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Women and blindness
Health reporter, 16 October 2009

Feature: Women and blindness

Recommended readings:

- Why are we addressing gender issues in vision loss?
- Working with women to improve child and community eye health
- Reaching women in Egypt: a success story
- Trachoma and women: latrines in Ethiopia and surgery in Southern Sudan
- Cataract surgery: ensuring equal access for boys and girls

Latest additions:

- World Alzheimer report 2009
- Sexuality and life skills: participatory activities on sexual reproductive health with young people
- The International Health Links manual: a guide to starting up and maintaining long-term international health partnerships
- Costs of utilizing healthcare services in Chakaria, a rural area in Bangladesh
- Shame or subsidy revisited: social mobilization for sanitation in Orissa, India

Announcements

Feature: Women and blindness

There is a disproportionately high concentration of blindness in low- and middle-income countries, home to ninety per cent of the world's blind population. Fortunately, eighty per cent of blindness is readily treatable or preventable, making it one of the most cost-effective health issues to address. However, blindness still affects twice as many women as men – a startling inequality that is associated both with women's role as childcare providers and with their low social and economic status.

In countries where resources are scarce, families tend to prioritise the health care needs of men and boys; men because they are the main income providers, and boys because they are seen as future sources of family income. Conversely, girls and their mothers are seen as burdens. Social and cultural mores can also restrict women's control of financial decisions within families and their freedom of movement, making it difficult for women to afford eye care or to travel long distances to eye clinics or hospitals unless they are accompanied by a male family member.

As child care providers, some women are at greater risk of becoming blind: women are nearly twice as likely as men to develop blinding trachoma. This is because they are in closer contact with children, who are one of the main sources of infection. Women are also more likely to remain blind as a result of their child care responsibilities: women may struggle to find someone with whom to leave their children while they undergo a simple (and often free) cataract operation, for example.

Successful strategies for tackling these issues depend on the collection of routine data disaggregated by sex to allow for ongoing monitoring of service uptake, as well as qualitative research to discover the obstacles that keep women away from eye care services.

Strategies can be as simple as providing transport for women or creating a women-only section in the waiting room of an eye clinic. Projects that integrate eye care for women into existing health care systems, and which use women health workers to reach women in the community, have both proven successful (especially when both strategies are combined).

More generally, projects that improve women's financial independence will also improve their decision making power in the family and community, and lead to better eye health for them, their families, and the community as a whole.

This feature was written by Elmien Wolvaardt Ellison, Editor, Community Eye Health Journal, International Centre for Eye Health, London School of Hygiene and Tropical Medicine, UK.

More information:

- Community Eye Health Journal
www.cehjournal.org
 - International Centre for Eye Health
www.iceh.org.uk
 - World Sight Day report 2009: Gender and eye health
www.v2020.org/wsd09-download
 - Gender and health, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/gender-and-health
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Recommended readings

1. Why are we addressing gender issues in vision loss?

Author: P. Courtright; S. Lewallen

Publisher: Community Eye Health Journal, 2009

Increasingly it is evident that women are affected by blindness and visual impairment to a much greater degree than men. In 1980 a systematic review of global population-based blindness surveys carried out showed that blindness is about 40 per cent more common in women compared to men. This short article from the Community Eye Health Journal explores the gender dimensions of vision loss. The document considers the different risk factors faced by men and women including social and cultural differences and biological.

Issues concerning the limited access women have to services are examined and the implications of women usually having a longer life expectancy. Cataract and trachoma are considered in addition to childhood blindness and briefly glaucoma and diabetic retinopathy. The authors emphasize the importance of understanding these problems at community, country, and global level. Reports should be provided which are disaggregated by sex.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44949&type=Document

2. Working with women to improve child and community eye health

Authors: G. Kothari

Publisher: Community Eye Health Journal, 2009

In the slums and rural areas of India, visual impairment, blindness, and childhood blindness are usually more prevalent. This article in Community Eye Health Journal argues that in order to improve the eye health of children and the community in these areas, it is important to understand the influence women and mothers have over children's eye health and the eye health of the community as a whole. The article examines the social context and highlights how slums and rural areas, most families are poor. Women also tend to have lower levels of education, less financial independence, and lower social status than men. A cultural preference towards men and boys has resulted in women often have very little say in how family resources are allocated are less able to ensure that their children, daughters in particular, will receive the eye care they need. They also have less influence in community decisions that affect eye health.

