

# Teenage Pregnancy Causes Tragedies

by Shameem Akhter

RECENTLY I read a film story, 'Two mother', and I was moved by Salaama's story. Salaama was a 15-year-old teenage mother. She was suffering from pregnancy-related complications. Many teenage mothers like Salaama always suffer in our country. Many Salaamas are dying everyday silently in remote corners of rural Bangladesh due to causes that can be prevented.

In our country, out of the total female population of 54.5 million, almost 14 million are between the ages of 10-19 years. The life patterns of most Bangladeshi teenage girls are conditioned by various male dominated institutions governing the family, the society and the economy. In our society daughters are always brought up as transitory members of the family, so that a daughter has to be married as soon as possible. Marriage is virtually universal in our society, the legal minimum age for marriage has been fixed at 18 years. However, the median age of marriage for women is 16.8 years. Teenage marriage is widespread in the developing countries, with the highest incidence in Bangladesh, where 72% of women aged 15-19 are married, and four out of five teenage girls are mothers.

Teenage pregnancy and its consequences have been identified as a major reproductive health problem in many developing countries as well as in Bangladesh. Early pregnancy regardless of marital status is more dangerous for teenagers and their infants than for older women. Studies found that, there would be 34% fewer maternal deaths, if there were no births to women under 20. Early marriage and childbearing are closely linked to maternal mortality. Early childbearing increases the chances

of medical complications. Teenage mothers run double the risk of dying in childbirth. Moreover, early sexual relations and pregnancy curtail education, employment opportunities, and other social opportunities for teenage mothers.

Majority of Bangladeshi teenage girls are born in rural areas where poverty affects every aspect of their lives. Girls

starting from their birth become the victim of sex-biased parental behaviour and food restrictions. Availability of food for girls is associated with a number of factors in the culture and value system of our society. They may also get less to eat. In many families, men

and boys eat first, women and girls eat the leftovers. This is because man and boys are earners of family income. Boys get fed 16 per cent more than girls, according to the UNFPA World population 1989 report. A study found that the daily caloric intake of boys under age five was 809 while that of girls was 694. These patterns are reflected in nutritional related complications. Nutrition during the teenage is related to their eventual body size, and particularly pelvic dimensions affect pregnancy outcome and result in morbidity.

The specific risks of teenage or early pregnancy include: toxemia of pregnancy, preeclampsia, eclampsia, severe anaemia, obstructed labour, difficult and prolonged labour, haemorrhage antepartum and post partum etc.

Children born to a teenage mother are more than twice as likely to die in their first year of life, and they run double the extra risks associated with births spaced less than two years apart. Study showed that maternal mortality for the 13-17 years age group was 5.8 per 1000 compared to 1.8 per 1000 for the 18-23 years old and major causes of death in the teenage mothers were obstructed labour and toxemia. The Matlab Study found that a total of 1,037 deaths occurred among women aged 15-24 between 1976 to 1985.

Teenage care is an important component of maternal and child health care (MCH). Improved Teenagers' health services, education, income, employment opportunities are essential for the better health of the teenagers. Now our strategies should be to avoid early marriage and early childbearing.



Teenage mother with her child

## Fighting Anomalies of Autonomic Nervous System

by Mirza MN Islam

WE know there are some virus which have got special affinity or predilection for some special nerve, e.g. trigeminal nerve or its branches become the target of herpes zoster ophthalmicus. Some virus or their toxin have their predilection for para sympathetic or vagus nerve branches of various locations. When a man is bitten by a rabid animal in the hand or in the leg, the virus will produce the disease hydrophobia with its predilection for the vagus nerve endings spread over the muscles of deglutition. For the spasm of the muscles of deglutition brought about by the viral stimulation, the patient cannot swallow water. Some viruses or their toxin have got their predilection for some special nerves on various locations. In case of Asiatic Cholera and diarrhoea causative organisms or their toxins have predilection for vagus nerve endings located on or near middle part of intestine. In case of acute Bacillary Dysentery the organisms have their predilection for the vagus nerve endings located on or near last part of the intestine. Here the over stimulation of the vagus nerve produces "tenesmus" and frequent passing of blood and mucus. Some times this may result in prolapse of rectum, in some children.

