

Do we care about our children?

World failing to provide children with a healthy life and a climate fit for their future - as climate and commercial threats intensify, WHO-UNICEF-Lancet Commission presses for radical rethink.

STAR HEALTH DESK

No single country is adequately protecting children's health, their environment and their futures, finds a landmark report released by a Commission of over 40 child and adolescent health experts from around the world. The Commission was convened by the World Health Organization (WHO), UNICEF and The Lancet.

The report, *A Future for the World's Children?*, finds that the health and future of every child and adolescent worldwide is under immediate threat from ecological degradation, climate change and exploitative marketing practices that push heavily processed fast food, sugary drinks, alcohol and tobacco at children.

Intensifying climate change threatens every child's future
The report includes a new global index of 180 countries, comparing performance on child flourishing, including measures of child survival and well-being, such as health, education, and nutrition; sustainability, with a proxy for greenhouse gas emissions, and equity, or income gaps.

According to the report, while the poorest countries need to do more to support their children's ability to live healthy



lives, excessive carbon emissions – disproportionately from wealthier countries – threaten the future of all children. If global warming exceeds 4°C by the year 2100 in line with current projections, this would lead to devastating health consequences for children, due to rising ocean levels, heatwaves, proliferation of diseases like malaria and dengue, and malnutrition.

The index shows that children in Norway, the Republic of Korea, and the Netherlands have the best chance at survival and well-being, while children in Central African Republic, Chad, Somalia, Niger and Mali face the worst

odds. However, when authors took per capita CO₂ emissions into account, the top countries trail behind: Norway ranked 156, the Republic of Korea 166, and the Netherlands 160. Each of the three emits 210% more CO₂ per capita than their 2030 target. The United States of America (USA), Australia, and Saudi Arabia are among the ten worst emitters.

The only countries on track to beat CO₂ emission per capita targets by 2030, while also performing fairly (within the top 70) on child flourishing measures are: Albania, Armenia, Grenada, Jordan, Moldova, Sri Lanka, Tunisia, Uruguay and Vietnam.

Harmful commercial marketing preys on children – with childhood obesity increasing 11-fold

The report also highlights the distinct threat posed to children from harmful marketing. Evidence suggests that children in some countries see as many as 30,000 advertisements on television alone in a single year, while youth exposure to vaping (e-cigarettes) advertisements increased by more than 250% in the USA over two years, reaching more than 24 million young people.

Children's exposure to commercial marketing of junk

food and sugary beverages is associated with purchase of unhealthy foods and overweight and obesity, linking predatory marketing to the alarming rise in childhood obesity. The number of obese children and adolescents increased from 11 million in 1975 to 124 million in 2016 – an 11-fold increase, with dire individual and societal costs.

A manifesto for immediate action on child and adolescent health

To protect children, the independent Commission authors call for a new global movement driven by and for children. Specific recommendations include:

1. Stop CO₂ emissions with the utmost urgency, to ensure children have a future on this planet;
2. Place children and adolescents at the centre of our efforts to achieve sustainable development;
3. New policies and investment in all sectors to work towards child health and rights;
4. Incorporate children's voices into policy decisions;
5. Tighten national regulation of harmful commercial marketing, supported by a new Optional Protocol to the UN Convention on the Rights of the Child.

Source: World Health Organisation

LIFESTYLE



Just how much of a benefit do we get from a healthful lifestyle?

Virtually everyone knows that a healthful lifestyle – never smoking, normal body-mass index (BMI), moderate-to-vigorous physical activity, moderate alcohol intake, and a higher-quality diet – is good for their health. What very few people know is just how much benefit they get from achieving all these lifestyle goals.

A Harvard team examined data from about 111,000 people at age 50 and followed them prospectively for as long as 34 years. Healthful lifestyle factors were measured repeatedly and systematically, and development of various diseases and death were recorded. The primary endpoint was life expectancy free from diabetes, cardiovascular diseases, and cancer. Women who met all the healthful lifestyle measures had an additional 10.7 years of disease-free life compared with women who met no healthful lifestyle measures. For men, the number was 7.6 additional disease-free years.

Most of the patients know that a healthful lifestyle is good for them, but very few appreciate just how good – which negatively affects their desire to adopt one. This report might be helpful in that regard.

HEALTH bulletin



Sedentary behaviour associated with later depressive symptoms in teens

Teens become more sedentary as they age – and the more sedentary they are, the more likely they are to develop depressive symptoms – according to a study in the *Lancet Psychiatry*.

Roughly 2,500 young people wore accelerometers to measure their activity levels up to three times – at ages 12, 14, and 16. At age 18, they were assessed for depressive symptoms.

Sedentary behaviour increased and light activity (e.g., slow walking) decreased throughout adolescence. Each additional hour of sedentary behaviour per day at age 12, 16, or 18 was associated with significantly higher depression scores at age 18. Conversely, each additional 60 minutes of light activity at each time point was associated with significantly lower depression scores later.

