

MAY 31: WORLD NO-TOBACCO DAY

Tobacco or Health: Time to Make the Choice

by Md Anowarul Islam Khan

of its detrimental impact on health. In the developed world tobacco smoke is the most common pollutant of indoor air and is usually the predominant source of air pollution. Workers in some industries are exposed to special health risks from the indoor air pollution generated by industrial processes. These factors impose additional risk with tobacco smoke in work place.

Health hazards

In the world a total of three million deaths each year,

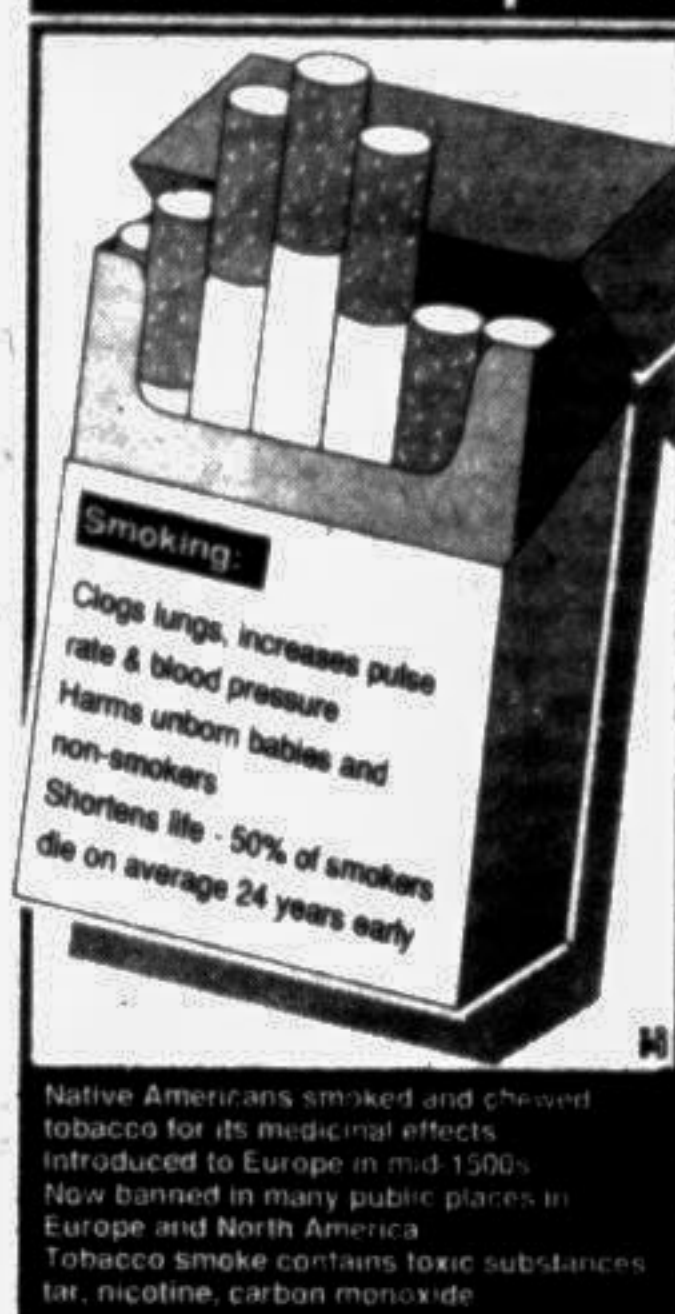
garettes and other items require a lot of physical, financial and industrial involvement. It was disclosed that 2500 million dollars are spent annually all over the world for advertisement of tobacco which is enough to immunize all new-born child against six killer diseases. The owners of the world class cigarette manufacturing industries are spending several times more on tobacco marketing than the amount spent for health education programme in all the coun-

ing also reduces the productivity of its victims and instigate criminal and unsocial activities in different ways that affects social and economic life of other people. Cigarettes may bring harm to the personality, honesty and human qualities of the smokers and his fellow colleagues. All these are to be consciously considered by all concerned towards building a tobacco free society.

