

Maternal Mortality and its Prevention Focusing on Nutrition

MATERNAL mortality is the leading cause of death among women of childbearing age in our country. It is also one of the most preventable causes of death.

Maternal morbidity and mortality are closely related to women's illiteracy, malnutrition and low socio-economic status. The deplorable social system of early marriage, traditional attitudes, beliefs and practices also contribute to women's poor health and place them at risk of complications of pregnancy and child birth. Early childbearing increases the chances of medical complications. Adolescent mothers run double the risk of dying in childbirth. During 1978-79, a national survey found a maternal death rate of 5.4 per 1000 live births. Studies estimated that there is one death for every 200 deliveries. A study to determine the extent of maternal mortality in rural Bangladesh has found a maternal mortality rate of 5.5 deaths per 1,000 live births.

Studies indicate that three quarters of maternal deaths in developing countries as well as in Bangladesh are caused by one of five obstetric complications: haemorrhage obstructed labour, infection, eclampsia and abortion complications. In Matlab, according to the study, during the 1976-85 period, a total of 1,037 deaths occurred among women aged 15-44. Of these, 387 (37 per cent) were attributed to maternity related causes, one third of cases of maternal deaths occurred before labour and delivery. Also 20 per cent of deaths occurred due to post-partum haemorrhage — the most common cases of death. Again, 18 per cent of deaths, were caused by abortion and 12 per cent of death by toxemia and eclampsia.

Causes of maternal mortality are potentially preventable through provision of basic antenatal care. But antenatal and postnatal care are scarce in rural Bangladesh with limited referral or management facilities for high risk pregnancies. Only 35 per cent of women take health related advice during

pregnancy. Mostly, delivery is conducted at homes in unclean surroundings and mostly by untrained Dais. Only 1.1 per cent of deliveries in the rural areas are done in health complexes. A study on 831 elderly mothers and 687 TBAS from villages, revealed that women rarely seek medical advice even in case of serious complications of pregnancy and child

by Shameem Akhter

birth like eclampsia, jaundice etc. Most of the mothers (96 per cent) reported to have had deliveries with the assistance of TBAS. Socio-economic status and employment opportunities, extent of chronic illness, improved, health services, prenatal care, prolonged breastfeeding, and other many more factors play important role in deciding maternal mortality and morbidity. Family Planning plays a very significant

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part of the mother, child health (MCH) programme, showed that, increased contraceptive usage led to reduction in high risk pregnancies. One of the most effective ways of reducing the dangers of pregnancy and child birth is to plan the timing of births. Some study estimated that, many lives would be saved if the pattern of child bearing in our country, could be altered by improved health and family

planning service. There would be 34 per cent fewer maternal deaths, if there is no births to women under 20 or over 39 years of age. If no births occurred to women with five or more children, there would be 25 per cent fewer maternal deaths. The number of maternal deaths would fall by 55 per cent, if all births were successfully concentrated in the age

group 20-39 and at parity of five or less.

Why does childbearing kill so many women in our country? Many others suffer from various illness — some long-term and disabling. How many suffer is not known, nor has the toll on their lives been measured. Our social, cultural and religious attitude has neglected these women. Infact, to the tragic loss of women's lives. Maternal deaths leave

thousands and thousands of motherless children, whose lives, health and welfare are often jeopardized.

The effects of maternal mortality and morbidity extend far beyond the personal, family and community tragedy. We need to review current strategies of women health and to make adequate resources available for the implementation of new measures.

It may be wise to suggest that there should be serious endeavour to reduce the level of maternal mortality through the following measures:

- Ensuring basic information about pregnancy and childbearing
- Avoiding pregnancies below the age of 18 years or above the age of 35.
- Enough food throughout life, specially beginning in childhood, more rest beginning in childhood.
- Emphasis on screening pregnant women and referral of women at high-risk of complications in pregnancy or delivery to centres where they can receive special care.
- Ensuring a trained person who should assist at birth.
- Strengthening referral system for proper handling of pregnancy or delivery related complications.
- Ensuring that all pregnant women are adequately immunized against tetanus.
- Ensuring that training of medical personnel emphasizes a community based/primary health care approach.
- Counselling and public information on the benefits to mother and child of extended breastfeeding.
- Family Planning to help avoid dangerous pregnancies, so that proper utilization of family planning service all over the country, is ensured.
- Education and employment opportunities are essential to improve women's status, delayed marriage makes women more aware of their own health importance.