The researchers write, "The displacement of sedentary behaviour with light activity in young people warrants more direct and specific consideration in physical activity guidelines and public health interventions aimed at reducing the prevalence of depression."

Is it heartburn or something else?

You get this problem when stomach acid moves into a tube called the oesophagus, which carries food from your mouth to the stomach. When that happens, you could have a burning pain in your chest. Your throat might burn, and you could have a sour taste in your mouth or a cough. You may also hear it called GERD (gastro-oesophageal reflux disease), which is heartburn that happens often. But other conditions can have similar symptoms.

Angina: It is easy to confuse heartburn with angina, which happens when not enough blood flows to your heart. But heartburn tends to happen after meals or when you are lying down. Angina is more common after you have been active. The feeling in your chest is more like "tightness" or "squeezing" than the burning pain of heartburn. Angina symptoms mean you are at risk for a heart attack.

Heart attack: While heartburn pain stays in your chest or throat, during a heart attack, a squeezing or aching pressure may spread to your arms, back, or jaw. Other heart attack symptoms include shortness of breath, a cold sweat, and feeling dizzy without warning. Women are more likely to also have an upset stomach or throw up.

Gallstones: Gallstones are pebble-like bits of cholesterol or digestive fluids (bile) that end up in your gallbladder. If you have gallstones, after a fatty meal you may have heartburn symptoms that can last for hours. You will likely ache in the centre or right side of your belly and could feel pain behind your shoulders or rib cage. If this happens to you, see a doctor.

Stomach ulcer: Sometimes a portion of the lining of your stomach or small intestine breaks down. An open sore, called an ulcer, forms. It can cause burning stomach pain and heartburn that is worse after you eat fatty foods. You will also have lots of belching and bloating. Your pain may be worse at night and between meals. If you have an ulcer, your doctor can prescribe medication to ease your pain and help your ulcer heal.

Hiatal hernia: If the diaphragm, the muscle separating your stomach and oesophagus, thins or weakens, part of your stomach may push upward. This allows the acid of your stomach to spill into the oesophagus. Acid and even food may come back up into your oesophagus and throat. Hiatal hernias can raise your chances of heartburn.

Anxiety: Your brain and gut are closely linked. If you feel stressed or

anxious, your heart rate can go up and your breathing can get faster. The flood of hormones that causes this reaction can also upset your stomach. Besides heartburn, you can feel queasy, have diarrhoea, or get constipated. Learning to manage your stress through counselling, meditation, or hypnosis may help.

Oesophageal cancer: Long-term heartburn raises your odds of getting oesophageal cancer. If your heartburn keeps up despite treatment, your doctor will want to take a look inside your oesophagus. He usually does this with a procedure called an endoscopy. Other symptoms of oesophageal cancer include trouble swallowing and weight loss. Coughing and hoarseness are common, as is chest pain or pressure. If you have any of these symptoms, see your doctor right away.

Source: WebMD



National summit on ROP held in Dhaka

A national summit on Retinopathy of Prematurity (ROP) has been organised in Dhaka by the Directorate General of Health Services, Ministry of Health and Family Welfare, Bangladesh in collaboration with the Interactive Research and Development, Bangladesh with support from the United States Agency for International Development recently, says a press release.

Prof Dr Mohammad Shahidullah, President, Bangladesh Medical and Dental Council and Chairman, Department of Neonatology, Bangabandhu Sheikh Mujib Medical University; and Prof Clare Gilbert, Professor and Researcher of International Eye Care, London School of Hygiene and Tropical Medicine, UK presented in the summit as key speakers. Prof Gilbert mentioned ROP as one of the major causes of childhood blindness globally and in Asia, including Bangladesh and highlighted the importance of timely screening and treatment to prevent avoidable blindness due to ROP.

The key recommendation in the summit was the need for creating a multi-sectoral coordination platform/mechanism for ROP programming aiming at the prevention of avoidable childhood blindness due to ROP.

  /StarHealthBD



SIBLING BULLYING MAKES PSYCHOTIC DISORDERS THREE TIMES MORE LIKELY

People who were bullied by siblings during childhood are up to three times more likely to develop psychotic disorders such as schizophrenia in early adulthood, according to new research by the University of Warwick.

The researchers found that the more frequently children are involved in sibling bullying either as bully, victim or both the more likely they are to develop a psychotic disorder. Children who are victimized both at home and by school peers are even worse off being four times more likely to develop psychotic disorders than those not involved in bullying at all.

The researchers conclude that parents and health professionals should be made aware of the long-term mental health consequences that sibling bullying may have and that interventions must be developed in order to reduce and even prevent this form of aggression within families.

Psychotic disorders such as schizophrenia or bipolar disorder cause abnormal thoughts, perceptions and often involve hallucinations or delusions. Sufferers often experience severe distress and changes in behavior and mood and have a much increased risk of suicide and health problems.

Story Source:
Materials provided by University of Warwick



In Search of Excellence