

## Feature

## Health

## Population Development and Health Intricately Interrelated

by Prof M A Majed

**H**EALTHY people and the energy that they expend in intellectual and physical labour, are vital for successful development. On the other hand, health is an important outcome of development, because it depends on availability of adequate nutrition, safe water supply, safe disposal of human, household and industrial wastes, decent shelter, clean environment and efficient health care system comprising of promotive, preventive, curative and rehabilitative components — all these are the aims, objectives and outcome of development.

Health as we know today is not mere absence of disease or infirmity but is "a state of physical, mental and social well being of a person or community" and is a fundamental human right. Every human being irrespective of race, religion, geographical abode and economic status has the right to attain the highest standard of health — individually, nationally and regionally. Thus, the central issues of today's colloquium is health because the prime aim of all development efforts are preservation and promotion of health. Development without adequate consideration for health and environmental safeguards can prevent the improvement of living conditions of the very people whom the development efforts were intended to benefit. In fact any development, in the field of science and technology, music and art, industry and agriculture, engineering and architecture or any other field which does not contribute or does not have the potentiality to contribute to the physical, mental and social well being of a person, community or a nation is not really worth pursuing at all. Basically the ultimate aim of all development activities are preservation and promotion of health.

Population development and health are so intricately interrelated to one another that each one of them exert a profound influence on the other. Problems of environmental pollution arising out of development programmes have already begun to pose threats to human health. In the developing countries health hazards due to environmental pollution are even more pronounced because of lowered resistance to disease due to malnutrition, protein and micro-nutrient deficiency and parasitic infes-

tation etc aggravated by poor sanitation, insufficient water supply, poor water quality, overcrowding, inadequate garbage disposal and others.

It is now apparent that many development trends of today leave increasing numbers of people poor, unhealthy and vulnerable while at the same time degrading the environment. So a new development path is required that will sustain human health and progress not in few places for a few years but for the entire globe permanently. It is time now to develop the concept of totality both in space and time dimensions, that is, we have got to think about the globe as a whole and the time as past, present and future, we have to learn from past experiences, act rationally now making provisions for the future generation. It is the global and to-

all States, irrespective of their economic and social systems which shall correct inequalities and redress existing injustices, make it possible to eliminate the widening gap between the developed and the developing countries and ensure steadily accelerating economic and social development and peace and justice for present and future generation". (Sixth Special Session, supplement No 1 (A/9559) New York, United Nations 1974.)

Time has come now for every individual, society, organizations and nation to realize that the order of social justice has not been established or even started to be established.

Even today in spite of astronomical advances in civilization, science and technology, we are pained to witness inhuman treatment meted out to our fellow beings on grounds of

ods of sanitation. In spite of the fact that in the 1980's water was provided to some 700 million people in the developing countries and sanitation to 400 million. The improvement failed to keep pace with growth of population. Situation in other sectors like housing etc are similar. Population growth causes strain on the resources both in developed and developing countries. In fact, an additional person in an industrial country consumes many times more energy and places far greater pressure on the resources than an additional person in a developing country. Pollution growth defuse the fruits of development over an increasing number rather than improving the lot of the existing people. It eats away the surpluses that could improve the health, environment, education etc

those who are hungry and are not fed, who are cold and are not clothed. The arms race and conflicts also produce environmental changes and cause gross health hazards. Unplanned developments also produces environmental changes and health hazards as has already been mentioned earlier.

