

# Sharp decline in maternal and child deaths

## STAR HEALTH REPORT

Since the start of an international effort to address maternal and child mortality, millions of lives have been saved in South and Southeast Asia, according to two new studies by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

In 2000, the Millennium Development Goals (MDGs) were established by the United Nations to drive maternal and child deaths down by 2015. Child and maternal deaths had been falling in most countries since the 1980s, but the pace accelerated after the goals were set. If countries continue on this course, child deaths will fall from more than 6 million in 2013 to fewer than 4 million in 2030. In South and Southeast Asia, child and maternal death rates are falling faster than the global average.

The results appeared in two separate studies. "Global, regional and national levels of neonatal, infant and under-5 mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013" and "Global, regional and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013" were published May 2 in The Lancet.

The first installment in IHME's new updates to the Global Burden of Disease (GBD) study finds that child death rates dropped by 48% globally between 1990 and 2013. However, 6.3 million children still died before their fifth birthday in 2013. Maternal deaths fell significantly over the same period, though 293,000 women still died in 2013 from pregnancy-related causes.



The vast majority of countries have seen accelerated reductions in maternal and child deaths — with child deaths declining by 3.5% per year since 2000 and maternal deaths by 2.7% per year since 2003.

In South and Southeast Asia, significant progress has been made in reducing maternal mortality, faster than rates achieved at the global level. In South Asia, maternal mortality declined at an average annual rate of 2.6% from 2003 to 2013 and in Southeast Asia, it declined by 3.4% over the same period.

While important progress is being made, more than 105,000 women in South Asia and just over 18,000 women in Southeast Asia still died from pregnancy-

related causes in 2013. Despite its progress, Myanmar still had the highest observed maternal mortality rate in the Southeast Asian region, with 327.4 deaths per 100,000 live births. Sri Lanka had the lowest at 30.9.

South and Southeast Asia have also shown great progress in reducing child mortality, with an average annual reduction of 3.9% achieved since 2000. A significant drop in child deaths occurred due to the availability of new vaccines and drugs, followed by improvements in maternal education and rising per capita income. But more than 1.8 million South Asian children under 5 years of age still died before reaching their fifth birthday in 2013.

Pakistan saw the slowest rates of reduction in child mortality, with a 1.7% per year decline from 1990 to 2013. By contrast, Cambodia, Laos, Maldives, and Timor-Leste saw child deaths decline faster than expected, possibly due to post-MDG action. Throughout the region, Bangladesh, Bhutan, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste are expected to achieve the MDG goal for reducing child mortality.

Key drivers of progress in reducing child deaths at the global level include maternal education, medical and public health innovations, and rising income. For each additional year of school mothers complete, child death rates drop by more than 8%. New drugs, vaccines and other health innovations led to 4.2 million fewer child deaths in 2013, compared to 1990; and rising per capita income led to more than 900,000 fewer child deaths. Policies that reduce anemia and malnutrition, prevent malaria during pregnancy, provide calcium and micronutrient supplementation, and encourage skilled birth attendance likely will lead to even greater improvements in child and maternal health, the researchers note.

An increased focus on and funding for child mortality and maternal mortality prevention has also led to significant declines. The leading cause of maternal death globally is medical complications of childbirth and the period post-delivery. Approximately one-quarter of maternal deaths were found to occur during childbirth and the 24 hours following. Another quarter happen during pregnancy, and the remaining deaths occur up to one year after delivery.



## School backpack and health problems

DR DOLILUR RAHMAN

Every school student has to carry different sizes of backpacks loaded with various items from home to school to home, but very few of us think about the amount of loading and appropriate wearing method of backpacks. Carrying too much weight in the back pack and wearing it wrong way can lead to pain and strain. Every school-going student has the individual loading capacity in regard of his/her body structure and fitness level.

So far my clinical experiences from many school students consulted with me reveals that they were suffering some health problems such as back, neck and shoulder pain, tingling arms, muscular weakness and imbalance, stooped posture. Most of the time we usually ignore their such type of complains, but the reality is — sometimes these symptoms are so severe that they do not like to go to school, even most of time they are unable to carry backpacks. As parents if you do not justify the loading capacity of your growing son or daughter, they can suffer multiple joints and muscular health problems.

### Reasons:

Shoulders and neck have many blood vessels and nerves that can cause pain and tingling in the neck, arms and hands when too much pressure is applied.

Wearing a pack slung over one shoulder can cause to lean to one side, curving the spine and causing pain or discomfort. A pack that hangs loosely from the back can pull backwards and strain muscles.

### Tips for prevention of such problems:

Mainly the correction of load and wearing backpacks in the right way can avoid health problems.

