

Feature Health Closing the Health Gap for Minorities

Drug Poses an Ever-increasing Threat

DRUG abuse is as old as human civilization itself. The use of poppy and opium, as medicine and sedatives, are recorded in the history of Sumerians and Assyrians since 5000 BC.

Laos are very actively involved in the production and smuggling of drugs. Recently a new route, known as 'Golden Ways' has come to limelight, which comprise hill tracts of Northern India, Nepal, Bhutan and Tibetan mountain passes.

by Azhar-ul Islam

from affluent families of 18-30 year age group having cash in hand are drug addicts. Students living in hostels and messes are more prone to drugs than those living with their families.

frustration lead to drug addiction. Religious practice and spiritual influence deter this bad habit while bad associates and pressure groups are responsible for the initiation to drugs.



Mr. Azhar-ul Islam, Vice President, Rotary Club of Ramna, presenting a key-note paper on drug abuse at the USIS Auditorium jointly organised by the American Cultural Centre and Rotary & Rotaract clubs of Ramna.

It was in 1909 that the US President Theodore Roosevelt took initiative leading to an international convention on opium at the Hague. Efforts at the League of Nations and the United Nations succeeded in organising the world nations to take up joint and concerted actions to control Narcotics and drugs.

Historically Bangladesh had been a major producer of cannabis-ganja in Naogaon which used to meet the demands of the whole of India till 1947.

which is more than two years' national budget of Bangladesh. This amount is slightly less than arms trade but more than the petroleum trade world-wide.

Students, involved in social service activities, are mostly free from drugs. The present session jams are a contributory factor to drug addiction by creating frustration and lingering stay at the campus of its inmates.

as compared to drug abuse? This is certainly a serious national problem but we have to deal with it internationally. Unfortunately Bangladesh is a transit point.

Though, the cold war is over, mankind is confronted now with a drug war. The multi-billion dollar trade now flourishes centering around the Golden Triangle and Crescent Triangle.

A recent survey conducted among the students of Dhaka City reveals that young businessmen, students and youths

are vulnerable. The recent Rohingya problems are partially responsible for the illegal drug trades. Drugs have

many varieties with different properties such as Hashish, Marijuana, Cocaine, Heroin, Opium, Cannabis, LSD, Morphine, Pathedine, Phensidyl, Alcohol and local varieties are Hing, Ganja, Todi, Bhang, Charash and Tobacco.

Bangladesh has to face enormous socio-economic and political problems. Over 12 crores of people have to live in an area of 55,000 Sq miles. Five babies are born per minute to add to the existing shortage of food and malnutrition.

Unemployment, social unrest, campus violence, session jams, political instability and economic stagnation have become common in our everyday life. A section of people, in the existing situation, may seek temporary solace in drugs and may turn 'addicts' only to complicate that problem.

Surely drugs are no solution to these problems. Rather addiction lead to crimes, violence, immoral acts, law and order problems, suicides, teen-age pregnancy, accidents, absenteeism, loss of working hours and broken heart and home.

We lack medical facilities for treatment of drug addicts. Such treatment is time-consuming and very expensive. We must therefore put all emphasis on prevention of drug abuse. These could be prevented by survey and research, enforcement of anti-drug laws, parental guidance and educational counselling to create awareness leading to a social movement.

Closing the Health Gap for Minorities

by Dr Hatim Kanaaneh

AREFOOT children play on a rocky, unpaved road until their mother calls them into their tin shack. A public health nurse has arrived for her weekly visit to the village, which lacks medical facilities.

A critical stepping stone for the Galilee Society's global initiative was the programme launched 15 years ago by the WHO: Health for All by the Year 2000.

This is a common enough scene in the developing world; it is also a typical sight in many industrialised countries with disadvantaged ethnic minorities. In Israel, for example, children in the Arab village of Husseinyeh live in Third World conditions, while down the road, children in the Jewish city of Karmiel have solid houses, good paved roads and all the medical services they need for a healthy life.

The infant mortality rate among the Israeli Arab community is almost twice that of the Jewish population. In some Arab villages, only one-third of the children have been fully immunised.

The Galilee Society for Health Research and Services, a non-government organisation formed in 1981 by Arab medical professional, is dedicated to closing the health gap between Arab and Jewish citizens of Israel.

Defining the Arab community's situation as that of an ethnic minority in an industrialised country, the Galilee Society found common ground with other groups around the world.

The Society, based in the Arab village of Rama in northern Israel, runs the mobile clinic that takes Stham, a public health nurse, to villages such as Husseinyeh.

It realised that many others fall into the same category: Aborigines in Australia, Maoris in New Zealand, native communities in Canada and the United States, Latino and African Americans, and immigrant populations in Europe.

