N the light of international cancer statistics tt has been estimated at present about 8 lac people are suffering from cancer at any point of time in Bangladesh: 2 lac people become the victim of cancer newly every year and out of which about one and half lac people die annually due to this disease. With the increasing people's life expectancy due to more successful control of infectious diseases and continued reduction of child mortality rate in Bangladesh the cancer incidence will also increase alarmingly in near future resulting the cancer problem of Bangladesh more

The problem of cancer is worldwide. This problem is equally important in the developed and the developing countries. The people of developed countries and even some people of developing countries are quite conscious and careful about this disease and have taken up quite a number of necessary steps for its control, while the people of Bangladesh are not at all conscious and careful, nor could take-up any significant measures to solve the problem.

Another most pitiable fact here is that the patients suffering from cancer come to the doctors at the terminal stage when very little can be done whereas at present one third cancer cases can be prevented and about 50% cured provided proper treatment be given at the very early stage.

in Bangladesh cancers of lung, mouth and throat in male

CANCER PROBLEM IN BANGLADESH

Dr Sayyid Fazlul Huq

and cancers of cervix, mouth and breast in female are very common.' Most of these cancers are either preventable or eurable at their early stages. It can be said without any doubt that smoking is the main cause

incidence of lung eancer can be reduced by 85% through the prohibition of smoking and on the other hand avoidance of chewing of tobacco and

tobacco products can reduce the cancers of mouth and

- Change in bowel or bladder habits
- 2. A sore that does not heal
- 3. Unusual bleeding or discharge
- 4. Thickening or lump in breast or elsewhere

CANCER'S SEVEN WARNING SIGNALS

- Indigestion or difficulty in swallowing
- 6. Obvious change in wart or mole
- 7. Nagging cough or hoarseness

If you have a warning signal, see your doctor.

of cancer of the lung, and cancers of the mouth and throat are directly related to chewing and smoking of tobacco. In the developed countries the result of the treatment of lung cancer is very poor and in our country it is almost nil whereas the

throat significantly. Cancers of cervix is mainly due to frequent child birth resulting laceration of cervix and cervicitis. Under the circumstances limited child birth will reduce the rate of cervical cancer and will also solve the major problem of population

growth in Bangladesh.

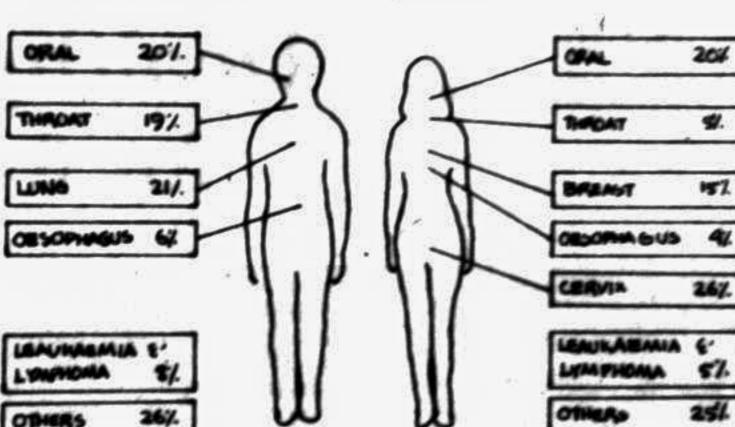
So at this moment the knowledge of cancer and its early signs and symptoms should be imparted among the people to make them conscious so that they can avoid the causes which can create cancer and can report to the doctors for treatment as soon as tree early signs and symptoms appear. Along with the creation of this awareness in the public sufficient and improved diagnostic facilities should be provided to them. It is encouraging that a programme has been taken up by the government to set up a full-fledged Cancer Research Institute and Hospital. The Rotary Club of Dhaka has also established a Cancer Detection Centre which constitutes a part of the Cancer Research Institute and Hospital.

Bangladesh Cancer Society has been formed by taking members from all categories of the population. It has been registered by the Government of Bangladesh and according to its constitution the Head of the State is its Chief Patron. In the meantime, the Bangladesh Cancer Society has drawn up a programme to make the people conscious through

publishing leaflets, booklets, periodicals and also by holding press conferences TV and Radio programme. The Bangladesh Cancer Society has been offering a cancer education course every month at the Cancer Institute, Mohakhali. Besides this a consultation centre under the name of Free Cancer Clinic has been functioning weekly at the B M A Bhaban at Topkhana road. As part of the society's future activities two separate national programmes have been taken up one on national cancer control and the other on national cancer registry.

