

Breaking the silence: menstrual hygiene in Bangladesh

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The taboo around menstrual health is still as prevalent in the society of Bangladesh as it was for many years — despite the issue concerning half of the population. These taboos emerge from an absence of proper awareness and management of menstrual hygiene, causing more complications to the already sensitive and painful occurrence.

Menstrual hygiene management is an important tool

Menstrual health is directly linked to sexuality and reproduction. Therefore, ensuring proper menstrual hygiene is not only important during menstruation, but it is also significant for the reproductive system of women. Lack of proper menstrual hygiene leads to infections, taking a toll on fertility and sexual well-being.

Easy practices like using sanitary napkins or clean clothes, changing the cloth in use every other month, washing the cloth regularly and drying it in the sunlight, eating healthy and nutritious food during menstruation etc. can ensure menstrual hygiene and comfort. But even practices as small as these are hindered due to superstitions, lack of awareness and the taboos



surrounding menstrual health. **Amplifying menstrual hygiene management in the society** The society and communities are not open to discussing and practicing menstrual hygiene management, which is the root of the problem. It is important to remove this prohibition by using tools like education, community reach outs, and local health service providers.

Educating girls and boys alike about puberty and menstrual health in a healthy open way as a natural part of their curriculum will be a game changer in remov-

ing the stigma.

Community reach outs using local leaders, non-governmental organisations and clinics could raise awareness regarding the subject and put emphasis on practicing menstrual hygiene management.

Many girls consider the menstrual period to be an illness and due to the lack of awareness, about 85% students use old clothes during menstruation, only 36% know about menstruation before menarche (the first occurrence of menstruation), reveals a survey conducted

recently in Bangladesh. Almost one-third of the female students thought that menstrual problems interfered with their school performance. All these facts root back to the lack of awareness problem and with the communities' help, it can be reduced. **Changing the bigger picture** Without incorporating menstrual health management in policies and legislation, it would be difficult to create the sustainable change. While analysing the issue, it was found that there are, in fact, policy regarding menstrual health. The problem is in

the application of the policy.

In 2015, a circular from the Ministry of Education, Bangladesh was published, which emphasised on safe, clean sanitation systems and toilets in schools. It was targeted that schools will have one toilet for every 50 students. The Ministry also added chapters on menstrual hygiene management in textbooks. The government has plans to work more on the issue so that the students get access to sanitary napkins and all other required amenities during menstruation in the schools.

Despite the initiatives taken by the Ministry, a survey found that there was only one toilet for every 187 students nationally, which also lacked adequate privacy, access to water and soap and proper disposal facility of menstrual hygiene materials. Schools, especially co-education schools skipped chapters on menstrual health and advised to read it at home, adding to the existing stigma. Therefore, timely and prompt application of the existing policy is vital for the improvement of menstrual hygiene management situations in Bangladesh.

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MENTAL HEALTH

Young people and mental health in a changing world

Adolescence and the early years of adulthood are a time of life when many changes occur, for example changing schools, leaving home, and starting university or a new job. For many, these are exciting times. There can also be times of stress and apprehension however. In some cases, if not recognised and managed, these feelings can lead to mental illness. The expanding use of online technologies, while undoubtedly bringing many benefits, can also bring additional pressures, as connectivity to virtual networks at any time of the day and night grows.

Half of all mental illness begins by the age of 14, but most cases go undetected and untreated. In terms of the burden of the disease among adolescents, depression is the third leading cause. Suicide is the second leading cause of death among 15-29-year-olds. Harmful use of alcohol and illicit drugs among adolescents is a major issue in many countries and can lead to risky behaviours such as unsafe sex or dangerous driving. Eating disorders are also of concern.

Fortunately, there is a growing recognition of the importance of helping young people build mental resilience, from the earliest ages, in order to cope with the challenges of today's world. Evidence is growing that promoting and protecting adolescent health brings benefits not just to adolescents' health, both in the short- and the long-term, but also to economies and society, with healthy young adults able to make greater contributions to the workforce, their families and communities and society as a whole.

Much can be done to help build mental resilience from an early age to help prevent mental distress and illness among adolescents and young adults, and to manage and recover from mental illness.

HEALTH bulletin



A new approach to treating milk allergy in young children

Regular consumption of milk in baked goods speeds resolution of milk allergy. Most children with milk allergy outgrow it, but only half do so by age 5 years. Studies show that for patients who can tolerate extensively heated and baked milk (EHBM), such as in muffins and cookies, regular consumption may speed resolution of food allergy.

In a retrospective case control study, 43 children younger than 4 years with cow milk allergy who could tolerate EHBM were enrolled in a structured gradual exposure protocol. These children (median age, 17 months) underwent an oral challenge every 3 months to a baked cookie, a fried pancake, cooked cheese, and finally yoghurt, and were followed until a median age of 40 months.

By the end of the study, 86% of children in the exposure group had outgrown their milk allergy, compared to 52% of controls. Overall, 37% of patients in the exposure group had allergic reactions; although most were mild, 2 patients required epinephrine.

Pre-exposure prophylaxis found safe and effective for widespread use

STAR HEALTH REPORT

New research presented at the HIV Drug Therapy Conference in Glasgow recently shows that pre-exposure prophylaxis (PrEP) could be given to millions of people worldwide with no increased risk of safety issues during treatment.

