



Gender and blindness

Evidence and statistics

September 2019

Key gender facts



55% of the world's blind are women



4 out of 5 women who are blind don't need to be



More than **20 million** women in the world are blind
And a further **120 million** women are visually impaired



Women are twice as likely as men to be blinded by trachoma and up to four times more likely to need eye surgery for trachoma



90% of women who are blind are living in poverty



Blindness has far-reaching implications not just for the women affected, but also for their families and carers, and for progress towards many of the Sustainable Development Goals



Data on gender differences

Gender differences in the prevalence of blindness and visual impairment persist in all regions of the world, and among all age groups [1].

Globally, of the 7.33 billion people alive in 2015, an estimated:

- 36.0 million were blind (**56% female**)
- 216.6 million people had moderate to severe visual impairment (**55% female**) and
- 188.5 million had mild visual impairment (**54% female**).

When controlling for age, within the constraints of residual confounding due to longer survival of women and hence over-representation in very high age groups, female prevalence of blindness was greater than for men in all world regions. The world female-to-male age-standardised prevalence ratio among adults was 1.05 for blindness, 1.07 for moderate and severe vision impairment, and 1.05 for mild vision impairment[2].



Disease specific information

TRACHOMA

Women are twice as likely as men to be blinded by trachoma and are up to four times more likely to need eye surgery for to prevent permanent blindness.

Women account for up to 75 per cent of cases of trachoma trichiasis, the advanced stage of trachoma that leads to blindness. Traditional gender roles, lack of education, and limited access to health services make women especially vulnerable to the disease.[1]

CATARACT

Cataract remains the most common treatable cause of avoidable visual impairment worldwide. Uncorrected refractive error, macular degeneration and, in Africa, trachoma, are the next most significant contributors [2]. Women experience higher risks of blindness than men from cataract, macular degeneration and trachoma [2].

Two reviews of studies of cataract surgical coverage, a measure of utilization of cataract surgical services, revealed that, in most settings women continue to have lower use of cataract surgical services compared to men [4] [5].

In Sub-Saharan Africa, East Asia and the Pacific, and South Asia, girls are less likely than boys to have surgery for bilateral cataracts, a condition that shows no gender predilection in high income countries [6].

Why women are more likely to be blind



CULTURAL

In many families, the health of women is simply not prioritised, particularly if it's a condition that's not life threatening, such as vision impairment or blindness. Family responsibilities leave women with little time for accessing health services, while safety risks and social taboos make it hard for some women to travel to clinics or hospitals or even to leave home unaccompanied. The higher prevalence among women of some infectious diseases is also partly due to traditional roles. For example, caring for children exposes women to hygiene risks that increase the chance of contracting trachoma, as does eye irritation caused by cooking over wood fires.

BIOLOGICAL

Higher life expectancy in women means that they are more likely to experience some eye diseases associated with old age.

LIMITED ACCESS

Women face unique barriers to accessing health care services, which are most pronounced in low and medium income countries. Women's access to preventive care, diagnosis, and treatment or correction is significantly lower than for men, meaning eye conditions are more likely to deteriorate, sometimes into permanent disability. Women are far less likely than men to receive treatment for cataract, the world's leading cause of blindness, even in countries where this is available. Studies show that the incidence of cataract blindness could be reduced by up to 12.5% if women had the same cataract surgical coverage as men in low and middle income countries in Asia and Sub Saharan Africa.

ECONOMIC

Women are less likely to be economically active and, in many developing countries, they tend to have less control over limited family budgets. Often investing in the health of male current or future breadwinners is prioritized at the expense of the women and other children in the family. Treatment is prioritised in men because women often lack a stable source of income in many cultures. The economic impact of blindness in women can be seen in opportunity cost of foregone household and employment related duties.

Why women are more likely to be blind cont.



GEOGRAPHIC

Cost of transport can limit a woman's ability to access eye health care. The need for someone to accompany a woman with visual impairment or blindness to receive care means that there is often an inability for those suffering with avoidable blindness to travel to health care facilities alone. In some cases, traditional women are particularly disadvantaged as they can be restricted from travelling alone or without a male escort.

WOMEN IN LEADERSHIP

Lack of women in leadership roles within the eye health sector: Many barriers such as the perceived role as women as the primary care giver; inability to travel or work long hours; and cultural norms of women not being able to make decisions, all have a negative impact on women being promoted into leadership and decision making positions within the eye health sector.

Impacts of blindness



ACCESS TO EDUCATION

Vision-impaired girls, whose vision could in many cases be corrected with spectacles, are even less likely to attend school than vision-impaired boys. Without education, women and girls are less able to work and earn, more likely to suffer ill-health, and less likely to educate their own children, creating a poverty trap for entire families. Lower levels of literacy and increased social isolation can also reduce women's ability to access information about how to prevent some eye conditions or what treatment options are available

FINANCIAL DEPENDENCE

Blindness is both a cause and effect of decreased financial independence. Being able to see allows women to be more economically productive than if they were suffering with vision impairment. Such impacts are particularly the case in contexts where people with blindness or visual impairment do not enjoy the benefits of supportive infrastructure. Vision impairment and the resultant lack of education negatively impacts a woman's employability and employment opportunities, which then has detrimental effects on gender-wage gaps in every region of the world.

CYCLE OF POVERTY

The links between poverty and blindness are well documented, with poverty sometimes causing poor eye health, while reversely, poor eye health can lead to or deepen poverty. And although this is also true for men and boys, women and girls suffer disproportionately.



Impacts of blindness continued

PSYCHOLOGICAL HEALTH AND WELLBEING

Restoring sight drastically improves an individual's quality of life. For women, the ability to perform day-to-day activities decreases the risk of depression and injury, while increasing self-esteem and social participation. In some communities there is a sense of shame surrounding any type of disability, including vision impairment. In Pakistan, for example, women are often afraid to be seen as a burden on the family and ashamed about being blind, so may not seek services. In addition to being responsible for their own health, women are often responsible as caregivers for the health care choices of their children, partners, spouse, and aging parents. Blindness can impact a woman's ability to feel physically, mentally, and emotionally able to carry out her perceived responsibilities in this traditional role. Sadly, visual impairment and blindness also increases women's vulnerability to violence.

SOCIAL EXCLUSION

A lack of understanding around the causes of vision loss or impairment can foster discrimination that leads to girls being hidden by their families and women abandoned by their husbands or separated from their children. Stigma around the wearing of spectacles is another barrier to women and girls having refractive error corrected. In South Asia, for example, girls can be viewed as "defective", and therefore less likely to marry, rather than "effective" if they wear glasses. Blindness leads to isolation as women cannot participate in their community, which could impact their ability to start a family and plan for the future.

Resources



Vision Loss Expert Group. **Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: A systematic review and meta-analysis:**

<https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2817%2930293-0/fulltext>

IAPB Vision Atlas

<http://atlas.iapb.org/about-vision-atlas/>

Seva Canada – Gender and Blindness booklet

<https://www.iapb.org/wp-content/uploads/Seva-booklet-10x7.5in-March-26.pdf>

Fred Hollows Foundation - She Sees

<https://www.hollows.org/shesees>

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5. Ramke J, Zwi AB, Palagyi A, Blignault I, Gilbert CE. Equity and Blindness: Closing Evidence Gaps to Support Universal Eye Health. *Ophthalmic Epidemiology*. 22;5:297-307.
6. Gilbert CE, Lepvrier-Chomette N. Gender inequalities in surgery for bilateral cataract among children in low-income countries: A systematic review. *Ophthalmology*. 2016;123:1245-1251.