

GENDER INEQUALITY IN GLOBAL EYE HEALTH

- Priyanka*

Abstract

'Vision' is one of the greatest gifts by God to human beings. No doubt it provides an opportunity to enjoy nature in true senses through eyes. Therefore, it is always considered a delicate part of the human body. If we notice the data related to the eye health issue, it is predicted that there are about 2.2 billion people in the world who suffer from vision impairment. Additionally, there are 1 billion people from the above-mentioned data who could not get any prevention from this issue; also, they are not yet to be addressed. Apart from all these, if we analyze the status of developing countries in the world, we found that a large majority of these types of the population also do not benefit from their national government in any form of rehabilitative care because of their poverty and downtrodden conditions. It is also a serious domain of analysis as in our country the numbers of visual impairments are rising rapidly nowadays. In this context- recently an international agency named "Johnson & Johnson" has done a survey. According to that survey, more than one-third of people have experienced that their eyesight or vision has deteriorated since the starting of the Covid 19 pandemic. Additionally, if we think about the gravity of this topic then it shows very serious issues at the global level, especially in the matter of women. The issue of visual impairment brings attention to gender inequality in global eye health. We always holistically talk about this issue but did not pay attention to the lenses of gender perspectives.

Keywords: *Vision, Eye health care services, Gender Inequality, Sustainable Development Goal, World Report on Vision, 2019.*

* Program Manager @ Centre for Social Justice, Ahmedabad, Gujarat; Email: priyankawalter007@gmail.com

INTRODUCTION

It is fair to say that since the last decade, women are more affected by the causes of blindness and visual impairment than men. According to the review of the worldwide eye diseases survey (The Global Burden of Disease (GBD) Survey collaboration with the Vision Loss Expert Group¹) between January 1980 to October 2021 showed almost 55% of women are affected by vision loss in comparison to men. In this sense, we assume that Gender Inequality in Global Eye Health is also a major issue in this era, especially in achieving the Sustainable Goal Development of 2030 (particularly the SDG² target 3.8 on universal health coverage). In that sense, we can comprehend that in all culture women suffer this type of gender inequality which is deeply engraved in their social behavior. Because women are always treated as the caregivers for the family, it also leads to a trend that women should give themselves less priority than others in the family to access eye care. There is always a lack of attitude and access to healthcare in terms of women because they have little independence and freedom in terms of their male partners also. Rural women struggle most in terms of the accessibility of eye care. Besides, in some cultures, women are indulged

¹ GBD 2019 Blindness and Vision Impairment Collaborators; Vision Loss Expert Group of the Global Burden of Disease Study. *Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study*. Lancet Glob Health. 2021 Feb; 9(2):e130-e143. doi: 10.1016/S2214-109X (20)30425-3. Epub 2020 Dec 1. PMID: 33275950; PMCID: PMC7820390, available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30425-3/fulltext#%20](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30425-3/fulltext#%20)

² The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. [Borrowed from Department of Economic and Social Affairs Sustainable Development of United Nations], available at: <https://sdgs.un.org/goals>

in some business and play a vital role in the economy of their society. In this sense, we must understand the importance of equal medical accessibility. Consider, if a woman becomes blind in that family, then how it will adversely lead to economic loss and as well as it increases poverty.³

Also, here one thing became more relevant in this context- recently an international agency named “Johnson & Johnson” has done a survey. According to that survey, more than one-third of people have experienced that their eyesight or vision has deteriorated since the starting of the Covid 19 pandemic.⁴ In this sense, it would not be an exaggeration to say that eye health must be considered an essential part of health and other related healthcare packages because the current pandemic in many ways is increasing poverty and reducing access to services in many countries in many ways. Therefore, it will also cause a decline in the social determinants of eye health.⁵ Additionally, if we think about the gravity of this topic then it shows very serious issues at the global level, especially in the matter of women. The issue of visual impairment brings attention to gender inequality in global eye health. We always talk holistically about this issue but do not pay attention to the lenses of gender perspectives. In this sense, we can

