ORIGINAL ARTICLE

Public Knowledge and Attitudes toward Cataract in the Saudi Arabian Population

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Abstract

Introduction: Cataracts are a leading cause of blindness worldwide and remain highly prevalent in Saudi Arabia. Although cataracts are treatable, public understanding of their causes, symptoms, and treatment is limited. Previous regional studies conducted in the Kingdom have shown varying levels of knowledge, highlighting the importance of a more comprehensive national assessment. This study aims to assess knowledge and attitudes toward cataracts among the general population in Saudi Arabia to guide future health education strategies. **Objectives:** This study aims to evaluate the level of cataract-related knowledge and attitudes among the Saudi Arabian population. **Methods:** From July to December 2025, a descriptive cross-sectional study was carried out using an online questionnaire distributed through social media sites. The study included the adult Saudi population, with 380 participants selected based on sample size calculations. Data were imported into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences version 25. **Results**: The study population was predominantly female (64.7%) and comprised mainly young adults aged 18–30 years (53.9%), with most having attained a bachelor's degree (59.7%). Only 3.4% of respondents reported a personal diagnosis of cataract, while 54.7% had a family member or acquaintance with the disorder. Knowledge levels were classified as low in 77.9%, moderate in 18.7%, and high in only 3.4% of participants. While most respondents associated cataracts with lens opacity and visual impairment, a substantial proportion harbored misconceptions about the condition and its risk factors. Diabetes (66.1%) and hypertension (51.3%) were identified as key risk factors, while the roles of smoking, medication use, and obesity were less well recognized. Positive attitudes toward cataract care were noted, with 79.2% expressing a proactive stance, though knowledge deficits remain prominent. Statistically significant associations were found between knowledge level and sociodemographic factors, including age, gender, residential area, employment, income, and family history of cataract. **Conclusion**: The findings underscore the need for targeted educational interventions and public health campaigns, especially for younger, less-educated, and male sectors of the population. Enhanced awareness is likely to promote early diagnosis, more effective treatment uptake, and ultimately a reduction in preventable visual impairment.

Key words: Attitude, cataracts, cross-sectional study, knowledge, Saudi Arabia

INTRODUCTION

Globally, vision impairment is a significant public health concern.[1] In many developing nations, cataracts continue to be the primary cause of blindness, accounting for more than 50% of all blindness cases worldwide.[2] A cataract is the opacity of the clear human lens and can be caused by

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acquired, developmental, or congenital factors.[3] The name "cataracts" comes from the Greek word "kataarrhakies," describing a waterfall.[4]

Early population work in western Saudi Arabia reported that cataract accounted for roughly 53% of regional blindness, and later studies in 2019 showed that 84% had heard of cataract, yet most could not describe its effects or treatment.[5] Comparable gaps are evident outside Saudi Arabia. In Kombolcha, north-eastern Ethiopia, 75.6% of adults recognized the term cataract, yet only 69.6% achieved an adequate knowledge score.[6] Together, these findings point to an urgent need for tailored education that promotes timely cataract surgery and helps prevent avoidable blindness.

A study conducted exclusively in the Assir region showed that the past exposure rate for cataracts among study participants was 3.4%. About 75.9% of participants, or 448 people, knew a lot about cataracts. Higher educated participants were more likely to provide accurate answers to questions pertaining to various facets of cataract expertise.[7]

A study on cataract in the Jizan area discovered that 68.8% of people knew about surgical therapy, 64.9% recognized blurred vision as a symptom, and 57.6% accurately identified cataracts. Significant correlations were seen with the age of individuals with more than 50 years, and females. Overall, the knowledge level was significantly correlated with occupation and age.[8]

Recent studies conducted in Saudi Arabia were restricted to particular the Statistical Package for the Social Sciences regions. However, a number of studies have revealed a lack of education regarding cataract, a leading global cause of blindness.

Objectives

The objective of the study was to evaluate the level of knowledge and attitudes regarding cataracts among the general Saudi population, identify specific gaps in the understanding of its causes, symptoms, and treatment.

METHODS

Study design and setting and subject: Participants, recruitment, and sampling procedure

A cross-sectional questionnaire approach was used in this study to evaluate public attitude regarding cataract disease. The general Saudi population, irrespective of age, gender, health status, or demographic location, was the objective of an online electronic questionnaire that was carried over social media networks in July–December 2025.

