

## ASSISTED REPRODUCTION

# Test tube clinics becoming popular

SHAHNAZ PARVEEN

May 30, 2001 was no ordinary day for Bangladesh. The country's first test tube triplets -- Hira, Moni and Mukta -- were born on that day, leaving the experimental days behind. Things have changed since then. A number of test tube baby clinics have been set up in the city offering the latest available treatment to the infertile couples.

"Middle class and lower middle class couples are coming to us every day wishing to have a baby. It was a taboo only a few years ago. Now people's mindset has changed a lot. Even people from outside Dhaka are now coming to us," said Dr Parveen Fatema who works with the Centre for Assisted Reproduction.

As the demand rises, the number of clinics and hospitals offering assisted reproduction service are increasing. The success rate of these clinics is around 30 percent. There are five clinics in the city that have already introduced the test tube baby method. Six more are going to be set up soon. They have already set up necessary lab instruments.

Afsana Ahmed (not her real name) became a mother of twins three months ago after receiving the treatment. "I had



New technology in health sector is becoming popular.

everything in my life, yet I felt really unhappy. After the twins arrived, my life has got a meaning," she said.

"In our society a woman who

cannot give birth to a child has to go through painful experiences. Even when the problem is with the husband, the society blames the wife. This is such a painful issue. Although I went through many physical problems, the test tube babies finally brought hope and joy in my family," Afsana added.

Misconceptions still prevail among people seeking help. Dr Mostak Ahmed of Harvest Infertility Care explained that most people come to their clinic with misapprehension. "It is not a miracle cure for infertility. People often fail to understand that."

Forty-four year old Nurunnissa tried test tube baby several times but never succeeded. "When I first heard of test tube baby, I got the impression that it is some type of magic cure for infertility. Most people around me have this misconception," she said.

"People expect instant result. But we know it always takes several attempts to succeed. It requires patience and a huge amount of money," explained Dr Fatema.

The procedure is still very expensive. Most clinics charge more than Tk 2 lakh for one package. As more than one

attempt is necessary, the expenditure goes up. "Although this is expensive and lengthy process, middle and lower middle class people are showing interest. They are ready to manage money despite difficulties," mentioned Dr Fatema.

While it raises hope for many childless couples, it is not always satisfying for everyone.

Afsana mentioned that there are some negative aspects in Bangladesh that need to be addressed. "Doctors in Bangladesh do not always explain all the side effects. They give too much hope to the patient. Later when the attempt fails they blame the mother."

"In my case when I failed to conceive, my doctor announced that I was incapable. This led to misunderstandings between me and my husband."

"Both doctors and the family members here pay too much attention to the foetus while ignore physical problems of the mother. Family wants an outcome of the investment while doctors want to save their name," she said.

Doctors however disagree

with her. "If the mother is not physically fit the child as well will have difficulties. Because of the money involved in the process, family members take special care of the mother," said Dr Fatema.

Many couples cannot trust Bangladeshi doctors and they go to India, Thailand or Singapore, where Afsana claimed that doctors are more compassionate.

The issue also raises question whether it will subject women of our society to a different form of torture. Nurunnissa continued with the ordeal of a childless woman. "Women in our country cannot take decision about their own life. I became a guinea pig for my family. They've tested everything possible on me for a baby."

While infertile couples wait for miracles to happen, thousands of parentless, helpless children stay on the streets. Social taboo also exists about adopting them. Nurunnissa mentioned about her wishes to adopt one but was discouraged by her husband and other family members. Muslim law too does not approve adoption.

## Dhaka Zoo

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the zoo gave birth to a couple of babies as well in December last year.

Four other residents of the zoo -- lion, nilgai, ulluk and waterbuck -- gave birth to a baby each in last few months. A lion gave birth in October, an ulluk and a waterbuck in November, while a nilgai in December.

A whopping 22 Indian lions now found their homes at Dhaka Zoo. "As local lions became extinct, we do not have local lions in our custody," said the curator.

Nilgai are among the largest of the Asian antelopes and available in India. They are a rare species in Bangladesh. The word Nilgai refers to the bluish colour of the adult male, and therefore Blue Bull is another name for the animal.

Hamuan and ulluk are of south Asia origin and both are endangered species. Dhaka zoo is the home to seven hamuans and five ulluks.