The group has been an effective health-care advocate at the local and national levels. Recently it set its sights higher and initiated a global effort to address the common health concerns of minorities in industrialised countries.

Blacks in South Africa, a disadvantage majority, also belong in this group. All live in countries that have the means and the ability to meet their medical needs, and yet the health of their communities more often resembles that found in less developed nations.

It hopes to establish a permanent base in Geneva, from which to liaise with the World Health Organization (WHO) and other relevant United Nations bodies, to influence the international health agenda and priorities.

Like Arabs in Israel, these groups also have difficulty making their voices heard, both nationally and interna-

Palestinian Arabs comprise 18% of the Israeli population. They are citizens of Israel proper and have been since its establishment in 1948, which

tionally. A critical stepping stone for the Galilee Society's global initiative was the programme launched 15 years ago by the WHO: Health for All by the Year 2000.

The Gulf War forced cancellation of the conference as originally scheduled. But last August, 35 representatives of minority groups in 15 industrialised countries gathered in Nazareth to discuss issues of common concern.

Participants focussed particular attention on the question of justice, noting that health is a human right, albeit one that is relatively neglected.

'Health should be as indivisible as wealth is divisible,' said Gwyn Morgan, the European Community's ambassador to Israel, in an address to the conference.

Other topics included: the minimal involvement of minorities in national and international health planning; the low social and economic status of minorities; health systems' adherence to rigid medical models.

An international follow-up committee was established to draw up a charter and build on the momentum created by the conference. The Galilee Society was asked to act as interim secretariat until a permanent structure — and the Geneva desk — is set up.

Since the conference, other minority groups have learned of the initiative and signed on to take part in the international effort to get governments to provide adequate health care for all their citizens.

— PANOS.

Colombo in Desperate Need of Psychiatrists

by Mallika Wanigasundara

AS in many other parts of the world, the treatment and care of the mentally ill remains one of the less glamorous disciplines of the medical sciences in Sri Lanka.

The brainchild of Malini Balasingham, a long-time journalist who recently retired from a United Nations organisation, the Centre has a multidisciplinary membership. Its first meeting last March brought together psychiatrists, representatives of non-governmental organisations active in the field of mental health, professionals, social workers, media people, representatives of the private sector, the reli-

gious and other concerned individuals. At the first meeting, the Centre agreed that their main task is to fight the ignorance and misinformation among the general public about mental illness; work for more enlightened policies among policy and decision-makers which could lead to fundamental changes in the system relating to the mentally ill; and provide communication, information, education and other services through the media to bring its message to as wide an audience as possible.

as schizophrenia, dementia, brain disease, etc. The vast majority of people with mental ailments — 5 to 10 per cent of the population — have less serious complaints arising from stress connected with day-to-day living, sexual and marital problems, alcohol or drug dependence, emotional instability and inability to adjust to society.

This country of 17 million has only 20 or so psychiatrists. Of the 25 psychiatrists trained in the last 10 years, only five are still in Sri Lanka

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Dr Mendis pointed out that, as far as the general public is concerned, any person who is suffering from any mental problem is "crazy." This attitude seems to be shared even by authorities as he reported how he was told by one official that "we have no room in the General Hospital (of) Colombo for mad people."

who are traumatised by being victims of war, violence and displacement. He said all these people need not only psychiatrists but counsellors and the help of the community.

To accomplish these goals, the CCMH recognised the need to develop links with other NGOs active in the field of mental health. The Centre also acknowledged the impor-

In addition to changing people's attitudes, Dr Mendis said the whole mental health system also has to undergo a fundamental change.

The meeting drew attention to the serious lack of facilities to take care of the mentally ill. The two hospitals which specialise in mental problems — in Angoda and Mulleriyawa — have only 2,500 beds between them. Some 500 more beds for mental patients are available in other institutions but they still fall short of the requirements.

Dr Mendis called for a more humane attitude towards the mentally ill. "You cannot lump all cases together," he pointed out. Only about 1 per cent of Sri Lanka's population are suffering from various forms of serious mental disorders such

Dr Mendis noted that there are no services for mental patients in the south and east and north of Kandy. Both Angoda and Mulleriyawa are close Colombo, the capital. Patients have to be brought here from

As mental health care services obviously have to be extended to many other parts of the country, more counsellors have to be trained. More non-medical after treatment services are also needed.

— Depthnews Asia

In the Global War against Aids

by Richard Tebere and Arit Oku

A new condom being introduced in Uganda may prove unacceptable to the Bathoro ethnic group on whom it is targeted. One million have already been imported. The condom was designed after four months' marketing research in western Uganda.

he disagreed with the introduction of condoms for certain areas in the country. He would have preferred a local expert rather than a expatriate to do the research.

women — there is still much resistance to their use. Many men say they would use condoms only for family planning. Otherwise using it would mean admitting the guilt of having other sexual partners. Some men insist they would not use a condom with their wives even at the risk of infecting them.

