

Investment case for equitable access to maternal neonatal and child health services in Nepal: stakeholders' perspective

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ABSTRACT

Background: Investment Case (IC) approach is a strategic and evidence-based problem-solving approach to support better health care planning and budgeting. It is participatory approach so as to address grassroots level issues in six areas three Supply side, two-demand side and one quality related effective coverage - related to Maternal Neonatal and Child Health (MNCH) services with goal of equitable access to MNCH services. **Methods:** The aim of the study was to explain perspectives of local stakeholders about investment case for equitable access of MNCH services in Nepal. The qualitative method was adopted for the study with adoption of key informant interviews and focus group discussion. **Results:** The changes in decentralized planning at district level mentioned by local stakeholders were: more positive thinking and problem solving approach adopted- small scale projects and plans were handled by community level like ward citizen forum an increased social inclusion. The sectors coordinating for health at district levels were: health, nutrition, sanitation, agriculture, and education. The health facilities were fifteen minutes to half-a day walk from the residential area. It was felt that there was increased access to information, access and utilisation of health facility delivery services by females in the district and positive health seeking behaviour contributing to improve the health of mother, neonate and child. The voice for the improvement focused in MNCH remarkably appreciated that the presence of institutional delivery support group in some of IC districts which advocated with the slogan of No home delivery VDC which was also mentioned by one of the health worker. Kitchen garden was pointed out as part of improved nutritional status of the mothers and child in the districts. **Conclusions:** The local stakeholders expressed that there is felt positive change in increasing the equity in access to MNCH in the IC implemented districts in Nepal.

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Is it all determined at puberty? A study of menarcheal age and cardiovascular risks amongst Malaysian educators

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ABSTRACT

Introduction: Cardiovascular diseases are the leading cause of mortality globally. In women, the role of reproductive characteristics and its association to cardiovascular risk remains unclear. This study aims to examine the association of menarcheal age and cardiovascular risk in women. **Method:** This is a cross sectional study of female school teachers in the states of WP Kuala Lumpur and Selangor, Malaysia, who were enrolled in the CLUSTER cohort under University Malaya. Multistage random sampling was used to select 70% of primary and secondary public schools in each district. Recalled puberty timing, socio-demographic characteristics and past or current diseases were self-reported via a questionnaire. Cardiovascular risk was assessed by metabolic parameters obtained via blood and anthropometric measurements. Complex sample analysis in SPPS was used to obtain results. Cases were weighted accordingly to correct for non-response in the analysis. **Results:** The 2,242 women who were included in this study reported a mean menarcheal age of 12.8 (12.7, 12.9) years. Of these, 13.1% reported a menarcheal age of less than 12 years, 85.3% reported 12 to 15 years and only 1.6% reported more than 15 years. Most of the women (89.6%) fell in the low cardiovascular risk category according to the Framingham Risk Score (FRS). In a univariate analysis, there was a difference in mean FRS scores in different ages of menarche, with a weak positive relationship. This association remained significant when adjusted for other factors such as ethnicity and Body Mass Index. **Discussion:** The findings from our study differ from other studies that demonstrate u-shaped or inverse associations. This difference could be attributed to difference in menarcheal age that varies within and between populations and also the assessment method of cardiovascular risk. Also, due to the voluntary nature of our study, participants with lower health awareness may be under-represented leading to healthy selection bias.