



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Thursday 20220512

## COVID-19 Summit

### PM Modi to address Joe Biden-led COVID-19 Summit on May 12 (The Hindu: 20220512)

<https://www.thehindu.com/news/national/pm-modi-to-address-joe-biden-led-covid-summiton-thursday-12-may-2022/article65405415.ece>

This is the second Global COVID-19 Summit.

At the invitation of the U.S. President Joe Biden, Prime Minister Narendra Modi will participate in the Second Global COVID Virtual Summit on Thursday. Announcing the event, Ministry of External Affairs highlighted India's role in production of vaccines to fight the pandemic.

“Other participants are co-hosts of the event - Heads of State/Government of Belize in its capacity as Chair of CARICOM, Senegal as Chair of African Union, Indonesia as President of G20 and Germany as President of G7 respectively. Secretary General of the United Nations, Director General of World Health Organization and other dignitaries would also participate,” the official press release said.

PM Modi had participated in the First Global Virtual COVID Summit on September 22, 2021. This year Mr. Modi will deliver a speech in the opening session on “Preventing Pandemic Fatigue and Prioritising Preparedness.”

“The Summit intends to galvanize new actions to address the continued challenges of the COVID pandemic and build a stronger global health security, architecture,” said the MEA.

## **Measles 'outbreak'**

### **Measles 'outbreak' in Haryana's Nuh district (The Tribune: 20220512) 2 cases confirmed, 47 suspected**

<https://www.tribuneindia.com/news/haryana/measles-outbreak-in-nuh-394021>

At least four villages in the district have reported outbreak of measles with two cases having been confirmed. As many as 47 suspected cases have surfaced, according to Health Department. Dr Virendra Singh Ahlawat, State Immunisation Officer, who led a team that conducted a field visit to the affected villages, said a total of two cases have been confirmed.

The final report of several cases is yet to come. According to Prabhjot Singh, Mission Director, National Health Mission, initially, three cases were reported by an ASHA worker at a house in Dhandhola village. Eight more cases were reported in the survey in the village in Marora area on May 9 and 10.

## **Community Health Centres**

### **In rural Haryana, community health centres 96% short of specialists (The Tribune: 20220512) Against requirement of 496, there are just 22 specialists**

<https://www.tribuneindia.com/news/haryana/in-rural-haryana-chcs-96-short-of-specialists-393956>

The community health centres (CHCs) in rural Haryana are 96 per cent short of the required strength of specialists. The Rural Health Statistics 2020-21 report says that against the requirement of 496, there are just 22 specialists.

Fullscreen

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The specialists include surgeons, obstetricians and gynaecologists, paediatricians and physicians. According to the Indian Public Health Standards (IPHS) guidelines, four specialists are needed per CHC. In the 124 CHCs in rural Haryana, there are just three surgeons, nine obstetricians and gynaecologists, six physicians, and four paediatricians.

There are only three CHCs which meet the IPHS requirement of four specialists. Besides the 22 specialists, there are just eight anaesthetists and two eye surgeons in the rural CHCs. The data is till March 31, 2021.

Of the 124 CHCs, only 66 CHCs have functional stabilisation units for newborns, 88 have Operation Theatres and 66 have at least 30 beds.

“Most of the specialists are posted in district hospitals and sub-divisional hospitals. A state needs to have infrastructure too for the specialists in the CHCs. You also need radiographers, Operation Theatre assistants and lab technicians. What can a specialist do without them,” said Prof Aswini Kumar Nanda, Population Research Centre, Centre for Research in Rural and Industrial Development (CRRID), Chandigarh. “As of now, the CHCs do not have a sanctioned strength of specialists,” said Dr Jasbir Parmar, president of the Haryana Civil Medical Services Association.

## **National Family Health Survey-5**

### **About 50 per cent of women aged 15-24 years still use cloth for menstrual protection: National Family Health Survey-5(The Tribune: 20220512)**

Reused unclean cloth increases exposure to multiple local infections, say experts

<https://www.tribuneindia.com/news/health/about-50-per-cent-of-women-aged-15-24-years-still-use-cloth-for-menstrual-protection-national-family-health-survey-5-393865>

About 50 per cent of women aged 15-24 years still use cloth for menstrual protection: National Family Health Survey-5

Photo for representation only.

About 50 per cent of women aged 15-24 years still use cloth for menstrual protection, according to the latest National Family Health Survey (NFHS) report, with experts attributing it to lack of awareness and taboo existing around menstruation.

The experts also said that if an unclean cloth is reused, it increases exposure to multiple local infections.

In the recently released NFHS-5, women aged 15-24 years were asked what method or methods they use for menstrual protection, if anything.

In India, 64 per cent women use sanitary napkins, 50 per cent use cloth, and 15 per cent use locally prepared napkins, the report stated. Overall, 78 per cent of women in this age group use a hygienic method of menstrual protection.

Locally prepared napkins, sanitary napkins, tampons and menstrual cups are considered to be hygienic methods of protection.

