

Interview

"Talk to the girls, listen to their needs and keep them in school"

DR TAREQ SALAHUDDIN

Recently leading international rights, development, civil society and private sector organisations launched a new data and research partnership to monitor and drive progress on gender targets in the Sustainable Development Goals (SDG) at Women Deliver conference.

Plan International is an independent child rights organisation committed to enabling vulnerable and marginalised children to be free of poverty. The organisation's Chief Executive Anne-Birgitte Albrechtsen (mentioned as "AB" in the following part of this article) shared her views on the development of women and girls during the conference.

She talked about the vision of her organisation in line with the new targets of SDG. She said, "There are two big shifts for us. One relates to our own programming and campaigning, which now squarely force the girl child at the center of everything we do. The other piece, we have committed to join a major partnership of independent organisations to track the promises of the implementation of promises that gov-

ernments have made under the SDGs for women and girls."

She informed, "We launched this week an initiative that we are calling the initiative to drive and track the implementation of the SDGs for girls and women – known as the *SDG tracker for girls and women*, which is a data, research and advocacy partnership together with the One campaign, the International Women's Health Coalition, Women Deliver and KPMG – where we will collect data, assess the quality of data, close data gaps, so we can constantly follow whether the needle is moving in a sense in the lives of women and girls as has been promised under the SDGs."

Talking about the major policy barriers that is faced in most of the countries, "AB" explained, "I think it is probably more an issue of addressing policies that very rarely specifically address the needs of adolescent girls – the governments often address children, they address education, but adolescent girls have very special needs and often there are big policy gaps."

In countries like Bangladesh where the environment is not suitable to seek some available



Anne-Birgitte Albrechtsen, Chief Executive, Plan International

services for the adolescent girls due to the cultural issues, "AB" recommended, "Talk to the girls, listen to what their needs are, listen to what they see as their main barriers and keep them in

school. And it can be anything, can be menstrual hygiene, it can be a safe road to travel when they go to school, but it can also be about the complete lack of understanding of issues relating

to sexual health, or simply having access to knowledge and understanding of how they best protect themselves and uphold their integrity."

"AB" further highlighted that, "I think for most countries today with tremendous progress, there are still many millions of people lagging behind. So the focus on inclusion, the focus on ultra-poor, the focus on ensuring there are groups have voice and say in the priorities set by the governments over the next fifteen years is probably the biggest thing that we all have to do together."

Finally "AB" urged the governments to pay attention to the issue of fear and violence in women's and girls' lives - the sense of fear of violence and sexual abuse, fear of not being listened to, fear of not fulfilling the potential – and governments have to focus on. She said, "I know it can feel intangible, but the governments have to focus on this issue and make sure that their countries are safe from all of that including the girl child."

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VITAMINS

Could you be over- or under-dosing with vitamins or minerals?

Dutch scientists develop groundbreaking risk-benefit approach to determine optimum intakes

Vitamins and minerals – can they be too much of a good thing? Or are some people suffering from deficiencies in these essential nutrients? In recent years, there has been considerable confusion over what levels are optimum for given population groups.

A new approach integrates all available scientific data on both risks, from inadequacy and excess, as well as on benefits to offer a range of doses of specific vitamin and mineral forms suitable for specific populations, says a press release.

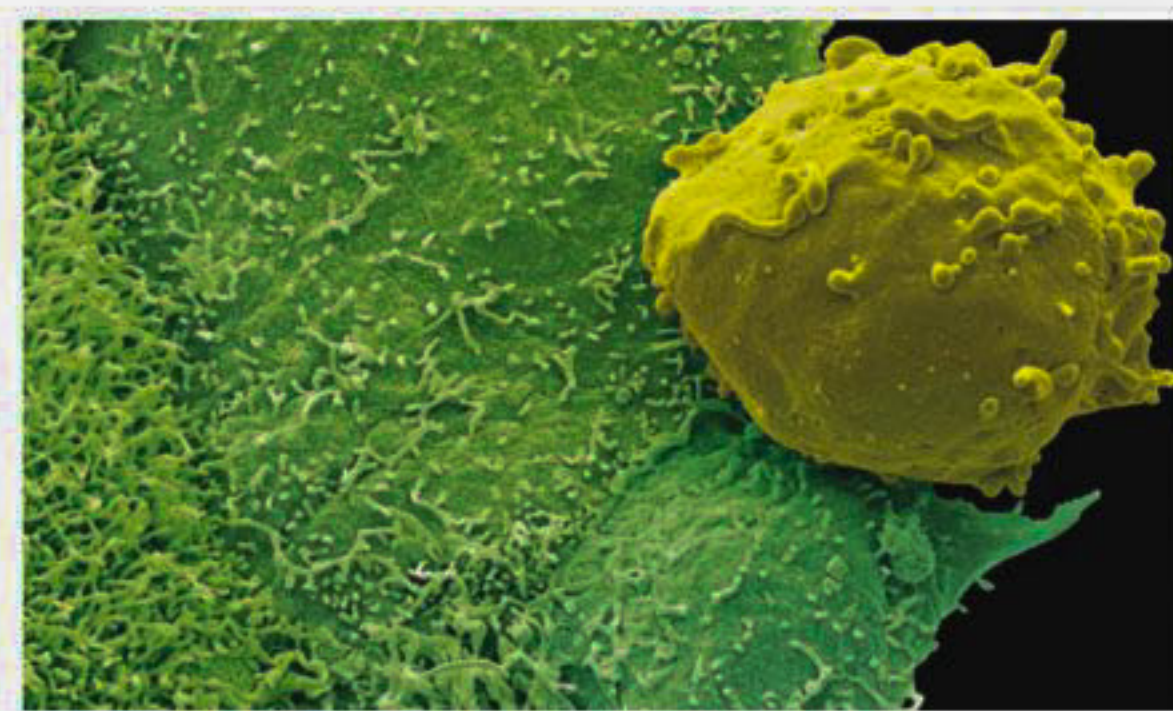
The research culminating in the paper has been on-going for two years and was commissioned by the Alliance for Natural Health International, a non-profit alliance of consumer and stakeholder interests in natural and sustainable health care.

