

TEENAGE PREGNANCY

A major cause behind maternal and child death

SHAMEEM AKHTAR

About 16 million girls between 15 and 19 years of age give birth each year, with 95% occurring in developing countries like Bangladesh. For many of these young women, pregnancy and childbirth are not planned or wanted. They together with their upcoming babies are at greater risk of complications related to pregnancy and childbirth.

In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in young women aged 15-19 years. Unwanted pregnancies may end in abortions, which are often unsafe in this age group. The adverse effects of teenage childbearing also extend to the health of their infants.

Stillbirths (death of baby in the womb after viable age) and new-

born deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20-29 years. Babies of adolescent mothers are also more likely to be of low birth weight, with the risk of associated long-term effects on their health and development including metabolic disorders like Diabetes.

A Study conducted by Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT) showed that majority (66.5%) of the teenagers, married at 15-17 years of age had their baby delivered immediately after marriage.

South Asian countries have high proportions of teenage pregnancies with a highest in Bangladesh that is 35%.

Social, cultural and religious

attitude towards girls encourages early marriage and to bear children early. Some do not know even how to avoid a pregnancy, while others are unable to obtain condoms and contraceptives to do so.

Teens when become pregnant unplanned, are less likely than adults to be able to obtain legal and safe abortions to terminate their pregnancies. They are also less likely to obtain skilled prenatal, childbirth and postnatal care.

It also pulls the economic growth as these teens have much less opportunities to contribute in the socioeconomic development through education, income, employment and of even becoming anything other than a mother.

Teenage care is an important component of reproductive health. Improvement of their health means bigger outcome

— improving maternal health and encouraging healthy pregnancy, reduction of maternal mortality, child mortality. We should take strong action against early marriage and discourage early pregnancy.

The writer works at BIRPERHT. Data source: WHO



Rx PUNISHMENT

TB patient charged for not taking meds

34-year-old Armando Rodriguez, a tuberculosis patient, has been arrested for refusing to take his medication and missing doctor appointments, and is endangering public health by not treating the airborne disease, reports news agency the Associated Press.

Health officials say Rodriguez, 34, of Stockton has active pulmonary tuberculosis, which can include coughing up blood or phlegm and can spread through the air.

In fact, The whole intention is to protect the public's health. It is not to lay blame on someone. Tuberculosis is a bacterial infection that usually attacks the lungs. Many people have a latent form, and the active form usually only affects adults whose immune systems are compromised, which can happen from drug use.



Armando Rodriguez

NATIONWIDE DEWORMING

A doctor's advice

PROF DR M KARIM KHAN

Deworming is the giving of an anthelmintic drug to rid it of intestinal parasites. Albendazole is the drug used for many years in our country as broad spectrum anthelmintic. Deworming week began across the country from May 22 and 5-12 age group students of all primary-level educational institutions are given anthelmintic drugs.

Last week this drug was provided to school children of Laxmipur by health authority and many children became sick after ingestion of the drug. The civil surgeon confirmed that drugs were not outdated. Most of the children had headache, vomiting and abdominal pain. After short stay in hospitals, most of them went back home.

Side effects (abdominal pain, dizziness, headache, fever, nausea, vomiting) may occur, but not very common. In rare cases it may cause persistent sore throat, severe headache, seizures, vision problems, yellowing eyes or skin, dark urine, stomach pain, easy bruising, mental/mood changes, very stiff neck, change in amount of urine. Allergic reactions are also possible.

Deworming by Albendazole is routinely done in our country safe and successfully since last few years. From two years above one single dose is given in every six month. Though occasionally there may be some side effects, but usually they are not so serious. So we can use it for mass deworming in school children. Take care of your kids.

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Awareness and screening: keys to combat Thalassaemia

PROF WAQAR A KHAN

Thalassaemia is a genetic blood disorder that affects haemoglobin (Hb) — the oxygen-carrying protein in red blood cells by early destruction. In order to keep the Hb in functional level, children with thalassaemia require blood transfusions almost at regular basis. It is indeed a lifelong battle to survive. However, with awareness and screening for thalassaemia before marriage, we can prevent the fatal and painful disease.

In Bangladesh, about 7 to 8 thousand children are born with thalassaemia and increasing the burden of the disease every year. The carrier status of thalassaemia in our population is about 10% which means there are about fifteen million.

Thalassaemia is a preventable disease. People should be aware of the fact that a child suffers from thalassaemia when both parents are carrier of the disease. Population screening is needed to find out the carriers and it is an important pre-requisite for preventing the

births of thalassaemic children.

In many countries screening is performed among the school and college students. Screening of the eligible couples should be done before marriage. Some countries including Iran, Saudi Arabia, Palestinian Territories and Cyprus have law that premarital screening for Hb disorders is mandatory for all couples before they are given approval to get married.

Screening can also be done on married couples of either male or female. If one of them is a carrier then his/her partner must be tested and if positive they should be sent for genetic counselling. The information has to be given to the couple and the choice is with them to have a child or not as there is 25% chance of having a thalassaemic child if both are carriers.

Prevention of births of thalassaemic children is more cost effective than treating them. We need to consider prevention of thalassaemia as a priority. Otherwise there will be a significant number of thalassaemic patients putting great strain in our already constraint healthcare.

The writer is the President, Dhaka Shishu Hospital Thalassaemia Center. E-mail: waqarkind@gmail.com



Patients at Thalassaemia ward in Dhaka Shishu Hospital

HEALTH bulletin



Folic acid tied to lower child cancer risks

Rates of two rare childhood cancers declined after the U.S. began requiring grain products to be fortified with the B vitamin folic acid, a new study finds.

Reported in the journal Paediatrics, the study does not prove that folic acid deserves the credit. But researchers say the findings at least offer reassurance that folic acid fortification has not led to an increase in children's cancers — which has been a theoretical concern.

Mom's excess pounds key in newborn weight

For at least some moms-to-be, it is extra body fat — and not blood sugar levels — that may be key to their risk of having a big baby, according to a study recently published in the Canadian Medical Association Journal.

Experts have long known that women who have pregnancy-related diabetes are at increased risk of having a big baby. And the baby's weight is largely blamed on those mothers' high blood sugar levels. The new findings suggest that for women without gestational diabetes, it is a mom's excess pounds that really matter in her baby's birth size, said lead researcher Dr Ravi Retnakaran of Mount Sinai Hospital in Toronto.

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