On exposure to infections due to unhygienic menstrual practices, Dr Astha Dayal of the obstetrics and gynaecology department at the CK Birla Hospital in Gurugram said, "Many

studies have shown reproductive tract infections like bacterial vaginosis or urinary tract infections (UTI) could occur which eventually become pelvic infections."

"As these infections can travel up to the pelvis, they can cause difficulties in getting pregnant or pregnancy complications like preterm labour (resulting in premature birth)," she said.

Besides, poor hygiene can increase cervical cancer risks in the long-run, as one of the risk factors for this cancer is poor local hygiene, Dayal said.

The NFHS report also stated that women with 12 or more years of schooling are more than twice as likely to be using a hygienic method as women with no schooling (90 per cent versus 44 per cent).

"Women in the highest wealth quintile are almost twice as likely to use a hygienic method as women in the lowest wealth quintile (95 per cent versus 54 per cent). Seventy-three per cent of rural women use a hygienic method of menstrual protection, compared with 90 per cent of urban women," it said.

The lowest percentages of women use a hygienic method of menstrual protection in Bihar (59 per cent), Madhya Pradesh (61 per cent) and Meghalaya (65 per cent).

Population Foundation of India executive director Poonam Muttreja said the NFHS-5 shows a direct link between education, wealth and hygienic methods of menstrual protection.

Women from the lowest wealth quintile are about 3.3 times more likely to use cloth than women from the highest wealth quintile. Thus, social background often determines access to proper menstrual hygiene, Muttreja said.

Ranjana Kumari, a social activist and director of the Centre for Social Research, said it is important to understand two aspects of menstruation -- one being the shame associated with menstruation and that girls do not share it with anyone.

Referring to the Pradhan Mantri Bhartiya Janaushadhi Pariyojna (PMBJP) under which sanitary napkins are made available in Kendras across the country at a minimum price of Re 1 per pad, she said, "But the most important thing is the government's availability of napkins is for Re 1. So even if you need 12 napkins, you need to ask for Rs 12 from parents and they are shy to inform them."

The NFHS-5 conducted between 2019-21 has been conducted in around 6.37 lakh sample households from 707 districts of the country from 28 states and eight UTs, covering 7,24,115 women and 1,01,839 men to provide disaggregated estimates up to district level.

## **Precaution dose**

### **Govt set to allow precaution dose before 9-month waiting period for those travelling abroad, say sources**

### **Decision based on recommendations by the National Technical Advisory Group on Immunisation (The Tribune: 20220512)**

<https://www.tribuneindia.com/news/health/govt-set-to-allow-precaution-dose-before-9-month-waiting-period-for-those-travelling-abroad-say-sources-393920>

Govt set to allow precaution dose before 9-month waiting period for those travelling abroad, say sources

Photo used for representational purposes only.

The Union government is set to relax the norms for Covid vaccine precaution dose, allowing those going overseas to get the jab before the stipulated nine-month waiting period as required by the destination country, sources said on Wednesday.

An official announcement, however, is yet to be made by the Union Health Ministry. Sources said the decision to relax the norms about the precaution dose for overseas travellers was based on recommendations by the National Technical Advisory Group on Immunisation (NTAGI).

The advisory panel had recommended that those who need to travel overseas can take the precaution dose of Covid vaccine as required by the country they are travelling to before the mandatory nine-month gap. As of now, all those above 18 years who have completed nine months after the second dose are eligible for the precaution jab.

The Union Health Ministry has received several representations seeking the precaution dose of Covid vaccine for those who have to travel abroad for employment, business commitments, admission to foreign educational institutes, participating in sports events, and bilateral and multilateral meetings as part of India's official delegation.

"The issue was discussed last week and the NTAGI had recommended that those who need to travel overseas can take the booster shot, before the stipulated nine-month waiting period, as required by the country they are travelling to," a source said.

India began administering precaution doses of Covid vaccines to healthcare and frontline workers and those aged 60 and above with comorbidities from January 10 this year. The comorbidity clause was removed in March making all people aged above 60 eligible for the precaution dose of Covid vaccine.

On April 10, India began administering precaution doses of COVID-19 vaccines to all aged above 18 years at private vaccination centres.

## Stress

### **Stress may contribute to fertility issues in women: Study Researchers use scream sound model to investigate effect of stress on ovarian reserve in female rats (The Tribune: 20220512)**

<https://www.tribuneindia.com/news/health/stress-may-contribute-to-fertility-issues-in-women-study-393857>

Stress may directly impact female fertility and ovarian reserve -- the number and quality of eggs they produce, according to a small study conducted in mice.

Exposing female rats to scream sounds, researchers noted a decrease in estrogen and anti-mullerian hormone levels, which are vital for fertility.

Stress also reduced the number and quality of eggs, resulting in smaller litters, they said.

The findings, published in the journal *Endocrinology*, shed light on the role stress may play in female reproduction.

