

The Self-Expressed Needs for Sudanese Patients with Senile Cataract

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Abstract

Old people in Sudan are greatly influenced by the economic situation; the impact of poverty, illiteracy, poor health, nutritional status and most importantly lack of health care programs, professional and supportive services.

Aims: To estimate the level of awareness of rights and supportive services among the elderly population; to address the self-expressed needs for elderly patients with senile cataract in Sudan; and to identify the current available programs supporting elderly people and highlight their activities.

Methods: Cross-sectional, hospital based study was conducted in Makkah Eye Complex located in Khartoum Alryad; in period (October 2009-March 2010). Elderly patients (100 pre-operative cases were asked to participate in the study. Participation was entirely voluntary. Information was collected by means of interviews, questionnaires, observation and clinical assessment. The data were analyzed using SPAW Statistics-18 (2010) a modified version of SPSS.

Results: The research results revealed that there was a shortage about older people education and knowledge about their rights (UN Principle) two-thirds of the patients (67%) were unaware of their rights, 53% (more than half) of the patients had never been treated by eye specialist; however, 47% had been treated. Ninety seven percent had received no help from supportive services or government, only 3% had received help from non-governmental organizations. Knowledge of supportive services exists; but varies considerably.

Conclusions: Lack of awareness of rights, supportive services, and the importance of having eye examination was partially due to illiteracy and partially due to low priority at governmental levels. Awareness and availability of services alone is insufficient without having accessibility to it.

Keywords: Aging in Sudan; Geriatric optometry; Visual impairment; Senile cataract; Elderly rights; Supportive services

Introduction

The total population in the Sudan is: 39,154,490. Elderly population (60 years and over) represents 2,016,007 (5.3% of total); however, the males represent 1,129,053 and the females about 886,954 [1]. Approximately 1.5% of the country populations are blind and 4.5% are visually impaired [2].

Vision impairment is one of the most common and potentially disabling conditions of later life. It permeates all aspects of life [3]. The number of older persons experiencing vision loss is growing rapidly as people are living longer [4]. The most common eye disorder, affecting older people is senile cataract. Cataract is the major cause of blindness, accounting for 50% of blindness in Sudan [5].

According to the Universal Declaration of Human Rights everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care, necessary social services and right to security in old age. Older people should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

In Sudan ageing issues have low priority in government's plans. Lack of advocacy and information about old people's conditions, and needs create negative images of ageing in Sudan. Although knowledge and awareness about ageing is growing, these negative assumptions persist and they increase the invisibility and position, of old people [6]. Service providers are not aware of obstacles that are facing old people. Negative attitude regarding ageing and blindness, lack of fund and financial resources aggravate the situation.

The national health policies in Sudan had been established most recently in 1999 and had incorporated the issues of ageing [7]. There is a national committee dedicated to the care for elderly. The elderly population receives health care from the existing government's health facilities and from private health care providers. The government has a retirement pension scheme for those who had put in a certain number of years in the public sector. No other social or economic benefits are available to the elderly population [8].

Materials and Methods

A formal letter was sent to the medical manger of Makkah Eye Complex through the research supervisor; and written agreement was obtained prior conducting the study to use the hospital instruments and examine elderly patients attending clinics.

Hundred elderly patients were selected from the patients attending hospital clinics in the period from October 2009 to March 2010. Patient's selection criteria included: Patient age 60 years or more; patients with ocular manifestation of senile cataract (with some degree

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of lenticular opacity; ranging from incipient to hyper-mature cataract); however, they were ready to undertake cataract surgery in one or both eyes). Absence of other ocular diseases was mandatory. Patients with history of systemic disease were included. Presence of systemic diseases was allowed, but without ocular manifestations. Both genders were considered. Subjects attending from other states were included in the study. Verbal consent was obtained from all patients selected prior filling questionnaire and conducting clinical examinations.

