



Public Health Perspective

the first online public health newsletter of Nepal

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Vol. 1 Issue 7 July 2011

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Public Health Important Day (July)

11th July: World Population Day

Theme: “Seven billion people counting each other”

Editorial: Salute to Kaski for its exemplary act

Kaski district of Gandaki zone in the Western Development Region of Nepal—well known for its scenic beauty, is now also known for the district with good hygiene and sanitation. It has just been a few months that Water Aid report puts Kaski to the top of the list of 72 districts in terms of providing access to drinking water and sanitation. Now, it again topped the list of districts, and this time as the first open defecation free (ODF) district of Nepal.

Kaski got this recognition when Prime Minister Jhala Nath Khanal, officially declared it as the first ODF district of Nepal at a programme organized by the District Development Committee (DDC), Kaski on June 24, 2011. PM Khanal, stated: “This is a historical day for Kaski and

an indication of a movement towards an open-defecation-free Nepal. Kaski is now a leading example for the country and other districts with very poor sanitation.”

The ODF means that every household within the district have access to toilets for personal hygiene and sanitation. It nearly took four years for the district to attain this status. This was made possible through increased public awareness on personal hygiene, sanitation and education as well as participation of individuals, communities, state, and UNICEF in promoting sanitation and hygiene.

To add to the list of contributions are: local government's leadership, political support, social mobilization and public-

private partnerships. The DDC and government and non-government offices invested more than Rs 330 million to help construct toilets in Kaski and carry out other sanitation efforts.

Of the total 88,000 households in Kaski, altogether 18,035 households, which did not have toilets until the beginning of the ODF campaign, have constructed their own toilets with financial support from the DDC. Not only households, but also 634 schools have built toilets under the campaign. On an average, Rs 12,500 was spent to build each toilet.

It is known that building a toilet itself is not enough to maintain personal hygiene and sanitation. It also depends on whether people will be able to

maintain it or not, carry out personal cleanliness such as washing hands with soap and water after defecation. Poor sanitation and hygiene practices are taken as the leading causes for diarrheal diseases, worm infestations and hepatitis in Nepal. In addition, there is also the need for a strong mechanism to ensure that Kaski remains ODF forever.

Kaski has set an example for other districts to follow in its footsteps, to show the same enthusiasm and commitment in making their districts clean, healthy and attractive. As a result, districts such Chitwan, Tanahun and Nawalparasi are now in line to be declared open defeca-

tion free in the near future. Similarly, out of 3,915 Village Development Committees (VDCs) in the country, 203 have been declared ODF so far. All these are good indications that will help us inch closer to the goal of universal sanitation coverage in Nepal by 2017.

However, according to government data, only 43 and 80 percent people have access to basic sanitation and clean drinking water in the country, respectively. During my field visit to Janakpur a few months ago, early in the morning, I saw people defecating openly in the field as well as on river banks in Dhanusha Dham a remote village 16km north of Janakpur. Not only were indi-

vidual women and men and child openly defecating early in the morning, but also the elderly people. This filthy site was seen frequently within walking distance every few minutes. At one point I saw people defecating at a close distance from each other and having some chitchat as they defecated. The whole situation was really very disturbing. I later found that it was common in their settings as these people do not have latrines at their home due to poverty. This is just one example of poor sanitation. We can easily imagine such cases in different parts of the nation as more than 40 percent of people are below poverty line. This indicates Nepal has to focus more on these issues.

The initiatives like the campaign in Kaski provide a model for replication and success in other districts. I salute to Kaski for its exemplary steps and urge that ODF should become everybody's concern.

Amrit Banstola

PHP in NHRC Website

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Epidemic fears: Health ministry keeps its staff on hand for response to outbreaks

KATHMANDU, JUN 27 -

As part of measures to prevent the possible outbreak of epidemic diseases during monsoon, the Health Ministry is gearing up to make elaborate arrangements throughout the country. The Epidemiology and Disease Control Division (EDCD) under the ministry has directed all the public health offices not to allow health officials and staff to take leave till the first week of October. In case of emergency leave, officials have been instructed to keep an alternate worker to fill in their absence. Director of EDCD, Dr Saroj Prasad Rajendra said the Community Rapid Response Teams (CRRTs) have been kept on alert in all the districts. "A team of CRRT comprises some 9-11 trained members who will immediately reach the site to respond an outbreak," he said. "The CRRTs will have Oral Rehydration Salt (ORS), and other basic

medicines to save human lives."

