Benha Journal of Applied Sciences (BJAS) **print: ISSN 2356–9751**
Vol. (10) Issue (5) (2025), (41- 49) **online: ISSN 2356–976x**

http://bjas.bu.edu.eg
Medical and Health Science

Mothers' Care for their Children with Cataract

Nabila Sh.Abd-Elmonem, Hanaa A.Abd El-Megeed and Doaa M.Elsayed
Community Health Nursing Dept., Faculty of Nursing, Benha University, Egypt.
E-mail: nabilashawky2020@gmail.com

Abstract

Background: Cataract is one of the serious eye problems, the second leading cause of visual impairment and the first cause of blindness globally. **This study aimed** to assess mothers' care of their children with cataract. **Research design:** A descriptive research design was utilized in this study. **Setting:** This study was conducted at the Ophthalmological Outpatient Clinics of Benha University Hospital, in Benha City, Qualyobia Governorate, Egypt. **Sample:** A convenience sample of mothers having children with cataract attended to the previous mentioned setting, it included 102 mothers with their children. **Tools: I)** An structured interviewing questionnaire to **a)** assess socio demographic characteristics of the studied mothers, assess personal data of children with cataract, **b)** the past medical history of children with cataract, **C)** assess mothers' knowledge about cataract. **II): a)** An observational checklist to assess the mothers' practices regarding care of children with cataract. **Results**: 3.9% of studied mothers had good total knowledge level about cataract and 89.2% of the studied mothers had un satisfactory total practices regarding care of children with cataract. **Conclusion:** Three quarters of the studied mothers had poor total knowledge level about cataract. The minority of the studied mothers had satisfactory total practices about cataract also, there was highly statistically significant relation between the studied mothers` total knowledge scores and their total practices scores about cataract. **Recommendations:** Health educational program should be developed and implemented for mothers to improve their knowledge and practices regarding care of their children with cataract.

Key words: Cataract, Children, Mothers' Care

Introduction

Cataract is the eye condition as the lens of the eye becomes dense and cloud depending on its size and location; it can interfere with normal vision. The childhood cataract is an emerging and major cause of childhood blindness, especially in low- and middle-income countries. As per the estimates, nearly 50% of blind children die within the first year of their birth and the rest live an average of 40 years of life without vision that severely affects their quality of life **(16).**

Childhood cataract is one of the most important causes of blindness and severe visual impairment in children and is responsible for 5%–20% of pediatric blindness worldwide. Childhood cataract cause a huge load of economic burden to the society. Cataract blindness in children presents an enormous problem to developing countries in terms of human morbidity, economic loss and social burden. Cataract is defined as an opacity of the crystalline lens of the eye, which causes reduced visual acuity **(17).**

Mothers have more significant role in caring for children with postoperative cataract and being responsible for health of children. Mothers play role in completing domestic tasks as house environmental cleaning and control of children's activities, caring for sick children and also they are responsible for cleanliness and prevention of complications. Additionally mothers are responsible for care for children with cataract including giving medications as doctor orders and keeping children' personal hygiene **(11).**

Community health nursing focuses on helping children, families and communities achieve the optimum health potentials through four phases of care: Health promotion by educating clients to be aware of good health through teaching and role model. Health maintenance by intervening to maintain health when risk of illness is present, promptly diagnosing and treating illness using intervention that will return client to wellness most rapidly. Health restoration by preventing further complications from an illness and health rehabilitation by bringing ill client back to optimal state of wellness or helping client to accept inevitable death **(20).**

Community Health Nurse (CHN) should provide explanation for mothers about the disease process and how to cope with the rapid changes that occur. A two-way communication with the family members must be provided, providing information and listening to their doubts and sharing information can help the mothers to understand the situation and directly influence their decision-making and skill acquisition. When mothers know about their child’s illness feel more control of the

situation they face, and the feelings of guilt and insecurity decrease **(5).**

Significance of the Study

Cataract is clouding of the lens of the eye which, prevents clear vision. Importantly, cataract is responsible for 51% of world blindness. Worldwide women have a higher cataract burden than men, and most cases of cataract are related to the ageing process. However, it should be noted that congenital forms of cataract also exist and that cataract can also develops as a consequence of eye injury, inflammation, and other diseases, such as rubella **(15).**

In Egypt, the prevalence of low vision for all ages is 47.9% of the population, who associated with cataract that being the major cause of blindness is cataract 54.8%, childhood blindness was 3,9 %. Paediatric cataract is one the leading causes of treatable blindness in children, affecting almost about 1 to 15 children per 10,000 children all over the world **(18).**

Aim of the study

The aim of the study was to assess mothers' care for their children with cataract.

