

TOP HEALTH ISSUES: PAKISTAN AND WORLD**Anwar Ali Jamali**

How to cite this article: Jamali AA. **Top Health Issues: Pakistan And World**. JPUMHS;2020;10(2):01-03. Doi:<http://doi.org/10.46536/jpumhs/2020/10.02.281>

The United Nations (UN) right now records 18 "Worldwide Issues". This isn't expected to be a comprehensive rundown. Or maybe, it fills in as a review of a portion of the significant issues every worldwide resident ought to know about. The UN has likewise defined 17 objectives to be accomplished by 2030. The United Nations had planned certain valid goals for the human progress in health sector, they indicated seventeen basic achievements that are necessary for human development in different sectors for all nations worldwide. Especially health and environment.

The current issue of covid 19 made the whole world disables. Lot of weaknesses in health sector and economy of different countries had been identified. We are and will not face such a new unwanted health danger. Different components related directly or indirectly to health and economy that are quality and availability of daily use materials and methods from atmosphere to industry and from urban to rural life styles, from safe sex to safe deliveries, from resource usage to new resource productions. lot of other things should be considered in this scenario.¹ There are numerous associations that adjust their strategic these objectives. For example, all GVI's work is guided by a promise to the UN SDGs.² The most attentive dilemmas that must should be addressed at all levels are lack of exercise, weight gain, smoking, addiction, food, sexual safety, psychiatric illnesses, atmosphere pollution, human genocide and accidents. It is clear from the available data that these all are also issues of Pakistan along with rest of world. All the above health problems are also common in Pakistan. We have to make a solid planning to cope these national issues.

The above issues are common in Pakistan and are at national levels. Though we can control these issues but we cannot. Pakistan has a corrupt political system found in every region of Pakistan. there is no honesty in any system running under the government, everyone uses the opportunity of corruption. Here are the honest corrupt

peoples widely spread in the all areas of country. We cry more and do nothing. There is no honest political person in Pakistan. in Pakistan there is possibility that you can control every crime but not the sex crime. The possible reason of HIV/AIDS is sexual corruption. Use of social media is common in Pakistan that lead to halt the physical activity, junk foods, obesity in terms of bad effects. Tobacco is also going familiar in all age groups and genders. Modern cities use of substance abuse is common in young generation. The mental health is worsening in Pakistan due to lot of daily issues. Environment is spoiled by unhealthy attitudes of vehicles. Road traffic accidents are very common and life lasting here. there are the very good traffic laws and guidelines but poorest implementations. Violence are common here in each and every sector of human life in Pakistan. Pakistan is full with faults. The Biggest Issues Facing Healthcare Today Costs and straightforwardness, Consumer experience, Delivery framework change, Data and examination, Interoperability/purchaser information get to, Holistic individual wellbeing, Related: The Future of Health care Leadership.

They are past the constraints of Pakistani government. Concerning Major worldwide medical problems other than hunger, there are numerous different issues influencing wellbeing on a worldwide scale. Previously, the primary subject of center was transferable infections like hepatitis, cholera, intestinal sickness, tuberculosis, and HIV. All the above issues are normal and spreading step by step here. In Pakistan While in general wellbeing and nourishment are preferable for urban over for country populations³, kid mortality and lack of healthy sustenance markers show that Pakistan's urban poor have wellbeing results just hardly superior to the provincial poor. Better wellbeing results in urban territories are disclosed by improved access to private medicinal services in urban communities. Be that as it may, except for vaccination, usage of essential general wellbeing administrations is exceptionally low in urban regions. Unexpected weakness results are

likewise an immediate effect of the contamination brought about by fast urbanization. As per the World Health Organization, Karachi is the most contaminated city in Pakistan with air twice as dirtied as that of Beijing. The degree of contamination in Punjab's significant urban areas is likewise three to multiple times higher than that decided safe by the UN. An absence of clean drinking water stays a significant supporter of the high death pace of kids under five years of age. As indicated by Save the Children's 2015 Annual Report, poor urban kids in Pakistan are bound to pass on youthful than country kids. The test of a dangerous atmospheric deviation has additionally strengthened in urban communities. An ascent in solid structures over the urban scene is expanding temperatures inside cities.⁴ In 2015, an unexpected warmth wave in Karachi prompted right around 1,500 passings. These better results happen on the grounds that most of urban populaces are in higher financial quintiles, while the converse is valid for provincial populaces. Pakistan additionally needs adjusted urbanization. It experiences the capital city predisposition in each region. This is profoundly undesirable for commonplace economies. Pakistan's urban issues are established in not modernizing structure and lacking financing. Since farming isn't saddled urban zones convey the monetary burden.⁵

Since the existence of Pakistan it faces problems and problems, there are and were different issues at national and international level faced by Pakistan. They belong to each and every sector of Pakistan, the reason might be corruption in the roots. The demographic status of health is very weak in Pakistan. Policies are there without implementation. Issue of polio eradication is still there, from thar to NWFP lot of problems are there. Many health care workers were killed and injured by terrorist in Pakistan. At some angel religion is also brought in front of health issues that need the proper solutions.