Patient's protocol

Pilot study was conducted (in 10 patients) to study the efficiency and affectivity of method in gathering information from patients. The patient's data collection form was modified to meet the research objective. Information of each subject was recorded in a data collection form designed originally by the researcher and evaluated using team approach by: ophthalmologist, optometrist, low vision specialist, sociologist, psychologist and experienced nurse. The form consisted of three parts were designed to assess visual function, psychological and psychosocial losses associated with vision impairment among the elderly population. The same conditions and parameters were established for each subject in-order to obtain uniform results. Questionnaire and clinical examination were carried out over one session for the same patient. All measures were made using standard protocol.

Clinical procedures were selected and studied carefully to meet the research objectives. Characteristic of clinical procedures employed: Observation method; observation of the patient behavior and physical condition had provided insight of severity of visual impairments present and its impact on the psychological well-being. Self expressing technique: was encouraged at the begging the examination with verbal interview and questionnaire to reveal hidden fears, socio-economic problems and address barriers to services and treatments. However, this paper will concentrate on the awareness of rights, supportive services and the self-expressed needs in the patients studied.

Interview for situation analysis was conducted with former Director Health Care of the Elderly in Federal Ministry of Health and WHO Coordinator in Sudan [8].

Results

Patients included in this study their age varied between 60-85 yrs, mean 67.91 and SD ± 6.779 . However, they were classified to three age groups: young-old: referred to those patients (60-74) yrs of age, middle-old: referred to those patients (75-84) yrs of age; old-old: referred to those patients (85+) yrs of age.

The percentage distribution of elderly males and females patients included in the study was 54 and 46 (that is 1.17:1 respectively). The percentage of males and females patients decreased with advancing age, with males having higher percentage in all age groups, but the variation tended to decrease as it reaches 85 years. The majority of elderly patients included in the study were from States 62% while only 38% were Khartoum residence; with a ratio of 1.63:1 respectively (Figure 1).

Approximately two-thirds (67%) of the patients studied had visual symptoms started one year or more (12+ months), 2% had onset (8-11 months), 20% (4-7 months), and 11% (1wk-3 months) see (Figure 2). More than half (53%) of the patients had never been treated by eye specialist; however, 47% had been treated.

Considering the social status the results indicated that 99% were married and only one patient was single. Among the 99% (72%) were still married, 23% widowed and only 4% divorced or separated. The

living status results revealed 4% of the patients lived alone; 95% lived with their first class relatives (families), and only one patient lived with second class relative (uncle).

Approximately two-thirds of the patients (67%) were unaware of their rights (United Nations principles), on the other hand 33% were aware of their rights. Ninety seven percent of the patients had received no help from supportive services or government, only 3% had received help from non-governmental organizations. None of the patient did receive mobility training.

Awareness of Alzakah, National health Insurance, and Albasar International foundation were reported by all of the patients (100%), where as Red Crescent 73%, Sudanese Society in Care of Older People (SSCOP) 43%, Help-Age International (HAI) 29%, Help-Age International in Sudan (HAI.S) 32%, World Health Organization (WHO), and United Nations (UN) scored 50% and 51% respectively (Figure 3).

Table 1 shows the self-expressed needs for the patients studied; mode of communications: 72% of the patients get someone else to write for them, 24% were described as own writing, written form large prints

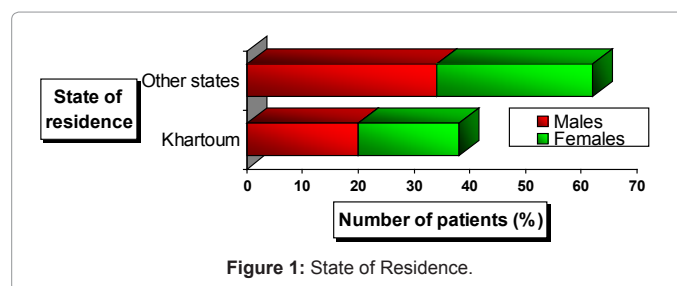


Figure 1: State of Residence.

