



Promoting Child Rights



Child mortality: Malnutrition a major cause

PANKAJ KARMAKAR

Malnutrition has emerged as a severe threat to children's health in Bangladesh as it indirectly contributes to 50 percent of total child mortality in the country, experts say.

Around half of the children aged below five in Bangladesh are suffering from one or multiple sorts of malnutrition that is considered the underlying cause of child mortality.

If a child is deprived from exclusive breastfeeding properly before the age of six months and cannot get adequate complementary food or had repeated infections, the child will surely suffer from malnutrition.

So, experts encourage early initiation of breastfeeding and exclusive breastfeeding for the first six months to prevent child malnutrition.

The government has announced several commitments to prevent child mortality in Bangladesh.

Emphasizing breastfeeding, one of the commitments said, "Engage multi sectoral approach to ensure exclusive breastfeeding of children up to six months and complementary feeding practices after the age of six months."

Raising awareness among the people is a must to ensure breastfeeding to infants, nutrition experts say.

Besides, Severe Acute Malnutrition (SAM) also contributes to child mortality.

If a SAM-victim child is infected by any disease, the child's body fails to control and prevent it. If the child does not get proper treatment, s/he succumbs to the disease, said

Doctors stress the need for ensuring best practices in Infant and Young Child Feeding (IYCF) and ensuring food security to prevent child malnutrition.



PHOTO COURTESY: BETA.SOUTHASIANEORLD.NET

Drowning accounts for a considerable number of deaths

JAMIL MAHMUD

Earlier last month, siblings Ali Noor, 4, and Jesmin, 10, went to their ancestral home at Gopalpur village in Nabinagar upazila under Brahmanbaria district. They came to the village along with their father Mugon Mia from his workplace in Chittagong to celebrate Eid-ul-Fitr with same aged cousins and others.

At an afternoon after few days after the Eid, joyous Ali Noor and Jesmin were playing on the bank of an adjacent pond when all of a sudden they fell into it. Seeing them in trouble, their cousin Sabina, 12, instantly jumped into the pond to rescue them. But she also drowned as she did not know how to swim.

Later elderly ones took them to the nearby upazila health complex but it was too late to resuscitate them. The on duty doctor declared all the three dead.

Ali Noor, Jesmin and Sabina are not exceptions in the excessive drowning scenario in Bangladesh. Thousands of children die in the country's numerous rivers, ponds and lakes every year, as well as along its extensive coastline.

Bangladesh Health and Injury Survey (BHIS-2005) revealed that drowning is the leading cause of death among children aged 1-17 year in Bangladesh, with approximately 17,000 children dying each year.

A 2012 Unicef report surveyed in four Asian countries -- Bangladesh, Cambodia, Vietnam and Thailand-- together with two provinces in China (Beijing and Jiangxi), found that in the countries one of every four child deaths (1-4 years) are due to drowning, which is more than the combined number of deaths from measles, polio, whooping cough, tetanus, diphtheria and tuberculosis.

In the countries, most children drowned before age four, while it mostly occurred in rural areas. Before the age four, 80 percent of children drowned within 20 metres of the home.

In Bangladesh, children aged 1-2 years are most vulnerable to drowning, said Dr AKM Fazlur Rahman, executive director, Centre for Injury Prevention and Research, Bangladesh (CIPRB).

"At this age, children usually start to learn how to walk. As a result, they disappear from their parents' eye sights in no time and presumably fall in danger such as drowning," he said.

Against such a backdrop, the Bangladesh government has committed to ending preventable child deaths including those because of drowning in the country before 2035. It has declared its determination to give all out efforts to reduce under-five mortality to 20 [per 1,000] by 2035.

Learning swimming is the most effective way for children escaping drowning but, Dr Rahman said, children till their four seldom learn swimming. For this age group of children, different types of caring programmes in communities are most effective way to protect them from drowning.

It is possible to reduce 60 percent of drowning through engaging children in different types of activities within eye sight from morning till noon, maintain experts.



Children learn swimming in Kazdia, Rupsha, Khulna. PHOTO: UNICEF/SHAHZUL ALAM KIRON

household works.

"It is possible to reduce 60 percent of drowning through engaging children in different types of activities within eye sight from morning till noon," said Dr Fazlur Rahman.

Mizanur Rahman, a deputy programme manager at Directorate General of Health Services said three pilot projects with the help of Unicef on child take care were held in Narsingdi last year and the outcome was positive in reducing drowning. DGHS has further plan to widen the project in the next fiscal year, he said.

With the help of World Bank DGHS is running an awareness building programme on 11 types of injuries including drowning at present, said Mizanur.

"The programme covered 270 upazilas across the country so far," he said.