**Miraculous Action of Two Injections**  
While treating a case of Bacillary Dysentery, an incidence occurred about 33 years back. That time I was not an eye doctor, I was a G.P. that patient was given one Inj. Emetine by a village doctor in the morning. I went to see that patient at about 11 a.m. The patient was crying wild from pain. I pushed Inj. Transentine one ampoule and came back, without going into details. I would like to say, that the result was a miracle and astonishing. That Inj. Emetine followed by Inj. Transentine can produce a miracle was not known to me. The patient got recovered without further medicine and that was to me the magic lamp of Aladdin. After that I utilised this formula in treatment of other acute dysenteries, acute diarrhoeas, prolapse of rectum and even Asiatic cholera. In all cases the response and success was always a miracle. I was overwhelmed with the result. At the same time, I was worried, as I could not explain how the miracle took place. Afterwards I was able to find

out the secret-how it worked. I found that the parasympathetic nerve and vagus nerve played a very key role.

For decades "Emetine" had been used for amoebicidal action and 'transentine' used for its antispasmodic action.

Their lonely actions are known to all-but their combined action i.e. their coordinated action which is based on utilising the nerve impulse of parasympathetic nerve endings-produces Neurone-blocking action-which is as good as profound depression of parasympathetic nerve endings.

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ing action-which is as good as profound depression of parasympathetic nerve endings. It is most likely that parasympathetic stimulation may be traced to be the real platform where some important diseases take their origin and it is still lying hidden from our knowledge. When we will take up this formula to treat vagal irritation with vagal depression, more & more diseases will be brought to the fold of our method with blessings of overall quick recovery.

At present the Babies suffering from viral diarrhoea have to pass prolonged period in bed-ridden condition. There is possibility, we will be able to cut-short such prolonged period.

What is the mechanism of the on-rush of fluid in case of Asiatic Cholera and Diarrhoea. It cannot be outlined without appreciating the role of parasympathetic nerves. Similarly the mechanism of the spasm of the muscles of the deglutition in case of hydrophobia cannot be outlined keeping a way the role of parasympathetic nerve.

Similarly our method will be of a great value in veterinary treatment also. We should be able to find out those diseases which are initiated by stimulation of parasympathetic nerve endings (vagus) which may include, hydrophobia, Asiatic Cholera and may more diseases.

### The Brain

In order to maintain the control all over the body the human brain engages some nerves or agencies to perform

specific duties. We know Autonomic Nervous system has got 2(two) divisions: (i) The sympathetic nerves and (ii) The parasympathetic nerves (P.S.N). The P.S.N-vagus is such an agency known as the visceral effector. Vagus Nerve plays the role of an administrator.

The stimulation and depression of vagus nerve, its effects on heart lungs intestine etc. are known to the physicians. Those who are suffering

pages of the book. We have applied this action of Emetine in therapeutics with satisfactory results. I then stated how depression of vagus nerve can be brought about by pushing first on dose of Inj. Emetine, followed 5 minutes later by Inj. of one dose of Transentine. The coordinated action of them will produce profound depression of parasympathetic nerve.

Thirty three years back Inj. Transentine ( Adiphenine) of 'Ciba' Company was available in Bangladesh. Now it is out of production and so this is not available anywhere. If the Govt. of Bangladesh advises the 'Ciba Geigy' Company to supply one hundred ampoules of Adephepine for purpose of research then those ampoules may be available for demonstrating our findings of new technology.

With the Govt. of Bangladesh take this step for the sake of successful application of Science in ameliorating human sufferings? If the Government kindly take this step then we will be able to introduce this new technology and to declare the following: Adrenergic Neurone Blocking action of Emetine has been first brought into successful application in Bangladesh. As a result of this it will be possible to bring about profound depression of parasympathetic nerve a very important achievement in medical practice. The course of acute Dysentery, acute Diarrhoea and Cholera will be brought under full control for speedy recovery within 1(one) minute. Just as we can do "on" and "off" of the electrical current by pressing the switch, so also we can do "on" and "off" of a nerve impulse, in a human body with the help of some drugs; by utilising the nerve impulse we can bring about control and recovery from the disease within a very short time; the causative organisms or virus or their toxin can not start a disease till they can produce stimulation of some vagal nerve endings; various diseases and symptoms produced by vagal stimulation in different parts of the body will vanish instantly as soon as we apply depression of the vagus nerve; It is sure the coordinated action of Inj. Emetine and Inj. Adiphenine by producing depression of vagus nerve will bring about further success and blessings for humanity in the years to come; Incidentally it is the first time the nerve impulse is being utilised in medical science for achieving total control and recovery from

from gastric ulcer or hyper acidity in them the main factor in common is the increased production of Hcl. acid which is caused by the stimulation of vagus nerve. In some cases of Hyperacidity the Doctor decides to do vagotomy operation in order to give relief to the patient. Similarly over stimulation of vagus nerve may produce different symptoms and diseases in different parts of its network. Tenesmus in acute dysentery, vomiting & purging in acute diarrhoea & cholera and violent spasm in deglutition apparatus in case of Hydro-Phobia are some of the pictures of vagal irritation. If we can meet the vagal irritation with profound depression then these symptoms will vanish in no time. Over stimulation of the vagus nerve or vagal irritation may be caused by-(i) some specific microorganisms or their toxin,(ii) some specific virus or their toxin,(iii) some psychological factors and (iv) other factors.

