Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

BARRIERS OF EYE CARE SERVICES FOR CATARACT PATIENTS IN AZAD JAMMU AND KASHMIR

Syeda seerat Zahra[1], Amara Nasir[2], Maryam Fatima[3], Zunaira nasir[4], Khush Bakht Nasir[5]

[1]M phill optometry, Email: zseerat78@gmail.com

[2]Optometrist at Fatima Jinnah Institute of Chest Disease Quetta, Email: Amaranasir55@gmail.com

[3]Senior Lecturer Allied Health Sciences Bakhtawar Amin Medical and Dental College Multan, Email: fmomo934@gmail.com

[4]Medical Officer SMBZAN ICQ, Email: nzunaira5@gmail.com

[5]Medical Students Qims Quetta, Email: thisiskb110@gmail.com

Corresponding Author: Amara Nasir, Optometrist at Fatima Jinnah Institute of Chest, Email: amaranasir55@gmail.com

ABSTRACT

Purpose: To find the barriers in eye care service for cataract patients in Azad Jammu and Kashmir.

Design: Cross-sectional study.

Method: 60 Cataract patients (30 males and 30 females) of Azad Kashmir. Log MAR Visual acuity chart was used to assess visual acuity. The confidence interval of 0.95 with α of 0.05 was taken. Refraction was done and appropriate glasses

Result: The majority of people with school-level education have experienced cataracts. It may be due to a lack of awareness. 30/74 people with 1 year cataract have experienced decreased vision for 1 year. And 6/12 for 3 years (p=0.403). 40/74 & 12/74 people housewives and labourers, respectively, experienced cataracts for 1 year. And 6/12 for 3 years of people related to labouring (p=0.012). The majority of people living in rural areas were affected more, 58/74 for 1 year, 26/34 for 2 years, 10/ 12 for 3 years (p=0.947). Most people with surgery phobia are affected more as compared to those who don't have issues with the surgery, 38/74 for 1 year, 22/34 for 2 years and 8/12 for 3 years affected by cataract (p=0.339).

Conclusion: The majority of people with school-level education, living in rural areas, never examine their eyes due to surgery phobia and doing housework or labouring have experience.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

KEYWORDS: Visual acuity, Log MAR chart, Refraction, Awareness, Surgery phobia, Rural population, Educational level, Socioeconomic factors

INTRODUCTION: In the late 20th century cataracts was an important problem globally but was not recognized widely as such as today. Now it is a significant problem and its significance is understood in a better way. Worldwide, cataracts is one of the major cause of blindness for 51% of total blindness [1] and there is regional variation also exist in it. Globally the Americans have the least prevalence of blindness and south East Asian countries have the largest.[2, 3] Instead of the occurring of the cataracts, there is also some other issue like hospital facilities and other to prevent the growing prevalence of the cataract.[4-6] In contrary of the hospital-based studies, the population base studies shown variety in term of post-operative visual outcomes, in both cases of intra-country and inter-country.[7-10] There is also much difference in habitat like urban and rural societies. This difference is mainly due to quality of surgery, surgical facilities, efficiency of surgeons and the use of spectacle in post-operative. These differences are due to reality that population-based studies include all type of cases of every age group but hospital-based studies provide only specific and limited cases. [11]The main challenge is to eradicate its causes so that it is no longer a big problem at the start of the next century. The chance of cataract increases with increasing age.

In a study conducted in Australia, it is come to know that the chances of cataract increase double with every 10th year of age after forty years, so everyone in their 90s is affected. The same results gathered from different studies conducted in other developed countries.[12-15] In a study conducted in India it is found that in twelve million people blindness is caused by cataract. In 1989-1996 there was increment in rate of cataract surgeries from 1.2 million to 2.7 million. The difference is very significant; however, the figure does not indicate the extent to which the problem of cataract blindness has been reduced. The main determinant of visual impairment is cataract worldwide, with approximately thirty seven million people affected according for forty eight percent of global blindness.

In South Indian States, avoidable blindness especially which is caused by cataract and refractive error such as myopia, astigmatism are main dilemma between older adults, females, the uneducated and the people in rural areas. Refractive errors with33.8% and Cataract with 21.4% recorded for more than 1/2 of the OPD attendance at a military hospital in Ladakh, Kashmir. In 1999 the avoidable blindness was eliminated with the global strategy i.e.“The Right to Sight”,that was commenced by World Health Organization in affiliation with a number of international nongovernmental organizations (NGOs) with

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

the motto of vision 20/20.[16-19] As mentioned earlier,in diabetic patients, visual impairment is mainly caused by cataract. Patients with diabetes mellitus also have increased prevalence and development of cataract. Clinical epidemiology and basic research studies reveal association among these two major problems (diabetes and cataract). Because of the raised number of type 1 and type 2 diabetes the incidence of diabetic cataracts gradually increases worldwide.[20, 21] In developing countries, the diabetes and cataract have large health and financial concern because diabetes therapy is inadequate and cataract surgery is frequently unavailable.[22]In many parts of the globe, mainly the most cases of blindness are avoidable or manageable by surgery and or refractive error corrections (refraction), however, the availability of these resources cannot cope with demand for eye care. The main reason of this is because in many countries, eye care services are not readily available due to inadequacy of trained personnel or due to the fact that eye care practitioners are usually do not concentrated in the rural areas.[23, 24]There are three primary factors namely: availability, affordability and accessibility.These three A of eye care services could influence the prevention of visual impairment worldwide. Also, there are many secondary factors which can play a role as barrier to utilizing the present and easily accessible as well as affordable eye care services. These factors are: Demographic, Personal and Socio-economic.In a research it is found that, according to Andersen, health care services use is determined by social, health service system and individual factors. Individual factors include the need, enabling factors, and predisposing factors. The possibility of an individual's utilizing health care services is affected by the collaboration of these various factors. The usage of eye care services also concerns these factors.[23, 25]In this study we will focus on socioeconomic barriers of cataract patients for eye care services in Kashmir, Pakistan