Sample size

To gauge the number of participants required, we employed the Raosoft online estimator. Inputs were set at a 95% confidence coefficient, a 5% tolerance level, and a 50% anticipated prevalence, the latter being the most conservative choice when prior rates are unknown. The computation suggested that at least 377 respondents would suffice. Allowing for field constraints and scheduling considerations, the recruitment target was rounded to approximately 380 individuals, a figure that preserves inferential strength while remaining logistically sensible.

Inclusion and exclusion criteria

The target group for this study included the adult Saudi population of both genders who were able to give informed consent, with or without a prior diagnosis of cataract. Participants with incomplete questionnaire responses and healthcare professionals were excluded to avoid bias in knowledge levels.

Method for data collection, instrument

An online questionnaire was used as the study tool. The questionnaire was divided into three sections. The first section included a brief description of the study and an informed consent question. The second section consisted of seven questions collecting sociodemographic information, including age, gender, residential area, educational level, and income. The third section comprised structured questionnaires designed to assess knowledge, adapted from an updated version that preserved the original order to ensure validity and comparability while modifying the wording and context to better suit the study population.[9] This section included 19 questions assessing participants' knowledge of cataract symptoms, risk factors, and therapy. In addition, a structured questionnaire consisting of five items was adapted to evaluate general attitudes toward cataracts.[10]

Scoring system

Part 1: Knowledge of cataract

There were 18 questions in the survey: seven items assessed general knowledge about cataracts, nine assessed knowledge of risk factors, and two assessed knowledge of therapy. The overall knowledge score ranged from 0 to 18. Each correct answer was awarded one point, whereas each incorrect answer was awarded zero points. Based on the original Bloom's cut-off, the overall level of knowledge was categorized into three levels: Low (≤59.0%), moderate (60.0–79.0%), and high (80.0–100.0%).

Part 2: Attitude toward cataract

Five questions using a 5-point Likert scale were used to assess participants' attitudes toward cataracts. For each item, the response options were scored as follows: strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point). Higher scores indicated a more positive attitude toward cataract therapy. The total attitude score ranged from 5 to 25. Participants' attitude scores were categorized into three levels: Low (5–12), moderate (13–19), and high (20–25).

Pilot test

To assess the study's viability and the questionnaire's ease of use, 20 people were given the questionnaire and asked to answer questions on it. The final study data did not include the data from the pilot trial.

Analyzes and entry method

Microsoft Office Excel for Windows (2021) was used for data entry. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS), version 25 (IBM SPSS Statistics for Microsoft Windows). Descriptive statistics were used to summarize numerical variables and baseline characteristics. Frequencies and percentages were calculated for categorical variables. The Chi-square test was used to assess associations between categorical variables.

RESULTS

It involved 380 Saudi participants with a majority of the female gender (64.7) and the age of young adults (18–30 years) (53.9). Fifty percent were single (50.0), and the majority of them lived in the Western Region (56.6). Most of them were either employed (43.2%) or students (30.0%), so the educational level was high (59.7% of those had a bachelor's degree). Approximately 44.7% indicated that they earn 5,000–15,000 SR per month. Only 3.4% were diagnosed with cataracts, but over half (54.7) said that a family member or acquaintance had the disorder [Table 1].

This number demonstrates the answers to the assertion that a cataract is a white membrane that grows over the eye. About 50.5% of the respondents managed to determine that this is a false statement correctly, and 35% also made the same error, and 14.5% were not sure. This indicates that there is a significant lack of awareness about the pathology of cataracts, which is how this disease should be precisely understood, as the cataract is not a membrane-growth but a lens that is solidified [Figure 1].

