



Gender and barriers to cataract care-seeking in Myanmar

Erica Khetran, Country Director Myanmar

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BACKGROUND

- The SIB-supported Community Awareness and Restoration of Sight (CARROT) project works in three divisions of Myanmar's dry zone to increase primary eye care along with coverage of quality cataract surgery.
- In Myanmar there is almost equal participation between men and women in society at large; neither sex is confined to households and both can engage in economic activities.
- 70% of the total population resides in rural areas, where midwives are the backbone of primary health services.
- Some variation in eye health status between men and women (2015 RAAB).

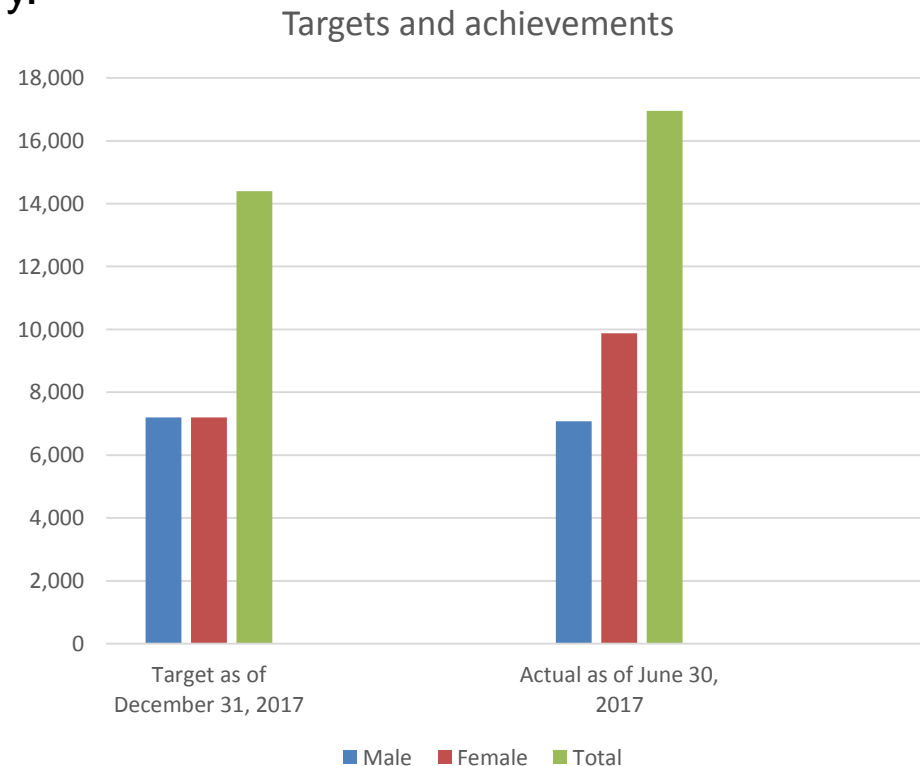
Visual Impairment	Male	Female
Blind	1.3 %	1.6 %
Severe VI	0.7%	2.3%
Moderate VI	5.9%	10.9%
Early VI	14.4%	10.3%
Functional impairment	1.1%	2.3%



CARROT TARGETS AND OUTCOMES



- CARROT aimed for gender equity in terms of the number of men and women receiving cataract surgery. However, the number of women seeking surgery has consistently been higher. This data is reported monthly by government-run Secondary Eye Centers.
- Between January and June 2017, significantly more women (2,189) than men (1,239) sought surgery.
- This may have been due to agricultural activities which consumed men's time.
- Outcomes (post-surgery visual acuity) were similar for men and women.