MATERIALS AND METHODS

A Cross sectional study of 60 Patients of cataracts was conducted in Azad Jammu and Kashmir. Non probability purpose sampling technique was used to collect the data.Self-made Performa was used for data collection. Instruments LogMar Chart, Pen torch was used .For data analysis SPSS softwear and paired sample T test was used.

Results

Literacy * Duration Cataract Cross tabulation

	Duration Cataract			Total
	1 year	2 year	3 year	

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

	College	Count	16	12	2	30
		% within Literacy	53.3%	40.0%	6.7%	100.0%
	no	Count	16	10	2	28
		% within Literacy	57.1%	35.7%	7.1%	100.0%
	school	Count	30	10	6	46
		% within Literacy	65.2%	21.7%	13.0%	100.0%
	university	Count	12	2	2	16
		% within Literacy	75.0%	12.5%	12.5%	100.0%
Total		Count	74	34	12	120
		% within Literacy	61.7%	28.3%	10.0%	100.0%

The literacy is compared across the duration of cataract. The majority of people with school level education have experience cataract. It may be due to lack of awareness. 30/74 people with 1 year cataract have experiencing decrease vision for 1 year. And 6/12 for 3 years.

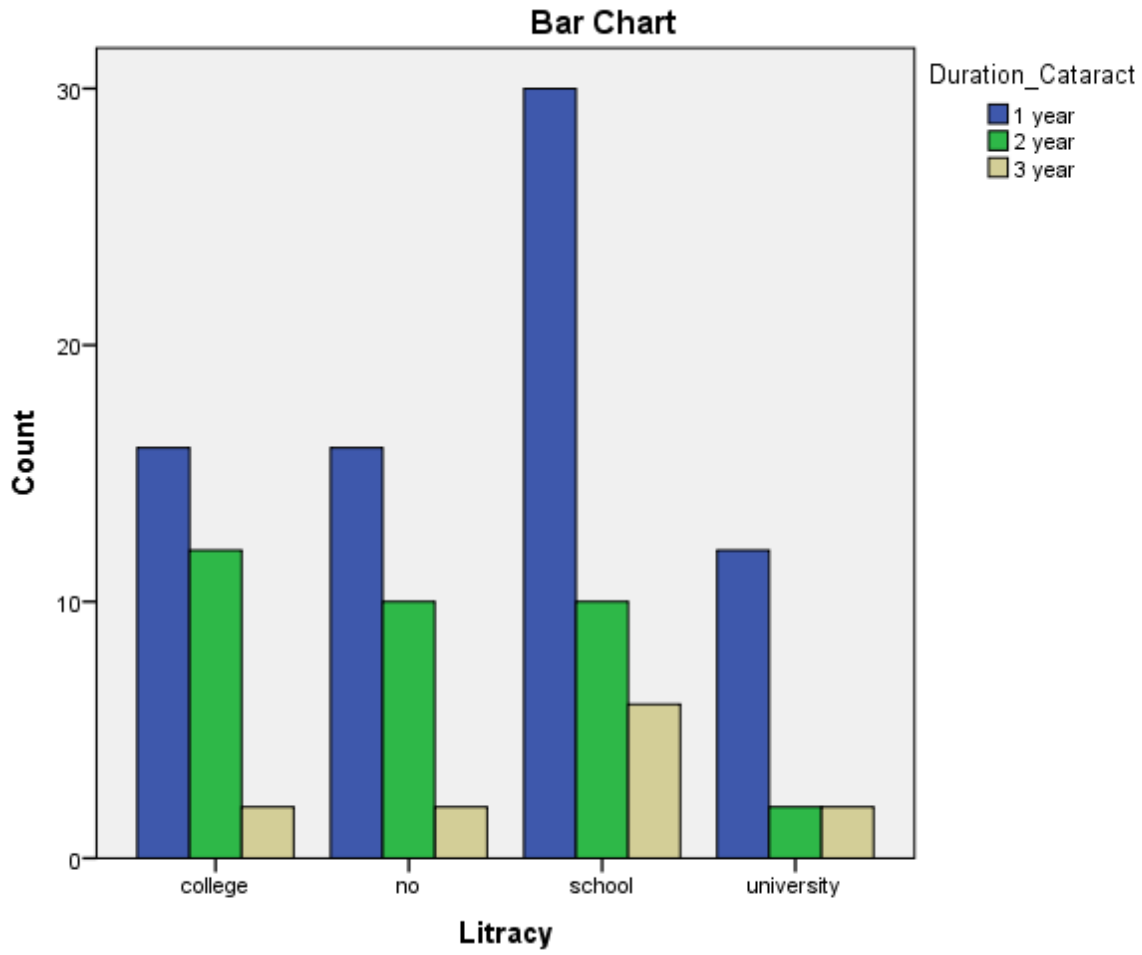
Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	6.175[a]	6	.404	.414
Likelihood Ratio	6.421	6	.378	.433
Fisher's Exact Test	6.092			.403
N of Valid Cases	120			

a. 5 cells (41.7%) have probably count less than 5. The lowestestimated count is 1.60.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

The fisher's exact test is used in this study. The result presented that there is no statistically significant difference between literacy (p=0.403). However, people with school level education recorded more affected as compared to other.



Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Occupation * Duration CataractCross tabulation

			Duration Cataract			Total
			1 year	2 year	3 year	
Occupation	Housewife	Count	40	14	2	56
		% within Occupation	71.4%	25.0%	3.6%	100.0%
	Job	Count	16	6	2	24
		% within Occupation	66.7%	25.0%	8.3%	100.0%
	Labour	Count	12	6	6	24
		% within Occupation	50.0%	25.0%	25.0%	100.0%
	Nothing	Count	0	4	0	4
		% within Occupation	0.0%	100.0%	0.0%	100.0%
	Teacher	Count	6	4	2	12
		% within Occupation	50.0%	33.3%	16.7%	100.0%
Total		Count	74	34	12	120
		% within Occupation	61.7%	28.3%	10.0%	100.0%

The profession is compared across the duration of cataract. The majority of people of housewife and laboring profession have experience cataract. It may be due to lack of awareness and clean environment. 40/74 & 12/74 people of housewife and laboring, respectively, experiencing cataract for 1 year. And 6/12 for 3 years of people related to laboring.

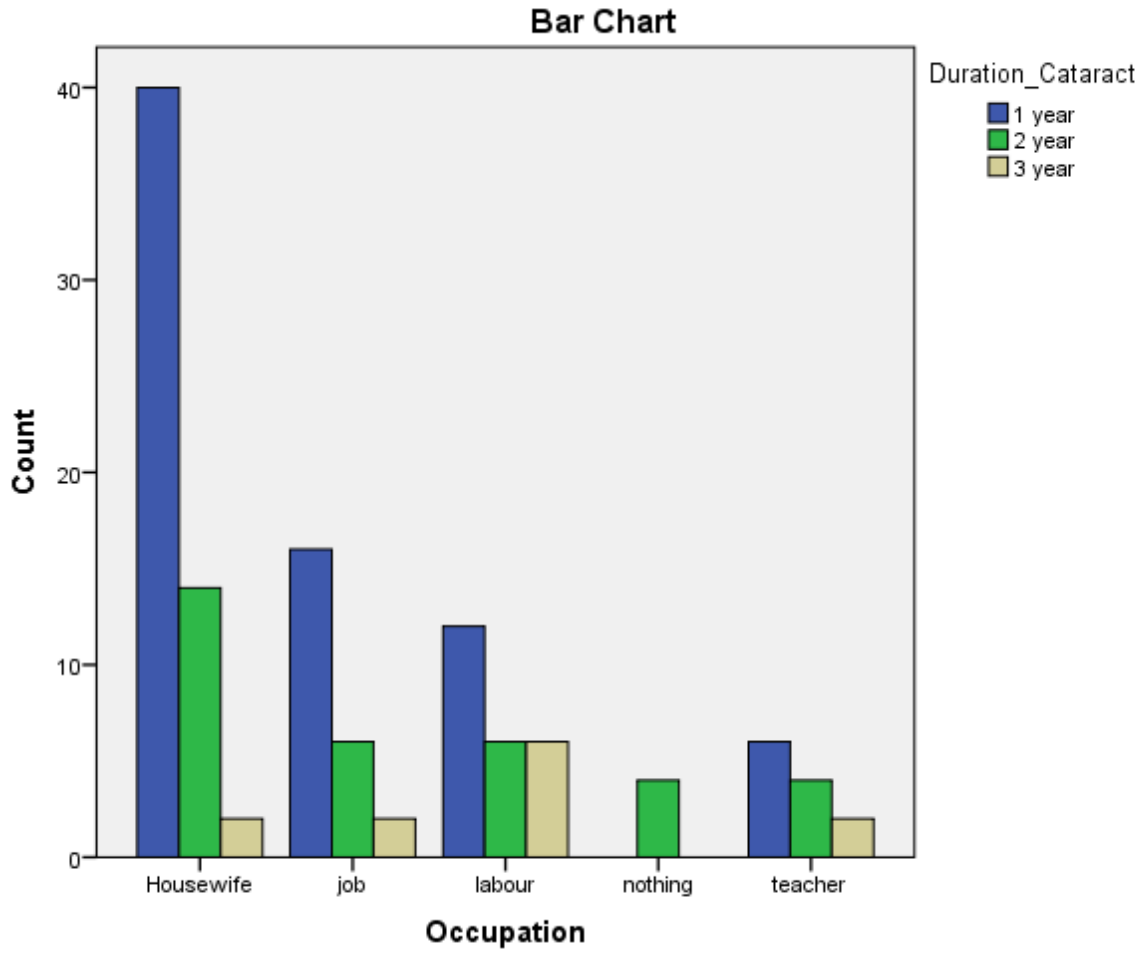
Chi-Square Tests

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	20.703[a]	8	.008	.010
Likelihood Ratio	19.773	8	.011	.015
Fisher's Exact Test	17.570			.012
N of Valid Cases	120			

a. 7 cells (46.7%) have expected count less than 5. The minimum expected count is .40.

