

Original Article

Cataract surgical coverage and self-reported barriers to cataract surgery in a rural Myanmar population

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ABSTRACT

Purpose: The aim of this study is to determine the cataract surgical coverage and investigate the barriers to cataract surgery as reported by those with cataract-induced visual impairment in rural Myanmar.

Methods: A cross-sectional, population-based survey of inhabitants 40 years of age and over from villages in the Meiktila District (central Myanmar); 2481 eligible participants were identified and 2076 participated. Data recording included corrected visual acuity, dilated slit lamp examination and stereoscopic fundus examination. Lens opacity was graded using the Lens Opacities Classification System III. Participants with cataract-induced visual impairment (acuity < 6/18 in better eye) were also invited to respond to a verbal questionnaire about barriers to cataract surgery.

Results: Cataract surgical coverage for visual acuity cut-offs of <6/18, <6/60 and <3/60 was 9.74%, 20.11% and 22.3%, respectively, for people and 4.18%, 9.39% and 13.47%, respectively, for eyes. Cataract surgical coverage was higher for men than women, but gender was not associated with refusal of services. Of the 239 who responded to the extra questionnaire, 216 were blind or had low vision owing to cataract. Three quarters refused referral for surgery: cost and fear of surgery were the most frequently reported barriers.

Conclusion: Cost plays a large role in the burden of cataract in this region. Implementation of educational programmes, reforms to local health service and subsidization of ophthalmic care may improve the uptake of cataract surgery.

Key words: barrier, cataract, cataract surgical coverage, Myanmar.

INTRODUCTION

Cataract continues to be the leading cause of blindness worldwide and is the focus of global public health initiatives;^{1,2} the association with lower socioeconomic status and malnutrition is magnified in regions where access to ophthalmic services is limited,^{3–5} but even if these are available the uptake of surgery can still be low.^{6,7} Recent population studies have reported that barriers such as cost, fear and ageism restrict the uptake of available services.^{8–11} The recently conducted Meiktila Eye Study (MES) was a population-based ophthalmic survey in rural Myanmar, which reported a high rate of cataract-induced visual impairment.¹² Here, we investigate the cataract surgical coverage and self-reported barriers to cataract surgery in this region.

DESIGN

This study was performed as part of the MES, a population-based cross-sectional ophthalmic survey of the inhabitants of

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