Human race has always lived in groups for mutual protection, benefits and improvement. These groups have always looked after their own interest safety and progress and exploited the smaller and weaker groups. With the passage of time these groups have expanded their horizon and formed communities, races, nations etc but grouping has always existed and still persisting and resulted in conflicts between the groups. Communities, nations, civilizations etc. The frontiers of conflict and their nature, modalities and expressions have changed as the time passed by but conflicts remain perpetual in human nature stemmed from the basic instinct of domination over other. Even today human beings are divided into groups like north and south, developed and the developing, nuclear and non-nuclear, haves and have-nots etc. strong has always dominated and exploited the weak in various ways and continues to do so now though in very subtle and imperceptible way. We, the physicians, have overcome some of these human shortcomings on account of our profession. Our profession does not recognize any barrier of race, philosophy, political belief, economic and national boundaries. We do have equal responsibilities and commitments to all human being. We must consider the entire human race as a single society. The existing double standard in relation to race, religion, geographic abode, ethnic origin and economic development must be done away with. Every human being must be treated as a human being and be placed at par with each other.

where surplus are there, and where there is no surplus it causes degradation. Population growth cause urban migration causing health hazards in cities.

Health is global issue as the environment is. Health status of any nation depends on the political commitments of and resource allocation to the health sectors by any national government and tackling of the environmental issues in totality and also on the international cooperation and help.

Other factors which affects the environment and health are:

- Non-nuclear arms race and regional military conflicts and
- Environmental degradation produced by unplanned development.

Non-nuclear arms race and arm conflicts divert the valuable resources to harmful pursuit as has been mentioned way back in April 1953 by President Eisenhower in his valedictory address to the American society of newspaper editors, Washington DC "that every gun that is made, every warship launched, every rocket fired represents, in the final analysis, a theft from

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tal change of attitude which is more important than anything else.

Now, I would like to quote from the speech delivered by the late Prime Minister of India Mrs. Indira Gandhi at the 1972 UN conference on the Human Environment at Stockholm "Many of the advanced countries of today have reached their present affluence by their domination over other races and countries and the exploitation of their own masses and own natural resources. They got a headstart through sheer ruthlessness, undisturbed by the feelings of compassion or by abstract theories of freedom, equality or justice."

Twenty years have passed since, many seminars, congresses, conferences, summits have been convened, many agendas discussed, and many resolutions have been adopted but have the attitudes of world bodies and nations changed regarding compassion, freedom, equality or justice? Resolution like United Nations General Assembly's resolution no. 3201 and 3202 (S-VI) called for the establishment of a new economic order based on equity, sovereign, equality, interdependence, common interest and cooperation among

## When Life Depends on Other People's Livers

Dr Sanjiva Wijesinha writes from Hong Kong

**The development of a new drug for use in liver transplants by the Japanese pharmaceutical company Fujisawa is a sign of the growing frequency of an operation which only 20 years ago was a rarity: the new product's nearest rival, a Swiss-made drug, has an annual sales of \$900 million. Gemini News Service looks at a medical breakthrough.**

Countries in which transplantation is common maintain national donor registries, where people who have consented to donate their organs after death first undergo tests and have their "type" recorded. Patients on the waiting list for organ transplants are also "typed" and an efficient communications system ensures that when a potential donor dies, the registry can quickly be informed so it can search its records to find a potential

recipient who will match the available organs.

Setting up a major organ transplantation programme thus requires not only skilled surgeons and well-equipped hospitals; also essential are a good communications network, fast transport to ensure that organs reach the potential recipient soon after the donor's death, and, most important, access to the sophisticated technology for "typing" donors and storing informa-

tion.

Today, in nations with transplantation programmes, several life-threatening diseases of the liver can be treated quite simply by giving the patient a new liver. Among the conditions for which liver transplantation can be offered are advanced cirrhosis, hepatic failure and liver cancer.

Even children with congenital biliary atresia — where they are born without any form of ducts to convey bile from the liver to the intestine — can today benefit from liver transplantation.

In most countries, the transplanted liver comes from a dead person, as happens in the case of corneas. In some countries such as Japan, where the laws about removing organs from brain-dead patients

are not clear, liver transplantation depends on finding donors willing to give up a part of their liver to help save the life of another.