"We examined the effect of stress on ovarian reserve using a scream sound model in rats," said Wenyan Xi, from the Second Affiliated Hospital of Xi'an JiaoTong University in Xian, China.

"We found that female rats exposed to the scream sound had diminished ovarian reserve and decreased fertility," Xi said.

Ovarian reserve is the reproductive potential left within a female's ovaries based on the number and quality of eggs.

A female is born with a finite number of eggs and her body cannot create any more, the researchers said.

Diminished ovarian reserve is the loss of normal reproductive potential in the ovaries due to a lower count or quality of the remaining eggs, they said.

The researchers used a scream sound model to investigate the effect of stress on ovarian reserve in female rats.

They exposed female rats to a scream sound for three weeks and analysed the effect on their sex hormones, the number and quality of their eggs and their ability to get pregnant and have babies after mating.

They found the scream sound decreased the rats' estrogen and anti-mullerian hormone levels.

Estrogen is a group of hormones that play an important role in growth and reproductive development, and anti-mullerian hormone is made by the ovaries and helps form reproductive organs.

The scream sound also lowered the number and quality of the women's eggs and resulted in smaller litters, according to the researchers.

"Based on these findings, we suggest stress may be associated with diminished ovarian reserve," Xi said.

"It is important to determine an association between chronic stress and ovarian reserve because doing so may expand our appreciation of the limitations of current clinical interventions and provide valuable insight into the cause of diminished ovarian reserve," the scientist added.

## **Brain tumour**

**New drug that halts recurring brain tumour growth identified**  
**The scientists at universities of North-western, California, and Hong Kong demonstrated the effectiveness of the drug in select patients, mouse models, a 3D living tissue brain tumour (organoids) and cell cultures (The Tribune: 20220512)**

<https://www.tribuneindia.com/news/health/new-drug-that-halts-recurring-brain-tumour-growth-identified-393587>

New drug that halts recurring brain tumour growth identified  
Photo for representational purpose only. iStock

An international team of scientists has identified a drug that blocks growth of the most aggressive brain tumour and how to most accurately identify which tumour will respond to the drug.

When a non-metastatic brain tumour - Meningioma - recurs after surgery and radiation treatment, a patient is out of options. No drugs are approved for these aggressive tumours, which occur in up to 20 per cent of cases and can lead to patient disability or even death.

But the new drug called abemaciclib, detailed in the journal Nature Genetics, is a cell cycle inhibitor, meaning it blocks the cell division cycle and inhibits tumour growth.

The scientists at universities of North-western, California, and Hong Kong demonstrated the effectiveness of the drug in select patients, mouse models, a 3D living tissue brain tumour (organoids) and cell cultures.

Investigators discovered that Meningiomas can be divided into molecular subgroups with different clinical outcomes and recurrence rates. This new method of classifying tumours

allows scientists to predict recurrence more accurately than the current method of classifying the tumour.

Currently, after surgery, doctors examine a specimen of a tumour under a microscope and grade it one, two or three in its aggressiveness. But the grade is only about 70 per cent accurate, meaning some tumours will behave in a way that doesn't fit with how it appears under the microscope.

“Our study identifies which patients we should treat with this drug, because their tumours will likely respond to it,” said Dr Stephen Magill, Assistant Professor of neurological surgery at North-western's Feinberg School of Medicine.

“We now have the potential to give them options and hope for a longer, symptom-free life.” The team found that mice with Meningiomas treated with the medication lived longer and their tumours didn't grow as rapidly.

The drug was also used off-label as compassionate use in several patients whose tumours decreased in size and whose symptoms improved, suggesting the drug should be considered for clinical trials, Magill said.

“Eventually we hope to tailor medical therapy to the genetic changes within each individual person's meningioma,” Magill said.

Meningiomas are the most common primary (non-metastatic) tumour in the central nervous system. The symptoms are headaches, seizures or neurological deficits (weakness, vision loss, double vision or sensory changes).

## **Global Covid summit**

### **Modi to address global Covid summit (Hindustan Times: 20220512)**

: Prime Minister Narendra Modi will participate in the second global virtual summit on Covid-19 on Thursday being hosted by US President Joe Biden, the ministry of external affairs (MEA) said.

<https://epaper.hindustantimes.com/Home/ShareArticle?OrgId=125b0e38723&imageview=0>

Modi participated in the first global virtual summit on Covid hosted by Biden on September 22 last year.

“Prime Minister Narendra Modi will participate in the Second Global COVID Virtual Summit on May 12 at the invitation of the President of the USA, Joseph R Biden Jr,” the MEA said in a statement on Wednesday.

“The Summit intends to galvanise new actions to address the continued challenges of the Covid pandemic and build a stronger global health security architecture,” it said.