PrEP is a combination of two drugs that people can take before sex to prevent HIV infection. Existing evidence shows that people who take tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) as PrEP have a 90% lower chance of being infected with HIV than people not taking it.

However, widespread use of TDF/FTC can be justified only if its preventative benefits outweigh potential risks of safety issues. These new results show that PrEP is safe to use.

The researchers undertook a meta-analysis of 13 randomised trials with 15,678 participants. People at risk of HIV infection were given either TDF/FTC as PrEP or no treatment (the control, or placebo). There was no significant difference in risk of high grade or serious adverse events comparing PrEP with control. The risk of serious adverse events was almost the same for both groups: 9.4% for those on PrEP and 10.1% for those on placebo. There

was also no significant difference in risk of renal or bone adverse outcomes. The risk of bone fractures was 3.7% on PrEP versus 3.3% on no treatment. The risk of significant renal dysfunction was 0.1% on PrEP and 0.1% for no treatment.

"In 2016, there were 1.8 million new HIV infections worldwide and the same number again in 2017," International AIDS Society President Anton Pozniak said. "Across a range of studies, men who have sex with men have one in 30 chance of contracting HIV in a year. Other particularly vulnerable populations', such as people who inject drugs or sex workers, have a one in 50 chance of being infected with HIV.

"Worldwide, there are only 300,000 people estimated to be taking PrEP. This is far too small a number to prevent 1.8 million new HIV infections. Clearly, to have a significant effect on the HIV epidemic, we need to scale up PrEP to reach tens of millions of people worldwide."

Other PrEP modalities, such as long-acting injectable drugs and antibodies, are being tested in order to offer more choices of how PrEP could be taken.

"Globally, there is a new HIV infection every 18 seconds," study co-author Dr Andrew Hill, from

Liverpool University, said. "Every person newly infected will then need to be treated for life, and could transmit HIV to others. We need radical changes in our prevention strategy to cut new HIV infections down to zero."

The most widely used PrEP, a combination of TDF and FTC, costs only £40 per year to make. A generic TDF/FTC course is available in the UK for £300 per year and £50 in sub-Saharan Africa. With recent legal rulings, low-cost, generic PrEP is becoming more available. This provides an opportunity, with the decreasing costs making it increasingly feasible to provide PrEP to millions of people at risk of HIV worldwide.

"The World Health Organisation updated its official guidelines in 2015 to include the use of PrEP as a prevention method," Dr. Pozniak commented. "The data is clear and it's time to globally implement this recommendation."

These results are supported by another recent analysis, which showed no difference in adverse events between TDF/FTC and a combination of tenofovir alafenamide (TAF) and FTC when taken for treatment with an additional antiviral drug.

Farrer Park Hospital

Sharing knowledge on latest treatment methods in Dhaka

STAR HEALTH DESK

Farrer Park Hospital affirms friendship with Bangladesh through sharing of knowledge and expertise, says a press release. The hospital has been bringing specialists to share knowledge and expertise with the people and doctors of Bangladesh.

The hospital recently brought two of the most sought after specialist, Dr Cindy Pang, Gynaecologist and Dr Mohammad Mashfiqul Siddique, Orthopaedic Surgeon in Dhaka to share about new treatment options and latest technology available for common ailments that is faced by the local population.

Almost 50% of women will develop uterine fibroids during their child bearing years. The conventional treatment for uterine fibroids will typically be surgery.

Farrer Park Hospital has recently acquired a technology that allows the use of heat, focused during ultrasound to kill the tumour, allowing the condition to be treated non-invasively.

Farrer Park Hospital is Singapore's newest private tertiary care institution. The hospital has 189 expert clinics for doctors which covers the major part of the medical experts.



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Dengue Fever

Dengue (pronounced DENgee) fever is a painful, debilitating mosquito-borne disease caused by any one of four closely related dengue viruses. An estimated 390 million dengue infections occur worldwide each year with about 96 million resulting in illness.

Symptoms

Symptoms, which usually begin four to six days after infection and last for up to 10 days, may include

- Sudden, high fever
- Severe headaches
- Pain behind the eyes
- Severe joint and muscle pain
- Fatigue
- Nausea
- Vomiting
- Skin rash, which appears two to five days after the onset of fever
- Mild bleeding (such a nose bleed, bleeding gums, or easy bruising)

Sometimes, symptoms are mild and can be mistaken for those of the flu or another viral infection.

Preventive measures

There is no vaccine to prevent dengue fever. The best way to prevent the disease is to prevent bites by infected mosquitoes, particularly if you are living in or traveling to a tropical area.

To protect yourself

- Stay away from heavily populated residential areas, if possible.
- Use mosquito repellents, even indoors.
- When outdoors, wear long-sleeved shirts and long pants tucked into socks.
- When indoors, use air conditioning if available.
- Make sure window and door screens are secure and free of holes. If sleeping areas are not screened or air conditioned, use mosquito nets.
- If you have symptoms of dengue, speak to your doctor. To reduce the mosquito population, get rid of places where mosquitoes can breed. These include old tires, cans or flower pots that collect rain. Regularly change the water in outdoor bird baths and pets' water dishes.



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