

## Stagnant fertility decline in Bangladesh

Targeted service holds better prospect for recovery

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The success in decreasing fertility in Bangladesh has been very impressive. The average number of children fell into half, from 6.6 children per woman in 1975 to 3.3 children per woman in 1996/97. But disappointing the programme managers, there has been no fertility decline since then; the level of fertility has stalled at 3.3 children per woman for about a decade.

Once an internationally credited successful family planning programme is now facing a challenge of an emerging discredit in failing to sustain the decreasing trend in fertility and stabilising population. This is a national concern and there is urgency in bringing back fertility decline on to downward trend. Search for ways to recover from stagnancy to transition of fertility is continuing. This is an addition towards that effort.

As an optimist and humble contributor to the past success of family planning programme, I am persuaded by the available data to hope for a faster return to fertility decline provided we are guided by the dictates of data. We are now in a very advantageous position. Now we know what was not known before. Now our data tell us that our programme not only met the existing needs but also created additional interest and demand for services and that needs and demands of services vary by subgroups of couples according to their reproductive life cycle and socioeconomic conditions. And that we need to target services to different segments of couples to help them achieve their fertility goals and thereby harvest the potential for substantial reduction in fertility. Here I identify who are those segments of couples that we need to target to match services for faster reduction in fertility.

### Delayers: Those who want to delay childbearing

Nearly eight out of ten couples who currently do not have any child intend to use family planning to delay childbearing. Approximately four to five million women reported that their births of children were mistimed. They did not want to have children when they had them; they wanted them later. The younger women are large in number who want to delay their pregnancy. Eight out of ten young women who are in their teens disapprove early pregnancy. The teenage mothers who had given births to children, one-fourth of them wanted to have them later. One-sixth of those who had given births to their first child wanted them later and more than one-fourth of those who have two children wanted their second child later. Two-third of them did not desire more than two children.

These young women were born in the past in high fertility period; every successive year a larger number of them will be entering into childbearing life cycle. A great chunk of population growth in the immediate future shall come from these growing numbers of young women.

Data referred above suggest that we have a pool of ready and willing young couples who wish to delay childbearing and need family planning services. We need to take advantage of their willingness to delay their pregnancy and seize their contribution to fertility reduction and thus to population stabilisation.

### Spacers: Those who are willing to space births

The proportion of women with one child intending to use family planning peaks at 85 percent, but 78 percent of them did not receive any contact from service providers preceding the survey conducted in 1999-2000. Birth to birth interval is shorter

among teenage mothers than mid-age mothers the median birth interval for mothers in their 20s is 38 months, compared with 27 months for mothers who are in their teens, suggesting the need for more aggressive service delivery among them for birth spacing.

More than one-fourth of those mothers who have 2 children wanted to space between births and have their second child later. Birth spacing can be effectively widened if postpartum mothers are targeted for family planning services and quality family planning services are offered.

Breastfeeding has influenced on the period of postpartum infertility, the length of birth-to-birth interval and hence on levels of fertility. Breastfeeding is universal in Bangladesh; but there is an undesirable declining trend in breastfeeding towards shorter duration since 1993-94. Another undesirable phenomenon is that girls are breastfed two and half months shorter than boys. More intensive promotion of breastfeeding among the mothers in Chittagong and Sylhet divisions, is in order because they breastfeed their babies for a shorter period than the national average.

### Limiters: Those who want no more than two children

Over the last decade, there has been a huge increase in the proportion of women with two children wanting no more additional child - 10 years ago 48 percent women with two children wanted no more children; now 66 percent women with two children want no more children. Two-child family is a well-accepted norm. The latest nation-wide survey among a large number of sampled women and men with two or fewer children, about 70 percent say two children are ideal for family.

The proportion of women

wanting no more additional children increases with the increase in number of living children 83 percent to 93 percent for those who have 3 to 5 children. These segments of couples may be good candidate for longer acting methods including sterilisation.

Urban women are more likely than rural women to want to limit family size at two or fewer children. 73 percent of urban women with 2 children say that they do not want another child, compared with 64 percent rural women.

About half of women in Bangladesh want to stop childbearing. Three-fifths or more women with 2 children in Khulna, Rajshahi and Barisal divisions want to stop childbearing. Even in Chittagong and Sylhet divisions that are popularly known to be conservative, half of their women who have two children want to stop childbearing.

### Limiters: Those who want only one child

Wanting one-child family is already in Bangladesh demographic scene. Five percent of married women and seven percent of married men consider one child as ideal. Another strong evidence is that at least one in every 10 currently married women who have one living child does not want to have a second child.