Prevention and control

Worldwide it has been realised that smoking should be avoided for the protection and promotion of health as well as social and economic emancipation. Prevention of smoking needs coordinated and comprehensive efforts in a planned and organised way by the individuals, social and cultural organizations, health and allied govt. agencies, educational institutions, religious organizations, youth and women organizations, media network like radio, television, newspapers and other forms of media available in the country. Political commitment and regulatory measures are also important to fight against smoking. A positive and sustainable awareness programme has to be taken for cessation of smoking and discouraging this life-killing habit. An effective anti-smoking campaign right from the community to the national level should be stimulated through existing media and methods. Many countries have started to impose ban on tobacco advertisements and its import. In some countries newspapers do not publish any advertisement on cigarette rather they publish anti-smoking messages.

Perils of a puff



Native Americans smoked and chewed tobacco for its medicinal effects. Introduced to Europe in mid 1500s. Now banned in many other places in Europe and North America. Tobacco smoke contains toxic substances: tar, nicotine, carbon monoxide.

tries. On the other hand, about one hundred thousand million dollars the smokers spend each year to inhale the dangerous substances into their body symptom. Economic consequences also encompasses loss of human lives, treatment facilities and expenses due to smoking related diseases. Smoking reduces life expectancy rate on an average of 10-15 years, during which period, one could have contributed significantly in the socio-economic activities and development if one lived a healthy life. Because of smoking related diseases and complications, a large number of people have to abstain from their jobs which ultimately causes low production. Smoking

Acknowledging the vital role and human responsibility of media persons towards prevention of smoking, WHO has rightly chosen the theme on world no tobacco day '94 - "The media and tobacco: getting the health messages across." It is expected that media can be used to convey knowledge and suggest changes in behaviour that moulded the habit of smoking. Intervention by the media can also facilitate the better coordination of action for the prevention and control of smoking. A sound media intervention policy in the prevention of smoking to safeguard human lives and property may be adopted by the government at the earliest.

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Tobacco consumption all over the world has become a potential threat to public health and economic losses as well. Report shows that 30-40 per cent of the male and 20-40 per cent of the young female population in the developed countries are in the habit of smoking. The situation of smoking in the developing countries with a rate of 40-70 per cent among the male and about 10-20 per cent among women would have much more devastating consequences in their socio-economic life. Studies on smoking indicates that 70 per cent of males and 20-30 per cent of female population are exposed to smoking in Bangladesh, the highest of its kind in the world. Unfortunately, the prevalence of smoking is higher among the lower income group. About 80 per cent of rickshawpullers are spending their money on smoking. At the same time labourers and low-paid illiterate working people use tobacco much more than the educated and rich people. Here, people use tobacco in the form of cigarette, cigars, bidi, gull, chewing with betel leaves, putting inside the tongue for a long time and in some other peculiar forms, whatever may be the form or style of smoking or use of tobacco, it certainly affects health with the same intensity sparing none.

Passive smoking

Medical science very successfully established the fact that hazards of smoking are not only limited to smokers alone. It can also seriously affect those who are forced to inhale the smoke delivered into the air by others.

Tobacco smoke is becoming a concern environmentally as it pollutes the atmosphere. Awareness should also be there

It was disclosed that 2500 million dollars are spent annually all over the world for advertisement of tobacco which is enough to immunize all new-born child against six killer diseases

which amounts to 6 per cent of the total death, are caused by tobacco smoking. It is learnt that where cigarette smoking has been widespread for several decades, about 80-90 per cent of chronic bronchitis and emphysema and 20-25 per cent of deaths from heart diseases are attributable to tobacco. Smoking increases the risk of hypertension, diabetes, peptic ulcer and pulmonary infections. A large number of our people have been suffering from these health problems and many more are becoming vulnerable to such disorders.

