DO WOMEN SEEK CATARACT SURGERY LATER THAN MEN: A CASE STUDY OF RURAL POPULATION OF GURGAON?Neeraj Sharma¹**HOW TO CITE THIS ARTICLE:**

Neeraj Sharma. "Do Women Seek Cataract Surgery Later than Men: A Case Study of Rural Population of Gurgaon?" Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 14, April 07; Page: 3727-3730, DOI: 10.14260/jemds/2014/2351

ABSTRACT: Cataract is the leading cause of preventable blindness in developing countries including India. Various barriers exist for acceptance of cataract surgery. Literature search reveals gender to be an important barrier in universal acceptance of cataract surgery. The present study seeks to explore one significant potential factor which may account for this, namely that females seek treatment later than males due to varied factors. **METHOD:** A retrospective study of 100 male and 100 female who were operated were examined. Visual acuity at time of presentation, maturity of cataract at time of surgery, type of IOL chosen for implantation was reviewed from hospital records. **RESULT:** women are more likely to be severely visually impaired at time of cataract surgery. Women tend to present for cataract surgery later than men. **CONCLUSION:** Visual acuity in cataract patients gradually decreases, also rural population tend to ignore decreasing visual acuity till the time their functional mobility is hampered.

KEYWORDS: Cataract surgery, barriers, gender.

INTRODUCTION: The National program for control of blindness (NPCB) was started in India in 1976 in order to curb the menace of blindness over the country. With the development of infrastructure and increased manpower in the field of Ophthalmology there was a remarkable increase in number of cataract surgery, that accounted about 0.5 million in 1982 to over 2.7 million in 1996.¹ Nevertheless the backlog of cataract blindness in India has not yet been eliminated.

Population based surveys have shown that cataract is the predominant cause of severe visual impairment or blindness in India. Quality of surgical services for cataract has improved and has leaped up exponentially in last decade. Despite improved outcomes acceptance for surgery is still low in some segments of society. Literature review reveals some commonly perceived barriers to acceptance for cataract surgery.² Cost of surgery, Inability to travel to hospital, Illiteracy, Fear of outcome, Waiting for cataract to mature, Imbalance in distribution of services, Gender differentials in seeking surgical services are some prime important reasons.³

In the world scenario approximately 18 million people are blind due to cataract. Existing literature review suggests that woman contribute approximately two third of this burden of blindness in the World. This implies that two out of three people in the world who are blind are woman. Meta-analysis of various population based surveys show that surgical coverage among cataract blind was 1.2 to 1.7 times higher among males⁴. This reveals presence of gender differential in seeking health care.

The present study seeks to explore one significant potential factor which may account for this, namely that females seek treatment later than males due to varied factors. The main objective of this paper is to test the hypotheses that woman seek treatment later than man in context of cataract surgery.

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Inequality in eye care utilization has impact on eye care program designed to control/decrease burden of blindness Data base for this study are the patients presenting for cataract surgery.

MATERIALS & METHOD: A retrospective study of 100 male and 100 female patients who were operated were examined. Visual acuity at time of presentation, maturity of cataract at time of surgery, type of IOL chosen for implantation was reviewed from hospital records.

Visual acuity was measured on Snellen chart. Visual acuity of patients in the study was tabulated as:

1. Visual acuity <6/60 – severe visual impairment.
2. Visual acuity between 6/36-6/12 –moderate visual impairment
3. Visual acuity >6/12 –mild visual impairment.

Patients presenting with visual acuity < 6/60 were assumed as late presenters for cataract surgery.

Morphology/ maturity of Cataract was done with a slit lamp. For study patients, Cataract were further classified into three groups:

1. Mature & Advanced cataracts.
2. Immature cataract.
3. Posterior sub capsular cataract.

Patients with mature/advanced cataracts were considered as late presenters for cataract surgery.

All patients had IOL implanted at the time of surgery. Two types of IOL were offered to the patient's one being a rigid Polymethylmethacrylate (PMMA) IOL and other is foldable acrylic IOL after Phacoemulsification.

Cost of surgery with rigid PMMA IOL is less in comparison to surgery with foldable IOL implantation.

Visual acuity	Female patients	Male patients
Visual acuity <6/60	82	69
Visual acuity 6/36-6/12	18	30
Visual acuity >6/12	00	01
Data Analysis of visual status of the study subjects		

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Fig. 1: Visual Acuity of the study

Morphology of Cataract	Female patients	Male patients
Mature/advanced cataract	33	27
Immature cataract	39	50
Post subcapsular cataract	28	23

Data Analysis of Morphology/maturity of cataract of the study subjects

Fig 2: Morphology of Cataract of the study subjects

In regards to the Type of IOL implanted after surgery 34 females opted for foldable acrylic IOL implantation while 32 males opted for foldable acrylic IOL implantation.

RESULT: 82% women presented with visual acuity <6/60 at time of surgery in comparison to 69% men with visual acuity <6/60. 18% women were in group second i.e. visual acuity between 6/36-6/12 corresponding number for men was 30%. This indicates that more women presented in severe visual impairment group in comparison to men. It can be concluded that visual acuity of women was worse than men at the time of cataract surgery.

On examination with a slit lamp for assessment of Morphology /maturity of cataract 33% women had mature or advanced cataract at time of surgery in comparison to men that accounts

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for 27%.Also 50%men were having immature cataracts to 39%women with immature cataract at time of surgery. It shows male patients presented earlier for their symptoms in comparison to female patients.

When decision for IOL implantation was being made 34% women opted for foldable acrylic IOL to 32% men.

DISCUSSION: In World economic forum India rank as 132 out of 134 nations in terms of gender equity in Health⁵. According to most recent WHO Data on blindness women are 1.5 to 1.2 times more likely to be blind than man. (WHO Bulletin, November: 2004).Though barriers such as cost, fear of surgery, accessibility to hospital and awareness of cataract surgery are equally applicable to both man and woman the present study indicates woman seek cataract surgery later in comparison to men. Women were more visually impaired at the time of surgery in comparison to men. Also women tend to present with advanced stage of cataract.

CONCLUSION: Gender has to be considered as a barrier to uptake of cataract surgery. With this background this study propose that programs designed to reduce cataract blindness need to consider gender also when they evaluate their efforts. A better understanding of factors predicting uptake of cataract services separately for man and woman would be useful in addressing the gap.

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