More urban women compared to rural (16.5 vs 9.6 percent) intend to contain family size at one child. Contrary to popular notion, the number of women with no education intending to contain family size with one child is nearly double than those who have less than primary education, or completed primary education or have secondary and higher education.

### Those who do not want any child at all

Wanting to remain childless was unknown and unimaginable in

the past; it was a stigma, but it is now beginning to appear in the family scene. Three percent of currently married women each in Barisal and Khulna division who have no children do not want to have any child at all. Even more surprising is that intention to remain childless is reported to be larger in number for those who have no education or did not complete primary education than those who have primary or higher education.

### Intending non-users: Those who are not currently using family planning but intend to do so in future

Seven out of 10 current non-users intend to use family planning in future. This rate increases with number of living children. The proportion intending to use family planning is 78 percent among those who have no children. Such proportion peaks at 85 percent among non-users with one child. Contraceptive pill and injection are the preferred choice of methods by the intenders. But the service provider's contact to current non-users has been declining over time.

### Ambivalent non-users: Those who are uncertain about choice of methods

There are couples who intend to use family planning but are ambivalent as which contraceptive method would suit them most. Such number of non-users who are uncertain about which method they would choose has increased from 19 percent in 1996 to 32 percent in 1999. These couples need method-specific information.

### Passive recipients: Those who are dependent on fieldworkers, friends and relatives to receive supply of contraceptives

Three of ten contraceptive users are dependent on supply from fieldworkers, friends and rela-

tives. The remaining seven users are in charge of their own supplies and services they go to clinic or pharmacy or shops to obtain their own supplies; of them more than half even allocate money in their family budget to pay for contraceptives.

The former are passive recipients; the latter are active seekers of supplies. The former is more likely to drop out than the later because they are passively dependent on others for supply of contraceptives. The national programme providers need to target them to make sure that they do run dry of supply.

The above analyses demonstrate that we are uniquely endowed with data that tell us who want to delay first birth, space between births, limit family size with two or fewer children, and those who are not current users but intend to use family planning.

Targeting services to provide quality services to these different segments of couples to fulfill their fertility goals is likely to impact lowering fertility more than a generic approach to service delivery. After all we know that most couples' goal is to contain family size at or near replacement level fertility 66 percent women having two want no more children, 10 percent women having one living child does not want to have a second child, nearly one third of women did not want third, fourth or fifth child born to them. These are all inspiring indicators of enormous potential for fertility decline. Our national programme needs to be equally inspired and responsive.

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## Smoking raises risk of age-related blindness

Smokers are up to four times more likely than non-smokers to develop a disease that is the leading cause of adult blindness, public health experts said in the British Medical Journal on Friday.

Age-related macular degeneration (AMD) is an irreversible and progressive illness that robs people of their sight. Although its causes are unknown, evidence from three large studies shows smokers have a higher risk of suffering from it.

"Smokers are three to four times as likely to develop AMD," Richard Edwards, a public health expert at Manchester University, told Reuters.

In Britain an estimated one in five cases of AMD are attributable to smoking. AMD caused by smoking has impaired the sight of about 54,000 people and blinded nearly 18,000.

"This is yet another large public health problem caused by smoking. It is another reason for smokers to think about quitting," said Edwards, adding that the evidence should be used in smoking education material.

He said he suspected that the vast majority of smokers were unaware of the link between their habit and the illness.

"The fact that smokers realize they are at higher risk of going blind due to smoking could be a powerful stimulus for those attempting to stop," said Edwards.

"It is not the only incentive (to quit). There is lung cancer, heart disease, stroke etc. but this is just one more thing."

In an editorial in the journal, Edwards and his colleagues said an analysis of the studies on the link between AMD and smoking showed that quitting could help prevent or slow the development of the disease.

People with AMD who continue to smoke could be affecting their response to treatment, they said.

There is no cure for the disease, which is hereditary in some families, but laser and photodynamic therapy can have some effect.

Bright light, such as sunlight, may accelerate the progression of the illness, as may a diet high in saturated fats. People with AMD have to wear special sunglasses to protect their eyes from the sun.

"By far the main and most consistent preventable risk factor for macular degeneration is smoking," said Edwards.

Source: <http://www.reuters.com>

## Whole-grain foods may lower diabetes risk

People who consume plenty of whole-grain foods, particularly fiber-rich cereals, may be less likely to develop health conditions that put them at increased risk of diabetes, new research suggests.