Mother and child receive not so much health care.

Mystery of Acupunture Unveiled

CHINESE research is slowly unmasking the secrets of acupunture, the traditional Chinese treatment using needles to cure ailments.

According to traditional Chinese medical theory, invisible acupunture points (in which acupunture needles are inserted) are found on the human body through which flows "vital energy."

Aliments result, the theory goes, when the flow of these energy points is blocked by unhealthy lifestyles and diets. Acupunture needles are used to unclog the energy, or Meridian, points.

Prof Zhu Zongxiang of the Institute of Biophysics of the Chinese Academy of Sciences and his colleagues are credited for unveiling the mystery of the traditional Theory of Meridians which holds that the human body has 14 main channels called "Jing" which are linked with numerous sub-channels that spread all over the body.

According to the theory, the Meridians are decisive factors affecting a person's health and life expectancy. Since the Meridians are invisible, the theory was shrouded in mystery for centuries.

Now Prof Zhu and his colleagues have located all the 14 Meridian channels of the human body by using sophisticated equipment.

Prof L Y Wet of the Waterloo University of Canada wrote in the Introduction to his book "Science and Techniques of Acupunture and Moxibustion": "Under the general direction of Prof Zhu Zongxiang at academia Sinica (Beijing), the highly intangible Meridians were made not only perceptible but also audible... the solid evidence for their existence will certainly have great impact upon science and medicine of the future."

When the Meridian theory is accepted widely by doctors of western medicine, it will bring significant changes in the methods of medical treatment. Many diseases can be cured by applying the theory so that patients do not have to take harmful pharmaceuticals," says Prof Zhu.

"This is not a fond hope, for it has already been proved by many medical cases," he says.

Prof Zhu and his colleagues have proven the existence of the Jing, or main Meridians, by three biophysical methods.

The first method applies electric impulse stimuli on the stomach channel (this channel is after chosen because it extends from head to toe and has many key acupunture points.)

A rubber hammer is used to tap the skin surface along the

stomach channel and its adjacent areas to find hypersensitive points. These hypersensitive points, when linked up, form an imaginary line basically coinciding with the stomach channel described in the "Yellow Emperor's Canon," an ancient Chinese medical encyclopedia written more than 2,000 years ago.

The second method is using a specially designed instrument called "low-frequency skin impedance detector" which sends electric current to the skin with the current measured by a micro-ammeter.

When the metal probe of the detector reaches any point on the stomach channel, a sharp fluctuation of the micro-ammeter is noted. The result shows that the low impedance points form a continuous, uninterrupted line only 1 millimetre thick and is identical with the hypersensitive line.

The third method consists in using, a mechanically controlled rubber hammer to tap the skin surface to find points of high percussion sound which is analysed by a computer.

These points also form a continuous line coinciding with that found by the two other methods.

These methods have been applied on thousands of patients, with the same result. Using the latter two methods, Prof Zhu found that the lower limb of a patient suffering from bone cancer inside the limb has the same meridian channels before and after the limb was cut off. After trying out these methods on 60 such patients before and after their limbs were amputated, Prof Zhu announced that the meridian system is independent of the central nervous and blood circulatory systems.

Another important discovery is that although the meridians cannot be seen, the cells of the skin on the meridian channels, when examined under microscope, show morphological differences from surrounding cells.

Prof Zhu has found that such animals as rat, rabbit, guinea pig, pig and sheep also have meridian channels, whose location is similar to that on the human being. He has also discovered that water melon, Hami melon, banana and cucumber, too have meridian channels characterised by low impedance and high percussion sound properties.

Thus the professor has provided scientific proof for the viability of practices of tradi-

by Yuan Jiang

tion Chinese medicine including acupunture, traditional massage and Qigong.

