



# Gender and Blindness

**B**lindness affects 40-45 million people worldwide. This figure will double over the next 25 years without increased prevention of blindness efforts. Most of the blind are elderly and live in developing countries.

## What do we know?

### ***Globally, women bear a greater burden of blindness than men***

A meta-analysis of population based surveys on blindness prevalence in Asia, Africa, and the industrialized countries indicates that women bear approximately two-thirds of the burden of blindness in the world. (Figure 1) Data that would help us to understand why this is so is limited but there appear to be several reasons why this inequality exists.

### ***Biology and gender inequalities combine to cause a greater blindness burden in women***

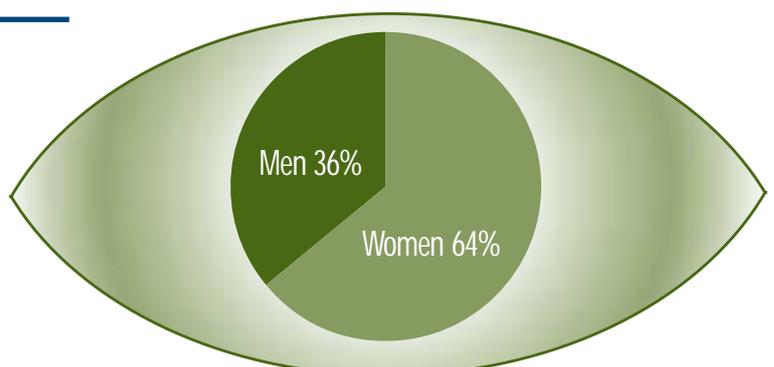
The larger number of elderly females could contribute substantially to the excess female blindness in countries where women have a higher life expectancy than men. Age related macular degeneration, a disease with no effective treatment and the most common cause of blindness in industrialized countries, affects mostly those over 70 years.

In Asia and Africa, the situation is different. There, the major cause of blindness is cataract, which can be cured by surgery. Population-based surveys from five Asian and African countries show that women account for between 53% and 72% of all people living with cataract. In addition, women do not receive surgery at the same rate as men. Women with cataract are much less likely to have cataract surgery as men with cataract. (Figure 2). According to one estimate, cataract blindness could be reduced by about 12.5% if women received cataract surgery at the same rate as men.

Trachoma, another important cause of blindness in developing countries, is also more common in women than in men. Since women and older girls are the primary childcare providers they acquire active trachoma from young children. Surveys carried out in trachoma-endemic areas show that about 75% of adults with trichomatous trichiasis (inturned eyelashes which abrade the cornea—the stage of the disease that leads to blindness) are female. Simple surgery can prevent blindness at this stage.

Figure 1: *Burden of Blindness in Men and Women*

Source: Abou-Gareeb, Lewallen, Bassett & Courtright. *Gender and blindness: a meta-analysis of population based prevalence surveys*. Ophthalmic Epidemiology 2001; 8:39-56.



### **Barriers to use of eye-care services vary considerably for women and men**

The barriers that prevent women and men from receiving surgery are often different and vary locally. However, studies show that they can include:

- **Cost of surgery:** Women often have less access to family financial resources to pay for eye care or transportation to reach a hospital.
- **Inability to travel to a surgical facility:** Women often have fewer options for travel than men. Older women generally require assistance, which poor families cannot provide.
- **Differences in the perceived value of surgery:** Cataract is often viewed as an inevitable consequence of aging and women are less likely to have social support in a family to seek care.
- **Lack of access to information and resources:** Female literacy (especially among the elderly) is low and women are less likely to know about the possibility of surgery for cataract or trichiasis than men, and have limited access to time and money to seek eye care services.
- **Fear of a poor outcome:** Women are discouraged from wearing glasses in many societies; if cataract surgery does not have a good refractive outcome women are more likely to be functionally blind than men after surgery.

### **What research is needed?**

- There is not enough population-based data from Latin America and the countries of the former

Soviet Union to evaluate the issue of gender and blindness in these places; this should be studied.

- In industrialized countries, we need to determine the reasons for gender inequality in blindness rates and eye diseases.
- Where use of services is unequal (most developing countries) we need to test methods to rectify the imbalance.

### **What are the implications for policies and for blindness prevention programmes?**

- Awareness of the problem is needed to generate political will to address sex differentials and gender inequities in use of eye care services.
- At the local level it is important to identify the barriers that prevent women from receiving eye care services and to design gender-sensitive programmes to reduce these. Peer motivators (women talking to other women) are likely to be more effective than health workers in promoting use of eye care services including surgery.
- National and local prevention of blindness programmes should monitor cataract surgical coverage and trichiasis surgical coverage rates by sex as well as monitor outcome of surgery by sex. Discrepancies found should be investigated.
- Global awareness of and local approaches to improving gender equity in eye care service use will be critical steps in achieving the goals of Vision 2020, a global initiative launched by WHO in 1999, to combat avoidable blindness.

Figure 2:  
*Cataract Surgical Coverage*

■ Females  
■ Males

\* Two sets of data displayed.

Source: Lewallen and Courtright. *Gender and use of cataract surgical services in developing countries*. Unpublished paper, British Columbia Centre for Epidemiologic and International Ophthalmology, University of British Columbia, Vancouver, 2000.