Lisette Krul, from the Netherlands Organization for Applied Scientific Research (TNO), leading the research, says, "Our approach involves integrating all available data taking into account risks of deficiency, the higher requirements or benefits for particular populations while also considering toxicity."

There is increasing recognition that various estimates of intake, such as estimated average requirements (EARs), nutrient reference values (NRVs) or recommended daily allowances (RDAs), are either out-of-date or do not adequately reflect optimal levels of intake for particular nutritional benefits.

The manuscript of the full paper, *Quantifiable risk-benefit assessment of micronutrients: from theory to practice*, is available the following link <http://www.tandfonline.com/doi/full/10.1080/10408398.2016.1162765>

HEALTH bulletin



Prostate cancer aggression linked to waist size

Men with larger waistlines could be at higher risk of developing aggressive prostate cancer, a study has suggested.

Research on 140,000 men from eight European countries found that a 4in (10cm) larger waist circumference could increase the chances of getting the cancer by 13%. Men were most at risk when their waist was bigger than 37in (94cm), the University of Oxford study found.

Prostate cancer is the most common cancer in men. The study, which was presented at the European Obesity Summit in Gothenburg, Sweden, looked at the association between body measurements in men in their 50s and prostate cancer risk over 14 years.

In that time, there were about 7,000 cases of prostate cancer, of which 934 were fatal.

The researchers found that men with a higher body mass index (BMI) and waist circumference had an increased risk of high grade prostate cancer, an aggressive form of the disease.

Scientists also observed a higher risk of dying from prostate cancer with increased BMI and increased waist circumference.

New resource for preventing Postpartum haemorrhage, pre-eclampsia/eclampsia

STAR HEALTH DESK

The Obstetric Emergency Drills Training Kit was developed by the Maternal Health Task Force (MHTF) and Argentina's Institute for Clinical Effectiveness and Health Policy as part of a research and capacity building project in Ethiopia and India. It is hoped that, when combined, these resources are invaluable tools for clinicians seeking ways to prepare for obstetric

emergencies anywhere in the world!

Postpartum haemorrhage and preeclampsia/eclampsia are the most common causes of maternal mortality globally. In the rare case that a woman suffers one of these obstetric emergencies, it is crucial that she receives appropriate and timely treatment.

However, because of the infrequency of these cases, health care providers have few opportunities to practice, maintain, and grow their

skills in managing postpartum haemorrhage and preeclampsia/eclampsia.

Obstetric emergency drills — a simulated obstetric emergency in a facility — allows midwives, nurses, and physicians to maintain knowledge, build skills, and develop teamwork to safely manage complications when they occur.

MHTF encourages the maternal health community to download and share these free, comprehensive resources with their networks! The Obstetric Emergency Drills Training Kit includes the following materials:

Trainer's Manual. The manual serves as a guide for members of a quality improvement team from a delivery ward to promote and practice team skills for obstetric emergencies.

Presentation. The slideshow informs hospital or delivery ward administrators of the purpose and process of running obstetric emergency drills.

