

The challenge of adolescent SRH services in Bangladesh

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The adolescent population (between the ages of 10 and 19) covers more than one-fifth of the total population of Bangladesh, which consists of approximately 36 million in total. Currently 52% of the girls get married by the age of 18, and 18% by the age of 15 and the adolescent birth rate is 113 births per 1,000 women. As an essential part of Adolescent Sexual and Reproductive Health (ASRH), information sessions in school and internet materials could be highly helpful and reliable for the youngsters.

Current challenges
Adolescents face tremendous challenges to meeting their sexual and reproductive health (SRH) needs because of lack of awareness about puberty, sexuality and basic human biological changes. These underlying factors lead to high rates of early pregnancy, sexually transmitted infections (STIs), sexual violence, limited negotiation skills, forced marriage and high fertility rates. To better meet the adolescents' health needs, the government is striving to make



progress in the health sector and made significant commitments to SRH in its 2016-2020 five-year plan. However, several issues are still a concern in term of sexual and reproductive health of young females:

- The government's five-year plan has no specific guidelines for boys and unmarried girls, and their health needs.
- The government has initiated adolescent friendly health corner (AFHC), but the operation hours (9 am - 2 pm) are not convenient for the students, as it is school time for the majority.
- In the National Strategy for Adolescent Health 2017-2030 (NSAH) there is no

mention of the third gender and lesbian, gay, bisexual, and transgender (LGBT) adolescents in the suggested measures, implementation strategies and particularly in the section on vulnerable adolescents and adolescents in challenging circumstances.

- There is a lack of tailored, age-appropriate SRH programme for younger adolescents (between the ages of 10 and 14) in the strategy. It is crucial to address early adolescents in policies and programmes. Nonetheless, this is the age when gender and sexual norms, values, and attitudes start forming, and many adolescents become sexually active during this period or soon after.

• Among other concerns, an explicit focus on STIs, especially HIV services for adolescents is lacking. According to the reports on ASRH, only 12% of ever-married Bangladeshi adolescents had comprehensive knowledge about HIV/AIDS. Knowledge about other sexually transmitted diseases is far lower than HIV. Also, most programmes focus on reproductive health issues (e.g. family planning, maternal care, and so forth) but neglect sexual health.

Recommendations that could improve the services for the adolescents

- The rate of secondary education in 2018 is 72.69%, thus school health programmes

could serve timely and efficiently with a huge coverage of young individuals by visits of community health workers or health personnel for information sessions, counselling, presentation and workshops.

- There could be a forum for young individuals to talk about sexuality and healthcare, staffed by school girls and a trained personnel. The forum could involve girls via social media, and arrange health events on the International Women's Day or Mother's Day.
- An online student radio service, which would run anonymous question-and-answer sessions on ASRH for young people, would be helpful.

The adolescence period, with all the challenges of sexual maturity, can become more complicated without appropriate information. To overcome the barriers, practical initiatives such as visit of health workers on a regular basis and state sponsored online resources dedicated to this age bracket, could be beneficial preventive health measures.

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HAVE A NICE DAY

Exploring an innovative treatment in our region



No matter what we hear or experience about alternative treatment - we tend to rush to many places once allopathic or established treatment has not worked for us effectively. Alternative treatments within our region are popular along with the ayurvedic and homeopathic treatment and unfortunately

we are being disillusioned and cheated by inexperienced and greedy businesses who claim to provide alternative treatment.

One relatively well-known treatment which promises to enhance our wellbeing is chiropractic treatment. Chiropractic treatment is a branch of holistic healthcare that is used by people all over the world and this deals specifically with correcting any misalignment of the spine caused by repetitive stress, trauma, chemical stress, or emotional stress that can result in pain and discomfort, further leading to 'disconnection' of the communication from the brain at the points where the spine may be misaligned.

Chiropractic and allopathic medicine are contrary in philosophies as allopathic medicine is an approach to administer medicine from a 'without to within' view (management of a symptom by treating it from outside) to help treat a disease. Many researchers believe that medicine is not natural and due to its pharmaceutical nature, it is adverse to the human body's normal biochemical responses to healing. Chiropractic treatment on the other hand, is an approach to administer treatment from 'within to without', focusing treatment on the cause of the symptoms and healing is initiated from within the body by re-initiating the body's inherent capability to heal itself. Chiropractic treatment includes helping musculoskeletal mechanical disorders that arise in areas of the spine which houses the central nervous system. The central nervous system is the communication link between the brain and all the organs of the body.

