



Global tobacco use declined, but the epidemic persisted

The World Health Organisation's (WHO) 2025 report revealed that global tobacco use had declined significantly, with the number of users dropping from 1.38 billion in 2000 to 1.2 billion in 2024—a 27% relative decrease since 2010. Despite this progress, one in five adults worldwide still used tobacco, contributing to millions of preventable deaths.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, stated that millions had quit or avoided tobacco use due to strong national control efforts. However, the tobacco industry responded by promoting new nicotine products, such as e-cigarettes, heated tobacco, and nicotine pouches, aggressively targeting young people. For the first time, WHO estimated that over 100 million people globally were vaping, including about 86 million adults and 15 million adolescents. Children were found to be nine times more likely than adults to use e-cigarettes.

Women had shown greater progress in quitting tobacco, achieving the 30% reduction target by 2020, while prevalence among men remained higher and was not expected to meet the goal until 2031. Regionally, South-East Asia had seen the steepest decline, while Europe had the highest prevalence, particularly among women. Africa had the lowest prevalence but continued to experience growth in user numbers due to population increase.

WHO urged governments to accelerate implementation of the MPOWER measures and the Framework Convention on Tobacco Control, strengthen regulations on new nicotine products, increase taxes, ban advertising, and expand cessation services to sustain global progress against the tobacco epidemic.

Source: World Health Organisation

Statin use in pregnancy: No increased risk of birth defects

A recent research published in the JAMA Watch has examined the safety of using statins—medications commonly prescribed to lower cholesterol—during pregnancy, particularly during the first trimester. Historically, statins have been contraindicated during pregnancy due to concerns about potential risks to foetal development.

A comprehensive study analysed data from over 700,000 pregnancies and found no significant association between statin use in early pregnancy and the occurrence of major congenital malformations. This suggests that, for most women, taking statins during the first trimester does not increase the risk of birth defects.

However, the study did observe that exposure to high-intensity statins was linked to a slightly higher risk of congenital malformations. Additionally, while the overall risk of neurodevelopmental disorders in children appeared unaffected, there was a noted increase in low birth weight among those exposed to statins during pregnancy.

These findings provide reassurance for women who have been prescribed statins and are planning a pregnancy. Nonetheless, it is crucial for expectant mothers to consult with their healthcare providers before making any changes to their medication regimen. Individual health factors and the specific type of statin prescribed should be considered to ensure the safety of both mother and child.

In summary, while statins may not pose a significant risk for birth defects when used during early pregnancy, medical guidance is essential to make informed decisions about their use.

The five sleep profiles that shape our mental health



In a major leap forward for sleep science, researchers have uncovered five distinct “sleep” profiles—patterns that reveal how our nightly rest is intertwined with mental health, cognition, and even the way our brains are wired.

For decades, scientists have known that poor sleep harms health—but most studies looked at one factor at a time, such as sleep duration or insomnia. To explore the other dimensions, the team analysed data from 770 adults who took part in the Human Connectome Project, a massive U.S. research initiative mapping how the brain connects and functions. The dataset included each person's sleep habits, brain scans, mental and physical health indicators, and cognitive test results.

Rather than isolating one variable, the researchers used multivariate analysis to find natural groupings—clusters of people with shared patterns across sleep, health, and brain activity. What emerged were five unique sleep-biopsychosocial profiles.

Five sleep profiles, five different stories:

- The first group, labelled “poor sleepers”, experienced low-quality rest and high levels of depression, anxiety, and stress. Their brain scans showed unusually strong connections between subcortical regions and attention networks—suggesting a hyper-alert state even at rest.

- The second group, called “sleep resilient”, showed an intriguing paradox. They faced greater psychological strain, including attention difficulties, but still reported sleeping well. Researchers believe these individuals may possess biological or behavioural buffers that protect them

from the usual effects of stress.

- The third profile centred on short sleep duration, which correlated with lower cognitive performance—particularly in attention and memory tasks. A fourth group showed frequent sleep disruptions, often linked with medication use and mixed health outcomes.

- Finally, the “healthy sleepers” enjoyed stable, adequate rest and performed best across mental health and cognitive measures.

