

## RHSTEP EXPERIENCE

# Combating maternal mortality

MD ASHIQUL ISLAM

Bangladesh is one of the developing countries where maternal mortality due to pregnancy and childbirth complications is estimated at 3.2/1000 live births, is many times higher than that of the rates in developed countries. From such complications more women die in less than 12 hours in Bangladesh.

One of the complications has been identified as induced abortion. It has been estimated that 780,000 induced abortions are done every year. Ironically, most of those induced abortions are done by untrained, traditional and indigenous abortion practitioners. Consequently, 7,800 women die annually from the procedure and these deaths account for approximately 26 percent of the maternal mortality.

Many of these deaths could be prevented if safe, early pregnancy termination was done by trained providers using a procedure called menstrual regulation (MR).

Among the few specialised non-government organisations that are devotedly promoting safe MR, RHSTEP (Reproductive Health Services Training and Education Programme) began the Menstrual Regulation Training and Services Programme (MRTSP) in October 1983. It was a special project of Ministry of Health and Family Welfare of Bangladesh (MoHFW).

Considering the need of getting involved in the GoB programme for reducing MMR, MR and TFR and taking into cognizance of the decision of ICPCD in 1994, RHSTEP broad-



ened its objective towards achieving improved reproductive health status along with MR Service delivery and MR training.

RHSTEP began to receive funds from Sida after the agency conducted both programmatic and financial evaluation of all MR NGOs. Based on the findings, Sida decided to select a management agency for channeling the fund to two other NGOs for better functioning and efficient management of the ongoing programme. RHSTEP has been selected as a lead agency and in the current programme it will play pivotal role to coordinate all the following activities with the donor and other two organisations namely BWHC and BAPSA.

Training of Trainers (TOT) on Reproductive Health Care (RHC) for both GO/NGO personnel. Comprehensive RHC Training

for Nurses/paramedics of both Govt. and NGOs.

Comprehensive Menstrual Regulation (MR) Training for doctors of both Govt. and NGOs.

Comprehensive Menstrual Regulation (MR) Training for nurse/paramedics of both Govt. and NGOs.

Capacity building training for service providers of RHSTEP. RIT/STI cases Management Training for doctors / FWVs / SACMOs / nurses and other services providers of both GO/NGO.

Refreshers MR training for nurses/paramedics of both GO/NGO.

Infection Prevention Training to Health workers and service providers (Doctors / Paramedics / Medical Assistants) for 07 days.

Strengths and uniqueness

This is indeed a unique example

of GO-NGO collaboration since centres are located in GOB hospitals where GOB officials act as Project and Technical advisors. They also act as resource person in the training programmes. Training are provided to both GO and NGO service providers and GoB is providing reproductive health kits and FP commodities; supervising quality of training and services and ensuring gender friendly environment within the organisations.

The programme envisions expansion of training e.g. RIT/STI, infection prevention, violence against women (VAW) and adolescent reproductive health (ARH) etc. Also special awareness programme on ASRH and prevention of HIV/AIDS will be there.

Further expansion of community based programmes on safe motherhood, ARH, nutrition and

HIV/AIDS establishment of laboratory for HPV virus detection by PCR (HIV/AIDS) will be undertaken.

The programme will be expanded in hard to reach areas like Chittagong Hill Tracts with establishment of 3 new RHSTEP centres in Rangamati, Khagrachari and Bandarban district hospitals. Service centers including organisation of satellite clinics; expansion of community based programme on MR, safe motherhood, ARH, nutrition and HIV/AIDS (10 satellites at borders) will be done.

Strength of RHSTEP as Management agency

It pioneered MR Service delivery and training in Bangladesh through supplementing and complementing MR Service delivery programme of GOB.

At present it is performing 50 percent of national MR service delivery; it has committed and expert work force consisting of 451 persons and wide network of service facilities all over Bangladesh (18) centers. It has integrated with GOB programmes, having centers in GOB hospitals.

Context of SRHR programme Poor awareness of Bangladeshi women about their sexual and reproductive health and rights (SRHR) aggravate the condition of sexual and reproductive ill health.

In a male dominated society they have little or no scope to decide freely and responsibly on matters related to sexuality, sexual and reproductive health including the number, spacing and timing of their children and fail to exercise such rights free of discrimination,

coercion and violence.