Smoking behaviour of women is much more harmful than of man, smoking by pregnant woman may give birth to a handicapped child and even there is the possibility of an undue abortion. Infants who are born of a smoking mother gets nicotine and carbon monoxide into their blood reducing the supply of oxygen, which increases the heart beat and also results in weight loss of about 200gm. Female smokers who use contraceptive pills are at risk of having heart diseases and stroke. Smoking women may have their menopause 1-3 years earlier than the usual course, which may also invite in conjugal disturbances and physical problems. These are not all, but the long term effects of smoking by women can cause genetical deformities and a host of other physical and social malaise.

The economic loss

Tobacco industry has been expanded throughout the globe very rapidly. Starting from cultivation of tobacco, its processing, manufacturing of ci-

Early Childhood Intervention for the Visually Impaired Child

by Sultana S Zaman

EARLY childhood is an exciting time of discovery and accomplishment. During the first five years, children develop from helpless, dependent babies into walking, talking preschoolers with minds of their own. These remarkable transformations take place as children learn through everyday opportunities to participate in ordinary family activities.

Because vision plays such a primary role in early learning, very young children who are visually impaired are at risk for developmental delays. Depending on type and severity of vision loss, these children will benefit from specific attention to their different learning needs.

Developmental accomplishments in normal children (birth through five years)

To provide specific attention to the needs of visually impaired child we first need to know the major accomplishments of sighted children during the first five years of life.

Infancy: During the first year, children develop voluntary control over various behaviours which enables exploration of and interaction with the environment.

By nine months, babies can sit unsupported and move by rolling, crawling, and scooting. They can reach and grasp objects, push one object aside to get another, and transfer objects from hand to hand. During this time, infants begin to imitate what they see and hear. These infants respond to social interaction, they approximate imitation, and enjoy give-and-take games.

Toddlerhood: Toddlerhood, i.e. 18 months through 36 months is a period of increasing autonomy and active physical exploration. Toddlers have a natural desire to touch and master whatever they see. They spend their time throwing, banging, touching, handling, opening and closing, and putting together and taking apart.

Pre-schoolers: During the preschool years, i.e. 36 months through 60 months children become more proficient in using words to communicate feelings and ideas in cooperative and imaginative play, in daily living skills, and in following classroom rules. Much of this learning is obtained through observation and imitation and interaction with peers. Preschoolers develop friendships and learn how to interact in appropriate ways with children and with adults.

Development sequence of a visually handicapped child

Now let us turn to the problems of how to help a child who is visually impaired:

The child with low vision and the child who is totally blind will each have a different way of learning.

The process of identifying the specific needs and learning opportunities for each child must involve family members, programme staff, specialists, and of course, the child.

Issues related to developmental milestones

Caregivers often want to know when they should expect

children with visual impairments to reach certain developmental milestones. When do children who are blind begin to walk? When do they learn how to use a cup? It is difficult to give precise answers to these questions. We know that all children vary in their rates of development and that each child is different.

A child who is visually impaired will certainly need more time to acquire developmental skills that are related to vision. It is not surprising that children who are visually impaired show delays in early development if milestones of sighted children are used for assessment. However, recent study based on parent reports of selected skill acquisition found that many infants with visual impairments and no other disabilities acquired some developmental skills on a schedule similar to sighted infants.

Infants with visual impairments and additional disabilities

It is not surprising that children who are visually impaired show delays in early development if milestones of sighted children are used for assessment. However, recent study based on parent reports of selected skill acquisition found that many infants with visual impairments and no other disabilities acquired some developmental skills on a schedule similar to sighted infants.

needed more time to acquire these skills, fine motor development was the most delayed, and there were some differences in the order of skill acquisition. Thus, what may seem like a delay could be a different sequence of developmental skills that is natural for children who are visually impaired.

Considerations for 'infants' who are visually impaired

With the diagnosis of a baby's visual impairment, a family may be confused and have difficult feelings, regarding decisions about medical interventions, and questions about the future. Establishing caregiving routines will be important for both baby and caregiver. Finding ways to interpret and respond to a baby's behaviour will encourage responsive caregiving and help a baby develop trust. Talking to a baby during caregiving routines will develop and association between the good feeling of having needs met and the sound of a caregiver's voice. Other consistent sensory cues include the way a baby is handled and held, the smells and textures of caregivers and caregiving activities, and the tastes of familiar food and drink.

