

Guttmacher-Lancet Commission Report

A bold, new agenda for sexual & reproductive health & rights

STAR HEALTH REPORT

The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights — a collaboration of global health, development and human rights experts from around the world — called on national governments, international agencies, donors, civil society groups and other key stakeholders to commit to a new, bold agenda to achieve universal access to sexual and reproductive health and rights.

This agenda, presented in a new report published recently in The Lancet, puts forth an evidence-based, forward-looking vision that is affordable, attainable and essential to the achievement of health, equitable development and human rights for all. It encompasses the right of all individuals to make decisions about their bodies and lives — free of stigma, discrimination and coercion — and to have access to essential sexual and reproductive health interventions.

"Gaps in sexual and reproductive health and rights worldwide take an enormous toll on indi-

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)



viduals, communities and economies. We must not continue to tolerate this problem," said Dr Alex Ezech, Commission Co-Chair and former Executive Director of the African Population and Health Research Centre.

The Commission's report details the magnitude of sexual and reproductive health needs. Each year in developing regions:

- more than 200 million women want to avoid pregnancy but are not using modern contraception
- more than 45 million women receive inadequate antenatal care, or none at all
- more than 30 million women deliver their babies outside of a health facility

Worldwide, each year:

- 25 million unsafe abortions take place
- as many as 180 million couples may be affected by infertility
- nearly two million people become infected with HIV
- approximately 266,000 women die from cervical cancer

And at some point in their lives, about 1 in 3 women worldwide experience gender-based violence, most often from an intimate partner.

"For too long the world has accepted these stark realities as inevitable. Our report shows how they can be overcome, laying out a roadmap that countries can use to put essential services and interventions in place," said Ann M Starrs, Commission Co-Chair and President and CEO of the Guttmacher Institute.

The Commission reports that meeting the need for modern contraception, safe abortion, and maternal and newborn health care in developing regions would cost just **US\$9 per person per year**. This is an affordable investment, especially considering that half of this amount is already being spent to cover the cost of

current levels of care, and it will yield enormous returns. Access to sexual and reproductive health services saves lives, improves health and well-being, promotes gender equality, and increases productivity and household income.

The Commission stresses that improving health depends not only on implementing effective programs, but also on advancing rights — including those frequently neglected in global discussions, such as the right to freely choose one's sexual partners and the right to safe and legal abortion care.

Commissioners call on countries to tackle restrictive social norms, laws and policies, and to hold governments accountable to their commitments.

The Commission also underscores the importance of gathering more evidence on the sexual and reproductive health needs of distinct populations that are often marginalised and vulnerable, including adolescents, people with diverse sexual orientations and gender identities, displaced people and refugees, and people living with disabilities.

CHRONIC PAIN

Cognitive behavioural therapy may benefit older patients



Psychological interventions may offer some benefit to older patients with chronic pain, according to a meta-analysis in JAMA Internal Medicine.