**Professor D.R Laurence**  
Professor D. R Laurence is the author of "Clinical Pharmacology". He is also the Professor of "Pharmacology & Therapeutics" of University College Hospital London.  
In 1989 we had an occasion to go to London. There we held a consultation with professor Laurence about the action of Emetine. In course of his talk Prof. Laurence said "Emetine has got Adrenergic Neurone Blocking action". We said that, "This action of Emetine is quite right but you have kept this action of Emetine Limited within the

**A**TTITUDES towards smoking are changing the world over. Western governments, albeit reluctantly, have accepted that cigarettes are bad for human beings — and that public funds can be put to far better use than paying to treat smoking related diseases.

In Australia, the huge billboards advertising cigarettes have disappeared. They are banned. In Britain, billboards are permitted — provided they carry in large letters a warning from her Majesty's Government that smoking is harmful. In Canada, old billboards can remain, but new ones cannot be put up.

Yet in much of impoverished Asia and Africa, which can least afford to foot huge public health costs, cigarettes are advertised in billboards, newspapers and even on television with impunity.

In the Third World, where legislation is slow and legislators not subject to powerful public-interest pressure groups, the tobacco companies easily circumvent advertising bans.

In Sri Lanka, where cigarette advertising is banned on TV, the tobacco companies sponsor sports events. By doing this they can display banners and billboards at cricket, rugby and soccer stadia and get their products mentioned almost daily on TV, radio, and the sports pages of newspapers.

In Taiwan, where tobacco ads in newspapers and broadcasting are restricted, foreign cigarette companies hand out free cigarettes at discos, night markets and video-game arcades, drawing youngsters into the smoking habit.

The World Health Organisation says about 2.5 million people die annually from smoking-related diseases. More and more scientific evidence against tobacco comes to light. Among the most prominent compounds contained in tobacco are nicotine, carbon monoxide and tars.

Nicotine enters the bloodstream and hits the brain within seven seconds of inhaling cigarette fumes — stimulating the release of several brain chemicals. It causes blood vessels to tighten and increases blood pressure, both of which

## Free Cigarettes Promote the Smoking Habit

by Dr Sanjiva Wijesinha

aggravate heart problems. Carbon monoxide combines with Haemoglobin in the blood, impeding its work of carrying oxygen, so that even minute amounts of this gas restrict oxygen supply to the body's cells, and strains the heart.

As for the tars in tobacco smoke, many have been iden-

garette exports amounted to \$2.6 billion — almost double the 1986 figures.

In Asia and Africa, US cigarette companies often try to light up the hitherto unexploited female and teenage markets — a strategy that particularly angers health experts.

