


2016

Socioeconomic Factors Associated with Cataract-related Blindness Treatment in Women in Rural Regions of Andhra Pradesh

Kiranpreet Kaur 4198353

Virginia Commonwealth University Honors College, kkaur3@vcu.edu

Follow this and additional works at: <http://scholarscompass.vcu.edu/urespsters>

 Part of the [Community-based Research Commons](#), [Economic Policy Commons](#), [International Public Health Commons](#), [Medical Humanities Commons](#), [Public Health Education and Promotion Commons](#), [Social and Cultural Anthropology Commons](#), and the [Women's Health Commons](#)

© The Author(s)

Downloaded from

Kaur, Kiranpreet 4198353, "Socioeconomic Factors Associated with Cataract-related Blindness Treatment in Women in Rural Regions of Andhra Pradesh" (2016). *Undergraduate Research Posters*. Poster 223.

<http://scholarscompass.vcu.edu/urespsters/223>

This Book is brought to you for free and open access by the Undergraduate Research Opportunities Program at VCU Scholars Compass. It has been accepted for inclusion in Undergraduate Research Posters by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.



VCU

Socioeconomic Factors Associated with Cataract-related Blindness Treatment in Women in Rural Regions of Andhra Pradesh

Purpose

- India is home to the world's largest blind people population. In 2000, the Andhra Pradesh Eye Disease Study extrapolated approximately 18.7 million blind people resided in India and projected an increase to 31.6 million blind people by 2020. In Andhra Pradesh, avoidable and/or preventable blindness increased to 1.84% from 1.5% in the late 1980s. [1]
- Cataract-related blindness occurs more than 50% of the time in India, and is projected to increase due to futility of current eye-care policy and demographic transition, in which the population is growing older, with increasing susceptibility to cataract. [5]

