An Endeavour to Prevent Blindness

by Dr Jamal Nizamuddin Ahmed

THE immense burden of blindness in Bangladesh due to vitamin A deficiency (Xeroph-thalmia) and lens opacity (Cataract) remains a major challenge for the eye-care professionals with a public health perspective. Tackling this great problem of avoidable blindness requires intensive efforts in two fronts: one being formulation of bold government policies and implementation thereof giving all out emphasis to this national health menace and second being, large scale involvement of local community and medical professionals in government as well as in the private sector organisations.

A private sector organisation, Al-Noor Eye Hospital a non-government voluntary organisation (NGO) established and managed by ISRA Islamic Foundation (Pakistan) in collaboration with Saudi Eye Foundation under their blindness control programme in the Islamic world has come forward to establish its Dhaka based modern eye hospital and a mobile up-date eye-camp team of surgeons, doctors and paramedics to extend free eye-care services to the patients in the remote and under-served areas of Bangladesh where the problem mainly exists.

The scene of a baby with a big tummy on the lap of a weak mother or a blind man being led by a child is common in our society. They are the unfortunate victims of Xerophthalmia and Cataract respectively, which could be prevented if proper measure is taken in time and save the country from unnecessary economic burden.

Vitamin A is essential for normal health and survival. Roughly it is estimated that at least 13 lacs people are visually handicapped in Bangladesh and 30-40,000 new cases are added each year due to corneal opacity following vitamin A deficiency (Hellen Keller and IPHN '93 report). This rate is ten times more than other countries according to a WHO report. The impact is more in slum areas than non-slum areas of the urban and more in rural areas than urban areas. Xerophthalmia is a common complex problem and there is no simple remedy because of three factors involved vitamin-A deficiency, malnutrition and measles. The treatment of Xerophthalmia comprises correction of any underlying nutritional deficiency or general illness and to give local treatment to the eyes. Many malnourished children need treatment for dehydration, pyrexsia, bronchopneumonia, gastroenteritis, measles or intestinal parasite. It is only the young children who is at risk from Xerophthalmia and they are totally dependant on their mothers, for this reason, the aim of any programme must include education of the mother about better nurturing of their baby. It is, however, important not to give more than one dose of vitamin-A a month prophylactically to the children and pregnant mother.

Cataract is yet another very common eye disease in all communities which lead to blindness when it matures. This surgically curable disease of the eye for approximately 40 per cent of the total blindness in the world. There are 17 million cataract blind in the world according to WHO report 1993. The incidence of new cases of blinding cataracts worldwide cannot yet be calculated with any degree of accuracy, but conservatively it is estimated that 1000 people become blind due to cataract per million population annually in the developing countries. So at least 100,000 new cataract blind cases are added in Bangladesh every year. On an average 70-80,000 cases are operated upon in the institutes and eye camp services. This back log every year takes a heavy toll on the economy of the country.

A patient being treated at the Al-Noor Eye Hospital.

The concept of blindness prevention by cataract surgery is exemplified through eye camp programme in this subcontinent. 70-80 per cent of cataract surgery is performed in the eye camps while 20-30 per cent get modern treatment in the Institute and private clinics.

The Role of Eye Camps

The distribution of ophthalmic care is uneven in our country with a large part of the available resources being concentrated in and around the cities. Only the eye camp extends maximum services in short time with minimum cost to the deserving patients of the under served areas. By this time, eye camps have become popular amongst the people for the treatment of eye diseases and cataract operations of poor patients in rural areas.

In fact, eye camp is a short-term eye-care service to remote and under served areas with limited equipments and facilities organised by the local people. Eye surgeons volunteer their time and skill, community-based local organisations provide financial support and patients get an unique free health service at their door. Besides the medical treatment this mass surgical camp is an excellent example of close community co-operation in meeting a public health problem.

A Traditional Eye Camp

Most of the eye camps are organised by the voluntary organisations and sponsored by non-government organisation (NGOs). Advance publicity assures large attendance of patients for examination and treatment of eye disease in the village school, college, club or the hospital premises. The eye camp team consists of a junior doctor and two to three paramedics who stay a week in the venue of eye camp to treat common eye disease and carefully screen cataract cases for operation. On the day of operation the eye surgeon comes, performs operation and leaves the station. The post operative care is carried out by the paramedics and they close the camp by releasing the patients with medicine and a spectacle of 10 dioptre on the 5th or 6th day of operation. The eye camps are often termed as 'cataract camps' for their main attention and service for cataract operation.