The fisher's exact test is used in this study. The result showed that there is marked difference between profession and duration of cataract (p=0.012). However, people with laboring and housewife, recorded more affected as compared to other.



Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Habitat * Duration CataractCross tabulation

			Duration Cataract			Total
			1 year	2 year	3 year	
Habitat	Rural	Count	58	26	10	94
		% within Habitat	61.7%	27.7%	10.6%	100.0%
	Urban	Count	16	8	2	26
		% within Habitat	61.5%	30.8%	7.7%	100.0%
Total		Count	74	34	12	120
		% within Habitat	61.7%	28.3%	10.0%	100.0%

The Habitat is compared across the duration of cataract. The majority of people living in rural areas affected more, 58/74 for 1 year, 26/34 for 2 year, 10/ 12 for 3 year.

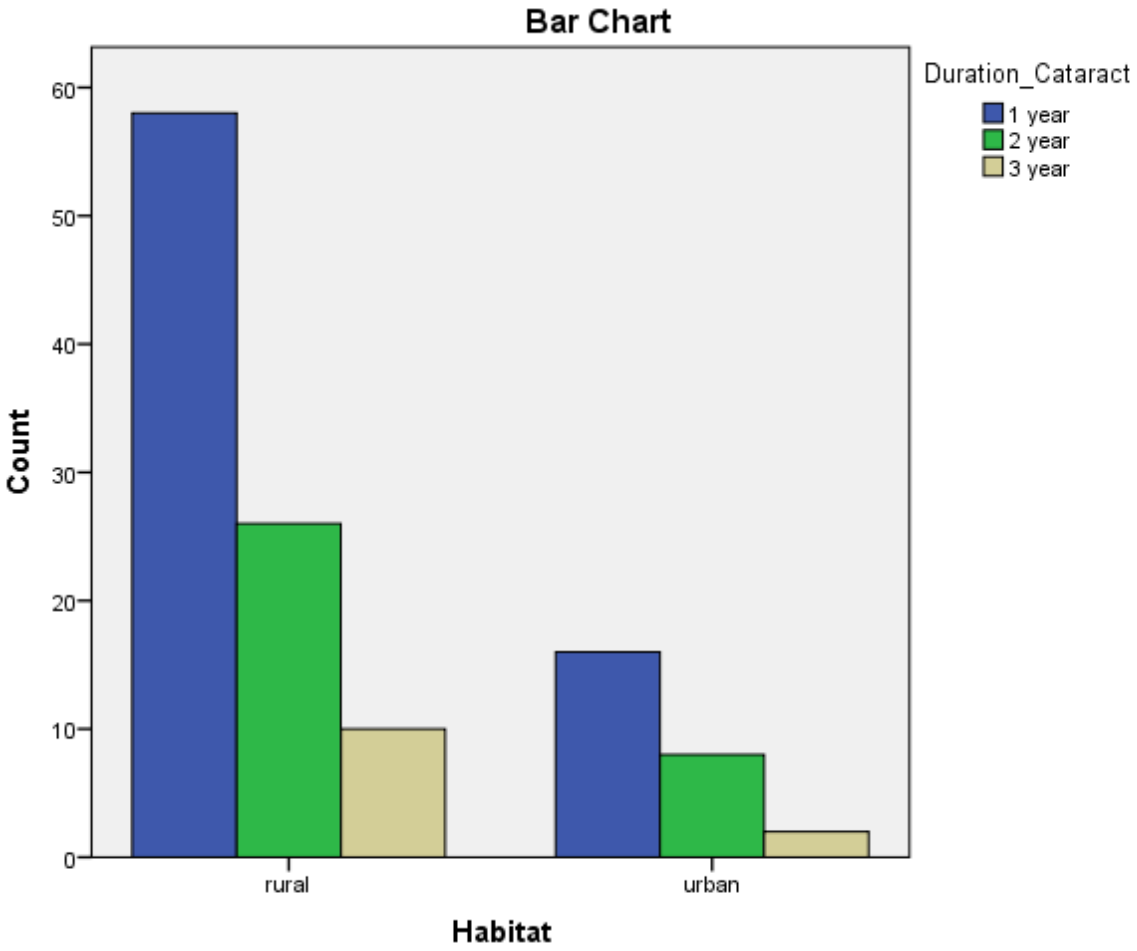
Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	.246[a]	2	.884	.900
Likelihood Ratio	.256	2	.880	.900
Fisher's Exact Test	.225			.947
N of Valid Cases	120			

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.60.

The fisher's exact test is applied to this study. The result showed that there is no statistically difference between Habitat and duration of cataract (p=0.947). However, people living in rural areas affected more.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr



Previous Examination * Duration CataractCross tabulation

			Duration Cataract			Total
			1 year	2 year	3 year	
Previous examination	no	Count	50	24	10	84
		% within Previous Examination	59.5%	28.6%	11.9%	100.0%
	yes	Count	24	10	2	36
		% within Previous Examination	66.7%	27.8%	5.6%	100.0%

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Total	Count	74	34	12	120
	% within Previous Examination	61.7%	28.3%	10.0%	100.0%

Duration of cataract is compared with the pervious examination history. Majority of people who never examine their eyes affected more, 50/74 for 1 year, 24/34 for 2 year and 10/12 for 3 year.

