USA:
- Of 1.1 million legally blind people, 712,000 are women.
- Of 3.4 million visually impaired people, 2.3 million are women.

Globally: Nearly two out of three people who are blind or visually impaired are women and girls. Forty-five (45) million people are blind and 269 million have low vision.

Why the disparity?

USA:
Age: Women live longer than men, and many eye problems are age-related.
Other factors: Some eye diseases are intrinsically more common in women. Dry eye syndrome is more prevalent in women, and women are at higher risk of autoimmune diseases that may affect the eye. Social or economic factors can limit women’s access to eye health care.

Globally:
Access to care: In many countries, social and/or economic factors prevent women from obtaining equal access to eye care.
Trachoma: Two-thirds of the world’s trachoma-induced trichiasis cases are women, due to repeated contact with infected children and limited access to eye care.
Other factors: Same as those listed above under USA.

What can be done now?
USA: Three-quarters of blindness and vision impairment can be prevented or treated. Women can help themselves and their families to lower the risk of eye disease by practicing and encouraging:
- Eye exams for the whole family to enable early detection of eye disease and, in some cases, to provide clues for systemic diseases.
- No smoking
- Maintenance of a healthy body weight

Advocate for:
- NIH funding for research on sex/gender with respect to eye disease
- Medicare support for low vision aids

Globally: Adopt proven strategies to reduce gender inequities in access to care. As examples, transporting women to a hospital, counseling family members, and fostering women-to-women contact have been shown to reduce gender inequity in treatment for cataract.
What is the science?

In 2001, a meta-analysis of 70 population-based, blindness prevalence studies demonstrated that two-thirds of all blind and visually impaired persons worldwide are women (1). In 2004, an analysis of data from eight blindness and low vision, prevalence studies found that age-adjusted prevalence of low vision was significantly higher for women among white persons (2). Another study, published the same year, found that visual impairment increases with age and is greater in Latina women than in Latino men (3).

Some, but not all of the differences between men and women in rates of blindness and visual impairment is due to the following factors. Further study is warranted.

Female longevity: Because women live longer than men, there are more older women affected by blindness due to age-related diseases. Two of the more important of these are cataract and age-related macular degeneration (AMD).

Intrinsic factors: A number of eye diseases are intrinsically more prevalent in women. Dry eye syndrome is two-to-three times more prevalent in women than in men at any given age (4). Women are at higher risk of several autoimmune (rheumatologic) diseases, which often have important ocular manifestations. Some of the most common of these diseases include systemic lupus erythematosus, rheumatoid arthritis, multiple sclerosis, and Sjögren’s syndrome.

Access to health care: Greater prevalence of blindness and visual impairment in women may be related to social, cultural, economic or other factors limiting access to care. Frequency and quality of health care sought by, or available to, women may be different than health care sought by or available to men. It was estimated in 2008 that “blindness and severe visual impairment from cataract could be reduced by around 11% in low- and middle-income countries if women were to receive cataract surgery at the same rate as men” (5).

Behavioral and environmental factors that can increase the risk of developing eye problems -- while not intrinsic to gender -- include: poor nutrition, obesity (a risk factor for diabetes/diabetic retinopathy) and, especially, smoking. Smoking is a proven risk factor for the eye diseases cataract and AMD.

Therefore, either by virtue of absolute numbers or greater risk, women need to know about preventing blindness and visual impairment for themselves and for their families and communities.

Simple Strategies to Promote Eye Health Care for All

- Documenting the evidence of the problem
- Research to explain “why”
- Documenting what works/doesn’t work
- Building a coalition of people and organizations to map out “what’s next”

To reach VISION 2020/USA targets, programs must be sex and gender sensitive.
References