In some countries, including Ethiopia, Zambia, Kenya, Kalwi and Tanzania, however, ophthalmic clinical officers, medical assistants and nurses have been trained to perform intraocular surgery including cataract surgery. In Bangladesh, only the eye surgeons are allowed to do intraocular surgery. The curative and preventive treatment may not be satisfactory according to the western standard. However in the context of social demand, economic condition and the volume of disease in the country, no alternative method can be thought of so cheap at the moment. The traditional eye camp approach has served the country's need well and still applies in certain areas. Al-Noor Eye Hospital has come forward with a new approach of modifying the eye camp activities to improve the eye-care services with time.

An Improved Eye Camp

Primary Eye Care (PEC) is an important part of primary healthcare which is community based and aims to promote better living conditions and 'eye health'. The activities of PEC such as curative, preventive and promotive is disseminate through the eye camp activities. Eye health promotion may be achieved through public health education, teaching general hygiene and improving sanitation. The doctors of the eye camp can take the opportunity to promote health education to the large gathering attending the eye camp and a nutritionist will enlighten the people about nutritional causes that lead to blindness.

With the improvement of communication an outreach programme 'mobile eye unit' can extend better services to the remotest corners of the country with sophisticated equipment. The mobile team visits static (fixed) health centres in rural areas on pre-arranged schedule, examine and treat patients and perform surgery according to qualification and ability of the team. The NGOs sponsoring the eye camp can use mobile eye unit for better PEC to the community.

Ophthalmic Facilities in Al-Noor Eye Hospital

The hospital is based in the city and conducts an outreach programme. Its aim is as follows: a) Base hospital: Tertiary level Ophthalmic care is provided by the doctors of the hospital. There are two experienced consultants and five medical officers who will carry out minor and major surgical procedures. A sophisticated modern operation theatre is kept ready at all times. All the ophthalmic services are available free of charge to the poor and others have to pay a nominal amount. Two cabins are available for better comfort of the patients. Ophthalmic assistants will be trained who will be helpful in PEC in the rural areas.

b) The outreach programme of the hospital comprises (i) Mobile eye clinics in the rural areas and refugee camps, (ii) School sight-test programme (iii) PEC lectures and a (iv) Update eye camp service.

The Al-Noor mobile eye unit will provide medical and surgical treatment (free of charge) for the prevention and control of common eye disease. Its other activities are making communities aware, through public education, the causes of eye disease and the care of the eyes; referral of patients to a base hospital; provision of good follow-up of patients treated or having surgery at the outreach clinic etc.

Blindness is a major human disability. Millions of human beings trapped in their lonely world of blindness in the under-served areas of the country where there are little or no access to health services. With the extension of PEC through different programmes we can give them light to their life and prevent them from entering into the miserable life of blindness.

Prostitutes 'Just Like a Pilot Involved in an Accident'

by Herald Tagama

WHEN a Tanzanian minister slowed down at a junction of Dar es Salaam's main road recently, his car was besieged by prostitutes offering their services.

He was so annoyed that when he got home he telephoned the Home Affairs Minister and demanded a crackdown on prostitutes in the city.

As a result, many were rounded up as "lolterers." But prostitution booms in big hotels, streets, brothels and even in some 'hair salons'.

Lawyer Abdulrahman Kaniki points out that prostitution is not a crime in Tanzania — "I think this is because it is difficult to prove that someone lives on prostitution."

Prostitution was officially considered dead under *ujamaa* (socialism) though of course it was alive. But it is thriving under the hardships ushered in with economic liberalisation.

Pornographic videos shot in Tanzania are smuggled to France, Germany and the United States. Wives of influential men, including politicians, seem to be running the industry.

Says Misheck Nyirenda, a journalist who investigated the business: "You can't imagine. Some big shots are frequenting 'hair salons' which are actually brothels. Life is very expensive inside. They drink, eat and watch videos."