The electronically tested condoms are made in Malaysia and bear the brand name Engabu — shield, in the local language. They are 53 mm wide, brown in colour and five to a pack.

A new type of condom being imported from Malaysia is meeting resistance from the people in Uganda for whom it was designed after market research. The difficulty comes at a time when the spread of Aids is increasing anxiety in one of the worst-affected countries. Gemini News Service reports on the cultural obstacles to condom use.

"What kind of marriage is that?" said one husband. "Divorce would be a better option," said another.

The orange rectangular package bears the logo of a man in traditional attire with a spear and a shield. Instructions on use, expiry date and method of disposal are all in the local language.

The debate over Engabu is being held in a climate of increasing anxiety over Aids in Uganda. The ADP estimates that as of last year about 1.5 million of the 17 million popu-

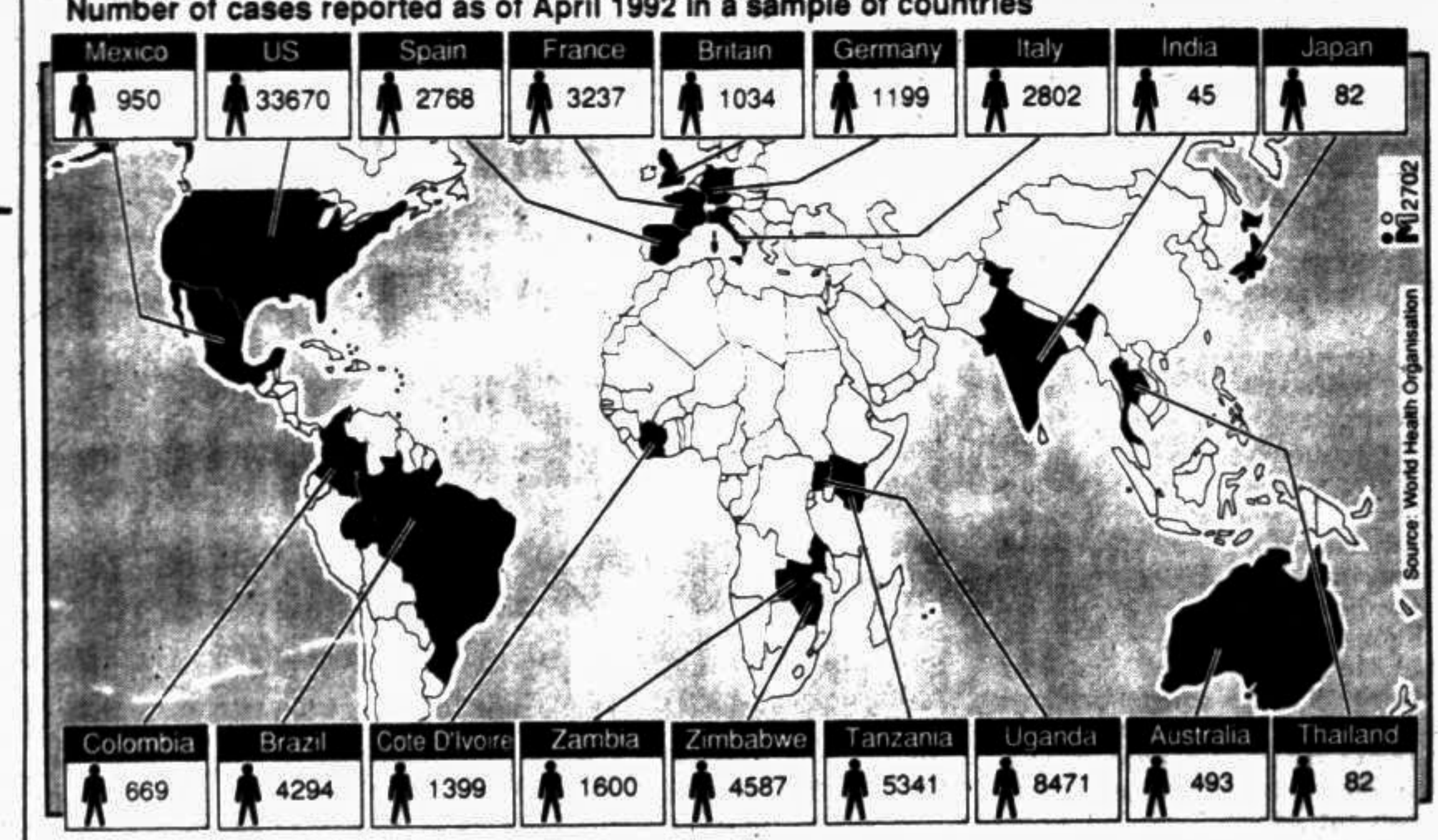
But many women are full of anxiety that their husbands may pass on Aids acquired from other partners. One asked whether she would shut out her husband or insist on condom use, said: "It is not easy to enforce. I have heard a case of an HIV positive husband who forced himself on his wife. They are both dead now. Recently I jokingly told my husband that if ever I discovered he was cheating I would lock him out. He laughed and said he would break down the door — after

It was pointed out at the meeting that Sri Lanka is in dire need of professionals — psychiatrists, counsellors, trained nurses and attendants — in the area of mental health. This country of 17 million has only 20 or 10 psychiatrists. Of the 25 psychiatrists trained in the last 10 years, only five are still in Sri Lanka. The rest have gone abroad.