Bangladesh Cancer Society has taken up a decision to set up a non-government Institution known as 'Cancer Home' in Dhaka in order to provide accommodation, investigation, guidance and possible treatment for the cancer patients to start with. In the near future it is to be developed into a fullfledged cancer treatment centre. For the establishment of cancer home the immediate requirement is a piece of land for which the kind attention of the government is specially

On the role of Bangladesh Government in the matter of



prevention control and treatment of cancer one can pose a question whether the government is capable of taking up an effective programme of such nature. The answer is an emphatic yes. Bangladesh Government has 81,188 government health workers including 9,630 government doctors, 6,630 government nurses and 34,524 government paramedics placed at different centres of Bangladesh including remote villages and performing their respective duties. After imparting appropriate training these health workers can be engaged concurrently in activities of cancer education prevention and control of cancer. But it is a matter of great regret that so far no step has been taken in this regard. As for the proper diagnosis and treatment of cancer there is no valid reasons as to why all the medical college hospitals and other special hospitals should

not have modern facilities for cancer diagnosis and surgical and chemotherapeutic treatment of cancer.

Availability of modern radiation treatment facilities is a must in those medical college hospitals where there are Radiotherapy Departments. Nearly everywhere there is dearth of facilities for diagnosis and treatment of cancer.

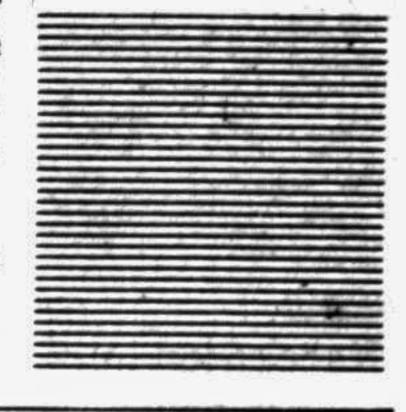
Lack of initiation and finance is responsible for this deplorable situation whereas in the past it has been observed that in some sectors there have been tremendous misuse of fund and energy. This has been an old tradition with a very deep

A new era has just started. We can therefore hope that in this new regime previous whimsical irregularities will not be allowed to

At the onset of this new era, non-government organisations will have to work side by side with the activities of government with new hope and inspiration to make them fruitful and long lasting.

From now on the society's new step will be not to confine its activities in Dhaka only but the Society should establish its branches in all the districts according to the constitution and make the people conscious about the problem of cancer and to create a strong countrywide movement. Considering the limitations of the government resources, more non-government organizations should be formed to work side by side with the government organizations for the diagnosis and treatment of cancer. It can be confidently hope that the present and future planning of the government and Bangladesh Cancer Society will bring a real solution to the control of cancer in this country in near future.

Dr Sayyid Fazlul Hug is the President of Bangladesh Cancer Society.



Country Profile on Health and Safety of Workers

by Anisuddin Khan

R ANGLADESH inherited the undermentioned ILO Conve-ntions relating to health and safety of workers. employed in the organised

Convention No. 1 relating to Hours of Work (Industry), was ratified on 14th. July, 1921. It stipulates 48 hours of work in a week for all workers in organised sectors duly covered by Factories Act, Shops and Establishments Act and Ratiway Act.

Convention No. 4 relates to Night Work for women workers and revised Convention No. was 89. The Convention No. 4 was ratified on the above date and the revised Convention No. 89 was ratified on 14th. February, 1951. The Convention No. 6 relating to Night Work by Young Persons (Industry) was revised by Convention No. 90, which was ratified on the same date.

All the stipulations in the above Conventions have been enshrined in the Factories Act. Shops and Establishments Act and Employment of Children

The Conventions Nos. 14 and 106 for weekly rest were also ratified and the provisions made in Factories Act, Mines Act, Railway Act, Road Transport Workers' Ordinance, Shops and Establishments Act and Weekly Holidays Act. among other things, particularly in respect of Weekly Rest (Industry) and Weekly Rest in Commerce and Offices.