On the other hand, CIPRB has a swimming programme named SwimSafe in collaboration with Royal Life Saving Society Australia, the Alliance for Safe Children and Bangladesh Swimming Federation.

Children aged 4-10 years old who can meet the survival criteria of 25 metres swimming and 30 seconds treading and rescue skills considered as potential candidates for the programme.

Apart from learning swimming, knowing facts of rescuing drowned people is also important to reduce such occurrence from the society, said Dr Rahman.

Researchers found, most of the drowning in Bangladesh occurs in the time between 9am to 2pm, when mothers usually remain busy with

Pneumonia still remains a serious affliction

STAFF CORRESPONDENT

When Arif Mollah's three-year-old son Bayejid contracted suffered from pneumonia last year, he initially thought that was a seasonal flu that could be cured through homemade remedies.

As Bayejid's condition became severe in a matter of three days, a village school teacher advised Arif to take him to the district hospital in Narsingdi. It was at the hospital that Arif learnt that his son had severe pneumonia and that it would not be possible to save the baby if he would have arrived at the hospital a little later.

Like Arif there are tens of thousands of parents who do not know about the disease.

Although pneumonia is a curable disease, it remains one of the major killers of children under five every year. According to the 2011 Bangladesh Demographic and Health Survey,

Ensuring proper nutrition can save many children from pneumonia because undernourished children tend to contract pneumonia easily, doctors opine.



Critically ill children are being treated at Tangail district hospital. PHOTO: UNICEF/ACHOKON

(BDHS) 2011 child mortality from pneumonia is 21 percent. 12 children under five die of pneumonia in every 1000 live births.

However, creating awareness among the people and proper guideline to fight the disease can reduce the mortality rate of young children to a great extent, said Professor Mohammed Shahidullah, chairman of the Department of Neonatology, Bangabandhu Sheikh Mujib Medical University.

In fact, pneumonia is the largest cause of death in children worldwide, he said.

Pneumonia is caused by viruses, bacteria and fungi. The most common and serious are bacterial pneumonia that can be prevented with simple antibiotic interventions, he said.

"Ensuring proper nutrition can save many children from pneumonia because undernourished children tend to contract pneumonia easily," he said.

Exclusive breastfeeding for the first six months of birth can provide proper nutrition and can prevent pneumonia

as well, said Shahidullah.

He added that immunization against pneumonia, measles and whooping cough is the most effective way to prevent pneumonia.

As the children living in the densely populated urban slums are at risk of developing the disease, he said simple practices of good hygiene like washing hands with soap, reducing household air pollution, covering the mouth while coughing and sneezing and refrain from spitting can also prevent pneumonia.

"People should remember that the disease spread via air-borne droplets from cough or sneeze," he said.

He also advised parents of children under five years to refer to doctors when they have cough, difficult breathing and fever.

Shahidullah informed that the Pneumococcal vaccine that can reduce pneumonia significantly will be introduced in the country through the Health ministry's efforts in the next year.

Exclusive breastfeeding for the first six months of birth can provide proper nutrition and can prevent pneumonia



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MIDWIFERY

Traditional 'dai' is gradually replaced by skilled attendant

ZYMA ISLAM

Zahida Ishaat Khan who had recently completed her undergraduate studies in Public Health recalled her experience of working as an intern in the field of maternal health in a small village in Raosan of Chittagong.

"As someone who grew up in the city, I was surprised to see that most of the mothers risked delivering their children at home. My initial reaction towards the 'dai' or traditional birth attendant (ABAs) was that they may be doing more harm than good. However once I started getting to know the village life better, I realized that the role played by TBAs and quack-doctors is not to be undermined," she said.

In fact, if anything, the public health scenario would be a lot worse if they were not there, she surmised.

"The Upazila Health Complex was not exactly next-door for most of these people. Also, for those who are not connected to the few roads running through the village, the only way of getting about places is to tight-ropes-walk across the thin ails (mound of earth) separating one field from the other. This would prove exceptionally difficult for a heavily pregnant mother, or one approaching labor. It is understandable why they preferred home-births," said Zahida.

Besides, she said, strong, conservative, patriarchal traditions made it difficult for expecting mother to go outside, much less go to a hospital where there are male doctors.

Zahida maintained that what she saw, showed that the whole village depends on TBAs and quack-doctors, the way townsfolk depend on their local hospitals.

However, government and other partners have undertaken training programme for "Community Skilled Birth Attendant (C-SBA)" to conduct skilled delivery at home and more than 7000 of them have been trained.

Dr Ushyang Chowdhury from Sylhet, is the program coordinator of a Brac University-run diploma program in midwifery at a center in Pollogram, at Khadimnagar.

"There is a need to have midwives trained in the theoretical knowledge of anatomy, obstetrics, hygiene and first aid. Whatever they learn they learn through apprenticeship," she said.

