In India, reducing the cost of
Studies in India have demonstrat-

In countries as diverse as India, Brazil, and Malawi

Cost of Surgery
The cost of cataract surgery varies widely

Distance to the Hospital
Most cataract blind live in rural areas while

Community based education about cataract
has not been undertaken in most areas;
when it is, the demand for surgery will
increase. Not only must patients be made
aware of the existence of the service, but
they need to know what to expect:

Knowledge of Services
Community based education about cataract
blindness is understood differently in different societies and differ-
ently among members of the same society. Generally, as societies become more develop-
oped, expectations of vision increase. In any society, a patient’s visual function (a measure of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.
The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.

Generally, as societies become more developed, expectations of vision increase. In any society, a patient’s visual function (a measurement of the important vision-dependent tasks that he or she can do) is a more important measure of the need for cataract surgery than visual acuity alone. In one developing country, being turned away because the cataract was not yet ‘mature’ was a major reason given by blind patients for not having had surgery.

Cultural and social factors as barriers may be reduced by:

Cultural and Social Barriers
There is an increasing amount of data demonstrating that women are
significantly less likely to receive cataract surgery than men. In spite of the fact that cataract surgical rates in women are slightly higher than those in men. There are many reasons for this: women are less likely to be literate and have access to information about services; women may not have the necessary social support with-
in the household or community to allow them to receive care; women often do not have adequate control over household financial resources, and women are gener-
ally less able to travel outside the village to seek services.

The concept of blindness is understood differently in different societies and differ-
ently among members of the same society.
Barriers to Cataract Surgery

Trust in Outcome of Surgery

While satisfied cataract patients can serve as excellent motivators for others to have surgery, patients with poor results can have the opposite effect. Fear of a poor outcome may be a legitimate reason for patients to refuse cataract surgery. Programmes must provide consistently high quality cataract surgery with good outcomes if patients are to develop trust in the programme. It has been shown in India that the conversion from aphakic spectacles to IOLs led to a significant increase in cataract surgical coverage. In cultures (e.g., Egypt, Tibet) in which women do not like to wear glasses, the conversion to high quality IOLs may help decrease the gap between men and women.

Lack of trust in a good outcome as a barrier may be reduced by:

• additional training of surgeons to ensure that cataract surgery is high quality (monitoring of outcomes may assist this)

• transition to IOL surgery as soon as possible

• avoiding waiting lists which mean that patients have to return for surgery.

Barriers will vary according to local conditions and customs. Conversations with patients, village leaders, and women’s groups may confirm the existence of barriers such as those listed above or reveal unexpected ones. Programmes planning to increase cataract surgical rates will need to determine the barriers in each area, whether relating to costs, distance, cultural/religious factors, anxiety/fear or other barriers, and find creative ways to overcome them.

References


High Quality Affordable Intraocular Lenses (IOLs)

High quality, affordable IOLs are available from the following manufacturers:

AUROLAB

All PMMA three piece posterior chamber (PC) and single piece posterior as well as anterior chamber (AC) IOLs are manufactured in compliance with international quality standards. Facility is ISO 9001 certified by Underwriters Laboratories Inc., USA.

Available in 5 to 30 dioptre range. Special lenses available on request include scleral fixation, low power and custom designed types.

Available from:

India: Aurolah 1 Anna Nagar Madurai 625 020, India Fax: +91 452 335274 email: aurolah@aurolah.com www: http://www.aurolah.com

THE FRED HOLLOWS FOUNDATION

Single piece, PMMA posterior chamber IOLs manufactured in compliance with ISO9002, EN46002 and CE Mark standards.

Available in 5.5mm and 6.0mm optic diameters and 8 to 30 dioptre range in 0.5 dioptre increments. A Constant of +18.3

Available from:

Eritrea: The Fred Hollows IOLLaboratory, PO Box 1078, Asmara, Eritrea. Fax: 291 1 122532 email: fhlab@eol.com.ER

Nepal: The Fred Hollows IOL Laboratory, Tilganga Eye Centre, PO Box 561, Kathmandu, Nepal. Fax: 977 1 474937; email: tilganga@mos.com.np

Australia: The Fred Hollows Foundation, Locked Bag 100, Rosebery NSW, 2018 Australia. Fax: 61 2 83382100. email: fhf@hollows.com.au

REPAIR & RECONSTRUCTION

A Journal for Injury, Deformity and Disease

This new Journal has as its first theme: Burn Injury. Articles are included on epidemiology, prevention, fluid resuscitation, management, nursing care, anaesthesia, grafting and physiotherapy. The Journal is presently distributed FREE of any charge. This is a publication of the International Community Trust for Health and Educational Services (ICTHES).

Contact address:

D D Murray McGavin MD FRCS(Ed) Editorial Consultant ICTHES 106/110 Watney Street London E1 2QE, UK