

# Feature Health Close Relations between Health and Environment

At the end of the twentieth century, the world has suddenly woken up with the bad dream of environment and health hazards. Health and environment experts today spend most of their time advising people and the community regarding the risks of cigarette smoking, dangers of fatty foods, measures to take against AIDS infections, some are still busy telling us about the age-old tradition of breast feeding; while the elite experts are dealing with much more sophisticated and somewhat abstract hazards of the "Greenhouse Effect" and "Holes in the Ozone Layer".

In such a setting, perhaps the most important risks to health are far beyond the immediate control of the individuals or the community of Bangladesh. These risks have multiplied over the years by multinational exploitation of the earth. It is said that by the next two decades, the energy consumption is expected to increase by 75 per cent, resulting release of nearly 8-9 tons of carbon into the environment. From an environmental point of view, it may lead to destructive consequences for mankind and the other living phenomena of the earth.

All forces or phenomena, be it physical, social or mental, that adversely affect our environment, in turn influence the life and health of the people. These effects may be immediate or in some cases it may take a long time to manifest, the slow growing hazards are perhaps more devastating.

**Health**  
Health is not just limited to diseases and doctors, nor to medicine and hospitals. Hospitals, medicines and doctors by themselves do not have the capacity to ensure a healthy community. Health as visualized by the World Health Organization, is a state of phys-

ical, mental and social wellbeing of a person or community. In this respect, physical and social environmental factors play a major role in maintaining good health. Therefore, to rationalise the concept of health we must realize that vertical actions to improve health are simply an unhealthy attempt to improve it.

**Problems for Bangladesh**  
As far as Bangladesh is concerned, one of the immediate dangers which threaten our environment and our health is the vicious cycle of population and poverty. Uncontrolled exploitation of land, water and forest, just for the very need of survival, has started to create

havoc with our natural environment. Like food, water is going to be a deficit commodity of Bangladesh during the dry season. Recently, the articles in one of the daily newspapers suggest that if we start to tap ground water in excess then in the dry summer months the underground water level will dip so low that handpumps and ponds will dry up creating an enormous problem for Bangladesh. Safe drinking water is already a health priority, now if our hand tubewells become dry during the dry seasons, diarrhoeal and other water-borne disease like Typhoid and Hepatitis will probably spread like wild-fire.

**The Dynamic Relationship**  
We may continue to ponder on the theme, that the relationship between environment and health is a dynamic one. Over the ages as human development progresses, the developed and developing societies

of the world rather selfishly exploit the resources of nature. The more developed countries become increasingly greedy and pollute the atmosphere more. As life-style changes, the hazards of the health are lessened while new one are generated.

Besides the environmental pollution, the economic and political domination by the bigger and powerful countries over the smaller and weaker neighbours and by the rich over the poor is also an important chapter of environmental degradation and health hazards affecting social, mental and at times physical health of a nation and community.

Ozone depletion, atmospheric warming and the probable rise of sea level are the result of decades of exploitation of nature by the technological discoveries and achievements of the developed nations. Uncontrolled exploitation are feared to cause ecological imbalances, new viruses and diseases will surface. It is feared that the world grain harvest may decline due to these physical environmental changes. Bangladesh being a poor, agriculture-based country is going to be seriously affected by all these global environmental ills. Being a small nation we alone cannot solve these problems and therefore a dynamic regional effort is necessary for all these serious and important issues which are going to affect our environment and health in the coming years.

**Specific Hazards and Pressing Issues**  
Diarrhoea and malnutrition are the two major health hazards in Bangladesh. Both are

due to the poor-quality of food and water resulting from the vicious cycle of population and poverty. Again, the disease caused by infected agents, like virus, bacteria, protozoa or worms are very common in Bangladesh. All these hazards are linked with poor sanitation, unsafe drinking water, unhygienic living conditions and poor nutrition. Again, increased use of chemicals in the agricultural sector, increased demand for water, uncontrolled deforestation are linked with environmental hazards which have an indirect effect on the health of the people.

