International Journal of Community Medicine and Public Health
Sahu AB et al. Int J Community Med Public Health. 2026 Aug;13(8):4662-4664
https://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20262761

Case Report

Community trust and culturally sensitive mobilisation enabling cataract surgery uptake among tribals in rural West Bengal: a case report

Ananta Basudev Sahu[1]*, Kamal Kumari Chakraborty[2]

[1]Sightsavers India, Okhla Phase III, New Delhi, India
[2]Sightsavers India, Saltlake, Kolkata, West Bengal, India

Received: 16 June 2026
Revised: 08 July 2026
Accepted: 18 July 2026

***Correspondence:**
Dr. Ananta Basudev Sahu,
E-mail: asahu@sightsaversindia.org

ABSTRACT

Cataract remains the leading cause of avoidable blindness in India, particularly among elderly populations residing in rural and underserved settings. Despite availability of free surgical services, uptake of cataract surgery is often limited by fear, misinformation, and lack of trust in healthcare systems. This case report describes how culturally sensitive community engagement facilitated cataract surgery acceptance among a tribal older adult in rural West Bengal. An elderly Oraon tribal man from a tea garden community in Alipurduar district of West Bengal was identified with visually disabling cataract during outreach activities under the Netra Vasant Rural Eye Health Programme. Despite repeated counselling and multiple home visits by programme workers, he consistently refused surgery due to fear and hesitation. Conventional awareness approaches including posters, interpersonal communication, and repeated counselling failed to convince him. Subsequently, a respected local community leader from the same tribal background who spoke the Oraon dialect was engaged for counselling. Through culturally familiar communication and trust-based interaction, the patient agreed to undergo cataract surgery. The patient successfully underwent free cataract surgery at a partner hospital and received follow-up care through the programme. Following surgery, he experienced substantial improvement in vision and resumed independent mobility and daily activities. His positive experience also influenced community perceptions regarding cataract surgery. This case highlights the importance of culturally responsive community engagement and local trust networks in improving uptake of eye health services among underserved tribal populations. Integrating community champions into public health programmes may strengthen healthcare utilisation and reduce avoidable blindness in rural settings.

Keywords: Cataract surgery, Tribal health, Community engagement, Rural eye health, Behaviour change, West Bengal

INTRODUCTION

Blindness and visual impairment remain major public health challenges globally, particularly in low- and middle-income countries.[1] Cataract is the leading cause of blindness worldwide and contributes substantially to avoidable visual impairment among older adults.[1,2] In India, cataract accounts for a significant proportion of blindness despite the availability of cost-effective surgical treatment.[3] Rural and tribal populations continue to face barriers in accessing cataract services due to poor awareness, fear of surgery, financial concerns, transportation difficulties, and limited trust in formal healthcare systems.[4,5]

Community-based eye health programmes increasingly recognise that service availability alone is insufficient to ensure treatment uptake.[6] Social trust, cultural familiarity, and local participation play important roles in influencing healthcare-seeking behaviour.[6] The Netra Vasant Rural

Eye Health Programme implemented in Alipurduar district of West Bengal adopted a community-driven approach to improve uptake of eye care services in underserved areas.[7]

This case report presents the experience of an elderly tribal man whose acceptance of cataract surgery was facilitated through culturally sensitive counselling by a trusted community leader. The report highlights important operational lessons for community medicine and rural public health programmes.

CASE REPORT

An elderly Oraon tribal managed approximately 72 years residing in a tea garden community in Alipurduar district of West Bengal was identified during community-based eye screening activities conducted under the Netra Vasant Rural Eye Health Programme. The patient had progressive visual impairment due to cataract and reported difficulty in walking independently, visiting markets, and performing routine activities. His reduced vision had also affected his social interaction and mobility within the community.

During initial screening and subsequent visits, programme staff and Community Volunteers advised the patient to undergo cataract surgery. Multiple counselling sessions were conducted at his home. The outreach team used posters, banners, and examples of successful cataract surgeries among local residents to encourage treatment uptake. However, the patient repeatedly refused surgery and responded that he was “fine” despite visible visual impairment.

The programme team observed that the patient’s hesitation was strongly linked to fear, mistrust, and limited cultural connection with outreach workers. Most volunteers were younger individuals from outside his immediate social group. Although they explained the procedure repeatedly, the patient remained unconvinced.

Recognising this challenge, the programme engaged a respected tea garden staff member and local social worker from the same Oraon tribal community. The individual was well known in the area, spoke the Oraon dialect fluently, and had established trust among community members through social work and leadership activities.

The community leader visited the patient along with programme volunteers. Rather than focusing immediately on surgery, he initiated informal conversation regarding daily life, ageing, and difficulties caused by poor vision. Using culturally familiar language and examples, he explained the benefits of cataract surgery and reassured the patient regarding the safety of treatment. The interaction was empathetic and grounded in trust and shared social identity.

Following this interaction, the patient agreed to undergo surgery. He was referred through the programme referral pathway and transported to a partner hospital where cataract surgery was provided free of cost. Pre-operative investigations, medicines, food, transportation, accommodation, and post-operative counselling were arranged under the programme.

After surgery, the patient received protective glasses and medications and was advised regarding post-operative precautions and follow-up visits. Community Volunteers conducted home visits to monitor recovery and ensure adherence to medication.