Even the service providers at different levels of health service delivery facilities have traditional perception about SRHR and are not sensitive to the rights of women. Only recently, GoB has undertaken countrywide orientation programme to sensitize to health service personnel about women's SRHR in a very limited scale.

Even then, it will take years for the health personnel to change their old mind set and repeated effort and frequent reorientation will be necessary so that they regularly ensure proper counseling to make women aware of their rights by providing adequate and appropriate information related to sexual and reproductive health and rights.

Every year millions of Bangladeshi women experience extreme life threatening risks related pregnancy, chronic and other serious reproductive health problems.

In this backdrop, the consortium of three organisations RHSTEP, BWHC and BAPSA has started new project titled Comprehensive Reproductive and Sexual Health Programme including MR Services, Training and BCC (Comprehensive RSH programme) since July 2007 and will end in June 2010. The Consortium will create a broad community supported network for better dissemination of SRHR and strong referral system for meeting the emergency need of the population and providing services with utmost care.

The writer is an official for RHSTEP.

## Revealed: The great "medical myths"

REUTERS, London

Reading in dim light will not damage your eyes, you do not need eight glasses of water a day to stay healthy and shaving your legs will not make the hair grow back faster.

These well-worn theories are among seven "medical myths" exposed in a paper published in the British Medical Journal, which traditionally carries light-hearted features in its Christmas edition.

Two U.S. researchers took seven common beliefs and searched the archives for evidence to support them.

Despite frequent mentions in the popular press of the need to drink eight glasses of water, they found no scientific basis for the claim.

The complete lack of evidence has been recorded in a study published in the American Journal of Psychology, they said.

The other six "myths" are: \* Reading in dim light ruins your eyesight

The majority of eye experts believe — it is unlikely to do any permanent damage, but it may make you squint, blink more and have trouble focusing, the researchers said.

\* Shaving makes hair grow back faster or coarser

It has no effect on the

thickness or rate of hair regrowth, studies say. But stubble lacks the finer taper of unshaven hair, giving the impression of coarseness.

\* Eating turkey makes you drowsy

It does contain an amino acid called tryptophan that is involved in sleep and mood control. But turkey has no more of the acid than chicken or minced beef. Eating lots of food and drink at Christmas are probably the real cause of sleepiness.

\* We use only 10 percent of our brains

This myth arose as early as 1907 but imaging shows no area of the brain is silent or completely inactive.