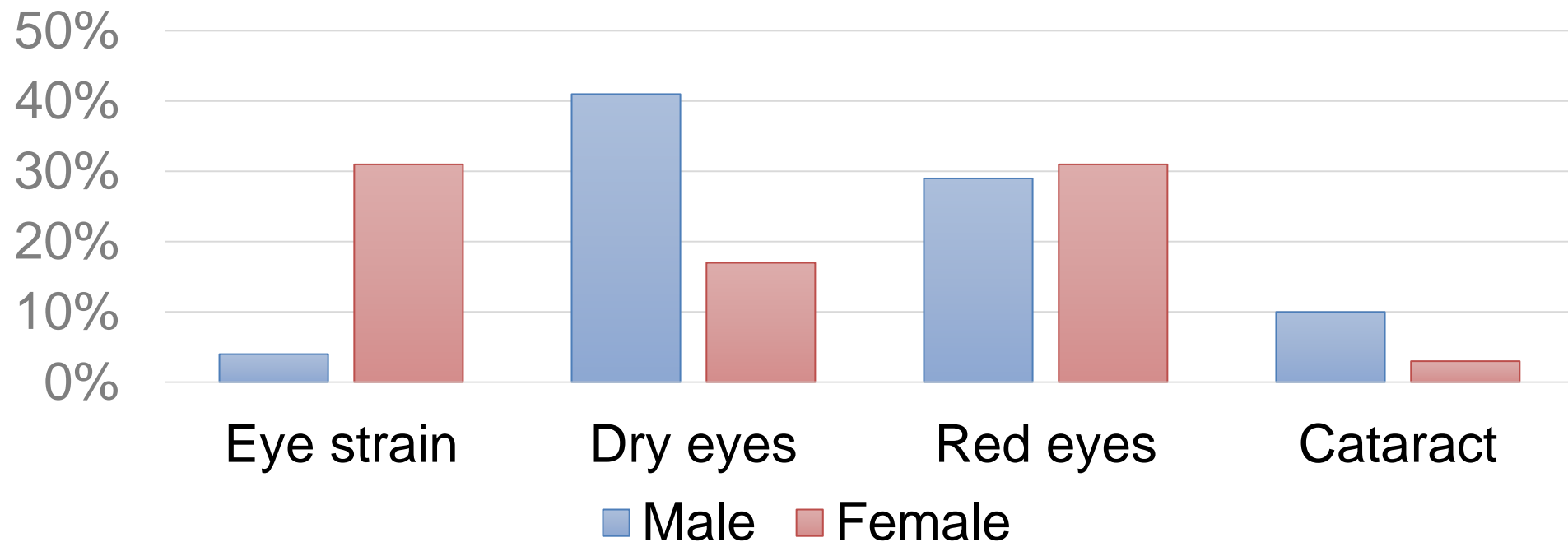


COMMUNITY SURVEY FINDINGS



- CARROT's inception survey found that women's awareness of eye health problems was likely higher than that of men, as 30% of women but only 18% of men reported having had an eye health problem in the last year. There was also gender-based variation in the types of problems reported.