In the absence of eye contact and gaze, infants need alternative ways to maintain contact with primary caregivers and to recognise familiar people. Ways to do this include talking to the baby, having a special way of touching the baby, helping the baby touch the person's face, and wearing a special cologne.

Infants who are visually impaired may seem passive and uninterested in the world because visual stimulation first motivates interaction, then reaching, and later crawling. Infants who are blind require more time than the visually able infants to initiate self-di-

rected movement and locomotion. This delay seems related to the absence of visually directed reaching, limited practice in hip and trunk rotation in different positions. We can encourage movement by calling to the child, providing other sound cues, using toys with sounds, playing 'come and get me' games and by touching the infant's hand with a desired object to encourage reaching and grasping.

Considerations for 'toddlers' who are visually impaired

Toddlers who are visually impaired benefit from simple explanation of ongoing activities, verbal prompts to guide participation and recognition of what they have done. They need encouragement to explore the environment actively in order to practice motor skills and to develop concepts related to spatial relationships. Playing with various toys in different ways, using one object

to obtain another, and overcoming obstacles to get desired objects are a few examples of how problem solving is developed through exploration.

At this age, toddlers will be interested in 'feelie' or 'search and sniff' books, switch-activated toys that provide a variety of sensory feedback, and objects related to different functions.

Considerations for 'preschoolers' who are visually impaired

Vision loss limits opportunities for a child to naturally develop classification, seriation, conservation, and other cognitive skills. Preschoolers who are visually impaired need opportunities to develop concepts through tactual exploration, discrimination, and comparison. In particular, they need to develop an understanding of whole/part relationships, auditory discrimination, localisation, and memory. They need to use non-visual sensory information to develop a greater understanding of their environment and of themselves. How does preschooler who is blind find out about the differences between boys and girls?

Considerations for 'preschool' programme

In recent years some special education professionals have questioned the value of focusing preschool programme for the visually impaired solely on a developmental approach. Can we assume that children with disabilities follow the same developmental sequence as children who are not impaired? Do developmental milestones adequately identify the critical skills that a child needs in order to participate in various situations? If not, then another theoretical approach is needed to guide us. One alternative is to focus on what the child needs to learn at a particular age and the ways

to develop age-appropriate skills in meaningful activities. **Selecting pre-school materials for the visually impaired**

- Provide toys that produce auditory feedback when manipulated, such as musical instruments and cause-and-effect toys.

- Provide real objects when possible, especially when children are learning new concepts; for example, use real fruit and vegetables instead of plastic ones.

- Provide toys that encourage sharing, turn taking, and playing with other children; for example, playground equipment, blocks, and cars.

- Provide creative play materials that are related to real life experiences and develop an understanding of various roles; for example, cooking, shopping, going to the doctor, and going out to eat.

- Provide pictures that are appropriate for children with low vision; for example, colourful, simple illustrations rather than cluttered, glossy photographs.

- Provide objects that invite tactile exploration, manipulation, and discovery.

Teaching strategies

- Encourage an understanding of whole/part relationships by providing the big picture whenever feasible.

- Consider how vision loss restricts a child's perception of an object or activity.

- Use familiar routines and a predictable schedule that will help children learn specific skills during naturally occurring situations, that will motivate them to participate, and that will provide them with a 'big picture' of the activity.

- Model and facilitate interaction with other children.

- Encourage active involvement in typical pre-school activities, creative play, snack time, story time, cooking, art, dressing, hand washing and toileting.

- Provide opportunities for children to develop sensory skills.

- provide meaningful language to help preschoolers who are visually impaired develop concepts.

- At story times select books that will engage children: a 'feelie' book or one with clear, colourful pictures for children with low vision.

- Encourage children with low vision to use their vision by holding materials at whatever angle or distance is best for them.

- Help pre-schoolers who are visually impaired develop an understanding of their vision loss and their own answers to questions about their eyes.

- Provide positive feedback in ways that children like and understand; for example, through praise, gentle touches on the arm, or a little hug.

