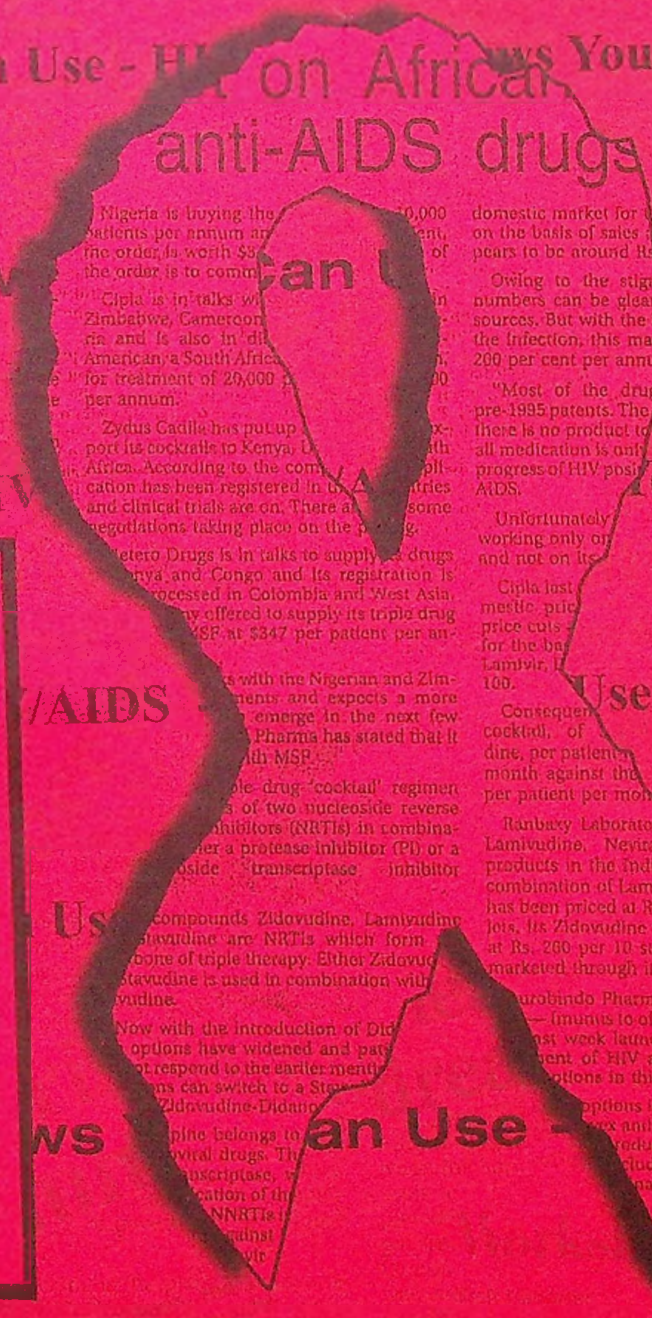
News You Can Use HIV/AIDS

March - 2002

For Private Circulation Only



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News You Can Use – HIV/AIDS (NYCU) is a specially formulated monthly mediascan on issues related to HIV/AIDS compiled to meet the specific information needs of NGOs. Directed to meet the urgent need for information and awareness building on HIV/AIDS, this special publication presents a compilation of news clippings on the issue. We hope that the contents will provide readers with relevant, useful and topical information to facilitate grassroot work on prevention, care and networking.

The publication includes a selection of news items/features/articles/editorials/ letters from leading national newspapers. Each newsitem carries the name and date of publication and is placed under appropriate categories for easy reference.

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As a part of a regional initiative to build awareness on HIV/AIDS, several efforts have been undertaken by PLAN International (Bangalore Zone) in partnership with Madhyam. Dissemination of information to NGOs is a key component of this campaign. This publication is aimed to strengthen ongoing efforts through information processes as well as serve as a regular reminder of the urgency to address the issue.

This publication is supported by PLAN International and Madhyam.

PLAN INTERNATIONAL

MADHYAM

This edition has been compiled from

- The Times of India
- Hindustan Times
- The Hindu
- The Statesman
- The Pioneer
- The New Indian Express
- Deccan Herald
- Deccan Chronicle
- The Economic Times
- The Asian Age

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Behind the edition .....

Dear Readers

This is a special edition for all of us at CDL. When we started work on this publication 12 months ago, it was with a fair amount of trepidation and yes, excitement.....

