The sexist lens addressing cataract-induced blindness in women

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Ninety percent of the world's blind population resides in low-income, developing countries [1]. The primary cause of their blindness is cataract, a condition that is easily treatable and unnecessary. A cataract is the clouding of the eye's lens, often resulting in vision impairment manifested as cloudiness, blurriness, or lack of clarity. This can be simply resolved with a surgical procedure that is considered the 'bread and butter' of ophthalmology, boasting a 99% success rate and taking mere minutes. Nevertheless, this remains a dream for millions around the world living in poor conditions with impaired vision. However, women suffer disproportionately from cataracts and blindness overall, representing 64% of visually impaired individuals worldwide [2].

Why women suffer more from cataract-induced blindness

The reasons why women are more likely to suffer from cataract-induced blindness than men can be attributed to various factors, including biological, health literacy, socioeconomic, cultural, and potential research disparities. Biologically, two major reasons women may be more susceptible to cataracts are longevity and hormonal differences. Firstly, because women tend to live longer than men, they are more likely to suffer from age-related diseases such as cataracts. As is well documented in multiple publications, the prevalence of cataracts increases significantly with age, making women more likely to develop and suffer from the condition, according to the World Health Organization [3]. Secondly, hormonal differences between males and females may also predispose women to cataracts. Although research has shown estrogen to be lens-protective against cataracts, women who are post-menopausal and have lower oestrogen levels may correlate with acquiring cataracts, according to Babizhayev and Yegorrov [3].

> "It is a moral and ethically imperative to provide equal access to healthcare resources to prevent the implications associated with blindness"

Furthermore, health literacy plays a significant role in women suffering from cataracts. In developing countries, literature tells us that women tend to have lower levels of education and health literacy compared to men. This ultimately impacts their understanding and insight into the necessity of cataract surgery, potentially delaying treatment until blindness occurs [4]. Additionally, there is a clear disparity in targeting the lack of health literacy among women. Most health education programmes tend not to address the specific needs or constraints of women, ultimately failing this vulnerable group and not addressing their health literacy needs, as stated by Kuper, et al. [5].

Socioeconomic and cultural factors

Moreover, socioeconomic and cultural factors are key contributors to this trend. These include, but are not limited to, women's access to healthcare and the associated economic barriers. In many parts of the world, particularly in rural and low-socioeconomic areas, women tend to have far less access to healthcare compared to men. This disparity extends to eye-related health services as well. Additionally, cultural norms and societal roles of women further accentuate this issue, leading to certain restrictions on their independence, especially in developing countries, adding to the difficulty of seeking treatment [6]. It is also important to note that eyecare is much more limited in developing countries, with a study finding only one ophthalmologist per million in parts of Africa, whereas many other developed countries have 80 [7]. Economic barriers are equally important to consider. With women more likely to be financially dependent, especially in developing countries, this significantly impacts their ability to seek healthcare. Hence, in many families with limited resources, resources are allocated to men, who are most likely the primary earners [8]. Even though cataract surgery can increase household income by a staggering 88% and reduce the chance of poverty by 74%, in most cases, cataract surgery costs nearly a month's salary for the average worker, according to the World Health Organization's *JAMA Ophthalmology* [9,10]. Additionally, travel expenses also tend to be a significant financial burden for some, especially in developing countries, as long-distance travels are usually required to access adequate eyecare. Despite all this, the World Bank estimates billions of dollars of productivity being lost globally due to cataracts, further impacting local and global economies [11].

Impact on women's wellbeing

By the same token, the disproportionate effect of cataracts on women also has a unique impact on their wellbeing, an important aspect to consider. As a well-known debilitating condition, cataracts have implications for a woman's social life, finances, mental health, and family that are sometimes overlooked. Firstly, the social and cultural implications of cataracts in women lead to increased dependency, stigma, and demotion. Women who are blind tend to be more socially isolated compared to men, ultimately leading them to become more vulnerable and dependent. As they lose their vision, they become more dependent on family members and heavily rely less on their social networks as they would have before [8]. Furthermore, the stigma associated with women's blindness tends to be two-fold, as not only their health status is scrutinised but also their ability to fulfil their responsibilities as mothers, wives, and caretakers. This consequently leads them to being diminished as individuals in their community and even within their families. Pursuing this further, blindness in women has a much greater impact on family and community dynamics. Mothers with visual impairment may struggle to meet their children's needs, potentially disrupting their care. This tends to have long-term impacts on the wellbeing of children, particularly their educational outcomes. Similarly, there is also a shift in family dynamics due to the unnecessary blindness.

As women in many countries and societies tend to be caregivers, this role becomes inverted when women suffer from blindness, ultimately disrupting family dynamics, which further impacts the emotional and mental wellbeing of women and the entire family to varying extents. Expanding on the impact of blindness on wellbeing, the implications it has socially, culturally, and on family dynamics ultimately impact the mental health of visually impaired individuals, particularly women. Previous literature has proven that visually impaired women are more likely to suffer from depression and anxiety [8]. This is heavily attributed to multiple contributing factors, such as the loss of their social networks, changes in their role in society, and changes in family and community dynamics [8].

As previously discussed, the economic disparity of women seeking eyecare help is further exacerbated when suffering from blindness. The chance of them being employed with visual impairment is significantly lower compared to men, but the odds of them losing their job when visually impaired are also much higher. This economic disparity is further amplified by the lower pay and employment rates among women [9].

Addressing the disparity

So, what is being done to address this disparity? Many initiatives have recognised this as a major problem and have started to address it. This includes projects such as the Himalayan Cataract Project, which have specific programmes targeting health literacy in women and profoundly increasing their access to cataract surgery. There are also other programmes that target women who suffer from trachoma-induced blindness, as a gender disparity in women who suffer from trachoma-induced blindness also exists. But what can be done to further bridge this gap?

To bridge the gap, I strongly believe the underlying problems that lead to this need to be addressed first, which in my opinion is the lack of health literacy among women in developing countries. This will significantly improve the disparity of visually impaired women and potentially other health diseases and concerns. This can be done by training female community members to raise awareness and encourage women to access healthcare services, not just limited to eye services. This could then be further potentiated by implementing programmes specific for women suffering from blindness and offering them the transport and support they may need.

It is undoubtedly true that women suffer disproportionately from cataract-related blindness, and a major gender disparity exists. The cause of this unnecessary blindness can be alleviated by continuing to focus on and adapting gender-sensitive approaches. It is a moral and ethical imperative to provide equal access to healthcare resources to prevent the implications associated with blindness as described, because vision is a right, not a privilege.

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