Equity in eye care: women, children, integration with other health schemes

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“Building an inclusive society”
Disability - Key facts

- Up to 20% of women globally have a disability.
- Women with a disability face triple discrimination
- Remain illiterate & tend to earn less.
- 2 to 3 times more likely to be victims of physical and sexual abuse
- Women as caregivers when there is a family member with a disability, are denied access to education and livelihood opportunities as a result
Gender conceptual understanding

Gender equity

Gender equity means fairness and justice in the distribution of benefits, power, resources and responsibilities between women and men and to rectify the imbalance.

Gender equality

Gender equality means the absence of discrimination on the basis of male/female in opportunities, allocation of resources or benefits, and access to services.
Equity in Health

- World Health Organization has operationally defined “Equity in Health” as “minimizing avoidable disparities in health and its determinants— including but not limited to health care—between groups of people who have different levels of underlying social attributes”
Why gender in eye health

Do not frequently & actively participate in gender and development programs leaving their perspective and voice unheard.

Exclusion coupled with gender-biased practices, reinforce this invisibility and marginalisation

• Childhood barriers to education and social inclusion leave them few viable and meaningful work choices later in life.

• More vulnerable to Poverty, gender-based violence and barriers to reproductive health care.
Gender difference in health

Lack of a gendered approach in most health systems

Need for a new focus on gender equity across

- health policies
- Governance
- Financial and delivery systems
- Programme coverage

This might offer substantial opportunities for progress and improvements
Gender & Eye Health

- Gender disparity often has a direct (and negative) impact on the health of women. – here it is eye health
- Eye problems are higher among women than men.
- Women are also more at risk than men of developing trachoma because of the nature of their daily work.
Gender & Eye Health

Women bear two thirds of the burden of blindness in developing countries.

Access, sustainability and follow-up of eye care and the barriers are a global phenomena.
The household decision making process differs according to households and communities, family structure, access to resources, and the different cultures of decision making processes.

Women have little or no autonomy when it comes to the decision making process for deciding the health care.
Reasons for neglect in Eye care by women

- Women access eye care facilities only when it is free of cost
- Economical burden prevents women from accessing eye care services
- Women do not have the decision making power to treat their eye ailments.
- Eye ailments not a priority for women themselves and by others within the family.
Growing need in Eye health & women

Focus on eye health systems and operational research because today most of the problems are not about the definition of eye diseases or the treatment modalities but, it is about:

• reaching to the patients,
• convincing them to take up treatment
• comply with the treatment
• be able to deliver care in an affordable and sustainable manner.
Observations

It is observed that the number of women attending screening camps is more than that of men. Reason being it is free of cost and does not include any expenses. Less number of children are brought to the screening camps.
Observations

- The number of women accessing the clinics for surgeries due to glaucoma is comparatively less due to financial constraints.

- Eye care for girl children below the age of 8 is not a priority.
• Although it's beyond the scope of the eye care programmes to change gender roles & expectations, gender issues that affect Vision 2020 goals need to be addressed.
Ensuring equal access to eye care services for women and children require advocacy at all levels

• National Level
• District Level
• Community level
National level

Advocacy should be focused on the following:

• Getting decision makers to acknowledge that there are gender differences to eye care
• Persuading decision makers to increase access to eye care for women of all ages
• Ensure data collection on the basis of gender
District level

- Generate local evidence
- In depth interviews with both men and women
- Inform District health authorities and NGOs about the importance of being sensitive to the needs of women

“Some communities don’t appreciate that women need eye care services just as much as men do”
Community Level

- Advocacy targeted at both community members and eye care service providers

- Poor families need to make difficult decisions about accessing services

“To reach women you need to reach men”
Way forward

- Work with PHCs & support its activities to prevent diseases which may lead to blindness and disability.

- Appropriate referrals through a gender balanced CBR (Community Based Rehabilitation) approach.

- To actively link up and work with CBR programs to educate and create awareness in the community on prevention of diseases leading to blindness & disability with special focus on women.

- Provide training & IEC materials for PHC and CBR programmes on prevention of blindness/disabilities in a timely manner.

- Network & liaise with NGOs, govt dept. towards promotion of better and improved access health systems by women.
Conclusion

• Need for the National programme to develop a more comprehensive eye care policy including prevention, early detection and treatment of all major causes of Blindness

• Equity in eye care system can be measured as to whether the eye care delivery systems responsive to the legitimate expectations and needs of people with eye diseases in the community
References

- Paul Courtright and Susan Lewallen, Improving Gender equity in eye care: advocating for the needs of women, Community Eye Health Journal: 2007 December: 20(64): 68-69

- Murali Krishnan & Keerthi Bhusan pradhan, Equity in Eye Care services: J Community 'Ophthalmology _Vol 1, No 1, April- June 2003
Thank you