

Unmasking the sweet trap: call for global ban on flavoured tobacco to protect youth

On May 31, the World Health Organisation (WHO) marks World No Tobacco Day 2025 with a bold call: ban all flavours in tobacco and nicotine products to protect youth from addiction and disease. The theme, **"Bright Products. Dark Intentions. Unmasking the Appeal"** highlights how the industry uses appealing flavours and flashy designs to lure young people into addiction.

Flavours like menthol, cotton candy, and bubble gum make harmful products more palatable, masking their harshness and encouraging experimentation. These flavours not only increase the likelihood of starting but also make it harder to quit. WHO's latest report shows that flavour accessories—such as capsule filters and click-on drops—are designed to bypass regulations and hook new users, especially teenagers.

Currently, over 50 countries ban flavoured tobacco, while others restrict e-cigarette flavours or disposable vapes. But flavour accessories remain largely unregulated, giving the industry room to manipulate the market.

WHO warns that these tactics are fuelling a new wave of addiction. Paired with social media marketing and colourful packaging, nicotine products like pouches, heated tobacco, and disposable vapes are spreading rapidly among youth.

"This isn't innovation—it's manipulation," said Dr Rüdiger Krech, WHO Director of Health Promotion. "We are watching a generation get hooked on gummy bear-flavoured nicotine."

With 8 million tobacco-related deaths annually, WHO urges all governments to act swiftly. The message is clear: flavours have no place in a healthy future.

Source: World Health Organisation



FROM 'MAMA' TO MUTE

The silent effect of screens on early speech development

MD MANJURUL IMAM LEON

"He doesn't say 'Mama' yet, but he can unlock my phone." This statement has become increasingly common in therapy centres and among worried parents. A silent concern is growing: Why isn't my child talking?

Behind these questions, one digital culprit is gaining attention—screen time. While screens offer convenience, especially for busy families, their increasing presence in early childhood may be casting a shadow on speech development.

Recent studies highlight the link between screen exposure and speech delays. The Canadian Paediatric Society notes that higher levels of screen time in infancy are tied to weaker language skills at ages 3 to 4. A 2021 pilot study by the Institute for Paediatric Neurodisorder and Autism (IPNA) in Dhaka found that nearly 30% of children with speech delays had a history of excessive screen exposure—more than 3 hours daily.

The first five years are a critical window for speech and language development, which depend on interaction, imitation, and responsive communication. When these are replaced by passive screen viewing, children miss key opportunities to learn words, express emotions, and build the foundation of language. The concern is no longer isolated—it's becoming a public health issue.

A child's brain in early years acts like a sponge, absorbing sounds, expressions, and emotional cues. But passive screen use—where there is no back-and-forth interaction—can disrupt this process. A 2020 study in Paediatrics found that high screen exposure was linked to reduced brain activity in regions responsible for language processing and emotional engagement. The less children hear real voices, the harder it becomes for their brains to wire for speech—especially in children under two, whose language networks are



still forming.

The American Academy of Paediatrics warns that lack of face-to-face interaction during this sensitive period can hinder vocabulary, sentence formation, and overall communication. When screens become the main source of engagement, developmental milestones may be delayed.

In today's world, avoiding screens is difficult. But there are evidence-based strategies that can help. The World Health Organisation recommends no screen exposure for children under two and a maximum of one hour per day of supervised, high-quality content for ages two to five.

More importantly, it is the quality of interaction that matters. Activities like storytelling, reading, singing, and symbolic play stimulate brain areas essential for speech. Carers can also practise "serve-and-return" interactions—responding to a child's

gestures or sounds to encourage communication.

Creating screen-free routines during meals, commutes, and bedtime reintroduces valuable moments for bonding. Modeling healthy screen habits at home also reinforces a balanced approach to digital media.

Technology can enhance learning when used wisely, but it cannot replace human connection. By being present, talking, and listening, carers lay the foundation for confident communication.

In a world full of digital noise, children still need one thing most: real voices, real faces, and real connection. Their first "Mama" or "Baba" is too precious to miss. Before handing them a screen, let's offer them our words instead.

The writer is a student of the Department of Communication Disorders at the University of Dhaka. Email: imammanjurul@gmail.com

BALANCING THE SCALES

Diet and lifestyle for corporate men

RAISA MEHZABEEN

In Bangladesh's corporate world, men are increasingly falling victim to sedentary routines, high stress, and poor dietary choices. With the economy growing, corporate demands are intensifying—often at the expense of health. As a result, obesity, diabetes, hypertension, heart disease, and mental health issues are on the rise.

A typical workday begins with a rushed breakfast, followed by long commutes, hours at a desk, and late-night meetings or heavy dinners. Caffeine and processed snacks fill the gaps, while physical activity remains rare.

