

Health status and public health in Asia

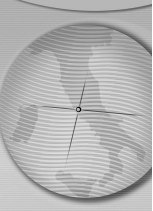
After the thematic issues devoted to Public Health in Eastern Europe [1] and in the Americas [2], in the current issue the *Italian Journal of Public Health* six articles will face different aspects regarding themes of health status and public health in Asia, giving a description of infection, nutritional and health care organization problems, and linking them to social, demographic and religious features. In each article indeed strictly health topics can be understood considering the peculiar and heterogeneous characteristics of the developing countries.

Nasrullah's study addresses the sensitive theme of HIV infection correlated to sexual violence in Pakistan [3]. In that country, like other Asian country [4] violence against women is a huge and increasing problem, this behavior is strongly influenced by a social background of low educational status, low empowerment, poverty and male alcohol addiction, moreover cultural pressure and gender inequality. This kind of violence has significant consequences to women's health, such the spread of sexually-transmitted disease, depression, chronic pain and gynecological disease. Moreover, abusive men had an higher rate of sexual risk behaviors [5] such extramarital and multiple sex partners or no use of condoms, this is directly related to higher transmission of HIV to their wives [6-7]. This situation can provoke the spread of the concentrated HIV epidemic in Pakistan to the general population.

In the second article Reginato et al. [8] summarizes a health cooperation project in Gorontalo province, Indonesia. These researchers, belonging to ANAAO Assomed (Italian Hospital Doctors Association) and following an agreement with UNDP (United Nation Development Program) conducted a survey of the health system in the Province of Gorontalo, using the WHO methodology based on six basic building block [9]. The team visited hospitals and many peripheral health structures. Short, medium and long term projects were developed, and areas where immediate actions were required. These critical area was: Basic organization of health system, public hygiene and preventive medicine, gynecology and maternal mortality, surgery, intensive care units. At the end of the survey a workshop was conducted with the Governor of Gorontalo and representatives of the local institutions, with the aim of future cooperation.

The medicine consumption is becoming a public health issue in all the world. A cross-sectional survey of medicine consumption in the mega cities of Iran [10] was carried out by Rahimpour et al. using a questionnaires and collecting data from 628 persons of fifteen years old and older. The study was conducted in Tehran and Esfahan and shows that majority of interviewed people assumes medicine, but only a few rate consumed medicine under a medical prescription. This problem regards young people most than older and people less-educated. Also the income level has a relationship with medicine consumption. About one in every three individuals interviewed assume pain-killers and antibiotics, the consumption of this kind of drugs in Iran is two times more than in the developed country. These results suggest requirement of decrease self-prescribed medicine (especially antibiotics), increasing knowledge of side effects in the younger generation, encouraging regular visits to the physicians, in order to decrease risks of self-treatment.

The paper of Das and Banik [11] shows the results of a cross-sectional study performed in the Darjeeling district of West Bengal, India, in order to evaluate the state of malnutrition among children of two to six year. This survey was conducted measuring weight and height of 268 children. Nutritional deprivation was found in both sexes, with significant differences of height and weight between ages and gender. Under-nutrition among children is an important public health problem, especially in developing countries and India has the highest prevalence of underweight children under five years [12].



A narrative review of literature studying the effects that the period of fasting during the month of Ramadan can produce in diabetic Muslim people gives an interesting view of this topic [13]. Despite the rules of Islam exempt ill people from the obligation of fasting during the Ramadan (in this period of the year every healthy Muslim adult cannot eat, drink or assume medicine between dawn and sunset [14-16]), some diabetic patients may be determined to fast despite the advice of their physicians or may not consult doctors at all. People suffering of type I and type II diabetes may incurring in serious complications as hypoglycemia, hyperglycemia, ketoacidosis and thrombosis [17], with a higher risk in type I diabetes compare to type II.

Finally, antenatal care can be considered a key strategy for reducing maternal mortality. Nevertheless, millions of women in developing countries do not receive it [18] The paper from Jalal et al. [19] gives an interesting ethnographic picture of antenatal care seeking behavior among women living in urban squatter settlement in Pakistan.

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References

- 1) Bjegovic-Mikanovic V, Laaser U. Strategic challenges in upgrading the population's health in the transition countries of South Eastern Europe. *Ital J Public Health* 2009;6(1):9-12.
- 2) Duncan R. Public Health in the Americas. *Ital J Public health* 2010;7(4):333-5.
- 3) Nasrullah M. Intimate partner violence and risk of HIV infection in Pakistan. *Ital J Public Health* 2011; 8(3):225-7.
- 4) Kashif M, Murtaza K, Kirkman M. Violence against women during pregnancy in some Asian countries: a review of the literature. *Ital J Public Health* 2010;7(2):6-11.
- 5) Silverman JG, Decker MR, Kapur NA, Gupta J, Raj A. Violence against wives, sexual risk and sexually transmitted infection among Bangladeshi men. *Sex Transm Infect* 2007;83(3):211-5.
- 6) Silverman JG, Decker MR, Saggurti N, Balaiah D, Raj A. Intimate partner violence and HIV infection among married Indian women. *JAMA* 2008;300(6):703-10.
- 7) Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 2004;363(9419):1415-21.
- 8) Reginato E, Scali L, Lizzio G, Mannocci A, Rossi F, Nocifora V. A sanitary cooperation project in Gorontalo province, Indonesia. Methodology to identifying critical areas, possible strengthening and improving of the health system. *Ital J Public Health* 2011;8(3):228-40.
- 9) World Health Organization. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, 2007.
- 10) Rahimpour M, Saremi K, Shirvani E, Gomari H, Rahimpour M, Niroumanesh A, Sardari S. A survey on medicine consumption in the mega cities of Iran. *Ital J Public Health* 2011;8(3):255-260.
- 11) Das S, Banik SD. Prevalence of thinness among Nepali speaking preschool children of Darjeeling using Body Mass Index cut-off points. *Ital J Public Health* 2011;8(3):241-46.
- 12) India has the highest prevalence of underweight kids. Updated on Tuesday, October 12, 2010, 08:55. Available from: www.zeenews.com/news661008.html. [Accessed on august 2011].
- 13) Das R. Diabetes mellitus and Ramadan. A narrative review of literature. *Ital J Public Health* 2011;8(3):247-54.
- 14) Elhadd TA, Al-Amoudi AA. Recommendations for management of diabetes during Ramadan. *Diabetes Care* 2006;29(3):744-5.
- 15) Kobeissy A, Zantout MS, Azar ST. Suggested insulin regimens for patients with type I diabetes who wish to fast during the month of Ramadan. *Clin Ther* 2008;30(8):1408-15.
- 16) Kadiri A, Al-Nakhi, El- Ghazali S, et al. Treatment of type I diabetes with insulin lispro during Ramadan. *Diabetes Metab* 2001;27:482-6.
- 17) Salti I, Benard E, Detournay B, et al. A population based study of diabetes during Ramadan in 13 countries: results of the epidemiology of diabetes and Ramadan 1422/001 (EPIDIAR) study. *Diabetes Care* 2004;27(10):2306-11.
- 18) Simkhada B, Teijlingen ER, Porter M, Simkhada P. Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. *J Adv Nurs*. 2008 Feb;61(3):244-60.
- 19) Jalal S, Shah NA. Ante Natal Care seeking behavior among women living in urban squatter settlement: results from an ethnographic study. *Ital J Public Health* 2011; 8(3): 83(3):261-7.