Waterbuck are antelopes

with oily fur that feeds around wetlands in Africa. Despite their name, it seems that waterbuck do not like to enter the water. The Dhaka Zoo at present has seven waterbuck in its care.

Besides all the excitement and enthusiasm over the newborns in Dhaka Zoo, there is a growing concern of popular animals going 'extinct' from it.

The zoo will not be able to showcase popular animals such as rhinoceros and chimpanzee in the near future as both animals are now living there without their mates for over six years. "Just like the giraffe did, these animals are also likely to die before giving birth to any offspring. The giraffe had disappeared from the zoo after living here without a mate for a long time. ....visitors always ask for the giraffe as it was a very popular animal that lived here for a long time," said curator Kazi Fazlul Haque.

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## Wanted: Medical technologists

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In the physiotherapy faculty of the institute there is one assistant professor, one guest lecturer and one technologist working on deputation. But the sanctioned manpower for this faculty is 16.

Another problem is that the institute does not have subject wise teachers. In the radiology faculty there is no radiologist or radiotherapist, so a teacher of lab technologist is teaching the subject.

IHT Principal Dr Md Golam Rabbani and its teachers said the main problem of IHT is there is no scope for their students to do graduation after passing a three-year course from IHT. The students suffer from depression as there is no opportunity for promotion in their job.

They said IHT can pro-

duce a good number of skilled technicians who can be sent abroad as there is a good demand for technologists in the Middle East and Australia. "If we could export one health technologist he could earn remittance equal to that of ten labourers for the country," said the principal.

"A few months ago a team from Australia visited IHT. They proposed that if we could teach our students according to their curriculum, then they would employ all the students in Australia, which was a big opportunity. But we could not avail this chance because we did not have BSc course," he said.

IHT should be under Dhaka University and its degrees should be made equivalent to HSC so that the students can do graduation, he said.

In 2006, the total number of students passed from IHT, Dhaka was 176. Among them, 34 are lab technologists, 29 radiologists, 32 pharmacists, 37 are SIs, 25 in dentistry and 19 physiotherapists. Among them 39 are female.

Among existing technologists the male-female ratio is grossly lopsided. From 1979 to 2005 there were only 334 female diploma pharmacists. Besides, there was no female radiotherapist till 2006.

Skill in English language and IT, skill-based curriculum, creation of new posts, development of career plan, improving exam taking system, establishing quality assurance scheme (QAS) and accreditation body is some essential steps to improve shortage of skilled technologists in health sec-

Table 2  
The total number of medical technologists passed in 2006

Discipline	Male	Female	Total in each discipline
Lab technology	169	32	201
Radiography	43	12	55
SI	31	8	39
Dental	96	24	120
Physiotherapy	23	12	35
Radiotherapy	33	0	33
Occupational therapy	36	0	36
Total passed in 2006			450

Source: Bangladesh State Medical Faculty

Table 3  
Estimation of medical technologists in terms of shortage and surplus

Discipline	Total production up to 2005	Production capacity per year	Job opportunity	Present shortage
Lab medicine	2565	650	Govt 1864 Pvt 2000	3846 1281
Dentistry	708	585	492 1000	1492 784
Radiology	1173	155	622 1000	1622 449
Physiotherapy	240	225	31 250	281 41
Radiotherapy	42	14	40 NA	40 -
Occupational therapy	36	50	NA NA	NA NA
SI	663	100	605 400	1005 342
Pharmacy	8008	445	2516 2000	4516 -

Source: IHT, Dhaka

Table 4  
Seats in Dhaka for different courses

Discipline	Seats
Lab medicine	385
Dentistry	320
Radiology	80
Physiotherapy	175
Radiotherapy	7
Occupational therapy	50
SI	50
Pharmacy	275
Total	1342

Source: IHT, Dhaka

Table 5  
Medical technologists (1986-2005)

Discipline	Male	Female	Total in each discipline
Lab technologist	1982	298	2280
Dentistry	519	124	643
Radiology	952	73	1025
Physiotherapy	188	51	239
Radiotherapy	33	-	33
Occupational therapy	27	9	36
SI	620	43	663
Total			

Source: IHT, Dhaka

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