In what ways could government and non-governmental agencies reduce the impact of barriers to uptake of cataract surgery? Qualitative findings from Nigeria.

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Abstract

Purpose: To describe and understand the roles of government and non-governmental agencies in eliminating barriers to cataract surgery uptake.

Methods: Optometrists were invited to participate in this study. Semi-structured interviews, using open-ended questions, were conducted using an interview guide on a purposive sample of ten optometrists. The interviews were tape-recorded, transcribed verbatim and analyzed using the thematic analysis framework.

Results: Government and non-governmental agencies can reduce the effects of barriers to cataract surgery uptake by sponsoring or subsidizing the cost of cataract surgical services. They are also to sponsor community outreach programs and provide eye care centres in rural areas. In order to bridge the large gap that currently exists between eye care practitioners and individuals with cataracts; legislations and policies are necessary. It is also important that practices of eye care centres and practitioners are regulated to reduce the influence of poor visual outcomes on cataract surgery uptake.

Key words: cataract, cataract surgery, barrier, eliminate, government, non-governmental agencies.

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INTRODUCTION

Presently, cataracts are a public health concern, as they are the major cause of preventable blindness worldwide, especially in the developing world. An estimated 45 million people are blind globally, with cataracts accounting for approximately 39% (World Health Organization, 2010). In Africa, approximately 6 million individuals are blind with nearly 600,000 people adding to this pool each year (Pascolini and Mariotti, 2012; Wong, 2005). This is the present trend although cataract surgery; a proven cost effective intervention for cataracts, and blindness prevention programs is available. Several factors associated with cataract patients, the socio-economic environment, and characteristics of health systems have been uncovered as barriers to cataract surgery uptake in Africa. The present inclination of cataract-blindness has been attributed to these factors. It has also been suggested that the present number of individuals that are cataract-blind will increase by the Year 2020 (Riaz et al, 2009). There is, therefore, a pressing need to reduce the factors preventing cataract surgery uptake by individuals with cataracts taking into account the savings this will accrue to family members and in social expenditure (Riaz et al, 2009).

Numerous published studies in Africa have explored the reasons behind the non-uptake of cataract surgery by patients with cataracts. These studies have unraveled the effects of factors related to health systems, social and economic environment, and attitudes on uptake of cataract surgery (Briesen et al, 2010, Geneau et al, 2005; Geneau et al, 2008; Kessy and Lewallen, 2007; Mpyet, Dineen and Solomon, 2005; Rabiu, 2001; Rotchford et al, 2002). Minimizing the effects of these recognized factors are necessary for eradicating avoidable blindness by 2020 and achieving the goals of VISION 2020 initiated by the World Health Organization (WHO) and International Agency for the Prevention of Blindness (IAPB) (Lewallen et al, 2005).

Although several factors have been uncovered as reasons for the present state of cataract blindness in Africa, few studies have researched on the ways of eliminating the barriers to cataract surgery uptake and roles of several stakeholders in the health system sector in reducing the impact of this public health concern on the society. This study, therefore, seeks to describe and understand the roles that government and non-governmental agencies have to play in eliminating the barriers to cataract surgery uptake. This is necessary, as they are major players in the health sector in Nigeria (Labiran et al, 2008). This study may inform policies and help in planning blindness prevention programs necessary for increasing cataract surgery uptake in Nigeria.

METHODS

A qualitative methodology (Denzin and Lincoln, 2008) was adopted for this study. This was informed by qualitative methods being best suited for gaining in-depth contextual understanding of subjective interpretations.

This study was conducted in Owerri, the capital of Imo State, Nigeria. From approximately 250 optometrists practicing in the city, participants were invited to take part in this study through an invitation letter. Participants were purposively (Parahoo, 2006) enrolled in this study based on the criteria that a participant must be a qualified, registered, licensed and practicing optometrist in Nigeria, and must have the ability to communicate fluently in English language.