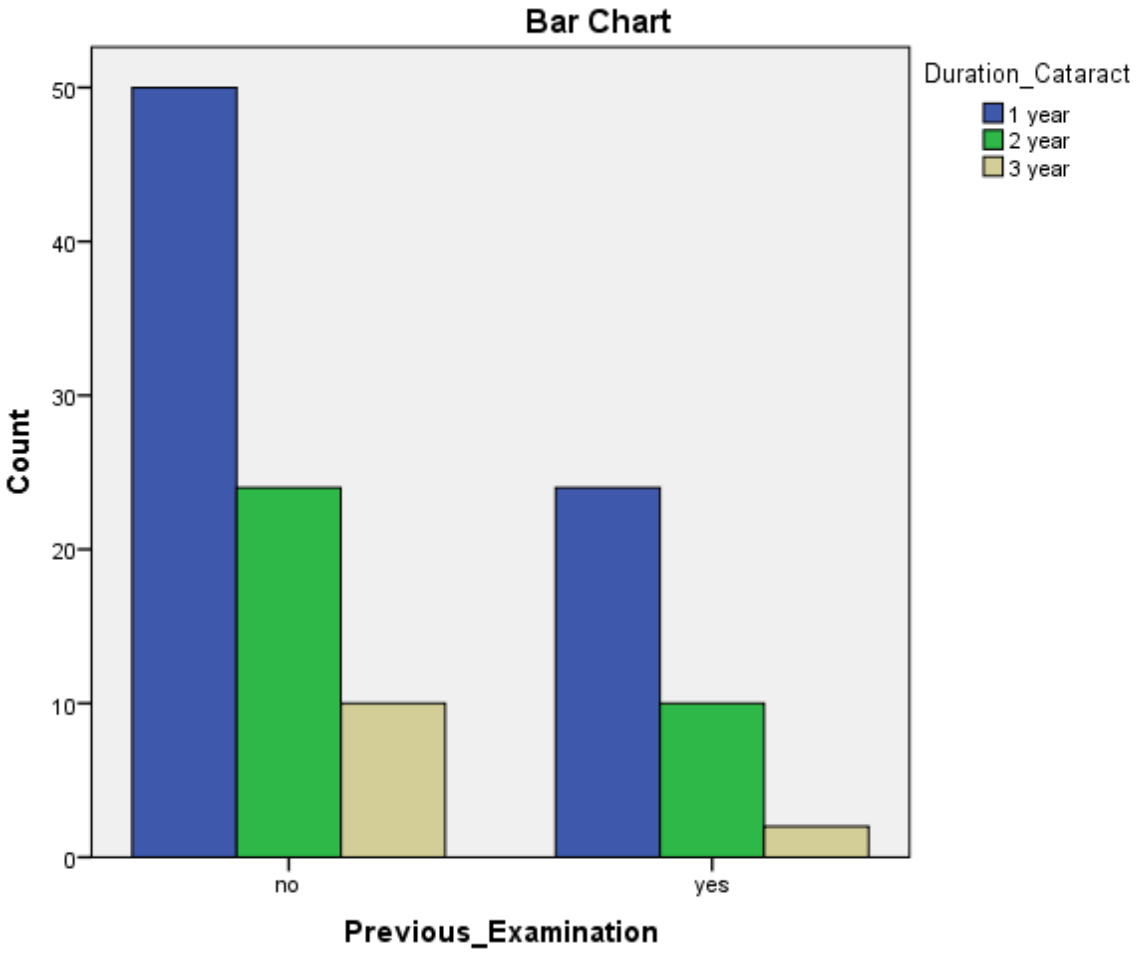
Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	1.230[a]	2	.541	.551
Likelihood Ratio	1.347	2	.510	.551
Fisher's Exact Test	1.072			.604
N of Valid Cases	120			

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.60.

The fisher's exact test is applied to this study. The result showed that there is no statistically difference between those who examine their eye previously and those who never (p=0.604). However, people who never examine affected.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr



Surgery Phobia * Duration CataractCross tabulation

			Duration Cataract			Total
			1 year	2 year	3 year	
Surgery Phobia	no	Count	36	12	4	52
		% within Surgery Phobia	69.2%	23.1%	7.7%	100.0%
	yes	Count	38	22	8	68

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

	% within Surgery Phobia	55.9%	32.4%	11.8%	100.0%
	Count	74	34	12	120
Total	% within Surgery Phobia	61.7%	28.3%	10.0%	100.0%

The duration of cataract is compared between those with surgery phobia and those who don't. Most people with surgery phobia affected more as compared to those who don't have issue with surgery, 38/74 for 1 year, 22/34 for 2 year and 8/12 for 3 year affected by cataract.

