Too many yet too few caesarean section deliveries in Bangladesh

A study of a total of 27,093 women's data taken from five rounds of the Bangladesh Demographic and Health Survey conducted between 2004 and 2017/18 was conducted in order to reach this conclusion. A 751 percent increase in CS use was discovered during the study's 13-year period, with consumption rising from 3.88 percent in 2004 to 33 percent in 2017.

STAR HEALTH REPORT

According to the World Health Organisation (WHO) data published in 2021, the number of cesarean sections (CS) performed continues to climb worldwide, representing 21 percent of all deliveries currently, with significant variation among countries.

Around 42 percent of all CS procedures performed worldwide are conducted without a medical necessity. As a result, they do not contribute to improving mother and child health in the world. Even more concerning, such inappropriate use of CS can result in a variety of undesirable effects, including hemorrhage and bleeding, in addition to linked maternal mortality and economic cost. Furthermore, it has been discovered that this is associated with a long-term loss of women's productivity and increased hospitalisation, both of which add to the strain on the formal healthcare delivery system.

The use of caesarean sections (CS) is growing rapidly in Bangladesh, despite the fact that CS use is still uncommon among women from disadvantaged backgrounds. Among low-income mothers, this raises the likelihood of long-term obstetric complications, as well as the possibility of maternal and child fatalities. According to a study published in the journal PLOS Global Public Health, the researchers sought to examine the interaction impacts of women's disadvantaged characteristics on their use of contraception in Bangladesh.

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In rural regions with no participation in formal income-generating activities showed an 11 percent lower usage of CS in 2004 than women living in urban areas with no involvement in formal income-generating activities. Over time, this correlation has been more robust, and a 51 percent decrease in CS use was observed in 2017/18, indicating a more established relationship. In a similar vein, rural poor and poorer women were shown to have decreased chances of using CS by 12 percent to 83 percent.

CS use is increasing in Bangladesh, as evidenced by the fact that a group of women with improved socio-economic circumstances are utilising this life-saving therapy without a medical necessity, while their counterparts with disadvantaged characteristics are unable to access the service.

Therefore, government programmes and regulations are essential for determining the need for CS and controlling its use in general and private health facilities in particular. The government could also set regulations on private health facilities, requiring them to provide CS when medically essential among the disabled for a small fee or even free of charge when necessary.

Brighten your winter with good-for-you oranges

Oranges have tons of immune-boosting vitamin C, but they are also packed with potassium, fiber, antioxidants, and more. Explore more of every part of the orange, from peel to the juicy fruit.

High in vitamin C: Orange contains vitamin c, boosting your immune system, improving iron absorptions and aiding in healing.

Healthy gut: One orange has 3 grams of dietary fibre that eases constipation, keeps your bowels healthy, lowers cholesterol, and controls your blood sugar levels.

Anti-inflammatory traits: Each orange has more than 170 phytochemicals and 60 flavonoids, which help with anti-inflammatory properties fighting long-term inflammation.

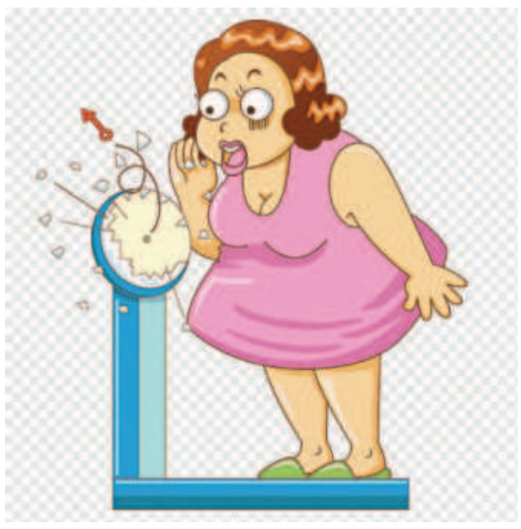
Contains potassium: One orange has potassium that fuels your nerves and muscles and keeps your heartbeat steady.

High in folate: Your body needs the B vitamin folate to make DNA and other genetic material and help your cells divide.

High in beta carotene: Beta carotene is a powerful antioxidant that promotes cell health and lessens the damage free radicals do to your body.

Good source of thiamine: B1, or thiamine, is a vitamin that helps your body process other nutrients and turn food into energy.

Sour orange contains calcium, fibre, vitamin C, and immune-boosting flavonoids. As part of a healthful and varied diet, oranges play a critical role.