A study by the Bangladesh Institute of Health Sciences found that 7 in 10 corporate men show signs of lifestyle-related illnesses. Most are preventable through simple, consistent changes in diet and routine.

Mindful eating is essential. Emphasising seasonal produce, whole grains, and lean proteins—while avoiding fried foods, sugary drinks, and excess red meat—can lower chronic disease risk. Even at the office, healthier snacks like fruits, nuts, or green tea are better alternatives.

Exercise must also be integrated—through walking breaks, using stairs, or pre/post-work workouts. Corporations should support wellness with health screenings, ergonomic workspaces, and movement-friendly policies.

Mental health matters too. The culture of overwork must shift. Work-life balance, access to counselling, and celebrating healthy habits at work can make a difference.

Bangladesh stands at a crossroads. Ignoring these red flags will strain both individual well-being and national productivity. The time for a health-conscious corporate culture is now.

The writer is the founder & CEO of Nutrition For Change. E-mail: raisameh20@gmail.com



HYPERTENSION even children are not immune

DR ABDULLAHEL AMAAN & DR KHAINOOR ZAHAN

Hypertension (HTN) is a leading global risk factor for death and disability, posing a serious and persistent public health threat. In the South-East Asia Region alone, more than 294 million people live with hypertension. Key risk factors include excessive salt intake, tobacco and alcohol use, unhealthy diets, lack of physical activity, stress, and air pollution.

The disease remains a major contributor to premature deaths caused by heart attacks and strokes. Alarmingly, many individuals remain unaware of their condition. Among hypertensive adults, half do not know they have it, and nearly one in six fail to maintain adequate blood pressure control. Unchecked, hypertension can lead to heart attacks, strokes, kidney failure, and early death.

Although hypertension is often considered an adult condition, children are not immune. Paediatric hypertension can be primary (essential) or secondary. Primary HTN, now the most common form in children, is often genetically influenced. Secondary HTN may result from identifiable causes such as kidney disease (accounting for 50–60% of cases), congenital heart disease, hormonal disorders, or side effects of medications like steroids.

Older children may develop HTN due to lifestyle factors similar to adults, such as being overweight, having a poor diet, and being physically inactive. Paediatric HTN often goes undiagnosed but has serious long-term implications for heart and kidney health.

According to the American Academy of Paediatrics (AAP), blood pressure should be measured annually in children aged 3 years or older and at every medical visit for high-risk children. Risk factors include premature birth, low birth weight, congenital heart conditions, recurrent urinary tract infections, and a family history of kidney disease.

Lifestyle modification is the cornerstone of managing paediatric hypertension, especially in children with primary HTN or obesity. Key recommendations include

maintaining a healthy weight, engaging in daily aerobic exercise, minimising sedentary screen time to under two hours per day, and adopting a diet rich in fresh vegetables, fruits, and low-fat dairy. Children should avoid sugary drinks, foods high in salt, and opt for low-cholesterol meal options.

For asymptomatic children in the early stages of hypertension, a 3–6 month trial of lifestyle changes and weight loss is recommended before considering medication. Antihypertensive therapy is introduced if lifestyle changes fail to normalise blood pressure.

Policymakers must also step in to protect children from lifestyle-related risks. Countries like Denmark, Poland, Saudi Arabia, and Thailand have banned trans fats in the food supply.



Others, including the US, Canada, and EU nations, have introduced nutrition labelling and calorie displays on fast foods to help young consumers make healthier choices.

With strong political will, community involvement, and practical interventions, the burden of hypertension can be reduced. This supports the global goal to cut premature mortality from non-communicable diseases by one-third by 2030.

World Hypertension Day, observed annually on May 17, plays a critical role in raising awareness. This year, its 20th anniversary, is marked with the theme: "Measure Your Blood Pressure Accurately, Control It, Live Longer!"

The writers are the assistant professors of neonatology at the Institute of Child & Mother Health (ICMH), Matuail, Dhaka. Email: abdullahelamaan@gmail.com, khainoorzahan@gmail.com

Smart bedtime habits for better diabetes control

STAR HEALTH DESK

Managing diabetes effectively involves not just what you do during the day but also the habits you maintain before bedtime. A good nighttime routine can help keep blood sugar levels stable, prevent overnight complications, and support restful sleep. One of the most important things a person with diabetes can do before bed is to check their blood glucose levels. For many, the target bedtime range is between 100 and 140 mg/dL, though individual goals may vary depending on health status and treatment plans. If the level is too low, a light snack might be necessary to avoid hypoglycemia while sleeping. If the reading is too high, it is worth reviewing food intake, activity levels, or medication timing with a healthcare provider.