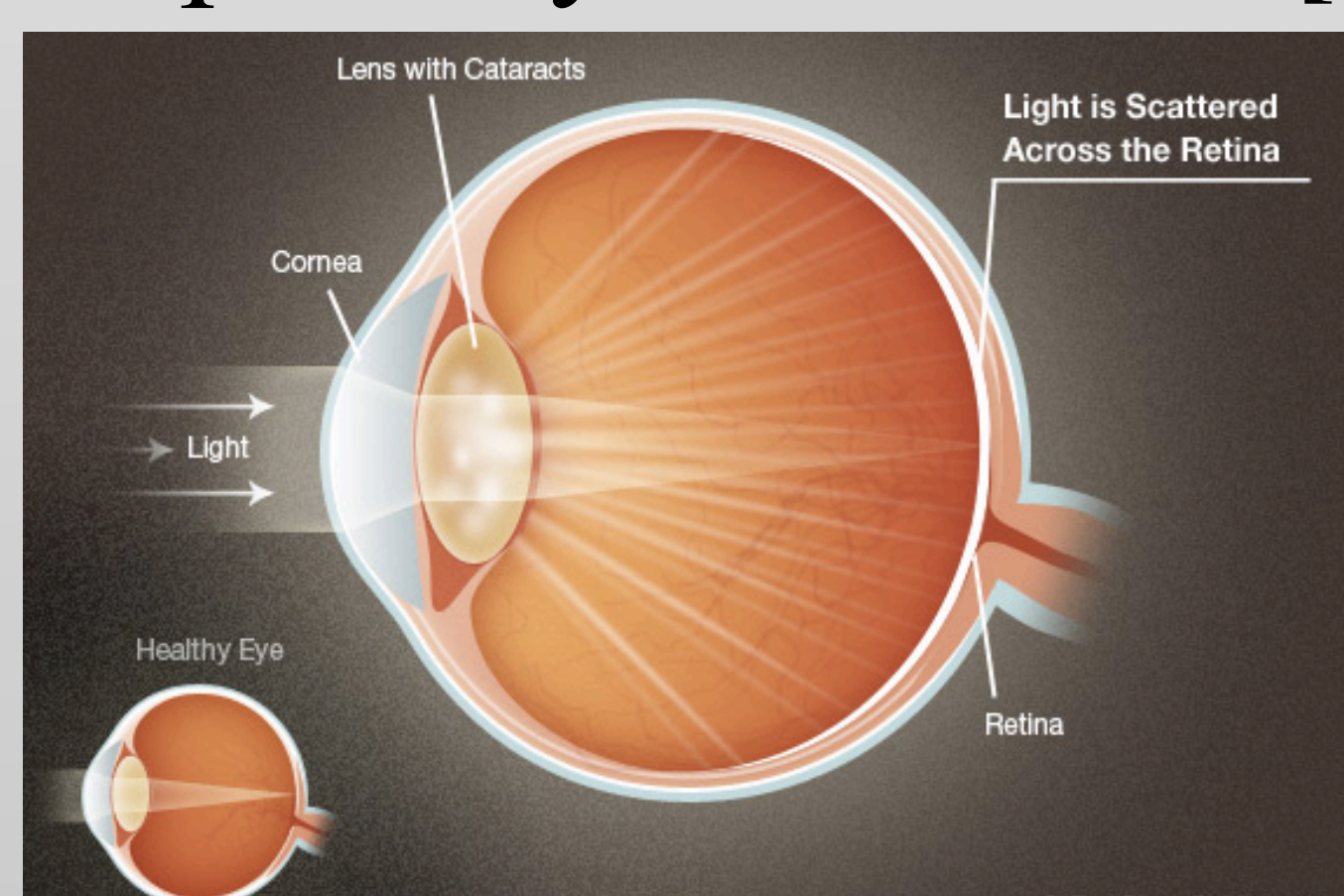


Figure 1: Cataract Diagram [3]