Research Questions:-

1-What is the mothers' knowledge about cataract?

2-What are the mothers' practices regarding care of their children with cataract?

3-Is there a relation between knowledge and practices of mothers having children with cataract?

Subjects and method

Research design:

A descriptive research design was utilized to conduct the study.

Setting:

The present study was conducted at the Ophthalmological Outpatient Clinics of Benha University Hospital, in Benha City, Qalyobia Governorate, Egypt.

Sampling:

A convenience sample of all available mothers having children with cataract, who are attended to previous mentioned setting through six months. The studied sample was included 102 mother having children with cataract.

- The inclusion criteria:

a): Age of children from 1>18 year both gender having cataract.

b): All children who under surgical operation.

- The exclusion criteria:

Children with a history of other eye diseases (e.g. Retinal detachment, amblyopia).

Tools of data collection: Two tools were used in this study:

Tool I: A structured interviewing questionnaire:

The researchers designed questionnaire based on literature review, it was written in simple clear Arabic language.

-It consisted of the following three parts:

First part: This part included two sections:

a. Socio-demographic characteristics of mothers having children with cataract which included five questions about age, level of education, marital status, residence, occupation.

b. Personal data of studied children which included three questions about age, gender, child ranking among siblings.

Second part: The past medical history of children with cataract which included eight questions about age of children at the onset of cataract, symptoms which appeared on the child, site of cataract, previous eye surgeries, surgery kind, other eye diseases, previous family history for cataract, kinship of child to ill person and other health problems.

Third part: It was concerned with mothers' knowledge related to two main areas:

a- Knowledge of mothers regarding cataract which included five questions about meaning of cataract, causes of cataract, signs and symptoms of cataract, sever complications of cataract, and prevention of cataract in children.

Scoring system

The scoring system for mothers' knowledge was calculated as follows 2 score for a correct and complete answer, while 1 score for a correct and incomplete answer, and 0 for don't know. For each area of knowledge, the score of the items was summed-up and the total divided by the number of the items giving a mean score for the part. These scores were converted into a present score.

Total scores of knowledge = 12 points

- Good when total score of knowledge was ≥75 % (≥ 9 points).
- Average when the total score was 50 - < 75% (6: <9 points).
- Poor when the total score was < 50% (< 6 points).

II- Tool II: Observational checklist: Was concerned with observation of the mothers' practices regarding cataract adopted from **El Shafaey& Basal (2018),** and was modified by the researchers and included 5 practices (12 steps of eye drops after cataract surgery, 6 steps of personal hygiene done by mothers, 4 steps of protection of the operation site, 10 steps of care of the operation site after cataract surgery and 5 steps of daily activities).

Scoring system: Each step of practice for each procedure has 2 levels: Done and not done, the scoring system for mothers' practices was calculated as follows 1 score for done the skills, while 0 score for not done. The score of the items was summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a present score. The total scoring system in practices part was classified as the following:

The total practices score = 37 points, this score was divided to the following categories:-

- **Satisfactory** when the total score was ≥ 85% (≥ 31 points).
- **Unsatisfactory** when the total score was < 85% (< 31 points).

- Content validity of the tools

The tools were reviewed by five experts three from the Community Health Nursing Specialties Department, Benha University, one from the Community Health Nursing Specialties Department, Monofia University and one from the Community Health Nursing Specialties Department, Kafr- Elshiekh University gave their opinion for clarity, relevance, comprehensiveness, appropriateness, legibility and applicability.

- Reliability of the tools

The reliability of the tools was done by Cronbach's Alpha coefficient test which revealed that, each of the two tools consisted of relatively homogeneous items as indicated by the moderate to high reliability of each tool. The internal consistency of knowledge was 0.67, number of questions 22 The internal consistency of practice was 0.80, number of questions 37.

