Aliness Banda has her eyes checked by Wallack Mumba in Nota village in Petauke District

Gender and eye health in Zambia

Globally, women are more likely to experience poor eye health than men. While in part this can be explained by women living longer, mainly this is because women's day-to-day activities and position exposes them to greater risk and prevents them from seeking care when they need it.

In many developing countries, for example, women are more likely to take on the role of cooking for the household, and the smoke from wood fires has been linked to increased risk of cataract. Women are also more likely to look after small children and to be exposed to the infections which they can carry, such as conjunctivitis or trachoma.

In some societies, women may also rely on their male relatives to accompany them outside their homes and pay for their health care. This can lead to delays in accessing treatment, or completely prevent them from seeking medical care. Women, especially those who are older, are also more likely to have low levels of literacy, which means it may take them longer to realise they have a problem with their vision, or to find out where they can access treatment.

Several eye health surveys conducted in Zambia have highlighted that men and women have different eye health needs. (1-3) Men, for example, may be more likely to experience injuries caused by working in general farming occupations or managing livestock. In some places, men may find it hard to go to the doctor as it may mean missing work. Women, on the other hand, may often delay seeking care if they are unaware where to get treatment or feel unable to ask their husbands or sons for help.

Health for all

The Sustainable Development Goals (SDGs) state that everyone has an equal right to good health and wellbeing. (4) When issues like gender play such an important role in shaping our health, health systems must be designed to address the different issues faced by men and women to ensure that everyone can access the services they need when they need them.

Gender in Zambian health

The Zambian government launched a National Gender Policy in 2014. (5) This recognises that gender differences exist in Zambian society, and that these differences have led to fewer women and girls participating in the areas of health, education, employment and decision-making. The policy enshrines in law that men and women should have equal opportunities and rights, including their right to health.

According to the 2013-2014 Zambia Demographic and Health Survey, 33.4 per cent of women aged 15-19 years and 33.4 per cent of women aged 35-49 years reported difficulties in accessing health services. (2) This is often due to limited health care infrastructure, particularly in rural areas. The nearest health centre for most rural residents in Zambia is on average 14km away from their homes. Most women in rural areas have limited financial decision-making authority within their homes, and the high costs associated with travelling to district health facilities, combined with their caring responsibilities within the home, may preclude them from travelling and staying overnight in a hospital. Distance is also a factor, as it can limit access for those women who may need someone to accompany them for safety or practical reasons.

Eye health surveys in Zambia have shown that men with cataracts are 66 per cent more likely to have undergone an operation than women with cataracts. (1,6) This reiterates the challenges limiting access to services for women.

Orbis, an eye health NGO also working in Zambia, conducted a study which identified the following gender related issues affecting eye health (7):

- Women were more likely than men to try home remedies, traditional medicine or religious healing before seeking professional medical help, thus delaying care and worsening their condition.
- Women were less likely than men to want to travel to a health centre after diagnosis and referral, often waiting for an eye specialist to visit their area instead.
- Women were more likely than men to receive poor counselling at diagnosis on what cataracts are and details on the treatment.
- Women were more likely than men to fear surgery and to be aware of negative stories within their community around undergoing cataract surgery.

These issues are perpetuated by generally limited levels of education among women, especially among older women who may have greater eye health needs.

Gender plays a role not only among the community, but also among health care workers. Societal roles and levels of education within the population in Zambia mean that generally more men than women work in the health sector. A study in 2011 found distinct patterns in the roles that men and women hold. (3) No women at all were found to be technicians, optometrists or cataract surgeons, whereas they were more likely than men to be managers or ophthalmic nurses. The lack of female representation among health care providers is likely to affect the willingness of other women, especially those from more traditional backgrounds, to seek care from health care providers (figure 1).

