

Feature

Health

Disability: A Profile in Rural Bangladesh

by Dr Rezaul Farid Khan

THE study was conducted for determining the prevalence rate of persons with disability with various types and assess the socio economic condition of the community including person with disabilities (PWDs). It was also designed to explore the possibilities to implement the CBR programme in 4 villages at Narsingdi. The collected data is expected to provide necessary information for planning and designing the development programmes for day by PWDs.

hear, walk, speak or even think and communicate, according to estimates by World Health Organization (WHO) and a number of International voluntary Organizations.

More than 37 lakh people are visually impaired, some 23 lakh have auditory disabilities, about 16 lakh are physically disabled, and the remaining are suffering from either mental retardation, epilepsy or mental illness.

Based on the United Nations figures as well as other surveys carried out by the NGO sector indicate that a high proportion of Bangladeshi households have a disabled member in the family.

A recent survey by an NGO suggested between 8 and 9 per cent of country's 110 million population is disabled while the WHO studies suggest that approximately 10 per cent of the population is disabled.

Quoting figures compiled by Bangladesh Bureau of Statistics, that some 0.52 per cent or about six lakh people of the total population are disabled.

Results and discussions

Four types of disability were considered in this study, (i) Limbs related disability, (ii) Visual Impairment, (iii) Hearing Impairment, (iv) Mental Disorders.

Out of 1764 households in 4 villages 562 households are having persons with disability.

Out of a total 1764 households 562 (31.8%) households were identified having persons with disability. The total number of persons with disability is 694 (6.78%). Some of the households have more than one person with disability.

Of the total 694 disabled persons of the 4 villages 52.9% are male and 47.1% are female.

Illiteracy rate is 72.0% among the disabled persons (77 children below the age of 6). Only 8.3% read up to class-V who are able to read and write. 14.4% of the disabled can just sign their names. This profile might indicate the limitations of the disabled for education which may be distantly located school, lack of assisting device, failure of the parents to send their children to

school etc.

Most of the disabled persons are unemployed and only 2.5% people are employed in services. This indicates that unemployment is a burning problem for the PWD's and there is no special provision in any organization for PWDs though some times they fulfil the requirements for the job. 30.9% disabled persons are engaged in part-time, casual, periodic jobs, when available.

Four types of disability was taken into account. Out of the various forms it was found that sight related disorders are mostly followed by hearing impairment.

It is observed that some people suffer from partial blindness while 13.6% were suffering from night blindness.

Most of the people are not aware about the cause of night blindness. It is likely that the cause of night blindness is Vit-A deficiency. Frequent attack of diarrhoea and measles of the children and inadequate intake of Vit-A enriched food are also considered as causes of night blindness.

Related to limbs most of the disabled had one hand, followed by one leg. The persons not having both limbs were 9.4% in 4 villages.

Hearing impairment is the second group of disability found in the prescribed villages. Mild hearing impairment was assessed without any technical device. Most of the hearing disabled persons belongs to moderate impairment category, some of which are also having speech disorders. It can be concluded that moderate to severe hearing impairment may be associated with speech disorder.

Moderate degree of mental disorders are thought to be responsible for poverty, unemployment, diseases like schizophrenia etc.

A section of people were unaware of what caused disability (24.7%). While 33.7% felt that disabilities were caused by diseases, 15.9% respondents have pointed out that various type of accidents including occupational and road traffic accidents are major causes. 14.5% have indicated

that disability may be by birth (congenital) while some believe it to be of superstitious in nature. So, health education is an essential part to remove the false beliefs like evil eye, 'beer fever' etc.

About half the PWDs (47.8%) of the prescribed villages did not receive any medical treatment. Lack of physicians in the villages is one of the major causes and no vehicle is available in the villages, so PWD's are unable to go to the town for treatment. Poverty plays an important role for not receiving medical treatment as there is no system of free treatment for PWDs.

A good percentage of persons with disability are capable of performing various daily activities independently and some require others assistance, but in reality they are performing their activities with much difficulty. It is assumed that minor help or occasional performance is counted as regular activities by PWDs.

Though some PWD's can run their daily activities with little difficulty but they feel their limitations can be reduced by providing some assistance to them. Most of the PWD's sought training for rehabilitation. Perhaps PWDs felt that rehabilitation includes education, training and providing assisting devices so most of the respondents 95 per cent expressed the requirement of assistance.