Optometrists were selected as participants for this study because of their position as primary eye care practitioners and experts in eye care. They, therefore, have knowledge of the barriers to cataract surgery uptake. Furthermore, they also have understanding on the roles that government and other major stakeholders in the eye sector can play in reducing the effects of problems faced by cataract patients in taking up cataract surgery and in service delivery to cataract patients.

Relevant data was collected through semi-structured face-to-face interviews using open-ended questions. Informed consent was obtained before each interview. The questioning aimed at obtaining information on the commonly reported reasons for non-uptake of cataract surgery by their patients with
In order to ensure that the findings of this study were trustworthy, the investigator used probing to clarify the interpretations drawn from information obtained from the participants. In addition, the investigator summarised some of the points discussed during each interview and asked the participants to verify that they clearly represented their views. Summaries of transcribed interviews were also made available to some of the participants, and they were asked to comment on them to verify the interpretations of their perspectives. Similarly, alternative perspectives were sought during the interviews.

Ethical approval for this study was granted by School of Health and Wellbeing, University of Wolverhampton sub-ethical committee.

**RESULTS**

**Provision of Support**

All the participants in this study stated that government and non-governmental organisations (NGOs) have roles to play in supporting individuals with cataract surgery as a means of encouraging them to take up cataract surgery. They suggested that this should come in the form of financial support either by completely sponsoring or by subsidizing cataract surgery. According to the participants, this is because the cost of cataract surgery is relatively expensive for the average Nigerian taking into account his income.

“…in Nigeria, the cost of cataract surgery given the per capita income of each individual in the country is relatively expensive...government sponsorship is solicited…” (P3)

“...I think that government...should go the extra mile to provide services ...by way of sponsoring or subsidizing; either 100% sponsorship or may be some percentage of subsidy of the surgery...to encourage the patients...” (P1)

“...for those who say finance is the challenge...I think that is where the NGOs can come in...” (P1)

Participants also indicated that government, in addition to the responsibility of sponsoring cataract surgeries, should also sponsor community outreach programmes to rural communities. They stated that this is important step in gaining access to individuals with cataracts (especially those living in rural areas) on time and offering them cataract surgical services when they are still in their productive years. This, they said would make them see the need to take up cataract surgical services.

“Well, apart from sponsoring the surgery aspect itself, they can also sponsor...these community eye care services. When you have such sponsorship getting professionals to go to the grass root to get people with these ailments on time, that would also help so much. So, the whole thing boils down to funding; funding in terms of getting people who have these problems and funding in terms of taking care of those problems too” (P4)

**Legislation and policy development**

Most study participants stated that legislations and policies are necessary in order to ensure that the populace (individuals with cataracts inclusive) seek the services of eye care professionals either routinely or as a prerequisite for taking up employment or gaining admission to schools. This, according to the participants, will allow for diagnosis and proper
education or flow of relevant information from the practitioner to the patient; thus, increasing uptake of cataract surgery.

“...a practitioner is one who is supposed to solve the problem, but we are trying to find a way of getting them to the practitioner and I think that kind of framework in employment, in admission into the university or secondary school or primary school is going to create a platform for that gap to be bridged. It is going to bring the ordinary man – a person who doesn’t know what cataract is all about to the practitioner and then, the person will now be able to get the adequate patient education...” (P1)

Legislation and policies, perhaps, will serve to inculcate health care seeking behavior in the populace, thereby creating a platform for the practitioner to interact with the populace (individuals with cataracts inclusive). This will create the needed platform for the dissemination of relevant information.

**Regulation of practices**

Some participants advocated that there should be regulations guiding practice of eye surgeons. They suggested that this is necessary for ensuring that only competent eye surgeons carry out cataract surgery. This is important taking into consideration the impact of poor visual outcomes (mostly due to incompetent surgeons and surgical techniques) on the uptake of cataract surgery by most individuals with cataracts.