In order to address this the author considers the importance of providing health education which women can use to improve their family's eye health. In addition the document recommends providing literacy and vocational skills training to allow women to improve their financial independence and, as a result, their influence in family decisions. A list of further action points is provided which includes the involvement of key community leaders and representatives of self-help groups when designing projects to create awareness of eye care. Men must also not be excluded from these considerations.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44950&type=Document

3. Reaching women in Egypt: a success story

Author: A. Mousa; G. Ezz El Arab; E. Rashad

Publisher: Community Eye Health Journal, 2009

In Egypt women are not using eye care services as frequently as men, especially in rural areas. Therefore women in Egypt are more likely than men to suffer from low vision or blindness from avoidable causes. This article in Community Eye Health Journal considers how women can be reached within the community and their level of access to eye health services improved. The authors highlight how in Egypt in general there are a large number of eye care providers, even in rural and suburban areas, but a very low uptake of eye care services. The article details an intervention which used women to reach women in the community and strengthening the local eye care system.

The document shows how the team established a good relationship, through various meetings and presentations, with local policy makers, local health authorities, community leaders, local non-government organisations, and local health and eye care providers. Women were trained and used to reach out and provide information to other women within communities and encouraged to use eye services. The authors show how this intervention demonstrates that people should be supported in seeking services, for example by helping them with transport. Health systems should also be strengthened to absorb the increased demand for services; otherwise, communities may get more frustrated and mistrust eye care providers. The authors believe their project was successful because it combined health education, capacity building of local providers, and breaking down of barriers in a single, integrated programme.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44952&type=Document

4. Trachoma and women: latrines in Ethiopia and surgery in Southern Sudan

Authors: P. M. Emerson; L. Rotondo

Publisher: Community Eye Health Journal, 2009

Trachoma is an infectious disease of the eye caused by the bacterium *Chlamydia trachomatis*. Bacteria can spread via an infected person's hands or clothing and may be

carried by flies that have come into contact with discharge from the eyes or nose of an infected person. This brief article in Community Eye Health Journal considers the use of pit latrines in Ethiopia as a way of reducing trachoma. The authors show how using a household latrine as opposed to wooded areas, reduced the population of flies transmitting the bacteria that cause trachoma.

Their research shows that women have actively led the latrine construction movement. In addition, the privacy provided by the latrines also allowed women the freedom to relieve themselves when they needed to during the day and improved their safety as they no longer had to go far from their homes after dark. This helped to address some of the inequalities women faced in their homes and communities. The document also outlines the potential for surgery in Southern Sudan as a treatment for trachoma. The authors offer various ways forward including outreach campaigns that can be organised in schools, religious centres, and other buildings. Women can be specifically targeted. Campaigns must be carefully planned and should include extensive information campaigns, adequate quantities of consumable and non-consumable equipment, and participation by surgeons who are willing and able to operate on many patients each day.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44953&type=Document

5. Cataract surgery: ensuring equal access for boys and girls

Authors: A. Bronsard; S. Shirima

Publisher: Community Eye Health Journal, 2009

Surgical intervention is necessary if children with cataract are to regain their sight. In many low- and middle-income countries, cataract is the leading cause of avoidable blindness among children. This article in Community Eye Health Journal considers the gender dimensions of surgery and the background to the situation in Tanzania where many children are not brought for surgery in a timely fashion and follow up is often poor. The authors show how girls have a significantly lower rate of surgery with only half as many girls receiving treatment as boys. In addition girls tended to be brought for surgery much later than boys and those who did receive surgery were less likely than boys to be brought for the appropriate two-week follow-up visit.

The authors highlight how in poor or struggling communities, sons are often seen as a source of income and financial security for parents when they get older, whereas girls are seen as a financial burden. This can mean that boys will be more likely than girls to be taken to a clinic for health care. Analysis showed that women's level of education, their socioeconomic status, and the decision-making power they had within their household and their community all played a major role in determining whether and when their children would receive cataract surgery and whether they would be taken for follow-up visits. A number of ways forward are discussed including mass media efforts which may provide the first opportunity for rural villagers to learn about the need for early referral of young children with vision loss.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44954&type=Document

Latest additions from the Health resource guide

1. World Alzheimer report 2009

Authors: M. Prince (ed); J. Jackson (ed)

Publisher: Alzheimer's Disease International, 2009

This Report gives an overview and analysis of the prevalence and impact of Alzheimer's disease, based on systematic review identifying studies in 21 Global Burden of Disease (GBD) world regions. It then offers a framework of recommendations for improved understanding and treatment of the disease.