Table 2 indicates that the overall knowledge among the Saudi population regarding the cataracts is moderate. Although one-third (35%) are aware of the meaning of a cataract, only

Table 1: Sociodemographic characteristics and health-related factors of participants (*n*=380)

Parameter	No.	Percentage
Gender		
Female	246	64.7
Male	134	35.3
Nationality		
Saudi	380	100.0
Age group		
18–30 years old	205	53.9
31–45 years old	107	28.2
46–65 years old	68	17.9
Marital status		
Single	190	50.0
Married	180	47.4
Divorced	10	2.6
Residential area		
Southern region	17	4.5
Eastern region	17	4.5
Northern region	50	13.2
Western region	215	56.6
Central region	81	21.3
Employment status		
Freelance work	27	7.1
Student	114	30.0
Unemployed	58	15.3
Retired	17	4.5
Employed	164	43.2
Educational qualifications		
High school or less	61	16.1
Postgraduate studies (master or doctorate)	30	7.9
Bachelor	227	59.7
Diploma	62	16.3
Income		
5000–15000 Saudi Riyal	170	44.7
<5000 Saudi Riyal	156	41.1
More than 15000 Saudi Riyal	54	14.2
Have you been diagnosed with cataracts?		
I don't know	22	5.8
No	345	90.8
Yes	13	3.4
Do you have a family member or acquaintance who has been diagnosed with cataracts?		
I don't know	50	13.2
No	122	32.1
Yes	208	54.7

Table 2: Parameters related to knowledge regarding cataracts among the general Saudi population (*n*=380)

Parameter	No.	Percentage
Do you know what meant by cataract?		
I don't know	55	14.5
No	192	50.5
Yes	133	35.0
A cataract is white membrane that grows over the eye?		
I don't know	132	34.7
No	78	20.5
Yes	170	44.7
A cataract is a change in the lens where the lens becomes opaque?		
I don't know	138	36.3
No	45	11.8
Yes	197	51.8
A cataract is an age-related process the results in a decrease in vision?		
I don't know	121	31.8
No	36	9.5
Yes	223	58.7
A cataract is a white spot in the eye?		
I don't know	144	37.9
No	96	25.3
Yes	140	36.8
Does clouding of the lens reduce vision?		
I don't know	68	17.9
No	30	7.9
Yes	282	74.2
Does cataract cause blindness?		
I don't know	155	40.8
No	71	18.7
Yes	154	40.5
Is it possible to restore vision from opaque blindness?		
I don't know	184	48.4
No	48	12.6
Yes	148	38.9
Is exposure to ultraviolet rays a risk factors for cataract?		
I don't know	172	45.3
No	46	12.1
Yes	162	42.6
Is malnutrition a risk factor for cataracts?		
I don't know	171	45.0
No	103	27.1
Yes	106	27.9
Is eye dryness a risk factor for cataracts?		
I don't know	179	47.1
No	48	12.6
Yes	153	40.3
Is high blood pressure a risk factor for developing cataracts?		
I don't know	153	40.3
No	32	8.4
Yes	195	51.3
Is diabetes a risk factor for developing cataracts?		
I don't know	105	27.6
No	24	6.3
Yes	251	66.1
Is obesity a risk factor for developing cataracts?		
I don't know	186	48.9
No	127	33.4
Yes	67	17.6
Taking medications is a risk factor for developing cataracts?		
I don't know	215	56.6
No	71	18.7
Yes	94	24.7
Is smoking a risk factor for developing cataracts?		
I don't know	200	52.6
No	81	21.3
Yes	99	26.1
Genetic factors are a risk factor for developing cataracts?		
I don't know	176	46.3
No	46	12.1
Yes	158	41.6
Should cataract be treated when they interfere with vision?		
I don't know/	56	14.7
No	14	3.7
Yes	310	81.6
Is surgery the only cataract treatment?		
I don't know	194	51.1
No	50	13.2
Yes	136	35.8

slightly more than half (51.8%) refer to it correctly as lens opaqueness, and a little more than two-thirds (58.7%) know it

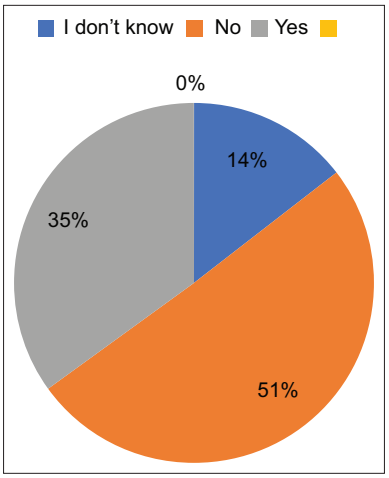

Figure 1: Illustrates a cataract, which is a white membrane that grows over the eye. (*n*=380)

is age-related. Risk factors awareness is changeable- diabetes (66.1) and hypertension (51.3) are widely recognized, and smoking, use of medication, and obesity are not well-known. The vast majority of participants (81.6) are aware that cataracts are supposed to be treated in case of quality vision impairment, yet many participants are unsure that the sole possible way to treat it is surgery.