- Ethical Consideration

The study approval was obtained from Scientific Research Ethical Committee of Faculty of Nursing at Benha University before starting the study. The researchers obtained informed oral consent from all studied participants to the fulfilment of the study. The aim of the study was explained to all studied mothers before applying the tools to gain their confidence, cooperation and trust. All studied mothers have the freedom to withdraw from participation in the study at any time. Privacy and confidentiality was assured. Ethics, values, cultural and beliefs was respected.

- Pilot Study

The pilot study was carried out on 10% (n=11) excluded from the total sample to test the clarity, practicability and applicability of tools. 11 mothers who were taken in 4 weeks on the beginning of March 2023 to the end of the same month. The pilot study was aimed to test the content, clarity, applicability and simplicity of the tool using the interviewing questionnaire and the observational checklist. The estimation of the time needed to fill the questionnaire time needed to fill each tool consumed about 30– 45 minutes. Some modifications were done for some items, according to the results obtained from data analysis of the pilot study sample. The pilot study sample was excluded from the total sample.

- Preparatory phase

Data collection tools were based on reviewing the current and past available national and international references related cataract, using journals, magazines, book and internet. This was necessary for the researchers to be acquainted with and oriented about aspects of the research as well as to assist in the development of data collection tools, it was developed by the researchers based on reviewing related literatures and written in simple clear Arabic language.

- Field work

The actual field work was carried out over a period of 6 months which started from the beginning of May 2023 to the end of October 2023. The study was carried out by the researchers for the studied sample in the selected setting at the Ophthalmological Outpatient Clinics of Benha University Hospital in Benha City. The researchers interviewed the mothers having children with cataract to assess their knowledge and practices regarding cataract at the outpatient waiting area. The researchers visited the previously mentioned setting one day per week (Wednesday) from 9:00 am up to 12:00 mid-day to collect the data and cover the study sample. The average time needed for filling each tool was around 30- 45 minutes; the mothers average number interviewed at the Out-Patient Clinics were 4: 5 mothers/day depending on their responses to the interviewers. The total sample included 102 of mothers having children with cataract.

- Administrative approval

Before starting the study, a written official letter was obtained from the Dean of the Faculty of Nursing, Benha University and delivered to Directors of Ophthalmological Outpatient Clinics of Benha University Hospital, in Benha City, in order to obtain the approval for conduction of the study after explaining its purpose. At the time of data collection, oral consent was taken from every participant in the study after a clear and proper **explanation of the aim of the study to gain their cooperation.**

Statistical analysis:

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS) version 21 which was applied to calculate frequencies and percentage, mean and standard deviation, as well as test statistical significance and associations by using Chi- square test (x2) and linear correlation coefficient (r) and matrix correlation to detect the relation between the variables (P value).

Significance levels were considered as follows:

-Highly statistically significant P< 0.001**

- Statistically significant P < 0.05*

Results:

Table (1): Shows that; 44.1% of the studied mothers aged from 20 years to less than 30 years old with mean age 25.45±3.85 years, 47.1% of them had basic education, 64.7 % of them were married. 54.9% of the studied mothers were living in urban area and 55.9 % of them were housewives.

Table (2): Reveals that; 34.3% of the studied children aged from 6 years to less than 12 years with mean age 7.00±4.53 years, 65.7% of them were male. Regarding to the child ranking, 39.2% of the studied children were the first in ranking among their siblings.

Figure (1): Represents that; 3.9% of the studied mothers had good total knowledge level about cataract, while 75.7% of them had poor total knowledge about cataract.

Figure (2): shows that; 10.8% of the studied mothers had satisfactory total practices about cataract, while 89.2% of them had un satisfactory total practices about cataract.

Figure (3): Relation between total knowledge of the studied mothers and their total practices about cataract.

Table (1): Distribution of the studied mothers regarding their socio-demographic characteristics (n=102).