Any misalignment of the spine may result in organ disorders and symptoms of sicknesses. Good chiropractors are highly trained to detect adverse changes of the spine and give the appropriate treatment protocol that is specific to each individual. Therefore, one must be cautious of inexperienced or not certified chiropractors.

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HEALTH bulletin



Nonpharmacologic therapies may be better for patients with dementia and agitation/aggression

Three nonpharmacologic interventions were clinically beneficial for patients with dementia and agitation or aggression, according to a network meta-analysis in the Annals of Internal Medicine.

Researchers assessed over 160 randomised trials comparing various therapies for treating agitation or aggression with comparator therapies, placebo, or usual care among 23,000 patients with dementia.

Multidisciplinary care, massage and touch therapy, and music with massage/touch therapy were all clinically efficacious, relative to usual care.

The authors conclude that their findings "have important implications for persons with dementia and their care partners, suggesting that greater emphasis should be placed on nonpharmacologic approaches for treatment of aggression and agitation in persons with dementia."

Severe underfunding, lack of access to care jeopardise at-risk TB populations

STAR HEALTH DESK

More people received life-saving treatment for tuberculosis (TB) in 2018 than ever before, largely due to improved detection and diagnosis. Globally, 7 million people were diagnosed and treated for TB - up from 6.4 million in 2017 - enabling the world to meet one of the milestones towards the United Nations political declaration targets on TB.

World Health Organisation's (WHO) latest Global TB Report says that 2018 also saw a reduction in the number of TB deaths: 1.5 million people died from TB in 2018, down from 1.6 million in 2017. The number of new cases of TB has been declining steadily in recent years. However, the burden remains high among low-income and marginalised populations: around 10 million people developed TB in 2018.

The role of Universal Coverage
In many countries today, fragile health infrastructure and workforce shortages make it difficult to provide timely diagnosis and the right treatments for TB. Weak reporting systems are another problem: health providers may treat people but fail to report cases to national authorities, leaving an incomplete picture of national epidemics and



service needs. Further, up to 80% of TB patients in high burden countries spend more than 20% of their annual household income on treating the disease.

One way to improve coverage is to adopt more people-centred comprehensive approaches. Better integrated HIV and TB programmes already mean that two thirds of people diagnosed with TB now know their HIV status. In addition, more people living with HIV are taking treatment.

Tackling drug resistance
Drug resistance remains another impediment to ending TB. In 2018, there were an estimated half a

million new cases of drug-resistant TB. Only one in three of these people was enrolled in treatment.

New WHO guidance aims to improve treatment of multidrug resistant TB, by shifting to fully oral regimens that are safer and more effective. The guidance is part of a larger package of steps released on 24 March 2019 - World TB Day - to help countries speed up efforts to end the disease.

Funding
The fight against TB remains chronically underfunded. WHO estimates the shortfall for TB prevention and care in 2019 at US\$3.3 billion. International funding (which is critical for many low- and middle-income countries) amounts to US\$0.9 billion in 2019, with 73% coming through the Global Fund. Last week's successful replenishment of the Global Fund will be critical to strengthen international financing.

There is an urgent need for funding of TB research and development, with an annual shortfall of US\$1.2 billion. Priority needs include a new vaccine or effective preventive drug treatment; rapid point-of-care diagnostic tests; and safer, simpler, shorter drug regimens to treat TB.

Source: World Health Organisation

Healthy diet reduced depression symptoms

STAR HEALTH REPORT

Young adults with depression may experience improvements following a brief dietary intervention, according to a small, randomised trial in PLOS One.

In Australia, roughly 100 young adults (aged 17 to 35) with moderate-to-severe depression symptoms and poor diet were randomised to a dietary intervention or their usual diet.

Participants in the intervention group were instructed to reduce their intake of processed foods and increase their intake of vegetables, fruits, whole grains, healthy proteins, unsweetened dairy, olive oil, turmeric, and cinnamon.

At 21 days, the intervention group had lower depression scores than the control group after controlling for baseline scores. Anxiety and stress scores also favoured the intervention group.

The authors conclude: "The current intervention involved such a small degree of face-to-face contact and very little cost or risk, thus there are few downsides to adopting this approach to improving mood. Conversely, there is a lot to gain not just in terms of improvements to mood but also in enhanced physical health outcomes."



What is Osteoporosis ?

- Osteoporosis, or "porous bones", is a condition that causes bones to gradually thin and weaken, resulting in increase risk of fractures.
- Common bone sites include the spine, hip, and wrist.
- Bone begins to lose calcium faster than they can replace it.
- Less bone remodeling takes place and the bones begin to thin
- Osteoporosis affects one in three women and one in five men over the age of 50.

