

# Both older men and women deserve access to *quality* health care



We should encourage and provide opportunities to remain active and healthy for as long as possible, hence putting health at the core of ageing. The following story about Hosna Abd Elazeem is an illustration in point.



A few years ago, Hosna Abd Elazeem, a housewife and mother of three from a small village in Samalout in the south of Egypt, started to complain about her inability to sort rice for cooking. She was also bothered by something floating in front of her eyes for an instant before disappearing.

“It was really annoying and I used to rub my eyes hard to stop it happening but it didn’t work. I didn’t think about seeing a doctor because I felt that it was too little to bother my family about. I tried to live with it and to get used to it happening but it didn’t work.”

Like many other women, Hosna continued to take care of her family and neglected to take care of her own needs. Then one day two health workers passed by Hosna’s house on their door-to-door visits to all households in the village. They were sent by the gender and eye care programme of the Al Noor Foundation, which is dedicated to combating blindness and low vision.

When she talked with the health workers about her complaint, they urged her to seek medical advice and encouraged her to list her name among those to be referred to a free medical camp. The doctors in the camp diagnosed her as suffering from a couple of health problems. As it turned out, Hosna had both cataract and diabetes. Cataract is a major cause of needless blindness; every year, more than 2.5 million women aged 60 years and over go blind. Yet, it can be cured by simple and relatively inexpensive surgery. Hence, after getting her diabetes under control, Hosna underwent cataract surgery at a charity eye hospital that was established to provide good quality cataract surgery.

Across all ages, 57% of blind people in the world are women, and this proportion rises with age. Why is this? In part, it is

because women are not getting access to treatment.

Women bear a greater burden of blindness than men because of biology but also because of gender inequalities. In fact, women with cataract are much less likely to have cataract surgery than men with cataract. Reasons may include: Women often have less access to family financial resources to pay for eye care or transportation to reach a hospital. They can also have less access to other resources needed to protect their health, such as education, health literacy and autonomy. Moreover, cataract is often viewed as an inevitable consequence of ageing and women are less likely to have social support in a family to seek care.

To ensure that older women and men have equal access to the opportunities necessary to achieve their full health potential and to achieve health equity, the health sector must recognize that women and men differ in terms of gender as well as sex. Because of social (gender) and biological (sex) differences, women and men experience different health risks, undertake different health care-seeking behaviour and experience different health outcomes and responses from health systems. Health policies and programmes must integrate and address the specific social contexts of older women and men in order to achieve the attainment of optimal health for all.

“How could I think that such a complaint would take me such a long way to treating two diseases. I had no idea at all about these issues,” acknowledges Hosna today. Her eyes are smiling while she is sorting rice. “My eyesight is back to normal now and I even see colors brighter than before. I urge my relatives and neighbours to check for diabetes and seek medical advice when they have any complaint to do with their eyes.”