Other more pressing and urgent physical factors like safe disposal of waste, excess growth of disease factor, poor sanitation, safe drinking water and housing facilities are perhaps the issues which we must attempt to solve. On the other hand, controlling natural disasters like flood is not within our capacity but again, we should be able to minimize the devastating effect of flood and cyclone through proper planning and resource mobilization.

**Poverty**  
Poverty is capable of reducing a human being to subhuman level. The fine qualities like tolerance, love and affection, the power of judgement and the spirit of sacrifice, the sense of honesty and integrity, self respect and national pride all evaporate in the furnace of poverty. Poverty creates apathy in the mind of individuals, and as a result, the community and society fail to take any positive action to correct itself, consequently the state machinery slides into the dark pit of corruption and utter mismanage-

ment. It is important that the government must not surrender the environmental and health issues in the hands of the NGOs. The pundits and environmental and health consultants and experts of the NGO world are crowding the counters of the donor agencies with readymade prescriptions and by doing so these experts are having a jolly time, while the vital environmental issues are being sidetracked. Issues like Farakka, subsoil-water and World Bank pressure on deep tubewells and other serious issues of population and poverty are perhaps going to destroy us long before the green house effect and any perceptible effect of the hole in the Ozone layer. But no NGO is really making any noise about Farakka and World Bank pressure on Bangladesh.

**Urban Health**  
One of the most important sectors of environment and health in Bangladesh today is the health of the urban population. The tremendous urban migration of the rural population creates a huge burden on the very limited physical facilities. Water, sanitation and housing are the burning issues in the health-environment front of urban life. Bangladesh had urban population of 13.5 million in 1990 it has grown to 24 million. It is all the more important to note that almost 50 per cent of that population are living below the poverty line. 90 per cent of slum dwellers do not have latrines or toilet facilities nor any source of safe drinking water. In recent times, diseases like Hepatitis, Tuberculosis, Rheumatic fever and Typhoid have almost reached the epidemic level.

**Dr Mahmuder Rahman is a senior physician, and involved in various environmental and health-related action research activities in urban and rural Bangladesh.**

**Emigration has meant that social workers in Europe and North America are increasingly confronted with the problem of female genital mutilation, better known as female circumcision. For a decade, Ghanaian-born Efuea Dorkenoo has been fighting a practice which has its roots in the long-standing repression of women's sexuality. Gemini News Service talked to her.**

Intercourse can cause excruciating pain, especially for women whose husbands must traditionally open them with a dagger on their wedding night. Sometimes the woman's opening is so small that the husband has intercourse through her urethra.

During childbirth, the scar tissue covering the vagina is inevitably torn and subsequently re-sewn.

Besides the physical damage, serious psychological problems are associated with FGM. Especially in societies where not all women are circumcised, those who are mutilated feel abnormal and often suffer low self-esteem.

Yet because it is so traumatic for women to accept that their parents would put them through such unnecessary pain, many refuse to believe that there is anything wrong with FGM once the initial pain has passed.

In fact, it is women who are often the most fervent supporters of the right to circumcise their own daughters. Those women who are forced to address what has happened to them often suffer mental breakdowns.

It is for these reasons that Efuea Dorkenoo has spent the last 10 years fighting to stop genital mutilation. Originally from Ghana, Dorkenoo is the founding director of the Foundation for Women's Health and Development (FORWARD) in London.

For her, one of the biggest obstacles is finally dispelling the myth that this practice is part of her culture.

Genital mutilation is not an issue of race, nor is it an issue of culture," she says. "It is an issue of gender and of human rights abuse."

Although such mutilation is now illegal in most Western countries, prosecution is rare. Professionals who discover a girl has been circumcised are often reluctant to speak out for fear of appearing racist. This is one of the most frustrating things for Dorkenoo.

"I have lived between two cultures and the pattern is the same everywhere you go. There are people who would write off any culture except their own. But there is also another danger... white liberals who have a guilt complex, who want to embrace every other culture and all that involves."

They can look at their own culture, and see things that are done that are clearly wrong. But they put other cultures in a time warp."