Meridian acupunture has proved to be effective in treating not only asthma, coronary heart disease and Parkinson's disease but also emphysema and other diseases. While traditional practitioners locate acupunture points by relying on their experience, Prof Zhu's method is to find the meridian channels first and then select the points. Thus the insertion of needles is more accurately.

The professor says the meridian theory should be applied much more widely. While continuing to study, the nature and mechanism of the meridians, Prof Zhu is now giving lectures to a growing number of people in the hope of making the ancient medical theory serve millions.

"Everybody can be health-

ier, more energetic and live longer by doing some massage and physical exercises daily to temper his or her meridians," he says.

He explains that "the meridians are a system which give overall control over the human body and is the key to maintaining health and longevity."

Acupunture, massage, Qigong and physical exercises all stimulate the meridian system so that it strengthens its control over all other systems of the human body, keeps them in balance and improves health."

He cites people who stay healthy by regularly doing massage on their acupunture points, including two centenarians in Beijing and Tianjin.

"If people regularly do physical exercises, including

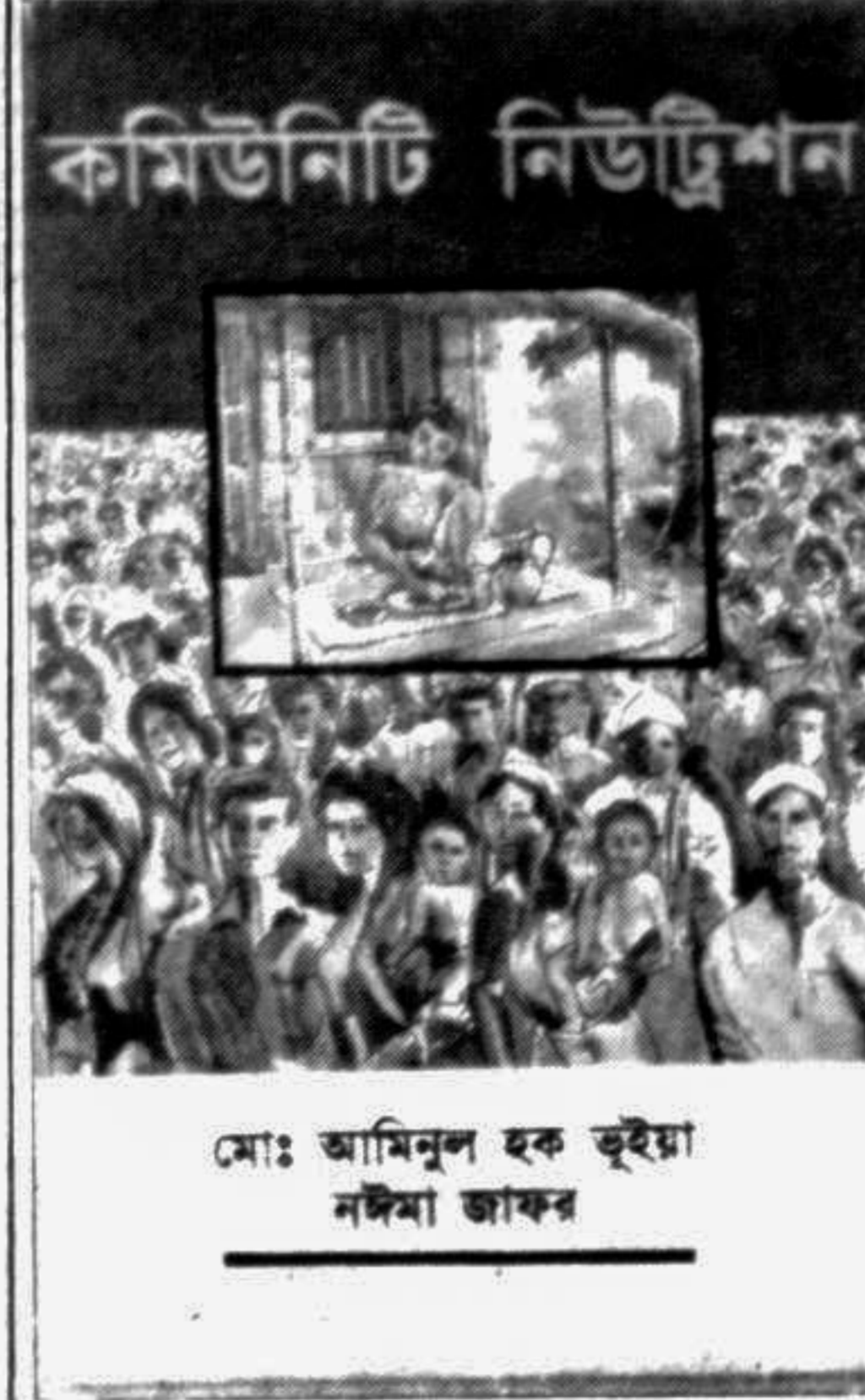
massage on acupunture points, those without morbid changes in their organs will be able to live up to a very old age, even up to 100 years," Prof Zhu says.

