Trachoma – A women and children's health issue

Eliminating Trachoma: Accelerating Towards 2020

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A women and children's health issue

Globally, more than 200 million people are still at risk of trachoma[1]. The debilitating disease often affects those living in remote and rural communities, usually in abject poverty, with women and young children suffering the greatest burden.

Ethiopia, eye-seeking flies

Traditional gender roles, lack of education and limited access to health services make women especially vulnerable to the disease.

"It's heart-breaking," says Dr Wondu Alemayehu, an eye surgeon who works in Ethiopia. "Mothers, who are the pillars of their families are shouldering the burden of this crisis."

On average, women are up to four times more likely than men to need eye surgery[2] – and in some regions, women account for up to 86% of *trichiasis* cases; the more advanced stage of trachoma that leads to blindness.[3]

Young children, with high rates of inflammatory trachoma, pass the bacteria to their mothers and sisters who care for them. Research has shown that for each additional child with active trachoma in a household, there is a corresponding additional risk of advanced trichiasis for the mother.[4]

The presence of livestock in the family compound and the practice of cooking over wood or dug fires in poorly ventilated homes are other risk factors specific to women's traditional work in countries where trachoma is highly prevalent. Smoke and other irritants can aggravate eyes, making them susceptible to infection.[5]

Barriers to eye care

Women also face barriers for treatment of the disease and quite often miss out on interventions available to them. A study in India, found that only 40% of women who displayed trachoma symptoms in communities surveyed, received any kind of treatment.[6]

Source: Bourne RR, Stevens GA, White RA, et al, 2013

Poverty and low education may affect a woman's ability and willingness to access health information and services.[7] Often in remote communities, a woman may have limited control over financial resources – the costs of attending a health centre or undergoing surgery, including travel and time away from household duties, can prevent her from seeking the medical help she needs.[8]

By the time she has lost her eyesight to trachoma, usually in her 30s or 40s, a woman has typically suffered 130 reinfections that cause her eyelashes to turn painfully inwards, scratching and scarring her cornea.[9] Her blindness will compound other challenges of poverty, resulting in loss of income, independence and discrimination. In most cases, it will also burden her daughters, perpetuating a cycle of disadvantage.[10]

Children

Trachoma often begins in early childhood with an infection of *Chlamydia trachomatis*. According to the latest WHO data, 12.4 million children worldwide have active trachoma.

Because of their usually high bacterial load, WHO refers to children as the 'principle reservoirs of infection'.[11] Bacteria is easily spread from dirty faces and runny noses to siblings, playmates and parents via clothing, towels and grubby hands – this can often spread through entire communities.[12]

While childhood trachoma can clear on its own, repeat infections over the course of their young life will lead to more advanced trichiasis and vision loss in adulthood.[13] In highly endemic regions, it's common to see trichiasis in young adults (over 15 years) and scarring of the inner eyelid in children as young as nine.[14]

Trachoma further disadvantages children in low-income countries when it interrupts their education. Children who suffer pain or vision problems as a result of repeat infections face significant barriers to learning as they grow up; affecting their ability to lead healthy, productive futures.

For girls, trachoma can be an extra heavy burden. When a mother is no longer able to manage the home, responsibilities like cooking, fetching water, cleaning and caring for young ones will typically fall to daughters robbing them of an education that could lift them out of poverty.[15]

"To get there, we must have inclusive community-led programs that offer freedom from trachoma for all, but that also specifically and deliberately target women and girls."

Jimmy Carter, former US President

Targeting women and children with SAFE

Trachoma is both preventable and treatable. But generations of women and children are facing irreversible blindness because of poor living conditions and gender-determined roles that put them at a disproportionately higher risk of infection.

For the world to reach trachoma elimination targets, a special and urgent focus on the unique health needs of women and children will be critical. Gender-sensitive implementation of the SAFE strategy has the potential to lift millions of families out of a cycle of poverty, disability and poor health, and will dramatically reduce the disease burden of endemic countries[16], ultimately leaving no one behind.

Last updated 7 July 2016

Viet Nam, post-surgery

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