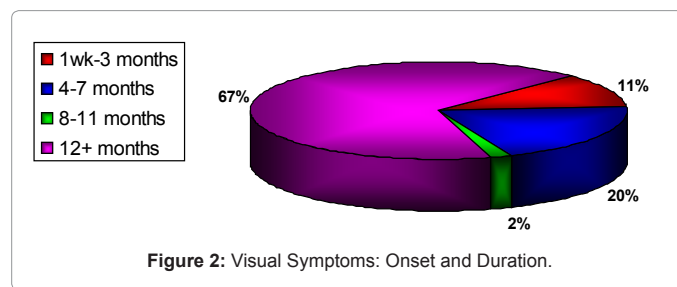


Figure 2: Visual Symptoms: Onset and Duration.

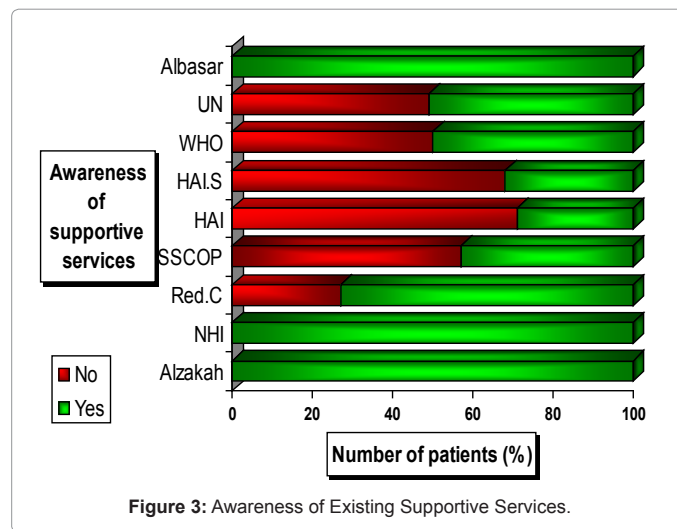


Figure 3: Awareness of Existing Supportive Services.

and writing without seeing were reported as 2% each. However, none of the patient used Braille method. Activities of daily living were reported as follow: 2% no activities, 10% just performed basic skills (bathing, dressing, grooming etc.), 5 indoors activities (cooking, ironing, housekeeping etc. including basic skills), 83% preformed all activities (including out-doors, indoors and basic skills). Mobility observations revealed: 83% travel goodly without aids, 9% using canes (wooden stick), 3% were described as searching and 5% relied on a sighted guide, and low vision aids were not used by any of the patients to enhance mobility.

Discussion

The majority of elderly patients attending hospital were from States 62% while only 38% are Khartoum residence; with a ratio of 1.63:1 respectively. This is due to the fact that most health care facilities are concentrated in the capital of the country (Khartoum), or on the other hand it is absent or inadequate in States.

Regarding onset and duration it was found that approximately two-thirds (67%) had visual symptoms started one year or more (12+ months). These findings suggested that the majority of the patients were aware of their visual impairment; but there were a delay in taking actions or seeking medical help. This could be explained on bases of barriers to reach services, or hidden fears.

Fifty three percent (more than half) of the patients had never been treated by an eye specialist (ophthalmologist, optometrist or even ophthalmic nurse); however, 47% had been treated. This could be explained in three bases: Firstly, Sudan like many other developing countries is facing problems in delivering the most basic services to the population. The health services in Sudan are usually offered to any patient irrespective of his/ her age, thus there isn't any type of special services for those who are old. This system decreases the treatment demand by the elderly due to the difficulties they suffer from such as waiting for their turn to see the doctor which in some hospitals may extend to hours, days or even months. Secondly, there is lack of awareness among the population about the importance of having their eyes checked by eye specialists at regular bases. Thirdly, few eye care providers specially ophthalmologist. Ratio of ophthalmologist to patient in Khartoum (1:500,000); and (1:1,000,000) in other states [2].