She maintained these midwives will practice in their communities as skilled attendants who have both practical knowledge and modern scientific experience.

The midwifery diploma program, facilitated by the James P. Grant School of Public Health of Brac University is envisioned to complement government's ongoing midwife training program to train 3000 midwives by 2015.

Suraiya Begum, registrar of Bangladesh Nursing Council, who coordinate the

nationwide midwife training program, has said that there are many such programs being offered across the country, although the exact number could not be obtained.

"Some of these courses are short training sessions, while others have lengthy diploma-level modules," she said.

However, she said, it becomes very difficult to train women who are semi literate, or illiterate.

"Considering that factor, it is most effective if we can teach midwifery to girls who have passed high-school," said Suraiya.

A government diploma course in midwifery by the Bangladesh Nursing Council, has taken the initiative to make sure that this branch of medical care can permeate into the rural levels.

The course offers teachings in physiology, medicine and minor surgery, among others.

"Choosing a TBA is a risky choice - it is difficult to assess their level and depth of training," added Suraiya.

Monica Fong, stated that training is needed to make sure that midwives can recognize beforehand, what cases of pregnancy might need emergency caesarean intervention.

"This is especially important considering the fact that it may not be possible to rush a woman in labor, immediately to a

hospital," she added.

Delivery by Skilled Birth Attendant is a prerequisite to ensure maternal and newborn's. To this effect, Ministry of Health and Family Welfare has recently reiterated its commitment to ensure half of the deliveries to be attended by a Skilled Birth Attendant (SBA) by 2016 in the declaration ceremony of 'Ending Preventable Child Death: Bangladesh Call for Action'. Prof AFM Ruhul Haque, Honorable Minister, MOH and FW has made this declaration on July 21, 2013 which also encompassed the target of SBA up to 80 percent birth coverage by the year 2020. Currently, one third (32 %) BDHS (2011) of Bangladeshi women gave birth by the assistance of Skilled Birth Attendant. It is important to note that majority of those delivery had taken place at health facility (29 percent). To fulfill this commitment the declaration has figured out the major strategic approach for ensuring round the clock delivery service from health facilities equipped with necessary equipment, delivery room & beds and most importantly availability of a skilled birth attendant. To ensure SBA at health facilities, the MOH&FW has started the midwifery programme in this country in order to realize what the Prime Minister's had said at the General

Assembly of the UN in 2010 where she committed to the development and deployment of 3000 midwives by 2015. Four Midwives will be posted in each Upazila Health Complex to ensure round the clock service provision. There will be 8 midwives at a District hospital and 12 in each Medical college hospital to ensure round the clock delivery services from those facilities as well.

Till date, 710 certified midwives have been trained in this country. Government has initiated two pronged strategies to increase the number of midwives in Bangladesh: six month long "skill-up" short training of existing nurse-midwives, and (b) three-year direct-entry Diploma in Midwifery programme through Bangladesh Nursing Council. This diploma course has commenced in December 2012 with 525 students in 20 training sites (nursing colleges and institutions) where scarcity of nursing or midwifery lecturers is acute. Nonetheless, creation of the posts for midwives is under process. Expedition of this process is necessary to ensure already trained midwives to retain competencies and offer quality pregnancy, delivery and postpartum period.

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PHOTO COURTESY: THE GUARDIAN

Child marriage leads to child mortality as well

TAMANNA KHAN

At first sight, one of the caregivers of Chhotomoni Nibash, Bina Akhter Hasi can be mistaken as another lost child being cared for at the centre for underprivileged and lost children at Lalbagh. Not even the salwar kamiz or the orna (scarf) she keeps on pulling over her head to perhaps hide her short hair and act mature can conceal her young age or slight features.

Hasi says she was married four years ago when she was 14. At the age of 16, she became pregnant, but her husband, a gambler, hardly brought any food home. She said she had a number of complications during pregnancy. "My mother got me admitted at Mirpur maternity, where I had a caesarean," she said, adding that she lost a lot of blood during child birth and was almost on the verge of death.

After childbirth Hasi left her husband's house. A staff of the Chhotomoni Nibash gave him work there to look after the young children. She now stays with her seven-month-old son at the centre. "He often falls

sick," she complains picking up her son, with a swollen belly.

Hasi and her son is a classic case of inter-generational malnutritional cycle which passes on the bone of under-nourishment from one generation to another. Md Mohsin Ali, Nutrition Specialist of Unicef explained, "When an undernourished adolescent mother gives birth, the child too is likely to suffer from undernourishment."

Early marriage of young girls is linked to the malnutritional cycle that afflicts the country. Mohsin said, "Early marriages of girls are mostly prevalent among poor families. Girls coming from such families are usually undernourished."