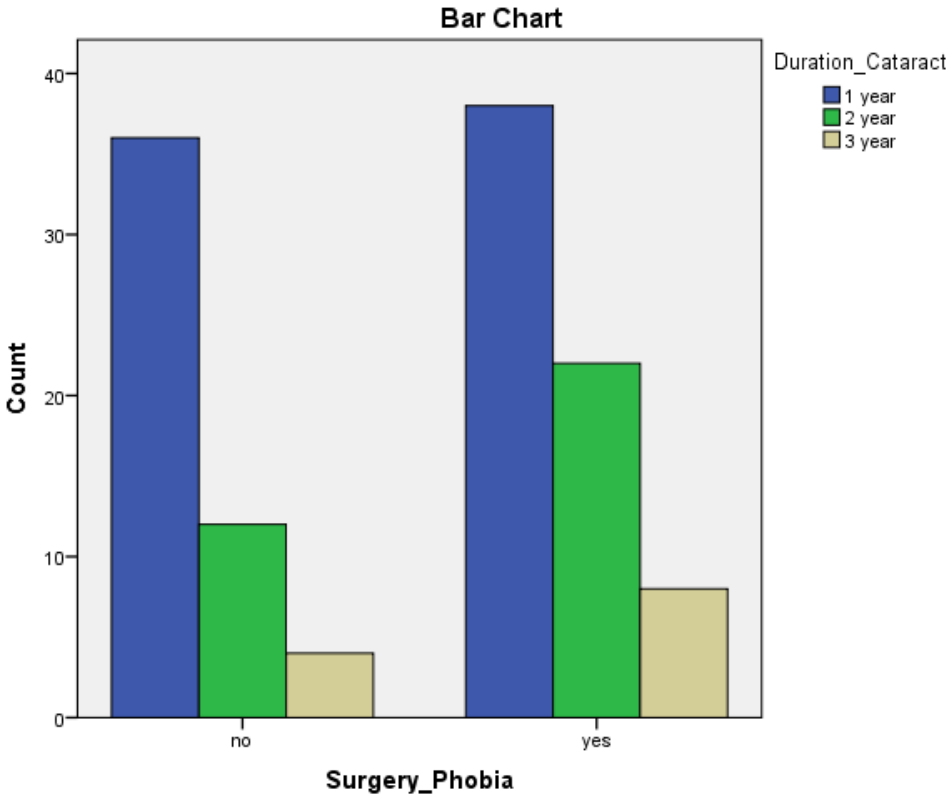
Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)
Pearson Chi-Square	2.235[a]	2	.327	.339
Likelihood Ratio	2.259	2	.323	.353
Fisher's Exact Test	2.171			.339
N of Valid Cases	120			

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.20.

The fisher's exact test is applied to this study. The result showed that there is no statistically difference between those who have surgery phobia and those who don't (p=0.339). However, people with surgery phobia affected more.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr



The visual acuity was compared across the duration of cataract. The independent sample kruskalWallis test will be applied. The result showed that there is no statistically significant difference between them (p=0.093).

Descriptive Statistics

Duration Cataract		N	Minimum	Maximum	Mean		Std. Deviation
		Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
1 year	VA	74	.0	1.0	.499	.0330	.2840
	Valid N (list wise)	74					
2 year	VA	34	.0	1.3	.638	.0713	.4156

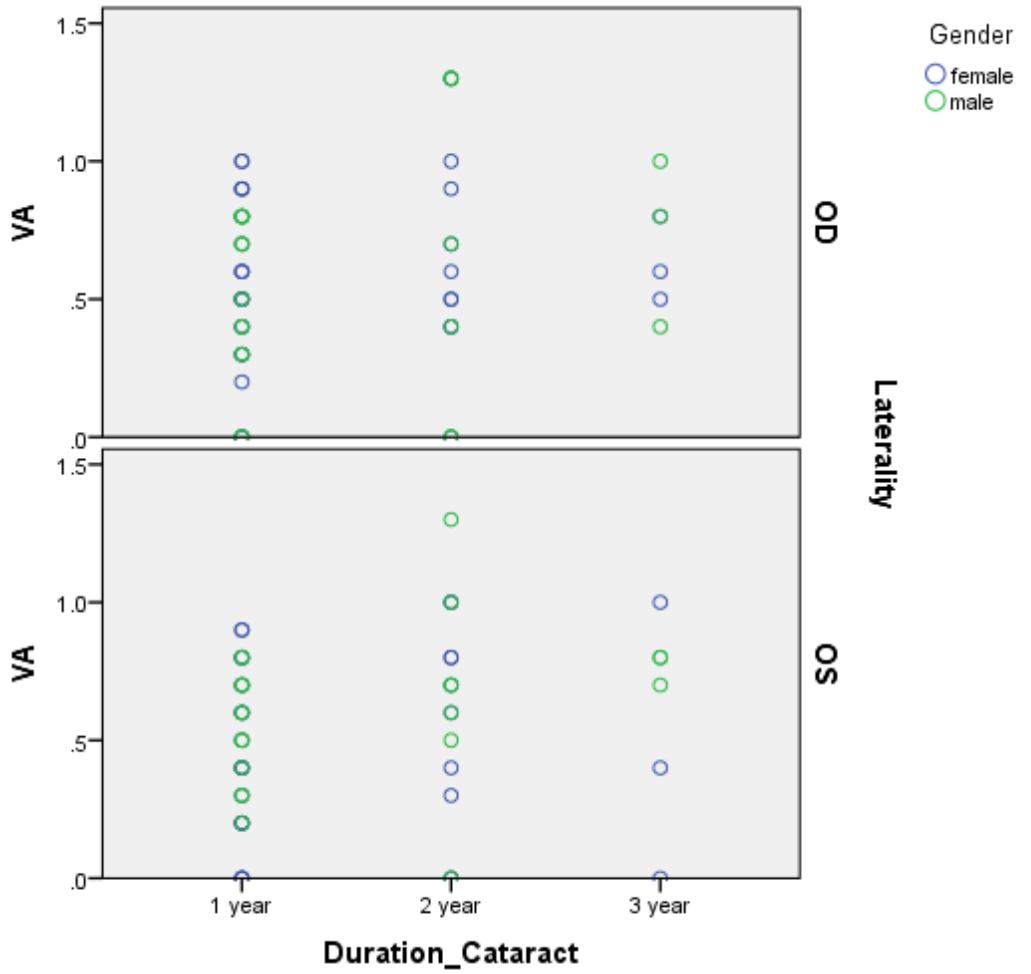
Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