³ Hartnett, Mary Elizabeth, 01/22/2021. *The Burden of Eye Disease in Women*, available at: <https://theophthalmologist.com/subspecialties/the-burden-of-eye-disease-in-women>

⁴ Johnson & Johnson Vision announced findings from a comprehensive, large-scale global eye health survey which revealed both a disconnect in patient views toward the importance of eye health and how patients prioritize it as part of their overall health, as well as unique barriers to care and varying attitudes toward eye health specific to different regions, generations, and genders according to this announcement, available at: <https://www.jjvision.com/feature-story/johnson-johnson-vision-global-eye-health-survey-uncovered-truth-behind-why-people>

⁵ *The Lancet Global Health Commission on Global Eye Health: Vision beyond 2020*. Lancet Glob Health 2021; 9: e489–551. Published Online February 16, 2021 [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5), available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30488-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30488-5/fulltext)

articulate how incorporating the gender- perspective on eye health-related intervention/program depicts a significant challenge worldwide.

IMPORTANCE OF GENDER EQUITY IN EYE HEALTH CARE SERVICES⁶

Before understanding the importance of gender equality in eye health care services, during this discussion, we need to pay attention to some so-called basic concepts, only then we will be able to do justice to this issue in the true sense.

The concept of gender equality in health implies that women and men in a social system have equal conditions to realize their full rights and ability to be healthy, contribute to healthy development and benefit from the consequences. Therefore, achieving “**gender equality**” no doubt requires specific measures designed to support groups of people with limited access to such goods and resources. One thing is certain that the gender equality approach always advocates that women and men have different needs, preferences, and interests. Thus, to ensure equality of opportunity in this sense, equality of outcomes may require different treatment of men and women. Here in this context, there is a need to consider the realities of life of women and men. However, the concept “gender equality” is often used interchangeably with gender equity, but these two concepts refer to different and complementary strategies that are needed to reduce gender-

⁶ Roger C, Neyhouser C. [Editors] (2017). *Eye health for women and girls. A guide to gender-responsive eye health programming*. Gender and Eye Health Network convened by IAPB and The Fred Hollows Foundation, available at: https://www.hollows.org/Upload/FHF/Media/au/pdf/2017-Guide-to-eye-health-for-women-and-girls_1.pdf

based health inequalities.

Analyzing the above-mentioned facts, we consider that there is a strong need for discussion in gender perspectives in eye health care services. In that sense, we need to notice the WHO's recognition of how gender plays a vital role in health and is considered an important determinant for the same. Two dimensions advocate that gender inequity only pervades health risks for females. Similarly, if we address the gender disparity with the angle of equity, it always gives us a better understanding of how health has also affected women unequally in society. There is some social construction of identity and unbalanced relationship between men and women which accelerate the risks, health-seeking. Moreover, we need to understand that poverty is always depicted as both a cause and consequence of poor eye health. It is considered a specific issue for women, especially in third-world countries, as they bear the greater burden of blindness. These types of inequities are linked to gender-based vision loss.

No exaggeration to say that women should also be aware of their right to sight then can only demand equitable access to better health facilities. And this also can provoke them to contribute more to their communities in terms of economically, socially, and culturally, leading them to greater gender equality. In this sense, addressing the gender gap becomes a treatment for avoidable blindness because this change will bring economic benefits to society at large and reduce poverty in a true sense.

Evidence

As we know that "Vision" is one of the greatest gifts by God to human beings. It is among the most dominant kinds of senses in mankind. No

doubt it provides an opportunity to enjoy nature in true senses through eyes. Therefore, it is always considered a delicate part of the human body. In this context, it's relevant to discuss the World Report on Vision, 2019⁷ which presents how the issues related to vision are prevalent at the global level. If we notice the data related to the eye health issue, it is predicted that there are about **2.2 billion** people in the world who suffer from vision impairment. Additionally, there are 1 billion people from the above-mentioned data who could not get any prevention from this issue; also, they are yet to be addressed.