If the outbreak is beyond CCRT's management, he said, the teams from the central level will be immediately deployed. "The team has been instructed and trained on outbreak management, surveillance and investigations," said Resam Lal Lamichhane, who is one of the trainers. "They were taught about dengue fever management, diarrhoea and enteric fever management, among others." A guideline of dengue fever management, which is almost in final shape, will be sent to the major risks zones, he said .

Source: eKantipur.com

Snakebite deaths drop, says EDCD

KATHMANDU, JUL 08 -

The cases of snakebite death in Nepal are decreasing despite an increase in the rate of snakebite, according to data at the Epidemiology and Disease Control Division (EDCD) under the Ministry of Health. According to the data, 16,965 cases of snakebite were reported in 2006 with about 13 percent death rate. However, even with the 19,120 snakebite cases reported in 2010 the death rate was only about 8 percent.

"The government has been providing Anti Snake Venom Serum (ASVS) for free since 2000. If a person bitten by a snake reaches a nearby hospital as soon as possible, there is maximum chance of him or her being saved," Zoonoses Control officer at the EDCD Lat Narayan Shah said. "We have also been conducting training and orientation programmes for 120 doc-

tors and paramedics every year on snakebite management since 2000."

The EDCD data also show that the month of July sees the highest number of snakebite cases in the country. "This is a serious problem in 26 districts of the country, especially in the Terai and the inner Terai regions." "About 80 percent of the total cases are reported from rural areas, while most of the victims are children between the ages of 5 and 14," Shah added. EDCD Director Chudamani Bhandari said that apart from training health professionals, ASVS has been supplied to hospitals in the major risk zones of the country. National guidelines and IEC materials have also been disseminated throughout the risk zones, Bhandari said. According to the EDCD, every year about 30,000 vials of ASVS are consumed in the country .

Source: eKantipur.com

CA Members pledge to fight TB, AIDS

KATHMANDU, JUL 15 -

Constituent Assembly (CA) members across party lines made a solemn promise and expressed commitment to make the TB and HIV/AIDS programme successful. At a function organized by National Tuberculosis Centre and Himalayan Social Welfare Organization, the lawmakers vowed to take an initiative to provide funding to increase the national ownership of the TB and AIDS programme that is currently heavily dependent on foreign donation.

At the function, State Minister for Health and Population and CA member Dharmashila Cha-

pagain stressed for a clear policy to make the TB and HIV programme successful. CA members Mangal Bishwokarma, Indra Bahadur Gurung, Dal Bahadur Rana, Lalit Sah said all should unite to root out the deadly disease like TB and HIV/AIDS from the country. Director of National TB Centre Dr Shashi Kanta Jha said that 34,407 TB patients have been receiving treatment across the country from DOTS centers .

Source: RSS

Scholarship graduates: 'Must work in rural areas after MBBS'

KATHMANDU, JUL 13

Medical students who complete their studies under the government scholarship should compulsorily practice in remote areas for two years, the Supreme Court said in an interim order. Education Minister Ganga Lal Tuladhar had fined Dr Ashok Bikram Shah—who completed his MBBS from Manipal College of Medical Science, on May 31—Rs 210,000 following his unwillingness to work in rural areas, ultimately giving Shah a freedom to choose his place of work.

The Scholarship Law 2021 states that all students who graduate under government scholarships must practice in locations designated by the government for at least five years. Breaching the law, the government had issued the Doctor's Mobilisation Directive in 2062 which reduced the mandatory working period from five to two years.

Source: eKantipur.com

Nepali doktor

Rajan Sharma, BPH.

District Public Health Coordinator, Dhulikhel



Not everything in this country in transition is to be cursed at or looked down upon. Setting aside the political imbroglio, economic constraints, power-shortage and all; there's indeed a matter that brings a rarely available pride for us and shows a glimmer of hope in the field of health. The achievements in terms of lowering children and maternal mortality ratios which are also the targets of millennium development goals (MDGs)-4 and 5 respectively are really worthy of salute. Maternal mortality ratio (MMR) that was 539 per one hundred thousand live-births in 1996 (Nepal Family Health Survey/NFHS) has been brought to 281 by 2006 (Nepal Demographic Health Survey/NDHS conducted quinquennially). There are even more encouraging reports based on research that the figure has indeed climbed down to 229. The official target as per MDG is 134 which appear tough to attain but possible. Similarly, Child Mortality Rate (more precisely called Under five mortality rate) which stood at staggering 91 per one-thousand live-births in 1996 (NFHS) has been reduced to 61 as of NDHS 2006 report.