Considering the patient's social status results indicate that 99% were married and only one patient was single. Therefore, family care remains the most realistic strategy for the elderly population in the Sudan; suggestions of elderly homes were entirely shameful by the Sudanese society. The family was a major support mechanism for the aged although in the new condition-migrating in the country-the changing of social and economic conditions; the support of the families cannot be relied upon (the social bond is becoming weaker). The capacity of younger generation is generally limited that they are unable to assist their relatives; future trends suggest isolation will be a major risk affecting the elderly.

Approximately two-thirds (67%) of the patients were unaware of their rights (United Nations principles: independence, participation, care, self-fulfillment and dignity), on the other hand 33% were aware of their rights Lack of awareness was partially due to illiteracy and partially due to low priority at governmental level.

Considering mobility and support: the results showed that none of the patient has received mobility training, 97% had received no help from supportive services or government, and only 3% had received help from non-governmental organizations.

Regional surveys by Help-Age International and situation analysis from this study revealed that older people remain a neglected group invisible to policy makers as young people are the focus of the planners. The general perception of elderly population that they are inefficient and unproductive; they are a neglected group and becoming burden over the society. The financial restrictions are retarding the process of enhancing the social and health situation of the elderly in Sudan.

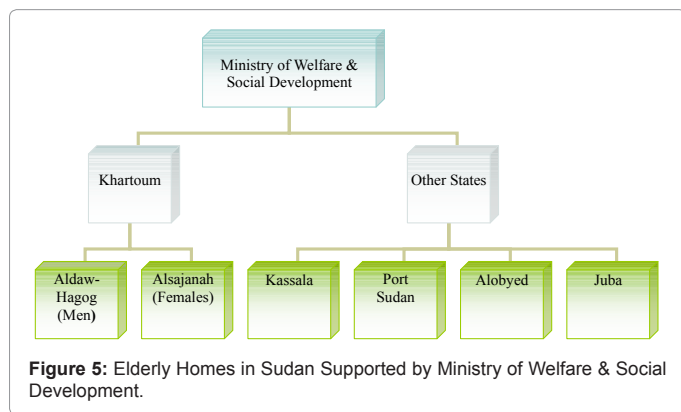
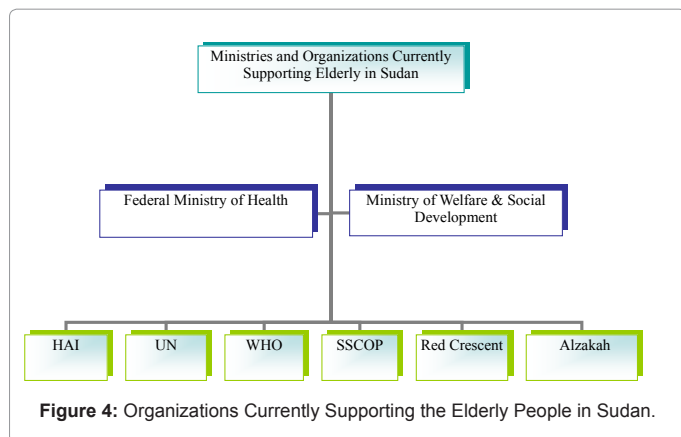
From this study knowledge of supportive services exists; but varies considerably: Full awareness of Alzakah, Albasar and National Health Insurance were due to: Alzakah is Islamic fund based on taking money from the rich Muslims to help the poor ones. It is one of the five pillars of Islam that the reason all patients were aware of it. Albasar International Founation (Makkah Eye Complex) having long history in prevention of blindness in Sudan; this as well as it being the hospital they came to in-order to treat their eye conditions. The Health Insurance is making good use of the media to spread awareness of its existences objectives and activities. Lack of awareness among other supportive services could be explained in terms: most of these are non-governmental organizations they work with associations and programs rather than individuals. Their activities mainly included: Mobilization of resources (camps and opened health days), training of volunteers, encouragement of researches on the situation of older people, celebrating the international day of older people, and providing necessary fund to enhance implementation of caring and servicing programs. Whether, the patients are fully or partially aware of supportive services exists the results is equally simply: very limited help or support (3%). Thus, availability of services alone is insufficient without having accessibility to it (if the patients cannot reach the services, the services should be delivered to them e.g. through eye camps and primary care units).

