Let every child hear, learn and thrive this World Hearing Day 2026

On 3 March, the world marks World Hearing Day 2026 with a clear and urgent message: act now so no child is left behind due to ear or hearing problems.

Around 90 million children and adolescents aged 5–19 years are living with hearing loss globally, according to the World Report on Hearing and the Global Burden of Disease Study. Yet in many settings, particularly in low-resource communities, hearing difficulties remain undetected and untreated.

The tragedy is that much of this burden is preventable. More than 60% of childhood hearing loss can be avoided through simple, cost-effective public health measures. Common conditions such as otitis media with effusion, chronic suppurative otitis media and impacted earwax continue to affect millions of children. Left unaddressed, hearing loss can silently worsen over time.

Untreated hearing loss does not only affect a child's ability to hear. It can disrupt speech and language development, hinder learning, affect social interaction, and ultimately shape educational achievement and future employment opportunities.

This year's theme, "From communities to classrooms: hearing care for all children", calls for two key actions: preventing avoidable hearing loss and ensuring early identification and timely care. Integrating systematic screening and early intervention into school and child health programmes can transform outcomes.

Every child deserves the chance to hear clearly, participate fully in class, and reach their potential. The time to act is now.

Source: *World Health Organisation*

MORE THAN A PERIOD PROBLEM: why menstrual migraine needs attention and action

DR NUR-A-SAFRINA RAHMAN

For many women and adolescent girls, menstruation brings more than abdominal cramps and mood changes. It can trigger a severe, throbbing headache that disrupts school, work and family life. Menstrual migraine is common, yet frequently dismissed as something women simply have to endure.

Migraine is a neurological condition, not just a "bad headache". Globally, it affects around 15% of the population and is up to three times more common in women than in men. Hormonal fluctuations are a major reason for this difference. Among women who experience migraine, more than half report attacks linked to their menstrual cycle.

Menstrual migraine typically occurs from two days before bleeding begins to three days after it starts. The trigger is the natural drop in oestrogen levels just before menstruation. This hormonal shift activates pain pathways in the brain, resulting in intense, often one-sided pulsating pain. Nausea, vomiting and marked sensitivity to light and sound are common. Compared with migraines at other times of the month, menstrual attacks are often more severe, last longer and respond less well to treatment.

Why is this a concern? First, the impact on daily life can be profound. Attacks may last up to three days, leading to missed classes, reduced productivity and repeated absence from work. For adolescents, this may affect academic performance. For working women, it can hinder career progress.

Second, untreated or poorly managed migraines can become more frequent. Overuse of painkillers — particularly if taken on more than 10 to 15 days per month — may lead to medication-overuse headache, creating a cycle of worsening pain. In some cases, episodic migraine can progress to chronic migraine, defined as a headache occurring on 15 or more days each month.

Third, there are broader health considerations. Women who experience migraine with aura and use oestrogen-containing contraceptives have a small but increased risk of stroke. Proper diagnosis is therefore essential before starting or continuing certain hormonal methods.

The good news is that menstrual migraine can be effectively managed.

Early and adequate treatment is crucial. Taking non-steroidal anti-inflammatory drugs, such as ibuprofen or naproxen, at the first sign of pain can reduce severity. For moderate to severe attacks, migraine-specific medicines are recommended in clinical guidelines. Delaying treatment often makes attacks harder to control.

For women with predictable cycles, short-term preventive treatment — sometimes called "mini-prophylaxis" — may be advised. This involves taking medication for several days around the expected start of menstruation to reduce the likelihood or intensity of attacks.

Lifestyle measures also play an important role. Regular sleep, adequate hydration, balanced meals and stress management help stabilise the body's response to hormonal changes. Identifying personal triggers through careful observation can further improve control.

Importantly, medical attention should be sought urgently if a headache is sudden and severe, described as the "worst ever", accompanied by weakness or confusion, occurs after a head injury, or is associated with fever and neck stiffness.

Menstrual migraine is not merely a monthly inconvenience. With proper recognition, timely treatment and informed medical guidance, most women can significantly reduce its burden and protect both their health and productivity.