The World Report on Vision is committed to stimulating action worldwide and tries to address the challenges by proposing “Integrated People- Centre Eye Care⁸ (IPEC)”. As IPEC is an approach/ a care model related to strengthening the eye health system which also gives a platform for services delivery to address population needs. Additionally, this IPEC focuses on the comprehensive eye care services and its delivery mechanism of the treatment and rehabilitative intervention at global level, as it follows the target to achieve Universal Health Coverage and fulfill the objectives of SDG 3 (Ensure healthy lives and promote well-being for all at ages) truly. Collectively, the IAPB Gender Equity Working Group is addressing SDG #1 – No Poverty, SDG #3 – Good Health & Well-Being, SDG #5 – Gender Equality, and SDG # 17 – Partnerships for the Goals. In fact, with all these initiatives IAPB is trying to bring all the stakeholders related to eye health care to one platform for working to eliminate avoidable blindness

⁷ *World report on vision*. 2019. Geneva: World Health Organization. License: CC BY-NC-SA 3.0 IGO, available at: <https://www.who.int/publications/i/item/9789241516570>

⁸ *Ibid*.

and eliminate all forms of inequity for women and girls⁹.

In addition, we need to keep in mind the concept of VISION 2020¹⁰ also. As it was an established concept to reduce avoidable eyesight loss, which was mainly introduced in 1999. This concept is derived from the joint endeavors of the WHO and the International Agency for the prevention of Blindness. The main goal of it was to promote in addressing the visual impairment issues worldwide and to encourage the blind people with an honest approach “*A world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential.*”

This global initiative was taken for specific motives related to intensifying and exacerbating the prevention of blindness activities to achieve the goal of eliminating avoidable blindness by 2020. Besides, we need to also keep in mind that World Health Assembly Resolutions had also emphasized Universal Eye Health and introduced a detailed global action plan (GAP) during 2014-2019¹¹. Similarly, the World Health Assembly Resolution in the year 2020 also urged to focus on the integrated people center eye care to be included within the Universal Health Coverage's segment, so that the scope of eye care can expand, and it can get recognition in the mainstream health issue. In this sense, it is a considerable fact that eye care is also an integral issue for sustainable development. Also, here we need to comprehend the long-term goal of these above-mentioned initiatives (GAP & VISION 2020), as both have been determined in reducing avoidable blindness and visual impairment.

⁹ *Achieving Gender Equity in Eye Health*. Published: 05.03.2020, available at: <https://www.iapb.org/news/achieving-gender-equity-in-eye-health/>

¹⁰ *Supra note 7.*

¹¹ *Supra note 5.*

In this context, we need to analyze the importance of eye health in the SDGs. As we know, the SDGs are a group of comprehensive targeted planning for 2030 by the United Nations and committed to achieving a sustainable future for all. There is a direct relationship between the eye and the SDGs, as we know that a visually impaired person does not exercise all the activities for his/her personality development in full-fledged. In this sense, access to eye health service is a crucial component in achieving the many SDGs, as it contributes to the goal to decrease poverty and helps for more work productivity, which also contributes to achieving better health, education, and equitable condition truly. Therefore, undoubtedly, we have to consider the complementary relation between eye health care and SDGs because it will bring a solution for all human development issues.

Apart from all these, if we analyze the status of developing countries in the world, we found that a large majority of these types of the population also do not benefit from their national government in any form of rehabilitative care because of their poverty and downtrodden conditions. In this regard, the commitment of the GOI also revealed an interesting fact that India was the first country worldwide, who introduce the National Program for Control of Blindness¹² in 1976 itself and it is a 100% Centrally Sponsored scheme¹³, to reduce blindness prevalence to 0.3% by the year 2020. However, this evidence does not give us a prouder moment at much time because if we analyze the data of our country India where alone over 15 million people are blind right now. In this sense, it is also a serious domain of analysis as in our country the numbers of visual impairments are rising