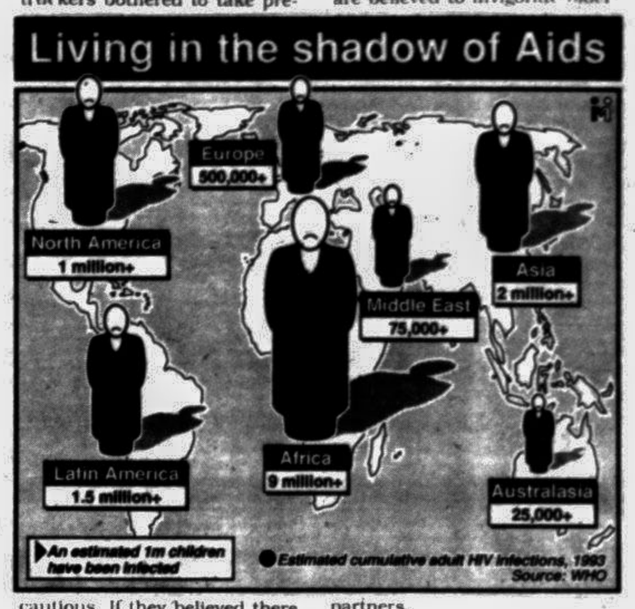
Nyirenda says that women paid for performing in videos believe they have less chance of catching HIV — the virus that leads to AIDS — because they have fewer partners than street prostitutes.

In hotels and bars, the women hunt white tourists because they pay more. "A black partner will tire you but give you less money. Tickling a white man may be enough and he pays a lot of money for a night," says Fatima, a prostitute.

One woman was coerced into having intercourse with a dog by four Frenchmen and a German working for a road construction company. When the incident came to light they were deported, because it was felt that a court case might lead to diplomatic strains.

Prostitution is by no means the only factor in the spread of AIDS, but it is important. A survey on a major trucking route by the African Medical Research Foundation reported high levels of HIV among long-distance truck drivers (31 per cent) and prostitutes (56 per cent).

A report on the survey in *WorldAIDS* magazine said few truckers bothered to take precautions. If they believed there was a risk of contracting AIDS they applied cognac to their sexual organs before an after sex. It also reported that prostitutes also have their own methods, such as application of charcoal powder. There is absolutely no evidence that cognac or charcoal prevent transmission of the virus.



Health Minister Amrani Mayagila says at least 200,000 Tanzanians have full-blown AIDS, and that 800,000 others have HIV, out of a total population of 25 million. The National AIDS Control Programme estimates that about 30,000 people a year die of the disease.

Clearly, the education efforts of the AIDS programmes have not reached everyone. Commented one prostitute: "Getting AIDS is just like a pilot being involved in an air accident but continuing to fly." A teenage prostitute, who admitted that she did not use a condom unless her client insisted, said: "I'm after money. Death is inevitable whether you use condoms or not."

Young girls are in demand, not only because men believe they are less likely to be carrying the virus but because they are believed to invigorate older partners.

But the belief that AIDS affects only prostitutes, barmaids and long-distance truckers — shared by 20 per cent of respondents in a recent survey — is one of several myths which complicate the fight against the disease.

The survey showed that infidelity is a major contributor to the spread of AIDS, together with traditional practices and ignorance. Some 15 per cent of respondents believed AIDS is a punishment from God and cannot be prevented; 10 to 12 per cent think it can be contracted by touching the body or wearing the clothes of a person who has died of AIDS; and 15 per cent believe AIDS can be transmitted through insect bites. — Gemini News

Lack of Iodine Afflicts Indonesia

by K Basrie

AT age 70 with grownup children, Uppa should be starting to take it easy. He has worked almost all his life as a labourer in the ricefields of Balla village in rural Sulawesi province.

But he and his wife, who sells milk in the local market, are hard-pressed to care for the family. Their two daughters and one son, with ages ranging from 20 to 40, suffer from cretinism traced to the mother's iodine deficiency.

"The nightmare of my life now also enters the life and future of my children," says Uppa, whose left eye cannot see because of a childhood cataract. The children suffer from stunted growth, listlessness, mental retardation and difficulties in speech, movement and hearing characteristic of iodine deficiency disorders (IDD).