Though most of the PWDs are able to perform their daily activities to some extent with mild to moderate assistance from other members of their households, but the majority of the PWDs expressed their need in the field of medical treatment, assisting device and necessary help for earning their livelihood according to the ability of the individuals.

Although specific area of rehabilitation for the upliftment of the PWDs in these 4 villages could not be well demarcated but it is felt that the Community Based Rehabilitation (CBR) programme should be continued for improving the present situation through public education and community development.

ACCEPT THE DISABLED INTO YOUR REALITY



Clockwise: A cultural function performed by disabled children; President Abdur Rahman Biswas, Begum Sufia Kamal and Begum Sarwar Rahman at the Regional Seminar on Childhood and Disability; national and international experts on disability at the seminar; a rally by the disabled people in observance of the International Disabled Day.

Warmer Earth, a Serious Health Hazard

CONFIRMATION that global warming exists is being underlined by the fact that tropical diseases and the parasites that transport them are gaining a foothold in temperate countries such as Britain.

As the earth warms up, tropical diseases could creep towards cold countries. Susan Litherland reports for Inter Press Service.

While the famed 'greenhouse effect' is typically expressed in eye catching headlines about shrinking glaciers, rising sea levels and hotter summers, scientists say tropical diseases are insidiously spreading to northern European shores.

British health and climate experts believe warmer temperatures could directly encourage insect-borne illnesses such as malaria, leishmaniasis, viral encephalitis and rickettsiosis to take hold and thrive.

Some of these diseases are already poised on the threshold across the English Channel in France. The environmental pressure group Greenpeace has already warned of an outbreak of insects that could see cockroaches 'boiling from the sewers' as well as infectious diseases carried by rats.

lan Burgess, deputy director of the Medical Entomology Service at Cambridge University, warns that one disease, leishmania infantum, is already being carried west along the Mediterranean and into France by a type of sandfly.

If left untreated, this parasitic disease can cause enlargement of the liver and spleen and its progressive development will ultimately result in death.

According to Greenpeace, a one degree centigrade temperature rise would enable some species of insect to spread 200 kms northwards.

The international environmental watchdog says as Britain becomes warmer, parts of the Mediterranean will become sub-tropical, and the risk will increase of parasitic diseases currently confined to the tropics being brought home by returning tourists and becoming endemic.

They would be let loose on a population with no natural immunity to fight the effects. Malaria is the threat that receives most attention in the British media as there are about 2000 cases reported each year, mostly affecting returning travellers.

Some people living in the vicinity of airports who have not been abroad have been infected by mosquitoes carried in the cabins of planes. This is despite precautions carried out routinely, such as spraying the interior.

While there is no evidence that native mosquitoes could become a carrier of malaria by biting an infected person, it is not beyond the bounds of possibility, says Burgess.

A species of mosquito normally resident in North Africa has already been found living in North Wales. It managed to survive because of recent hotter summers and milder winters. Malaria existed in Britain until the 1950s but in a milder form than that which kills people in the tropics. The last major epidemic was just after World War One.

The disease is endemic in the Mediterranean region and would find warmer temperatures in Britain conducive to flourishing. As would the sheep-tick-borne viral encephalitis found in Eastern Europe and Eastern France.

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Antibiotics : Overuse and Misuse

by Shawkat Haider

ANTIBIOTICS the miracle drugs, more than anything else cooked up in laboratories, have led the 20th century medicine out of an era when women died during childbirth because of blood poisoning, when children's ear infections metamorphosed into fatal meningitis, when simple wounds turned lethally septic.

People thought science had vanquished infectious disease. But now the bugs are fighting back. They are exhibiting tremendous resistance towards these agents. Evidence shows that these drugs are being misused and overused worldwide and the problems center around the possibility of creating antibiotic-resistant strains of bacteria.

How bacteria develops resistance. When bacteria are repeatedly exposed to small doses of antibiotics, they develop resistance to the drug in order to survive in presence of the drug. Not all the bacteria can do this, and many are readily killed. Those survived are the ones most resistant to drug-effect and they are the only ones left to reproduce. Soon a whole colony of drug-resistant bacteria exists, able to cause serious illness. To make matters worse, these resistant strains that normally reside harmlessly in digestive system can probably give the resistant portion of their genetic material called plasmid, to a more dangerous pathogenic strain of bacteria. That is, if a normal inhabitant of gastrointestinal tract were to become resistant to antibiotics and then came in

contact with, say, pneumonia bacteria, theoretically plasmids that confer drug resistance could jump into pneumonia species. In this way antibiotic-resistant strain of pneumonia might develop. It is a scientific fact that repeated exposure to antibiotics cause this resistance and bacteria share plasmids with other bacteria in a process called unsafe bacterial sex.

