

Combating cataract Blindness in women in Sierra Leone

Primary Readers: Ministries of Health and Social Welfare

Message: Advocacy that will ensure Gender Equity in accessing eye health

Introduction

Vision2020, “The Right to Sight” is a global initiative for the elimination of avoidable blindness by the year2020. This is a fundamental right for every Sierra Leonean citizen.

According to the 2011 rapid assessment of avoidable blindness (RAAB) survey, cataract is the major cause of blindness in Sierra Leone after Onchocerciasis (river blindness). The incidence of blindness by cataract is almost equal in men and women but the report further stated that men access cataract surgery more than women.

Cataract is defined as the cloudiness of the human lens. The major causes of cataract are ageing and trauma but blindness from cataract is curable and very cost effective.

When a man is blind from cataract the decision to seek cataract operation to enable him see again is his. He controls the budget of the family and has a final decision of all the members but if it should be a woman who is blind from cataract, the husband has to approve the funds required for the treatment. She needs approval also from him before she leaves the home. If this woman is married to a polygamous husband and is not fortunate to be his favourite wife, the situation is worse. Elderly women who are blind from cataract are always kept at home to take care of the children and the home. They depend on other family members who are sighted to help them around.

Although cataract blindness is not painful, the women with it are faced with many challenges. They are never consulted in family or community decision making and are always left alone in isolation. Their names are always omitted when referring to them; they are usually called ‘that blind woman’ and their condition is sometimes associated with witchcraft with some being divorced prematurely. They are also denied love by their husbands and their earning power is drastically reduced. These women are even at risk of injuring themselves with fire when they try to cook. The motherly care for their children is at stake and some cannot appreciate or see the face of their babies. Most of their friends will abandon them and some will end up trading their dignity and pride in order to beg.

A case in point is a middle aged woman who was divorced by her husband because she was blind from cataract. Sia Pessima is a 38 year old woman who lives in Bandafai village in Kono district. Until four years ago she was happily married to her husband who was also from Kono. She had gradual loss of vision in both eyes and within six months she could not see to move around freely without assistance from her only child Musu. The husband decided to marry a second wife without her consent because she could no longer participate in the family activities as a result of her poor sight.

One morning, she was asked by her husband to transfer from the main house to the back house which had no door to protect her belongings. When she protested, she was instantly divorced and asked to go

to her parents in the other section of the village. She has been living with her old mother and daughter for almost three years.

Usually on Fridays, poor and blind people travel to Koindu town for begging and it was on one of this trip when she was discovered by the newly posted eye nurse at the hospital. She was told that she had cataracts and could see after an eye operation at Kenema hospital. She was so excited by the news and with the help of her close relatives she was transported to Kenema. After her operation, the following day, she regained her sight and said, "it was a miracle for me to see". She is now back in her village doing petty trading and her daughter has resumed school. Her husband is now begging Sia to return to him.

How to address these challenges:

The key word is advocacy. Social workers at community level should sensitise husbands with blind women to seek eye health services. These people are always in close contact with the family members so their role to advocate for the disabled women will change the husbands' unfair attitudes towards their condition.

District Health Management Team, when on their monitoring and supervisory visits to communities should advocate for women with cataracts. The team, which works in every district and control authority of community health workers, if involved will strengthen advocacy for the women made blind by cataracts.

Meetings should be held with community leaders and local authorities to sensitise them on eye health for the elderly, especially women. At least every home can now afford a radio, therefore the use of this medium will spread the messages to a wider listenership including those directly responsible for improving eye health in Sierra Leone.

The 50 50 women group should be contacted to advocate with Ministry of Health and Sanitation for the inclusion of cataract blind women in the free healthcare scheme. The scheme provides free health treatment for under five children, pregnant and breastfeeding mothers. This has been very successful in reducing child and maternal health in Sierra Leone, thus inclusion if advocated for will reduce the number of women with cataract blindness.

In conclusion, Women are managers of homes but if they are blind, they will not perform their duty well. Therefore, I am convinced that if the social and health workers at the community level are strongly involved to advocate for these women, these challenges will be of the past.

Written By:

Ernest Challey
Project Manager
Eastern Eye Care Project
Government Hospital - Kenema