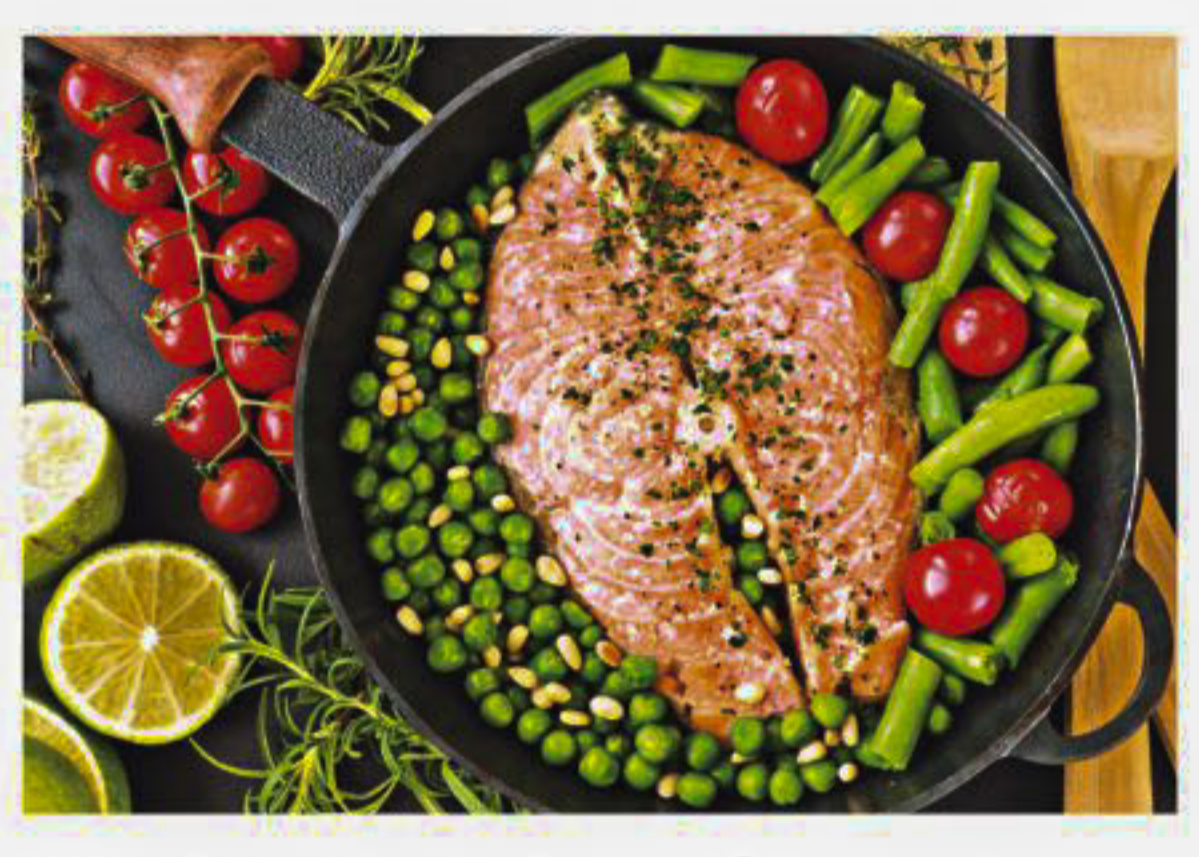
Researchers analysed 22 randomised trials of cognitive behavioural therapies among 2,600 patients (mean age, 60 years or older) who experienced chronic pain lasting 3 months or longer. Pain from chronic headache or cancer was excluded.

Following a mean 9 weeks' treatment, patients in the treatment groups had slightly better scores on pain intensity, catastrophizing beliefs, and self-efficacy in pain management, compared with patients in the control groups. Group-based interventions tended to perform better than individual therapies.

The researchers wrote: "Clinicians should learn and share with patients basic information about psychological approaches to managing pain. Inquiring about patients' treatment expectations, including perceived benefits and potential harms, is also important. Leveraging social supports to encourage patients' continued use of psychological techniques (e.g., distraction, relaxation techniques) over time is also warranted."

HEALTH bulletin

Are you ready to roll back malaria?



Higher intake of legumes, oily fish tied to later menopause

Women who consume higher amounts of oily fish and fresh legumes reach menopause at a later age, according to a study in the Journal of Epidemiology and Community Health.

U.K. researchers studied some 14,000 women who completed food-frequency questionnaires and were followed up roughly 4 years later. During that time, about 6% reached natural menopause.

After multivariable adjustment, each additional portion of oily fish per day was associated with a 3.3-year increase in the age at menopause, and each additional portion of fresh legumes conferred a 0.9-year increase. Conversely, each additional portion of refined pasta and rice was associated with a 1.5-year decrease in the age at menopause.

When examined by nutrient type, higher intakes of vitamin B6 and Zinc were associated with later menopause. The researchers speculate that the antioxidants in legumes could play a role in later menopause. They also note that the omega-3s in oily fish "can potentially improve antioxidant capacity."