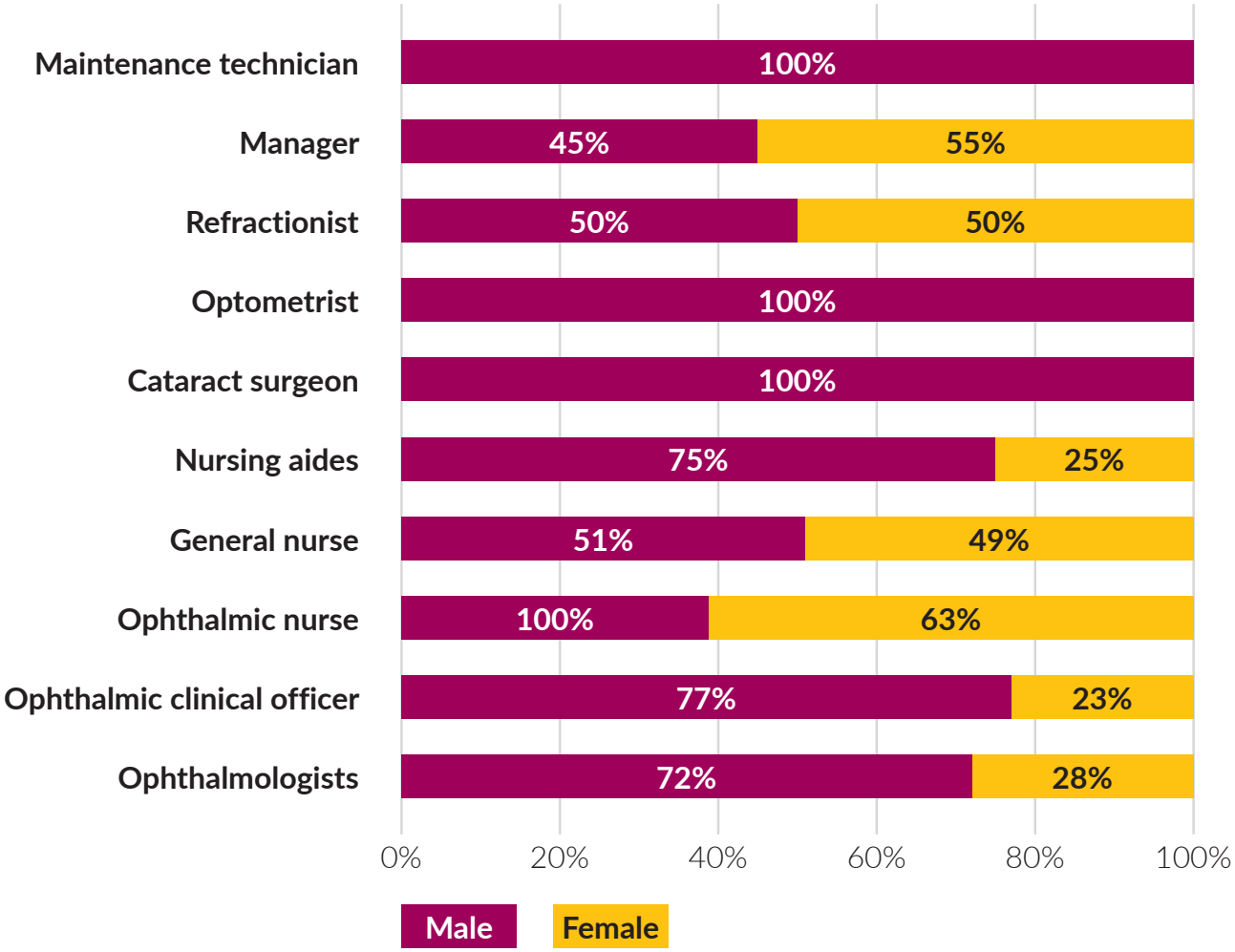

Figure 1: Gender of eye health personnel in Zambia[3]

What is being done to address gender issues in eye health?