"Individuals who incorporate whole-grain foods into their diets may prevent or reduce their risk of developing the metabolic syndrome, a clustering of risk factors that often precedes type-II diabetes and cardiovascular disease," Dr. Nicola M. McKeown of the Jean Mayer U.S. Department of Agriculture Human Nutrition Research Center on Aging at Tufts University in Boston told Reuters Health.

"In our study, the health benefits of whole grain foods were observed among people who consumed three or more servings of whole grains per day," McKeown said. People who ate this much whole grain had better insulin sensitivity and were less likely to have the metabolic syndrome, she said.

Type-II diabetes, the most common form of the disease, occurs when the action of insulin in regulating blood sugar levels becomes blurred.

Signs of metabolic syndrome include abdominal obesity, high levels of blood fats called triglycerides, low levels of "good" HDL cholesterol, high blood pressure and high blood sugar.

Low-carbohydrate diets are all the rage these days, and there is some evidence that a low-carb diet may improve insulin sensitivity in obese people. Overweight and obese people often develop insulin resistance, a precursor to full-fledged type-II diabetes.

But not all carbohydrates

are created equal. Some research suggests that people who consume lots of whole-grain foods and fiber have more healthy insulin levels.

Now, McKeown and her colleagues report that people who eat large amounts of whole-grain foods may be less likely to develop conditions that increase the risk of diabetes.

In a study of more than 2,800 adults, higher consumption of whole-grain foods, particularly cereals, was associated with a lower risk of insulin resistance. The study also found that people who ate more fiber from cereals were less likely to develop the metabolic syndrome.

The findings, which come from data obtained in the ongoing Framingham study, are reported in the journal Diabetes Care. EEE

"Adding whole grain food to our diet does not require dramatic changes in our eating patterns, and there could be substantial health benefits," McKeown said. For instance, people can increase their consumption of whole grains by switching from white bread to whole-grain bread and by choosing brown rice instead of white rice, she said.

"But identifying whole grain products is not always that simple," McKeown cautioned. She said consumers may be deceived by breads labeled "nine-grain," "rye bread" or "made with whole grain." Breads with these labels are in fact primarily made with refined wheat flour, not whole grains, she said.

Source: Diabetes Care, February 2004

### Medical mystery

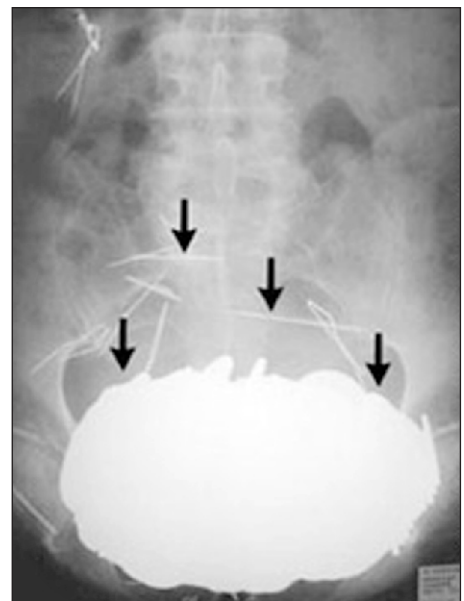
## Hundreds of coins found in patient's belly

French doctors were taken aback when they discovered the reason for a patient's sore, swollen belly. He had swallowed around 350 coins -- \$650 worth -- along with assorted necklaces and needles.

The 62-year-old man came to the emergency room of Cholet General Hospital in western France in 2002. He had a history of major psychiatric illness, was suffering from stomach pain, and could not eat or move his bowels.

His family warned doctors that he sometimes swallowed coins, and a few had been removed from his stomach in past hospital visits.

Still, doctors were awed when they took an X-ray. They discovered an enormous opaque mass in his stomach that turned out to weigh 12 pounds -- as much as some bowling balls. It was so heavy it had forced his stomach down between his hips.



An X-ray shows the patient's stomach filled with coins, necklaces and needles.

Five days after his arrival, doctors cut him open and removed his badly damaged stomach with its contents. He died 12 days later from complications.

One of his doctors, intensive care specialist Dr. Bruno Francois, said the patient had swallowed the coins -- both French currency and later euros -- over about a decade. His family tried to keep coins and jewelry away from him.

"When he was invited and came in some homes, he liked to steal coins and eat them," Francois said.

The case history of the French patient, whose name was withheld, was reported in New England Journal of Medicine.

The patient's rare condition is called pica, a compulsion to eat things not normally consumed as food. Its name comes from the Latin word for magpie, a bird thought to eat just about anything.