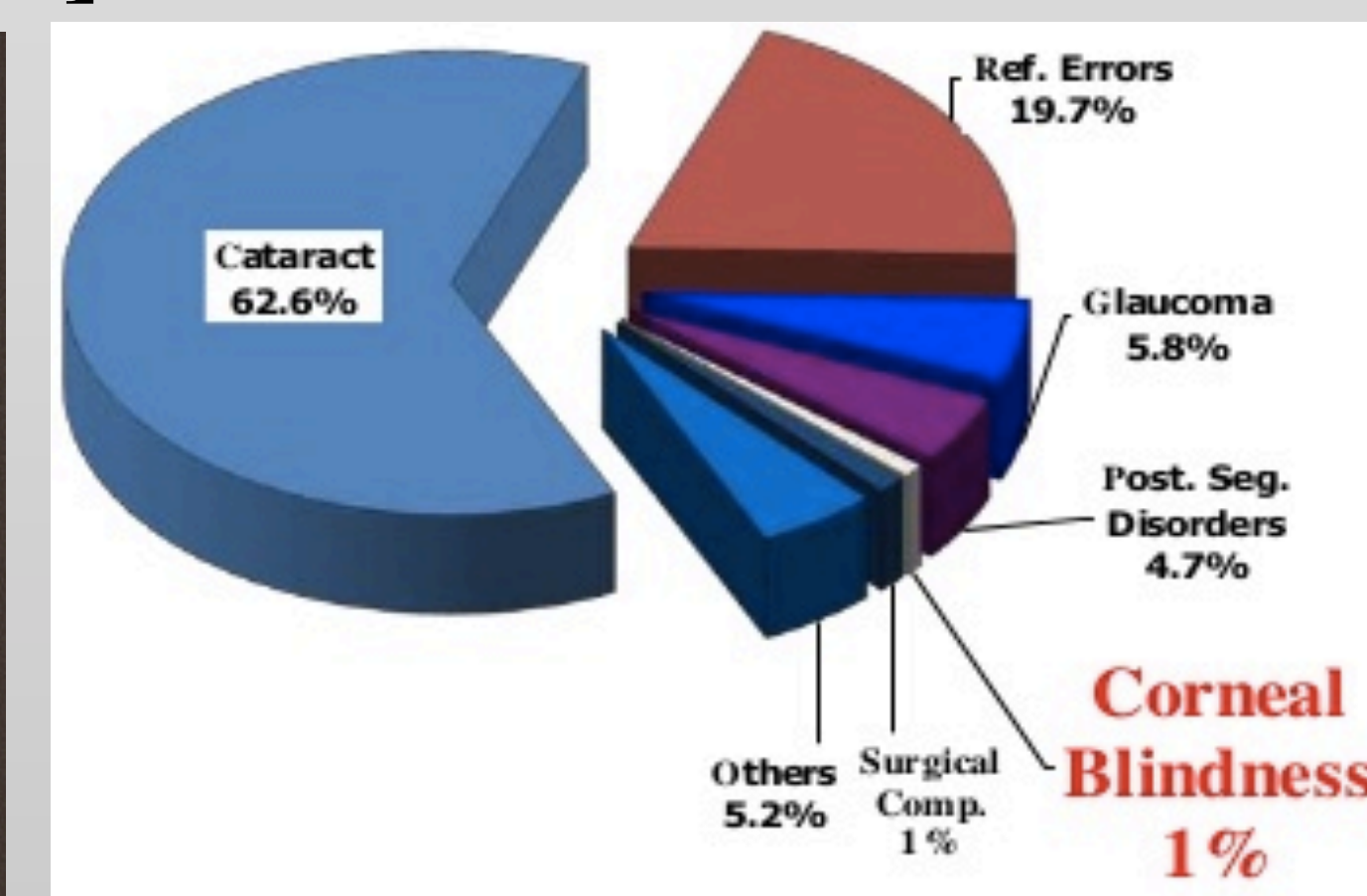


Figure 2: Estimates of Blindness in India [4]

Methods

- Numerous public health studies have been conducted to outline factors that preclude treatment of avoidable corneal blindness in the India. Existing surveys, cataract surgical output and economical, social and population data of Andhra Pradesh were analyzed.
- This research is an examination of the female population in rural regions of Andhra Pradesh through analysis of two major studies (1) the impact of NGOs on economic development and (2) socioeconomic factors, engendering lack of utilization of eye-care services, in order to find a correlation between these two seemingly disparate studies.



Figure 3: Females with cataract-related blindness in Andhra Pradesh [5]

Results

- NGOs ameliorate economic status by increasing access to education/employment and healthcare services. NGO presence in rural regions is significantly limited, leading to lack of privatization, while agriculture continues to dominant rural areas, affecting economic and societal growth and causing widespread poverty.
- Ophthalmologists are primarily located in developed, urban regions. However, patients who require cataract surgery reside primarily in rural regions, leading to inadequate services. [7]

As economic underdevelopment increases, blindness increases:

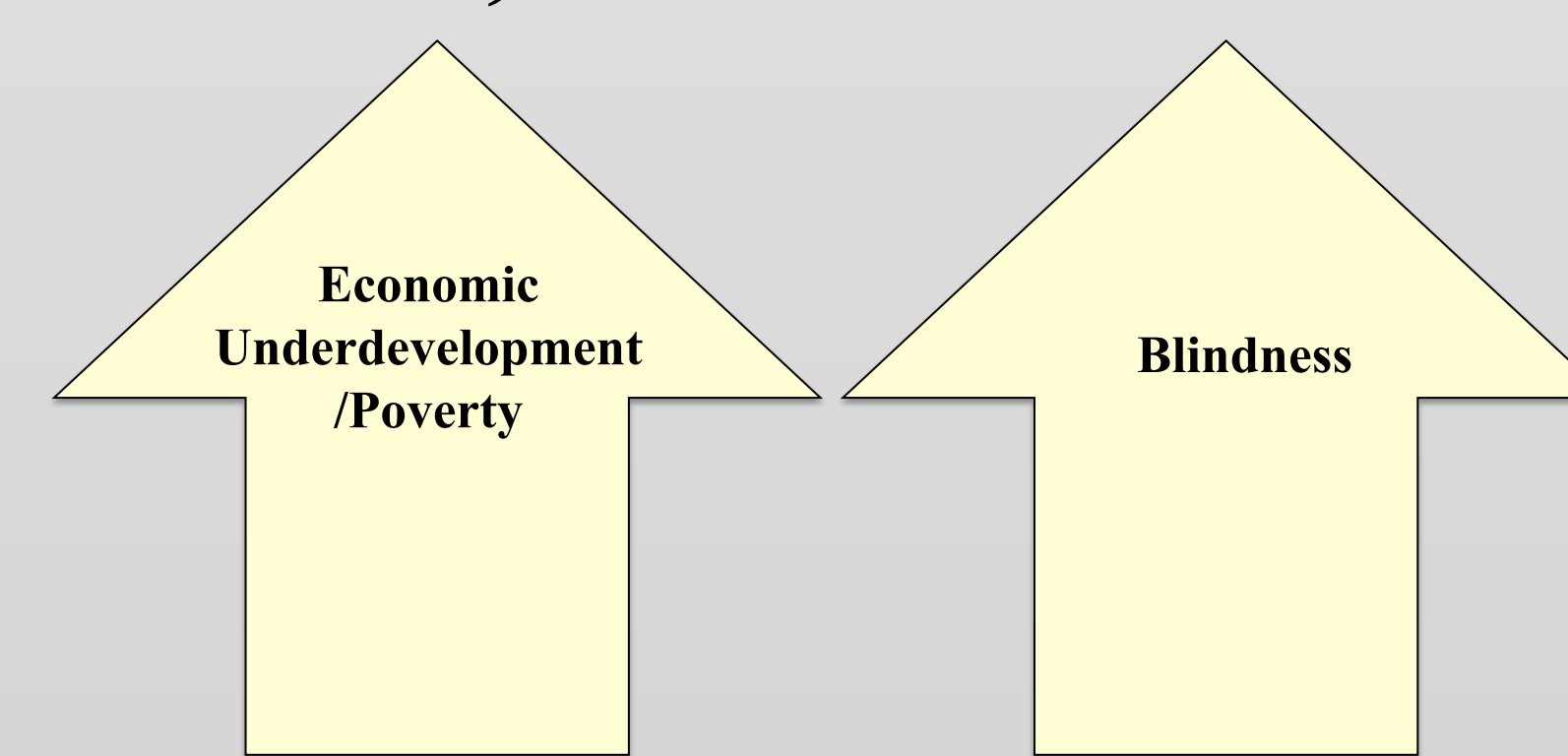


Figure 4: Economic Underdevelopment and Blindness

- Higher incidences of blindness occur in rural India and female population residing in underdeveloped, rural areas of India, especially in comparison to female counterparts in urban areas. Moreover, females generally wait longer than males to attend eye check-ups and have surgery. [5]

References

[1] Dandona, R., & Dandona, L. (2001). Review of findings of the Andhra Pradesh Eye Disease Study: Policy implications for eye-care services. *Indian Journal of Ophthalmology*, 49(4), 215-234. Retrieved from <http://www.ijoo.in/text.asp?2001/49/4/215/14696>

[2] Finger, R. P. (2007). Cataracts in India: Current situation, access, and barriers to services over time. *Ophthalmic Epidemiology*, 14(3), 112-118. doi:10.1080/09286580601114967

[3] Learning More About: Cataracts. (n.d.). Retrieved from <http://www.eyeglassguide.com/my-eyes/eye-diseases/cataracts.aspx>

[4] Murthy, G.V.S, Gupta, S. K., Bachani, D., Tewari, H., & John, N. (2004). Human resources and infrastructure for eye care in India: Current status. *The National Medical Journal of India*, 17(3), 128-134. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15253398>

[5] Nirmalan, P. K., Padmavathi, A., & Thulasiraj, R. D. (2003). Sex inequalities in cataract blindness burden and surgical services in south India. *British Journal of Ophthalmology*, 87(7), 847-849. doi:10.1136/bjo.87.7.847

[6] Press, A. (2014, December 05). 24 go blind after cataract surgery in India. Retrieved from <http://www.dailymail.co.uk/wires/ap/article-2861893/11-blind-ataract-surgery-India.html>

[7] Reddy, A. A., & Bantilan, M. (2012). Regional disparities in Andhra Pradesh, India. *Local Economy*, 28(1), 123-135. doi:10.1177/0269094212463791

Acknowledgement

I would like to thank Professor Mary Boyes and the VCU Honors College for providing me the opportunity and academic resources to conduct this research project.

Discussion/Conclusion

- An intermittent and cyclic combination of socioeconomic limitations exists.