¹² *National Blindness & Visual Impairment Survey India 2015-2019- A Summary Report*, available at: <https://npcbvi.gov.in/writeReadData/mainlinkFile/File341.pdf>

¹³ *National Programme for Control of Blindness & Visual Impairment (NPCBVI)*, available at: <https://npcbvi.gov.in/Home>

rapidly nowadays. In other words, we can say there is a huge burden of eye disease in women as they face gender disparity at the global level. In this regard, we need to learn the gender inequality in global eye health in a true sense and try to evaluate the root cause of it and robust our understanding with the help of better evidence.

Ground Reality¹⁴

To give the authenticity of this paper, author also contacted some organizations but got only one positive response from an International Non-Governmental Organization named “Sightsavers”.¹⁵ It is a global development organization and committed to working with partners especially in developing countries to treat and prevent avoidable blindness and promote equality for people with visual impairments and other disabilities. They are also working in India since 1966 and collaborated with various departments of at least 13 state governments to scale up operations for eye health, inclusive education, and social inclusion and support adequately to lead lives of independence and dignity.¹⁶

Author of the paper contacted this organization and got a chance to interact by chat with a member [Preethi- Changed Name] of it. She shared some ground realities, such as what are the main challenges or concerns of female patients in vision loss. In the initial part of the conversation only, she mentioned that she is not an expert and shared some experiences. According to her, there are some reasons on which females in rural areas are

¹⁴

Available

at:

https://v2.zopim.com/widget/livechat.html?api_calls=%5B%5D&hostname=www.sightsaversindia.in&key=4M2KgDIuSPEDJFXDhtsQij91P4asLJid&lang=en&

¹⁵ *Available at:* <https://www.sightsaversindia.in/what-we-do/>

¹⁶ *Available at:* <https://www.sightsavers.org/>

unable to access healthcare:

- Poor health-seeking behavior/awareness,
- Lack of hygiene and sanitation,
- Inability to afford healthcare,
- Only the least percentage of women benefit from development activities.

When author asked do you notice/marked any specific behavior in female patients, then author got this answer, “No, as an organization we don’t look at behavior. We organize camps in rural and urban areas for eye screening for all adults; any minor issue will be addressed in camp and if major issues are identified will refer them to tidy up hospitals.”

In this sense, Author must say there is a need to address and talk about this issue in a kind and generous manner along with stringent policy endeavors.

WHY THE GENDER INEQUALITY IN GLOBAL EYE HEALTH?¹⁷

As we know that women and girls are always at higher risk of availing the medical facility so in that sense the case of visual impairment is also not a new one. In this context, we need to understand why it is important to address these issues, as it is a well-known fact - women constitute the majority of the population but when it comes to the matter of accessibility

¹⁷ Courtright, P., & Lewallen, S. (2009). *Why are we addressing gender issues in vision loss?* Community eye health, 22(70), 17–19. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2760274/>

of eye health programs, then the focus shifts to men only. It is quite a pathetic experience in terms of achieving the SDGs in a true sense, therefore there is a need to recognize the approach of gender mainstreaming and try to make our world with gender balance. Some eye-related conditions only appear in the context of women and they suffer more in comparison to men. For example- Uncontrolled diabetic retinopathy can lead to blindness and especially all pregnant ladies can get more affected in that sense. There are several eye-related issues in which we can see that only the women population is the sufferers, such as Glaucoma, Trachoma, and Cataract, etc.

If we look further into the fact why women are having higher rates of avoidable blindness than men, we can't ignore some “**socio-cultural**” factors because these same factors suggest evidence that these socio-cultural factors play a greater role than biology in the disproportionate representation of women, they can be avoided. It is a sad fact that women are more likely than men to develop certain preventable or treatable blindness conditions, **such as** cataracts and trachoma, due to social factors, regardless of age. At the same time, another strongly visible reason is the disparity between men and women in the so-called modern society, that women do not have access to cataract surgery at a rate high enough to meet the high need. It would, therefore, be no exaggeration to say that the traditional gender roles prevalent especially in developing countries also effectively increase the risk for women at all stages of life, which also hinders the efforts of sustainable development.

