Male members to get priority while female members often delay their treatment for the lack of family support. 37% families give preference to male members for health care against only 5% for female. Women often need to seek family approval for treatment. Economic hardship also disproportionately affect women to seek treatment. For low and middle income group, cost of cataract surgery is almost twice as much as they can afford, and therefore, they often resort to borrowing, alms and savings to meet expenses. In case of a female, the additional cost of the companion deters her even further to uptake services.

Income loss is a big obstacle to cataract surgery. Both men and women share their concerns of potential income loss for either undergoing surgery or even staying away from work to assist wife or female member of the house for cataract surgery.

There are institutional barrier as well. Eye care service in Barisal division is inadequate, urban centric and disproportionate. Gender gap is evident among service providers. There are only 14 eye care facilities to serve more than 8 million people with a handful of Ophthalmologists and eye care providers. Most local Upazila (sub-district) hospitals do offer eye care but without any

> *"Most of the doctors are good and behave well. But, we prefer female doctors."*
>
> **- Women respondents**

qualified eye care providers. Eye care cost specially cataract is also prohibitively high for the poor and women. Gender responsiveness in eye care is generally better, yet additional measures are needed to improve women friendly infrastructures, patient interactions and services. In relation to male, more women are treated outdoor but much fewer in indoor, comprehensive, and high cost treatments. There is no subsidy program tailored to women to bridge the gap.

Way forward

There is a need for comprehensive gender strategy to enhance women's uptake of eye health and cataract services engaging both demand and supply side intervention actions. Awareness building campaigns should aim at creating demand for services especially for the women and poor. On the other hand, eye care institutions need to develop proactive response mechanisms to optimize their service mix to meet the special need of women and the poor. Local public hospitals need to be staffed with eye care providers to bring services close to the rural, poor and women. On the action level, following intervention steps should be put in place to achieve gender equality in eye care services.

- Plan and implement awareness building campaigns targeting families to empower women members through:
  - Interactive communication including popular theatre, folk music, pot song.
  - Gender training to sensitize hospital staff and service staff
- Information dissemination on cataract and other eye diseases among service providers using print and electronic media.
- Develop innovative financial package to support poor women over 40 years especially for cataract surgery uptake including subsidies and special handouts to bear out of pocket costs.
- Strengthen community level eye screening programmes targeting 6-20 year old girls.
- Organize "gender responsive eye care" strategy workshops with eye care professionals and hospital management.

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Gender Analysis on Eye Health Care Services in Barisal Division

The Fred Hollows Foundation

Standard Chartered

Preface

A Gender Analysis coupled with Knowledge, Attitude and Practice Study has been completed in Barisal Division under the project "Building Gender Equitable Eye Health Systems in Barisal Division" funded by "Seeing is Believing"(SiB)- Standard Chartered Bank's flagship community investment programme.

Purpose

To assess women's eye health seeking behaviour with a focus on cataract and determine key gender factors including accessibility, availability, affordability and acceptability behind low uptake of eye care services.

Methodology

The study adopted a mix of quantitative and qualitative method. A sample survey was conducted on 2400 households selected through multi-staged purposive random sampling, proportionately distributed among six districts in Barisal division and between rural and urban areas. In qualitative part, as many as 90 key Informant interviews were conducted with ranging from Ophthalmologist, hospital managers, clinical staff and community leaders. In addition, 26 FGDs were organized separately with male and female from various socio-economic group.

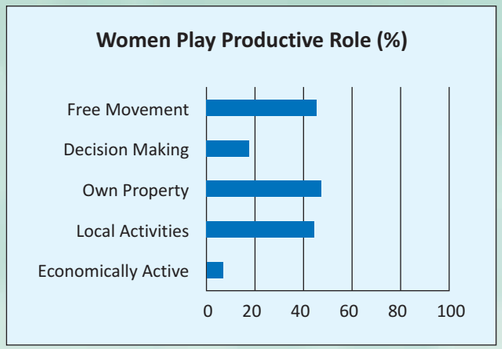
Period

The study was conducted from February to August 2016.

