

## Gender & Eye Health: Equal access to care

**Dr. AS Rathore**

Assistant Director General [O]  
Directorate General of Health Services  
Ministry of Health and Family Welfare  
Government of India  
Nirman Bhawan, New Delhi  
[asr\\_naco@yahoo.com](mailto:asr_naco@yahoo.com)

## Gender & Blindness

- Blindness is approximately 40% more common in women compared to men, regardless of age.
- The imbalance was mostly notable among people above 50 years of age, with women consistently having higher prevalence figures compared to men.
- Nearly two-third of current blind in the world are women
- Nearly 90% of blind population reside in developing countries

Abou-Gareeb I, Lewallen S, Bassett K, Courtright P. Gender and blindness: A meta-analysis of population-based prevalence surveys. *Ophthalmic Epidemiol* 2001;8:39-56  
*Community Eye Health Journal* 2003; 16 [45]

## Gender

**Gender** refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women [WHO]

Sometimes it is hard to understand exactly what is meant by the term 'gender', and how it differs from the closely related term 'sex', while gender has social connotation, sex has largely biological element.

## Why

Women with disabilities, such as blindness are much more vulnerable to social exclusion and abuse.

When women are denied equal access to health services, education and employment, they are less able to care for themselves and their family.

The family has fewer opportunities to prosper and is more vulnerable to misfortune and poverty.

### Gender based access to Cataract Surgery Services, India [2008-09]

States/UTs	Total Surgeries	Males [%]	Females [%]
ANDAMAN & NICOBAR	657	348 [53]	308 [47]
ANDHRA PRADESH	582318	258928 [44]	323390 [56]
ARUNACHAL PRADESH	1172	503 [43]	668 [57]
ASSAM	52230	26333 [51]	25897 [49]
BIHAR	154817	-	-
CHHATTISGARH	87040	42477 [49]	44563 [51]
CHANDIGARH	9307	4911 [52]	4396 [48]
DADRA & NAGAR HAVELI*	540	-	-
DAMAN & DIU*	326	-	-
DELHI	92580	47216 [51]	45364 [49]
GOA	7189	3020 [42]	4169 [58]
GUJARAT	744159	343081 [46]	401084 [54]

### Gender based access to Cataract Surgery Services, India [2008-09]

States/UTs	Total Surgeries	Males [%]	Females [%]
HARYANA*	135779	-	-
HIMACHAL PRADESH	27012	14857 [55]	12155 [45]
JAMMU & KASHMIR*	25021	-	-
JHARKHAND	73370	40353 [55]	33017 [45]
KARNATAKA	384447	179400 [47]	205047 [53]
KERALA	110093	49682 [45]	60411 [55]
LAKSHADWEEP*	120	-	-
MADHYA PRADESH	376143	176787 [47]	199356 [53]
MAHARASHTRA	680263	194994 [29]	485269 [71]
MANIPUR*	1723	-	-
MEGHALAYA	1295	635 [49]	660 [51]
MIZORAM	2397	1244 [52]	1153 [48]

### Gender based access to Cataract Surgery Services, India [2008-09]

States/UTs	Total Surgeries	Males [%]	Females [%]
ORISSA	110716	57561 [52]	53155 [48]
PUDUCHERRY	12403	5761 [46]	6642 [54]
PUNJAB	9694	4952 [51]	4742 [49]
RAJASTHAN	223690	109608 [49]	114082 [51]
SIKKIM	690	354 [51]	336 [49]
TAMIL NADU	650092	443237 [68]	206855 [32]
TRIPURA	8429	3962 [47]	4467 [53]
UTTAR PRADESH	681910	361412 [53]	320498 [47]
UTTRAKHAND	48165	21674 [45]	26491 [55]
WEST BENGAL*	302315	-	-

- As evident from reported cataract surgeries [2008-09] substantial proportion of women have access to eye services at a national level
- The States/UTs where female proportion was more than 50% of total cataract surgeries are Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Goa, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Tripura, Puducherry and Rajasthan
- Still there is a scope in identifying and mobilizing women patients to undergo appropriate eye care management in most other parts of the country.

## **Gender based approach**

A gender-based approach begins from recognition of the differences between the two.

It helps us to identify the ways in which the challenges, barriers, health risks, experiences and outcomes are different for women and men, boys and girls, and to act accordingly for timely intervention.

## **Addressing gender issues in Health and Development**

- Addressing roles of social, cultural and biological factors in identifying need, setting priorities, advocacy &, dialogue, mobilization, research, policy development, planning, programme implementation, resource allocation & monitoring.
- Institutionalizing and mainstreaming gender at various level
- Sex disaggregated data/indicator
- Increased women participation and representation in political setting at local, sub-national and national level

## **Addressing gender issues...contd.**

- Expanding educational opportunities
- Reducing time burden
- Guaranteeing inheritance rights
- Improving income generating opportunities