



Trachoma and Women: latrines in Ethiopia and surgery in Southern Sudan



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Trachoma is an infectious disease of the eye caused by the bacterium *Chlamydia trachomatis*. Bacteria can spread via an infected person's hands or clothing and may be carried by flies that have come into contact with discharge from the eyes or nose of an infected person.

Infants and children below school age are more likely to be infected. Since trachoma is transmitted through close personal contact, it often infects children in entire communities.

Although children are more susceptible to infection, the painful and often blinding complication of trachoma – trachomatous trichiasis – usually does not appear until adulthood. Trachomatous trichiasis is the result of repeated infections by *Chlamydia trachomatis* which cause scarring of the inner surface of the upper eyelid; this eventually causes the eyelashes to turn inward and scratch the cornea, causing corneal opacity and pain. Unless this process is halted early enough, a person with trachomatous trichiasis will become blind.

WHO recommends the SAFE strategy to control trachoma:

- **Surgery** to reverse the in-turning of the eyelid and eyelashes, relieving pain and sometimes preventing blindness.
- **Antibiotics** (azithromycin) to treat active trachoma and decrease the burden of infection in a community.
- **Facial cleanliness** or the incorporation of good hygiene practices, including hand washing.
- **Environmental improvements** to reduce the transmission of the disease, such as latrines (to reduce flies) and water for face and hand washing.

Trachomatous trichiasis affects nearly twice as many women as men. The SAFE strategy should be targeted at all people in areas where trachoma is endemic, but specifically at women and children in order to address this inequality.

Although there may be an underlying biological reason that more women are affected by trachoma and trichiasis, the role of women as childcare providers is a likely cause. In most countries where trachoma is endemic, girls grow up in environments where one of their primary activities is taking



A demonstration latrine in a school is built of mud, grass, wooden sticks, and various household items. ETHIOPIA

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care of their younger family members and siblings. This continues into adulthood, with women carrying the main responsibility of caring for children. During their lifetime, women therefore spend more time in direct contact with children who may be infected.

Ethiopia and Southern Sudan are two locations with an exceedingly high burden of trachoma. Projects focusing on environ-

mental improvement (in Ethiopia) and increasing access to surgery (in Southern Sudan) have made significant progress towards reducing the impact of the disease on women. These examples show how trachoma programmes can address the particular needs of women while designing interventions aimed at eliminating blinding trachoma in the community as a whole.

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Paul Emerson tests out a household latrine's hand washing station. ETHIOPIA

1 Latrines in Ethiopia

Traditionally, community members in the Amhara region of Ethiopia go to the woods or fields to defecate. Women in particular are discouraged from defecating or urinating where they could be seen during the day and usually have to wait until the night to relieve themselves.

As part of the implementation of the full SAFE strategy, the government health office in the Amhara region worked with its partners to encourage communities to construct household pit latrines. Demonstration latrines were built in district health centres and primary schools to illustrate the ease with which a latrine can be constructed using