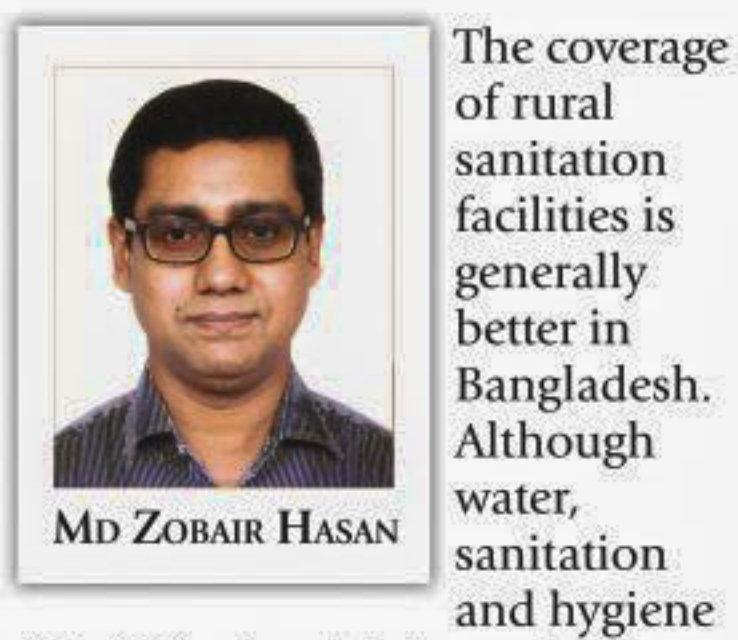


Menstrual hygiene management and the SDG context



The coverage of rural sanitation facilities is generally better in Bangladesh. Although water, sanitation and hygiene (WaSH) related information is available in different policies and strategy papers, the coverage of Menstrual Hygiene Management (MHM) friendly WaSH facilities is yet to be measured. The hygiene situation in Bangladesh

According to Bangladesh National Hygiene Baseline Survey 2014, around one-tenth (rural: 10%, urban: 21%) of adolescents and a quarter of adult women (rural: 10%, urban: 33%) used disposable pads during menstruation. Reusable cloth is more the norm. Among students, a small proportion (10%) said to use disposable pads, more common among urban students (rural: 9%, urban: 21%). Most surveyed households used old cloth (86%), some of whom do not use soap or an improved water source for washing and rinsing



and many dry cloth in hidden place. As many as 40% of surveyed girls reported that they miss school during menstruation and 31% thought that menstrual problems interfere with their school performance. Only 45% of the surveyed schools had toilets accessible for students, a quarter were clean and <5% of schools had separate facilities for girls that offered optimal conditions for menstrual health management.

Reasons for poor MHM in the rural area

Menstrual hygiene is a taboo subject; a topic that many women are uncomfortable discussing in public, even in their families. The taboos and rituals surrounding menstruation exclude women and girls from aspects of social and cultural life.

The lack of affordable and context specific menstrual hygiene management products in the rural area is a major obstacle for a hygienic practice. The

and motivation worked for many households very effectively.

The way forward

Mass awareness is a significant catalyst to influence the greater society and can facilitate the introduction of MHM at the family level. The education of the family members, especially the female members, are vital to make menstrual hygiene at the forefront of discussion.

The Sustainable Development Goals (SDG) offer a great strategy on the journey of development. Unfortunately, menstrual hygiene management is a grey area. There is a dire need of work for a vast portion of the communities. MHM is one of the issues of the action plan under the target of SDG 6. Separate budget allocation by school management for MHM friendly toilets and its maintenance is a must. School girls need to be provided with low cost sanitary pads to help them continue attending school during menstruation. A public private partnership needs to be established to mitigate the whole situation.

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DID YOU KNOW?