\* Hair and fingernails continue to grow after death

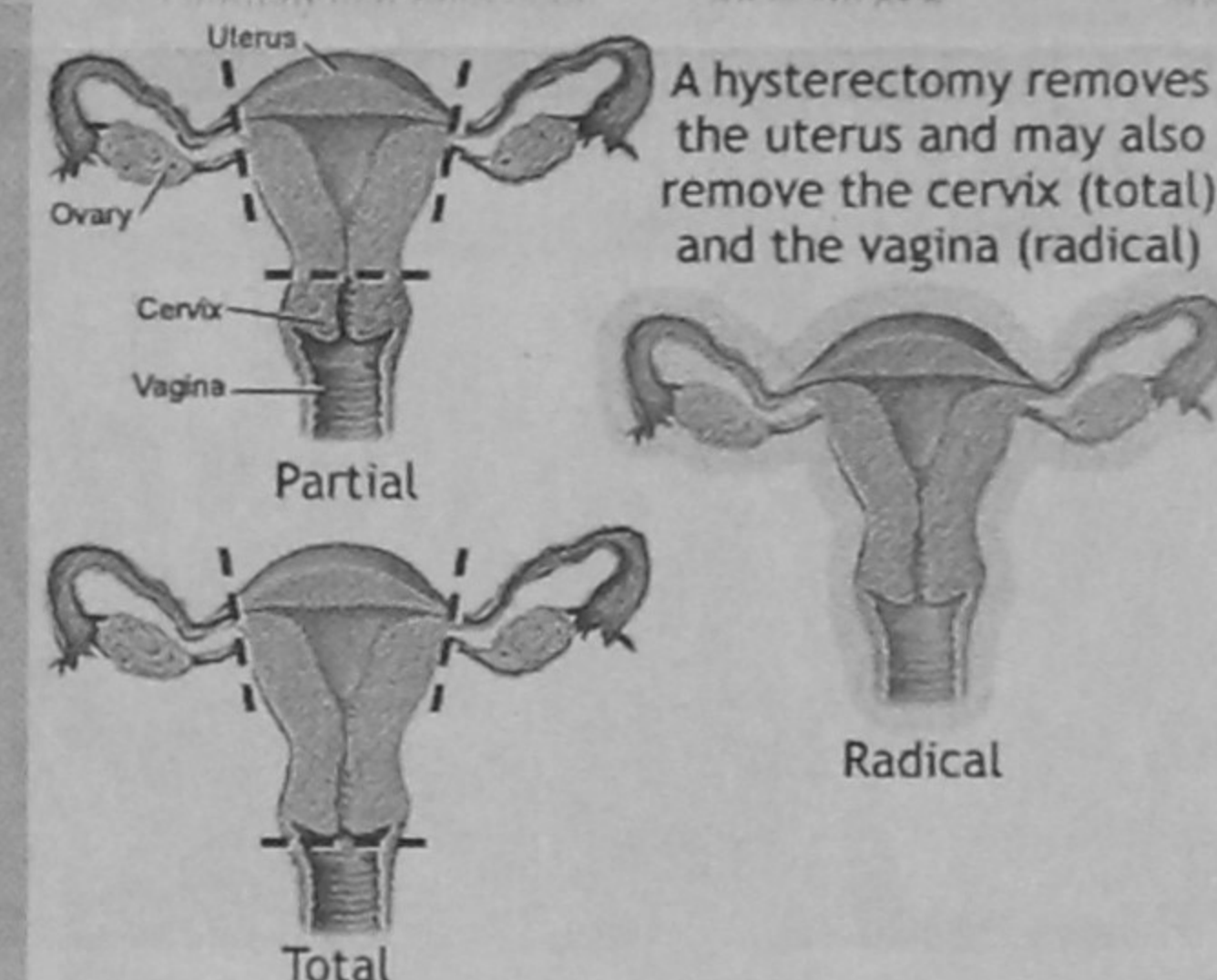
This idea may stem from ghoulish novels. The researchers said the skin dries out and retracts after death, giving the appearance of longer hair or nails.

\* Mobile phones are dangerous in hospitals

Despite widespread concerns, studies have found minimal interference with medical equipment.

The research was conducted by Aaron Carroll, an Assistant Professor of Pediatrics at the Regenstrief Institute, Indianapolis, and Rachel Freeman, fellow in Children's Health Services Research at Indiana University School of Medicine.

## Did You Know



## Hysterectomy alternative effective for bleeding

For women who need surgery for abnormal vaginal bleeding, both hysterectomy and a less-extensive alternative seem to be similarly effective, new research suggests.

The study, published in the journal Obstetrics & Gynecology, included 237 women who had surgery for dysfunctional uterine bleeding — a disorder marked by vaginal bleeding between menstrual periods, abnormal periods, pelvic pain and other symptoms.

The women either had a hysterectomy, in which a surgeon removes the uterus, or a less-extensive procedure called endometrial ablation, which removes only the lining of the uterus.

Ablation does not require an abdominal incision, as a hysterectomy often does; instead, a thin scope is passed into the uterus, and heat is used to destroy the uterine lining.

In this study, researchers found that while hysterectomy tended to be more successful in eliminating the women's abnormal bleeding, endometrial ablation was nearly as effective in easing their overall symptoms in the long term.

Endometrial ablation successfully eased the problems that prompted surgery in 85 percent of patients. That figure was 94 percent in

the hysterectomy group, according to the researchers, led by Dr Kay Dickersin of Johns Hopkins University in Baltimore.

A "substantial number" of women who had ablation ended up needing a repeat procedure, the researchers report. Nearly one-third had one within four years.

On the other hand, women in the hysterectomy group had more treatment side effects. They were six times as likely, for instance, to have a post-surgery infection. In all, about 40 percent of hysterectomy patients had some adverse effect in the six weeks following treatment — which, besides infections, included nerve damage, blood clots and fluid buildup. That compared with 11 percent of ablation patients.

"Both endometrial ablation and hysterectomy are effective in solving the problem that led women to seek surgery and in relieving pain, fatigue, and bleeding," write Dickersin and her colleagues — though, they add, hysterectomy tends to control bleeding better.