Socio-demographic data	No	%
Age/ years		
20-< 30	45	44.1
30-< 40	41	40.2
+ ≥ 40	16	15.7
Mean ±SD **25.45±3.85**		
Level of education		
Can't read &write	9	8.8
Basic education	48	47.1
Secondary education	32	31.4
High education	13	12.7
Marital status		
Married	66	64.7
Divorced	28	27.5
Widowed	8	7.8
Residence		
Rural	46	45.1
Urban	56	54.9
Occupation		
Housewives	57	55.9
Working	45	44.1

Table (2): Distribution of the studied children regarding their personal data **(n=102).**

Personal data	No	%
Age / years		
1< 6	34	33.3
6<12	35	34.3
12< 18	33	32.4
Min –Max	2-15	
Mean ±SD	7.00±4.53	
Gender		
Male	67	65.7
Female	35	34.3
Child ranking among siblings		
The first	40	39.2
The second	28	27.5
The third	30	29.4
The forth and more	4	3.9

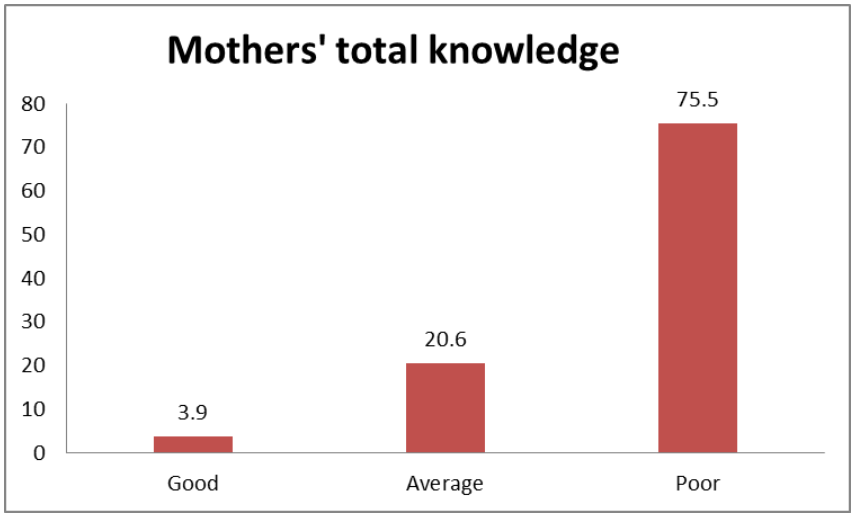

Fig. (1): Percentage distribution of studied mothers' total knowledge about cataract **(n=102)**

Fig.(2): Percentage distribution of studied mothers' total practices regarding care of their children with cataract **(n=102)**

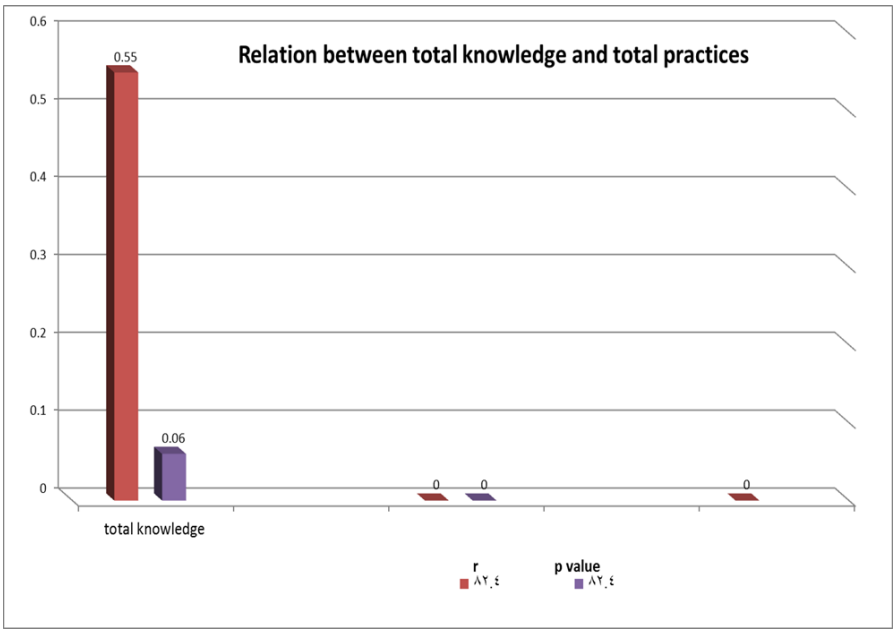

Fig. (3): Correlation between studied mothers' total knowledge and their total practices about cataract **(n= 102).**

Discussion

Cataract is the eye condition as the lens of the eye becomes dense and cloud depending on its size and location; it can interfere with normal vision. Cataract is considered the most common cause of eye blindness around the world. More than tens of millions of cataract surgeries are performed each year in developed countries, including Iran, and about 95% of these operations are not associated with complications **(23).** Childhood cataract is a complex condition requiring longitudinal care, including early diagnosis, timely referral to a specialist and early surgical intervention. Adherence to refractive correction and amblyopia therapy are critical for visual rehabilitation even months to years after the cataract is removed **(2).**

This study aimed to assess knowledge and practices of mothers having children with cataract.