Egg yolk precursor protein regulates mosquitos' attraction to humans

Feeding mosquitoes sugar makes them less attracted to humans, a response that is regulated by the protein vitellogenin, according to a study published recently in the open-access journal PLOS Biology by Jessica Dittmer, Paolo Gabrieli and colleagues at the Università degli Studi di Pavia in Italy.

Female mosquitoes must feed on blood to provide energy and nutrients for their developing eggs, but they can also supplement their diet with sugars by drinking plant nectar or sap. The team fed young female tiger mosquitoes (*Aedes albopictus*) sugar solutions, and found it reduced their attraction to human skin. Female energy levels constantly increase after feeding sugars, and they are not related to the insects' motivation to find a host.

The findings suggest an interesting avenue for research into disease prevention - by manipulating vitellogenin levels scientists could reduce mosquitos' tendency to bite humans and transmit infections such as Malaria, Dengue fever and Zika virus, which are collectively responsible for over 700,000 deaths each year.

HEALTH bulletin



Mental disorders more common in people who live alone

Living alone is positively associated with common mental disorders, regardless of age and sex, according to a recent study published in the open-access journal PLOS ONE by Louis Jacob from University of Versailles Saint-Quentin-en-Yvelines, France, and colleagues.

The proportion of people living alone has increased in recent years due to population ageing, decreasing marriage rates and lowering fertility. Previous studies have investigated the link between living alone and mental disorders but have generally been conducted in elderly populations and are not generalisable to younger adults.

In the new study, researchers used data on 20,500 individuals aged 16-64 living in England who participated in the 1993, 2000, or 2007 National Psychiatric Morbidity Surveys. Whether a person had a common mental disorder (CMD) was assessed using the Clinical Interview Schedule-Revised (CIS-R), a questionnaire focusing on neurotic symptoms during the previous week. Jacob summarises, "Living alone is positively associated with common mental disorders in the general population in England."

New weapon against drug resistant malaria: Big data

STAR HEALTH REPORT

A new study has found that combining malaria genetic data with human mobility data from mobile networks can help map and predict the spread of drug-resistant malaria. The study was conducted by the Harvard TH Chan School of Public Health, Telenor Group, Mahidol-Oxford Research Unit and the National Malaria Elimination Programme in Bangladesh.

The study, "Mapping imported malaria in Bangladesh using parasite genetic and human mobility data", is one of the largest efforts ever undertaken to quantify the human mobility patterns which spread disease. By modelling population movements that spread new, drug-resistant forms of malaria, the study aimed to help local health authorities track and contain this emerging threat to health in Southeast Asia.

Combining epidemiological data, travel surveys, parasite genetic data, and anonymised mobile phone data, the study was able to measure the geographic spread of different types of malaria parasites in southeast Bangladesh, including drug-resistant mutations. Data pointed to transmission from outside high-incidence areas, and showed substantial transfer of parasites throughout the Chittagong Hill Tracts in southeast Bangladesh.

"Our combined method gave us detailed insight into the direction and intensity of parasite flow between locations," Hsiao-Han



Chang, Research Associate at Harvard T.H. Chan School of Public Health, explained to eLife Sciences, publisher of the study.

Fighting the drug-resistant parasite

Geoffrey Canright, Fellow in Telenor Research says, "Knowing this makes it easier for health authorities to disseminate public disease information, enact prevention efforts like distributing more mosquito nets and warnings in both current and potential malaria hotspots. It is a case in point of how data in aggregate form can be deployed for the good of society."

There is only one effective drug left to treat severe malaria, and resistance to this drug has emerged in Cambodia and has spread via human travel to other parts of Southeast Asia. Bangladesh was chosen for this study in large part due to its central location between Southeast Asia and the rest of the

world. The ability to track and quantify the spread of malaria, particularly the drug-resistant strain, has become a priority for national health programmes, and this is what the study has addressed.