HEALTH BULLETIN

Obesity may increase risk of some female reproductive disorders

Obesity is associated with an increased risk of developing female reproductive disorders. A study in PLOS Medicine suggests an etiological link between obesity and a range of female reproductive disorders.

Researchers conducted a study investigating the causal associations between obesity, metabolic hormones, and female reproductive disorders. They found observational associations between obesity and a range of female reproductive disorders, including uterine fibroids, polycystic ovary syndrome, heavy menstrual bleeding, and pre-eclampsia. They also found that some inherited genetic variation associated with obesity is related to female reproductive disorders. Still, the strength of those associations differed by type of obesity and reproductive condition.

The results suggest exploring the mechanisms mediating the causal associations of overweight and obesity on gynaecological health to identify disease prevention and treatment targets.

Experts warn of increasing overmedicalisation of death and urge a radical societal rethink

STAR HEALTH DESK

Globally, health and social systems fail to provide adequate, compassionate care for dying people and their families. Millions of people suffer needlessly due to the current emphasis on aggressive treatments to prolong life, global disparities in palliative care access, and high costs of end-of-life care. The Commission recommends a compassionate community model where communities and families collaborate with health and social services for the dying. As a result of the COVID-19 pandemic, many people have died alone, only communicating with their families via digital means.

During the last 60 years, health systems have taken over responsibility for dying. Most end-of-life care is provided in hospitals in the UK. Healthcare has alienated families and communities. People rely on health systems more because of this loss. Despite this, discussions about death and dying are often complex and stressful.

The Commission sets out five principles of a new vision for death and dying:

1. To live healthier lives and die more equitable deaths, we must address the social determinants of death, dying, and grief.

2. Relationships based on connection and compassion are prioritised and made central to the care and support of people dying or grieving.

3. Professionals must be included in networks of care for the dying, caring, and grieving.

4. Conversations and stories about everyday death, dying, and grief can help spark larger public debates and actions.

5. Death must be recognised as having value. "Without death, every birth would be a tragedy."

To achieve the widespread changes needed, the Commission sets out key recommendations for policymakers, health and social care systems, civil society, and communities, which include:

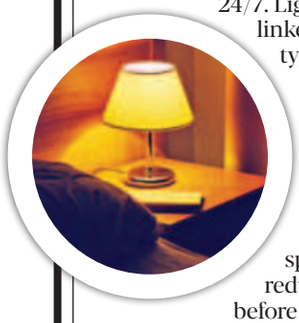
- Education on death, dying, and end-of-life care should be essential for people at the end of life, their families, and health and social care professionals.
- Increasing access to pain relief at the end of life must be a global priority, and the management of suffering should sit alongside the extension of life as a research and health care priority.
- Conversations and stories about everyday death, dying, and grief must be encouraged.
- Networks of care must lead support for people dying, caring, and grieving.
- Patients and their families should be provided with clear information about the uncertainties as well as the potential benefits, risks, and harms of interventions in potentially life-limiting illnesses to enable more informed decisions.
- Governments should create and promote policies to support informal carers and paid compassionate, or bereavement leave in all countries.

Source: *The Lancet*

Optimising indoor lighting may help reduce the metabolic effects of prolonged indoor lighting exposure

According to a new Diabetologia study, obese, insulin-resistant adults' sleep energy expenditure is affected by the timing of light exposure. Therefore, optimising indoor lighting more like natural light/dark cycle may help lessen negative impacts on whole-body energy and glucose metabolism.

A 24-hour cycle of light and dark is required to synchronise the body's circadian clock. Obesity and cardiovascular disease are connected to solid light exposure late at night or early in the morning. People are exposed to glare at home, at work, or via screens of electronic gadgets at night since modern light is widespread and available 24/7. Light at night (LAN) exposure is linked to an increased incidence of type 2 diabetes in the elderly.



The modern culture also lacks time spent in intense light during the day. In reality, most time is spent indoors, with artificial light levels far below natural daylight.

The study indicated that spending the day in bright light reduced blood glucose levels before dinner. Exposure to the dim day - bright evening condition reduced sleeping metabolic rate (SMR) and energy expenditure after the meal. This illumination cycle also decreased melatonin production, which should rise 2-4 hours before bedtime to reduce natural light levels.

The study reveals that insulin-resistant people's indoor light environment can change metabolic parameters time-dependent, affecting long-term metabolic health.