Height of most under nourished adolescent girls coming from poor families is less than 145 cm, he said adding that short mothers face health complications during the birth process.

"Most of them also suffer from anaemia as a result they cannot handle the loss of blood during delivery," he said.

"Since the baby cannot achieve a certain weight in the womb, an under weight child is born. Later the child suffers from growth retardation," Mohsin said adding that the chance of

survival of the underweight babies is very low.

Early marriage thus increases the risk of both maternal and infant mortality, he added.

Even if a under nourished child survives, Mohsin said that such a baby often falls sick, just like Hasi's son, because immunity of the child remains low.

According to the Child Equity Atlas: Pockets of Social Deprivation released on 2013, a report jointly done by UNICEF, Bangladesh Institute of Development Studies and Bangladesh Bureau of Statistics, child marriage is still a significant challenge for the country as almost one-third of females (aged 15-19 years) in the country are married in their teens, which is one of the highest rates in the world. The proportion of females aged 15-19 years who are married declined by five per cent in the last 10 years, from 37.5 per cent in 2001 to 32.5 per cent in 2011.

World Health Organization (2006) revealed that the risk of death following pregnancy is twice as high for women between 15 and 19 years than those between the ages 20 and 24 years. The mortality rate can be up to five times

higher for married girls aged between 10 and 14 than for women of at least 20 years.

However, in the activities and interventions proposed in Bangladesh government's recent commitment to end preventable child death before 2035, no specific mention has been made to stop early marriage.

Nevertheless, awareness to stop early marriage is being created through a government project titled, "Empowering adolescent through organising them in adolescent clubs for bringing positive change within the community" since July 2011.

Programme Director Zakia Yasmin Joarder, Deputy Director (Training) of the Department of Women's Affairs, said that through 379 adolescent clubs in the unions of seven districts of the country, a number of awareness building campaign is being conducted.

She said, members of the clubs young girls and boys between the age of 11 to 18 meet twice every week and take life skill training from their peer leaders, who have been trained by NGO workers.

"Among the life skill trainings, the evils of early marriage are taught to the club members," she said adding that parents meeting is also conducted for the club members to create awareness against early marriage.

"The club members not only share this information with their peer groups in the community but there have been many instances when they stopped incidents of child marriage," Zakia said.

Putting an end to early marriage can work as a catalyst to Bangladesh's success in ensuring the most vulnerable of its resources by breaking the vicious cycle of malnutrition.

Most child wives suffer from anemia and since the baby cannot achieve a certain weight in the womb, an under weight child is born.



PHOTO COURTESY: DOSOMETHING.ORG

DECLARATION

Ending Preventable Child Deaths by 2035: Bangladesh Call for Action

Bangladesh reiterates its commitment to end preventable child deaths by 2035 through strengthening previous successes achieved for reducing child mortality. The country has declared its determination to give all out efforts to reduce under-five mortality to 20 per 1000 live births by 2035.

To achieve this target, in addition to overall development of the health service delivery system, the country will implement the following successful evidence-based activities and strategic interventions.

a) Activities: 1. Newborn-specific interventions 1.1 Ensure essential newborn care, including neonatal resuscitation and application of Chlorhexidine in the umbilical cord.

1.2 Introduce and promote the provision of antenatal steroid for premature labour and Kangaroo Mother Care (KMC) for premature and low birth weight infants.

1.3 Ensure proper management of newborn infection with antibiotics at the primary care levels.

1.4 Establish specialised newborn care unit at the sub-district and district level.

2. Ensure delivery by skilled birth attendants at the community levels, and establish round the clock emergency obstetric and newborn care at all sub-district, district and higher level health facilities.

3. Establish effective referral linkage to ensure continuum of care from community clinics to the union, sub-district, district and higher level hospitals.

4. Strengthening integrated management of childhood illness both at community and facility levels.

5. Engage multi sectoral approach to ensure exclusive breastfeeding of children up to six months and complementary feeding practices after the age of six months.

6. Implement community based intervention to prevent child drowning.

7. Introduce new life-saving vaccines through the EPI programme.

b) Strategic Interventions 1. Round-the-clock quality emergency obstetric and newborn care through the network of adequate service providers.

2. Establish Midwife services for safe delivery.

3. Optimum utilisation of existing human resources and increase their capacity and skill.

4. Further strengthening of family planning programme and population policies.

5. Integrated approach for maternal-neonatal interventions including mainstreaming of nutrition.

6. Differential programming and need-based resource allocation to narrow the equity gap between the poor and the rich, urban and rural, and between geographic regions.

108,000 child deaths under five will be averted EVERY YEAR It means approximately 300 child deaths averted EVERYDAY