Antibiotic abuse. We have a tradition of prescribing antibiotics for quick fixes. From over-prescribing to satisfy patients who complain too much, doctors too are now a part of the antibiotic problem. Drug companies, for their part, promote the use of their product by huge advertising and supplying doctors with free samples. Misuse of antibiotics is a worldwide problem. More than half of all outpatient prescriptions are inappropriate.

standing of what they can and can't do. For example, most common viral diseases, such as the common cold, do not respond to them. Repeatedly taking antibiotics for a cold could cause serious side-effects and encourage the development of drug-resistance. Studies suggest that a third of all patients fail to use the drugs as prescribed. Many stop taking their medication after just a few days, when it has killed the most susceptible invaders but left hardened survivors to flourish. Besides being harder to treat, those resistant germs can then spread through the community.

Besides quitting treatment early; some patients save unused drugs to take later or pass them around like vitamins. Some people use illegally obtained antibiotics or leftover prescriptions to try to treat their own diseases. Not only do they take a shot in the dark at their own cure but also they risk breeding and passing on bacterial superstrains to others because of improper use. Also, doctors sometimes dispense antibiotics without knowing whether the sore throat or even the pneumonia, is indeed caused by bacteria.

Antibiotic courses should not be unduly prolonged as they are wasteful and may lead to adverse effects. However, in certain conditions such as endocarditis and tuberculosis, prolonged therapy is necessary. Conversely, a single dose of an antibiotic may cure uncomplicated urinary-tract infections. Bacteria gradually adapts to any antibiotic, and when one is misused, it's power to heal is squandered. The more widely these drugs are used, the greater the chances the bugs that will develop resistance.

Misuse of antibiotics may stem from a lack of understanding of what they can and can't do. For example, most common viral diseases, such as the common cold, do not respond to them. Repeatedly taking antibiotics for a cold could cause serious side-effects and encourage the development of drug-resistance. Studies suggest that a third of all patients fail to use the drugs as prescribed. Many stop taking their medication after just a few days, when it has killed the most susceptible invaders but left hardened survivors to flourish. Besides being harder to treat, those resistant germs can then spread through the community.

Ever since the invention of penicillin — man and microbe have been in a crucial race where the lead keeps changing. For the moment, science seems to be ahead of the game. New, stronger antibiotics have been developed that can deal with some resistant strains. Whether these too, will lose their punch after years of abuse remains to be seen.

the youngest Fellow of the Bangladesh College of Physicians and Surgeons who has been offered this degree, says a press release.

Dr Rahman graduated from Dhaka Medical College in 1973 with distinction. He obtained FCPS in Medicine in 1980. In 1984 he got M. Sc in Renal Medicine from the University of Newcastle Upon Tyne, UK.

He is a Commonwealth scholar and WHO Fellow in Renal Medicine. Dr Rahman worked in the Department of Medicine and Nephrology in IPGMR, Dhaka, Rajshahi Medical College and Dhaka Medical College as Assistant and Associate Professor. Renal unit of Rajshahi Medical College was established due to his initiative.

He is the Editor of journal of Dhaka Medical College and Bangladesh Renal Journal. He is actively involved with many national and international medical associations like Euro-