Besides providing information to those people in Western countries who will encounter genital mutilation, FORWARD hopes especially to educate the communities that continue to practise it.

Encouragingly, Dorkenoo is often asked for help from people who want to stop the cycle in their own families. One man recently came to see her who was fearful that his wife, who is infibulated, would do the same to his daughters.

As one of several options, Dorkenoo will try to find a caring social worker to counsel the family. In one such case, a young mother was adamant that she must have her daughters circumcised.

The social worker demanded in her frustration: "If you think genital mutilations is so good, then convince me, so I can do it to my own daughters."

"She couldn't" remembers Dorkenoo, "and now there's a very good relationship between the social worker and the family."

Despite the difficulties, Dorkenoo is more optimistic about ending genital mutilation in Western countries. Many more structures are in place in the West to combat it, she says, than in Africa.

Nevertheless, she is encouraged by the number of young people who are challenging what they have been taught.

"Some of these young people will go back to Africa and they will have a different perspective about their own human rights," she says.

"They will see this as a violation of human rights and they will have an opportunity to bring this realisation to their countries" and their people. That is an exciting opportunity.

— Gemini News.

About the Author: STEFANI LANGENEGGER is a Canadian journalist, and a graduate of the Regina School of Journalism.

**In Western Suburbia Children are at Risk**  
by Stefani Langenegger

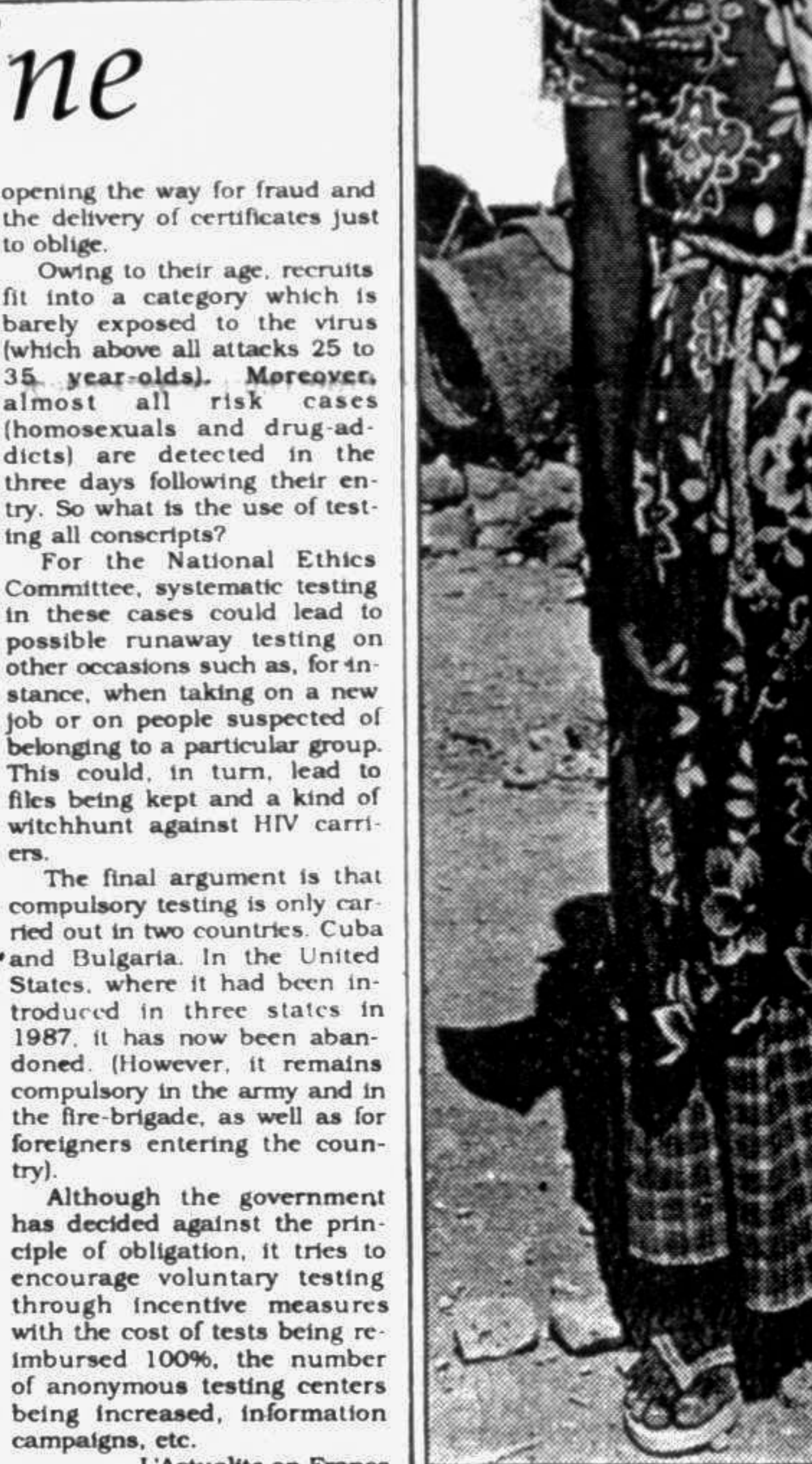
The little girl is naked. Her arms are tied behind her back, her thighs held apart by two of the women who surround her.