The MEA said the Prime Minister would deliver his remarks in the opening session of the summit on the theme ‘Preventing Pandemic Fatigue and Prioritising Preparedness’. “India is playing a key role in ongoing global efforts to combat the pandemic by supplying safe and affordable vaccines, medicines, development of low-cost indigenous technologies to test and treat, genomic surveillance, and capacity building for health care workers,” it said. P10

## **Asthma Awareness Month**

**Asthma Awareness Month: Perform these five yoga asanas for relief**  
**If you are looking for asthma-relieving yoga poses, look no further as Deepika Chauhan, certified yoga teacher, recently shared five such asanas and how to perform them (The Indian Express: 20220512)**

<https://indianexpress.com/article/lifestyle/health/asthma-awareness-month-perform-these-five-yoga-asanas-to-find-relief-7904176/>

asthmaAsthma is characterised by breathing difficulties, chest pain, cough and wheezing, among other symptoms. (Source: Getty Images/Thinkstock)

Asthma is a respiratory condition in which a person’s airways become inflamed, narrow, swell, and produce extra mucus, making it difficult to breathe. It is characterised by breathing difficulties, chest pain, cough and wheezing, among other symptoms. To spread awareness about the condition and call for improvement in the lives of people with asthma, May is observed as Asthma Awareness Month, every year.

In addition to following preventative measures such as avoiding exposure to inciting agents, smoke, dust, strong perfumes and wearing a mask you can also perform a few simple yoga asanas to find relief from asthma.

If you are looking for some asthma-relieving yoga poses, look no further as Deepika Chauhan, certified yoga teacher, recently shared five such asanas and also, how to perform them.

### **Bhujangasana (Cobra Pose)**

\*Lie down on your abdomen and keep the forehead on the floor. Extend the legs and keep your feet together.

\*Rest the palms beneath your shoulders, palms facing downwards and fingertips in line with the top of your shoulders.

\*Inhale, press the palms firmly on the floor and lift the head and chest up, and elbows closer to the body.

\*Stay in this position as long as you can, or up to 1 minute, and make sure that you use your neck and upper back muscles to lift your head and chest up keeping very less weight on the palms. Keep breathing.

\*Exhale and bring your forehead and chest down on the floor.

ALSO READ |Malaika Arora recommends three yoga asanas for 'better mental health'; check them out

According to the expert, this asana “strengthens the spine and relieves backache. Due to chest expansions, lungs capacity increases”.

### Dhanurasana (Bow Pose)

\*Lie down on your abdomen with your forehead on the floor and extend the legs.

\*Bend your knees and hold your right ankle with your right hand and your left ankle with your left hand.

\*Take a deep inhalation, exhale and lift your legs, chest and forehead up simultaneously. Weight should be on the abdomen.

\*Stay in this position as long as you can up to 1 minute. Keep breathing.

\*Exhale and release the ankles and bring your chest and legs down.

It “increases spine flexibility and tones the abdominal organs. It also opens up your chest, hence, increases lung capacity,” Chauhan said.

### Ardha Matsyendrasana (Half Spinal Twist)

\*Sit in Vajrasana, then drop your buttocks to the floor, to the right of your heels, and place your left foot outside of your right thigh keeping your right leg bent.

\*Place your left palm on the floor behind your back.

\*Raise the right arm up and lengthen your spine, bring the right arm over the left side of the left knee and catch hold of your left ankle. Look over the left shoulder.

\*Hold the pose for as long as possible up to 1 minute. Repeat the same on the opposite side.

This asana “keeps the spine elastic, massages the abdominal muscles, and is good for digestion.”

## Heart disease

### Why heart disease in women is so often missed or dismissed

**Women often hesitate to get help because they tend to have more subtle heart attack symptoms than men — but even when they do go to the hospital, health care providers are more likely to downplay their symptoms or delay treating them. (The Indian Express: 20220512)**

<https://indianexpress.com/article/lifestyle/health/why-heart-disease-in-women-is-so-often-missed-or-dismissed-7910888/>

heart diseases, New research shows that women may not realize their symptoms point to heart trouble, and that medical providers aren't picking up on it either. (Source: File Photo)

By Anahad O'Connor

Heart disease is the leading cause of death among men and women in America, killing nearly 700,000 people a year. But studies have long shown that women are more likely than men to dismiss the warning signs of a heart attack, sometimes waiting hours or longer to call 911 or go to a hospital.

Now researchers are trying to figure out why. They have found that women often hesitate to get help because they tend to have more subtle heart attack symptoms than men — but even when they do go to the hospital, health care providers are more likely to downplay their symptoms or delay treating them. Health authorities say that heart disease in women remains widely underdiagnosed and under treated, and that these factors contribute to worse outcomes among women and heightened rates of death from the disease.

ALSO READ | Nearly 50% Indian women at risk of heart disease: Survey

Most studies suggest that a major reason women delay seeking care — and are often misdiagnosed — is because of the symptoms they develop. While chest pain or discomfort is the most common sign of a heart attack in both sexes, women who have heart attacks are far less likely than men to have any chest pain at all. Instead, they often have symptoms that can be harder to associate with cardiac trouble, like shortness of breath, cold sweats, malaise, fatigue and jaw and back pain. A report by the American Heart Association found that heart attacks are deadlier in women who do not exhibit chest pain, in part because it means both patients and doctors take longer to identify the problem.

