

Making fertility care fairer: WHO issued first global infertility guideline

STAR HEALTH REPORT

The World Health Organisation (WHO) called on countries to make fertility care safer, fairer and more affordable as it released its first-ever global guideline for the prevention, diagnosis and treatment of infertility. Affecting an estimated one in six people of reproductive age, infertility remained a major public health and equity issue worldwide. In many countries, access to care was limited, with most tests and treatments funded out-of-pocket. In some settings, a single round of IVF even costs double the average annual household income, pushing many into financial hardship.

The guideline set out 40 recommendations designed to strengthen prevention, diagnosis and treatment, urging countries to integrate fertility care into national health strategies and financing systems. The document promoted people-centred, evidence-based care and highlighted the emotional toll of infertility, which often led to distress, stigma and social isolation.

It recommended early information on fertility, healthier lifestyles, and the prevention of key risk factors such as untreated sexually transmitted infections and tobacco use. The guideline also detailed clinical pathways for diagnosing biological causes of infertility in men and women and advised progressing from simple management strategies to more advanced treatments such as intrauterine insemination or IVF.

Recognising gaps in current evidence, WHO called for continued research, noting that future editions would address fertility preservation, third-party reproduction and the impact of pre-existing medical conditions.

SOURCE: WORLD HEALTH ORGANISATION



Why do we obey even when we do not fully agree?

SRINJOYA JUNAN

Imagine you are in a queue at an office. A staff member suddenly tells everyone to shift to a different line because 'this one is closed.' No explanation. No details. People look around, confused, but everyone quietly moves. You follow too, not because it makes perfect sense, but because the instruction came from someone who seemed to be in charge. No one argues. No one asks if there is a quicker option. Everyone simply obeys.

It seems like a small moment, but it reflects something bigger about human behaviour: we tend to obey authority automatically, even when a part of us hesitates.

This quiet willingness to comply is exactly what the psychologist Stanley Milgram set out to understand in the 1960s. His famous obedience experiment was designed to measure how far participants would go in obeying an authority figure who instructed them to perform acts that conflicted with their personal conscience.

On a psychological level, obedience gives us a sense of structure. It reduces uncertainty. It creates the feeling that someone else is responsible, not us. When a person who appears confident, knowledgeable, or powerful gives direction, our minds instinctively lean toward compliance. It feels safer than challenging or questioning, even when our instincts whisper that something feels off.

This dynamic plays out in everyday life far more often than we realise. Think of the student who stays silent in class even when they know the answer. The employee who agrees to extra work because saying 'no' feels risky. The friend who goes along with a group decision even though it makes them uncomfortable.

Understanding this pressure is important for our mental and emotional wellbeing. When people comply against their own values, they often experience guilt, tension, or self-blame later. Milgram's experiment reminds us that this pattern is not a personal flaw. It is a psychological tendency shared by almost everyone. But awareness changes everything. When we recognise the pull of authority, we can pause, check in with ourselves, and ask: Is this truly aligned with what I believe? By understanding this tendency, we give ourselves the power to choose integrity over automatic obedience.

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A NEW ERA IN THE FIGHT AGAINST HIV

Innovation amid disruption

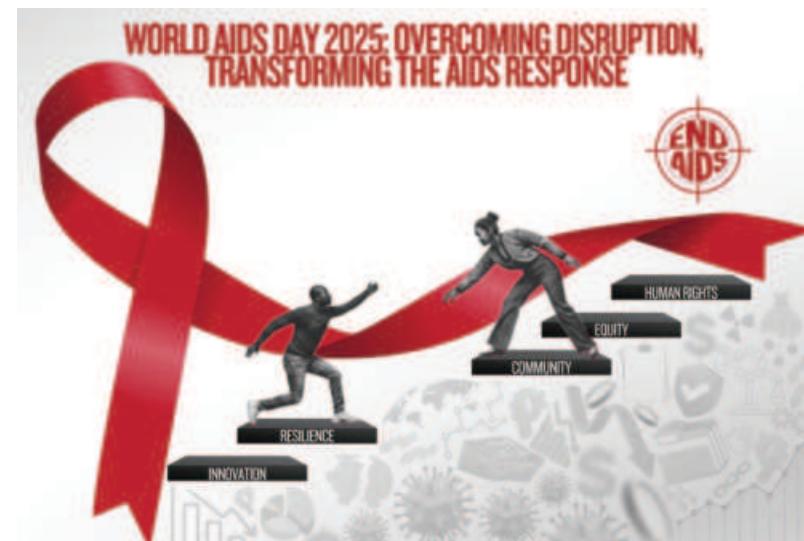
STAR HEALTH DESK

On 1 December, recognised globally as World AIDS Day, the World Health Organisation (WHO) called on governments and global partners to urgently expand access to new WHO-approved tools—most notably lenacapavir (LEN)—to drive down new infections and counter the severe disruption caused by recent foreign aid cuts.