A fourth child, however, was not affected and lives a normal life with her husband and healthy children in a nearby village.

The two IDD-affected sisters, Jumawati and Sanawiyah, did not go to school. They spent their childhood in the kitchen and the fields, helping their parents.

In 1987 Jumawati married a man who also suffers from cretinism. The two lived with his parents in a nearby village and Jumawati became pregnant. But four months later her husband brought her back to her parents' house.

"He left without an explanation," says Uppa. "But I could not complain."

The only son, Untung, spent six years in the first grade at the local primary school.

"We pitied the poor boy, but could not let him spend most of his time in the same class anymore," says Kamaruddin, vice principal of the school. "So we wrote his parents to have him stop taking class."

Balla, with 3,000 residents, is one of many villages with high rates of IDD in South Sulawesi on the island of Sumatra. However, the number of cases has declined sharply following a massive campaign launched by the government in 1974.

"In the past, nine of 10 people passing down the streets here were cretins," says Kamaruddin. "Now the ratio is perhaps one in 30 after the intensive iodization programme launched by the government and UNICEF (United Nations Children's Fund) in the early 1980s."

Uppa's family knows iodization works. It was after the beginning of the government programme, in which Uppa's wife received injections of iodinated oil, that the couple's youngest child, Nawiyah, was born — without IDD. And their IDD-affected daughter, Jumawati, who also received the injections, gave birth to a daughter unaffected by IDD.

Although Balla is no longer known for its IDD-afflicted people, it is easy to see that many children in Balla and other remote villages have IQs that are far below average. When guests made a surprise visit to the third grade of Balla primary school, none of the students could correctly say their age.

"I am one thousand and nine hundred years old," said one boy. Laughing at her friend's answer, a girl thrust her hands in the air and said, "Me, sir! I'm five months old."

A similar situation is found in Jeneponto, one of the province's major salt-producing centres.

"Physically, all students here are normal," says Lukturi, a primary school teacher in Beru village near Jeneponto. "But, once you know them a little more you will find that their average IQ is far below that of normal students in the cities.

Kresnawan, an IDD expert at the Indonesian department of Health, says, "I recently went to a village near the city of Yogyakarta (in central Java) where almost all the residents are cretins. Can you imagine their mental capacity?"

A 1987 survey by the Department of Health showed that an estimated 30 million of the country's 180 million people in 26 of the country's 27 provinces were living in areas with insufficient iodine in their drinking water or daily diet. Only Jakarta, the capital, was unaffected. An official of the Department of Health said recently that Indonesia has to face the loss of 10 IQ points from each of about one million newborns a year because of their mother's iodine deficiency.

To reduce these alarming numbers, the country has tripled its budget for IDD elimination in the current five-year plan, covering 1989-94. Since 1977, the IDD control programme has provided free iodinated oil injections to 14.2 million people (mostly pregnant women) in endemic areas and has fortified water and salt. More recently, iodine capsules have been distributed through village health posts.

With all these efforts, why is IDD still so prevalent? Inadequate distribution and marketing of iodized salt and the price differential between iodized and non-iodized salt are among the problems.

IDD is not the easiest problem to correct in Indonesia. But the fight must continue.

— *Depthnews Asia*

Fresh Hope for Paraguayan Mothers

by Maggie Jones

Illegal abortion is a major problem in Paraguay, where abortion is illegal in all circumstances, even to save the life of the mother.

POLITICAL changes sweeping through Paraguay offer hope of changes which will profoundly affect the lives of women, but especially their health. Paraguay has one of the highest rates of maternal mortality in Latin America — over 300 deaths per 100000 live births — due to a lack of antenatal and obstetric care, poor family planning services and a total ban on abortion.

Since 1989, the government has been pursuing a policy of democratisation. A new constitution is being drafted which will increase women's rights in many areas, and the government is strengthening its maternal and child health programme with a family planning component.