Some people with diabetes, especially those who take insulin or certain oral medications, may benefit from a small, balanced bedtime snack. This snack should ideally contain both carbohydrates and protein to maintain stable blood sugar throughout the night. Examples include a few whole grain crackers with cheese, a small apple with peanut butter, or a bowl of plain yoghurt. It is best to avoid sugary foods that could lead to blood sugar spikes and crashes.

Taking medications at the correct time is also crucial. Many diabetes medications are scheduled for evening or bedtime, particularly long acting insulin. Forgetting to take them can lead to high blood sugar overnight and a difficult start to the next day. Setting an alarm or reminder can help ensure consistency. Those who experience frequent nighttime lows should prepare by keeping fast-acting glucose



— such as glucose tablets or fruit juice — near their bed. It is also helpful for bed partners to know the signs of nighttime hypoglycaemia, which may include night sweats, confusion, or vivid dreams.

Late-night habits can also affect blood sugar levels. Drinking alcohol close to bedtime can cause blood sugar to drop hours later, increasing the risk of overnight

hypoglycaemia. Similarly, eating a large, heavy meal late in the evening can lead to blood sugar spikes and interfere with sleep quality. For better control, it is recommended to finish eating two to three hours before going to sleep and to avoid alcohol or keep it minimal and always consume it with food.

Stress and poor sleep are often overlooked in diabetes care, yet both can significantly impact blood glucose levels. Establishing a calming bedtime routine — such as reading, light stretching, or listening to music — can lower stress hormones and improve sleep. Reducing screen time before bed can also enhance sleep quality, as blue light can interfere with melatonin production. Ideally, adults should aim for seven to nine hours of restful sleep each night, as poor sleep can worsen insulin resistance and glucose control.

Finally, a bit of preparation can make mornings smoother. Laying out medications and diabetes supplies, planning breakfast, and setting up reminders can reduce morning stress and promote better blood sugar outcomes. For individuals living with diabetes, small changes in nighttime habits can make a meaningful difference in health. A consistent, thoughtful bedtime routine is not just good practice — it is a powerful tool for managing this chronic condition.

How can you manage Cortisol Belly?

"Cortisol belly" is a buzzword used to describe belly fat linked to chronic stress. While it is not a medical diagnosis, people often associate it with high cortisol levels—the stress hormone produced by your adrenal glands. However, experts caution that chronic stress alone is not a proven cause of belly fat.

Belly weight gain can be influenced by many factors—diet, physical activity, sleep, hormones, and medical conditions like Cushing syndrome or metabolic syndrome. In Cushing syndrome, excess cortisol leads to fat build-up in the belly and face, along with other symptoms like stretch marks and fragile skin.

So, what can you do to manage abdominal weight gain effectively?

1. Move more: Aim for daily steps and strength training. But do not overtrain—too much exercise can also raise cortisol.

2. Prioritise sleep: Stick to a routine, make your bedroom cool and dark, and aim for 7–8 hours nightly.

3. Manage stress: Try yoga, meditation, or deep breathing. Even 20 minutes in nature can help lower stress hormones.

4. Eat smart: Focus on anti-inflammatory foods like leafy greens, fish, nuts, and whole grains. Limit sugar, alcohol, and processed foods.

5. Skip the supplements: No pill melts away belly fat. Herbs like ashwagandha and lemon balm may reduce stress, but talk to your doctor first.

A healthy lifestyle—not cortisol blockers or trendy drinks—is the most effective way to manage abdominal fat and feel your best.



WHO recommends new tools to protect infants from RSV

The World Health Organisation (WHO) has published its first position paper on immunisation products to protect infants from respiratory syncytial virus (RSV), the leading cause of acute lower respiratory infections in children worldwide.

RSV causes an estimated 100,000 deaths and over 3.6 million hospitalisations annually in children under five, with half of these deaths occurring in infants under six months. Most fatalities (97%) occur in low- and middle-income countries where access to medical care is limited.

The position paper, released in the Weekly Epidemiological Record, outlines WHO's recommendations for two immunisation products: a maternal vaccine (RSVvPref) and a long acting monoclonal antibody (nirsevimab). Both were endorsed by the Strategic Advisory Group of Experts on Immunisation (SAGE) in September 2024. The maternal vaccine received WHO prequalification in March 2025.

The maternal vaccine is recommended for pregnant women from 28 weeks of gestation onwards, ideally during routine antenatal visits, to transfer protective antibodies to the baby. Nirsevimab, a single-dose monoclonal antibody, is administered



to infants at birth or before hospital discharge. In countries with RSV seasonality, it may be given to older infants before their first RSV season.

According to WHO, these products have the potential to significantly reduce RSV-related hospitalisations and deaths. Countries are advised to choose the product that best fits their healthcare systems, considering feasibility, cost-effectiveness, and expected coverage.

The position paper is intended to guide national immunisation strategies and inform funding decisions.

Source: The World Health Organisation