Blindness Burden to Economically Challenged Women in Developing Countries

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Saturday, 1:05-2:35pm   L 250: Community Health
• VI&B cause a considerable economic burden for affected persons, their caregivers and society at large, which increases with the degree of visual impairment.
• Visual impairment and blindness are foremost a problem of older age in all high-income countries and constantly increasing due to the ageing of populations

• Globally, the burden of disease related to vision disorders has increased by 47% from 12,858,000 disability adjusted life years (DALYs) in 1990 to 18,837,000 DALYs in 2010.
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
Health-related quality of life in severely visually impaired persons has been affected seriously.
Emotional distress higher compared with other serious chronic health conditions such as stroke or metastasised solid tumours.
Blindness and visual impairment impact not only the individual but also the family, caregivers and the community, leading to a significant cost burden.
Women as caregivers when there is a family member with a disability, are denied access to education and livelihood opportunities as a result.
Being a Women.. that to Visually..

• It affects their livelihood, their skills
• Day to activities
• If there is loss of earning person in the family, the situation get worse.
• Because of mother, even children looses their future too.
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.

• 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 and Eye Health

• Gender disparity often has a direct (and negative) impact on the health of women.

• Eye problems are higher among women than men.

• Women are also more at risk than men of developing eye diseases because of the nature of their daily work.
• When it comes to geography like Odisha, a male dominated society, the situation becomes even worse.
• Cultural & Social barriers
• Lack of education and awareness
• And all that makes them even more dependent on others
Reasons for neglect in Eye care by women

• Women access eye care facilities only when it is free of cost that to if the society allows.
• 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.
• 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
Community Level

• Advocacy targeted at both community members and eye care service providers
• Poor families need to make difficult decisions about accessing services.
The action

• Kalinga Eye Hospital (an unit of NYSASDRI) established in 2002, supports the largest eye acre institution in central Odisha.

• It conducts over 10,000 Sight restoration surgeries annually for free of cost.

• A dedicated unit for Community Ophthalmology to manage community eye care programmes
Strategies

• The major strategy of outreach programme is to reach out to poor rural population, particularly women and children.
• KEH has introduced a more comprehensive outreach programme in 2014 that include an active counseling and IEC component to reach the unreached population.
• Retrospective analysis of data focusing on sex disaggregated data for several if the components of eye care programme was undertaken.
• Developed a Go-NGO partnership model to strengthen the Eye Health pyramid in the region that to keeping women and child in focus.
Strategies

• Ensure accessible and affordable eye care services are available all the time through setting up permanent eye screening centre (Vision Centre)
• Special facility at the Clinic for patient who are avoiding Eye care services due to financial constraints.
• Training of the ASHA workers in Eye Care
• Exclusive Eye camps for Women.
• Involvement of Self Help Groups of villages in the Community Eye Care Programme.
Results

- The outreach unit has examined 33,424 through reach out eye screening camps in CY 2017; 13035(39%) of these were females. It was 35% in CY 2016.
- Surgeries were performed on 9947 people for free of cost of which 4062 (40.83%) were on females.
- The number of women accessing the clinics for cataract surgeries and OPD consultation has increased by 3% in last one year, which they were avoiding of due to financial constraints.
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 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 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.
- At least two women needs to be operated for cataract upon for each male to achieve the equality in the cataract surgical coverage.
Impacts

• Case Story-1

Sanjei, an older woman from Banasingh. When Sanjei went blind, her daughter left work in a local store to spend time caring for her mother. Their only source of income dried up. After Sanjei received surgery at Kalinga Eye Hospital, Sanjei's daughter told us "I will be able to return to my shop and financially support my family and mother." Just days after her surgery, the KEH team visited Sanjei to check up on her progress. We asked about her health and her family. Found the hard working woman who was happy to have her sight restored.
Impacts

• Case Story-2

Kanchan Tarei 50, her falling vision made her dependant on her family, but diagnosis of cataract at the community eye screening camp at Kalinga Eye Hospital & the operation at the base hospital made it possible for her to be independent & contribute again to the family income through farming beetle leaves & goats.
Your suggestion
Thank you