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But when women suspect they are having a heart attack, they still have a harder time getting treated than men do. Studies show they are more likely to be told that their symptoms are not cardiovascular related. Many women are told by doctors that their symptoms are all in their head. One study found that women complaining of symptoms consistent with heart disease — including chest pain — were twice as likely to be diagnosed with a mental illness compared to men who complained of identical symptoms.

### Women face longer waits and slower diagnosis

In a study published this month in the *Journal of the American Heart Association*, researchers analyzed data on millions of emergency room visits before the pandemic and found that women — and especially women of color — who complained of chest pain had to wait an average of 11 minutes longer to see a doctor or nurse than men who complained of similar symptoms. Women were less likely to be admitted to the hospital, they received less thorough evaluations and they were less likely to be administered tests like an electrocardiogram, or EKG, which can detect cardiac problems.

Dr. Alexandra Lansky, a cardiologist at Yale-New Haven Hospital, recalled one patient who had gone to multiple doctors complaining of jaw pain, only to be referred to a dentist, who extracted two molars. When the jaw pain didn't go away, the woman went to see Dr. Lansky, who discovered the problem was heart related. "She ended up having bypass surgery because the jaw pain was heart disease," said Dr. Lansky, who directs the Yale Cardiovascular Research Center.

**ALSO READ** |Heart disease risk and depression: a new study explores whether the two may be linked

Over the years, health authorities have tried to address the gender gap in cardiovascular care through a variety of public service campaigns. The federal government and the American Heart Association launched campaigns to increase awareness of heart disease and its symptoms among women, as did the Women's Heart Alliance, which started placing ads last year on Facebook, Instagram, and thousands of radio and television stations. Set to music from Lady Gaga, the group's ads urge women to "know the signs" of a heart attack, which it cautions can be as vague as sweating, dizziness or unusual fatigue.

In January, a group of scientists published a study that delved into the factors that drive women to delay seeking care for their cardiac troubles. They found that the absence of chest pain or discomfort was a major reason. The study, published in the journal *Therapeutics and Clinical Risk Management*, looked at 218 men and women who were treated for heart attacks at four different hospitals in New York before the pandemic. It found that 62 percent of the women did not have any chest pain or discomfort, compared to just 36 percent of the men. Many women reported shortness of breath as well as gastrointestinal symptoms like nausea and indigestion. About one-quarter of the men also reported having either shortness of breath or gastrointestinal distress.

Ultimately, 72 percent of women who had a heart attack waited more than 90 minutes to go to a hospital or call 911, compared to 54 percent of men. Slightly more than half of the women called a relative or a friend before dialing 911 or going to a hospital, compared to 36 percent of the men.

Heart disease is rising in younger women

“There’s a lack of understanding in both women and men that a heart attack does not have to cause chest pain or these incredible movie-like symptoms,” said Dr. Jacqueline Tamis-Holland, an author of the January study and a cardiologist at Mount Sinai Morningside in New York.

**ALSO READ** |Heart disease may develop differently in men and women, suggests study  
Dr. Tamis-Holland said there were other reasons for the delays. One is that women don’t consider themselves to be as vulnerable to heart disease as men. Previous studies have shown that they are more likely to dismiss their symptoms as stress or anxiety. They also tend to develop heart disease at later ages than men. In Dr. Tamis-Holland’s study, the women who had heart attacks were, on average, 69 years old, while the average age of the men was 61.

But younger women are not immune to heart disease. In fact, recent studies have found that heart attacks and deaths from heart disease have been rising among women between the ages of 35 and 54, in part because of an increase in cardiometabolic risk factors like high blood pressure and obesity.

“I think a lot of young women cannot believe they have heart disease because it’s never been labeled as a disease of young women,” said Dr. Lansky at Yale-New Haven Hospital. “Second, the symptoms in younger women are even less typical — there’s less of the elephant-on-the-chest feeling and more indigestion, shortness of breath, malaise, fatigue and nausea — things that are not very specific. That makes it difficult for them to identify it as a problem.”

Experts say that more outreach and education is needed to help women and men recognize the signs and risk factors for heart disease. But Dr. Lansky said she also wants to empower people to become advocates for themselves. If you suspect something is wrong with your health then do not let a health care provider turn you away until you have answers, she said.

“If you’re not feeling right and you think that in the realm of possibilities is an issue with your heart, then you should spell it out,” she said. “Say: ‘I am concerned I may be having a heart attack, and I want an EKG just to be sure.’ Nobody in the emergency department is going to say you can’t have it. But sometimes they’re just not thinking about it, so it’s good to flag it.”