After a short prayer, one of the women bends down. With a sharp blade and no anaesthetic, she cuts away most of the girl's genitalia, pins the remaining skin together to leave a tiny opening the size of a match, and sews it with a needle and thread.

This girl has now been circumcised — not, as most people believe, in a primitive hut in rural Africa, but in the suburbs of an American city. Thousands like her are at risk throughout Europe and North America.

Female genital mutilation, or female circumcision, as it has politely been called, is best known as a cultural practice in some countries of Africa and the Middle East. Although about 80 million women have been victims of the painful, dangerous operation, it remains shrouded in myth and secrecy.

But with the emigration of people from countries where female genital mutilation



Picture: Volian/UNICEF

# AIDS in the Firing Line

In France, where the AIDS virus was isolated for the first time by Professor Luc Montagnier, in 1983, the number of HIV-positive victims was evaluated as being 150,000 at the end of 1991. Since the outbreak of the epidemic, the number of diagnosed cases of AIDS has been estimated, at between 20,000 and 22,000.

As prevention is the only effective answer to stop the ill from progressing, the public authorities are launching more and more campaigns to make the public aware of the importance of using condoms.

A large number of professionals in the medical and social fields are being mobilised and more than 17,000 people were trained in this area in 1991. In one year, the (permanent and free) telephone service "Info SIDA" (AIDS information) has received 300,000 calls, 80% of which came from young people between 20 and 40 who wanted to find out about the ways of contamination.

In 1991, hospital attendance increased by 17% and every day 3,500 patients are admitted, including 1,500 for intensive hospitalisation. The trend is to encourage patients to remain at home in order to reduce the length and frequency of hospital stays.

In 1992, the National Agency for AIDS Research, whose budget amounts to 190 million francs, will have signed 79 new research contracts and awarded about fifty grants, while, at the same time, devel-

oping close cooperation with numerous foreign countries.

**Encouraging tests without imposing them:**  
Should an AIDS test be compulsory before marriage, in

mothers-to-be and among army recruits? After several months of hesitation the government decided against this at the beginning of 1992 while strongly encouraging voluntary testing.

Five organisations had been consulted: the National AIDS Council, the High Committee for Public Health, the National Ethics Committee, the Academy of Medicine and the Council of the Order of Doctors. The first three came out against compulsory testing while the other two were in favour of systematic testing before marriage and in pregnant women.

They pointed out that a test was routinely carried out for Syphilis, German measles and toxoplasmosis. So was it not all the more justified for AIDS? Protection of the child to be born and of the partners in a couple would be reinforced by it.

Opponents of systematic testing retort that this is an illusion as this would only give the answer at the time the test was taken the impossibility of detecting HIV infection of less than 3 months.