For his innovative methods and research results, Prof received commendations on ten occasions from the Ministry of Public Health the Beijing Science and Technology Commission and other Chinese institutions.

He was invited to give lectures in seven foreign countries. He has visited the United States, the Soviet Union, Hungary and France, Britain, Sri Lanka and Spain.

He was conferred a doctorate by the Pacific University of America, the organisation of International Alternative Medicine, the New York Qigong and Ear Acupunture Institute and other foreign medical organisations.

— Depthnews Asia



Book Review

Community Nutrition by Md Aminul Haque Bhuyan, MSc (Dhaka), D A N D (Dhaka), M C N (Queensland), Assistant Professor, Institute of Nutrition and Food Science, University of Dhaka and Mrs Nayeema Jafar, MSc (Dhaka), Lecturer, College of Home-Economics, Dhaka.

Computer composed and printed in white paper, multicolour cover with 157 pages, price Tk 100/- cover — Hamiduz-zaman Khan, an eminent Sculptor.

IN the text, the chapter on community diagnosis, though written concisely, a more illustrative discussion with examples would have been more practicable. Nutritional assessments in terms of anthropometric measurements, biochemical, clinical and dietary assessment have been written in a very appropriate manner. However, more photographs on anthropometric scales and techniques would have been advantageous to the readers. The aspects of preventive measures of malnutrition keeping government, non-government and international perspectives along with the chapter on community participation as well as elaboration on food taboos could be used as resource material for voluntary organisations who are working for improving community health.

The other chapters like school lunch, recommended dietary allowances, nutrition

planning, nutrition profile of Bangladesh population etc. will be of more academic and research interest. New chapters on formulation of balanced diet and management of nutritional emergencies in further editions are strongly recommended. The appendices will be of much help to field-level nutrition workers.

On the whole, the authors have made an adventure in writing a text book in Bangla on Community Nutrition for students pursuing BSc (Hons.) in Nutrition, MSc in Nutrition, Medical students, Researchers in Nutrition and Public Health. With few printing mistakes, when corrected, this neatly compiled book will be of great help in health promotion activities for both government and non-governmental organisations in Bangladesh.

Reviewed by Prof. Shah Md Keramat Ali

Play-acting Helps Bar Women Fight AIDS

by Tony Kahane

THE policeman gestures as a tourist arrives fumbling in his pocket for his passport. "No, not your passport," he says. The tourist shows his immigration form. "No, not the form."

The tourist offers money. "Not money." Exasperated, the tourist produces a packet of condoms. The policeman smiles and waves him through.

This sketch, acted out by the drama group Honey Bee, has become popular in Bangkok bars. Honey Bee is run by Empower, a women's organisation active now for ten years. Visiting Europe lately were two of its members, Chantawipa (Noi) Apsuk and Tip.

Empower aims to raise the self-confidence and status of women working in the sex industry, and to help themselves in a variety of ways.

Not, director of the group, explains: "The women working in the bars of Bangkok, Pattaya, Chiangmai and elsewhere in Thailand have long been doubly vulnerable — from the often iron grip of the male bar owners and from ill-treatment by customers."