The aforementioned achievements were not accomplished out of a miracle. A determined and altruistic group called Female Community Health Volunteers (FCHVs) whose number hovers around a whopping 50,000 is the key to these successes. FCHVs concept was institutionalized in 1988 in 27 districts and expanded to all 75 districts in a phased manner. Now that concept has taken a new shape in a more constructive way in the sense that they are the active participants in almost every national health programmes-be it vitamin A distribution, immunization, deworming through albendazole tablets, safe motherhood services or even more focused ones like Community Based Integrated Management of Childhood Illness (CB-IMCI) and Community Based New-born care Program (CB-NCP). CB-IMCI is a program mainly related to save the child deaths from 2 months to 5 years from major killer diseases and illnesses viz. measles, malaria, malnutrition, pneumonia and diarrhea. Whereas, CB-NCP is a program with two main objectives i.e. to encourage the health facility based delivery and to prevent death of infants from infections in home deliveries.


Just like the whole nation, as it seems, is laden with a spectrum of problems, FCHVs are no exception. It can be grasped by the fact that more and more programmes are pouring in and their busyness has hastened proportionately. Moreover, a many are illiterate that makes it difficult for them to fill out different forms and formats (for example, CBNCP forms) for reporting and training and materials need to be adapted to their literacy level.

A female with a blue bag consisting iron, vitamin-A and zinc tabs, bag and mask (to revive asphyxiated babies), timer (to count the chest in drawing inwards), albendazole and other belongings will appear at your doorstep if you seek for one. She is not a doctor. She is a Nepali *daktar*.

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Public health and human security perspectives on importance of water

Bikesh Bajracharya, MA Sociology, BPH, currently studying MPH (Global Health) Thammasat University, Thailand.

Water is a vital resource for global ecosystem and human life. The total amount of water on Earth is fixed. Majority of water is either salt water (97.5%) or locked up in glaciers (1.75%) whereas remaining 0.007 percent is only available for human use. People need safe and sufficient water to be healthy. Poor quality of water can cause water borne diseases such as diarrhea, dysentery, cholera, and typhoid fever. A shortage of water for personal cleanliness can also lead to diseases as trachoma, plague and typhus. It can also lead to dehydration and eventually causes death. If water is mixed with chemicals from agriculture, industry, mining it causes skin rashes, cancers and other serious public health problems.

The per capita quantity of freshwater is declining with the increasing human population, inequitable access and distribution of water. Approximately one third of the world's population lives in water stressed countries, mainly in Asia and Africa. Absolute water scarcity already affects more than 500 million people in 30 countries and this number is expected to increase to 11.8 billion by 2025. Climate change has mainly worsens the water scarcity situation, especially in the driest areas of the world. It impacts on frequent severe environmental events, such as forest fires, floods, landslides, droughts, torrential rains, heat waves and even more harsh environmental impacts affecting the availability of water resources and soil quality and productivity. In addition, urbanization and increase in domestic and industrial water use also increased the water need. Thus, water scarcity can threaten and reduce the quality of life and hinders the overall human development.

Scarce water also leads to water conflict. There are numerous articles which describe water as an historic and, by extrapolation, as a future cause of interstate warfare. Westing suggests that, "competition for limited freshwater leads to severe political tensions and even to war". Samson, Paul and Charrier also have similar conclusions. An increasingly prevalent viewpoint about water and security is best summed up by Ismail Serageldin, vice-president of the World Bank: "The wars of the 21st century will be about water". Numerous articles discuss that there are very few cases of trans-boundary water conflict as there are more than 3600 treaties on international water resources: most of the current conflict occurs at the national level. Such conflicts have inevitably cause loss of lives, physical injuries, widespread mental distress, malnutrition (particularly among children) and outbreaks of communicable diseases. For example, fifty people were hurt during strikes called to protest water shortages in Bangladesh (1999); 100 people had been killed in over three decade long clashes between farmers from Hebei and Henan provinces in China; 30 more were killed over violence for allocation of Cauvery River between Karnataka and Tamil Nadu in 2002 and there are many more such cases. Thus, water is more than ever becoming a concern with personal and community security.