Unlike most Latin American countries, Paraguay has a predominantly rural population. Sixty per cent of the people live in rural or semi-rural areas, and the cities are comparatively small, lacking the huge shanty towns which are so characteristic of other capitals in the region. Nevertheless, the divide between urban and rural is a big one. While the capital, Asuncion, has a modern water supply system and the tap water is safe, only 8 per cent of people living in the rural areas have access to health services, women in the countryside may have to walk miles to the nearest health post, and are unlikely to have access to a hospital if problems arise during pregnancy and childbirth.

The major causes of maternal death are post-partum haemorrhage, toxaemia of pregnancy (or pre-eclampsia) and infections. All of these can be treated if the mother can reach antenatal care and hospital services. Unfortunately, most Paraguayan women live too far from health posts or hospitals, and do not have the means to travel to them.

One answer to the problem is to train the midwives to provide a better service to their clients. Maria Vasquez is a midwife who has been practising for 23 years. She has attended courses funded by the Ministry of Health and the Pan American Health Organisation (PAHO) so as to upgrade her in a small room beside her home in a working-class barrio of the new city of Ciudad del Este on the Brazilian border, she provides antenatal care, including taking blood pressure, palpating the abdomen to check the baby's size and position, and asking the mother general questions about health. Maria Vasquez attends women in labour and makes sure that women with problems receive the medical attention they need. She also gives information about breast-feeding and acts as a community-based distributor for the Paraguayan Centre for Population Studies (Centro Paraguayo de Estudios de Poblacion), to help mothers to space their pregnancies.

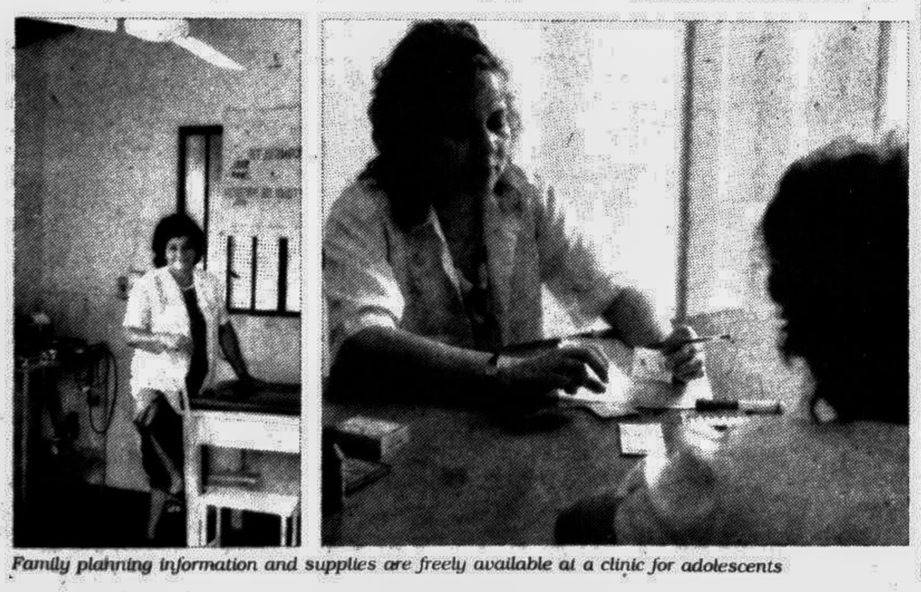
The lack of adequate family planning services has clearly been a cause of many health problems for Paraguayan women. In 1979, high-level governmental opposition to family planning was expressed, and Ministry of Health officials closed down the government programme which had been run since 1972 with USAID support. In the late 1980s, UNFPA helped to set up a natural family planning project; in 1988 the Ministry began a tentative service as part of its maternal and child health programme.

Today, although contraceptives are available from pharmacies, it is estimated that only about 15 per cent of the population can afford to pay for them. Furthermore, women do not then receive the information they may need to use these methods effectively. Dr Victor Raul Romero, Director of the government's Maternal and Child Health programme, says, "In 1990 family planning was integrated with maternal and child health services in all health centres." The government is concentrating on family planning for women under 20 or over 35, and those with four or more children. He adds: "The Ministry is functioning with discretion. This is not a demographic programme; it is necessary for the health of mothers and children — part of the fight against criminal abortion which is responsible for our high maternal mortality rate."