Major Causes- In this context, we need to explore the different perspectives which are directly responsible for the higher rates of blindness and visual impairment among women. There are three major reasons which

can cause blindness in them.

1. **Risk Factor:** As we know that in every culture or society at a worldwide level, there is social and cultural discrimination between men and women. Similarly, the biological differences between them also lead to an increased risk of eye disease in women, as there is more chance of cataracts in women due to their hormonal differences. Besides, women always play an important role as childcare providers which also increase the risk of Trachoma, as this eye disease is prevalent in children. This infection is particularly from child to child and from child to mother to child. In addition, high rates of infectious disease and malnutrition also increase the risk of vision loss in women.
2. **Access to Services:** Similarly, the accessibility of medical services related to eye care also leads to gender disparity. As it is a known fact that most the women at global level do not access medical treatment on time due to their social, cultural, and economic discriminations. Moreover, they do not have freedom of movement due to their family responsibilities and lack of financial decision-making authority; therefore, they ignore/ sacrifice their eye care health issues and give no priority at all. It is the saddest part of the concept of our family structure where we knowingly and unknowingly develop the gender disparity at large and women compromise their eye issues for the sake of the family's needs.
3. **Life expectancy:** Here we need to remember that in almost every culture in the world, women have a longer life expectancy rather than men. In that sense, the risk of vision-related issues is also more

relevant in women only because it is unconnected with the age factor. Therefore, women are always more affected with Cataracts in comparison to men.

PREVALENCE OF GLAUCOMA, TRACHOMA, AND CATARACT IN WOMEN¹⁸

In this paragraph, Author would like to discuss those points which denote why the cases of Glaucoma, Trachoma, and Cataract are more prevalent in women-only rather than men. According to the WHO's data, there are at least 1 billion globally, who are suffering from moderate or severe distance vision impairment or blindness. These cases are mainly due to unaddressed refractive error (88.4 million), cataract (94 million), glaucoma (7.7 million), corneal opacities (4.2 million), diabetic retinopathy (3.9 million), and trachoma (2 million). Besides, the near vision impairment cases are caused by unaddressed presbyopia (826 million)¹⁹.

Glaucoma and diabetic retinopathy

Glaucoma is one of the leading causes of blindness (age-standardized prevalence), which results in substantial disability before blindness. This eye issue is yet to remain prevalent, especially in low-income and middle-income countries (LMICs: African and Asian countries) over 90% of people with glaucoma are not in care²⁰. Moreover, it is ironic that the gender issues related to glaucoma and diabetic retinopathy are not yet addressed truly, but it does not mean they should be ignored. It is a noticeable fact that there are

¹⁸ *Ibid.*

¹⁹ *Blindness and vision impairment*. 14 October 2021, available at: <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

²⁰ *Supra note 5.*

many cases of ‘**primary angle-closure glaucoma (PACG)**’ found in eastern Asian women in comparison to their male counterparts. Therefore, these issues depict the unequal accessibility of medical care in the case of women, as they don’t receive surgical services easily in comparison to males. In that sense, there is a strong need for monitoring also in terms of providing medical services for Glaucoma and diabetic retinopathy. In recent times, diabetes has also become a common and fast-growing disease in various parts of Asia and Africa. There is lack of data based on gender in this context also. In that sense, there is a need for more equitable and effective management in terms of giving priority to the eye care services related to Glaucoma and diabetes.