There is lack of important discussion around the reasons for poor health status.⁶

In 25 Goals for Pakistan in 2025, in Pillar I: Putting People First - Developing Human and Social Capital, shows the objective for training and education, and increment number of PhD's, Improve Primary and Secondary Gender Parity Increase extent of populace with access to improved sanitation from 48% to 90%. Pakistan will be World Champions in the Asian games. With respect to Reduce baby death rate from 74 to under

40 (per 1000 births) and decrease maternal death rate from 276 to under 140 (per 1000 births). Decrease the occurrence/commonness of Hepatitis, Diahorrea, Diabetes and Heart Disease by 50%.⁷

Studies approve the noteworthy positive connection between wellbeing pointers and monetary development. Better wellbeing markers, particularly in adolescence, for example, great sustenance for babies and little child and less presentation to irresistible infection may improve their profitability in future and build up a solid establishment for reasonable financial development (Schultz, 2010 and Currie, 2009). While, poor condition of wellbeing in the economies, generally inferable from different irresistible infections may hurt financial development. Introduction to ailments may result into pre full grown passings and impact work productivity.^{8,9} Goenka and Liu(2010;2013), by examining endogenous development model and consolidating irresistible illnesses, for example, flu, meningitis, dengue, strep throat and so forth inferred that undesirable laborers influence the nature of work thus antagonistically influencing the development of the economy.¹⁰ With regards to Pakistan, Ali et al. (2012) evaluated solid positive relationship of human capital (instruction enrolment, decrease in newborn child death rate, and physical capital) with financial development. He evaluated 2.47 rate point decrease in GDP because of 1 percent expansion in baby mortality rate.¹¹

Correspondingly, Akram et al. (2008) likewise researched long haul positive effects of wellbeing markers (future, newborn child death rate, wellbeing consumption and populace per bed)on financial growth.¹² Given the total significance of wellbeing pointers, for example, positive effects of better youth wellbeing and antagonistic impacts of irresistible maladies and its linkages to monetary government assistance, this segment quickly examines the presentation of wellbeing pointer, especially at early ages and adolescence. Since improved wellbeing states of a youngster transforms him into a piece of potential profitable work power later in his life and contributes emphatically to monetary issues (Schultz, 2010).¹³ In reference to kid mortality and future conditions, Pakistan has been encountering one of the most reduced future proportions while neonatal, newborn child and under-5 death rates are to some degree raised in the area because of certain medical problems like the runs, lack of

healthy sustenance, intense respiratory sickness and so on. In reference to Immunization Indicators, Pakistan is being perceived as one of only a handful hardly any outstanding nations with broad polio. As far as Infants Lacking Immunization, the status of Pakistan hushes up disturbing given the impacts of irresistible ailments on monetary development in writing.

As far as nourishment and youngster development indicators, Pakistan's exhibition throughout the decades has not stayed sufficient as extents of shocked and squandered kids are very high. To put it plainly, regardless of upgrades in the essential wellbeing pointers of youngster mortality and nourishment after some time, the condition of wellbeing is exceptionally dreary. The rising populace combined with disturbing wellbeing pointers particularly on account of kids wellbeing results, is a wellspring of incredible concern and means that absence of clear and long haul vision in general wellbeing arrangements. Arrangement of wellbeing administrations rely upon conditions and accessibility of fundamental wellbeing framework (Health foundation and wellbeing work force). In this way, condition of wellbeing foundation is critical particularly in association with developing population.¹⁴