"Many girls are from poor rural areas, in the north and north-east of the country. Many are also illiterate."

When Empower started, its main task was to help educate some of the estimated 200,000 women prostitutes. Empower set up classes in reading and writing, taught typing and provided scholarships to a professional hairdressing school in Bangkok.

In an environment of considerable racketeering and frequent violence, its style was non-confrontational, seeking to bring barwomen and owners together and educating all of them. The women were helped to find self-confidence and strength and, if they wanted, to learn skills to help them find alternative work.

In the mid-Eighties, Thailand discovered late what most of the rest of the world already knew — That AIDS was a serious disease spread by unprotected sexual contact.

Government and media had long tried to maintain that

AIDS was a condition confined to farang (foreigners). When this was no longer tenable, they suggested the disease affected only minority or supposedly marginal groups (gay men, drug users and so on).

Such blinkered attitudes were not unique in Asia, the last major region of the world affected by AIDS, but were upheld by government determination not to upset an economy heavily dependent on foreign tourism.

In the face of overwhelming evidence on the spread of AIDS the authorised version underwent yet another shift. This time prostitutes were

seen as likely carriers, and their (male) customers as potential victims.

BY 1988 the HIV virus had spread widely among large numbers of urban people who injected drugs with shared needles. Many were slum dwellers and a most of them men.

The virus was then further spread by sexual (mainly heterosexual) contact. In this respect, the pattern of distribution of HIV among different groups and between men and women in Thailand is closer to that found in some African and North America.

When AIDS was at last on the public agenda, Empower made health issues, and principally HIV and AIDS, its prime focus. It said: "We had to counter the idea that it was Thai men who were at risk from the bar women. The greater risk was, in fact, usu-

ally the other way around." Noi's partner on their trip to Europe, Tip, is a former bar woman. She teaches acting in the Honey Bee group, which takes its plays around the bars and night spots. It aims to break down barriers between the women, owners and customers, and to make it normal to discuss condoms — and, it is hoped, to use them.

Humour is essential in persuading all groups concerned that condoms — long accepted in Thai society, but only in the family spheres, and as a means of birth control — are an absolute necessity for health protection as well.

The sketches also try to get across that it is women, whether prostitutes or not, who are as much at risk as men from the HIV virus.

Empower has links with a gay male group, White Line, which works with male prostitutes. White Line operates the Thai Jazz Dance, which serves a similar purpose to Empower's Honey Bee in the gay bars in Patpong (Bangkok's night-life area) and Pattaya.

It also cooperates with Thai Volunteer Services, which has an AIDS project and with the Duang Prateep Foundation, which works with slum dwellers, giving them information on the health aspects of injecting drugs.

Noi feels that Empower has made great progress in making a previously misinformed public more aware of the realities and myths of AIDS. There is still a long way to go.

While the government now provides funds, for AIDS projects (including a grant from the health ministry to Honey Bee), it is seen as not doing nearly enough to fight discrimination against people with HIV and AIDS.

More Money for Combatting Cancer

NEW research projects aimed at combatting brain tumours and intestinal cancer are now underway at Hamburg University hospitals. DM 830,000 has been donated through the Dr. Mildred Scheel Foundation by German Cancer Aid.

The lion's share of this money (DM 600,000) will go to the research team of Dr. Michael Neumaier, who is exploring the possibility of using antibodies to combat cancer of the large intestine.

The Neumaier team's work is based on the observation that around 95 per cent of tumours in the large intestine form antigens. These antigens in the blood are the close to the presence of an advanced tumour.

Antibodies can be obtained from animal cell cultures. To stop the human body's defences reacting to these antibodies, Dr. Neumaier plans to imprint genetic codes onto the animal cells.

DM 230,000 of German Cancer Aid money has been earmarked for a research group trying to track down the causes of the disparate behaviour of brain tumours.

Despite surgery, chemotherapy and radiation, these tumours can always reappear — so, to a certain extent, they are predictable. What professors Herrmann, Westphal and Koppen at the Neurological Clinic in Hamburg want to study is the mechanisms that lead to cancer cell growth and migration.