Based on these findings, they conclude, it seems "reasonable" for women to choose the treatment option that best fits their "individual preferences and situations."

Source: Obstetrics & Gynecology

## Salt restriction necessary in high blood pressure?

DR MD ABEDUR RAHMAN

Patients often ask, what changes in lifestyle can improve their blood pressure controlled. In response, we doctors often recommend that reducing body weight, decreasing intake of dietary salt and limiting consumption of alcohol can be beneficial.

Many people with high blood pressure see salt as a villain. According to conventional wisdom, just a few shakes can send blood pressure high. But is salt really so dangerous?

After decades of studies, scientists finally have answer to the question: Yes and no. For many people, extra salt really does raise blood pressure. In a few cases, however, it seems to lower pressure. And for some people, it does not really matter.

Nobody knows why some people are sensitive to salt and others are not. But researchers have some clear-cut advice — to be on the safe side, everyone should keep a lid on salt intake. The amount of salt that we eat has a direct effect on our blood pressure.

The more salt we take, the higher our blood pressure goes. This is true, not only in people with high blood pressure, but also in people with normal blood pressure. A high salt intake also causes other health damage such as greater retention of water in your body, which leads to swelling of the ankles.

How much salt should I consume each day?

The Food and Nutrition Board (of America) recommends a daily intake of no more than 2,300 mg. And as one study shows, reducing salt to 1,500 mg a day may be even better. The study published in the December 18, 2001 issue of the Annals of Internal Medicine, examined six diets and found that a low-sodium regimen could make a healthy diet even healthier.

Half of the study subjects ate a typical diet but were divided into three groups, each consuming different levels of sodium: high (3,300 mg each day), intermediate (2,400 mg per day), and low (1,500 mg each day). The participants in the other half of the study ate meals rich in fruits and vegetables but low in fat and cholesterol (also known as the Dietary Approaches to Stop Hypertension or DASH diet).

Their diets also were subdivided

into three different levels of salt consumption. The one-sixth of the subjects who ate the lowest-sodium DASH diet enjoyed the greatest reduction in blood pressure, even among people who did not have high blood pressure (also called hypertension) to start with. This group lost an average of 9 points from their systolic pressure (the top number in a blood pressure reading) — the biggest drop in any group.

Weinberger's findings highlight two important points. First, some people can significantly reduce their blood pressure by cutting back on salt. Second, salt is just a start. You can give your heart extra protection by getting plenty of fruits and vegetables every day and going easy on fats. Not only will you lower your blood pressure, you will reduce your risk of atherosclerosis (a form of hardening of the arteries) and heart disease.

If I do not have high blood pressure, do I still need to watch my salt?

Another recent NHLBI study suggests that salt sensitivity can be a dangerous condition — even among people who do not have high blood pressure. Researchers followed up on a group of 708 people who had been evaluated for salt sensitivity and hypertension 25 years ago and were surprised by their findings.

Subjects who had normal blood pressure but were sensitive to salt were just as likely as subjects with hypertension to have died of heart disease.

Since there is no blood test or other quick way to measure salt sensitivity, it is best not to take any chances.

How can I cut back on salt?

You can start by going easy on the saltshaker. It is important to understand, however, that the average person gets 90 percent of his or her salt from other sources. Many "convenience" foods such as frozen dinners, restaurant meals, luncheon meats, fast foods, and canned soups are extremely high in salt.

The best way to protect yourself is to prepare meals at home. If you do eat processed foods, check the labels carefully — and aim for a daily dose of 2,300 mg of sodium or less from all your food sources.

The writer is a teacher in Dhaka Medical College

## Face to face with cancer specialists

MD RAJIB HOSSAIN

Cancer is the leading factor that drives thousands of our patients to seek healthcare abroad bypassing local doctors and undertake the hassle of going far off place. Prompt diagnosis of the extent of the disease, multidisciplinary cancer treatment facilities and latest technology — all attract our affluent society to seek overseas treatment.

This is the tale of a very few number of our cancer patients. The main bulk are coping with this fatal disease treated by limited cancer service here which needs to be boosted up.