Convention No. 15 and 16 relating to Minimum Age (Trimmers Strokers) and Medical Examination of Young Persons (Sea) were ratified on November 22, 1922 and the placements were made in Bangladesh Merchant Shipping Ordinance. The Convention No. 59 has also been ratified and incorporated in the respective

Conventions No. 18 and 19 were ratified on September 30, 1927 and related stipulations were made in Workmen's Compensation Act, 1923. is being suitably amended according to the requirement of time and the type of industry.

The Convention No. 27 relating to Marking of Weights (Packages Transported by 'Vessels) has also been ratified on September 7, 1931 and the related provisions have been made in the respective law for the safety of workers. The Convention No. 45 relating to Underground Work (Women) was ratified on March 25. 1943 and was stipulated in Mines Act. 1923.

Apart from the above two particular laws, Shops and Establishment Act and the Factories Act provide for good working conditions and environment in order to protect the health of the workers.

The Factory Act provides for safety provisions of the

workers in place of work. The Factories Act Among others, provides for cleanliness, disposal of wastes and effluents, ventilation and tem perature, dusts and fume, artificial humidification, overcrowding, lighting, drinking water, latrines, urinals and spittoons to be strictly observed by the owners.

With regard to safety, the

Act provides for precaution in case of fire, fencing of machinery, work on or near machinery in motion, employment of young persons on dangerous machines, striking gear and devices for cutting off power. self-acting machines, casting of new machinery, prohibition of employment of women and children near cotton openers. cranes and other lifting machinery, hoists and lifts, revolving machinery, pressure plant, floors, stairs and means of access, pits, sumps, opening in floors, etc. excessive weights, protection of eyes, powers to require specifications of defective parts or tests of stability safety of building and machinery, precautions against dangerous fumes, explosive or inflammable dust,

Connected with the welfare measures the Act provides for, washing facilities, first-aid appliances, canteens, shelters, rooms for the children and the responsibility to oversee the arrangments is entrusted upon a welfare officer. The Act further provides, that in every factory wherein five hundred or more workers are employed, there shall be provided and maintained an ambulance room or dispensary of the prescribed size containing the prescribed equipment or similar facilities, in the charge of such medical and nursing staff as may be prescribed.

The Act further provides for provisions in respect of dangerous operations with the following stipulations:

"Where the Government is satisfied that any operations carried on in a factory exposes any person employed in it to a serious risk of bodily injury. poisoning, or disease, it may make rules applicable to such factory or class of factories in which operation is carried on

- specifying the operation and declaring it to be of hazardous:
- (b) prohibiting or restricting the employment of women, adolescents of children in the operation;
- providing for the periodical medical examination of the persons employed in the operation and prohibiting the employment of persons or certified as
- fit for such employment; providing for the protection of all such persons employed in the operation or in the vicinity of the places where it is carried
- prohibiting, restricting or controlling the use of any specific materials or processes in connection with the operation.

There are, however, many other provisions in the Act and

to supervise and inspect the implementation of the law, a department of Chief Inspector of Factories and Establishment has been set up and the Inspectors' duties and responsibilities have been mentioned in the law. In order to attain food

caused by pests, more that 150 types of chemicals are used by farmers to save the crop from pest infestations. The Department of Plant Protection enacted Pesticide

auterky for control of loss

Ordinance in 1971 and was successively amended up to 1984. The Pesticide Rules were enacted in 1985 and responsibility for the implementation was entrusted upon the Department of Agricultural Extension.

The Pesticides Rules, 1985 are very important and exhaustive piece of work done by the Ministry of Agriculture for the purpose of implementation of the Pesticide Ordinance, 1971 as modified up to 30th. June, 1984. All the necessary ingredients for the proper and meticulous enforcement of the law and safe use of pesticides, have been enacted.

The Rules provide provisions for registration of pesti-

Eye-donation Scheme Runs into Testing **Problem**

Concern about the transmission through eye transplants of Hepatitis B and the HIV virus that leads to Aids is affecting the work of the Sri Lanka Eye Donation Society, which pioneered worldwide cornea donation and has facilitated the donation of more than 25,000 eyes in the last 25

The society has stopped sending eyes to Singapore General Hospital, which now insists on a certificate guaranteeing non-infection with HIV, reports NALAKA GUNAWAR-DENE from Colombo.

Dr. Hudson Silva, founder and president of the society, says that not one of thousands of donor blood tests has proved positive, but that in a few cases it is impossible to do such tests.

