

## Eye Health for Women: Combating Eye Diseases

**Girish Velis\***

*Consultant Retina Surgeon, Department of Ophthalmology, Goa Medical College, Goa, India*

**\*Corresponding Author:** Girish Velis, Consultant Retina Surgeon, Department of Ophthalmology, Goa Medical College, Goa, India.

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Visual impairment is more in females compared to males as per evidence [1,2]. However, they are least likely to receive the treatment due to multiple societal and biological reasons. This disparity in gender and eye health is global, present in the context of all treatable eye conditions and larger at a younger age and high income countries [3,4].

Longer life expectancies increases the risk of blindness in females for age related eye problems like cataract, glaucoma and age related macular degeneration [5]. Malnutrition and higher rates of infectious disease increase women's risk for blinding eye conditions [5]. Sociocultural factors play a bigger role than biological in this disproportionate representation. Women have greater needs than men to access eye health care but they access those services at a lower rate than men. Inability to access the cataract surgery at a sufficient rate to meet the higher needs creates the disparity between women and men. In developing countries, traditional gender roles like caretaking in the family, increase the risk for females at all stages of life [6]. Illiteracy, poor access to financial resources, lack of decision making ability within the households and cultural restrictions on travelling and seeking the treatment are the additional barriers [4]. Traditionally male children receive preferential treatment [4] and in adulthood a disproportionately heavy workload in the home is imposed on women, increasing exposure to environmental factors of blinding diseases like indoor smoke [7]. Women with disabilities have additional burden of social exclusion and abuse [8].

Men can be engaged as agents of change for women's eye health. This will eliminate many socio-economic barriers faced by women. Men need to be sensitised on the importance of accessing eye care services for women and the many benefits it will bring for households (greater community participation, ability to earn an income etc) [9]. Majority of men are in leadership positions in many eye care facilities. Sensitisation of male eye healthcare workers on the importance of equal participation of females will ensure optimum utilisation of human resources. It consists of equal access to training opportunities, fair and equal treatment at the workplace, free from bullying and harassment [10].

Gender-targeted programs involving increased disaggregation and analysis of data by sex [11] are some of the efforts directed to address these problems. But this should be associated with data analysis, evidence strengthening and best practice development to approach programming leading to more equitable health outcomes [12]. Following are examples of successful approaches implemented at prominent eye healthcare organisations to address specific gender barriers:

- Creating awareness to staff and local community on gender inequities in eye health and prevention.
- Services specifically dedicated to females like school screening camps or outreach services. It can be more impactful if supported or led by women's community groups.

- Women empowerment to train them to become eye health care professionals and join leadership positions to bring changes in the community. It will encourage other women for such opportunities.
- Involving local partners like ASHA workers to bridge the gap and increase the accessibility of rural population.
- Involving Non profit organisations to directly address barriers like organising free transport to eye health facilities and microfinance for expenses.
- Community based outreach services close to where women leave can increase accessibility.
- Training women as community eye health workers or volunteers to spread awareness.

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