This number indicates that the great majority of participants (93.43) concur or strongly believe that people with cataracts must undergo an eye examination, which shows that there is a general awareness of the significance of clinical assessment in treating cataracts. The proportion of those who were neutral or disagreed was only a small minority [Figure 2].

Table 3 shows that the attitude to the cataract care among the surveying Saudi population (n = 380) tends to be positive in general. Most members highly agreed that people with cataracts should have an eye test (80.5%) and should take eye treatment (83.2%). More than half (54.2) felt that cataract was a severe health condition, although a significant number (12.6) did not feel strongly about the disease, implying that there were doubts about the extent of the disease. The majority of the respondents (56.8%) felt that patients get the right care in healthcare institutions. Nonetheless, a significant proportion (32.1) was neutral about the delayed treatment as the advice of the physician.

The data in Table 4 shows that most of the general Saudi population is not well aware of cataracts, as 77.9% of the respondents have been classified as in this group. It was not that many that had a high level of knowledge (3.4%), with 18.7 having a moderate level of knowledge. These results demonstrate that there is a significant amount of knowledge gap regarding cataracts among the population, and thus, there is a need to implement specific educational interventions.

As shown in Table 5, most of the surveyed general Saudi population (79.2) is positive toward cataracts, and a very small percentage (0.5) is negative toward cataracts. A neutral attitude was observed in 20.3% (about one-fifth) of the participants, which means that people have an overall good attitude to the topic of cataract awareness and management.

The data presented in Table 6 reveals participants' knowledge level was significantly related to age group, gender, residential area, employment status, income, if a participant has a family

Table 3: Parameters related to attitude regarding cataracts among the general Saudi population (*n*=380)

Parameter	No.	Percentage
How much do you agree that a person with cataract needs an eye examination?		
Strongly agree	306	80.5
Agree	49	12.9
Strongly disagree	4	1.1
Disagree	1	0.3
Neutral	20	5.3
How much do you agree that a person with cataracts should seek eye treatment?		
Strongly agree	316	83.2
Agree	43	11.3
Strongly disagree	1	0.3
Disagree	2	0.5
Neutral	18	4.7
How much do you agree that a cataract a serious health problem?		
Strongly agree	206	54.2
Agree	102	26.8
Disagree	24	6.3
Neutral	48	12.6
How much do you agree that a person with cataracts gets appropriate care in a healthcare institution?		
Strongly agree	216	56.8
Agree	96	25.3
Disagree	7	1.8
Neutral	61	16.1
How much do you agree that if you did not go for treatment, it is because of doctors advising that immediate treatment is not required?		
Strongly agree	99	26.1
Agree	43	11.3
Strongly disagree	36	9.5
Disagree	80	21.1
Neutral	122	32.1

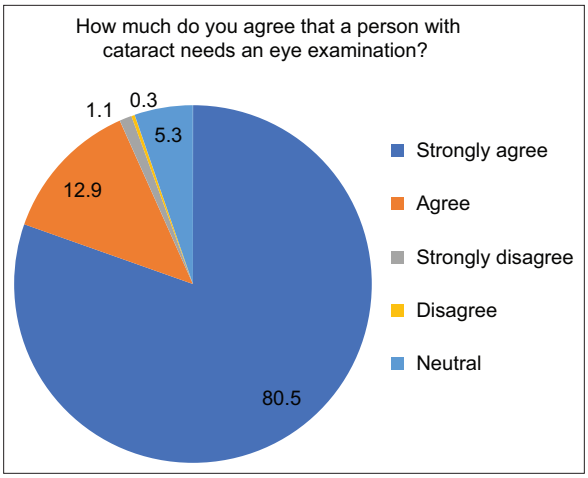

Figure 2: Illustrates how much participants agree that a person with cataract needs an eye examination? (*n*=380)

Table 4: Score of knowledge level regarding cataracts among the general Saudi population (*n*=380)

Knowledge level	Frequency	Percentage
High level	13	3.4
Low level	296	77.9
Moderate level	71	18.7
Total	380	100.0

Table 5: Score of attitude level regarding cataracts among the general Saudi population (*n*=380)

Attitude level	Frequency	Percentage
Negative attitude	2	0.5
Neutral attitude	77	20.3
Positive attitude	301	79.2
Total	380	100.0

member or acquaintance who has been diagnosed with cataract, while it was insignificantly related to marital status, educational qualifications, and if a participant has been diagnosed with cataracts.