Regarding to socio- demographic characteristics of the studied mothers**,** the present study, clarified that; less than half of the studied mothers aged from 20 years to less than 30 years old with mean age 25.45±3.85 years, less than half of them had basic education, more than half of the studied mothers were housewives and living in urban area.

These results were strongly agreed with **(6)** in their study entitled "Knowledge and Practices of Mothers regarding their Children with Eye Trauma in Benha University Hospital" (n= 75) who revealed that, more than one third of them had secondary education. In addition, more than one third of them were housewives, more than half of them lived in rural area. Also, this result was congruent with **(7)** who revealed a study "Parents' knowledge and practices about child eye health care in Saudi Arabia" (n=97) and reported that more than one third of the studied mothers aged from 21 years to 30 years old.

Conversely, this result was incompatible with the study performed by **(13)** who revealed the study in Sweden (n=185) about Parents Reported Experiences When Having a Child with Cataract Important Aspects of Self-Management Obtained from the Paediatric Cataract Register (PECARE)" and reported that a mean age of the participants 40.39 years (SD ± 6.41 years), and less than one third had high school education. Also, this result disagreed **(21)**, who studied "Assessment of home accident among children with retinoblastoma in Egypt" (n=100) and reported that less than two thirds of the studied sample were in between 30: 40 years old with the mean age of 32.33± 4,601 and less than half of the studied sample had diploma.

From the researchers opinion, the **age** group of 20 to 30 years is typically associated with peak reproductive years. Many women in this age range may be starting families, which could explain a higher representation of this demographic in studies focused on motherhood. Also, the observation that less than half of the mothers had **basic education** might reflect broader societal and economic factors. In some regions or communities, access to education may be limited due to factors such as socioeconomic status, cultural norms, or systemic barriers. Lower education levels can influence various aspects of maternal health and child-rearing practices.

Considering personal data of studied children, the present study showed that; more than one third of the studied children aged from 6 years to less than 12 years with mean age 7.00±4.53 years, about two thirds of them were male. Regarding to the child ranking, more than one third of the studied children were the first in ranking among his siblings.

This finding coincided with the study performed by **(12)** who conducted the studied in turkey (n=59) about "Paediatric traumatic cataracts: 10-year experience of a tertiary referral center" and demonstrated that the mean age of the children was 7.2±3.9 years. Also, this result disagreed with **(8)** who carried out the study about "Factors influencing the decision-making of carers of children with bilateral cataract in Nepal" (n = 102) and demonstrated that more than one third of children were female.

On the other hand, this result was contraindicated with **(19)** in their study entitled "Visual outcomes following traumatic cataract surgery in children in Mongolia: Experience over 2 years at a major hospital" at the National Center for Maternal and Child Health in Mongolia (n = 27) who clarified that the mean age was 8.52 ± 4.7 years (range, 1-17 years). Also, this finding was inconsistent with **(14),** who studied "Treatment outcome of children with retinoblastoma in a tertiary care referral hospital in Indonesia" (n=61) and reported that majority of children are younger than 5 years old at diagnosis, the average age at diagnosis is 2 years.

From the researchers opinion, the mean age of 7.00 ± 4.53 years indicates that while the average age is around 7, there is considerable variability in the ages of the children studied. This variability may lead to different developmental stages and needs within this group, which could affect the outcomes of the study.

As regards to knowledge of the studied mothers about cataract. As well, the total knowledge level of the studied mothers, the current study represented that, few of the studied mothers had good total knowledge level about cataract, this finding was consistent with **(9)** who carried out a study about "Knowledge of cataracts and eye care utilization among adults aged 50 and above in rural Western China**"** (n= 675) and clarified that nearly two-thirds

thirds of the participants had good knowledge of cataract.

