

Barriers to Access Cataract Surgery Services
in India:
Beyond the Barriers

Or: Why do patients wait for outreach screening programmes instead of becoming proactive?

Robert P. Finger

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Signed Statement of Original Work

'This dissertation contains no material which has been accepted for the award of any other degree or diploma in any university. To the best of my knowledge and belief this dissertation contains no material previously published by any other person except where due acknowledgement has been made'.

Signed:

Robert Finger

Dated:

November 13, 2005

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Abstract

The burden caused by blindness is immense worldwide. There are 45 million blind people in the world today, of whom the majority live in developing countries. The biggest single cause of blindness is cataract, which is estimated to contribute approximately 50-60% to the overall burden. As it is a condition which can be treated successfully by surgery, efforts need to be undertaken to lower this immense count.

India bears a substantial part of this burden. Approximately 9 million Indians are blind from cataract with another 1.8- 3.8 million going blind from cataract alone every year. Although an increasing amount of facilities for cataract surgery are available, the numbers of blind do not decrease but on the contrary have risen and a significant percentage of the cataract blind do not take up cataract surgery services even free of charge. Geographical access is often difficult and has been found to be one of the barriers keeping people from accessing existing facilities. Other barriers are lack of knowledge, money and support, and people's perceptions of the service providers.

This study investigated barriers to cataract surgery services in a group of cataract patients in Andhra Pradesh. Interviews were carried out with key informants and pre- and post-operative patients, as well as two focus group discussions (FGD).

The main barriers elucidated were related to poverty and gender inequalities, resulting in available resources to meet additional expenses or provide support in terms of escorts and the like being sparse, especially resources available to elderly women. Overall, the observed need as perceived by the patient for eye healthcare services regarding cataract was low.

Based on the observed gender inequalities and difficulties faced by the poor in accessing services, recommendations are made regarding further research and possible future interventions, such as health promotion interventions increasing service awareness as well as the subjective need for cataract surgery services.

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List of Abbreviations

APEDS	Andhra Pradesh Eye Disease Study
DMU	District Mobile Unit
ECCE	Extra-capsular Cataract Extraction
FGD	Focus Group Discussion
IAPB	International Agency for the Prevention of Blindness
ICARE	International Centre for the Advancement of Rural Eye Care
ICCE	Intra-capsular Cataract Extraction
ICD-10	International Statistical Classification of Diseases Tenth Revision
IOL	Intra-ocular Lens
LVPEI	LV Prasad Eye Institute
NGO	Non-governmental Organization
RMP	Registered Medical Practitioner
Rs.	Indian Rupees
WHO	World Health Organization