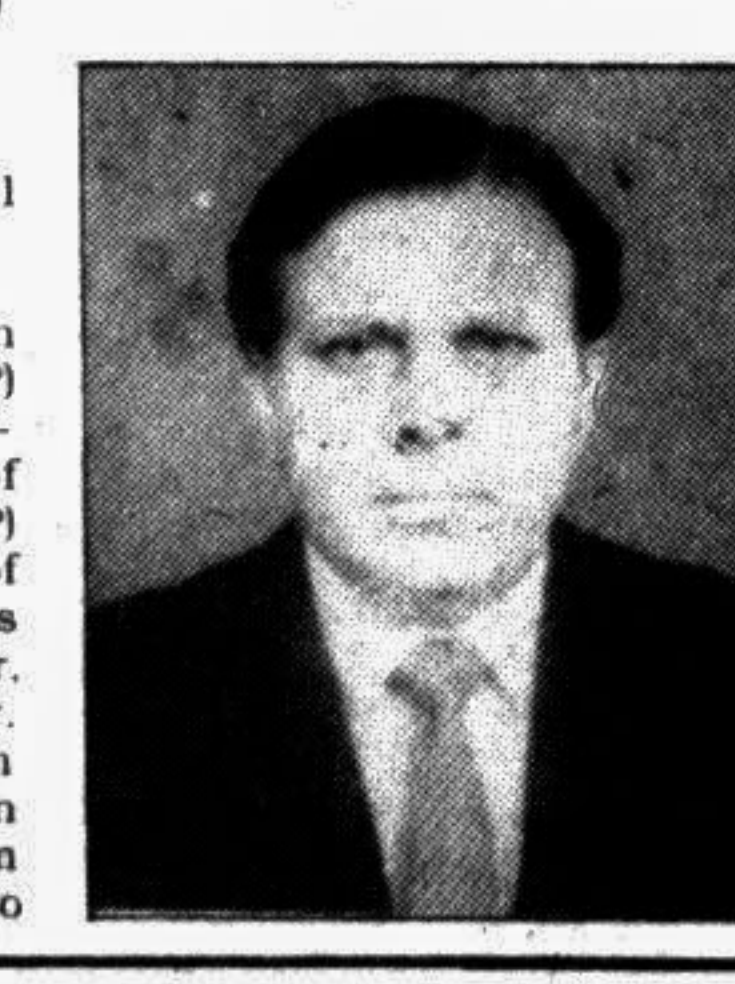
pean Dialysis and Transplant Association, Asian Pacific Society of Nephrology, Bangladesh Renal Association, Bangladesh Medical Association and Association of Physicians of Bangladesh.

MRCP and FACP Awarded

PROFESSOR Tofayel Ahmed, Professor of Medicine, Sir Salimullah Medical College has been awarded Membership (MRCP) from Royal College of Physicians and Surgeons of Glasgow and Fellowship (FACP) from American College of Physicians recently for his contribution as a good teacher, clinician and research worker. He is the first doctor from Bangladesh who has been awarded with the awards from the above colleges. He was also

awarded Fellowship (FRCP) from Royal College of Physicians of Edinburgh few months back. He is the Secretary General of Association of physicians of Bangladesh and President of Teachers' Association of Sir Salimullah Medical College. Presently he is working as Professor of Medicine in Sir Salimullah Medical College and Mitford Hospital.

Prime Minister Begum Khaleda Zia already inaugurated 'Press Week '94 on Voluntary Blood Donation and Posthumous Eye Donation' organised by Sandhani on November 2. For the first time a head of the Government in Bangladesh inaugurated such a programme giving it utmost importance in our national life. People have become very selfish in our time. No one wants to sacrifice a small drop of blood even for his nearest relatives like mother, brother or sister. This programme is taking place at the time when the supply of blood for treatment is much less than its actual demand. Sandhani is trying to make good of this deficiency and the presence of Prime Minister Begum Khaleda Zia in opening this year's blood donation week bears added significance. The Prime Minister declared November 2, a 'National Day for Blood Donation' every year. A growing campaign for Posthumous Eye



Sandhani: Upholding the Cause of the Distressed

by Manirul Islam Khan

SANDHANI is a name, a faith which has acquired acceptance in the community now for its relentless efforts to serve the humanity. It serves ailing mankind in Bangladesh by providing promptly certain medical services to patients. Sandhani since its inception 17 years ago grew in this country as a voluntary organisation among the nation's medical students. Sandhani started its blood donation programme from November 2, 1978. It came into being in February 5, 1977. It is accepted now as a friend of the ailing patients in all hospitals particularly for its blood donation programme. Sandhani organises blood donation campaign and makes this blood available to patients in the hospitals free of any charge. This is what has helped Sandhani as an outstanding service organisation. Besides this, this organisation also now operates an Eye Bank and emergency medical services to individual patients and to the nation during natural calamities.

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could not be done until now. It can meet a substantial part of the blood requirement in hospitals, if not all, provided certain facilities were made available to it. The greatest obstacle on the way of blood collection by Sandhani is the shortage of sufficient blood bags which are not produced even in sufficient quantity in the country. It so happened on so many occasions in the past that Sandhani blood donation programme had to be particularly abandoned in absence of sufficient number of bags. Whenever this organisation plans a blood donation programme, its foremost problem arises out of arranging sufficient bags. The country's only blood bag manufacturing plant namely, the Institute of Public Health (IPH) is not capable to produce sufficient quantity and it requires urgent expansion.