Two eminent foreign cancer specialists who came to Bangladesh for a short visit and were interviewed by Star Health. They shared their experience and focused the light of knowledge on different aspects of cancer diagnosis, treatment, care and support.

Dr Toh Han Chong is a medical oncologist (cancer specialist) working as a senior consultant and deputy head of National Cancer Centre, Singapore. He successfully treated our popular singer Sabina Yasmin who suffered from Non-Hodgkins Lymphoma (a cancer of lymphatic system).

Dr Yong Wei Sean is the consultant of surgical oncology of National Cancer Centre, Singapore. As a breast surgeon, he revealed modern treatment



Dr Toh Han Chong

modalities.

Star Health (SH): What is the picture of cancer incidence in this region?

DR Toh: Overall cancer incidence in Asia is rising. Changing lifestyles, dietary habit, environmental changes, demographics, public awareness and detection at late stage — all contribute to escalate. The prevalence of specific type of cancer varies from country to country. Cervical cancer in female is more prevalent in Bangladesh.

SH: What initiates people to seek foreign health services?

DR Toh: Living with cancer is very frightening. There is constant fear of not getting proper treatment since management of cancer is not standard in all countries. When someone needs specialised and immediate treatment which is not available locally s/he should obviously consider travelling abroad.

SH: Why Sabina Yasmin had to go abroad quitting local treat-



Dr Yong Wei Sean

ment?

DR Toh: Sabina Yasmin was diagnosed correctly with Non-Hodgkins Lymphoma (a cancer of lymph system) in Bangladesh. Treatment modalities were also right. The distinction that drove her to travel to Singapore is the treatment with state-of-the-art technologies. Her cancer was at late stage (stage-IV) and unusual in nature. She needed a second opinion and most sophisticated treatment. We have latest diagnostic tools to see the exact extent of spread of cancer and world class laboratory and most recent equipment. We treat patients with targeted cancer therapy and patient usually faces less hazards and prognosis is notable.

SH: How can we improve our existing cancer treatment?

DR Yong: The most important thing for cancer treatment is integrated multidisciplinary approach. Setting a well equipped cancer centre seems to be ambitious for a country like Bangla-

desh. But considering the pain and sufferings of the people, the country needs a sophisticated cancer centre. Resource, skilled manpower are also prerequisite for the improvement.

SH: How can we prevent cancer and lessen the pain?

DR Yong: In the context of Bangladesh prevention, screening programmes should be underscored. Nationwide cancer screening, awareness building and early diagnosis are very important. For example, in breast cancer simple mammography and ultrasonography help detect cancer early. Most of the cancers are curable if they are diagnosed early. No tobacco use, diet, nutrition and exercise, sun safety and vaccination against cancer-causing viruses — all play significant role in reducing cancer risks. Simple changes in lifestyle can be taken to reduce cancer risk.

SH: What are the modern advances practiced in breast cancer treatment?

DR Yong: Instead of removing the whole breast, we now usually perform modified or partial breast surgery which has aesthetic value and is less hazardous for the patients; and also we give targeted radiotherapy that bypasses the hassle of ionising radiation that occur in conventional methods. Breast surgery and reconstruction performed in the same surgical session are convenient for the patients.

SH: Thank you.