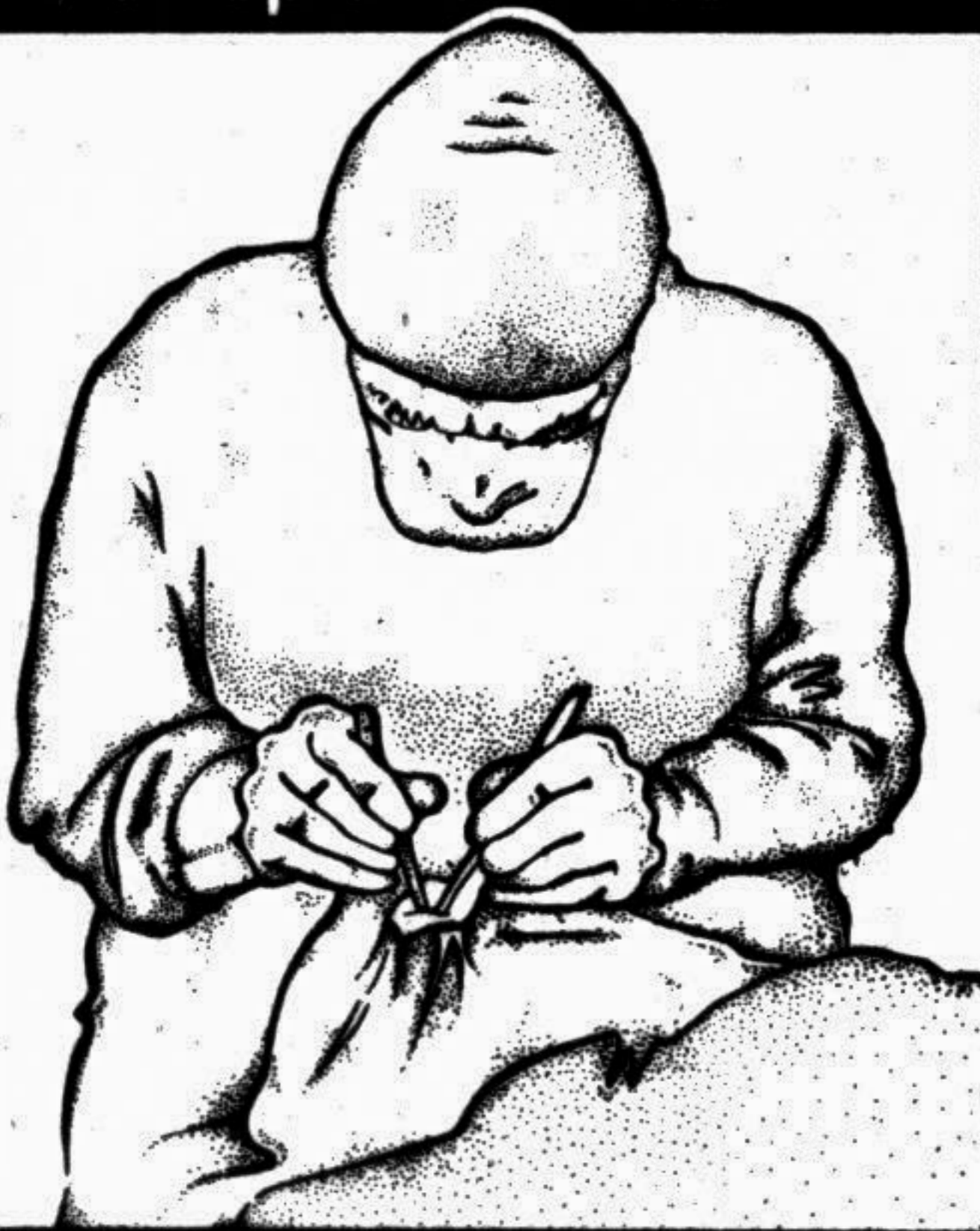
Says Ron Busuttil, Professor of Surgery at the University of California, who has been with UCLA since it began liver transplantation 20 years ago and is today a world leader in the technique: "New immunosuppressive drugs and special preservative solutions in which donor livers can be stored for transportation have contributed to the success of liver transplantation today."