Illegal abortion is a major problem in Paraguay, where abortion is illegal in all circumstances, even to save the life of the mother. It is estimated that illegal abortion accounts for one-third of all maternal deaths in Paraguay, as compared to only a quarter in neighbouring Chile and Argentina. Surveys show that 35 per cent of women in Paraguay have had at least one abortion, and an estimated 26000 abortions take place every year. As many as 80 per cent of first pregnancies among girls aged 14 to 16 end in abortion. Only 3 per cent of abortions are carried out by doctors, the rest being performed by unskilled abortionists or traditional midwives.

All the same, there is now optimism. The new Health Minister, Cynthia Prieto Conti, is keen to put women's health at a community level. The rapid improvement in human rights and the unmuzzling of the press have enabled community organisations and political parties to campaign freely. With the promised democratisation, Paraguay can make rapid strides to modernise itself and provide better health care to all its citizens, women included. — World Health

Mrs Maggie Jones is a freelance journalist based in London and specialising in women, health and development.



Family planning information and supplies are freely available at a clinic for adolescents

Feats of Doctors Not Too Far from Home

by Aroop Talukdar back from Calcutta

DR Shuvo Dutta, senior Consultant Cardiologist of B M Birla Heart Research Centre of Calcutta has created history in medical science recently by performing successfully the first coronary balloon angioplasty through the wrist of a cardiac patient to clear blocked blood vessel.

The operation has been performed by Dr Shuvo Dutta on one Siraj Ahmed, 41-year-old cardiac patient from Bangladesh at the Birla Heart Research Centre early this month.

According to Dr Dutta this method of operation is cheaper than the conventional method through the upper thigh which allows quicker recovery.

Dr Dutta while talking to The Daily Star at his chamber at the Centre said, this half-an-hour operation will cost only around 60 to 65 thousand Rupees in Indian currency compared to nearly Rupees one lakh for the conventional method.

He also said that a few such operations so far been performed in Switzerland, France and Germany.

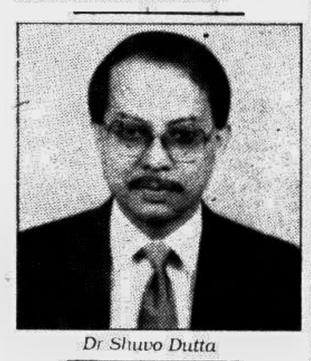
Unlike the conventional method, as he told, where the patient is required to stay at least three to five days in the hospital, the new method allows the patient to walk even within an hour after the operation. The patient can be discharged the very next day.

According to Dr Shuvo Dutta, this operation normally involves advancing a fine cannula through the patient's right wrist and thereby connecting it into the blocked blood vessel. A wire and a balloon are then passed through the arm and the blood vessel subsequently opens up. The catheters are then removed and pressure is applied at the wrist to remove the blockages. The entire operation was recorded on the spot in a video tape.

Naturally, the expenditure for this operation is beyond the reach of the general people. Then how they will avail the opportunity? Dr Dutta replied, necessary articles like balloon for this operation is to be brought from foreign countries so the cost is being higher.

But it will be much lesser when necessary articles will be manufactured and available in India in the near future.

It may be mentioned here that the B M Birla Heart Research Centre is technically and infrastructurally equipped to carryout complicated cardiac surgeries maintaining an international standard.



Dr Shuvo Dutta

Now, it is also learnt that an open heart surgery is in progress which is being conducted by Dr Devi Prasad Shetty, Chief Cardiac Surgeon of the Centre. Dr Shetty, 39, an extremely handsome man trained at Guy's Hospital, London has many outstanding feats to his credit — he is the youngest cardiac surgeon who performed over one hundred redo operations on the heart in the UK, the first surgeon to have performed open heart surgery on a 9-day-old baby, used long term circulatory assistance with artificial heart successfully. Dr Shetty developed a new technique of shunt operation for children suffering from complex heart diseases.

Dr Shetty, the youngest Indian surgeon in the world to have had the experiences of performing more than five thousand major heart surgeries and the first Asian cardiac surgeon to have performed Video Assisted Thoracic Surgery (VATS) which was televised through BBC TV network.