The study is based on learnings from a previous Big Data-driven study in Pakistan, which examined the spread of dengue fever. The study analysed anonymised call data records during the 2013 dengue outbreak to accurately map the geographic spread and timing of the epidemic and can contribute to more effective national response mechanisms.

Malaria today is major burden on the world community, where about 200 million people are infected annually by the parasite and as many as 400,000 people die. This study points to the importance of data integration and analytics with disease genetic data as effective resources for malaria elimination.

WHO welcomes industry action to align with global trans fat elimination targets

STAR HEALTH REPORT

World Health Organisation (WHO) welcomes the commitment by the International Food and Beverage Alliance (IFBA) to align with the WHO target to eliminate industrially produced trans fat from the global food supply by 2023.

WHO Director-General Dr Tedros Adhanom Ghebreyesus met with IFBA representatives, including chief executive officers from several of the 12 companies comprising the alliance to discuss actions to take to eliminate industrial trans fats, and reduce salt, sugar and saturated fats in processed foods.

The meeting also stressed the value of regulatory action on labelling, marketing and called industry to full adherence to the WHO Code of marketing of Breast Milk Substitutes.

"The commitment made by IFBA is in line with WHO's target to eliminate industrial trans fat from the global food supply by 2023," Dr Tedros said. "WHO will be monitoring the next steps to be taken by companies to help ensure the commitment is realised."

Of particular note was the decision to by IFBA members to ensure that the amount of industrial trans fat (iTFA) in their products does not exceed 2 g of iTFA per 100 g fat/oil globally by 2023.

"Eliminating industrially-produced trans fat is one of the simplest and most effective ways to save lives and create a healthier food supply," added Dr Tedros.

In line with the REPLACE initiative, WHO has called on all food producers and oil and fat manufacturers, not only IFBA members, to commit to elimination of industrial trans fat from the global food supply.

Trans fat intake is responsible for over 500,000 deaths from coronary heart disease each year globally.



Healthier Skin in Ramadan

During the holy month of Ramadan, our skin tends to get dehydrated quicker than usual. Fasting during the summer can cause dryness and lack of moisture to the skin. That's why we've lined up five easy tips and tricks to keep your skin healthy and happy through out the entire month of Ramadan!

1. Wash your face

It's important that you wash your face with water based products that suit your skin type. Don't wash your face more than twice a day and always wash with cold water or normal temperature water to avoid any dryness and irritation.

2. Drink water

Drink plenty of water between iftar (the post-sunset breaking fast meal) and suhoor (the pre-dawn meal) and try to avoid any juices, sodas and coffee. Caffeine is known to be very dehydrating and should be avoided during Ramadan. Try to drink detox water, infused with cucumber, mint and lemon. This will hydrate the skin instantly with powerful vitamins - you'll be getting vitamins B1, B2, B3, B5, B6, Folic Acid, Vitamin C, Calcium, Iron, Magnesium, Phosphorus, Potassium and Zinc.

3. Skincare

Moisturizing the skin during Ramadan is extremely important. The skin loses moisture due to lack of hydration while fasting. Try to exfoliate and moisturize regularly. Don't forget to take care of the eyes too as dark circles may easily appear during the month due to changes in your sleeping patterns. Allow yourself to have around eight hours of sleep per day, apply a thick eye cream and place some cucumbers on the eyes to reduce the dark circles.

4. No heavy make-up

Avoid wearing a lot of make-up during the day such as thick foundations and concealers. The combination of the strong sun rays with heavy make-up can be harmful to the skin and cause horrible breakouts. Instead, use a strong sunblock and if you're wearing any make-up during the day, try to go with products that are healthy and moisturizing such as BB creams and lip balms with an SPF.

5. Snack away

After you break your fast, make sure to have your daily dose of fibers and antioxidants such as nuts and berries. Antioxidants are high in fiber, low in saturated fat and cholesterol, and are good sources of vitamins and minerals. Not only do these snacks provide the necessary nourishment and hydration during Ramadan, they're anti-aging too!



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