From (Table 1) it was so obvious that the mode of communications were greatly influenced by illiteracy as well as visual impairment caused by senile cataract. Braille method was not used by any of the patients this was expected because they have spent 60 years or more as sighted persons (their visual impairment was age-related), they had no reason to learn such a method.

Although most of the patients have severe visual impairment (hand movement or even perception of light), the results suggested they have managed to adjust to their visual loss, and not allowing their visual impairment to affect their daily activities. It was evident among those who were reported as blind (no perception of light) they were still able

The self- expressed needs for the elderly patients		Total (%)
Communications modes	Own writing	24
	Written form large prints	2
	Write without seeing	2
	Braille	0
	Get someone else to write	72
Activities of daily living	No activities	2
	Basic skills	10
	Indoors (including basic skills)	5
Mobility (ability to move around)	All activities	83
	Good without aids	83
	Low vision aids	0
	Cane (wooden stick)	9
	Searching	3
	Sighted guide	5

Table 1: The Self Expressed Needs for the Elderly Patients with Senile Cataract. Interview for situation analysis^aintroduced the ministries and organizations currently supporting the elderly people (Figures 4) and; elderly homes in Sudan (Figure 5).



to perform their basic skills. Only 2% had claimed to have no activities. Thus, this results confirm people among this age group have dignity, and self-respect, no matter how severe their visual impairment they were intended to keep their privacy; by relying predominantly on vision substitution skills.

Mobility is the ability to move around every day surroundings or travel safely from one point to another. Mobility observation showed 83% have good mobility, this result is compatible to those who claimed to perform all types of daily activities; going back to onset/duration it was evident that 67% experienced visual loss for more than one year.

Therefore these patients were simply adapted and have learnt to adjust to their losses.

Active programs supporting the elderly in Sudan at governmental level (Figure 4 and Figure 5) available at two ministries: Federal Ministry of Health and Ministry of Welfare & Social Development. Few non-governmental organizations provide public awareness about the elderly. Organizations which currently support the elderly include: HAI, SSCOP, WHO, Red Crescent, and Alzakah none of them is specialized in vision care. SSCOP occasionally provide mobile clinics and visits to old people homes.

Conclusions

Treatment, training, support and opportunity are necessary for patients with senile cataract to remain independent and productive members of their communities.

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References

1. Central Bureau of Statistic Population Census, CBS. Report: Population Data sheet For Sudan by States, Khartoum, 2009.
2. Binnawi, Kamal H, Report (2009) Gender Equal Health Services-Eye care. Paper represented in World Sight Day; Federal Ministry of Health, Directorate General of Preventive Medicine, National Program for Prevention of Blindness.
3. Burack-Weiss, Ann (1991) In Their Own words: Elderly Reactions to Vision Loss. In Weber, Nancy D. Vision and Aging: Issues in Social Work Praticce. The Haworth Press Inc.15-23.
4. Orr, Alberta L (1991) The Psychosocial Aspects of Aging and Vision Loss. In Weber, Nancy D. Vision and Aging: Issues in Social Work Practice. The Haworth Press Inc. 1.
5. Blindness Prevention Program: World Health Organization, WHO.
6. Hamad-Alla, Khadiga S (2005) Regional Survey Questionnaire WHO (EMR): Updated Information On Population Ageing & Health Care Of Elderly In Sudan. Federal Ministry of Health, General Directorate of PHC, Directorate of NCDs.
7. Hamad-Alla, Khadiga S (2005-2006) Situation Analysis: Health Care of the Elderly. Paper represented (EMR) in Biennium.
8. Hamad-Alla, Khadiga S (2010) Interview: Situation Analysis.

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