	Valid N (list wise)	34					
	VA	12	.0	1.0	.650	.0830	.2876
3 year	Valid N (list wise)	12					

The mean value visual acuity is 0.499 ± 0.284 (SE. 0.033), 0.638 ± 0.4156 (SE. 0.0713) and 0.65 ± 0.2876 (SE. 0.083) for cataract duration of 1 year, 2 year and 3 year, respectively. However, the visual acuity increases as the duration of glaucoma increase.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Graphical Presentation of Table 6:



Discussion

In this research 60 (30 male and 30 female) cataract patients were examined and their history recorded. Thee parameters compared was their profession, habitat and education level.The literacy is compared across the duration of cataract. The majority of people with school level education have experience cataract. It may be due to lack of awareness. 30/74 people with 1 year cataract have experiencing decrease vision for 1 year. And 6/12 for 3 years. The fisher's exact test is applied to this study. The result showed that there is no statistically significant difference between literacy (p=0.403). However, people with school level education recorded more affected as compared to other. The profession is compared across the duration of cataract. The majority of people of housewife and laboring profession have experience cataract. It may be due to lack of awareness and clean environment. 40/74 & 12/74

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

people of housewife and laboring, respectively, experiencing cataract for 1 year. And 6/12 for 3 years of people related to laboring. The fisher's exact test is applied to this study. The result showed that there is marked difference between profession and duration of cataract (p=0.012). However, people with laboring and housewife, recorded more affected as compared to other. The Habitat is compared across the duration of cataract. The majority of people living in rural areas affected more, 58/74 for 1 year, 26/34 for 2 year, 10/ 12 for 3 year. The fisher's exact test is applied to this study. The result showed that there is no statistically difference between Habitat and duration of cataract (p=0.947). However, people living in rural areas affected more. Duration of cataract is compared with the pervious examination history. Majority of people who never examine their eyes affected more, 50/74 for 1 year, 24/34 for 2 year and 10/12 for 3 year. The fisher's exact test is applied to this study. The result showed that there is no statistically difference between thosewho examine their eye previously and those who never (p=0.604). However, people who never examine affected more. The duration of cataract is compared between those with surgery phobia and those who don't. Most people with surgery phobia affected more as compared to those who don't have issue with surgery, 38/74 for 1 year, 22/34 for 2 year and 8/12 for 3 year affected by cataract. The fisher's exact test is applied to this study. The result showed that there is no statistically difference between those who have surgery phobia and those who don't (p=0.339). However, people with surgery phobia affected more.

Conclusion

As per my observation it is concluded that the people living in rural area, have education level of school or less, doing housework and not doing appropriate things of cleanliness and those who are surgery phobic affected more.The majority of people with school level education have experience cataract. It may be due to lack of awareness. 30/74 people with 1 year cataract have experiencing decrease vision for 1 year. And 6/12 fat 3 years (p=0.403).40/74 & 12/74 people of housewife and laboring, respectively, experiencing cataract for 1 year. And 6/12 for 3 years of people related to laboring (p=0.012).The majority of people living in rural areas affected more, 58/74 for 1 year, 26/34 for 2 year, 10/ 12 for 3 year (p=0.947).Most people with surgery phobia affected more as compared to those who don't have issue with surgery, 38/74 for 1 year, 22/34 for 2 year and 8/12 for 3 year affected by cataract (p=0.339).

Recommendation

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

My study found thatthe majority of people with school level education, living in rural areas, never examine their eye due to surgery phobia and doing housework or laboring have experience It is recommended to create awareness in the society and provide them basic facilities to control cataract and other major causes of blindness.

References

1. Pascolini D, Mariotti SP. Global estimates of visual impairment: 2010. Br J Ophthalmol. 2012;96(5):614-8.

2. Bourne RR, Jonas JB, Flaxman SR, Keeffe J, Leasher J, Naidoo K, et al. Prevalence and causes of vision loss in high-income countries and in Eastern and Central Europe: 1990-2010. Br J Ophthalmol. 2014;98(5):629-38.

3. Jonas JB, George R, Asokan R, Flaxman SR, Keeffe J, Leasher J, et al. Prevalence and causes of vision loss in Central and South Asia: 1990-2010. Br J Ophthalmol. 2014;98(5):592-8.

4. Gogate P, Vakil V, Khandekar R, Deshpande M, Limburg H. Monitoring and modernization to improve visual outcomes of cataract surgery in a community eyecare center in western India. Journal of cataract and refractive surgery. 2011;37(2):328-34.