Key points highlighted include:

- 58% of all people with dementia worldwide live in low and middle income countries, rising to 71% by 2050
- the authors estimate 35.6 million people with dementia in 2010, the numbers nearly doubling every 20 years, to 65.7 million in 2030 and 115.4 million in 2050
- health spending and investment in research is very much higher for cancer and heart disease than for dementia and stroke.

In low and middle income countries, especially, although not exclusively, there is a general lack of awareness of Alzheimer's and other dementias as medical conditions. They are perceived as a normal part of ageing . This general lack of awareness has important consequences:

- there is little or no structured training on dementia recognition and management at any level of the health service. Families are the main caregivers, with little support or understanding from other individuals or agencies
- there is no constituency to place pressure on the government or policy makers to provide more responsive dementia care services
- Alzheimer's and other dementias are often specifically excluded from residential care, where it exists, and often denied admission to hospital facilities. Disturbed behaviour, common among people with dementia, is particularly poorly understood, leading to stigma, blame and distress for caregivers.

Recommendations:

- the World Health Organization (WHO) should declare dementia a world health priority
- national governments should declare dementia a health priority and develop national strategies to provide services and support for people with dementia and their families
- low and medium income countries should create dementia strategies based first on enhancing primary healthcare and other community services
- high income countries should develop national dementia action plans with designated resource allocations
- develop services that reflect the progressive nature of dementia
- distribute services with the core principle of maximising coverage and ensuring equity of access, to benefit people with dementia regardless of age, gender, wealth, disability, and rural or urban residence
- create collaboration between governments, people with dementia, their carers and their Alzheimer associations, and other relevant Non-Governmental Organisations and professional healthcare bodies
- more research needs to be funded and conducted into the causes of Alzheimer's disease and other dementias, pharmacological and psychosocial treatments, the prevalence and impact of dementia, and the prevention of dementia.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44699&type=Document

2. Sexuality and life skills: participatory activities on sexual reproductive health with young people

Publisher: International HIV/AIDS Alliance, 2008

This toolkit is a result of team work between sexual and reproductive health practitioners working with young people in Zambia, Malawi Zimbabwe and Uganda. It is written for anyone who wants to facilitate participatory learning activities with young people to equip them with knowledge, positive attitudes and skills to grow up and enjoy sexual and reproductive health and well- being.

The toolkit's intended audience includes peer educators, outreach workers, school teachers and community workers. It covers themes on community mobilisation, gender and sexuality, prevention, reproductive health, stigma and discrimination. The educational approach to behavioural change used in the toolkit is based on the belief that people actively learn through participatory problem solving activities related to their own lives.

Specifically the tool aims to assist facilitators to:

- provide accurate and complete factual information to young people
- plan appropriate and educational activities for groups of young people that enable them to analyse their own situations , resources and needs
- apply new knowledge to their own lives
- increase awareness of their own values and attitudes
- develop their self esteem and confidence
- develop life skills for example communication and assertiveness skills, problem solving and decision making
- build trust and take collective action as a group
- follow up and evaluate their work.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44865&type=Document

3. The International Health Links manual: a guide to starting up and maintaining long-term international health partnerships

Authors: M. Gedde

Publisher: Tropical Health and Education Trust (THET), UK, 2009

Health Links partnerships have the capacity to make a significant contribution to health system strengthening but only if they are well planned, managed and aligned to needs. Governments and health managers in the UK, Ghana, Uganda, Malawi, Zambia, Ethiopia, Tanzania, Somaliland and Nepal, amongst others, are now beginning to look more actively at how these types of partnerships can contribute to health system development in their countries. This manual provides guidance, shares experiences and offers examples of good practice from those directly involved in Links. It aims to help both UK and developing country Link partners to think more strategically about their work.

As a reference document for Link Partnerships, this manual is aimed at those seeking to form a Link, or already involved in an established Link. These could include:

- Health professionals, including nurses, clinicians, therapists, researchers, teachers, managers or support staff from hospitals and training organisations (medical and nursing training schools) in a developing country and the UK who are involved in a Link or seeking to form a Link
- Policy makers, health advisors, NGOs and others from the UK or a developing country interested in finding out more about what Links are and what they can offer

There are three sections to the manual which provide

- a general introduction to Links for those new to the concept of Link partnerships.
- detail on the different stages of a Link beginning with how to establish a Link through to scaling up its work and when to end it

- appendices referred to in other sections of the manual.