Food production is dependent upon high quality and sufficient quantities of fresh water. More than 70 percent of 0.007 percent of freshwater available for human use is consumed for agricultural purposes, mainly in irrigation. The growing global population will demand even greater agricultural productivity in future. Hence, the water scarcity threatens the availability of food for sustainability of life.

In conclusion, among different natural resources, water is vital as an overall component of public health (food, health, diseases, conflict and environment) as well as for human security. The growing population in the world and changing climatic conditions threaten the availability of water resources for the existence of human life. The current patterns of use of the available water also threaten to make the water situation worse. However, there are many solutions for dealing with water shortage. The most cost effective and common solution is conservation of water resources. Other methods include: reducing the amount of water wastage, recycling the water, and reserving the water for future generation. Thus, public health professionals have a key role in educating people on water conservation and implementing 3R (reduce, recycle and reserve) measures as these actions can solve the problems created by water scarcity. Moreover, there is urgent need for public health experts to better understand the inter-relationship between the population growth, urbanization, climate change, water, health and human security.

CALL FOR ARTICLES (FOR AUGUST ISSUE)

400-500 words on any health related topic

Do not include any graphs, tables and citations

PP size photo in jpeg format

For more information:

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Global Health

Poliomyelitis in Pakistan

7 July 2011

Pakistan has reported wild poliovirus type 3 (WPV3) isolated from a 16-month old child with onset of paralysis on 9 June 2011, from a conflict-affected, inaccessible area of Khyber Agency, Federally Administered Tribal Areas (FATA). This is the only case of WPV3 detected in Asia in 2011.

Confirmation of continuation of WPV3 transmission in tribal areas of Pakistan has significant implications for the global effort to eradicate WPV3, particularly as Asia is on the verge of eliminating circulation of this strain. The detection of WPV3 in Pakistan represents the risk that it may spread from this transmission focus to other WPV3-free areas of Asia and beyond. Globally, WPV3 transmission is at historically low levels in 2011, with other circulation of this strain restricted to parts of West Africa (17 cases in Côte d'Ivoire, Guinea, Mali and Niger), Nigeria (five cases) and Chad (three cases).

In 2011, supplementary immunization activities (SIAs) in Pakistan have been inadequate in quality in key high-risk areas and a significant proportion of children remained inaccessible in conflict affected tribal areas.

To rapidly build up immunity to both wild poliovirus strains, a Short Interval Additional Dose Strategy (SIAD) SIA with bivalent OPV is being conducted in Khyber Agency, the first passage on 4 July and the second on 12 July. It is expected that, as during the most recent SIAs in mid-June, 45% (89,449) of target children in Khyber Agency (80% in Bara Tehsil, i.e. approximately 73,000) will remain inaccessible during the SIADs. National Immunization Days (NIDs) will be conducted in the country on 18-20 July, using bivalent OPV (containing type 1 & 3 serotypes).

Source: WHO

Graphic health warnings on tobacco packaging

are on the increase

7 July 2011

Over one billion people in 19 countries are now covered by laws requiring large, graphic health warnings on packages of tobacco, nearly double the number of people two years ago. The WHO report on the global tobacco epidemic, 2011, includes key findings on the progress of tobacco control measures worldwide. Requiring large, graphic health warnings is among the six demand-reduction measures recommended by WHO.

Source: WHO

World Hepatitis Day: 28 July 2011

28 July 2011

The first official WHO World Hepatitis Day is marked to increase the awareness and understanding of viral hepatitis and its causes. It provides an opportunity to focus on specific actions such as—strengthening prevention, screening and control of viral hepatitis; increasing hepatitis B vaccine coverage and integration into national immunization programmes; and coordinating a global response to hepatitis.

Hepatitis viruses A, B, C, D and E can cause acute and chronic infection and inflammation of the liver leading to cirrhosis and liver cancer. These viruses constitute a major global health risk with around 350 million people being chronically infected with hepatitis B and around 170 million people being chronically infected with hepatitis C.