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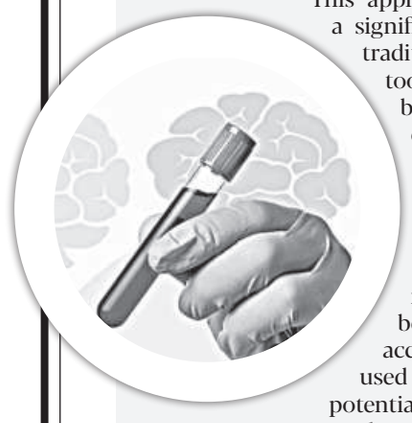
BLOOD TEST

Predicting Alzheimer's years before symptoms

A simple blood test might one day act as a molecular 'clock' to predict not only whether someone will develop Alzheimer's disease but also when symptoms could begin, according to a Nature report.

Researchers are exploring how levels of a protein in the blood — specifically p-tau217, a marker linked to Alzheimer's pathology — rise steadily as the disease develops long before cognitive decline becomes apparent. By analysing these changes in repeated blood samples, scientists can now create models that estimate the likely age of symptom onset within a three-to-four-year window.



This approach represents a significant shift from traditional diagnostic tools such as PET brain scans or cerebrospinal fluid tests, which are costly and not widely available. A predictive blood measure could be cheaper, more accessible and used much earlier, potentially years before memory loss or other clinical symptoms emerge.

According to researchers, understanding when symptoms are likely to begin — not just if someone is at risk — could reshape both clinical care and research. For example, it could allow doctors to identify people who are most likely to benefit from early interventions and could dramatically improve how clinical trials for treatments are designed, focusing on people before the disease takes hold.

While further validation and refinement are required before this test can be used in routine clinical practice, the development marks a promising step toward earlier, more personalised prediction of Alzheimer's disease.

Increased pain during Ramadan: Causes and management

DR M EASIN ALI

During the holy month of Ramadan, many individuals experience an increase in various types of pain—particularly in the lower back, knees, neck, shoulders, and other joints. This tendency is more common among those who already suffer from arthritis, musculoskeletal disorders, or spinal conditions. Understanding the underlying causes and adopting appropriate management strategies can significantly reduce discomfort and help individuals observe fasting more comfortably.

WHY DOES PAIN INCREASE DURING RAMADAN?

1. Dehydration: Prolonged abstinence from water during fasting hours can lead to dehydration. Reduced fluid levels may decrease joint lubrication and increase muscle stiffness, thereby intensifying pain. Individuals who do not consume adequate fluids during Suhoor and Iftar are particularly vulnerable.

2. Electrolyte imbalance: Deficiencies in essential minerals such as sodium, potassium, and magnesium can cause muscle cramps and discomfort. Excessive sweating, insufficient water intake, and inadequate nutrition may contribute to these imbalances.

3. Prolonged static posture: Many people spend long hours sitting at work or standing during prayers. Maintaining improper posture places additional strain on the spine and joints, leading to musculoskeletal pain. Poor ergonomic habits during daily activities can aggravate pre-existing conditions.

4. Changes in medication schedule: Individuals who regularly take pain medications may need to adjust their dosing schedule during Ramadan. Improper timing or missed doses can make pain control more challenging.

5. Sleep disturbances: Waking up early for Suhoor and staying up late for Taraweeh prayers may disrupt normal sleep patterns. Inadequate rest can lead to muscle fatigue, increased sensitivity to pain, and delayed recovery.

TREATMENT AND PREVENTIVE MEASURES

1. Adequate hydration: From Iftar to Suhoor, it is advisable to drink at least 8–10 glasses of water, distributed evenly throughout the evening. Gradual hydration helps maintain the body's fluid balance and supports joint health.

2. Balanced nutrition: Both Suhoor and Iftar should include adequate protein, vegetables, fruits, and calcium-rich foods. Items such as bananas, dates, yogurt, and nuts help replenish electrolytes and support muscle function.

3. Light exercise and stretching: Engaging in gentle free-hand exercises and stretching 1–2 hours after Iftar can improve blood circulation and maintain muscle flexibility. Individuals with arthritis or spinal disorders should follow exercise programs prescribed by a qualified physiotherapist.

4. Maintaining proper posture: Those who sit for prolonged periods should take short movement breaks every 30–40 minutes. Proper posture during daily activities and prayers is equally important to minimise strain on the spine and joints.

5. Proper medication planning: Patients should consult their physician to adjust medication schedules appropriately between Iftar and Suhoor, ensuring effective pain control without compromising fasting.

6. Importance of physiotherapy: For individuals with chronic joint or muscle pain, regular physiotherapy before and during Ramadan can be highly beneficial. Modalities such as ultrasound therapy, Transcutaneous Electrical Nerve Stimulation (TENS), and manual therapy are effective in reducing pain and improving mobility.