Implications for mental health
Perhaps the most striking finding was how dominant mental health factors were across nearly all sleep types. “Sleep is one of the five key pillars of human functioning,” Dr Kebets noted. “It’s not surprising that mental well-being shows up so strongly.”

The discovery opens the door to more personalised approaches to sleep and mental health care. Instead of simply prescribing “more sleep”, clinicians could one day tailor interventions to an individual's specific sleep profile and brain pattern.

A wake-up call for better rest:

For the general public, the takeaway is clear: sleep is not one-size-fits-all. Duration, quality, and resilience all matter—and together, they shape who we are.

Experts recommend maintaining consistent sleep schedules, limiting screen time before bed, and managing stress through relaxation or mindfulness. Small steps, they say, can make a big difference.

As this study reveals, how we sleep may be just as unique as how we think—and understanding that connection could be the key to unlocking healthier minds and stronger brains.

Source: PLOS Biology

WORLD MENTAL HEALTH DAY 2025

Protecting minds in humanitarian crises

STAR HEALTH DESK

As wars, disasters, and epidemics continue to upend lives across the world, the World Health Organisation (WHO) marked world mental health day 2025 with a clear message—mental health must be protected in humanitarian emergencies. This year's theme highlights that psychological care is as vital as food, water, and shelter when communities face crisis. The campaign reaffirmed WHO's long-standing principle: there is no health without mental health.

Humanitarian emergencies can take a devastating psychological toll. Fear, grief, displacement, and uncertainty affect nearly everyone caught in crisis. WHO estimates that one in five people living in conflict-affected areas suffer from a mental health condition, while many more experience distress that can persist for years. By the end of 2024, well over 123 million people were forcibly displaced worldwide, the majority in low- and middle-income countries where health systems are already under immense pressure.



Core messages of the campaign
The WHO campaign outlined several core priorities for protecting mental health during emergencies:

- Mental health is central to recovery. Meeting basic physical needs is essential, but survivors also need emotional care, safety, and social connection to heal and rebuild their lives.

- Integration into humanitarian response. Mental health and psychosocial support must be included in all emergency plans—from hospitals and refugee camps to schools and community centres. Every setting should have trained staff ready to provide psychological first aid.

- Investment builds resilience. Evidence shows that investing in mental health reduces long-term suffering, helps people return to school or work, and strengthens social recovery after crises.

- Leave no one behind. Special attention is needed for those most at risk—children, older individuals, people with disabilities, refugees, and individuals with pre-existing mental health conditions. Barriers such as stigma, discrimination, cost, and language must be actively removed.

- Support for humanitarian workers. Responders themselves face trauma, exhaustion, and

burnout. Providing supervision, rest, and counselling ensures they can continue to deliver compassionate care.

WHO's campaign reinforces that effective emergency response is incomplete without addressing mental health. Healing the mind is essential to rebuilding communities.

How to protect mental health

At the individual and community level, WHO recommends practical steps to safeguard mental well-being during crises:

- Stay connected. Keep in touch with family, friends, and neighbours. Social support is one of the strongest buffers against distress.

- Maintain routines. Consistent sleeping, eating, and activity patterns create stability in uncertain times.

- Engage in positive activities. Exercise, prayer, creativity, or volunteering can restore a sense of control and purpose.

- Avoid harmful coping behaviours. Reducing alcohol and substance use helps protect both body and mind.

- Seek help early. Talking to a trusted friend, counsellor, or health professional can prevent prolonged suffering.

- Support others. Offering empathy and listening can help communities heal collectively.

On world mental health day 2025, WHO urged countries and humanitarian partners to make mental health a universal priority—especially for people living through conflict, displacement, and disaster. The organisation's message was simple yet powerful: to rebuild lives, we must care for minds.

By integrating mental health into every emergency response, societies can foster resilience, recovery, and hope for a healthier, more humane future.

Source: World Health Organisation

MICROGREENS

Tiny greens with powerful health benefits

ABEDA SULTANA

In a world drowning in junk food, a tiny leaf barely an inch tall is emerging as a silent warrior for health—the microgreen. These young seedlings of vegetables and herbs are becoming a global health trend, adding a burst of colour, texture, and flavour to salads and dishes.