Sightsavers has been working with the Zambian Ministry of Health and the Seeing is Believing (SIB) programme in Muchinga province to provide men and women with eye health services. Together, multiple interventions have been adopted to help counteract some of the gender-related barriers to accessing eye health services. These interventions have focused on:

- **Increasing awareness of eye health among women** through mobilising community health workers and women's groups to reach out to other women and address some of the societal norms that perpetuate gender inequality. These community workers have been able to identify which households have elderly females resident, as well as which households have women with disabilities who may not be able to travel to the outreach meeting points. These household visits enable community workers to offer counselling, referral for further screening, and finally booking for surgery via the ophthalmic staff. Door-to-door screening has meant that eye health services can be brought as close to the home as possible.

- **Providing community outreach services.** These are being used to encourage women who in many cases may not be able to move long distances due to old age, financial challenges or demanding day-to-day household roles. By providing these activities in the community, women's access to eye health services – particularly among the elderly and those with disabilities – has been strengthened.

- **Providing free transport** to facilitate patient's access to cataract surgery, which is particularly critical for women.

- **Engaging other stakeholders**, for instance by making use of under-five children's clinics where women can bring their children for immunisation and encourage them to get screened; and by working with women's groups and organisations such as the District Women's Association and Women for Change.

What has this achieved?

This work has helped to address a number of gender issues affecting eye health.

As a result of the specific interventions highlighted above, the programme has succeeded in screening and operating on more women than men, meaning that the gender disparity seen in the survey results has been evened out. The table on the next page shows the trend of service provision to women and men as part of this the project.

Output	Year 1: 2016		Year 2: 2017		Year 3: 2018	
	Male	Female	Male	Female	Male	Female
Number of patients screened	8,215	10,233	27,254	33,061	24,754	26,902
Number of cataract operations completed	351	356	430	541	720	813
Number of glasses dispensed	828	726	2,272	2,627	3,709	3,295
Treated for ocular morbidities	4,678	5,420	18,799	23,262	14,423	17,241

Table 1: Trends of service provision among women and men

The project was less successful in training female health care workers compared to men. A major reason for this is that many women are less likely to undertake public work given lower levels of education and cultural barriers. To address this challenge, the project will now focus on tapping into the existing structures of community health. For instance, by working with community health workers in maternal and child health, we will be able to increase the number of women working with the communities on eye health.