DR ABHISHEK BHADRA

Malaria is a preventable and treatable infectious disease. According to the World Health Organisation (WHO), malaria kills more than one million people each year, most of them in sub-Saharan Africa, where malaria is the leading cause of death for children under five. In the context of Bangladesh, even after giving emphasis on malaria control programme, about 2 million people in 15 different districts are under the threat of malaria. Specially, the Chittagong Hill Tracts i.e. Rangamati, Bandarban and Khagrachari always remain in danger.

Malaria is typically transmitted through the bite of an infected female Anopheles mosquito. When a mosquito bites a person who already has malaria, it sucks up the person's blood, which contains the parasites. The infected mosquito carries the Plasmodium parasite in its saliva. When the mosquito bites its next victim, the parasites get inside the human body and travel to the liver where they mature. Now that person acts as a source of infection. That is how the disease spreads.

Symptoms
In a non-immune individual, symptoms of malaria may develop within ten days to four weeks following the infection. Malaria appears as an acute febrile illness. Common symptoms of malaria include shaking chills that can range from moderate to severe, high fever (104-106°F) that subsides by profuse sweating, headache, nausea,



vomiting, abdominal pain, diarrhoea, bloody stools, anaemia and muscle pain. Even malaria can progress to severe illness, often leading to death when not treated quickly.

Who is at risk and when to call a doctor
Some population groups are at considerably higher risk of malaria and develop severe disease than others. These include infants, children under 5 years of age and pregnant women. An infected mother can also pass the disease to her baby at birth. This is known as congenital malaria. Malaria is transmitted by blood, so it can also be transmitted through an organ transplantation, blood transfusion and using of shared needles or syringes. Seeking medical care is extremely important if anyone experiences high fever while living in or travel-

ling to an area that has a high chance of malaria.

Diagnosis and treatment
Besides classical symptoms, history of recent travelling in the endemic or hilly area and other possible exposures help to suspect malaria. Moreover, some physical findings of the patient (e.g. an enlarged spleen or liver) and result of blood test detecting malaria parasite can confirm malaria.

Malaria can be a life-threatening condition. The following may occur: swelling of the blood vessels of the brain or cerebral malaria; an accumulation of fluid in the lungs that causes breathing problems or pulmonary oedema; organ failure: kidneys, liver or spleen; anaemia due to the destruction of red blood cells etc. So it is important to get medical care as quickly as possible. Besides supportive care, depending on some factors e.g. parasite species, the severity of symptoms and drug resistance, the doctor administers the medication.

Prevention
There is no vaccine available to prevent malaria. Talk to your doctor if you are travelling to a hilly area where malaria is common or if you live in such an area. You may be prescribed medications to prevent the disease. These medications should be taken before, during and after your trip according to doctor advice. Besides this, most important thing is to create awareness among the people to prevent mosquito.

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Kokilaben Dhirubhai Ambani Hospital holds a medical seminar in Dhaka

Kokilaben Dhirubhai Ambani Hospital (KDAH) of Mumbai, India, brought its renowned doctors to Bangladesh for the first time for a medical seminar and consultation programme in the field of cancer care, organ transplants and complex neurosurgery, says a press release.

KDAH has been ranked the No. 1 Multispecialty Hospital in Mumbai and Western India region by The Week and The Times of India two times in a row and is considered one of the most advanced quaternary care hospitals in India.

Apollo Hospitals Dhaka celebrates the World Hand Hygiene Day

'World Hand Hygiene Day' has been celebrated at Apollo Hospitals Dhaka recently, says a press release. Every year on the 5th of May, healthcare organisations around the world celebrates World Hand Hygiene Day. In 2018 the World Health Organisation (WHO) calls on health facilities to prevent health care-associated sepsis through hand hygiene and infection prevention and control (IPC) action with the theme 'It's in your hands – prevent sepsis in health care.'



M-O-T-H-E-R

"M" is for the million things she gave me,
 "O" means only that she's growing old,
 "T" is for the tears she shed to save me,
 "H" is for her heart of purest gold,
 "E" is for her eyes, with love-light shining,
 "R" means right, and right she'll always be,

Put them all together, they spell **"MOTHER"**
 A word that means the world to us.