Source: WHO

Second-Hand Smoke Still a Major Killer

7 July 2011

This year, tobacco use will kill nearly six million people. Of that number, 600,000 will die because of exposure to second-hand tobacco smoke, according to a new report by the WHO. The report further states that if current trends continue,

the annual death toll could rise to eight million by 2030, with more than 80 percent of the deaths occurring in low- and middle-income countries.

However, Timothy O'Leary, WHO communications officer said "We have the means to prevent this needless tragedy." According to him, political will is the key to prevention of tobacco use.

Source: IPS

World Population Day 2011: The World at 7 Billion

11 July 2011

The tremendous interest generated by the Day of 5 Billion on 11 July 1987 led to the establishment of World Population Day as an annual event. For more than 20 years, 11 July has been an occasion to mark the significance of population trends and related issues.

With the theme of "Seven billion people counting each other." this year, as the world population is expected to surpass 7 billion, UNFPA and partners are launching a campaign called 7 Billion Actions. It aims to engage people, spur commitment and spark actions related to the opportunities and challenges presented by a world of 7 billion people.

In many ways a world of 7 billion is an achievement: Globally, people are living longer and healthier lives and couples are choosing to have fewer children. However, because so many couples are in, or will soon be entering, their reproductive years, the world population is projected to increase for decades to come. Meeting the needs of current and future generations will thus be a daunting challenge.

Whether we can live together equitably on a healthy planet will depend on the choices and decisions we make now. In a world of 7 billion people, and counting, we need to count each other.

Source: UNFPA

BENEFITS OF BEING A PHP SUBSCRIBER

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Enhances professional writing skills.

Journal Watch

Community Health Workers Can Identify and Manage Possible Infections in Neonates and Young Infants: MINI—A Model from Nepal

One of the major causes of neonatal mortality—bacterial infections, can be effectively identified and managed by Community Health Workers (CHWs), a 2011 Journal of Health, Population and Nutrition (JHPN) study found. A community-based pilot programme—Morang Innovative Neonatal Intervention (MINI) programme implemented in Morang district of Nepal shows this result.

and assess the newborns for danger-signs.

According to the study, infants classified as having PSBI, during this or subsequent contacts, were treated with co-trimoxazole and referred to facility-based CHWs for seven-day treatment with injection gentamicin. Of 11,457 live births recorded during May 2005–April 2007, 1,526 (13.3%) episodes of PSBI were identified in young infants aged 0-60 days. Similarly, there were 1,051 (9%) episodes of PSBI among neonates aged 0-28 days.

The study revealed that assessment of signs by the FCHVs matched that of more highly-trained facility-based CHWs in over 90% of episodes. Treatment was

initiated in 90% of the PSBI episodes; 93% completed a full course of gentamicin. Case fatality in those who received treatment with gentamicin was 1.5% compared to 5.3% in episodes that did not receive any treatment.

The study concluded that within the existing government health infrastructure, the CHWs can assess and identify possible infections in neonates and young infants and deliver appropriate treatment with antibiotics. Full text article is available at: *J Health Popul Nutr 2011 Jun;29(3):255-264*

Authors: Sudhir Khanal, Jaganath Sharma, Vijay Singh GC, Penny Dawson, Robin Houston, Neena Khadka, and Bhanu Yengden ◆

GREAT SAYING
“What is called genius is the abundance of life and health”

—Henry David Thoreau

In the MINI model, the CHWs followed an algorithm to classify sick young infants with possible severe bacterial infection (PSBI). Female Community Health Volunteers (FCHVs) were trained to visit homes soon after delivery, record the birth, counsel mothers on essential newborn care,

Home Care Practices for Newborns in Rural Southern Nepal during the First 2 weeks of Life

This article published on 2011 June issue of Journal of Tropical Pediatrics focuses on important home care practices such as feeding, hygienic, skin/cord care and thermal care practices for newborns prevailing in rural southern Nepal.

In this study, data were collected prospectively from more than 23000 live births in Southern Nepal from the time of birth through the first 2 weeks of life. According to the study, 771 (3.4%) were breastfed within 1 hour and 12191 (56.6%) were breastfed within 24 hour of birth. Similarly, colostrum was given to 18625 infants (81.2%). Pre-lacteal feeding was also common (67.7%). The study showed that 19004 infants (80.4%) received any pre-lacteal feeds taking into account differing information collected by two questionnaires, on Days 1 and 14.