The data presented in Table 7 reveals that participants' attitude level was significantly related to age group, while it was insignificantly related to gender, marital status, residential area, employment status, educational qualifications, income, and if a participant had been diagnosed with cataracts or had a family member or acquaintance who had been diagnosed with cataracts.

DISCUSSION

Cataract remains a globally significant cause of vision impairment and blindness, especially in developing nations. Although advancements in surgical techniques have rendered cataract treatable, public awareness and understanding play a pivotal role in ensuring early detection and appropriate management. The purpose of the present study was to evaluate the level of public knowledge and attitudes toward cataract among the Saudi Arabian population, with emphasis on identifying gaps in knowledge and possible sociodemographic correlates. Drawing upon our cross-sectional findings, the discussion will contextualize our results within the framework of existing national and international evidence, offering a rigorous evidence-based assessment of knowledge and attitudes as well as recommendations for future interventions.

The present study found that the overall knowledge regarding cataracts among the Saudi population was generally moderate to low, with only 3.4% of respondents demonstrating a high level of knowledge, while 77.9% had low knowledge and 18.7% had moderate knowledge. A majority correctly

Table 6: Relation between knowledge level regarding cataracts among the general Saudi population and sociodemographic characteristics (*n*=380)

Parameters	Knowledge level			Total (*n* = 380)	*P*-value*
	High	Low	Moderate		
Gender					
Female	6	204	36	246	0.006
	46.2%	68.9%	50.7%	64.7%	
Male	7	92	35	134	
	53.8%	31.1%	49.3%	35.3%	
Age group					
18–30 years old	9	170	26	205	0.000
	69.2%	57.4%	36.6%	53.9%	
31–45 years old	4	67	36	107	
	30.8%	22.6%	50.7%	28.2%	

(*Contd*...)

Table 6: (*Continued*)

Parameters	Knowledge level			Total (*n* = 380)	*P*-value*
	High	Low	Moderate		
46–65 years old	0	59	9	68	
	0.0%	19.9%	12.7%	17.9%	
Marital status					
Single	9	148	33	190	0.548
	69.2%	50.0%	46.5%	50.0%	
Married	4	141	35	180	
	30.8%	47.6%	49.3%	47.4%	
Divorced	0	7	3	10	
	0.0%	2.4%	4.2%	2.6%	
Residential Area					
Southern Region	1	11	5	17	0.001
	7.7%	3.7%	7.0%	4.5%	
Eastern Region	2	6	9	17	
	15.4%	2.0%	12.7%	4.5%	
Northern Region	3	37	10	50	
	23.1%	12.5%	14.1%	13.2%	
Western Region	5	172	38	215	
	38.5%	58.1%	53.5%	56.6%	
Central Region	2	70	9	81	
	15.4%	23.6%	12.7%	21.3%	
Employment Status					
Freelance work	3	19	5	27	0.004
	23.1%	6.4%	7.0%	7.1%	
Student	5	98	11	114	
	38.5%	33.1%	15.5%	30.0%	
Unemployed	4	42	12	58	
	30.8%	14.2%	16.9%	15.3%	
Retired	0	15	2	17	
	0.0%	5.1%	2.8%	4.5%	
Employed	1	122	41	164	
	7.7%	41.2%	57.7%	43.2%	
Educational qualifications					
High School or less	4	53	4	61	0.066
	30.8%	17.9%	5.6%	16.1%	
Postgraduate studies (master or Doctorate)	0	21	9	30	
	0.0%	7.1%	12.7%	7.9%	
Bachelor	8	172	47	227	
	61.5%	58.1%	66.2%	59.7%	
Diploma	1	50	11	62	
	7.7%	16.9%	15.5%	16.3%	
Income					
5000–15000 Saudi Riyal	4	126	40	170	0.015
	30.8%	42.6%	56.3%	44.7%	

