Equity between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development. Gender equity is not solely a women’s issue as it concerns and needs engagement from men as well as women. The premise considers that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men.

**Gender Equity IN GLOBAL EYE CARE**

- 60% of the world’s chronically hungry are women and girls
- Of the 1.3 billion people living in extreme poverty worldwide, more than two-thirds of them are women and girls
- Two-thirds of all children denied school are girls, and 75% of the world’s 876 million illiterate adults are women
- Women hold only 21% of the world’s parliamentary seats, and only 8% of the world’s cabinet ministers are women
- Only 46 countries have met the UN target of 30% female decision-makers
What local and global outcomes can be achieved?

Our programs are tackling this disparity through several initiatives or approaches, including:

• conducting training and vision screening programs that are specifically orientated towards benefitting women;

• raising awareness at national, regional and community levels about inequalities in eye care;

• providing other forms of support for women to follow a career in eye care.

Supporting gender-based innovations through our programs has provided identifiable outcomes at the local level. We believe increasing these initiatives in a scalable approach, directly targeting marginalised members of the communities in which we work, is the key to improving global eye health outcomes for women.

What local and global outcomes can be achieved?

Our programs are tackling this disparity through several initiatives or approaches, including:

• conducting training and vision screening programs that are specifically orientated towards benefitting women;

• raising awareness at national, regional and community levels about inequalities in eye care;

• providing other forms of support for women to follow a career in eye care.

Supporting gender-based innovations through our programs has provided identifiable outcomes at the local level. We believe increasing these initiatives in a scalable approach, directly targeting marginalised members of the communities in which we work, is the key to improving global eye health outcomes for women.

Eritrea

Contrary to common belief that it is only socio-cultural norms that disadvantage women, some national policies inadvertently disadvantage women too. Eritrea’s national policy on compulsory national service requires every adult over the age of 18 years old to do national service and high learning opportunities are restricted until the one-year minimum period is completed.

In 2010, we initiated a diploma optometry program at Asmara College of Health Sciences in partnership with the Eritrea Ministry of Health. It was immediately observed at the first intake 100% of the students were male and about 80% were mature entrants – an unusual demographic for optometry schools as they normally follow school leaver age patterns.

What does gender equity mean in relation to eye care?

Gender equity, in the eye care context, is about identifying and overcoming the entrenched barriers that prevent women accessing eye health services. Women bear approximately two-thirds of the global burden of blindness in the world\(^6\) 80% of which is preventable or treatable.\(^7\) This is a multi-faceted problem, and a result of cultural practices rather than physiology, which can range widely in different locations.

These practices may include:

• Limited ability to venture to public places where health services are available;

• Reduced priority in family financial decisions;

• Low levels of education and minimal knowledge of eye health;

• Restricted options due to remoteness and lack of transport; and

• Negative feelings associated with wearing glasses.

Introducing gender-based innovations into our program strategy has provided significant outcomes at the local level, and we know directly targeting the marginalised members of the communities in which we work, is the key to improving eye health outcomes for women.
Advocacy fuelled our discussions with both the Ministry and the college management, and as a direct result the admission policy was revised. Women were granted permission to go directly from school into the optometry program, deferring their military service until after graduation. This gave them the opportunity to study, graduate and provide eye care while still completing their national service. The following year, after this change to policy was implemented, saw the ratio of male to female enrolment gradually increase to a more balanced gender percentage.

Pakistan

Pakistan has a traditional and conservative society where women in rural areas have certain restrictions to accessing health services. With the focus on creating opportunity to move towards gender equity for access to services we developed and implemented an innovative “woman to woman” approach in our program design. Together with a local partner, we piloted a social entrepreneurship program for women.

Local women were given the opportunity to train in primary eye care, vision screening and business management with the specific aim of enabling them to build their own micro enterprise to provide eye care to their villages and surrounding communities.

The women entrepreneurs have no social restrictions to visit any home to provide eye care to other women in their own and neighbouring villages. Despite transportation issues and domestic work-load, during 2017, 27 entrepreneurs screened 5991 people (70% women or girls) and provided them with 2534 near-vision spectacles and sunglasses. These women have earned an income that increased their individual assets and ensured the provision of better education to their children.
Cambodia

Outreach community screenings in the Phnom Penh area have had an emphasis towards reaching the most vulnerable and less accessible members of the community, these being the women, those with disability and children. We have established an ongoing collaboration with a local non-government organisation devoted to addressing the gap in access to health services for under-privileged women.

A high percentage of the new team of eye care workers are women and some are leaders in their communities. This approach works well in the local context and reports a higher uptake of services by women who historically have not been able to access eye care services. The results of the program has demonstrated the greater uptake of these services by women in the community and has provided a greater balance in equity of eye care.

References