“It is important for quality control to be instilled into the health system such that only people who are competent enough to carry out surgeries are allowed to carry out surgeries.” (P1)

“...the health system can find a way, perhaps, by putting up policies, perhaps by putting up regulations that will track the competence of the surgeon and...make sure that only competent surgeons are allowed to perform surgeries.” (P1)

All the participants stressed the importance of cataract surgery being of high quality and resulting in good visual outcomes in encouraging individuals with cataracts to take up cataract surgery. According to the participants, this is because individuals with cataracts get to hear of cataract surgery outcomes either through practitioners themselves or through their relations, friends and others within the community. This influences their decision either to or not to take up cataract surgery.

Similarly, some participants are of the opinion that rumours that taking up cataract surgery likely results in poorer vision (usually due to poor surgical techniques and couching) which often make most cataract patients refuse taking up surgery, can be used advantageously by ensuring that visual outcomes from cataract surgery are markedly increased. This, they stated can be achieved by using contemporary surgical techniques that are proven to result in good visual outcomes and discouraging the uptake of couching recognised to result in poor visual outcomes. By using contemporary techniques and the resultant visual outcome being good, rumours would be on cataract surgeries resulting in good outcomes. This would motivate more cataract patients to take up cataract surgery.

“Rumours will always be rumours – unfounded but in some aspects, there is a little truth in it. It could be taken care of from the clinical point of view especially ...by improving on the techniques that are employed in cataract surgery. If the techniques are improved upon; the rumour will continue to spread but this time around, on a positive note...” (P3)

“... if we are talking about eradicating the influence of rumours, then, we have to ensure that the success rate of cataract surgeries increases by using modern surgical techniques. This will make more people see the need to take up surgery as they see others who benefit from it...” (P10)

The provision of high quality cataract surgery with good visual outcomes will encourage individuals with cataracts to take up cataract surgery as they see others whose quality of life has improved after taking up cataract surgery. It will also serve to reduce and/or eliminate barriers related to fear of surgical outcome, belief that cataract surgery can
restore vision and lack of trust in cataract surgery due to experiences of others.

Most importantly, participants suggested that eye care centres be regulated. This is important in stopping the practice of couching that is proven to result in poor visual outcome. According to the participants, this is important in reducing the barriers associated with poor visual outcomes that result from poor quality cataract surgery.

“...regulatory bodies should be more proactive in finding out the centres where couching is being carried out and then efforts should be made to stop such people...” (P1)

Tackling inequalities

Participants also highlighted inequalities in the distribution of health care services and health care professionals as contributing to the non-uptake of cataract surgery by most individuals with cataracts in Nigeria. According to the participants, most of the eye care centres that provide government sponsored free and subsidized cataract surgical services are located in the urban areas (in the context of this study, at the state capital). This is the case, although, most of the individuals with cataracts are poor and mostly live in rural areas.

“One thing that most people – most practitioners – would have observed is that cataract is more prevalent in the rural areas, it is more prevalent in places where the people who have the problem do not have enough money to take care of the problem...” (P1)

Therefore, most participants suggested that it is important for the government to bridge the gap between the practitioner and individuals with cataracts living in rural areas, and tackle the regional inequalities in the distribution of eye care services and health care professionals. This, they stated should be done by establishing well equipped health care services with eye care centres in the rural/remote areas and employing eye care practitioners to serve the health needs of individuals with cataracts.

“...establish more centres...the centre we have is just in the capital, we don’t have any in the remote areas so people have to travel to come...if they could have more centres in the remote areas, it will help a lot.” (P2)

“There should be more employment of health workers in rural areas.” (P3)

“The government should also provide well-equipped, health services in the rural areas and employ staff to provide services there” (P10)

DISCUSSION

In order to achieve VISION 2020, research on ways of reducing the effects of barriers faced by cataract patients is pertinent. It is also important that various stakeholders in the eye care sector take up roles and actively participate in minimizing the effects of recognized barriers to uptake of eye care services (World Health Organization, 2010). Barriers to cataract surgery uptake have been recognized in the literature (Briesen et al, 2010, Geneau et al, 2005; Geneau et al, 2008; Kessy and Lewallen, 2007; Mpyet, Dineen and Solomon, 2005; Rabiu, 2001; Rotchford et al, 2002). For the impact of these barriers to be eliminated, the role of various stakeholders needs to be clearly understood. This will help them to contribute towards minimizing the influence of acknowledged factors mitigating the uptake of cataract surgery, thereby increasing the uptake of cataract surgery.