(*Contd...*)

Table 6: (*Continued*)

Parameters	Knowledge level			Total (*n* = 380)	*P*-value*
	High	Low	Moderate		
<5000 Saudi Riyal	8	131	17	156	
	61.5%	44.3%	23.9%	41.1%	
More than 15000 Saudi Riyal	1	39	14	54	
	7.7%	13.2%	19.7%	14.2%	
Have you been diagnosed with cataracts?					
I don't know	0	22	0	22	0.071
	0.0%	7.4%	0.0%	5.8%	
No	13	262	70	345	
	100.0%	88.5%	98.6%	90.8%	
Yes	0	12	1	13	
	0.0%	4.1%	1.4%	3.4%	
Do you have a family member or acquaintance who has been diagnosed with cataracts?					
I don't know	0	49	1	50	0.007
	0.0%	16.6%	1.4%	13.2%	
No	5	89	28	122	
	38.5%	30.1%	39.4%	32.1%	
Yes	8	158	42	208	
	61.5%	53.4%	59.2%	54.7%	

**P*-value was considered significant if ≤ 0.05

Table 7: Relation between attitude level regarding cataracts among the general Saudi population and sociodemographic characteristics (*n*=380)

Parameters	Attitude level			Total (*n* = 380)	*P*-value*
	Negative	Neutral	Positive		
Gender					
Female	2	52	192	246	0.479
	100.0%	67.5%	63.8%	64.7%	
Male	0	25	109	134	
	0.0%	32.5%	36.2%	35.3%	
Age group					
18–30 years old	2	47	156	205	0.007
	100.0%	61.0%	51.8%	53.9%	
31–45 years old	0	10	97	107	
	0.0%	13.0%	32.2%	28.2%	
46–65 years old	0	20	48	68	
	0.0%	26.0%	15.9%	17.9%	
Marital status					
Single	2	41	147	190	0.556
	100.0%	53.2%	48.8%	50.0%	
Married	0	35	145	180	
	0.0%	45.5%	48.2%	47.4%	

(*Contd*...)

Table 7: (*Continued*)

Parameters	Attitude level			Total (*n* = 380)	*P*-value*
	Negative	Neutral	Positive		
Divorced	0	1	9	10	
	0.0%	1.3%	3.0%	2.6%	
Residential Area					
Southern Region	0	4	13	17	0.121
	0.0%	5.2%	4.3%	4.5%	
Eastern Region	0	2	15	17	
	0.0%	2.6%	5.0%	4.5%	
Northern Region	0	4	46	50	
	0.0%	5.2%	15.3%	13.2%	
Western Region	1	42	172	215	
	50.0%	54.5%	57.1%	56.6%	
Central Region	1	25	55	81	
	50.0%	32.5%	18.3%	21.3%	
Employment Status					
Freelance work	0	3	24	27	0.076
	0.0%	3.9%	8.0%	7.1%	
Student	0	25	89	114	
	0.0%	32.5%	29.6%	30.0%	
Unemployed	2	10	46	58	
	100.0%	13.0%	15.3%	15.3%	
Retired	0	2	15	17	
	0.0%	2.6%	5.0%	4.5%	
Employed	0	37	127	164	
	0.0%	48.1%	42.2%	43.2%	
Educational qualifications					
High School or less	0	12	49	61	0.499
	0.0%	15.6%	16.3%	16.1%	
Postgraduate studies (master or Doctorate)	0	2	28	30	
	0.0%	2.6%	9.3%	7.9%	
Bachelor	2	50	175	227	
	100.0%	64.9%	58.1%	59.7%	
Diploma	0	13	49	62	
	0.0%	16.9%	16.3%	16.3%	
Income					
5000–15000 Saudi Riyal	0	32	138	170	0.349
	0.0%	41.6%	45.8%	44.7%	
<5000 Saudi Riyal	2	36	118	156	
	100.0%	46.8%	39.2%	41.1%	
More than 15000 Saudi Riyal	0	9	45	54	
	0.0%	11.7%	15.0%	14.2%	
Have you been diagnosed with cataracts?					
I don't know	0	6	16	22	0.708
	0.0%	7.8%	5.3%	5.8%	