*Trachoma*²¹

Trachoma is the leading infectious cause of blindness, which is more general in endemic areas of the world. In Southern Sudan, the girls were 1.5 times affected by this trichiasis rather than boys²². Undoubtedly, there are some biological reasons that girls develop a more intense response to Chlamydia trachomatis. Along with this, their gender roles and responsibilities as child care providers are also one of the major reasons which increase the 1.8

²¹ Trachoma is the leading infectious cause of blindness worldwide. It is caused by an obligate intracellular bacterium called Chlamydia trachomatis. The infection is transmitted by direct or indirect transfer of eye and nose discharges of infected people, particularly young children who harbor the principal reservoir of infection. These discharges can be spread by particular species of flies. See, <https://www.who.int/news-room/fact-sheets/detail/trachoma>

²² Ngondi, J., Reacher, M. H., Matthews, F. E., Brayne, C., Gatpan, G., Becknell, S., Kur, L., King, J., Callahan, K., & Emerson, P. M. (2009). Risk factors for trachomatous trichiasis in children: cross-sectional household surveys in Southern Sudan. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 103(3), 305–314. <https://doi.org/10.1016/j.trstmh.2008.08.024>, *available at:* <https://pubmed.ncbi.nlm.nih.gov/18829058/>

times risk of the Trachoma in them.

At this point of analysis, we need to understand the SAFE²³ strategy [surgery for trichiasis, antibiotic treatment, facial cleanliness, and environmental improvement] endorsed by the WHO, which committed to addressing the issue of trachoma. In other words, this strategy mainly consists of four staged treatments:

- Surgery to correct trachomatous trichiasis,
- Antibiotics for *C. trachomatis* infection,
- Facial cleanliness to reduce transmission, and
- Environmental improvement to reduce risk of transmission and infection.

If we consider the significance of the above-mentioned initiative, it indicates that addressing trachoma requires planners and health care providers to consider all the various ways. In that sense, a need to adopt the community approach so that we can address the women and girls at large and try to educate them in terms of accessing their medical needs.

Cataract

According to the Global Burden of Disease (GBD) Study 2010 that the percentages of blindness due to cataracts among women and men were 35.5% and 30.1%, respectively; for moderate to severe visual impairment,

²³ The SAFE strategy was formally adopted by WHO member states in 1998 in the World Health Assembly Resolution 51.11 (WHO, 1998), available at: <https://www.trachomacoalition.org/prevention-and-treatment-strategy>

the estimates were 20.2% and 15.9%, respectively.²⁴ Similarly, there is clear evidence that adult men and women still have unequal access to cataract services. A systematic review showed that there is gender disparity in surgical services for cataracts persisted especially in low- and middle-income countries, where men were 1.7 times more likely to undergo cataract surgery rather than women. It is the saddest fact that women do not yet avail of cataract surgery at large, as they are facing a higher incidence of cataracts. Besides, they have a longer life expectancy than males, on that basis, there is a need to emphasize all cataract operations in large numbers.

In addition, we need to understand that in some cases women are less likely to have intraocular lens (IOL) surgery compared to men. However, in this context also no authentic details are available. Considering the issue of Cataracts is very critical in the female population, we can comprehend some of the approaches, which represent improving medical accessibility in gender equity. For example: bringing women and services together, counseling family members, and using women to reach women²⁵.

Bringing women and services together:

It is a very well-known fact in some of the African and Asian countries that women are solely dependent on their male counterparts in accessing medical assistance. Especially in the rural society of these nations, the financial, social, and cultural constraints are major responsible factors that hinder them to reach health institutions:

²⁴ Lou L, Ye X, Xu P, et al. *Association of Sex with the Global Burden of Cataract*. JAMA Ophthalmol. 2018; 136(2):116–121. doi:10.1001/jamaophthalmol.2017.5668, available at: <https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2665834>

²⁵ *Supra note 17.*

Counselling family members:

In most low- and middle-income countries, women do not take any individual decisions related to their health, without the permission of the male members of the family. In this regard, they need some counseling for the family members so that they cannot be afraid of the economic burden of surgery. As in many countries, Cataract surgery is free available or at a subsidized rate²⁶ for all, but it is strange that whenever cases of women appear the family of her do not consider this issue seriously.