During follow-up interactions, the patient reported marked improvement in vision and independence. He resumed walking to the local market without assistance and expressed satisfaction with the outcome of surgery. Community members who witnessed his recovery also became more willing to attend eye screening camps and consider cataract surgery.

DISCUSSION

This case highlights the critical role of culturally sensitive community engagement in improving healthcare utilisation among underserved populations. Although cataract surgery is widely recognised as an effective intervention for avoidable blindness, fear and mistrust remain major barriers to service uptake in rural and tribal communities.[4,5]

In the present case, conventional awareness-generation approaches such as posters, counselling, and repeated outreach visits were insufficient to influence treatment acceptance. The turning point occurred when a trusted community leader sharing the patient’s linguistic and cultural identity became involved in counselling. This demonstrates that healthcare decisions in marginalised communities are often influenced more by trust and social relationships than by biomedical information alone.[6]

These findings can be compared with previous studies across several parameters. With respect to the outcome achieved, the marked improvement in the vision and independent mobility, observed in this patient is consistent with report from South India showing the successful cataract surgery substantially improves the quality of life, household income and social participation among rural patients.[8]

Regarding barriers to uptake, the initial reluctance observed in this case mirrors patterns reported in the Andhra Pradesh Eye Disease Study and among rural Andhra Pradesh Populations, where fear of surgery, unfamiliarity with providers and limited trust in the health system were identified as leading deterrents, often more influential than lack of service availability. The present case extends this evidence by illustrating a specific, replicable intervention, name the engagement of a

linguistically and culturally matched community leader, that directly addressed these barriers where repeated conventional counselling had failed.

With respect to the role of the community trust networks, our findings parallel those from community-based rehabilitation programmes for visually impaired people in South Asia, where peer and community involvement improved service uptake beyond what health worker led counselling alone achieved.[6] Unlike these broader programmatic studies, the present case offers an in-depth, individual level account of how a single trusted intermediary can reverse persistent treatment refusal.

Several studies have shown that community participation and peer influence improve uptake of preventive and curative health services in rural settings. Community champions and culturally familiar communicators can effectively address misconceptions, reduce fear, and bridge the gap between healthcare systems and vulnerable populations. Similar approaches have been shown to improve uptake of eye care and disability services across South Asia.[6]

The Netra Vasant programme integrated community mobilisation with system strengthening through Vision Centres, outreach camps, and referral pathways. The involvement of Community Volunteers, Self-Help Groups, tea garden leaders, and frontline health workers created a supportive environment for healthcare-seeking behaviour. This model demonstrates how public health programmes can strengthen service uptake through locally embedded social networks. Similar Sightsavers India programme documents from other underserved areas show the same pattern: combining hospital-based care, outreach camps with local community involvement works better for people to use eye care services than just improving the hospital alone.[7]

This case also illustrates the importance of culturally responsive communication in tribal health settings. Language concordance and social familiarity contributed significantly to patient confidence and willingness to undergo treatment. Public health interventions targeting vulnerable populations should therefore prioritise local participation and community ownership alongside clinical service delivery.

CONCLUSION

Culturally sensitive community engagement and trust-based communication can significantly improve cataract surgery uptake among underserved tribal populations. The involvement of local community leaders and volunteers who share linguistic and cultural familiarity with patients may strengthen healthcare acceptance and reduce avoidable blindness in rural settings. Public health programmes should incorporate community-driven mobilisation strategies to improve utilisation of essential health services among marginalised communities.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: This case report forms part of the endline RAAB study, which was approved by the Institutional Ethics Committee (IEC) of the LEPRA Society

REFERENCES

1. Bourne RRA, Flaxman SR, Braithwaite T, Maria VC, Aditi D, Jost BJ, et al. Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis. Lancet Glob Health. 2017;5(9):e888-97.
2. World Health Organization. World report on vision. Geneva: WHO. 2019. Available at: https://www.who.int/publications/i/item/world-report-on-vision. Accessed n 3 June 2026.
3. National Programme for Control of Blindness and Visual Impairment (NPCBVI). Ministry of Health and Family Welfare, Government of India. National blindness and visual impairment survey India 2015-2019. New Delhi: Government of India. 2019.
4. Marmamula S, Khanna RC, Shekhar K, Rao GN. A population-based cross-sectional study of barriers to uptake of eye care services in South India: the Andhra Pradesh Eye Disease Study. BMJ Open. 2014;4:e005125.
5. Kovai V, Krishnaiah S, Shamanna BR, Thomas R, Rao GN. Barriers to accessing eye care services among visually impaired populations in rural Andhra Pradesh, South India. Indian J Ophthalmol. 2007;55(5):365-71.
6. Pal SS, Gilbert CE, Lee AC. Community-based rehabilitation of visually impaired people in South Asia. BMJ. 2015;351:h4862.
7. Sightsavers India. Rural eye health and community-based approaches to reducing avoidable blindness in underserved populations. Programme documentation report. New Delhi: Sightsavers India. 2024.
8. Finger RP, Kupitz DG, Fenwick E, Bharath B, Ramanathan VR, Frank GH, et al. The impact of successful cataract surgery on quality of life, household income and social status in South India. PLoS One. 2012;7(8):e44268.

Cite this article as: Sahu AB, Chakraborty KK. Community trust and culturally sensitive mobilisation enabling cataract surgery uptake among tribals in rural West Bengal: a case report. Int J Community Med Public Health 2026;13:4662-4.