The HIV/AIDS virus was increasing its penetration into the populace, and with no cure in sight, this was close to assuming the status of an epidemic. Prevention, as we all were aware, was the only cure. Sharing, ensuring access to and making use of information emerged as both essential and a priority need.

The choice of options for raising awareness were wide-ranging. And while we could have added to the media mix that was available, we were committed to the need to present information that was both factual and topical. The role of the print media emerged as an essential arm of this scenario. Further, we were also aware that as important as making intelligent and planned use of the media, was the importance of disseminating information as widely as possible.

Having compiled and published News You Can Use for over four years, this was an opportune time for us at CDL, to explore the possibility of compiling a more focused edition. A special series of NYCU on HIV/AIDS was therefore, the outcome of an extended thought process.

The objective of this publication was to inform grassroot level NGOs of developments and news on issues related to HIV/AIDS on a monthly basis. Drawing primarily from the newspapers, the contents of this publication present a compilation of articles, features, analysis, stories, news reports and even advertisements on the issue. The contents were reproduced exactly in the same form as in which they appeared in the original publication. However, in order to retain the readership value of the contents, we avoided the inclusion of information that were primarily medical or research-oriented in nature.

In the November 01 edition, we included a signature campaign and a case study on the issue of trend and debate on sex-determination tests. A feedback assessment was made at the close of six months of publication. The response varied – but each respondent reiterated the desire to be retained in our mailing list. A significant number even offered to pay towards this effort. For the interest of our readers, we have included a brief report on the feedback analysis.

What our readers say.....

At the close of six months our publication, a questionnaire and feedback form was included to assess reader feedback. A total of 18 questions were framed to assess a reader response on the coverage of the issue in the general media and the relevance and value of this publication in the work.

1000 copies were mailed to our regular mailing list. Another 500 copies were distributed among the participants of the 3rd International Conference on AIDS India, Chennai (1-12-01 to 5-12-01).

A total of 82 completed forms were received from various backgrounds including medical practitioners, paramedics, students, research scholars, NGOs and social activists in the HIV/AIDS field.

The analysis of the feedback from the readers is provided below:

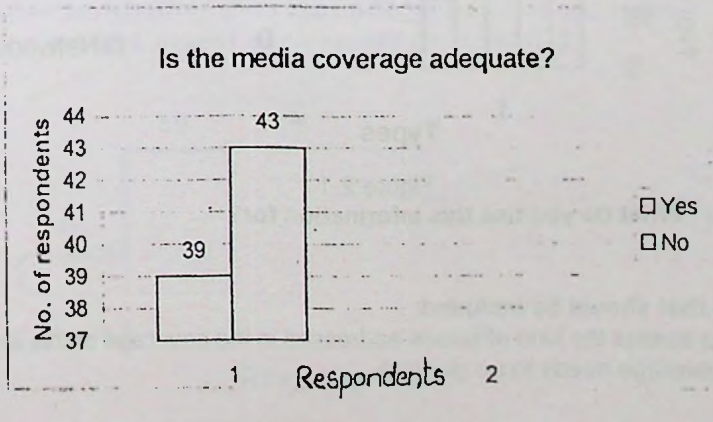
Analysis report of NYCU – HIV/AIDS

The feedback form has been designed to understand the following:

- General media coverage : The response of the readers on the existing coverage of the issue HIV/AIDS in the newspapers.
- Value of NYCU to the reader : Assess the news value and importance of the publication in providing information to the target population and its value to the readers.
- USP (Unique Selling Proposition) of the publication : Understand the user value and relevance of the compilation of newsclippings, format, design and presentation.

GENERAL MEDIA COVERAGE

Figure 1.1



Is the media coverage adequate?

52.4% of the respondents felt that general media coverage on HIV/AIDS in the media via television, radio and newspapers is inadequate. Hence, there is a strong need for an increased coverage in the media. This suggests that, given the importance of the issue of HIV/AIDS, the general media (radio, television, newspapers) needs to increase the coverage on the issue.