Using women to reach women:

After observing this issue, Author must say that there is a need for ‘woman-to-woman contact’ in the gender equality campaign of vision health worldwide. Through that only we can gain success in this direction, as this approach will bring trust between women and health care providers truly.

STRATEGIES TO ADDRESS THE GENDER INEQUALITY IN GLOBAL EYE HEALTH²⁷

Continuing with the discussion, in this paragraph Author will cover some of the strategies to understand, which will inevitably prove to be effective. For example: Gender-mainstream²⁸ projects & Gender-targeted outcomes or

²⁶ In India, the National Program for Prevention of Blindness (NPCB) at the national level, provides a subsidy to eye hospitals for every cataract surgery performed free of charge, especially for patients screened and brought from rural community outreach eye camps. *See also, supra note 6.*

²⁷ *Supra note 6.*

²⁸ In 1997, the first UN resolution on gender mainstreaming was adopted, emphasizing the importance of gender sensitivity and women’s empowerment as a critical cross-cutting enabling condition in all policies and programs in all sectors to reduce inequalities. *See, supra note 6.*

projects etc. In this context, it is important to note that “gender-mainstream projects” are primarily those that integrate gender into their identification, development, implementation, and evaluation. Also, “gender-targeted outcomes or projects” especially those that go beyond gender mainstreaming and meet specific gender needs and circumstances of groups, regions, or organizations. It is therefore fair to say that ‘gender-targeted projects’ involve specific gender outcomes or that it is gender equality as a broad objective.

In this context, we need to understand the Gender-mainstreamed projects introduced by the United Nations (UN) Entity for Gender Equality and the Empowerment of Women. It is known as the UN Women²⁹- Organization and presents the concept of gender mainstreaming as the process of assessing the implications for women and men of any planned action, including legislation, policies, or programs, in any area and at all levels. Importantly, it is a strategy that honestly works for making women’s as well as men’s concerns and experiences; undoubtedly it is an integral dimension in the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and social spheres³⁰.

It is, therefore, important to note that the collection and use of gender-

²⁹ UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide, *available at*: <https://www.unwomen.org/en>

³⁰ Definition of the concept of gender mainstreaming: “*Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality*”, *available at*: <https://www.un.org/womenwatch/daw/csw/GMS.PDF>

segregated data is an important starting point for gender mainstreaming, towards understanding any health challenges because it allows the identification of gender inequalities in existing projects. It is a strategy that allows the identification of ways to incorporate measures to address these inequalities through gender mainstreaming. However, it is also worth considering that data collection and analysis is not the only way to mainstream gender and should be combined with qualitative analysis and a range of other health strategies.

Therefore, to ensure that gender interventions are sustainable, there is a need for gender mainstreaming by various stakeholders or partners in the delivery of eye health care. During this initiative, it is imperative to include capacity building for participants in the awareness of gender definitions and concepts and to propose examples of gender-responsive approaches as it emphasizes how everyone can benefit from gender equality.

In other words, we can say that the above-mentioned arguments give a clear picture of the gender disparity in global eye health and have a direct and negative impact on the eye health of women. Therefore, Author believe that there is a strong need to address these issues, in that direction we have to think more seriously about gender inequality and the main barriers of it and try to address these issues holistically with the help of different stakeholders³¹ such as - local NGOs, public administration, and community leaders, and another social marketing platform, etc.

WAY FORWARD

³¹ Khair, Zareen. Published: 17.07.2020. *When Seeing Is Believing – Building a Gender Equitable Eye Health System in Bangladesh*, available at: <https://www.iapb.org/news/when-seeing-is-believing-building-a-gender-equitable-eye-health-system-in-bangladesh/>

Therefore, for all the above-mentioned arguments we need to decide that how can we achieve an equal and inclusive world for women and girls in the true sense³². What should the authentic endeavors or actions in this direction be addressed so that we can bring gender equity also in global eye healthcare? Moreover, it is an undeniable fact that “gender” determines how power and privilege are distributed and maintained in a given social system. It would therefore not be an exaggeration to say that, in turn, it shapes people’s life opportunities, health and well-being, and career and directly affects their human rights, including their right to good eye health.³³