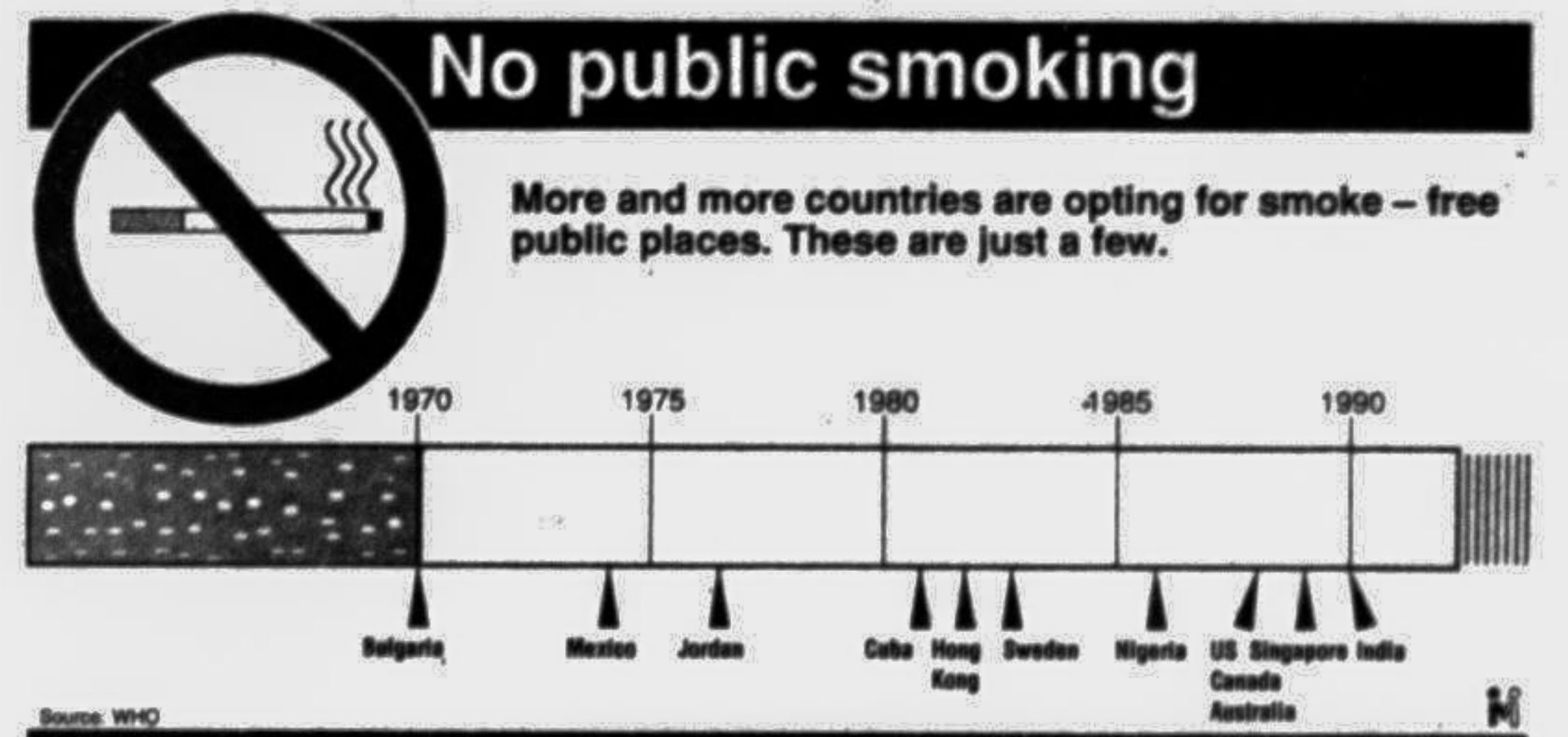
In Japan, a recent survey by the Prime Minister's office re-

tators, claiming to uphold the principle of fair trade, have helped tobacco giants like R.J. Reynolds and Phillip Morris break down import barriers and enter Asian markets — Japan in 1985, Taiwan in 1987 and South Korea in 1988.

Former American Surgeon-General C. Everett Koop, who retired last year after campaigning passionately during his eight years in office to stop Americans smoking, observed: "At a time when we are pleading with foreign governments to control, the export of cocaine, it is the height of hypocrisy for the US to export tobacco."

American Congressman Chester Atkins described US government hypocrisy more

*As the governments of industrialised countries clamp down on cigarette advertising at home, they encourage tobacco companies to promote their wares in the Third World. In Taiwan, foreign companies hand out free cigarettes in discos to encourage young people to acquire the smoking habit. One US congressman said: "Our trade policy seems to be saying we consider Asian lungs more expendable than American lungs."*



Source: WHO

More and more countries are opting for smoke-free public places. These are just a few.

tified as cancer-causing carcinogens. Lung cancer has increased with the smoking habit. Today it is the leading cancer killer among men throughout the world.

As cigarette sales decline in the West, tobacco companies are aggressively pushing sales in Third World countries. The American industry, faced with an annual two per cent fall in cigarette consumption in the US, depends on exports for growth. In 1988, American ci-

ported that an increasing number of women and adolescents had picked up the habit. In Taiwan, one study reported that nearly 45 per cent of 16- to 20-year-olds smoke.

American cigarette companies are being backed in their efforts to break into Third World markets by the US government, which has threatened trade sanctions against Asian countries that ban imports.

Since 1986 US trade nego-

seems to be saying to our partners that we consider Asian lungs more expendable than American lungs."

As antismoking campaigns have only begun to gain momentum in most Third World countries, so the tobacco companies will probably generate a lot more profits for themselves — in these regions for many years to come.

— (GEMINI NEWS)

## Waking Up to the AIDS Menace

When the first AIDS case was reported in Thailand in 1984, the country was enjoying a sex-tourism bonanza.

Hardly anyone noticed the news item tucked away in the Bangkok papers.

Eight years later, an estimated 570,000 people in this South-east Asian nation are carriers of the AIDS human immunodeficiency virus (HIV) — one in every 28 Thais is infected.