Despite significant financial setbacks, the global HIV response in 2025 had shown remarkable momentum with the introduction and WHO approval of twice-yearly injectable lenacapavir for HIV prevention. LEN, a long-acting and highly effective alternative to daily oral PrEP, had been hailed as a transformative option for people facing stigma, structural barriers, or difficulties with adherence to regular medication. In July, WHO issued new guidelines recommending LEN as an additional PrEP choice, marking a major milestone in prevention efforts.

However, this progress unfolded against a challenging backdrop. Sharp, sudden reductions in international funding had disrupted HIV prevention, testing, and treatment programmes worldwide. Community-led services—especially PrEP initiatives and harm reduction programmes for people who inject drugs—were scaled back or shut down entirely in several countries.

Dr Tedros Adhanom Ghebreyesus, WHO Director General, warned that the global HIV response had reached a critical juncture. "We faced significant challenges with cuts to international funding and prevention stalling," he said. "At the same time, we had significant opportunities, with new tools capable of shifting the trajectory of the epidemic. Ensuring access to these tools must have been the top priority for all governments and partners."



Under the World AIDS Day theme "Overcoming disruption, transforming the AIDS response", WHO urged a dual-track approach: renewed solidarity and investment in innovations that protect and empower the communities most affected.

Data from 2024 illustrated the scale of the challenge. Global HIV prevention efforts had stagnated, with 1.3 million new infections, disproportionately affecting key and vulnerable populations. Almost half of all new infections (49%) occurred among sex workers, men who have sex with men, transgender women, people who inject drugs, and their sexual partners. Risk levels remained extremely high: sex workers and transgender women faced a 17-fold increased risk of acquiring HIV, men who have sex with men an 18-fold risk, and people who inject drugs a 34-fold risk. These disparities were fuelled by stigma, discrimination, and legal and social barriers that limited access to essential health care. Globally, 40.8 million people were living with HIV, and 630,000 people died from HIV-related causes.

The consequences of foreign aid cuts were already evident. The AIDS Vaccine Advocacy Coalition estimated that by October 2025, 2.5 million people who had used PrEP in 2024 had lost access in 2025 due solely to donor funding reductions—threatening hard-won progress toward ending AIDS by 2030.

Yet the year also signalled powerful momentum for innovation. WHO prequalified lenacapavir for prevention on 6 October 2025, leading to regulatory approvals in South Africa, Zimbabwe and Zambia shortly afterwards.

WHO stressed that ending the AIDS epidemic depended on fully integrated, rights-based and community-centred approaches within primary health care systems. Despite funding setbacks, the resilience and leadership of affected communities continued to offer a clear path forward. By strengthening health systems, increasing domestic investment and protecting human rights, countries could safeguard progress and ensure no one was left behind.

SOURCE: WORLD HEALTH ORGANISATION

Is PCOS underdiagnosed in Bangladesh?

MD SAYEEM AL REZA

Poly囊 Ovary Syndrome (PCOS) is one of the most common hormonal disorders affecting women of reproductive age worldwide. In Bangladesh, small studies suggest that its prevalence ranges from about 6% among general gynaecology patients to over 90% in women with hirsutism.

Despite these numbers, a large proportion of women remain unaware of the condition. Research shows that around 63% of symptomatic women in Bangladesh are undiagnosed. Many only find out they have PCOS when they face difficulties conceiving.

Symptoms of PCOS can include irregular or infrequent periods, excessive facial or body hair, acne, weight gain (especially around the waist), and dark patches on the skin.

Early diagnosis is crucial. Identifying PCOS promptly allows



women to manage symptoms, prevent long-term complications such as diabetes and heart disease, and improve fertility outcomes. Early intervention through lifestyle changes, medical treatment, and monitoring can make a significant difference in overall health and quality of life.