A European consultant with International Population Services (IPS) says he found 100 per cent acceptability of the condom among the Bathoro people "provided it was brown like the skin, was cheap and could be easily pocketed, thus

he disagreed with the introduction of condoms for certain areas in the country. He would have preferred a local expert rather than a expatriate to do the research.

Aids across the world



Infants are at Risk from Sales Antics of baby food makers

by Ian Steele

IS your local hospital 'friendly' towards babies?

That's the one-million-baby question which the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) are asking parents, doctors and nurses this year. And the reason is painfully simple. The lives of one million infants could be saved this year if members of the medical profession and the facilities they work in stopped acting like sales agents for baby food companies.

Breastfeeding, warns UNICEF and WHO, is becoming an "endangered practice." Women who leave hospital with "gifts" of infant formula and bottles quickly find that formula refills are expensive, if not beyond their financial means. Many try to "stretch" their supplies by over-diluting the mixes, which they often prepare without boiling the

By the end of 1991, 12 countries — Bolivia, Brazil, Cote d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, the Philippines, Thailand and Turkey — moved to ensure that their hospitals were "Baby-friendly." The adopted a 10-step plan for successful breastfeeding and agreed to terminate the distribution of infant formula

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die from a diarrheal diseases, and four times more likely to die from pneumonia, than a baby who is exclusively breast-fed.

water or sterilising the bottle. The path for there to sickness and early death can be all too predictable. The infant becomes undernourished, picks up an infection, gets diarrhea and dehydrates.

and encourage mothers to breastfeed exclusively. Hospitals which meet the breastfeeding support criteria established by UNICEF and WHO, will receive "Baby-friendly" plaques to post at the front door.

For a variety of commercial and other reasons, however, hospitals and medical practitioners in many countries are not making a good faith effort to support mothers who could nourish and protect their infants, free of charge. They are separating mothers and babies at birth and initiating artificial feeding of newborns in hospital wards — effectively compromising their mothers' rights and ability to breastfeed them naturally.

UNICEF and WHO are promoting what they call a "baby-friendly hospital initiative" to reinstate breastfeeding and the protection which breastmilk provides against undernutrition and infection. And fortunately, a significant number of countries and medical professionals are picking up on it and pressuring infant formula manufacturers to market their products more responsibly.

Neither UN agency believes, however, that "nature" will be easily defended against commercial interests: "We are particularly anxious that all countries move as rapidly as possible to introduce regulations and legislation, and to make formula Ministerial requests for an and to low-cost infant formula donations to hospitals," says James P Grant, Executive Director of UNICEF.

he rectangular packet." One pack costs 100 shs. The research was commissioned by German Technical Cooperation, which is carrying out a basic health project in the Kabarole district.

Public reaction to the condom is generally one of amusement. "Why us?" asks a young local doctor, Henry Baguma, journalist and Kampala city councillor, who is from Kabarole, says of the condom: "It portrays us as the most sex-hungry people in the whole of Uganda and we don't like that."

all. I swore 'Till death us do part.'" A priest, who believes women should become tougher, said: "We have already imbibed the European way of having sex at first sight — after a party, for instance — but the African girl still acts shy and is yielding on this issue."

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"At the same time there was a very high level of anxiety, almost desperation in communities where many people have died of Aids."

He explained that a European girl who is willing to sleep with a man on a first date is literate enough to understand the implication of this. She is not shy to carry a condom in her bag and insist on the partner using it.

The Batoro are touchy about imputations of promiscuity, especially because in the 1960s and 1070s women from there dominated the ranks of prostitutes in most major areas of Uganda.

One problem is that sexual activity is strongly associated with traditional ceremonies, many of which surround the important events in life, such as the naming of children, initiation, marriage and death.

The African girl is inhibited by years of doctrine and culture against casual sex. She indulges in it as an adventure and will probably not carry a condom because of what people, even the man in question, would think of her.

Dr Warren Namara, programme manager of the Aids Control Programme (ACP), said

Although one survey showed a high willingness to buy condoms — 37 per cent among men and 18 per cent among

— Gemini News