**ALSO READ** |Not just winters, summers can affect your heart, too: Follow these preventive measures

Dr. Lansky recommended that people be as detailed as possible when describing their symptoms, which can lead to better diagnoses. She also pointed out that the Hollywood depictions of people clutching their chests during a heart attack can be misleading: Often people experience chest pressure or tightness because of heart disease, rather than pain. They may also feel unusually fatigued or short of breath in response to slight exertion. “If you used to go up and down the steps and now you have to stop to catch your breath, that should raise a red flag,” she said.

Dr. Lansky urged women to join clinical trials focused on cardiovascular medicine. She pointed out that much of what is known about heart disease comes from studies involving men. Women represent just 20 to 25 percent of the participants in clinical trials related to heart attacks and interventional treatments, she said. One reason is that for many years health authorities excluded women, fearing that if they became pregnant or experienced hormonal fluctuations it could influence trial results.

“In many cases, our recommendations are based on evidence that’s derived from male patients,” Dr. Lansky said. “In cardiovascular medicine, it’s challenging to get more women involved. There are a million obstacles, but it’s just so important to encourage enrollment in clinical studies. If you want to do something for humankind, that’s a big one.”

## **Ayurveda**

### **Here’s what Ayurveda says about consuming goat milk**

**"If you ask my grandmother, she will say goat milk is great for kids but she may not know the reason why," Dr Rekha Radhamony wrote on Instagram. (The Indian Express: 20220512)**

<https://indianexpress.com/article/lifestyle/health/ayurveda-goat-milk-health-benefits-7826983/>

goat milkGoat milk has several health benefits. (Source: Pixabay)

Goat milk is a commonly consumed dairy type. According to WebMD, around 65-72 per cent of all dairy consumed globally is goat milk. “This is partially due to the ease of keeping goats as opposed to cows in developing countries, where goat milk is an important source of calories, protein, and fats,” it stated.

It is just not a milk type that is conveniently available but also has a host of health benefits, according to Ayurveda. Dr Rekha Radhamony, an Ayurvedic expert, said, “Whenever a baby is born in my family, the first thing people look out for is a good source of goat milk.”

ALSO READ |Guide to eat right: Common myths about food combining that you should know  
“If you ask my grandmother, she will say goat milk is great for kids but she may not know the reason why. That’s how Ayurveda has been interwoven in our culture,” she added.

## **Menstrual protection**

### **About 50 per cent of women aged 15-24 years still use cloth for menstrual protection: latest National Family Health Survey report**

**"If an unclean cloth is reused, it increases exposure to multiple local infections", expert said. (The Indian Express: 20220512)**

<https://indianexpress.com/article/lifestyle/health/about-50-per-cent-of-women-aged-15-24-years-still-use-cloth-for-menstrual-protection-latest-national-family-health-survey-report-7911145/>

Menstruation PeriodsIn India, 64 per cent use sanitary napkins, 50 per cent use cloth, and 15 per cent use locally prepared napkins, the report stated. Overall, 78 per cent of women in this age group use a hygienic method of menstrual protection. (Representative| Photo: Pexels)

About 50 per cent of women aged 15-24 years still use cloth for menstrual protection, according to the latest National Family Health Survey (NFHS) report, with experts attributing it to lack of awareness and taboo existing around menstruation.

The experts also said that if an unclean cloth is reused, it increases exposure to multiple local infections.

**ALSO READ | Menstrual cups: The sustainable and eco-friendly period partner**

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Locally prepared napkins, sanitary napkins, tampons and menstrual cups are considered to be hygienic methods of protection.

On exposure to infections due to unhygienic menstrual practices, Dr Astha Dayal of the obstetrics and gynaecology department at the CK Birla Hospital in Gurugram said, “Many studies have shown reproductive tract infections like bacterial vaginosis or urinary tract infections (UTI) could occur which eventually become pelvic infections.”

“As these infections can travel up to the pelvis, they can cause difficulties in getting pregnant or pregnancy complications like preterm labour (resulting in premature birth),” she said.

Besides, poor hygiene can increase cervical cancer risks in the long-run, as one of the risk factors for this cancer is poor local hygiene, Dayal said.

The NFHS report also stated that women with 12 or more years of schooling are more than twice as likely to be using a hygienic method as women with no schooling (90 per cent versus 44 per cent).

“Women in the highest wealth quintile are almost twice as likely to use a hygienic method as women in the lowest wealth quintile (95 per cent versus 54 per cent). Seventy-three per cent of rural women use a hygienic method of menstrual protection, compared with 90 per cent of urban women,” it said.

**ALSO READ | Cloth pads or menstrual cups: Which one should you choose?**

The lowest percentages of women use a hygienic method of menstrual protection in Bihar (59 per cent), Madhya Pradesh (61 per cent) and Meghalaya (65 per cent).

Poonam Muttreja, executive director at the Population Foundation of India, said the NFHS-5 shows a direct link between education, wealth and hygienic methods of menstrual protection.