The procedure no longer has to be done as a middle-of-the-night emergency, and as increasing numbers of medical centres acquire experience in the technique, the success rate naturally rises.

Most centres report a two-year survival rate greater than 80 per cent, which is good considering that the recipients of these transplanted organs are patients who would surely have died had they not received their new livers.

For such patients, life has once more become worth living — thanks to somebody else's liver. — GEMINI NEWS

## Transplant 'firsts'



- Kidney 1950 US
- Heart 1967 South Africa
- Heart-lung-liver 1986 Britain
- Liver, pancreas, small intestine, part of stomach and large intestine 1987 US

Source: Guinness Book of Records

## Overcoming Barriers for the Visually Impaired

by Farhana Rahman

**B**ANGLADESH is a developing country with a population of approximately one hundred and ten millions. One per cent of total population is blind in some manner. The causes of visual impairment are varied but some of them are: blindness due to congenital cataracts, harmful treatment, eye trauma, retinitis pigmentosa and lack of a proper nutritional diet etc. There is an immense need for services to the visually impaired persons but very few initiatives have so far been taken to improve their socio-economic condition. As a result, most of the visually impaired people are forced to live a miserable life and they are a burden on the family as well as the society which results in a very tragic situation all round. There are a lot of barriers for the visually impaired in education, employment, financial and personal security, freedom of movement etc.

Each year, approximately 66,000 children become blind due to various reasons and 80 per cent of them are from very poor and landless family. There are five government

primary schools and two non-government schools for the visually impaired students with a total capacity of only 490 students. Due to poverty, inadequate facilities and lack of awareness, parents are not interested in or capable of educating their visually impaired children, what to them will be considered a waste of money. Apart from these, there is a lack of Braille text books, Braille equipment and Braille papers which are significant barriers towards their education. There are no Braille text books for undergrad and post-grad students. As a result, they must hire a sighted person to read their books so that they (blind) can record and note it down in the Braille system. Due to these inadequate facilities, visually impaired persons' rate of education is extremely low.

Most of the families have negative attitude about the capabilities of visually impaired children. Parents are often ashamed of their blind girls and they are hardly shown to the guests. Blind girls are treated as a hidden object of

## The Traditional Birth Attendant

by Imtiaz Taj Kamal

**I**N early 1955, a young woman returned from England to her homeland, Pakistan. She was equipped with diplomas to practise nursing and midwifery. She had learnt to give care to pregnant women and to deliver babies in the hospital and in the home. Full of enthusiasm, she was going to practise midwifery the way she had been taught.

There were no trained midwifery tutors in the country. So she taught midwifery in a WHO-supported school of public health for training health visitors. Pregnant women were very good about visiting the clinic for antenatal check-ups. While the tutor and the students waited with their equipment ready, not many calls for delivery came. Babies, however, were born and the mother would appear with a babe in her arms. When asked why she did not send for the

even given the nickname "Godmother of TBAs". Looking back this professional nurse midwife, not so young anymore, nostalgically recalls with respect an affection and not without satisfaction:

• The dozens of curricula for TBAs that some like-minded colleagues struggled through to help the TBAs to increase the safety of their midwifery practice;

• The TBAs of Haran-Al-Awameed in Syria who, after training, showed results within three months by functioning as problem-finders and motivators as well as providers of authorized services for antenatal care, immunization, family planning, oral rehydration, and general health education for healthy living;

• The TBAs in the Palestinian refugee camps in Jordan who were so well trained that they could teach a



Traditional birth attendants being trained in Karachi.

midwife, the reply invariably was, "The baby came too quickly."

The young woman was frustrated. She was puzzled. She was confused. And she was angry. All babies cannot come quickly in Karachi. One day her husband, a research scientist, suggested, "I am sure there is an explanation. Why don't you find out why the mothers do not call you when the time comes?" Within a month she found out that ALL the babies that had reportedly come too quickly were delivered by the dai (the traditional birth attendant or TBA).