Use of information provided by NYCU

Most respondents used the information compiled in NYCU–HIV/AIDS as an information update. An inference can be drawn to state the usefulness of the compilation, since it provides timely update of information to people working with the issue. This information provided is found useful for in-depth studies or research, which in turn will provides a base for advocacy. Documentation was an important need met from this compilation as well as networking. Copies of the pages have been made and circulated at other groups. One respondent also stated that they had translated news from this publication for use in their programmes. Thus the different kinds of usage of the compiled news clippings provided in the publication can be observed as follows:

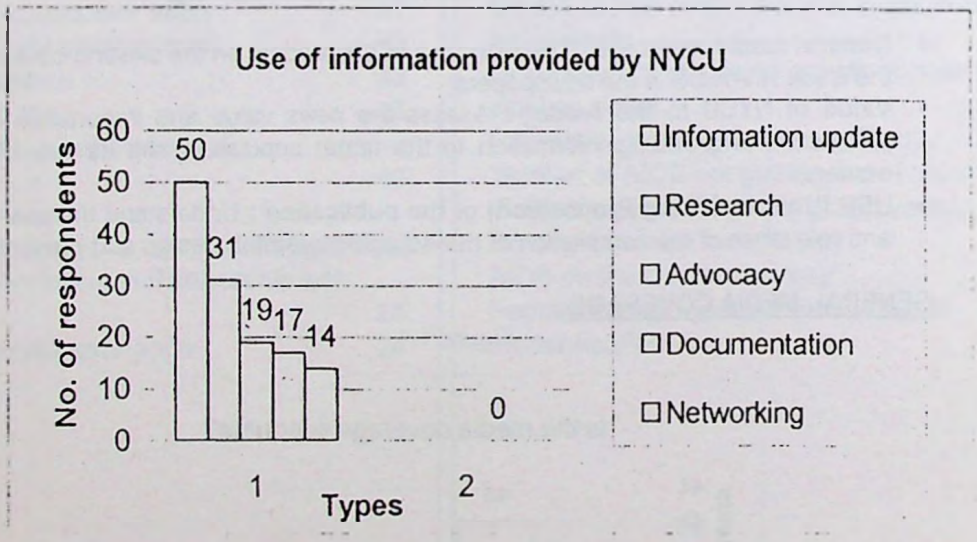


Figure 2.1

What do you use this information for?

New Issues that should be included:

A question to assess the kind of issues addressed in the coverage of this issue indicated that news coverage needs to be given to

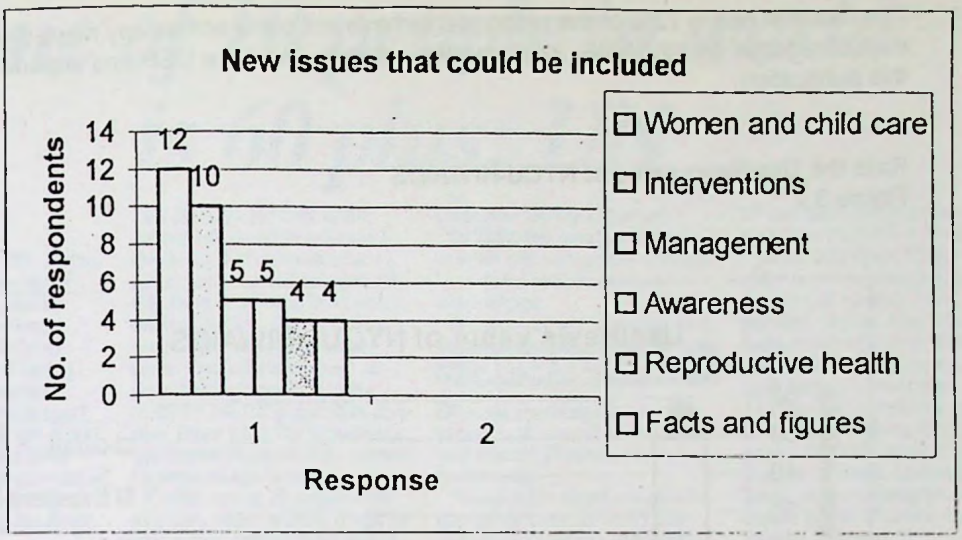


Figure 2.2
Are there any other issues that can be included?

Although most respondents were satisfied with the range of information currently in NYCU–HIV/AIDS, some respondents indicated need for more news on women and child health care, reproductive health, relevant facts and figures, etc. Hence issues related to women and children requires more attention. Since NYCU is sent to groups and individuals working in the grassroot level, inclusion of new methods of intervention and community activities would also be useful to the readers.

USP (Unique Selling Proposition) of NYCU – HIV/AIDS

The USP indicates a publication that meets a very focused need for a niche sector and makes it different from other publications on the issue.