- Explain activities, what children will do, and your expectations for behaviours in a clear and understandable way.

- Finally, and most important, provide opportunities for children to learn, to succeed, and to have fun.

The writer is Professor and Chairman, Department of Special Education, Institute of Education and Research, University of Dhaka.

India's 'Invisible' Menace

THIRTY-FOUR-YEAR-OLD Dhanraj drives a truck between Delhi and Bombay. He knows about HIV, but hates condoms and refuses to believe India is hurtling toward an AIDS pandemic.

Rachna, 24, works long dusty hours in a flour mill here. She is often forced to have sex with the mill owner. Once there was an AIDS awareness drive in the mill itself, after which she insisted on condoms. The mill owner's reply was to beat her up.

Raju is 16, an assistant to a truck driver who is older. The man is kind to him, and they sometimes share a homosexual relationship, Raju says. The boy once heard a radio spot that homosexuals get AIDS, but he has no idea what either word means.

The deadly virus is spreading fast in India, but most people still refuse to see the insidious threat in their midst.

Dr. PR Dasgupta who heads the government's National AIDS Control Organisation (NACO) admits the problem is serious. NACO says 14,807 people have so far tested HIV positive as of Feb. 28.

But Dr Ishwar Gilada, secretary of the Independent Indian Health Association (IHO) and a renowned AIDS specialist, dismisses the official figures as just the proverbial tip of the iceberg. The IHO estimates India already has 100,000 AIDS cases and two million HIV positives.

Such figures have made India Asia's foremost AIDS hot spot, followed by Burma which has 500,000 estimated HIV cases, and Thailand which is believed to have some 400,000 people who are HIV positive.

"Africa was caught unaware, so was America," Gilada said in New Delhi recently. "But here in India, we allowed this man-made, and government-sponsored calamity to grow unchecked."

The doctor, who has been campaigning tirelessly among sex workers in Bombay's red-light district — South Asia's biggest — is outraged by the government's slow response to the AIDS crisis.

Eight precious years have been lost since AIDS was first detected in the country, he fumes, and government funds were not being wisely spent.

Eight years after AIDS was first detected in India, the fatal disease is spreading unchecked among the country's unsuspecting people. Rajiv Theodore reports for Inter Press Service.

The little that is released is being siphoned off by various non-existent non-governmental organisations (NGOs), he said at an informal meeting here of health workers and groups involved in anti-AIDS work.

Even the Voluntary Health Association of India (VHAI), a Delhi-based federation of more than 3,000 organisations involved in health care and community development, blames the ineffective anti-AIDS programmes on "poor utilisation of funds and disbursements."

VHAI estimates that a total of US \$100 million was allotted for the NACO programme, but reported expenditures remained only 5.1 per cent in the year.

The World Bank's soft lending window reduced its commitments to India in 1992-93 US\$500 million because of the country's poor track record regarding the disbursement of funds.

Indeed, despite the money that has been set aside for anti-AIDS projects, the stream of lifesaving information prepared by the World Health Organisation (WHO), NACO and NGOs fighting to stop India from turning into a major epicentre for the epidemic has not reached the country's hundreds of itinerant nauts or barbers.

A low wall, a mirror, a chair and shaving kit and scissors are all that is required to set up as a barber, patronised mainly by the millions of rural and urban poor.

"We give them a quick hair cut and a fast shave," says Jugnu, who does business on the busy road to New Delhi's main railway station. "My customers usually are in a hurry. They are either leaving the city or arriving from the villages."

He gets at least 15 customers a day. Jugnu uses one blade for 30 shaves, often sharpening it against a stone, and is blissfully ignorant about the dangers of contracting or passing on HIV.

As unaware is India's close-knit community of transsexuals who have been forced by

economic compulsions to sell sex for a living. There are about 600,000 of them in the country, with some 12,000 living in the Indian capital.

According to Gilada, 40 per cent of the transsexuals in Bombay tested positive for HIV in 1992. But a study by the NGO AIDS Awareness Group in New Delhi's walled city revealed that the third gender is suspicious and hostile to any

efforts to tell them about HIV/AIDS.