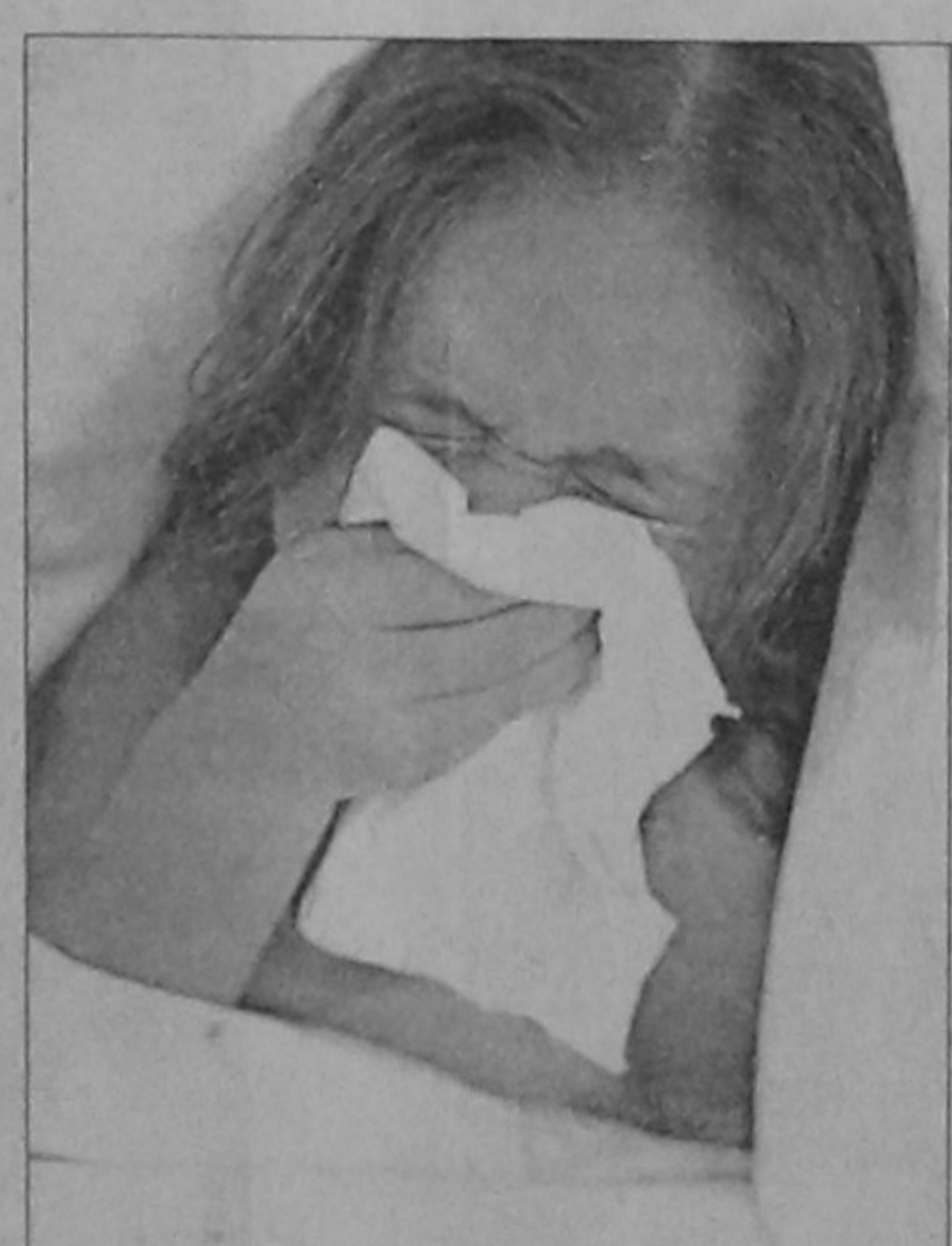
## Common cold, common in children

DR M KARIM KHAN

Common cold in children is very common illness in winter in our country. Common cold actually is a type of upper respiratory tract infection and is caused by few hundred different strains of viruses namely rhinovirus, influenza, parainfluenza virus, adenovirus etc. As strains of viruses are innumerable, antibodies are not protective and vaccine development is also not possible. Most children have three to eight attack of common cold in a year.

The symptoms of common cold include runny nose with clear or yellow discharge, cough, fever, sore throat, nasal obstruction, body ache, headache, irritability and distaste for fluid and foods. These symptoms persist for about seven to ten days.

Colds spread easily, because the viruses are shed in the secretions of an infected person's nose and throat. These viruses can survive few hours outside the body.



Common cold does not have any specific treatment as the cause is virus. Supportive treatment is necessary and helpful to get relief from the symptoms. Paracetamol, antihistamin, nasal decongestant and plenty of fluid can be taken. Sometime vapor inhalation may give some relief. Vitamin C or citrus foods and zinc also have some effect.

Antibiotic is not usually required. If the child does not improve within 5-7 days, a physician or paediatrician should be consulted. Special attention should be taken for the immuno-compromised children.

The best way to prevent the spread of common cold is to teach the children to cover their nose and mouth while coughing or sneezing. Hand washing is a very effective tool to control infections. Home management of common cold is more important than running after doctor.

Dr M Karim Khan is an Associate Professor of Department of pediatrics of Community Based Medical College, Mymensingh. E-mail: mmkhan1997@yahoo.com