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References

1. <https://sustainabledevelopment.un.org/?menu=1300>
2. <https://www.gviusa.com/blog/6-critical-global-issues-what-are-the-worlds-biggest-problems-and-how-i-can-help/>.
3. https://pakistangrowthstory.org/2017/01/10/6-challenges-facing-pakistans-urban-future/#_ftn5
4. Zahid, M, Rasul, G. Rise in Summer Heat Index over Pakistan, Pakistan Journal of Meteorology Vol. 6, Issue 12
5. <https://www.theigc.org/blog/the-six-biggest-challenges-facing-pakistans-urban-future/>
6. Sara Malkani. Pakistan's healthcare crisis Updated June 27, 2016 Published in Dawn, June 27th, 2016. <https://www.dawn.com/news/1267410>
7. www.pc.gov.pk PAKISTAN VISION 2025 page 101.<https://www.pc.gov.pk/uploads/vision2025/Pakistan-Vision-2025.pdf>
8. Schultz, T. P. (2010). Health Human Capital and Economic Development. Journal of African Economies,19(3), 12-80.
9. Currie, J. (2009). Healthy, Wealthy, and Wise: Socioeconomic Status, Poor Health in Childhood, and Human Capital Development. Journal of economic literature,47(1), 87-122.
10. Goenka, A., & Liu, L.(2010). Infectious Diseases and Endogenous Growth.Mimeo:National University of Singapore.Goenka, A., & Liu, L.(2013).Infectious Diseases, Human Capital and Economic Growth. Mimeo:National University of Singapore and University of Rochester
11. Ali, S., Farooq, F., & Chaudhry, I. S. (2012). Human Capital Formation and Economic Growth in Pakistan.Pakistan Journal of Social Sciences,32(1), 229-240.
12. Akram, N, Padda I., & Khan, M. (2008).The Long Term Impact of Health on Economic. Growth in Pakistan. The Pakistan Development Review,47(4), 487-500.
13. Schultz, TP. (2010). Health Human Capital and Economic Development. Journal of African Economies,19(3), 12-80.
14. Fatima Khaliq,Waqas Ahmad. State of Health Sector in Pakistan , SBP Staff Notes: 01/18.[http://www.sbp.org.pk/publications/staff-notes/State-of-Health-Sector-in-Pakistan-\(06-04-2018\).pdf](http://www.sbp.org.pk/publications/staff-notes/State-of-Health-Sector-in-Pakistan-(06-04-2018).pdf)

Vitamin D Insufficiency among the Adult Women of remote areas of Pakistan

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ABSTRACT:

Objectives: Vitamin D efficiency is widely prevalent even in tropical countries like Pakistan, where there is plentiful sunshine. Vitamin D deficiency is more common in middle age and elderly females. **Methods:** Our study was a community-based cross-sectional study that was conducted from December 2018 to March 2019. This study was conducted in multiple villages in the remote area of Hyderabad district of Pakistan. In this study, we included 388 women age above 40 years. Multistage random sampling was used for this study. Each participant was interviewed and recorded on organized proforma. SPSS version 25 was used for data entry and analysis. Participants with laboratory report of having less than 30ng/ml 25OH vitamin D were said to have vitamin D insufficiency (VDI).

Results: In our study out of 388 contributors, 70.6% of participants had Vitamin D Insufficiency (VDI) (51.0%). The mean (SD) age of the participant was 54 years. Mean (SD) sun exposure was 120(59.2) minutes. 148 (38.1%) were obese. Only 146 (37.6%) were on satisfactory diet. Test results revealed decreasing sun light exposure, over weight and inadequate diet as significant factors of Vitamin D insufficiency.

Conclusion: In our study we identified important causes associated with VDI in remote areas of Pakistan. We propose all females of age above 40 years should take diet rich in Vitamin D, adequate sun exposure and regularly taking vitamin D supplements and maintain body weight to help to control the VDI significantly.

Key words: Vitamin D insufficiency, vitamin D Deficiency, Sunlight Exposure

How to cite this article: Keerio NH¹, Aamir N², Baloch RA³, Memon N⁴, Abro A⁵, Noor SS⁶, **Vitamin D Insufficiency Among The Adult Women Of Remote Areas Of Pakistan**. JPUMHS:2020;10(02);04-08. <http://doi.org/10.46536/jpumhs/2020/10.02.282>

Introduction:

Vitamin D plays major role in Calcium homeostasis. It is fat-soluble vitamin and is also called as “anti-rachitic factor” or “Sunshine vitamin”². The Human body gets sufficient vitamin D either from sunlight exposure or from diet. When our skin is exposed to sun it produces around 80-90% of Vitamin D³. Fish, egg yolk, beef liver and fortified dairy products are important source of vitamin D³.

Vitamin D deficiency is a recognized pandemic. Even in a tropical country like Pakistan, vitamin D deficiency is widely prevalent in spite of overflowing sunshine. Various studies from different parts of Pakistan and other countries have highlighted that vitamin D insufficiency or deficiency across different age groups range from 70–100%⁴. Adult females, particularly above 40 years of age, are mostly affected.

This is the most under diagnosed and undertreated nutritional deficiency in the world^{5,6}. In Pakistan, vitamin D insufficiency (VDI) is not a National Health Priority (NHP). Of the NHPs, the most

important is the supplementation of pregnant women with calcium and vitamin D tablets. However, the adult and geriatric population that is mostly vulnerable has been ignored. Although VDI has increasingly become an important public health issue, it is not included in any national health program.

There is much work needed to research regarding VDI in remote areas of Pakistan and specifically in the rural community. This study was conducted to quantify the burden of VDI and find out its predictors among women above 40 yrs age.