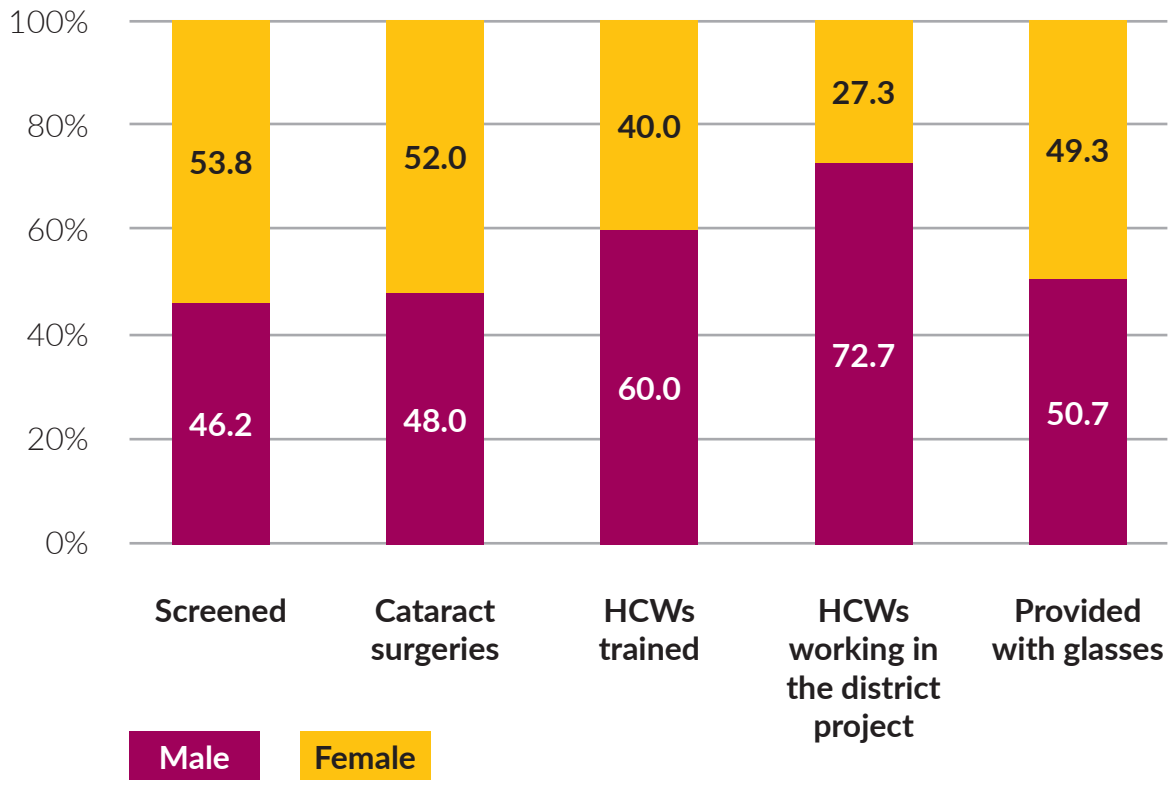

Figure 2: Proportion of women and men reached during the implementation of the SIB project

Recommendations

1. The Ministry of Health and non-governmental organisations (NGOs) supporting eye health programmes should ensure that any data collected is disaggregated by sex to aid understanding and monitoring of equity of treatment.

2. Programme community mobilization strategies should target families and decision makers within households with messages about the importance of ensuring that everyone has access to eye health services.

3. Eye care providers should put in place measures for ensuring good quality gender-sensitive patient counselling at screening, referral and surgical consultations.

4. Researchers and research funders should ensure that gender is considered in all research and evidence generating activities, particularly those which focus on socio-economic issues.

5. Researchers and programme implementers should focus efforts on designing and testing interventions to improve the take up of eye health treatment and services among women.

Reaching patients through the Seeing Is Believing project: Aliness's experience

Aliness, who lives in Nota village in Petauke District, had bilateral cataracts for more than two years. In 2018, Aliness (who is in her seventies) had surgery in one eye at Minga Mission Hospital, and she is due to have the other eye operated on soon. Before surgery, Aliness was only able to perform day-to-day activities with the support of her daughter, who lives nearby.

Aliness says: "My life has been a challenge. I have backache and general body pains from time to time. However, in terms of my eyesight, there has been a great improvement. Just as you were coming, you found me cleaning my yard. I have cultivated my maize field, I am able to do a number of household chores, cleaning my house as well as kitchen utensils. This I never used to do before surgery. Now, I am even able to see ants or snakes. Before surgery I couldn't even see [them] even if they came too close to me."

"I became aware of eye surgery from other community members who told me that there was an eye camp being conducted at Nyanje Mission Hospital in Petauke district. I was told that [ophthalmic nurses at the eye clinic] were conducting eye surgery. Further the community health worker approached me and told me about the eye camp in Nyanje".

Before her first surgery, Aliness visited one of the local clinics. She was prescribed tablets to take and was assured that this would work. **"Unfortunately,"** she says, **"despite taking these tablets my eyesight continued to deteriorate."** Aliness mentioned that she was unable to take up surgery as there was no method of transportation, and although her daughter helped her with day-to-day activities, she never considered taking Aliness to the eye clinic. Her daughter believed that Aliness's eye condition was part of the ageing process.

Aliness continues: **"I decided to go for surgery with the belief that if it works for me it will be a delight and if not it would make no difference as I do not see. At the point of going for surgery there was no fear in me, I had signed up and was ready for whatever the outcome. I had gained more confidence as I heard a number of people operated on were able to see clearly without any challenges."**

Aliness Banda sits with her grandson in Nota village in Petauke District

"Now here I am, with my eye able to see without any difficulties. I now tell other community members about the success of surgery and that they need not have any fear regarding going to the hospital or taking up surgery. I even tell people in the community that I will be going for the second operation, because my vision has greatly improved in the first eye."

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We work with partners in developing countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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