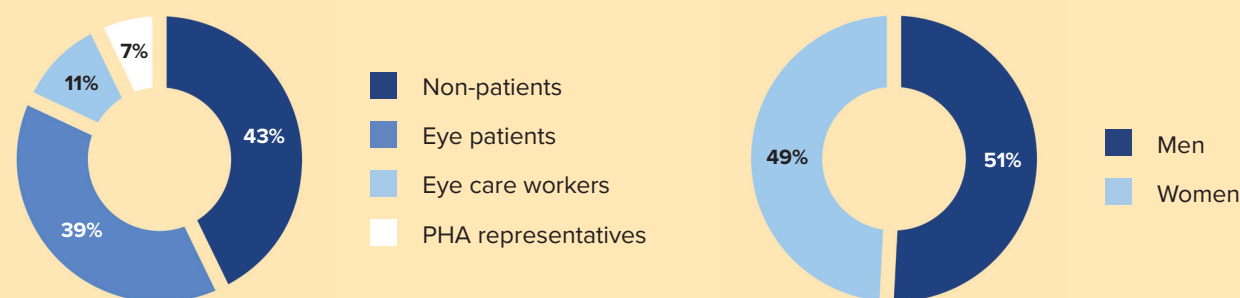


Gender Analysis of Eye Care Services in Papua New Guinea

Purpose: to understand current gendered context around access to eye health services in Papua New Guinea.

- 5.6% of the population over 50 years are blind.¹
- There are a greater number of women who are blind than men (7.0% versus 4.4%).
- Women are also less likely to be aware of treatment and to access services.

151 interviews were conducted



Recommendations to improve access to eye health services:

- Holistic health promotion initiatives including raising awareness about gender-based violence and eye injuries.
- Develop strategies to ensure greater gender balance of the eye health workforce.
- Training and upskilling for eye care workers on domestic and gender-based violence.
- Ensure that eye clinics are fully equipped with resources, medications, proper facilities and equipment.
- More outreaches to rural communities.
- Partnerships and collaboration with other stakeholders in eye care to improve the accessibility and reach of eye health services.

GENDER INEQUITY & ACCESS TO EYE CARE

- Men have decision-making power meaning men's health and well-being is prioritised over women's.
- Women did not have time to seek eye treatment due to their responsibilities and workload.
- Distance of eye care facilities give rise to safety and security concerns for women to accessing eye health services.
- Women experience stigma and shame when accessing eye health services.

CURRENT EYE HEALTH STRUCTURE

- There is a lack of specialist eye health facilities and eye care workers.
- Eye health facilities are under-resourced, with limited numbers of spectacles, drugs, consumables, and equipment.
- Gender imbalance in the workforce with more male eye doctors and female eye nurses means that patient preferences may not be met.

COVID-19

- Women were more fearful of contracting COVID-19 than getting their eye problems treated, so did not seek eye care services.
- Eye clinics were closed or were only attending to emergency cases resulting in delays to patient's treatment.
- Movement restrictions meant there was no or very limited transport, which limited people's access to eye health services.

CONTEXTUAL CHALLENGES

- Patients have to travel great distances to access eye health services.
- The cost of transport, accommodation and the cost of eye care treatment itself are major barriers
- Women are often unaware of the availability of eye care services and that treatment for their eye conditions is possible.
- Beliefs in sorcery often lead people to use traditional medicine and healers to treat their eye conditions.

¹Lee L, D'Esposito F, Garap J, Wabulembo G, Koim SP, Keys D, Cama AT, Limburg H, Burnett A. Rapid assessment of avoidable blindness in Papua New Guinea: a nationwide survey. British Journal of Ophthalmology. 2019 Mar 1;103(3):338-42.