Infants were washed a mean of 2.3 times (SD: 1.0). The water used to wash the babies, was warmed in almost all cases by either adding hot water to cold water (63.7%) or by warming the water directly (33.1%). Mustard oil was universally applied to the skin of infants (22971; 99.8%). The main reason for this practice was the belief that it makes the baby’s body strong (69.6%).

Similarly, the study revealed that only 13.3% of the caretakers always washed their hands before caring for their infant and among these, less than one-third washed with soap. Moreover, according to the study, 82.2% of the babies slept in a warmed room and skin-to-skin contact was rare (4.5%). While the WHO recommends delayed bathing beyond 6 hour, such a delay in this setting was rare (11.7%) and is consistent with

prior Nepal data where immediate bathing was near-universal.

This analysis of prospectively collected newborn care practices among more than 23000 newborns has identified priority areas that should be reinforced because they are included in a package of interventions to improve neonatal survival but have not yet been fully adopted in practice. Public health practitioners can take an active role in training, message development, and supportive supervision to help caregivers adopt these proper newborn home care practices. Full text article at: *J Trop Pediatr (2011) doi: 10.1093/tropej/fmr057*

Authors: Dominique J. Karas, Luke C. Mul-lany, Joanne Katz, Subarna K. Khattry, Steven C. LeClerq, Gary L. Darmstadt, and James M. Tielsch ◆

WHO Publications

Bulletin of WHO Vol. 89, No. 07, 2011

The Bulletin of the World Health Organization is an international journal of public health with a special focus on developing countries. Since it was first published in 1948, the Bulletin has become one of the world's leading public health journals. As the flagship periodical of the World Health Organization (WHO), the Bulletin draws on WHO experts as editorial advisers, reviewers and authors as well as on external collaborators. Full bulletin is available at:

<http://bit.ly/jDBSMD>

WHO Drug Information, Vol. 25 No. 2, 2011

WHO Drug Information communicates pharmaceutical information that is either developed and issued by WHO or transmitted to WHO by research and regulatory agencies throughout the World. The journal also includes regular presentations of newly proposed and recommended International Nonproprietary Names (INN) for Pharmaceuticals Substances. This volume contains the proposed INN List No. 105. Download is available at:

<http://bit.ly/qZ7IXY>

Burden of Disease from Environmental Noise

The health impacts of environmental noise are a growing concern. At least one million healthy life years are lost every year from traffic-related noise in the western part of Europe. This publication summarizes the evidence on the relationship between environmental noise and health effects, including cardiovascular disease, cognitive impairment, sleep disturbance, tinnitus, and annoyance. Download is available at:

<http://bit.ly/ibrAUp>

APPLY FOR CAMPUS LIAISON

Participation on the PHP team is an opportunity to get involved in PHP activities, develop and demonstrate leadership skills, as well as work with some terrific colleagues. The campus Liaisons will have opportunities to shape the activities and strategic directions of PHP. In addition, Liaisons serve as their college representative to the PHP by helping to: reporting news from their college in general and the program of study in specific.

Serving as a campus liaison does not require a large time commitment. Campus liaisons distribute information, for example, by speaking at new student orientations and to your student society or association about PHP. PHP will provide necessary materials needed for this position. This position will also provide students with a unique opportunity to become more cognizant of health news around the nation.

Being a campus liaison for PHP is a great way to demonstrate the team work ability with the professional development as campus liaisons names and their colleges are mentioned in every issues of PHP.

If you are interested in participating as a Campus Liaison and have any questions about the Liaison position, please contact us.

Email: newsletter.php@gmail.com

Being Healthy

Swimming- a Total Exercise

Summer season has already begun. Children are out of school during this time of year for summer break although dates vary. People take advantage of the warmer temperature by spending more time outdoors during the summer. Activities such as travelling and picnics occur during summer months. One of the activities people often carried out in this season is swimming.

It is such an activity which is full of fun and is considered to be the best exercise regardless of one's age or ability. It



is one of the best activities in which all the muscle groups are used. For example, muscles in upper and lower extremities, thorax and abdomen. It does wonders for your body as well as the mind, help you to keep in good shape, lose weight and remain healthy. Most people get bored of performing a single exercise but swimming is the one that won't let you get bored. It could be an excellent choice especially for conditions like: obesity, muscular strength, cardiovascular strength, stress, back pain, pregnancy etc.