The manual can be downloaded in individual chapters at:
<http://www.thet.org.uk/index.php?page/index/downloadablepublications.html>.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44549&type=Document

4. Costs of utilizing healthcare services in Chakaria, a rural area in Bangladesh

Author: Abbas Bhuiya

Publisher: Future Health Systems research consortium, 2009

What is the cost of health care services? With an overwhelming majority of the population in Bangladesh living below the poverty threshold, this is an important question. The authors argue that the perceived costs associated with the different health care options are probably important factors determining health care seeking behaviour. This research brief, by Future Health Systems, examines the economic consequences of health care utilisation in rural Bangladesh.

The authors report that that the total amount spent as well as per capita direct cost (which includes fees, transport) for health care was largest for care sought from qualified medical physicians than other health care providers in the informal sector. Also, the average number of workdays lost was nearly 1.5 times more for respondents being treated by a qualified professional than any other type of practitioner. In fact, the authors find that the average direct costs involved for a medical doctor is much more than the minimum threshold defined as representing catastrophic costs – implying that cost of treatment is an important deterrent of access to qualified health care providers.

Survey findings show that costs of medicine constitute a major proportion of health care expenditure for all types of practitioners. Examining health care cost by socioeconomic status, the authors find that per capita health care cost for the poorest quintile was substantial, indicating that costs incurred for health care is regressive and places an unfair burden on the poorest households.

In conclusion, the authors observed that 40% of those who did not seek treatment said that it was because they did not have the money to consult a health care provider. Finally, the authors argue that severity of illness determines the source of care since people would prefer to consult a qualified medical physician if the illness is perceived to be serious, and cost of treatment is a major factor determining the choice of health care provider.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44297&type=Document

5. Shame or subsidy revisited: social mobilization for sanitation in Orissa, India

Authors: Subhrendu K Pattanayak; Jui-Chen Yang; Katherine L Dickinson

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2009

This article, published in the Bulletin of the World Health Organisation, determines the effectiveness of a sanitation campaign that combines “shaming” (i.e. emotional motivators) with subsidies for poor households in rural Orissa, an Indian state with a disproportionately high share of India’s child mortality.

Using a cluster-randomised design, the authors selected 20 treatment and 20 control villages in the coastal district of Bhadrak, rural Orissa, for a total sample of 1,050 households, and thereafter collected sanitation and health data before and after a community-led sanitation project. Using a difference-in-difference estimator, the authors determined the extent to which the campaign influenced the number of households building and using a latrine.

The authors find that latrine ownership did not increase in control villages, but in treatment villages it rose from 6% to 32% in the overall sample, from 5% to 36% in households below the poverty line (eligible for a government subsidy) and from 7% to 26% in households above the poverty line (not eligible for a government subsidy). From these findings, the authors conclude that subsidies can overcome serious budget constraints but are not necessary to spur action, whilst shaming can be very effective by harnessing the power of social pressure and peer monitoring. Thus, the authors

recommend a combination of shaming and subsidies, as well as social marketing to improve sanitation worldwide.

[adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=44280&type=Document

Announcements

1. Training: Ipact presents Monitoring and Evaluation of Maternal and Neonatal Health Course, Bangladesh

Dates: 06 December 2009 - 17 December 2009

“Monitoring and Evaluation of Maternal and Neonatal Health Programmes”: A short course designed to strengthen capacity in developing countries for programme monitoring and evaluation in the context of global reproductive health goals.

The Ipact monitoring and evaluation course has recently been modified and streamlined to include broader reproductive health elements. The course is designed for country-based groups of maternal and neonatal health (MNH) managers and officers working at national or regional level with governments, international organisations or local/international NGOs and is highly relevant because of the importance of robust data as the basis of evidence-based decision making and because of the need to track progress towards the Millennium Development Goals.

More details available online at: www.eldis.org/go/events-and-announcements&id=44908&type=Item

2. Conference: Alliances for Global Health Education presents 1st Latin American and Caribbean Conference on Global Health, Mexico

Dates: 09 April 2010 - 11 April 2010

Alliances for Global Health Education: Learning from South-South Collaboration
Learning from South-South Collaboration 1st Latin American and Caribbean Conference
on Global Health. Hosted at: Instituto Nacional de Salud Pública (INSP), Cuernavaca,
Mexico - April 9 - 11, 2010

The deadline for abstract submissions is 1st November 2009.

The program analyses the differences between South/South collaborations and traditional North/South alliances, examines successes and obstacles to effective functioning of these partnerships and culls lessons that can be learned and adopted by the North.

More details available online at: www.eldis.org/go/events-and-announcements&id=44773&type=Item

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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and

programmes.

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