(*Contd...*)

Table 7: (*Continued*)

Parameters	Attitude level			Total (n = 380)	*P*-value*
	Negative	Neutral	Positive		
No	2	70	273	345	
	100.0%	90.9%	90.7%	90.8%	
Yes	0	1	12	13	
	0.0%	1.3%	4.0%	3.4%	
Do you have a family member or acquaintance who has been diagnosed with cataracts?					
I don't know	0	14	36	50	0.371
	0.0%	18.2%	12.0%	13.2%	
No	0	26	96	122	
	0.0%	33.8%	31.9%	32.1%	
Yes	2	37	169	208	
	100.0%	48.1%	56.1%	54.7%	

*P-value was considered significant if ≤ 0.05

identified cataracts as causing lens opacification and visual impairment, but notable proportions held misconceptions, such as confusing cataracts with a white membrane growing on the eye. Awareness of cataract risk factors was varied, with diabetes (66.1%) and hypertension (51.3%) being most frequently recognized, while knowledge about the roles of smoking, medication use, and obesity was much lower. Most participants (81.6%) understood that cataract treatment is warranted when vision is impaired, but only 35.8% recognized surgery as the sole curative option.

Our results closely mirror those from other parts of Saudi Arabia. Alanazi *et al*., reported that the majority of respondents in the Hail region exhibited low knowledge about cataracts (72.7%) and that age, education level, employment status, and having a family history were significant correlates of higher knowledge.[10] A recent multi-regional study from Jazan confirmed significant regional and gender associations with knowledge and awareness, with females and older adults more likely to have an adequate understanding.[11] Similarly, Aldhabaan *et al*. (2022) in Asir found a high prevalence of good knowledge (75.9%), but with ongoing misconceptions around risk factors and cures, and identified education as a main driver.[7]

The evidence from neighboring countries and global studies underlines that these knowledge gaps are not unique to Saudi Arabia. Alimaw *et al*. (2019) found that, in Ethiopia, 75.6% recognized the term cataract, but only 69.6% had adequate knowledge, and significant associations with educational status and exposure to eye health education were reported.[6] Comparative European and Middle Eastern studies consistently indicate that misconceptions regarding causes, symptoms, and treatment of cataract remain common, driving unnecessary visual impairment and delayed intervention.[12]

Despite knowledge gaps, our major finding is that the attitude toward seeking eye care and cataract treatment is generally positive, with 79.2% of participants expressing a positive attitude. Prior investigations show a similar trend where a large majority agree on the necessity of early eye exams and treatment, even as knowledge of risk factors remains insufficient.[7,10,11] Sociodemographic analysis from our study and others confirms that higher education, older age, employment, and being female are all positively associated with correct knowledge and attitudes reinforcing calls for targeted educational campaigns.[7,10,11,12]

Nevertheless, limitations should be acknowledged. The cross-sectional design prevents the determination of causality, and data were self-reported, introducing possible recall and reporting bias. Online recruitment likely skewed the sample toward digitally literate, younger, and urban participants, and the exclusion of healthcare professionals may not completely eliminate informed responses. Future research should use more representative sampling frames and qualitative interviews to explore persistent underlying misconceptions.

CONCLUSION

This study demonstrates that knowledge about cataracts remains limited among the Saudi Arabian population, with persistent misconceptions, especially regarding risk factors and treatment. Despite low awareness, attitudes toward seeking care are positive, indicating potential for improvement through targeted education. Demographic factors such as age, gender, and education significantly influence knowledge levels. These findings highlight the urgent need for nationwide, demographically tailored public health initiatives to enhance understanding, encourage timely intervention, and ultimately decrease the burden of cataract-related vision loss. Effective education and outreach can empower individuals to pursue early

diagnosis and management, leading to better outcomes and quality of life.

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ETHICAL APPROVAL

The study was fully explained to all participants, and it was emphasized that participation was voluntary. Written informed consent was obtained from each participant before enrollment. All collected information was securely stored and used exclusively for research purposes.

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INFORMED CONSENT

Written informed consent was obtained from all study participants.

DATA AND MATERIALS AVAILABILITY

All data generated or analyzed during this study are included in this published article.

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