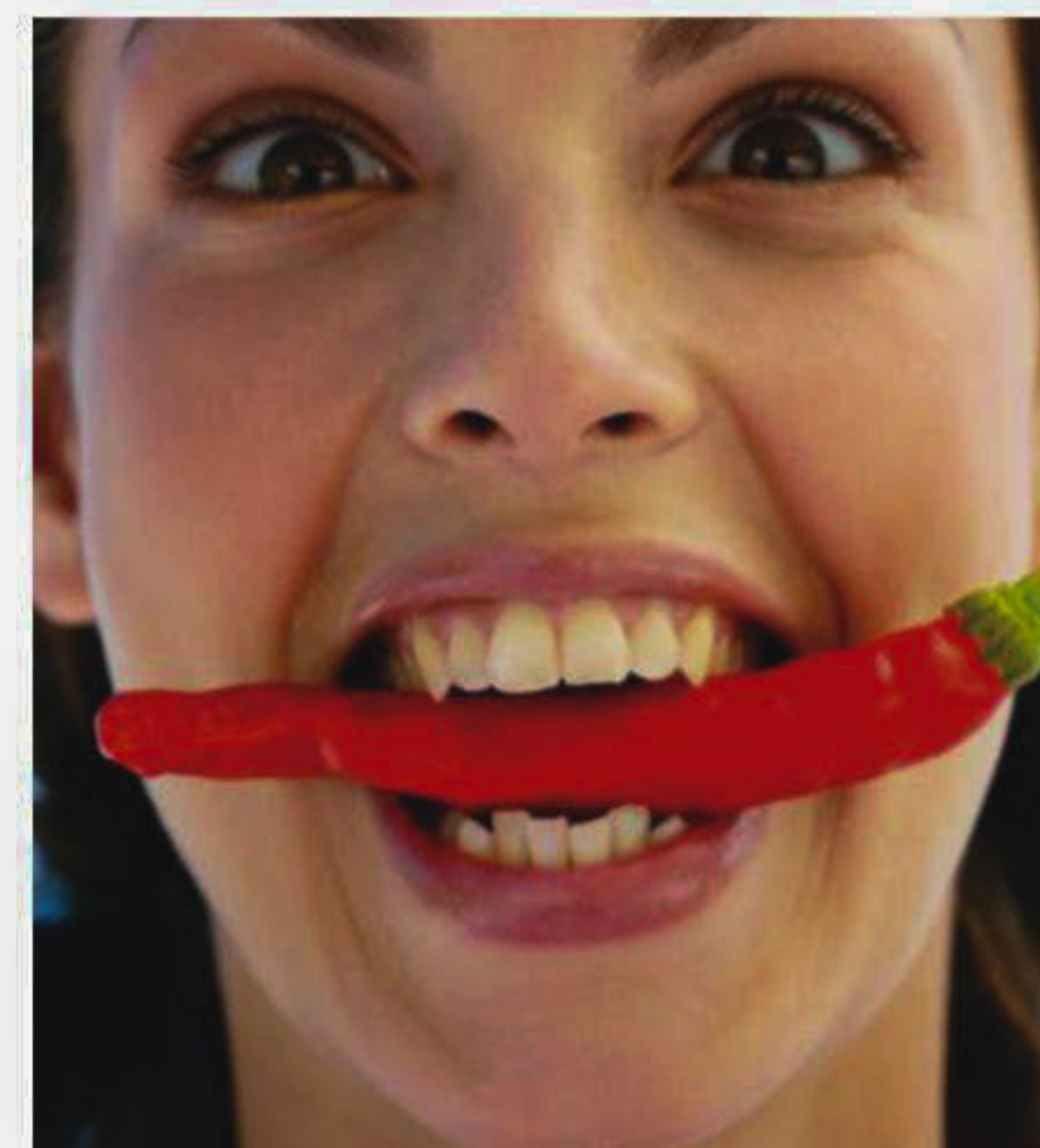
Video. The short video shows training sessions using obstetric emergency drills in Karnataka, India and Addis Ababa, Ethiopia.

The resources are available on the following link: <https://www.mhtf.org/obstetric-emergency-drills/>



Digestive Myths Debunked

Spicy foods cause ulcers!



Myth: Spicy Foods Cause Ulcers

Fact: Hot sauce lovers, rejoice! People used to think that too much spicy food would give you an ulcer. But we now know that most of these sores in your stomach lining happen because of an infection with bacteria called *Helicobacter pylori* (H. pylori) or because of pain medications such as aspirin, ibuprofen, or naproxen. Foods with a lot of heat may make ulcers worse for some people, but they don't cause them.



Sickle Cell Disease

The term sickle cell disease (SCD) describes a group of inherited red blood cell disorders. People with SCD have abnormal hemoglobin, called hemoglobin S or sickle hemoglobin, in their red blood cells.

Signs & Symptoms:

- Anemia
- Episodes of pain
- Hand-foot syndrome
- Frequent infections
- Delayed growth
- Vision problems

Although sickle cell anemia is usually diagnosed in infancy, if you or your child develops any of the following problems, see your doctor right away or seek emergency medical care:

- Unexplained episodes of severe pain
- Swelling in the hands or feet
- Abdominal swelling
- Fever
- Pale skin or nail beds
- Yellow tint
- Any signs or symptoms of stroke

Complication:

- Stroke
- Acute chest syndrome
- Pulmonary hypertension
- Organ damage
- Blindness
- Skin ulcers
- Gallstones