For Hepatitis B, Sri Lanka has only one testing facility. which means that eyes cannot be routinely tested for the virus. As a result, efforts to start an eye donation scheme to Australia, which demands both HIV and Hepatitis B testing, have had to be scrapped.

But says Dr Silva: "We are now trying to acquire our own Hepatitis B testing equipment. The cost involved is around US\$2,500 and we hope some donor agency or a recipient country will sponsor it. Then the testing per eye will only be about US\$1.25 which we can easily cover." /PANOS

cides and its rejection, renewal, cancellation and discontinuation of manufacture or formulation. Almost nine conditions have been laid down in the rules to be complied with after registration, relating to maintenance of adequately qualified staff, suitable premise and plant for proper manufacture, formulation, packing and/or storage, maintaining laboratory for carrying out quality control tests, maintaining records of the manufacture and formulation issued for sale and distribution. The rules also allows any person authorised by the Government to enter into any premises where the manufacture, formulation or packing is being carried on, allow to inspect the premises and means employed for testing, to report to the government any change in the expert staff, observe conditions for the storage of pesticides, provide for protective appliances and clothing to the workers and taking necessary precautions for their health, arrange medical check-up and providing treatment free of cost.

Conditions have been laid down for import of pesticides with regard to registration, packing, labeling and storage facilities. There should be imported through recognised routes.

The rules specify forms to obtain licence for manufacture. formulation, stock, repacking, labeling and storage facilities and fees thereof have also been specific. The rules also provide for conditions under which licence will be refused, issuing of duplicate licence, duration of licence and provision for appeal if rejected, conditions of licence.

The rules lay down functions of the Technical Advisory Committee, of the laboratory, despatch of samples for test or analysis, access to information, distribution of information. disclosure of information method to be followed by laboratory and limits of variability to be allowed.

The rules prohibit sale or distribution unless packed and labelled. Pesticides shall be packed in approved container including samples. All packages must contain leaflets with all the details with particular reference to warning and cautionary statements including the symptoms of poisoning and adequate safety measures and emergency first-aid treatment, in Bangla. The innermost container must contain it its label all the information including antidotes. The following symbols shall be used in the labels:: 1. Pesticide belonging to the Category I (highly toxic) contain a symbol of a

- skull and cross bones and the word "POISON" printed in red;
- The words "KEEP OUT OF THE REACH OF CHIL-DREN" shall appear on the label; pesticides in category II

(moderately toxic) shall

bear the word "POISON" "DANGER" and the statement "KEEP OUT OF THE REACH OF CHIL-DREN":

pesticides in category III (slightly toxic) shall bear the words, "POISON" "CAUTION" and the statement, "KEEP OUT OF REACH OF THE CHILDREN". The lower part of the square la diamond shaped square to be inserted in the label) shall contain the colour specifled in column 5 of the table in Rule depending on the classification of the pesticides specified in the corresponding entry in column (1).

The Rules prohibit unwar ranted claims of safety, efficacy or 'Safe', 'Non-injurious', 'Nonpoisonous', etc.

The Rules specify qualifica tion and power and duties of the government Analyst, procedure for receipt of samples, report of result of test or anal ysts and fees payable.

The duties of the inspectors include inspection of premises of manufacture, formulation, packing including those wherefrom pesticides being sold, stocked, exhibited, dis tributed and sold. Collect samples, enter and search premises and seize pesticides and materials including registers, cash memos, invoices and bills which he has reasons to believe, may furnish evidence of the commission of an offence puntshable under the law. The rules also prohibit disclosure of information and lay down procedures to be fol lowed by the inspectors.

The Rules provide for the manner of packing and storage while in transit by rail and conditions for storage of pesti-

The Rules provide for medical examination, maintenance of First-Aid measures, including protective clothing for persons who handle pesticides with goggles, gloves, hood, and respiratory devices.

The Rules provide for age, training of workers and disposal of surplus materials and empty packages.

The Rules suggest standard safety precautions for the health of workers.

all such information which are

needed by the production

workers and end users for safe

use of pesticides.

pest control.

Basically, the Rules, provide

The use of pesticides now a threat to the environment, as a result various activists are now suggesting government to revert to alternative methods of

It is however, not a denying fact that Bangladesh has very good laws with regard to health and safety but their implementation is not adequate in terms of manpower, equipment and political will.

