	15	15.6

## DISCUSSION

The present study demonstrates that although a majority of rural participants were aware of cataract as an eye disease, knowledge regarding cataract surgery as the definitive treatment was limited. Acceptance of cataract surgery was moderate, with nearly half of the participants unwilling to undergo surgery.

Fear of surgery emerged as the most common barrier, followed by financial constraints and lack of family support. Similar findings have been reported in previous studies from rural India, highlighting persistent socio-cultural and accessibility barriers to cataract surgery uptake.<sup>[3-5]</sup>

Participants who were aware of successful surgical outcomes in relatives or neighbours showed higher acceptance, emphasising the importance of community-level counselling and awareness programmes.<sup>[3]</sup>

## CONCLUSION

Awareness of cataract is relatively high among rural populations; however, acceptance of cataract surgery remains inadequate. Addressing fear, misconceptions, and accessibility issues through

targeted health education and strengthened outreach services is essential to reduce cataract-related preventable blindness.

### Recommendations

- Strengthen community-based cataract awareness programmes
- Improve counselling services at primary healthcare level
- Ensure availability of free or subsidised cataract surgery
- Involve ASHA and community health workers in patient motivation.

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