This study was undertaken to describe and understand the roles of government and non-governmental agencies in eliminating the barriers to cataract surgery uptake. Our results show that, as major stakeholders in eye care, they have roles to play in service provision and regulation of practices. This will moderate the effects of barriers to cataract
surgery uptake that are related to costs, visual outcomes and inequalities.

Cost of surgery and indirect costs; especially due to logistics needed by cataract patients to take up cataract surgery, are widely reported in the literature as being a significant reason for the non-uptake of cataract surgery (Kessy and Lewallen, 2007; Mpyet, Dineen and Solomon, 2005; Rabiu, 2001). Considering that cost associated with cataract surgery uptake is an important factor, our results demonstrate that government and non-governmental organizations are to sponsor or subsidize cataract surgery. This is widely recommended by several authors (Geneau et al, 2005; Geneau et al, 2008; Rotchford et al, 2002; Cook et al, 2007). It is a necessary step in reducing the barrier posed by direct and indirect cost of surgery to cataract surgery uptake, as most individuals with cataracts cannot afford them and mostly reside in rural areas (Rabiu, 2001; Rabiu and Mohammed, 2008).

In order to gain access to cataract patients living in rural areas, our results also suggests that community outreach programs aimed at taking cataract surgical services to rural dwellers be sponsored. Furthermore, well-equipped and properly staffed eye care centers should be provided to tackle the inequalities in the distribution of health care facilities. This is essential as non-availability of cataract surgical services is, perhaps, the reason for reported lack of awareness of cataract surgical services and encourages the uptake of couching (Gilbert et al, 2010; Rabiu, 2001). The provision of operative eye care centres in rural areas, in addition to providing cataract surgical services to individuals who need them, will also help to enlighten the populace on cataracts and cataract surgery. It is, however, important to ensure that the cataract surgical services provided in these centers, at little or no cost, are of good quality and result in good visual outcomes. This is necessary, as the quality of cataract surgical services provided has been reported as being essential for increased uptake of cataract surgical services (Briesen et al, 2010).

Cataract patients often report poor visual outcomes as a barrier to cataract surgery uptake (Briesen et al, 2010, Geneau et al, 2005; Geneau et al, 2008; Mpyet, Dineen and Solomon; 2005; Cook et al, 2007; Johnson, Goode and Faal, 1998). Our results show that ensuring that cataract surgeries result in good visual outcomes is necessary for increasing the demand and uptake of cataract surgery by cataract patients. Good visual outcomes have also been demonstrated to result in increased uptake of cataract surgery (Ahmad et al, 2010). Regulation of eye practices is important in reducing the impacts of poor visual outcomes, fear and lack of trust in health care services on uptake of cataract surgery. By putting measures in place through policies, surgeons would take appropriate measures aimed at ensuring that cataract surgery are of good quality and result in good visual outcomes. Similarly, regulation of eye care centres will serve to stop the practice and uptake of couching proven to result in poor visual outcomes (Mpyet, Dineen and Solomon, 2005; Rabiu and Muhammed, 2008).

**CONCLUSION**

Governmental and non-governmental agencies have vital roles to play towards eliminating the barriers to cataract surgery uptake. This is because they are major stakeholders in the health care sector in Africa. Their roles range from provision of infrastructure to regulation of health centres and eye care practitioners. It is essential that they assume these roles in order to increase cataract surgery uptake by cataract patients and reduce the impact of cataracts to individuals and the society.

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