Key Results

Position of Women in Barisal

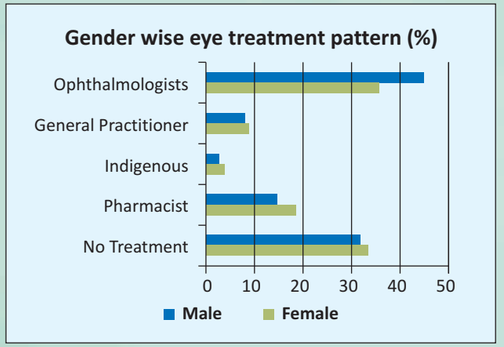
Barisal like Bangladesh is dominated by patriarchal values and characters though it is relatively less conservative than many other parts of the country. Gender disparity is woven into its social fabric, though improvement has been noticed in key areas recently. In 2014, Bangladesh ranked 68th out of 142 countries (ahead of India, Pakistan and Nepal) with 0.697 points in Global Gender Gap Index calculated by educational attainment, health and survival, economic participation and political empowerment. Yet, a lot is to be done to bring gender parity in the society. This study revealed that except education, significant gender gaps exist in Barisal. Only 5.8% women are economically active making them not only dependent but also weak to defend their rights. Only 17% women play active decision making role within the family, 47% own property, 44% participate in local activities, and 45% have free movement. It is a common social norm for the women to be escorted by husband or another female or someone else to seek health services. It does not only make her dependent but also increases the cost of her health seeking.



Women's eye health in Barisal

There has been wide spread eye health problem in Barisal. Women are the worst sufferer of eye diseases. Current prevalence rate among women is as high as 15.3% as opposed to 11.4% for male. About 2.1% of the population in Barisal suffer from cataract, 51.5% of whom are women. Similarly, 70% Chronic Dacrycystitis, and 55% refractive error were reported by women. Diseases that lead to blindness like Glaucoma, Corneal Scarring, Diabetic Retinopathy etc. are more common among women than men.

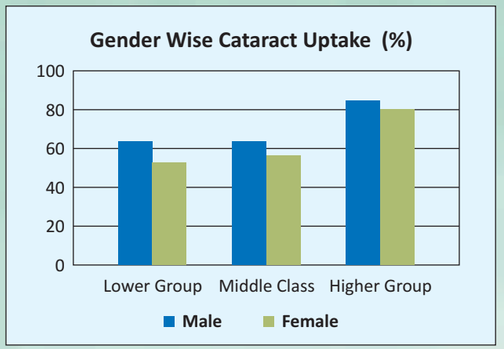
Non treatment, maltreatment and late treatment are most prevalent among the poor specially women. More than 33% female eye patient remain untreated, 19% receive treatment from pharmacists and other unrecognized providers as against 14% for male and 48% receive treatment from general physician or ophthalmologist. Only 57% of the female patients finally consult with an



Ophthalmologist after many visits to other sources causing serious delay in receiving proper treatment. Eye health service uptake among female and male are 58% and 60% respectively. Key attributes to higher female uptake are:

- ***Education***: 92% urban and 88% rural educated women receive eye care treatment.
- ***Decision Making:*** 74% urban and 57% rural women with active decision making ability receive treatment.
- **Property owning**: There is no significant co-relation found between property owning and eye health seeking among female eye patients.

Gender difference is particularly high for cataract surgery. 59.7% of female cataract patient receive surgery which is 64.3% for male. More than 40% female above 40 years from lower economic group do not receive any treatment – 94% of the female cataract patients fall in this group. More female from higher economic group receive treatment. About 38.4% of them (40+ female) are familiar with cataract – still many do not receive treatment. About 12% female between 15-19 yrs from low economic group suffer from eye problem, yet only 51% of them ever visited a service provider which is 79% for male. Knowledge of cataract is very poor among children but improves with age. 42% people above 40 yrs are well aware of cataract.



Retinopathy of Premature

There has been no statistics on RoP cases in Barisal division though it carries the risk roughly among 10% babies who are born premature with low weight, mostly in rural areas delivered at home by the TBAs. There has been no facilities and expertise available in Barisal to screen RoP. Barisal Ispahani Islamia Eye Hospital does have a specialised Paediatric eye unit that regularly treats new born babies. However, this unit neither has trained Ophthalmologists nor the equipment to screen RoP cases. Health workers are found completely ignorant about RoP let alone the parents. Local Ophthalmologist are now referring potential cases seldomly to Dhaka. They are very keen to have RoP training and facilities in Barisal.

Major barriers to women eye health

Low female uptake of proper and adequate eye health care is characterized by their low social and economic position within the family and society resulting in inadequate access to and control over eye services. More than 19% respondents lack information on eye care. Lack of information coupled with ignorance cause low demand for eye care. Majority of respondents prefer government hospitals for services though most local government hospitals do not have Ophthalmologists to provide services. Only 16% respondents are aware of existing speciality eye hospitals. Distance of the eye care facilities also impede females from accessing services. More than 30% families do not have health facilities within 15 KMs and have to cross a much longer distance to consult an eye care provider. Access is further curtailed with the social and family pressure to have an escort and the cost associated with it.