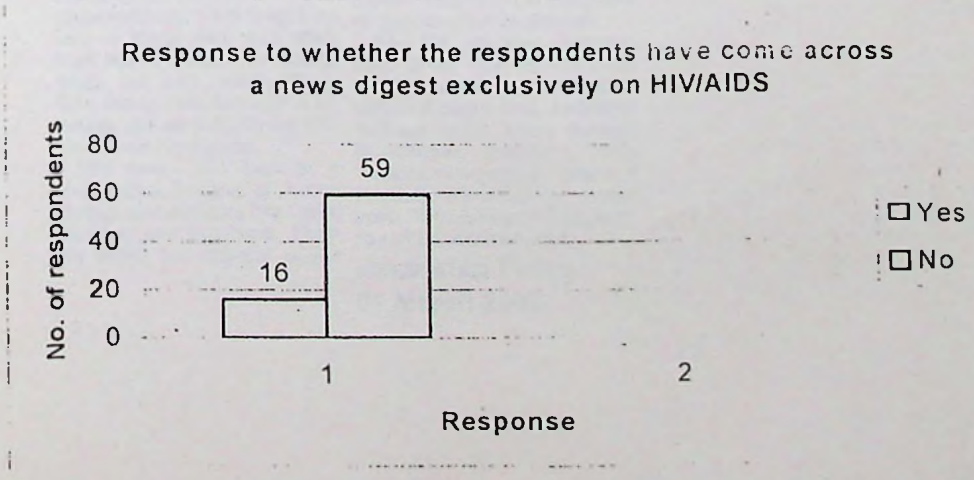
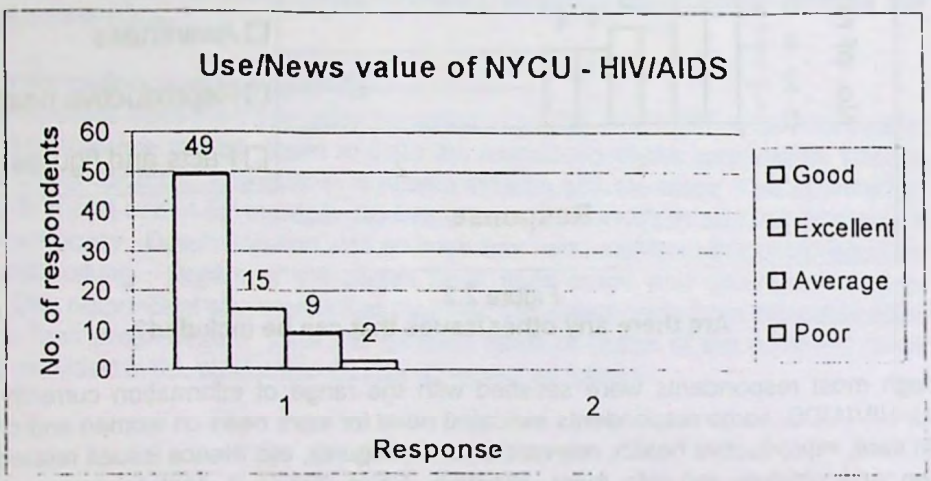


Figure 3.1
Have you come across a news digest on AIDS?

The fact that nearly 72% of the respondents have not come across any news digest wit exclusive focus on HIV/AIDS, itself speaks volumes about the USP and importance of this publication.

Rate the Use/News value of NYCU-HIV/AIDS
Figure 3.2



The use/news value has been rated as 'Good' by the majority of respondents indicating that the initiative is useful. The compilation of news has been of use to most people in the areas of work. All respondents gave their addresses and wanted to be retained on the mailing list of NYCU for future editions. Several indicated that this was precisely the kind of news and information that was needed in their work. Some also stated this as a handy reference.

One of 10 people in world is 60 plus: UN

By Gerald Nadler

United Nations, Feb. 28: Today, one of every 10 people in the world is 60 or older, and by 2050 it will be one in five, according to a UN study on global population and ageing made public on Thursday.

The older population is itself ageing, and currently the oldest of the old — the group 80 or older — is the fastest-growing of the elderly, making up 12 per cent of those over 60, the study said.

By 2050, 21 per cent of the elderly will be 80 or over, and the number of centenarians — 100 or older — will increase 15-fold from 210,000 in 2002 to 3.2 million in 2050, the study projects. "The world has experienced dramatic increases" in people living longer, said the study by the UN population division. Since 1950, life expectancy has grown 20 years to its current 66 years of age, it said.

Today, one in 10 people is 60 or older, while in 2050, it will be one in five, and by 2150, one in three, the survey projected.

In 2050, the number of those over 60 will outnumber children — defined as those up to 14 years of age.

Women still are outliving men.

SPOTLIGHT

Of those reaching 60, men can expect to live another 17 years, and women 20 more, according to the data.