Pica can take the form of eating dirt, ashes, chalk, hair, soap, toothbrushes, burned matches and many other things. Francois once treated a patient who ate forks. Most such objects are small enough to pass on their own, but some must be removed by doctors.

The condition is perhaps best known in children and pregnant women but is also sometimes linked to psychiatric illness.

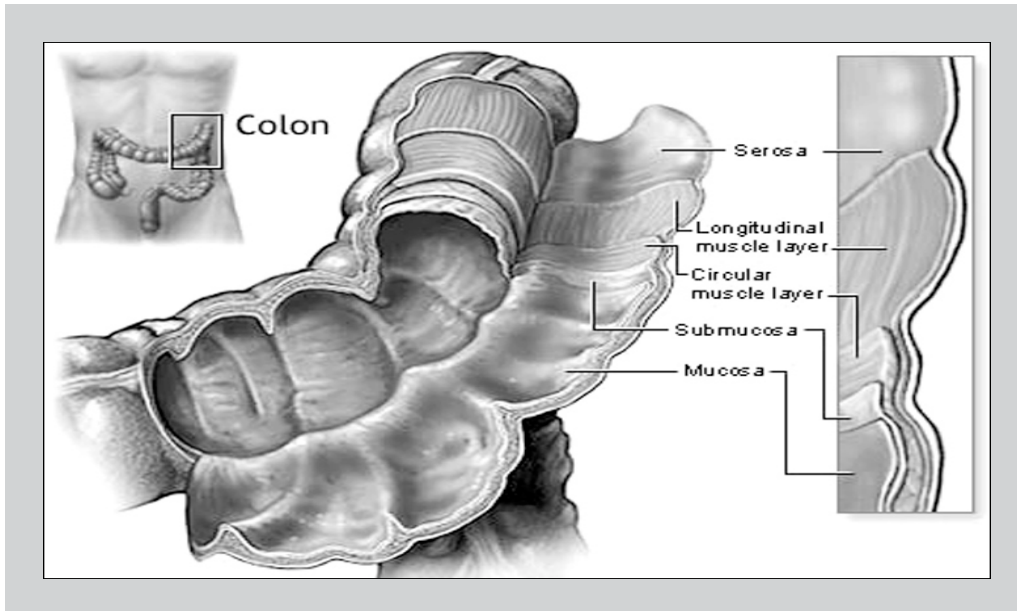
A few details of the Frenchman's case were presented January 1 along with the X-ray -- but no explanation of the stomach mass -- as a challenge to New England Journal of Medicine readers in a fixture called "A Medical Mystery."

Dr. Lindsey Baden, an editor at the journal, reported that 666 readers in 73 countries -- mostly doctors or doctors-in-training -- contacted the journal to try to solve the mystery. Almost 90 percent settled on diagnoses consistent with pica, but only 8 percent correctly identified coins.

"This case serves as a reminder of important factors that should be considered in the care of patients who are mentally impaired," Baden wrote.

Source: <http://www.cnn.com>

## Screening for colorectal cancer saves lives



More than one third of deaths from colorectal cancer (cancer of the colon or rectum) could be prevented if everyone aged 50 or older were screened regularly for the disease. Yet, according to the Centers for Disease Control and Prevention (CDC), the number of people tested for colorectal cancer remains low.

"Screening tests can find polyps, and polyps can be removed before they turn into cancer. So, a polyp removed is really a cancer prevented," according to Laura Seeff, M.D., a medical epidemiologist and spokesperson for CDC's national colorectal cancer education campaign, *Screen for Life*. She says, "Screening can also find colorectal cancer early, when treatment works best and the chance for a full

recovery is very high."

Colorectal cancer affects both men and women, and occurs in all racial and ethnic groups. More than 90 percent of cases are diagnosed in people aged 50 or older and the risk to develop this cancer increases with age. "Screening tests are effective and if more people used them regularly, we would be able to reduce deaths from this disease dramatically."

Recommended screening tests include one or more of the following tests:

- fecal occult blood test (once a year),
- flexible sigmoidoscopy (once every five years),
- colonoscopy (once every 10 years), and

double contrast barium enema (once every 5-10 years).

Patients are encouraged to speak with their doctors or health care professionals to determine which test is right for them.

Medical experts also urge patients to get screened even if they do not have symptoms. Colorectal cancer develops with few, if any, symptoms at first. But screening tests are designed to find problems before there are any symptoms or signs that there might be something wrong.

Most insurance plans and Medicare help pay for screening.

Source: <http://health.yahoo.com>