Unless drastic measures are taken, warns Thailand's Ministry of Public Health, there may be as many as four million AIDS cases in Thailand by the year 2000.

The Thai government has realised a little belatedly that it is paying a high price for looking at only the short-term gain from its entertainment industry that brought jumbos full of European, Japanese and Australian sex tourists flocking to their country.

The UN World Health Organisation (WHO) has cho-

sen Thailand as one of four countries to start testing the AIDS vaccine. The others are Brazil, Rwanda and Uganda.

Thailand has been selected for various reasons, asserts Dr Georges Loh of WHO in Bangkok. It has a very good health infrastructure it has kept data on the AIDS situation and it has many laboratories for testing.

**Thailand has realised belatedly that the price it is paying for its highly profitable tourism industry is an epidemic of the deadly AIDS disease. Adm. Gaye of IPS reports.**

This explanation is mainly to soothe Thai sensibilities, says one international public health expert here. Actually the AIDS situation in Thailand is as bad as in some central African countries.

Together with India, Thailand is the worst-affected by the AIDS pandemic in Asia. And WHO experts say the total HIV-infected population in Asia could soon overtake Africa.

Many Thai officials are incensed that their country is getting negative publicity, and still fear it may hurt the country's dollar-earning tourism industry.

Others bristle at the suggestion that Thailand should be chosen for vaccine testing. There are reports the Thai army is also considering a US offer to test vaccines. A recent survey showed that five per cent of Thai military conscripts are HIV-positive.

"We should not be used as guinea pigs," said Prawasa Wasi, a professor in the division of hematology of the Siriraj Hospital in Bangkok. "This is an insult to the Thai government, the public health authorities and other authorities concerned."

Experimental anti-AIDS vaccines are being tested at present on a small number of human volunteers in North America and Europe. But WHO says it needs to test them in different parts of the world since there may be other HIV strains.

WHO expects to start its own vaccine tests by mid-1992. In Thailand, Loh told IPS the first tests will be conducted on a limited number of volunteers.

"We will concentrate on small groups, comprising for the moment equal numbers of

men and women, but later women will certainly dominate," he added.

WHO wants to target female and male sex workers. In northern Thailand 10 per cent of males between 20-24 have tested HIV-positive.

Northern Thailand is fertile ground for AIDS because of the combination of sex tourism and high intravenous drug use.

But Michael Merson, of WHO's global programme against AIDS cautioned that existing vaccines are still experimental and "are not the immediate answer for Thailand or any other country to the AIDS menace."

"The best vaccine in the world is still education and prevention," Merson said.

Despite Thailand's late response, UN officials here praise the government of Prime Minister Anand Panyarachun which was installed by the military junta after a coup in February this year.

The Anand government is taking the AIDS menace seriously, and in the nine months since it came to power has allocated more money than ever before to spread awareness about the disease.

International organisations have stepped in to help the Thai ministry of public health. The WHO and the United Nations Development Programme (UNDP) are the biggest contributors.

UNDP is also helping with a US\$860 million project to train health officials, school-teachers and nurses.

A national committee against AIDS has been formed with the prime minister as chairman. One of the members is renowned Thai anti-AIDS activist, Meechai Viravaidya — also known as Mr Condom for his high-profile efforts to make prophylactics more widely used.

The thrust of Meechai's war on AIDS is a massive public awareness programme. All 485 radio stations and five television networks in Thailand have been mobilised. "The public will be told the reality of AIDS, how you get it, and how you prevent it," he says.

— Bangkok (IPS)

## NO EXCUSE...

**THE CHANCES OF A CHILD TO SURVIVE GREATLY IMPROVES IF COUPLES ARE ABLE TO SPACE BIRTHS, LIMIT THEIR NUMBER OF CHILDREN, AND AVOID PREGNANCIES TOO EARLY OR TOO LATE IN THE MOTHER'S LIFE.**

**IF BIRTHS WERE SPACED AT LEAST TWO YEARS APART, ONE IN FIVE INFANT DEATHS IN DEVELOPING COUNTRIES COULD BE PREVENTED.**

**INFANTS BORN LESS THAN TWO YEARS AFTER AN OLDER BROTHER OR SISTER HAVE A HIGHER DEATH RATE THAN THOSE WITH A BIRTH INTERVAL OF TWO TO FOUR YEARS.**

**IF PRACTICED ALONGSIDE OTHER CHILD SURVIVAL STRATEGIES, FAMILY PLANNING CAN ASSURE PARENTS THAT THEIR YOUNGER CHILDREN WILL SURVIVE INTO ADULTHOOD.**

PSI-18 **DEPTHnews**

