WOMEN AND EYE HEALTH

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GLOBAL BLINDNESS STATISTICS

- An estimated 37 million people are blind.
- 124 million people have low vision.
- 65% of both blind and visually impaired people are women.
- 80%, of blind and visually impaired people live in developing countries.
- Major risk factors for blinding or vision-impairing diseases globally are age, gender, and socioeconomic development.
CHALLENGES IN EYE HEALTH

Distribution of Blindness in the World

> 3/4 in Developing Nations

< 1/4 in Developed Nations

Burden of Vision Impairment in developing countries

65% Women

35% Men

Abou-Gareeb, Ophthal Epi 2001; Resnikoff, Bull WHO 2004
EVIDENCE OF GENDER INEQUITY

• Overall prevalence of blindness in women is more than 30% higher than those in men

• After age stratification, data on prevalence of blindness is higher in women in almost every age category than men. (study conducted in Pakistan jointly funded by FHF and other partner organizations)

• Cataract surgical coverage is found to be lower in women compared to men

• In some settings women are less likely to have an IOL

• Women are 1.8 times more likely to have trachomatous trichiasis than men

• Girls are half as likely to get surgery for congenital / developmental cataract compared to boys and are less likely to be brought back for follow up than boys
SOME CHALLENGES IDENTIFIED TO BE RESPONSIBLE FOR GENDER DISPARITY

Less likely to be educated,
Reduced exposure,
lack of awareness & information and fear of surgery & its outcomes

Mobility limitations due to cultural & economic factors

Low importance attached to females

Services not geared or specially tailored towards patient needs and comfort

Economic disadvantage
Females economically dependent on males

High cost of services

Awareness
Acceptability
Access
Affordability

The Fred Hollows Foundation
www.hollows.org.au
WHO GENDER POLICY

“. . . all programmes will be expected to collect data disaggregated by sex, review and reflect on the gender aspects of their respective areas of work, and initiate work to develop context-specific materials.”

-WHO, Integrating Gender Perspectives in the Work of WHO: The WHO Gender Policy, 2002
HOW TO BRING ABOUT GENDER MAINSTREAMING

– Facts availability - Sex disaggregated data
– Analysis -- Determining why – understanding realities culture, economic, health systems, political etc.
– Strengthen equity and gender analysis skills among program staff, partners / service providers.
– Convey importance of gender issues/mainstreaming to policy makers and partners for complete coverage with equity in the society.
– Pro-active gender/cultural-sensitive approaches, rather than standard / neutral approaches
WHAT NEEDS TO BE DONE

Action at National level:
• Getting decision makers to acknowledge that there are gender differences in access to eye care
• Persuading decision makers to commit to finding ways to increase access to eye care for women of all ages.

Action at District level:
• Design evidence based district programmes in a way that will allow and encourage women to access them.

Action at community level:
• At the community level, advocacy needs to be targeted at both community members and eye care service providers.

Special initiatives:
• Eye camps, screening programs, advocacy and awareness days etc.
FHF STRATEGIES TO ADDRESS GENDER ISSUES

On-Going Advocacy Efforts
FHF STRATEGIES TO ADDRESS GENDER ISSUES
IMPROVING ACCESSIBILITY: Taking services to the door steps

District based program:
Services were taken to the remote and disadvantaged areas, this proved to be the first and most sustainable initiative to overcome the particular challenges faced by women in accessing services.
FHF strategies to address Gender Issue

Improving accessibility also addressed affordability

This initiative significantly reduced many fold the cost of accessing and availing services.
FHF strategies to address Gender Issue

ADDRESSING ACCEPTABILITY

- Making services more female friendly like:
  - arranging separate waiting areas,
  - piloting female counseling at the time of patients visits to hospital
  - establishing separate washroom, feeding areas etc
  - Making available female service providers

Introducing female friendly initiatives in the utilization of services bring in gender issues central to eye care program planning and development
FHF strategies to address Gender Issue

RAISING AWARENESS

Training Lady Health Workers to promote awareness, treat primary eye problems and refer the female patients to the right places.

Increasing awareness in the services providers bring in gender issues central to eye care program planning and development.
FHF STRATEGIES TO ADDRESS GENDER ISSUE

SPECIAL INITIATIVES

Special initiatives like Eye camps” in the most remote areas serve → more women & children ; (affordability and accessibility)
DIABETIC RETINOPATHY SCREENING

Female Counselor at DR screening Units
FHF STRATEGIES TO ADDRESS GENDER ISSUE

FHF Sub-Specialty Project too is addressing the same issues for female children.
ENCOURAGING THE TRAINING OF FEMALE SERVICE EYE CARE PROVIDERS
Thank you.

Questions and Answers