

Giving birth before 18 sets back women economically

STAR HEALTH REPORT

A new study conducted by the Population Council and Women Deliver, found a strong and consistent lifelong negative association between giving birth before age 18 and a woman's economic empowerment. The research, previewed at the Women Deliver 2019 Conference, the world's largest conference on gender equality and the health, rights, and wellbeing of girls and women, points to the critical need to strengthen sexual and reproductive health and rights and expand economic opportunities for girls and women throughout their lives.

"The ability to earn and control cash represents more than just earnings — it influences a woman's ability to make strategic life choices," said Stephanie Psaki, PhD, deputy director of the Population Council's Girl Centre. "This is one of the first studies to show consistently across so many countries and settings that having a child early can impact future earning potential."

Drawing from nationally representative Demographic and Health Survey (DHS) data in 43 low- and middle-income



countries, representing more than 600 million women, the analysis found that:

1. Childbearing before age 18 is widespread. Despite global declines in the rates of adolescent childbearing in the last 25 years, the study found that it remains common in many low- and middle-income countries, particularly in Sub-Saharan Africa where in nearly a dozen countries at least 30 percent of women have a child before age 18.

2. Women who have a child before age 18 are less likely to earn cash for their work throughout their lives. More specifically, women (ages 20–24) who have a child before age 18 are more likely to be employed in the short term; however, they are less likely to earn cash in the short-term and throughout their reproductive lives.

3. Most women work, but whether they are paid for their work differs. In many countries, women do not have control

over their own earnings. In the majority of countries studied, most women work; however, whether they are paid for their work or not varies widely, as does their ability to control their earnings. In Togo, for example, among married and cohabiting women, most work (86%), earn cash (62%) and retain control of their earnings (57%). In contrast, the vast majority of married and cohabiting women in Burundi work (94%), but just 16% earn cash and 4% retain sole control

over their earnings.

"The study examines complex issues, but the implications are simple—in order to move the needle on gender equality, women need to be able to control their own fertility and their own earnings," said Katja Iversen, President/CEO of Women Deliver. "We need societal investment in access to modern contraception, safe abortion, and comprehensive sexuality education, as well as in expanding economic opportunities for all girls and women."

The analysis used the newest available DHS data (2012–2018) from 43 countries and included all women ages 20–49, allowing for nationally representative findings that are comparable across countries and over time. Few studies have considered the short- and long-term effects that a birth before age 18 have on women's earning potential.

"The study confirms that early life events can shape the trajectory of a young woman's life," said Julia Bunting, OBE, president, Population Council. "Policymakers need to invest in better understanding the tradeoffs girls and women face and prioritise actions that will ensure girls and women have a full range of life options."

RESISTANCE



Antibiotic therapy: How long is long enough?

Antibiotic courses of 8 days or less were not associated with increased treatment failure in studies of skin and soft-tissue infection and of male urinary tract infection.

The minimum therapy duration necessary for successful treatment of common infections remains unknown for many conditions. Two retrospective observational studies (Published in the Open Forum Infectious Disease 2019 June) have now addressed shorter versus longer duration of antibiotic therapy in specific populations.

Ihm and colleagues evaluated uncomplicated skin and skin structure infections (SSTIs) in 207 patients with obesity body-mass index ≥ 30 , heart failure, or both. Participants were classified as having short (≤ 8 days) or long duration (> 8 days) of antibiotic therapy for SSTIs. In a propensity score-matched subset of patients, significantly more patients receiving long-duration therapy had treatment failure than did patients receiving short-course therapy (29% vs. 10%).

Germanos and colleagues evaluated 637 urinary tract infections (UTIs) in 573 men and classified participants as having received ≤ 7 days or > 7 days of antibiotic therapy. Longer treatment duration was associated with increased recurrence in men without complicating factors.

The continued emergence of antibiotic resistance and increased recognition of adverse events highlights the reality that antibiotics are a precious resource but can have negative consequences. These two studies reinforce that appropriate treatment duration for many infectious diseases has not been rigorously studied. Usually, shorter therapy now has demonstrated successful results and should be adopted for these conditions.

HEALTH bulletin



3 easy ways to save almost 100 million lives worldwide

Expanding blood pressure treatment, reducing dietary sodium, and eliminating trans fats could dramatically decrease mortality. Noncommunicable diseases (NCDs) are the leading cause of death worldwide and are largely preventable through changes in modifiable risk factors. Researchers quantified the global impact of three public health interventions on NCD mortality: increasing the coverage of hypertension treatment to 70%, reducing dietary sodium by 30%, and eliminating trans fats.

Using data from a myriad of sources, including population health surveys and World Health Organisation (WHO) Global Health Estimates, the investigators predicted changes in mortality between 2015 and 2040. According to the analysis, the three interventions could delay 94.3 million deaths during 25 years (39.4 million from boosting hypertension treatment, 40.0 million from reducing sodium intake, and 14.8 million from eliminating trans fats).

The effects were greater for men than women and for older (age ≥ 70) than younger people. The largest number of projected delayed deaths occurred in East Asia and the Pacific, followed by South Asia, a region encompassing Central/Eastern Europe and Central Asia, and Sub-Saharan Africa.

Access to health services with self-care interventions

At least 400 million people worldwide lack access to the most essential health services. By 2035, there will be an estimated shortage of nearly 13 million healthcare workers. Around 1 in 5 of the world's population will be living in settings that are experiencing humanitarian crises.

At the same time, new diagnostics, devices, drugs and digital innovations are transforming how people interact with the health sector.

In response to this, the World Health Organisation (WHO) launched its first guideline on self-care interventions for health, with a focus in this first volume on sexual and reproductive health and

rights. Some of the interventions include self-sampling for HPV and sexually transmitted infections, self-injectable contraceptives, home-based ovulation predictor kits, HIV self-testing and self-management of medical abortion.

What is self-care? Self-care is "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider".

Self-care interventions represent a significant push towards new and greater self-efficacy, autonomy and engagement in health for self-carers and caregivers. In launching this

guideline, WHO recognises how self-care interventions could expand access to health services, including for vulnerable populations. People are increasingly active participants in their own health care and have a right to a greater choice of interventions that meets their needs across their lifetime, but also should be able to access, control, and have affordable options to manage their health and well-being.

Access for the most vulnerable Self-care interventions are a complementary approach to health care that forms an important part of the health system. Self-care is also a means for people who are negatively affected by gender, political, cultural and power dynamics including those who are forcibly displaced, to have access to sexual and reproductive health services, as many people are unable to make decisions around sexuality and reproduction.

Promoting a safe and supportive enabling environment in which they can access and use health interventions when and where they choose to, improves autonomy and helps improve the health and well-being of these vulnerable and marginalised people.

The importance of self-care interventions for health policy, financing and systems has thus far been undervalued and its potential not fully acknowledged, despite the fact that people have been practicing self-care for millennia.




Source: World Health Organisation



PHOTO: COURTESY

The SCI International Hospital, based in New Delhi, India held a discussion titled 'Health Talk' in Dhaka recently. The key speakers at the event were Dr Vishal Dutt Gour, Dr Shivani Sachdev Gour, Dr Gautam Banga, Dr Shomeshwar Singh and Dr Vinay Aggarwal from the SCI International Hospital. They discussed various health topics that included infertility, reconstructive urology, importance of early interventions in hearing impairment, sports injuries and arthritis.


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WORLD POPULATION DAY

11th JULY

World Population day is an annual event, observed on July 11 every year, which seeks to raise awareness of global population issues. The event was established by the Governing Council of the United Nations Development Programme in 1989.



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