Typically 1–3 inches (2.5–7.5 cm) tall, microgreens are harvested within 7–21 days of germination, after the first true leaves appear. In Bangladesh, they are mostly used in restaurants, but to enjoy their full health benefits, they should be included regularly in the diet.



Microgreens are packed with vitamins (C, E, and K), minerals (copper, zinc, iron, and magnesium), antioxidants (glucosinolates, carotenoids, and phenolic compounds), and nutrients like fibre and omega-3 fatty acids. They contain 4 to 40 times more nutrients than mature plants. Research suggests microgreens can help reduce

inflammation, lower cancer risk, and support diabetes management. Fenugreek microgreens, for example, can improve sugar absorption by up to 44%. Their antioxidants may lower chronic disease risk and slow ageing.

Microgreens support heart health by reducing bad cholesterol and triglycerides. Polyphenol-rich varieties such as basil, broccoli, peas, and radish improve memory and may reduce Alzheimer's risk. Broccoli, cabbage, mustard, and radish microgreens contain sulforaphane, which may slow cancer growth and protect against colon cancer. Spinach and broccoli microgreens, rich in lutein, support eye health, while bean, pea, and lentil microgreens enhance digestion and nutrient absorption.

Microgreens are easy to grow at home—just a tray, soil, water, and seeds. Within 7–21 days, they are ready to harvest and add freshness and nutrition to daily meals.

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Expanding WASH access through local innovation

The Daily Star (TDS): How have RFL's low-cost sanitation innovations improved hygiene outcomes in rural communities, and what evidence supports these improvements?

R N Paul (RNP): RFL began its ‘Shine’ brand to make hygiene affordable and accessible for all. Partnering with iDE introduced innovation, leading to designs like low-commode toilets with a self-closing cover that reduces fly-borne diseases. Combining RFL's manufacturing capacity with iDE's design expertise turned such ideas into practical, market-ready solutions. Together, they developed several affordable sanitation products improving rural hygiene. Recognising the link between sanitation and running water, RFL created a low-cost system integrating a water tank, pump, and plumbing set to support handwashing. The 300-litre recyclable tank, offered with a buy-back scheme covering up to 70% of its value, ensured both affordability and sustainability. These initiatives have transformed hygiene and health outcomes in rural Bangladesh by making proper sanitation and access to running water a practical reality for low-income households.

TDS: What models have proven most successful in building and sustaining rural entrepreneur networks for WASH product distribution?

RNP: RFL's distribution model is built on scale, affordability, and reach. As demand for low-cost sanitation and water solutions grew, the company expanded its production capacity and logistics network. Currently, RFL's products reach almost every village in Bangladesh through distributors, small retailers, and around 400 sales staff, including 500 exclusive dealers who earn their livelihoods from WASH product sales. Affordable, high-quality products have earned lasting customer

trust, turning Shine goods into sustainable household solutions. The model also promotes a circular economy, as RFL repurchases old recyclable materials, reducing waste and costs for both customers and distributors.

TDS: How do you ensure your solutions are tailored to the environmental, cultural, and logistical realities of remote and underserved communities?

RNP: RFL's extensive distribution network spans 5,000 distributors

base for cost efficiency, as local infrastructure supports large-scale production. The designs, optimised for shipping and stacking, highlight how local innovation can achieve global impact through strong partnerships.

TDS: How do you monitor the long-term sustainability and behaviour change associated with your WASH interventions?

RNP: Sustainability drives every aspect of RFL's operations, reflected through product quality, affordability, and recyclability. RFL Plastics also partners with NGOs such as iDE, UNICEF, and



R N Paul
Managing Director,
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BRAC to support awareness and behaviour change initiatives. Since 2013, SATO and RFL have improved sanitation for over 22 million people, contributing significantly to Bangladesh's national coverage. To further its sustainability efforts, RFL has established a robust recycling network, with major facilities in Habiganj and smaller units in eight to ten other regions. Collected waste is washed, processed, and converted into granules under strict no-child-labour standards.

iDE, a global nonprofit organisation in 12 countries since 1984, drives poverty reduction through market-driven solutions in Bangladesh, scaling agriculture, WASH, climate resilience, clean energy, and women's empowerment.

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