Lifestyle changes such as a healthy diet, regular exercise, and weight management are first-line approaches to control PCOS. Medications like metformin, hormonal contraceptives, or ovulation-inducing drugs may be used depending on the woman's symptoms and fertility goals.

Raising awareness among women and healthcare providers is essential. Early detection and proper management can significantly improve health outcomes and quality of life for women in Bangladesh.

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SOFT-STRONG-GLOWING Simple skincare habits that truly work

Healthy skin does not require expensive products or complicated routines—just smart, consistent habits that support your skin's natural barrier. One of the best places to start is in the shower. Dermatologists advise keeping showers short and warm rather than long and hot. Hot water strips the skin of its natural oils, leaving it dry and tight, so limiting showers to around ten minutes and choosing warm water helps your skin stay hydrated.

Moisturising properly is equally essential. In cooler or drier weather, the skin loses hydration much more quickly, so using a rich cream becomes crucial. Creams are thicker and more effective than lotions at forming a protective barrier. Applying moisturiser immediately after stepping out of the shower, while the skin is still slightly damp, locks in moisture and keeps the skin soft throughout the day.

Choosing gentle cleansing products also makes a significant difference. Harsh soaps containing alcohol, strong fragrances or antibacterial agents can strip the skin and disrupt its balance. Switching to mild, fragrance-free cleansers or those enriched with moisturising ingredients helps maintain the skin's natural oils instead of removing them. The gentler the product, the more comfortable and nourished your skin feels.

Small daily habits support overall skin health too. Drinking enough water, using sunscreen even on cloudy days, and avoiding excessive exfoliation all help protect the skin and keep it looking its best. Skincare does not need to be complicated; it simply needs to be consistent, gentle and tailored to what your skin truly needs.

When a small crack becomes a crisis: The truth about giant toenail infections

Toenail infections might seem like minor inconveniences, but medical experts warn they can spiral into severe complications if ignored. Known in medical terms as onychomycosis or paronychia, these infections occur when fungi, bacteria, or sometimes even viruses invade the nail structure, particularly the nail bed, nail fold, or nail plate.

Most people dismiss early signs like nail thickening or mild discolouration. But those small changes often mark the beginning of a deeper infection that can affect walking, mobility, and even general health in diabetic patients.

How the infection begins: The infection usually starts when small cracks, cuts, or injuries develop around the nail fold or nail bed. These tiny entry points become gateways for fungi or bacteria, especially when the feet are kept in damp, warm conditions.

Hidden causes beneath the nail: Several key factors that increase vulnerability: prolonged moisture, poor foot hygiene, and tight footwear that compresses the nail fold. Many patients unknowingly damage their nails by cutting them too short or rounding the edges, which leads to ingrown nails and infections.

Underlying health conditions like diabetes, circulatory disorders, or weakened immunity can further

elevate the risk. Shared nail tools or footwear, particularly in gyms and salons, also act as silent carriers of fungal spores.

The infection cycle: What begins as a small injury can rapidly progress. First comes nail fold damage, followed by microbial invasion of the nail bed. The area becomes painful and inflamed, then the nail thickens and discolours, turning yellow, brown, or chalky white. If neglected, secondary infections

involving bacteria or even viruses may develop.

Expert-backed management: Early detection is crucial. If the nail starts thickening or separating from the bed, don't wait. Start treatment immediately. Basic hygiene is the first line of defence: washing feet daily, drying between toes, and wearing breathable footwear.

For mild cases, topical antifungal creams or medicated nail lacquers

containing terbinafine or ciclopirox can help. For more advanced infections, doctors may prescribe oral antifungal medications.

Some natural remedies, such as tea tree oil and diluted vinegar soaks, have shown mild antifungal effects in research. However, home remedies can complement medical treatment but should never replace it. If the infection causes severe thickening, pain, or discharge, a podiatrist may need to partially or fully remove the affected nail to allow healthy regrowth.

Prevention is easier than cure: Healthy nail care habits are the simplest protection. Keep toenails clean and dry, avoid walking barefoot in communal areas like pools or locker rooms, and disinfect nail tools regularly. Always choose shoes that allow adequate air circulation and toe space.

Toenail infections are not merely cosmetic. They are a reflection of how well we care for our feet, one of the most neglected parts of the body. The takeaway is clear: a toenail infection does not start as a giant problem, but it can quickly become one. With attention, hygiene, and timely medical care, it is entirely preventable and curable.

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