5. Venkatesh R, Muralikrishnan R, Balent LC, Prakash SK, Prajna NV. Outcomes of high volume cataract surgeries in a developing country. Br J Ophthalmol. 2005;89(9):1079-83.

6. Yorston D, Gichuhi S, Wood M, Foster A. Does prospective monitoring improve cataract surgery outcomes in Africa? Br J Ophthalmol. 2002;86(5):543-7.

7. Vijaya L, George R, Rashima A, Raju P, Arvind H, Baskaran M, et al. Outcomes of cataract surgery in a rural and urban south Indian population. Indian journal of ophthalmology. 2010;58(3):223-8.

8. Murthy GV, Vashist P, John N, Pokharel G, Ellwein LB. Prevalence and vision-related outcomes of cataract surgery in Gujarat, India. Ophthalmic epidemiology. 2009;16(6):400-9.

9. Baranano AE, Wu J, Mazhar K, Azen SP, Varma R, Los Angeles Latino Eye Study G. Visual acuity outcomes after cataract extraction in adult latinos. The Los Angeles Latino Eye Study. Ophthalmology. 2008;115(5):815-21.

10. Lindfield R, Kuper H, Polack S, Eusebio C, Mathenge W, Wadud Z, et al. Outcome of cataract surgery at one year in Kenya, the Philippines and Bangladesh. Br J Ophthalmol. 2009;93(7):875-80.

11. Matta S, Park J, Palamaner Subash Shantha G, Khanna RC, Rao GN. Cataract Surgery Visual Outcomes and Associated Risk Factors in Secondary Level Eye Care Centers of L V Prasad Eye Institute, India. PloS one. 2016;11(1):e0144853.

12. Brian G, Taylor H. Cataract blindness--challenges for the 21st century. Bulletin of the World Health Organization. 2001;79(3):249-56.

13. Taylor HR, West SK, Rosenthal FS, Munoz B, Newland HS, Abbey H, et al. Effect of ultraviolet radiation on cataract formation. The New England journal of medicine. 1988;319(22):1429-33.

14. Cumming RG, Mitchell P. Alcohol, smoking, and cataracts: the Blue Mountains Eye Study. Archives of ophthalmology. 1997;115(10):1296-303.

15. West SK, Duncan DD, Munoz B, Rubin GS, Fried LP, Bandeen-Roche K, et al. Sunlight exposure and risk of lens opacities in a population-based study: the Salisbury Eye Evaluation project. Jama. 1998;280(8):714-8.

16. kuruvilla A. Human cataract prevalence study in the district of Alappuzha. IOSR Journal of Dental and Medical Sciences 2013; 8(4 (Jul.- Aug. 2013)):05-8.

17. Foster A, Resnikoff S. The impact of Vision 2020 on global blindness. Eye. 2005;19(10):1133-5.

18. Limburg H, Foster A. CATARACT SURGICAL COVERAGE: An indicator to measure the impact of cataract intervention programmes. Community eye health / International Centre for Eye Health. 1998;11(25):3-6.

19. Nirmalan PK, Thulasiraj RD, Maneksha V, Rahmathullah R, Ramakrishnan R, Padmavathi A, et al. A population based eye survey of older adults in Tirunelveli district of south India: blindness, cataract surgery, and visual outcomes. The British journal of ophthalmology. 2002;86(5):505-12.

20. Pollreisz A, Schmidt-Erfurth U. Diabetic cataract-pathogenesis, epidemiology and treatment. Journal of ophthalmology. 2010;2010:608751.

21. Kahn HA, Leibowitz HM, Ganley JP, Kini MM, Colton T, Nickerson RS, et al. The Framingham Eye Study. II. Association of ophthalmic pathology with single variables previously measured in the Framingham Heart Study. American journal of epidemiology. 1977;106(1):33-41.

22. Tabin, Geoffrey, Chen AM, Michaeline I, Espandar, Ladan. Cataract surgery for the developing world. Current opinion in ophthalmology. January 2008 19(1):55-9.

23. Ntsoane MD, Oduntan OA. A review of factors influencing the utilization of eye care services. S Afr Optom 2010;69(4):182-92.

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

24. Frick KD, Foster A. The magnitude and cost of global blindness: an increasing problem that can be alleviated. American journal of ophthalmology. 2003;135(4):471-6.

25. Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? Journal of health and social behavior. 1995;36(1):1-10.

pro forma

Barriers in eye care services for cataract patients in Azad Jammu and Kashmir.

College of ophthalmology and Allied Vision Sciences

K.E.M.U. Mayo Hospital, Lahore.

PATIENT PROFILE Case no: _____

Patient Name: _____

Age/Gender:_____Father/Husband Name _____

Address:_____

Visual Acuity RIGHT _____ LEFT _____

	OD	OS
visual functions		
auto-refraction		
subjective refraction		

Literacy		
education	Yes	No
School level		
College level		
University Level		

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr

Habitat		
	Yes	No
urban		
rural		

Profession		
	Yes	No
Teacher		
Engnr/Dr		
Labour		
Others		

Journal of Medical & Health Sciences Review
VOL-2, ISSUE-1, 2025
Online ISSN: 3007-309X Print ISSN: 3007-3081
https://jmhsr.com/index.php/jmhsr