World-wide, there are now 81 men 60 or over for every 100 women, and for the oldest old — 80 and above — there are 53 men for every 100 women.

As for marriage, 78 per cent of older men are married, and 44 per cent of women. Most older persons without a spouse have been widowed. Large differences in mortality, however, exist between countries.

In the least developed countries, men reaching 60 can expect 15 more years of life and women 16 more. In developed lands, men reaching 60 can expect to live 18 more years, and women 23 more.

In more developed regions, men become eligible for pensions at 65 in more than half of the wealthier countries, while the most common standard for women is between 55 and 59.

Countries with high per capita incomes tend to have a smaller percentage of male workers 60 or over in the labour force — 31 per cent versus 50 per cent in less developed lands.

For elderly women, 10 per cent still work in developed countries versus 19 per cent in developing regions, the study said. *(AP)*

The Asian Age
01 March 2002

No excise on 9 anti-AIDS drugs

HT Correspondent
New Delhi, February 28

IN A bid to give a boost to the domestic pharmaceuticals industry, FM Yashwant Sinha on Thursday exempted 9 anti-AIDS drugs from levy of excise duty with effect from March 1, 2002. The exempt drugs are Lamivudine, Stavudine, Didanosine, Saquinavir, Ritonavir, Indinavir, Efavirenz, Nelfinavir and Nevirapine.

The move will lead to a tremendous amount of excise savings to companies like Cipla, Ranbaxy and Aurobindo Pharma which are engaged in the manufacturing of anti-AIDS drugs in the country. It will also result in a substantial price reduction of anti-AIDS drugs in the domestic market.

This apart, removal of excise duty on anti-AIDS drugs will motivate more and more pharma companies to take up their production. Increased competition, as a result thereof, will lead to a further contraction in end prices of these drugs to consumers.

The FM has also exempted eight drugs used for the treatment of cancer and some other critical diseases from the levy of customs duty. These include Basiliximab, Beractaut Intra-Tracheal Suspension, Imatinib Mesilate, Rivastigmine, Rituximab, Tetrofosmin, Trastuzumab and Zoleodronic Acid.

Hindustan Times
01 March 2002

Rape as a tool of war

IN all forms of war-related suffering, men are involved as well as women. They are still more likely than women to be killed in armed conflict even though, as war has brought death to civilians in increased numbers, it has also come closer to women. Although there appear to be more female than male refugees, there is no reason to forget or downplay the suffering of men as refugees. It may be that women grieve and suffer emotionally more than men — or at least more openly — and may carry a heavier burden of some kinds of community responsibility.

If it is true that women as a group suffer more than men in these ways, the differences are relative and in some cases marginal. There is, however, one form of violence that targets women alone.

Rape is a largely gender-specific assault whose use as a weapon in war is solely directed against women. Rape of women has long been part of war and is often regarded as, if not acceptable, then so inevitable that there is no need to make a fuss about it. In her classic study and polemic, Susan Brownmiller quotes a conversation in General Patton's memoirs in which he tells his interlocutor that "(I)n spite of my diligent efforts, there would undoubtedly be some raping".

Brownmiller adds: "It's funny about man's attitude toward rape in war. Unquestionably there shall be some raping. Unconscionable, but nevertheless inevitable. When men are slugging it out among themselves, conquering new land, subjugating new people, driving on toward victory, unquestionably there shall be some raping." In fairness, she might have placed more emphasis on the last part of General Patton's sentence (which she quotes in full), in which he continues by recording that he said, "I should like to have the details as early as possible so that the offenders could be properly hanged." It might even be that proper hanging could merit as much irony as an unquestionable prospect of being raped.

But there can be no doubt that Brownmiller correctly pinpoints an oddly inconsistent attitude to wartime rape, as to many other kinds of rape and abuse of women. Though illegal under every military code and often punishable by death, acceptance of the inevitability of rape by soldiers is often so fatalistic as to amount to complaisance.

Rape piles vulnerability on vulnerability, most clearly dramatised in the case of refugee women who are attacked and raped. It is reported that hundreds of Somali women and girls in UNHCR camps in north-eastern Kenya have been raped by armed bandits, including groups from the former Somali army. A different version of this all too common crime was reported from Croatia, where there were several instances of Croatian

(HVO) soldiers on leave approaching the daughters of Muslim men held in HVO detention centres in Bosnia: "The HVO troops brought photographs of the imprisoned men and told the girls that if they did not accede to the soldiers' demand for sex, they would never see their fathers alive again."