As for testing prior to marriage, the numerous transitory couples would escape this and, above all, the groups which are most at risk, that is to say often marginals, would not enter any of the legal frameworks.

Testing future mothers is not necessary. Statistics prove that 95% of them volunteer to be tested when doctors inform them of this correctly. On the other hand, they rise up in protest when they learn that a doctor has carried out such a test without their knowing. Compulsory testing would create a reaction of rejection.

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— Photo: Jerrican

# Family Planning Prevents Pregnancy Related Deaths

ASIAN women shy away from contraception because of the inadequate support for family planning services.

"In today's world we often place political issues over the needs of society," overlooking health problems like maternal mortality, says Syeda Abida Hussain, Pakistan's Ambassador to the United States.

In a recent interview, Ambassador Hussain feels that currently, what prevents women in Pakistan from practising family planning is not lack of demand for such services but the inadequate level of service.

While stressing the health benefits of contraception, Ambassador Hussain believes "The global community must invest more money in contraceptive research to minimise the risks of using contraception and to attract more women to the benefits of practising family planning."

Many Asian women fear side effects associated with contraceptive use, but Dr Pramilla Senanayake, Assistant Secretary General of the International Planned Parenthood Federation (IPPF) and a native of Sri Lanka, said in a recent interview, "In terms of relative risk of illness or death, not

only Asian but women all over the world would be better off with contraception than becoming pregnant if they did not want to. The risks and benefits of contraception far outweigh the risks of pregnancy."

On average, about half of married Asian women practise some form of family planning, but rates vary widely by country. For example, in Ambassador Hussain's home country of Pakistan, only about 12 per

cent of married women use a method of contraception. In Bangladesh, the contraceptive prevalence rate is 31 per cent, compared to 66 per cent in Thailand.

Prior to being appointed Ambassador, Syeda Abida Hussain was a member of Pakistan's National Assembly. In this position, she lobbied for prioritising population welfare as an activity crucial to overall national development.

During her tenure as a member of the National Assembly, she was one of the many governmental representatives from South Asia who attended the March 1990 Safe Motherhood South Asia Conference in Lahore, Pakistan. The Conference was a meeting of regional partners of the Safe Motherhood Initiative.

Governments, agencies, non-government organisations (NGOs) and other groups and individuals around the world have become key partners to the Safe Motherhood Initiative, and virtually all regions of the developing world have held meetings to create action plans.

Even in her position as Am-

assador to the United States, Ma Hussain remains an active advocate for safe motherhood, meeting often with various NGOs who work with maternal health programmes.

Ambassador Hussain feels that currently, what prevents women in Pakistan from practising family planning is not lack of demand for such services but the inadequate level of service.

To address this issue, Pakistan plans to integrate family planning services into each and every health facility in the country. Before 1995, 10,000 such facilities should be providing contraceptive services.

Ambitious government programmes such as this, along with the efforts of highly motivated individuals such as Ambassador Hussain, provide the first step in reducing the tragic loss of so many lives to complications of pregnancy and childbirth — deaths that could easily be prevented by adequate prenatal health care, attended deliveries, and provision of family planning services.

— Depthnews Asia

FGM is rooted in the long-standing repression of women's sexuality, from rings through the labia majora of female slaves in Rome to prevent pregnancy, to chastity belts in the 12th Century and, as recently as this century, the cutting or removal of the clitoris to "cure" masturbation, nymphomania and hysteria among women in Europe and North America.

Varying forms of mutilation continue today for many reasons, most of them beached on superstition. Some people believe that an unremoved clitoris will continue to grow, eventually reaching as far as the woman's knees. In other countries FGM is regarded as proof of virginity, with uncut girls considered dirty, loose and unsuitable for marriage.

All kinds of FGM will have traumatic effects, especially infibulation, which leaves only a tiny opening through which the woman must urinate, have sex and give birth.

Secretions that are no longer able to leave the woman's vagina can form huge cysts as big, or bigger, than grapefruits. Some women, often thought to be pregnant, are found to have litres of menstrual blood swelling their abdomens.

— Depthnews Asia