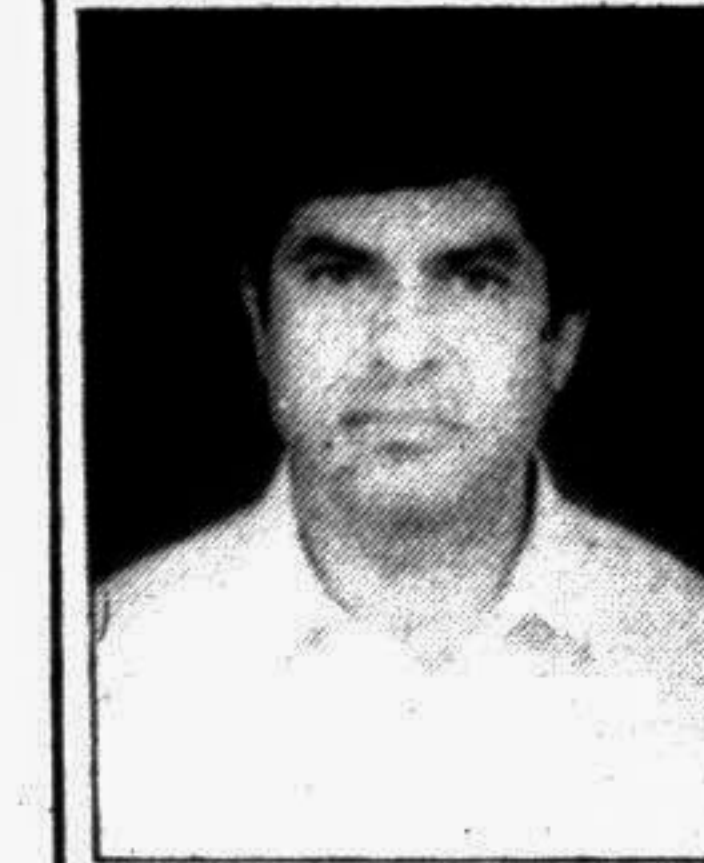
Thirdly, the blood bank operated by Sandhani requires to be fitted with all modern test equipment on the same footing as blood banks in country's medical college hospitals have been provided with. The imperative for modern test materials in possession of Sandhani bank can hardly be overlooked in view of expecting services it is providing to supply blood to patients in the hospitals. This is also essential in view of the increasing risk of transmission of various diseases to patients through blood transfusion at a time when AIDS and other sexually transmitted diseases are now on the rise.

Secondly, Sandhani which is voluntarily run by the medical students requires substantial assistance to enable it to perform at a greater scale. Sandhani workers in medical colleges have to organise a drive to raise funds, besides relying on their own monthly contributions to carry out their programmes. When they go for a programme they collect special subscriptions from among themselves and consequently their creativities and work drive become largely undermined in the process. One can hardly imagine how big sacrifices Sandhani workers make both in creating public awareness and in mobilising fund from donors to stage a programme like blood donation or collect a cornea as quickly as possible within few hours of a reported death of an eye donor. Sandhani workers love doing it but their services could be made more effective and expanded in volume if proper finance and other related support could be extended to them. Without it Sandhani will remain underutilised. Many people work-

ing in medical establishments think that the government may supplement Sandhani's expenditure by allocating funds under health care budget. The authorities may also take other steps which will go to enhance its efficiency and capacity to extend more services to the public.

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Sandhani started blood screening recently in some medical college hospitals with assistance from others. But stabilising such blood screening facilities requires continuous financial support without which no screening facility will be able to acquire a permanent shape. Here also urgent support of the government appears essential. We are encouraged by a recent move by a private organisation to help Sandhani popularise its blood donation programme. The government also came forward to take part in it. Sandhani recently made a short telefilm with financial assistance from Mala Chemicals and Pharmaceuticals Industries Ltd on blood donation. The Information Ministry agreed to telecast of the film, but not quite free of charges like the advertisement on 'CHOKH'. We believe that more assistance is essential in helping Sandhani to implement more programmes and for it more collaboration by private sector organisation and the government is essential.



FRCP Awarded

DR Md Habibur Rahman, Associate Professor of Nephrology, IPGMR Dhaka has recently been elected as a Fellow of the Royal College of Physicians (FRCP), Edinburgh, UK. He is