She was shocked and depressed. She, with all her training, was ignored, and an illiterate, untrained, old and dirty-looking dai was given preference over her. Her reaction was typical of the medical profession even today. She made it her mission in life to extinguish the TBAs. Again she met with failure. Again her husband advised her: "Your school covers only a few thousand population in a one-mile radius, where perhaps 400 ba-

Not all TBA practices are dangerous, otherwise the developing world would not have an over-population problem.

• The TBA enjoys greater confidence within the community than the modern registered midwife; her ways are not alien for the family.

• A friendly TBA can provide entry to homes and communities, while a hostile TBA, with one stroke, can undo months of efforts by the trained health care provider.

• Above all, the TBA is an available human resource. If properly trained and supervised she can be invaluable not only in reducing maternal and neonatal morbidity and mortality, but also in promoting breastfeeding, immunization, healthy eating habits, and family planning.

She changed her mission from extinguishing TBAs to working with and improving the dais in several countries of the region. She was laughed at,

thing or two to a freshly graduated midwife:

• The TBAs of Faisalabad, Pakistan, who have been the major factor in reducing the maternal mortality there from 7 to less than 1 per thousand births.

The kaleidoscope of memories is not all of brilliant colours. There are dark spots of horror and tragedy too: the malnourished mothers who were told by the TBA not to eat much during the last three months of pregnancy because "the baby will get too big"; the babies who died inside the mother because the TBA waited too long, or died after birth from tetanus; the girls aged under ten in certain countries with severe sepsis after female circumcision.

Will the TBA last for ever in the developing countries? The answer is, "No". The last 25 years have proved that TBAs will die a natural death whenever maternity care providers become available, accessible, affordable and acceptable to the community. — WHO

## Another Time of Cholera

**A** mutant cholera germ that is more virulent than existing strains has surfaced with aggressive force in the chronically poor nations of South Asia.

Epidemics now raging across Bangladesh and India have been blamed on the potent new cholera strain, but health experts say it could have already spread to other countries like Nepal, Bhutan and Burma.

The new microbe causes severe diarrhoea and vomiting

**A virulent cholera strain strikes South Asia with deadly effect, and threatens Southeast Asian countries as well. Mahesh Uniyal of Inter Press Service reports.**

and has claimed more than 1,300 lives in Bangladesh where about 85,000 cases have been detected since January. Four cases have been reported from the nearby Himalayan kingdom of Nepal.

In Calcutta, 15,000 cases

with 230 deaths were reported in a letter to an international medical journal by Indian experts. India's southern coastal state of Tamil Nadu is also badly affected.

Scientists at India's National Institute of Cholera and Enteric diseases, say that unless restrained, the killer microbe will soon spread all over the region.

Experts had earlier dismissed the epidemics as cases of severe diarrhoea that resembled cholera. But now they say it is caused by a new type of the micro-organism *Vibrio cholerae* O1, the germ considered till now solely responsible for cholera.

"The occurrence of epidemics of cholera caused by a previously unrecognised organism represents a significant new development in the history of this well-studied disease," says a report by the World Health Organisation (WHO).

Last year, according to WHO, 18 Asian countries reported 16,299 cases and 372 deaths, a steep fall of 70 per cent from the previous year. This was largely due to a drop of 30,000 cases from Nepal which had recovered from a severe epidemic in 1991.

In recent years, cholera has been most virulent in South America, where Peru alone had more than 200,000 cases. Africa reported about 91,000 cases and 5,291 deaths.

But WHO cautions that Asian figures do not reflect an accurate picture. Bangladesh and Thailand do not report cholera at all while India is not reporting the new strain.

Says the WHO: "Cholera is the litmus test of a country's socio-economic well-being. For as long as there is a lack of proper sanitation facilities and safe drinking water, epidemics of cholera are bound to return, time and again."