While 80 per cent of women with no schooling reported using sanitary pads, only 35.2 percent of women with 12 or more years of schooling use sanitary pads, she said, adding that use of cloth for menstrual protection is higher among women from rural areas (57.2 per cent) compared to those from urban areas (31.5 per cent).

Women from the lowest wealth quintile are about 3.3 times more likely to use cloth than women from the highest wealth quintile. Thus, social background often determines access to proper menstrual hygiene, Muttreja said.

The taboo around speaking about periods discourages women from accessing them. Improving menstrual hygiene thus requires investment in girls' education, alongside extensive social and behaviour change communication campaigns to change social norms and behaviours, she said.

Ranjana Kumari, a social activist and director of the Centre for Social Research, said it is important to understand two aspects of menstruation — one being the shame associated with menstruation and that girls do not share it with anyone.

**ALSO READ** |Why do I feel sick before my period?

Referring to the Pradhan Mantri Bhartiya Janaushdhi Pariyojna (PMBJP) under which sanitary napkins are made available in Kendras across the country at a minimum price of Re 1 per pad, she said, "But the most important thing is the government's availability for napkins is for Re 1 so even if you need 12 napkins then you need to ask for Rs 12 from parents and they are shy to inform them."

"Also, parents would think it is a useless expense, so there needs to be counselling of the parents also that there is a health requirement for girls. The government is providing Re 1 napkins that have to be hand-in-hand with sensitisation of community and people," Kumari said.

The NFHS-5 conducted between 2019-21 has been conducted in around 6.37 lakh sample households from 707 districts of the country from 28 states and eight UTs, covering 7,24,115 women and 1,01,839 men to provide dis-aggregated estimates up to district level.

The national report also provides data by socio-economic and other background characteristics; useful for policy formulation and effective programme implementation.

## WHO's COVID-19 deaths report

### Engage, not dismiss: On India's response to WHO's COVID-19 deaths report (The Hindu: 20220512)

<https://www.thehindu.com/opinion/editorial/engage-not-dismiss-the-hindu-editorial-on-indias-response-to-whos-covid-19-deaths-report/article65405327.ece>

Excess deaths measures are a robust way to estimate pandemic impact

The release of a report by WHO that estimates excess deaths during the COVID-19 pandemic to be nearly 10 times the reported COVID-19 death toll of 4.8 lakh in India between January 2020 and December 2021, the highest for any country, is not surprising. The pandemic did not just contribute to a surge in disease-related mortality, especially of the aged and the infirm, but also disrupted health systems that could have resulted in many other avoidable deaths. A robust estimation of the excess deaths was necessary to understand the pandemic effect in India where death registration after occurrence is not universal across States and medical certification of deaths is quite low in number. The Government has strongly denied the numbers and dismissed the methodology by saying that the WHO approach is based on modelled estimates and not actual data. It countered it by finally releasing the Civil Registration System report for 2020 (two days prior to the release of the WHO report) and saying that the cumulative increase in the number of deaths in 2020 was only 4.74 lakh, lower than the corresponding number for 2019. While most deaths — close to two thirds — occurred during the second wave in India from March to June 2021 (and later in some States such as Kerala), and therefore the late release of the CRS 2020 report does not entirely negate the WHO estimates that are based on registered deaths data available from “sub-national” units, there is indeed a discrepancy for 2020 data.

The WHO estimates for States were based on CRS registration data obtained by news organisations — the bulk of them by The Hindu. For 2020, cumulatively, the excess deaths estimations (close to 5.5 lakh for 12 States) for most such States for which data were obtained, match the CRS 2020 calculations (5.3 lakh). Discrepancies are quite high for those States where CRS data were only partially or not available earlier. A case in point is Uttar Pradesh where death (8.73 lakh in 2020 vs 9.45 lakh in 2019) and birth registrations (48.5 in 2020 vs 51.3 lakh in 2019) fell significantly and therefore skewed the overall country-wide excess deaths numbers. But without the release of the Sample Registration System data, it is difficult to believe that in States such as U.P., there has been an increase in registration levels even while there is a decrease in actual birth and death registration. The NFHS-5 2021 interviews show that death registration in 2020 was lower than previous years as opposed to the Government's claims based on CRS 2020. The Government must not dismiss the WHO estimates and should instead look at undertaking its own exercise on excess deaths based on registration data in the CRS/SRS. After all, other methods, including surveys, have corroborated the fact that there was a high under-reporting of COVID-19 deaths during the pandemic.

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## **T.N. reports rise in crimes against women**

### **T.N. reports rise in crimes against women (The Hindu: 20220512)**

<https://www.thehindu.com/news/national/tamil-nadu/tn-reports-rise-in-crimes-against-women/article65398907.ece>

Tamil Nadu reported an increase in crimes against women and sexual offences against children in 2021. The State also reported 55,682 road accidents last year, which left 15,384 people dead and 55,996 injured. Going by the data shared in the policy note of the Home, Prohibition and Excise Department, tabled in the Assembly on Monday, the number of crimes against women stood at 2,421 (when compared to 2,025 in 2020 and 1,982 in 2019), including 442 rape cases, 875 cases of cruelty by husband/relatives and 1,077 molestation cases. The number of cases registered under the provisions of the Prevention of Children from Sexual Offences Act, 2012, also increased from 3,090 in 2020 to 4,469 in 2021.