After evaluating the gender disparity in global eye health, Author found that there is a strong need for a policy that is based on Equity, diversity, and inclusion in eye health research and leadership. Then that only we can achieve the SDGs and make an inclusive world for all. It is argued that eye health inequality is prevalent in society because of some interlinking factors including gender, ethnicity, and socio-economic status. In this regard, especially in Low and Middle-Income Countries, where women do not have access to eye care due to socially constructed gender norms, etc. Therefore, there is a requirement of strong leadership from the female section itself so that they can make a decision from their perspective and implement the eye HealthCare schemes accordingly with their need³⁴. In that sense, it’s time to

³² *How can we achieve an equal and inclusive world for women and girls?* 05.03.2020, available at: <https://www.iapb.org/news/how-can-we-achieve-an-equal-and-inclusive-world-for-women-and-girls/>

³³ Gersbeck, Jennifer. *Unleashing the power of gender equity in eye health*. Published: 05.03.2021, available at: <https://www.iapb.org/blog/unleashing-the-power-of-gender-equity-in-eye-health/>

³⁴ Yashadhana, A., Zhang, J.H., Yasmin, S. et al. (2020). *Action needed to improve equity and diversity in global eye health leadership*. Eye 34, 1051–1054. <https://doi.org/10.1038/s41433-020-0843-y>, available at: <https://www.iapb.org/blog/unleashing-the-power-of-gender-equity-in-eye-health/>

begin gender equality in eye health because more involvement of women at the senior managerial post in any organization will bring a positive social response in this area. In this context, Author would like to share some experiences of a senior faculty member [Sasipriya Karumanchi] at Lions Aravind Institute of Community Ophthalmology (LAICO³⁵), in Madurai, India. According to her, it is not an easy task for women to work in the field of eye care. Undoubtedly, a strong woman leader can bring change in a true sense. It is an interesting fact that LAICO has the majority of staff is women.³⁶

Besides, there is a strong need for alignment between international donors and national governments to ramp up funding, multi sectoral collaborations, and a global commitment for every nation worldwide. Then can only achieve gender equality or equity in vision loss at large in truly. Also, to ensure a gender equality agenda in health, nations must incorporate gender-responsive budgeting into their finances. Undoubtedly, this move will demonstrate the accountability and transparency of women's accounts of eye health care. In short, gender budgeting is concerned with gender-sensitive legislation, plans, and programs, allocation of resources, implementation, and execution, accounting of plans and programs. Besides,

³⁵ Lions Aravind Institute of Community Ophthalmology is the training and consulting arm of Aravind Eye Care System. LAICO was established in 1992 with the mandate to support eye care programs globally through consultancy and capacity building, management training, and research. Activities also include offering IT-based products and services as well as being of service to INGOs and Governments. For over two decades, LAICO has been working comprehensively with individuals involved in eye care, eye hospitals, and agencies supporting eye care and policymakers in the Government, *available at*: <https://laico.org/index.php/who-we-are/about-us/>

³⁶ Seva Spirit of Service Newsletter, Spring 2016. *Seva Donors Make The Miracle of Sight Possible in Cambodia*, *available at*: https://www.seva.org/site/DocServer/Seva_Newsletter_May_2016.pdf/409970490?docID=2941&verID=3

it is needed to audit and impact assessment and further corrective action to reduce gender inequalities.³⁷

Finally, author believe that in the era of globalization, determination towards change in society is much needed. In the same sequence, we always have to keep in mind how to overcome all the social and cultural barriers. Similarly, we need to understand the many prejudices and stereotypes at the grassroots level which are hindering our progress. Only then, towards changing the power dynamics that exist globally, encouraging gender diversity and behavior change, can the gender inequality gap in ophthalmology be bridged by including men as champions of change.



³⁷ *Supra* note 6.