Recently, a study done on children in seven schools here revealed that 60 per cent — majority of whom were boys — were either picking up sex workers or going to neighbourhood women.

The study by Dr Shankar Chaudhury of the AIDS cell in the premier All India Institute of Medical Sciences, discovered the boys were not using condoms.

"The worrying aspect is that introducing sex education in schools is taking a long time," says Chaudhury.

Tobacco firms have also been very skillful in getting around ad bans. In Malaysia, cigarette companies responded to a TV ad ban by developing alternative products that had the same name and logo as the cigarette brands — like Dunhill accessories, Lucky Strike motorcycling equipment and Salem vacation programmes.

In addition, successive administrations in Washington have successfully lobbied with Asian governments like China, Taiwan and Thailand to remove or relax many of the old trade barriers that kept US brands out of those markets.

Faced with less effective restraints, tobacco companies especially those from the United States have gone on a marketing binge.

The 1993 number one advertiser in China, which by itself accounts for one-third of world tobacco consumption, was Marlboro. Philip Morris's premier brand is also among the top 10 advertisers in such lucrative markets as Hong Kong and Malaysia.

And while more and more countries have imposed total or partial no-smoking rules in hospitals, state buildings and public transport like buses, taxis and airline flights, enforcement has been spotty. No-smoking ordinances in Manila's crowded buses, for example, are routinely ignored by cigarette-puffing commuters.

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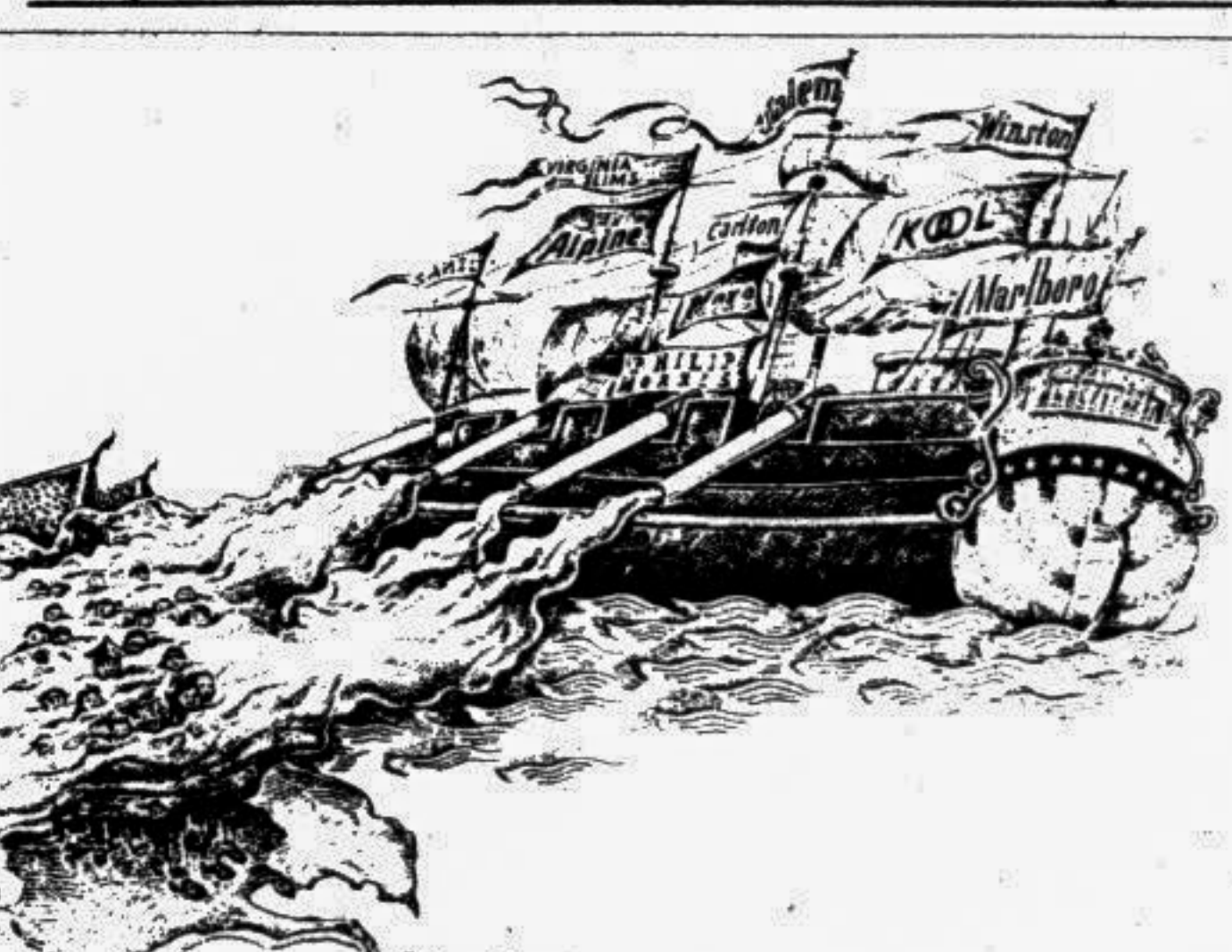
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In Taiwan, tobacco con-