Total practices of the studied mothers about cataract. The current study showed that; the minority of the studied mothers had satisfactory total practices while, about three quarters of them had un satisfactory total practices about cataract**.** This result was consistence with **(6)** who clarified that about two thirds of studied mothers had unsatisfactory total practices score regarding eye trauma and more than one third of them had satisfactory total practices score regarding eye trauma. Also, this result corroborated with **(1)** who carried out the study about "Effect of Designed Guidelines for Mothers regarding Care of their Children with Ophthalmological Trauma" at inpatient department at Specialized Ophthalmology Center of Banha University Hospital (n= 80), and reported that the majority of the mothers exhibited adequate total practice score at post-guidelines compare to less than half of the mothers exhibited adequate total practice score at pre-guidelines.

Conversely, this result was out of line with **(22)** who studied "Mothers Care for their Children Suffering from Retinoblastoma" at Oncology Outpatient Clinics at Rod Al- Farag Hospital in Cairo City (n= 50) and showed that more than half of studied mothers had satisfactory practices level while less than half of them had unsatisfactory practices level regarding to total practices for their children suffering from eye problems.

From the researchers point of view, it might be repeated exposure to information about cataract from the healthcare providers could help reinforce learning. The more often the information is presented, the more likely individuals are to retain. Also , the way information was presented-using clear, accessible language and visual aids could have made it easier for the mothers to comprehend the meaning of cataracts.

Concerning relation between total knowledge of the studied mothers and their total practices. the present study showed that there was highly statistically significant relation between the studied mothers` total practices score and their total knowledge scores (P=0.000**).

This result was consistence with **(6)** who demonstrated that there was highly statistically significant relation between mothers' total knowledge score and their total practices score about eye trauma. Also, this finding agreed with **(4)**, who studied "Childhood eye care services in south Darfur state of Sudan: Learner and parent perspectives" (n=86), who found that there was highly statistical relation between total knowledge and total practice.

Moreover, these results were coinciding with **(1)** who revealed that the presence of a strongly positive statistical relation among mothers' total knowledge and their total practices scores at pre/ post-guidelines ($p<0.001$). Furthermore, these findings confirmed by **(3)**, (n=100), who reported that the relation between parents total knowledge and total practices was highly statistically significant (P=0.001).

In researchers opinion, as knowledge improved, this might be due to that the mothers acquired knowledge from health care providers affect their practices also might be due to that the knowledge play an important role in changing behavior leading to change of practices.

Conclusion

- **Based on the results of the present study the following can be concluded:**

Three quarters of the studied mothers had poor total knowledge level about cataract. The minority of the studied mothers had satisfactory total practices about cataract also, there was highly statistically significant relation between the studied mothers` total knowledge scores and their total practices scores about cataract.

- **Recommendations**

1- Health educational program should be developed and implemented for mothers to improve their knowledge and practices regarding care of their children with cataract.

2- Distributed guidance brochure or handouts including information about cataract.

3- Mother's class during follow up visits to trained them about care of their children with cataract.

References

[1] Abd El-Halem, D., Mohamed, K., and El-Sayed, H. (2022). Effect of Designed Guidelines for Mothers regarding Care of their Children with Ophthalmological Trauma. Journal of Nursing Science Benha University; 3(1): 625-636.

[2] Ahmad, T. R., & De Alba Campomanes, A. G. (2023). Pediatric cataract: disparately blinding globally and in the United States. Journal of Binocular Vision and Ocular Motility, 73(4), 83–92.

[3] Ahmed, S., Ahmed, H., Mohammed, M., Shelil, A., and Elzomor, H. (2019). Prevention of Home Accident Among children with Retinoblastoma, Egyptian Journal of Health Care; 52 (4): 530-535.

[4] Arishia S., Naidoo K., and Clarke-Farr, P. (2019). Childhood eye care services in south Darfur state of Sudan: Learner and parent perspectives. African Vision Eye Health Journal; 75(1): 1-13.

[5] Amador, C., Shah, R., Tormanen, K., Ghiam, S., Saghizadeh, M., Arumugaswami, V., and Ljubimov, A. V. (2021). Systemic diseases and the cornea, Experimental Eye Research: 204, 108455

[6] Asem, N. a. E. H., Soliman, N. M., El-Deen, H. F. M., & Abosree, T. H. (2023). Knowledge and Practices of Mothers regarding their Children with Eye Trauma. Journal of Nursing Science Benha University, 4(2), 525–537.