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Trending in Tamil Nadu

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## **Heart Attack (Dainik Bhaskar: 20220512)**

<https://epaper.bhaskar.com/detail/1309877/39205751838/mpcg/12052022/194/image/>

# भास्कर खास • महिलाओं में सांस लेने में परेशानी, थकान, जबड़े-पीठ में दर्द दिल के दौरों के लक्षण हो सकते हैं दिल के दौरों का संकेत सिर्फ 'सीने का दर्द' ही नहीं, महिलाओं में इसके लक्षण पुरुषों से अलग; कई बार डॉक्टर भी नहीं समझ पाते

• The New York Times

दैनिक भास्कर से विशेष अनुबंध के तहत

अनाहद ओ'कोनोर

अमेरिका समेत भारत में पुरुषों और महिलाओं की मौत का प्रमुख कारण हृदय रोग है। हालांकि अध्ययन बताते हैं कि पुरुषों की तुलना में महिलाओं के दिल के दौरों के चेतावनी संकेतों को ज्यादा अनदेखा किया जाता है। महिलाएं मदद लेने से भी हिचकिचाती हैं क्योंकि उनमें पुरुषों की तुलना में लक्षण बहुत हल्के होते हैं। इसलिए जब वे अस्पताल पहुंचती हैं, तो डॉक्टर उनके लक्षणों को कम आंकने या इलाज करने में देरी करते हैं। दरअसल, महिला/पुरुषों में हृदय रोग का आम लक्षण छाती/सीने में दर्द या बेचैनी है। लेकिन कई महिलाओं में ऐसे

35 से 54 की महिलाओं में हाई ब्लड प्रेशर और मोटापे के चलते खतरा बढ़ा



कार्डियोलॉजिस्ट डॉ. जैकलीन टैमिस-हॉलैंड कहती हैं, 'लोगों को लगता है कि दिल का दौरा पड़ने पर फिल्मों की तरह सीने में दर्द ही सबसे बड़ा लक्षण होता है, जबकि ऐसा नहीं है। पुरुषों के मुकाबले महिलाएं खुद को हृदय रोग के लिए संवेदनशील नहीं मानतीं। हालांकि युवा उम्र की महिलाएं भी इसकी चपेट में आने लगी हैं। 35 से 54 साल की महिलाओं में उच्च रक्तचाप और मोटापे के कारण दिल के दौरों का खतरा बढ़ा है।

लक्षण दिखते हैं, जिन्हें दिल की परेशानी से जोड़ना मुश्किल होता है। जैसे सांस लेने में परेशानी, बीमार लगना, थकान, जबड़े और पीठ में दर्द।

अमेरिकन हार्ट एसोसिएशन की रिपोर्ट बताती है कि जिन महिलाओं को छाती में दर्द नहीं होता है, उनमें दिल का दौरा घातक होता

है, क्योंकि इसका मतलब है कि मरीज और डॉक्टर दोनों को समस्या पहचानने में अधिक समय लगता है। डॉक्टर यह कह देते हैं कि यह उनका दिमागी फितूर है। येल-न्यू हेवन हॉस्पिटल के कार्डियोलॉजिस्ट डॉ. एलेग्जेंडा लैस्की बताते हैं 'एक महिला जबड़े में दर्द की शिकायत लेकर कई डॉक्टरों के पास गईं। सभी

ने डॉक्टर के पास भेजा। डॉक्टर ने उसकी दो दाढ़ें निकाल दीं। तब भी दर्द दूर नहीं हुआ, तो वह मेरे पास आई। जांच में पता चला कि दर्द दिल से जुड़ा हुआ था। महिला को बाईपास सर्जरी की गई, तब जबड़े का दर्द दूर हुआ।'

महिलाओं को हृदय रोग के प्रति जागरूक करने के लिए अमेरिका में बाकायदा कैम्पेन चल रहा है। इसमें बताया जाता है कि पसीना, चक्कर आना या असामान्य थकान हृदय रोग के लक्षण हो सकते हैं। जर्नल थैरेप्यूटिक्स एंड क्लिनिकल रिस्क मैनेजमेंट में प्रकाशित अध्ययन बताता है कि 36% पुरुषों की तुलना में 62% महिलाओं को छाती में दर्द नहीं हुआ। कई महिलाओं ने सांस की तकलीफ के साथ गैस्ट्रोइंटेस्टाइनल लक्षण जैसे मतली आना और अपच होना बताए। अक्सर लोग सीने में दर्द के बजाय सीने में दबाव या जकड़न का अनुभव करते हैं।