Asia-Pacific: Huffs and Puffs Over Smoking

The battle between worried health experts and aggressive cigarette companies intensifies in the Asia-Pacific. Ramon Isberto of Inter Press Service reports.



sumption rose five per cent shortly after the entry of US brands in 1987. Five years later, US companies had cornered 16 per cent of the market.

Health authorities are especially worried by the success of tobacco firms in getting more young people and women to pick up the smoking habit.

A 1993 survey of five Beijing hospitals showed that 6.8 per cent of the women staff smoked, compared to only 1.7 per cent in 1988. Among Japanese women in their 20s in Tokyo, WHO officials found smoking had doubled from about 10 to 20 per cent.

Given such trends, Judith

cases, they reckon Asia should see an epidemic of such health problems by the year 2025.

By then, the annual tobacco death toll would have risen from three million to ten million. Developing nations will account for 70 per cent of those deaths — two million in China alone.

Such dire prospects are pushing Asian governments to take action. China, where one-third or 300 million of the population over 15 smoke, wants to host the 10th World Conference on Tobacco and Health in 1997 in a bid to step up its anti-smoking drive.

The Philippines has aired TV counter-ads designed to discourage smoking. The campaign was called 'Yosi-Kadiri' (literally: 'cigarette disgusting') which showed a chain-smoking character by that name being shunned by his friends.

But such counter-ad campaigns pale in comparison with the heavily-financed ad and marketing drives of the tobacco giants.

Even total ad bans may be all smoke and no fire. According to a study of the US-based International Advertising Association (IAA), smoking has increased in Thailand and Taiwan where total or partial bans have been in force.

Other studies suggest taxes are the most effective weapon governments have against smoking. In Papua New Guinea, researchers Simon Champan and Jeff Richardson found a 10 per cent hike in the selling price of cigarettes

produced by a 20 per cent increase in tax would cut cigarette consumption by 14.2 per cent.

According to their study, taxes are more effective cutting consumption in poor nations than in rich countries. And since these would raise government revenues, tobacco taxes seem like a classic case of, as one paper said, "doing well by doing good".

But in the real world, tobacco lobbies, domestic and international, often frustrate efforts to raise sin taxes on tobacco.

Last year, for example, Manila tried to raise taxes on cigarettes by replacing ad valorem levies with specific taxes because the old system was full of loopholes. But well-financed lobby groups quickly swung into action and convinced legislators to opt for a compromise formula that changed little. — IPS

Anti-tobacco law to be tabled soon in India

NEW DELHI, May 30: The Health Ministry has piloted a comprehensive anti-tobacco legislation, banning smoking in public places and in certain specified areas, imposing punishment to those violating the ban, official sources said here today, reports Xinhua.

The bill also seeks to put a ban on advertisements of all tobacco products.