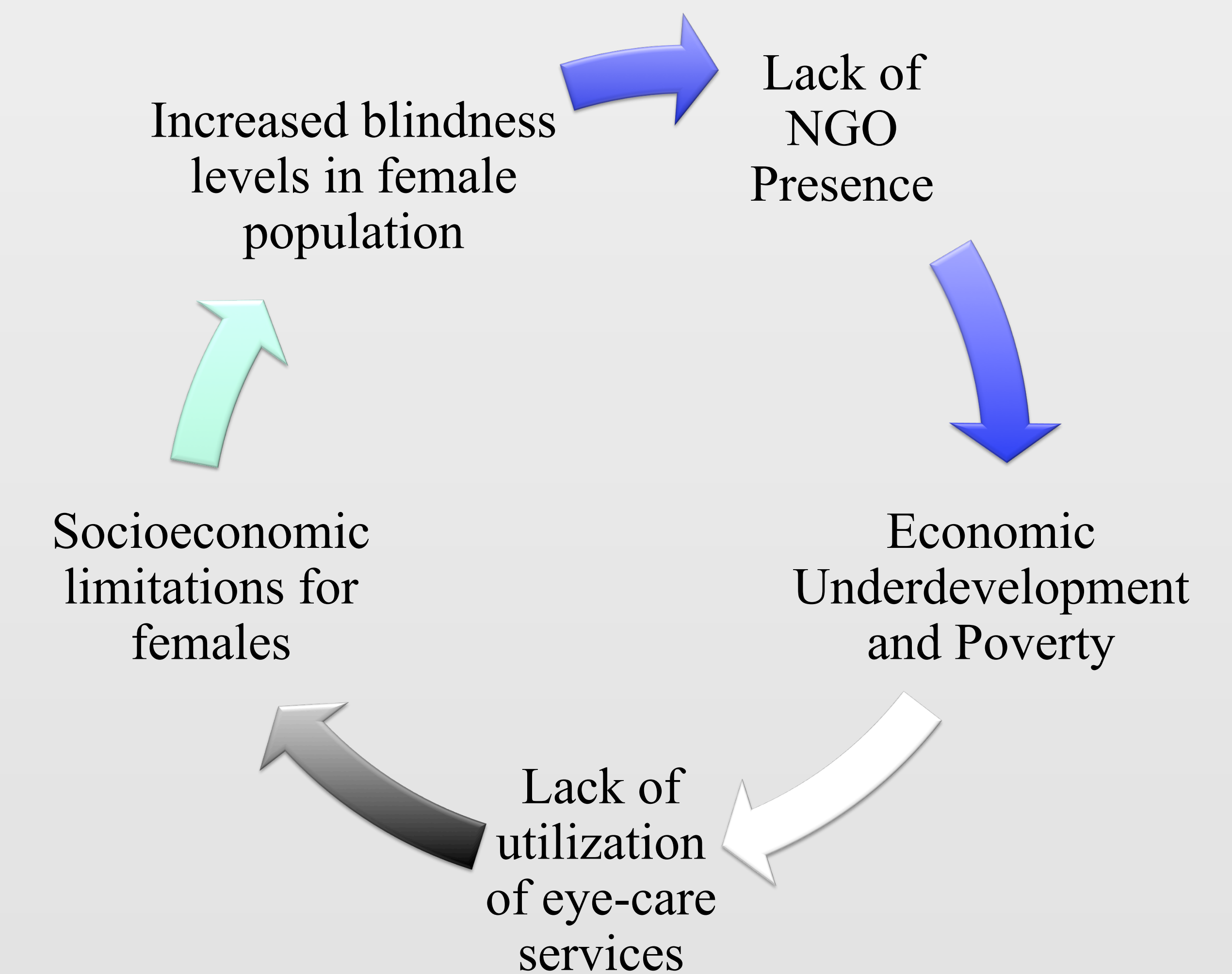


Figure 5: Cycle of Blindness in Female Population due to Socioeconomic Factors

- Qualified private sector doctors and institutions aren't readily available in remote rural areas because people don't have ability to pay and there is a lack of social infrastructure. Thus, the populations in these areas where healthcare needs are the greatest have poor access to functioning health services facilities.
- Females are subjugated to additional economic restraints, which stem from societal/cultural limitations. Religion (Hinduism) is a major facet of society. Written in Hindu scriptures, women's duties (dharma) differ drastically from males, including taking care of the home and children and putting family above all.
- Moreover, deeply rooted patriarchal beliefs embed society. Males are the sole wage-earners, generally working in agriculture. With virtually no emphasis on education, and gender roles clearly drawn out, children are brought up under such rigid beliefs and social structures, leading to lack of opportunity for economic and social growth for population, namely females. Instead, social and economic stagnation occurs due to tradition, leading to health issues.