Prevent/Delay Osteoporosis

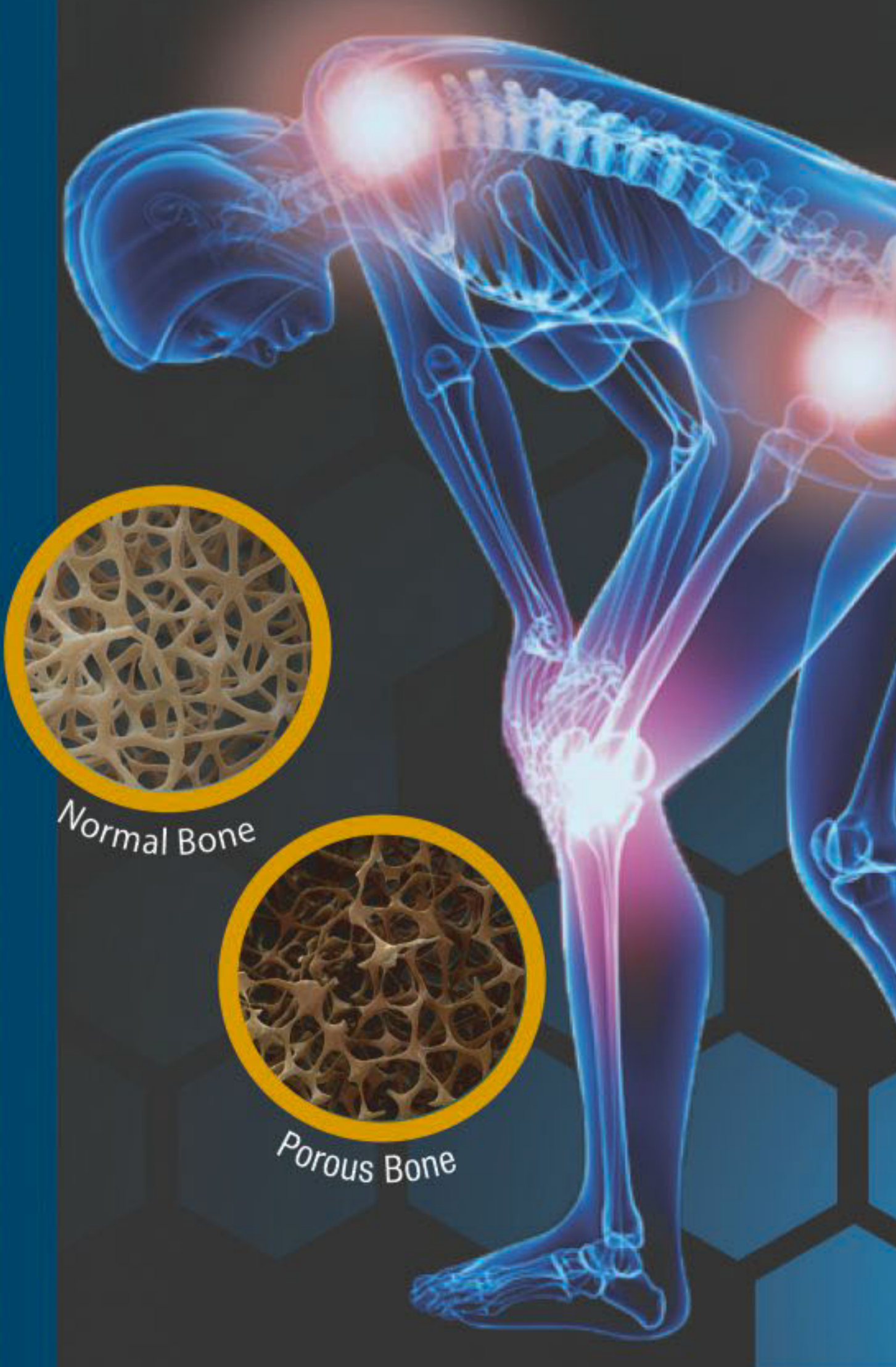
- Eat a balanced diet rich in calcium & Vitamin D

Best sources of Vitamin D

- Exposure to sun
- Eggs
- Fish
- Exercise regularly
 - 30 minutes of weight-bearing exercise (walking or jogging) 3-4x a week
 - Maintain a healthy lifestyle

Best dietary sources of calcium

- Dairy products (i.e. milk, cheese, yogurt, cream soups and pudding)
- Green vegetables (i.e. broccoli, spinach & greens)
- Seafood
- Dried peas
- Beans



In Search of Excellence