It is an area where international assistance needs careful attention in the interest of increased production, health and safety of all kinds of workers.

Health Education Should Receive Priority

by Habib Sadat Chaudhury

week they will organize meet-

N Bangladesh, a pro gramme to provide purifled water, unadulterated food and proper sanitation to everyone should get more priority than building new hospitals" - a foreign specialist commented. A programme that can teach everyone the fundamentals of primary health-care, will create a healthy environment where the chance of getting infected with diseases may reduce up to 80 per cent. It will also save the government from building more hospitals which the government can utilise to improve the quality of the existing hospitals with a view to ensure health for all by the year 2000. Teaching people the primary health-car needs means treating without medicine and before infection. But how can we grow awareness among the people? Yes, by taking up a national pro-

What shall we teach them?

gramme of health education.

First, we must communicate the basic rules of personal health-care. Such as -

I) "Drink purified water. While preparing food always use boiled water.'

II) "Build up proper sanitation facilities and make sure that you wash your hands before meals. It will save you from deadly diseases."

Moreover, there should be important information regard. ing child health-care. For ex-

III) "Breast-feeding is the best for your child. Beside providing adequate nutrition, it will enhance the resistance power of your child."

IV) "Save your child from six deadly diseases by vaccina-

V) "Use oral rehydration saline to check dehydration of your child. It will save his/her

VI) "Take precautional measures against the infection and spread of malaria."

The programme should also include some general information and advice, like -VII) "Take iodised salt and

save yourself from goitre. VIII) "Smoking is injurious to health. Stop smoking and save yourself from smokingrelated diseases."

X) "Build up farms and vegetable gardens: take vegetable. meat, egg and milk regularly."

Spread of health education

sures against AIDS."

IX) "Take precautional mea-

First, a week-long nationwide programme should be taken up. The driving force of the programme will be the students of university-level, government doctors and health-workers. Their place of work will be all the Upazila Health Complexes. For one

Juma prayers (weekly congreings and teach the people the rules of maintaining good health. They will go to every house and after survey of health-care habits they will write down their comments about every family in a special

It will be used by the Health Complex to take necessary follow-ups when the field workers return to their occu-

Beside Upazila Health Complexes the government may find some institutions ready on their toes to serve the cause. For example — BRAC (There are 50,000 open tutorials under is guidance). Cooperative for child-care (Narindra, Dhaka), Ganoshastha Kendro, Bangladesh Academy for Rura Development (BARD, Comilla) Destitute Welfare Trust (Bagura), "Suravi" (Educational institution) and many other

In spreading the health education the Imams (who led prayers at mosques) can play an important role. They may teach the "musallis" (People who come to pray) the basic health-care needs while delivering "Khutba" (speech) at

gations) - which will have a speedy and satisfactory effect.

What will be the cost?

Believe it or not, the main expense of such a successful programme will be only chalk pencils and black-boards. The language of black-boards, mainly illustrative, will in one week make the nation aware of health-care measures and will encourage them to attain good

Only a little part of the expense will be for transport facilities of the volunteer

field-workers.

To make such an inexpensive, programme a success there is a need for strong political commitment. To hold out the fruits of the programme, the compulsory primary education programme should be stepped up side by side, so that the teachings of the health education programme will benefit future

We may try such a programme to ensure health for all by the year 2000, by doing which we will make our hard-earned independence more meaningful.



UN 1968, THE INTERNATIONAL CONFERENCE ON HUMAN RIGHTS SAID"PARENTS HAVE A BASIC HUMAN RIGHT TO DETERMINE FREELY AND RESPONSIBLY THE NUMBER AND SPACING OF THEIR CHILDREN."

THAT STATEMENT WAS REAFFIRMED BY FIVE SUBSEQUENT WORLD FORUMS AND HAS BEEN THE BASIS OF INTERNATIONAL PLHERE ACTION EVER SINCE.

THREE ASPECTS MUST BE CONSI-DERED TO ENSURE THAT THE RIGHT TO FAMILY PLANNING SECOMES A REALITY: OTHE PROVISION OF SERVICES, INFOR-

HUMAN MATION AND EDUCATION. RIGHT. OTHE REMOVAL OF LEGAL RESTRICTIONS. BA SOCIAL CHANGE PAVORABLE TO FAMILY PLANNING.

IS NO EX-

CUSE TO DIS-

REGARD FAM-

ILY PLANNING