

Editorial

Burden of Childhood Diseases: Bangladesh Perspectives

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Bangladesh has seen impressive progress in health and nutrition in the last few decades. Initiatives to prevent illness have substantially reduced six vaccine-preventable and diarrhoeal diseases that killed hundreds of thousands of children even two decades ago (Black et al., 2008). Malnutrition has been steadily declining by 1-2 per cent each year, though the level remains high. Since 1997 the prevalence of vitamin A deficiency in children has been sustained below the threshold that indicates a public health problem. This is largely due to the high coverage of vitamin A supplementation. The infant mortality rate (IMR) declined from 87 per 1,000 live births in 1989 to 56 per 1,000 live births in 2001; however, the under-five mortality rate (U5MR) also dropped from 133 to 82 per 1,000 live births over the same period (Sarkar et al., 2013). The total fertility rate (TFR), contraceptive prevalence rate (CPR) and birth-spacing have all improved, and trends are generally positive (Black et al., 2008).

The last few decades have brought significant improvements in child health in Bangladesh. The mortality rate in children under-five declined from 152 deaths per 1,000 live births to 94 deaths per 1,000 live births, but these rates are still high, and have remained constant for several years (Black et al., 2008). Pneumonia, diarrhoea, measles, malaria, malnutrition, injuries and the high number of neonatal deaths, and poor care-seeking behaviour, all contribute to the high levels of child mortality (von Mutius 2000). The Ministry of Health and Family Welfare has, for the last decade, implemented several vertical programmes, centrally organized services focused on single issues such as the control of diarrhoeal diseases (CDD) and the control of acute respiratory infections (ARI) (Murray et al., 1997). From 1998, though, the Government started to adopt a more holistic, sector-wide approach to implementing the programmes. To reduce levels of vaccine-preventable diseases, specific strategies include routine vaccination through a nationwide network of 120,000 community outreach sites and health facilities, Supplementary Immunization Activities (SIAs) such as National Immunization Days (NIDs) for polio eradication, and area-based multi-antigen campaigns to eliminate neonatal tetanus and control of measles (Olusanya and Newton 2007). There are three major factors that affect the rates of death and disease in children in Bangladesh: injury, malnutrition and public health, including arsenic contamination of the water supply and HIV/AIDS (Eiser et al., 2001). While mortality due to communicable and other vaccine preventable diseases has decreased significantly, deaths due to injuries, especially drowning, have remained constant over the last three decades. The proportion of deaths that are attributable to drowning among children aged 1-4, has increased from 9 per cent in 1983 to 53 per cent in 2000 (Ng et al., 2014). Drowning is the predominant cause of injury-related mortality in this age group.

Malnutrition in children, adolescents and women is a major concern (Lokuge et al., 2004). Despite progress, levels of malnutrition in Bangladesh are amongst the highest in the world, and this is a major cause of death and disease in children and women (Pitt et al., 2006). In addition to causing individual tragedies like maternal and child mortality, malnutrition exacts heavy costs from the health care system through excess morbidity, increased premature delivery, and elevated risks of heart disease and diabetes. The economic consequences of Bangladesh's malnutrition problem are profound, resulting in lost productivity and reduced intellectual and learning capacity. [*Journal of Science Foundation, 2015;13(2):25-26*]

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