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What to drink after dates at iftar

SADIA SULTANA

After long hours of fasting during Ramadan, iftar is a sensitive transition for the body. Fasting often leaves the body mildly dehydrated with low blood glucose. Many people consume sweet drinks or packaged juices after dates, but nutrition experts recommend starting with a light, natural beverage to gradually restore fluids and prepare the digestive system for the meal.

After dates, a simple, nourishing option is water with chia seeds, lemon, and a little honey. This helps retain fluids longer, promotes a lasting feeling of fullness, and the chia fibre supports bowel regularity, a common concern during Ramadan. A touch of honey adds mild energy and taste without excess sugar.

Individual needs and tolerance vary. The drink can therefore be adjusted if necessary:

- People with diabetes may omit honey or use only a very small amount.
- For weight management, honey can be skipped and plain lemon-chia water used.
- If chia causes discomfort or bloating, limit to 1 teaspoon.
- When trying for the first time, begin with a small quantity.
- Chia seeds should always be fully soaked before consumption.
- If tooth enamel is sensitive, reduce lemon or drink through a straw.
- For children (above 5 years), only a very small amount of chia should be used.
- Individuals with swallowing difficulty or airway sensitivity should avoid chia drinks.
- Those with a history of kidney stones should avoid frequent high lemon intake.
- During pregnancy, it is advisable to consult a healthcare professional before adding new foods.
- Thick chia drinks are best avoided immediately before or after medications, as fibre may affect absorption.

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What digital health is teaching us about rural Bangladesh

AINDRILA RAHMAN

For decades, rural healthcare in Bangladesh has been shaped by distance, shortages, and silence. Distance from facilities, shortages of doctors, and the silent progression of chronic diseases have kept millions outside the reach of timely care. While cities debate advanced hospitals, villagers struggle with something more basic: access. In this context, digital health is not a luxury; it is a necessity.

In December 2020, Amader Gram launched a modest but ambitious experiment in Rampal sub-district, Bagerhat: a community-based digital health service built on a store-and-forward telemedicine model. The idea was simple. Trained Community Health Workers (CHWs) would visit households, record vital signs and symptoms using a mobile app, and send the data to a medical assistant for review. Only complicated cases would be referred to doctors. In every stage, a patient can speak to share, send texts or meet on video.

Five years later, the results tell a compelling story about what happens when technology meets trust.

Reaching the unreached

Between December 2020 and September 2025, the programme served 6,287 people across 173 villages, mostly in Rampal but also in Mongla and nearby areas. What stands out immediately is who used the service: 77.5% were women.

This is not accidental. In rural Bangladesh, women often delay or avoid care due to mobility constraints, cost, privacy concerns, and social norms. When healthcare comes to the doorstep – delivered by trusted local workers – those barriers fall. Widowed and older women, often among the most vulnerable, were able to access care without travelling long distances or depending on family support.

A hidden epidemic revealed

Among adults screened, 61.5% were found to be hypertensive. Yet only 16.7% reported knowing they had high blood pressure. In other words, nearly two-thirds of those with hypertension were unaware of their condition.

This gap is not a statistical anomaly – it is a public health warning. Hypertension is often silent until it causes a stroke, heart attack, or kidney failure. Rural Bangladesh is not free from non-communicable diseases (NCDs); it is simply underdiagnosed.

Body mass index (BMI) data tell a similar story. While undernutrition still exists (11.7% underweight), more than half of adults were overweight, pre-obese, or obese. The traditional image of rural Bangladesh as nutritionally deprived alone no longer holds. The country is facing a dual burden: lingering undernutrition alongside rapidly rising lifestyle-related diseases.

Overall, 64.6% of all recorded cases were non-communicable diseases, reflecting Bangladesh's ongoing epidemiological transition. The village is no longer protected from hypertension, diabetes, or cardiovascular disease.

Why doorstep screening matters

Rural residents rarely seek preventive care. They visit facilities only when symptoms become severe – often too late. The digital health model changed this pattern. Monthly household visits normalised blood pressure checks, weight measurement, and routine follow-ups. People who once believed headaches or fatigue were "normal" began to understand risk.

In a country striving to meet its universal health coverage goals, this may be one of the most practical pathways forward: digital health rooted in community life, not distant hospitals.

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