#### Loading a pack:

- Do not carry back pack more than 15% of total body weight. If body weight is 50 Kgs the backpack should not be heavier than 7.5 Kgs.
- Load heaviest items closest to the back of the pack
- If the pack is too loaded, some books and other items should be carried by hands

#### Correct wearing a pack:

- Well-padded shoulder straps should always be worn in both sides
- Adjust the shoulder straps so that the pack fits snugly to the child's back
- Wear the waist belt of backpack which helps to distribute the pack's weight more evenly
- The bottom of the pack should rest in the curve of the lower back. It should never rest more than four inches below the waistline.
- Choose the right size pack for your child's back as well as one with enough room for necessary school items

If your school-going son or daughter suffers any above health problems, s/he should be consulted with a physician or physiotherapist or occupational therapist who is specialised in biomechanics or human movements or occupational health and safety issues. A movement specialist physiotherapist can help a lot to relief and future prevention of above health problems by assessing their postures, musculoskeletal fitness. Choose appropriate backpack within their ergonomics, train them some specific form of exercises and position, apply hands on treatment for affected joints/spine and soft tissues.

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## HEALTH bulletin

### Exercise crucial for women's heart health after 30

Staying physically active is far more likely to determine a woman's future risk of heart disease than any other well-known factor, including smoking, obesity and high blood pressure, a new study published in British Journal of Sports Medicine reports.

The researchers concluded that from age 30 until the late 80s, low physical activity levels were responsible for higher levels of heart disease risk than any other risk factor. Remaining inactive raised women's risk of heart disease an average of 33 percent for middle-aged women and 24 percent for older women, they determined.

### Older infertile couples should try In Vitro Fertilisation first

Middle-aged couples who want to have a baby but are having trouble conceiving should go straight to in vitro fertilisation (IVF), skipping other types of fertility treatment, a new clinical trial study published in Fertility and Sterility recommends.

Researchers found that women aged 38 and older were more than twice as likely to become pregnant through IVF within their first two cycles of treatment than if they used oral or injectable fertility drugs. They also were twice as likely to have a successful birth from that pregnancy.

## Best place in the world to be a mother

Bangladesh ranks 130th on the best places in the world to be a mother, rising six spots, Save the Children says



#### STAR HEALTH DESK

Bangladesh rose six spots on Save the Children's 2014 Mothers' Index, widening the gap from neighbours India and Pakistan, to reach 130th out of 178 countries globally. The country however still lags behind other countries in the region, such as Nepal (116th) and Sri Lanka (89th).

The index is a part of the children's aid agency's annual State of the World's Mothers report, now in its fifteenth edition, showing which countries are succeeding — and which are failing — in saving and improving the lives of mothers and their children. Overall, Finland was ranked the best place to be a mother for the second straight year and Somalia came in last.

The report shows that maternal and child mortality can be cut dramatically, even in the most challenging countries of the world, when efforts are made to improve services for mothers and children.

In Bangladesh over the past 15 years maternal mortality decreased by 60 percent, child mortality was cut by half, average number of years

of schooling increased by 3 years, and gross national income per capita as well as the number of women in parliament more than doubled.

"Bangladesh has been consistently rising on the State of the World's Mothers index, with dramatic cuts in maternal and child mortality. This is a result of strong political will and willingness to invest in healthcare for children," says Michael Foley, Director of Health and Nutrition for Save the Children in Bangladesh. "However, at 130th position, Bangladesh still has a long way to go in ending preventable child and maternal deaths.

One out of every 24 children die before their fifth birthday, 60 percent of those within the first 28 days of life, many from conditions which would have been easily treatable if they had access to a skilled health worker. Another concern is that Government funding for health as a percentage of the total budget has been decreasing over time, rather than increasing."

This year's State of the World's Mothers report focuses on mothers in humanitarian crises in order to

better understand and respond to their needs. Mothers in humanitarian crises are often faced with many obstacles to keep their children healthy — such as physical and economic access to essential services — while their own vulnerability to poverty, malnutrition, sexual violence, unplanned pregnancy and unassisted childbirth greatly increases.

To protect mothers and children in the aftermath of disasters, Save the Children is calling upon governments and civil society to:

- Ensure that every mother and newborn living in crisis has access to high quality health care, including family planning services, and breastfeeding counselling
- Build the resilience of health systems to minimise the damaging effects of crises on health
- Develop national and local preparedness plans tailored to respond to the specific needs of mothers, children and babies in emergencies
- Ensure adequate financing and coordination to timely respond to mothers and children's needs in emergencies

## Knowing for better living

Doing more than **150 minutes** of moderate physical activity will reduce your risk of **coronary heart disease** by about **30% !**

Exercise regularly

Maintain a healthy diet

Control your body weight

Avoid smoking

Control your diabetes

Consult your Doctor



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