[7] Baashar, A., Yaseen, A., Halawani, M., Alharbi, W., Alhazmi, G., Alam, S., Tirkistani, M., & Eldin, E. (2020). Parents' knowledge and practices about child eye health care in Saudi Arabia. International Journal of Medicine in Developing Countries, 454–460.

[8] Bell, S. J., Singh, T., Bunce, C., Singh, S. K., Bascaran, C., Gilbert, C., & Foster, A. (2020). Factors influencing the decision-making of carers of children with bilateral cataract in Nepal. BMJ Open Ophthalmology, 5(1), 000422.

[9] Du, K., Guan, H., Zhang, Y., Ding, Y., & Wang, D. (2022). Knowledge of cataracts and eye care utilization among adults aged 50 and above in rural Western China. Frontiers in Public Health, 10.

[10] El Shafaey, M. and Basal, A. (2018). Effect of Implementing Teaching Program on Knowledge and Practice of Nurses and Clinical Outcomes of Patients Post Cataract Surgery .IOSR Journal of Nursing and Health Science (IOSRJNHS). 7, (3); 60-70.

[11] Fenwick, A. (2020). "The global burden of neglected tropical diseases". Public Health. 126 (3): 233–6.

[12] Günaydın, N. T., & Oral, A. Y. A. (2022). Pediatric traumatic cataracts: 10-year experience of a tertiary referral center. BMC Ophthalmology, 22(1).

[13] Gyllén, J., Magnusson, G., & Forsberg, A. (2020). Parents' Reported Experiences When Having a Child with Cataract—Important Aspects of Self-Management Obtained from the Pediatric Cataract Register (PECARE). International Journal of Environmental Research and Public Health, 17(17), 6329.

[14] Handayani, K., Indraswari, B., Sitaresmi, M., Mulatsih, S., Widjajanta, P., Kors and W. Mostert, S. (2021). Treatment Outcome of Children with Retinoblastoma in a Tertiary Care Referral Hospital in Indonesia, Asian Pacific journal of cancer prevention: APJCP; 22(5): 1613.

[15] Jacob, L., López-Sánchez, G. F., Yang, L., Haro, J. M., Shin, J. I., Veronese, N & Smith, L. (2021). Associations between cataract and multi morbidity: a cross-sectional study of 23,089 adults from Spain. Eye, 35(3), 791-798.

[16] Jugran, D., Khurana, S., Gupta, P. C., & Ram, J. (2023). Childhood Cataract: A Clinic-Social Profile. In Biomedical Research, Medicine, and Disease (pp. 111-121).

[17] Kemmanu, V., Khanum, A., Venkatesh, R., Keshavardhini, B. B., Bhanumathi, M., Muthu, S., & Shetty, B. (2023). Socioeconomic factors in childhood cataracts–A descriptive study from a tertiary eye care center in India. Indian Journal of Ophthalmology, 71(2), 547-552.

[18] Mohamed, A., Ahmes, S. and Bakr, A. (2019): The effect of an Individual Health Teaching on Postoperative Outcomes for Patients Underground Cataract Surgery. Port Said scientific Journal of Nursing; 6(1): 1316-1327.

[19] Murat, S., Baljinnyam, B., Khishigdari, Y., Erdenebileg, N., Davaatseren, U., Gombojav, D., Ganbaatar, E., & Mackey, D. A. (2021). Visual outcomes following traumatic cataract surgery in children in Mongolia: Experience over 2 years at a major hospital. Central Asian Journal of Medical Sciences, 7(3), 213–221.

[20] Nizami, A. A., Gurnani, B., Gulani, A. C., & Redmond, S. B. (2024). Cataract (Nursing). Stat Pearls Publishing

[21] Saad, S., Mohammed, H., Elhusseiny, A., and Elzomor, H. (2020). Assessment of Home Accident Among children with Retinoblastoma, Egyptian Journal of Health Care; 11(2): 155-169.

[22] Salem, H. A., Elaal, E. M. A., & Elrahman, B. M. A. (2022). Mothers Care for their Children Suffering from Retinoblastoma. Journal of Nursing Sciences Benha University, 3(2), 322–337.

[23] Zarifsanaiey, N., Hedayat, M., Mehrabi, M., & Bagheri, Z. (2022). Video- based versus educational booklet training on self-care performance of patients with cataract. Bangladesh Journal of Medical Science, 21(3),601–60.