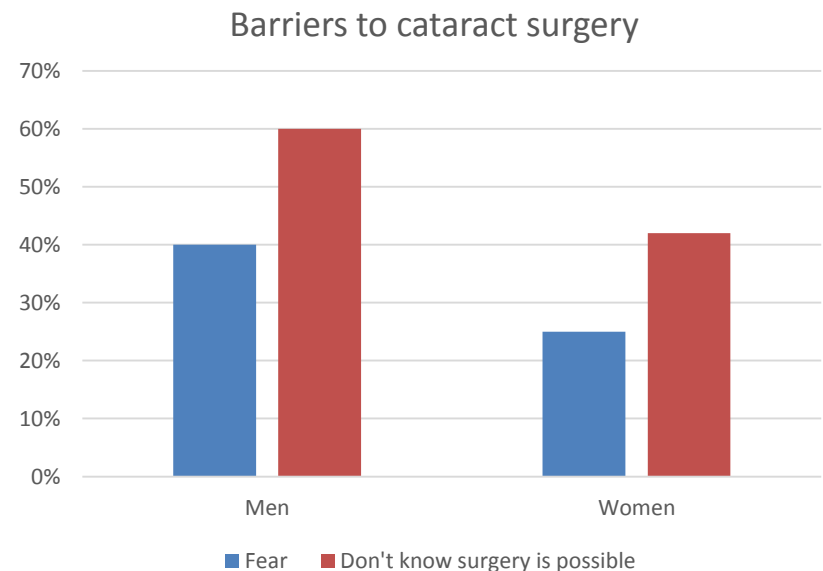
Common eye problems by gender



UNDERSTANDING BARRIERS FOR MEN

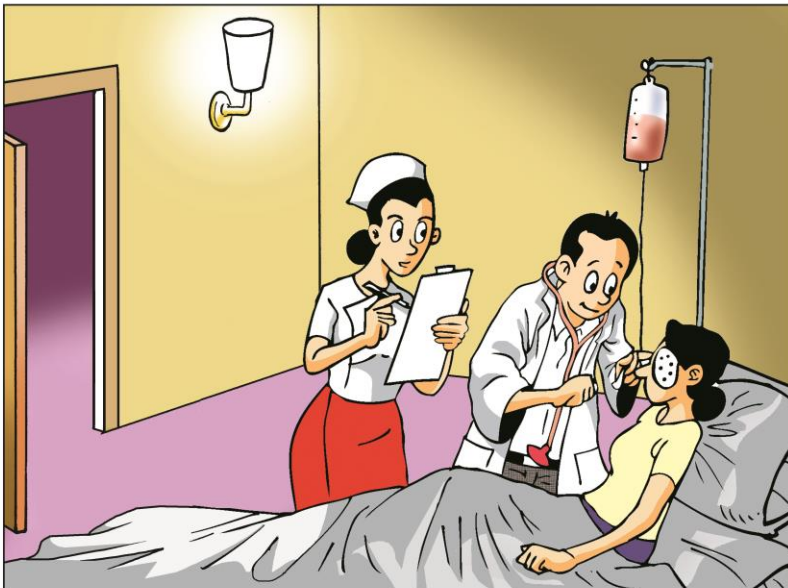


- For both men and women, fear and lack of awareness were the main reasons for not seeking surgery. However, these factors were much higher for men than women (2015 RAAB). HKI's research found that "thought problem would resolve itself" was the main barrier for both genders.
- Primary healthcare services are provided by Basic Health Staff, mostly midwives, who visit rural communities during the day. CARROT's strategy is to integrate primary eyecare into this system by training midwives. However, men are likely to miss these visits.
- Men may also perceive midwives as healthcare providers only for women and children.
- Women often seek care in groups; stronger social ties may encourage care-seeking.



INCREASING MEN'S ENGAGEMENT

- CARROT has developed a package of IEC materials including a flip chart for use by health staff, video cartoon, brochures and posters. These will be displayed prominently in rural communities, providing another avenue of communication about cataract and the available services.
- Reflects real community dynamics, with women seeking surgery first and then encouraging others.



INCREASING MEN'S ENGAGEMENT

- Myanmar's health system also includes Village Health Volunteers who support Basic Health Staff and raise awareness. Many volunteers are men; they reside in the communities where they volunteer so are available to reach men at any time.
- CARROT trained over 2,380 volunteers (1,000 more than planned) as a strategy to increase awareness among people who lack frequent contact with health staff. Volunteers also receive t-shirts and communication materials.



INCREASING MEN'S ENGAGEMENT



- CARROT refresher trainings encouraged Basic Health Staff to find ways of reaching men, including asking women to share information with their husbands and other men.
- All patients, including men, were encouraged by Secondary Eye Center staff to share their experience with other community members who may be experiencing eye health problems.

CONCLUDING REMARKS



- The CARROT project successfully reached both men and women, but in the Myanmar context additional interventions are required to ensure men access services. Village Health Volunteers were the most effective avenue for reaching men, while Basic Health Staff were the most effective avenue for reaching women.
- CARROT was designed to integrate primary eye care into the existing rural health system. However, at the community level this system may not effectively engage men.
- Future projects could explore other avenues of awareness raising, such as monks and other religious leaders.

THANK YOU