Swimming enhances joint flexibility, especially in the neck, shoulders, hips, and midsection area due to repeated twisting movements. It helps you burn off calories, up to 800 to 900 calories in just an hour of swimming. Those who swim regularly improve their chances of having a strong heart and good muscle stamina. The gentle pressure of the water against your skin also enhances blood circulation. It is an excellent exercise for conditioning the cardiovascular system. In addition, it reduces stress and leaves you feel relaxed and refreshed.

For pregnant women as well as persons with arthritis, swimming can be good workout choice. The study conducted by Melpomene Institute of Minneapolis has confirmed that pregnant women become less prone to miscarriages by such activities. The University

Health Benefits:

of South Carolina study led by Dr. Steven Blair showed that swimming cuts men's risk of dying by about 50% compared to runners, walkers and sedentary peers.

Precautions:

If you are novice it is better to have some swimming lesson from your trainer or might be from your friend who is good at



swimming. Usually 10 to 15 minutes of swimming is

enough for beginners. Never exhaust yourself. Always try and swim where there is a lifeguard available so that if anything does go wrong, help is always at hand. Your arms and legs should feel

loose and your movements should be balanced and coordinated.

Before starting swimming warm-up is necessary. Be sure to wear swimming goggles to reduce your eyes' exposure to the water if you are

sensitive to chlorine. Wear ear plugs specifically made for swimmers while you're in the water. Dry your ears thoroughly after you've finished your swim to prevent ear infection. Chewing gum while swimming can easily choke your throat. You should always avoid this while swimming.

If you are swimming outdoors, never swim alone. Also do not dive into unfamiliar water or into shallow breaking waves as those can be quite deceptive.

Check with a doctor before beginning your exercise program, especially if you are pregnant or have chronic back, joint, heart, or inner-ear problems.



Alcohol and swimming is a deadly mix and a sure recipe for disaster. Alcohol impairs judgment, balance, and coordination and will affect your swimming. So, do not drink while swimming. Moreover, do not leave the pool accessible to children as they can easily fall inside. If you follow the safety tips above, you will be on the safe side. Try and enjoy swimming this summer more than you ever have.



Public Health Perspective Online Newsletter

World Population Day Special

UNITED NATIONS

THE SECRETARY-GENERAL

MESSAGE ON WORLD POPULATION DAY



This year's World Population Day falls during a milestone year, when we anticipate the birth of the earth's seven billionth inhabitant. This is an opportunity to celebrate our common humanity and our diversity. It is also a reminder of our shared responsibility to care for each other and our planet.

Reaching a global population of seven billion is a numerical landmark, but our focus should always be on people. That is why I am pleased that the United Nations Population Fund is giving meaning to the number by launching its campaign for "7 Billion Actions" to contribute to a better world.

More than ever, individuals can make a difference by uniting together through social networks and working for change. We have seen many examples this year of the immense power of people to embrace hope over despair, to seek fair treatment where they are suffering discrimination, and to demand justice over tyranny.

They are aspiring to attain universal rights that the United Nations proudly upholds and relentlessly works to realize.

When we act on our shared values, we contribute to our common future. Ending poverty and inequality unleashes vast human potential. Promoting the Millennium Development Goals fosters prosperity and peace. And protecting our planet safeguards the natural resources that sustain us all.

Later this year, a seven billionth baby will be born into our world of complexity and contradiction. We have enough food for everyone, yet nearly a billion go hungry. We have the means to eradicate many diseases, yet they continue to spread. We have the gift of a rich natural environment, yet it remains subjected to daily assault and exploitation. All people of conscience dream of peace, yet too much of the world is in conflict and steeped in armaments.

Overcoming challenges of this magnitude will demand the best in each of us. Let us use this World Population Day to take determined actions to create a better future for our world's seven billionth inhabitant and for generations to come.

"This year's World Population Day falls during a milestone year, when we anticipate the birth of the Earth's seven billionth inhabitant. This is an opportunity to celebrate our common humanity and our diversity. It is also a reminder of our shared responsibility to care for each other and our planet."

Secretary-General Ban Ki-moon
Message for World Population Day
11 July 2011

Send Letters to the editor

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