Now there is a new dimension to rape in war. Perhaps the fact that it has been criminalised and punished but never effectively prevented has contributed to the emergence of this new aspect. In some wars, rape has been practised on such a scale that observers have concluded that it is systematic, planned and a deliberate weapon of war.

The best-known case is Bosnia and Herzegovina. The UN High Commissioner for Refugees states that in Bosnia "all the warring parties have been implicated, though to varying degrees" in "rape being used as a weapon to further war aims". Amnesty International confirms this and likewise confirms the evidence of numerous press reports and personal accounts that the worst offender is the Bosnian Serb side; it appears that Muslim women in particular have been subjected to these attacks.

Amnesty and UNHCR both say the data on how many rapes have occurred are very incomplete. One source which claims to have some reliable data is the Zenica Documentation on War Crimes, which in mid-1993 reported that it had data on 40,000 raped women. If this figure is accurate, it presumably does not cover all cases of women who have been raped and it certainly does not indicate the number of rapes, since all reports concur on the prevalence of multiple rape.

In the 1994 massacres in Rwanda, there is evidence that the incidence of rape of Tutsi women and girls by Hutu militiamen was even higher than the figures in Bosnia. A French researcher has assessed the situation as follows: "It seems that nearly every Tutsi woman who survived a massacre was raped." A high level of sexually transmitted diseases has also been reported and there was a sharp increase in the already high numbers of women infected by HIV. According to the Rwandan ministry of population, moreover, by the end of February 1995, between 2,000 and 5,000 women had given birth; in Bosnia the estimated number of "rape pregnancies" was between 100 and 200. And the figures do not include what may be a large number of clandestine abortions induced by taking dangerous herbal concoctions. In addition, there have been many infanticides, though the exact number is not shown.

Other war-torn countries and areas in which widespread and apparently systematic rape has occurred in the recent period include:

- Peru, where Amnesty has reported that women in the emergency zones have been widely subjected to rape by government troops;
- Myanmar, where the army's 1992 campaign to force 250,000 rohingya Muslims into Bangladesh in 1992 plumbed the depths of brutality and inhumanity, including the systematic use of rape. In one refugee camp of 20,000 people, "almost every woman interviewed said she was gang-raped before being allowed to cross the border"; and
- Uganda and the Phillipines.

This deliberate and systematic use of rape is, in part, simply an extension of the use of rape as a means of torture. There are numerous accounts of this barbarity over the years in many different states. The first extension is to use rape not simply to attack women but, through them, another target – the guerillas with whom the women are accused of sympathising, for example, or the other militant sympathisers in that village. This tactic appears to play not only on the women's physical vulnerability but also on their sense of shame and "contamination", and also, in far too many cultures, on the sense of shame of the close male relatives. Thus rape is not just a physical aggression; there is the fear and the possibility of pregnancy and the stigma that wrongly attaches to the woman.

Moreover, mass rape is a way both to terrorise communities — there are reports that UNHCR regards as reliable of rapes being carried out in front of the rest of a village's population — and, if done on a large scale, to punish a whole ethnic group.

ATTREYEE ROY CHOWDHURY
The Statesman
02 March 2002

It's in the hormones honey!

LONDON: It's the news all women have been waiting for. Hormones wreak havoc on men's lives too. Lack of Testosterone leaves men bad-tempered, emotional, depressed and suffering from irritable male syndrome, scientist Gerald Lincoln said. "It has an amusing side because we realise the frailties of men and how hormones do affect their behaviour. But there is a serious side in that men's behaviour can be compromised by their hormone state," he said. Unlike women's hormonal state which moves in cycles, it is extreme circumstances, like accidents or serious illness, which trigger slides in men's hormonal levels, said Lincoln, who works at Edinburgh's human reproductive sciences unit. But a shot of Testosterone can make it all better with previously withdrawn men showing heightened energy, motivation and sex drive, he added.

The Pioneer
02 March 2002

New drug to combat AIDS among children

London, March. 1: An anti-AIDS drug that has helped to control the illness in adults could also be an important weapon in battling the disease in children, British doctors said on Friday.

Although more than 11 million children and young people worldwide are living with HIV/AIDS they have fewer treatment options than adults. But a trial of 128 HIV-infected children in eight European countries and Brazil showed that the drug Abacavir, made by drugs giant Glaxosmithkline, works well in young patients.

"I think it could be a very important weapon. It may be more useful near the beginning of treatment rather than leaving it as salvage treatment," said Diana Gibb, of Britain's Medical Research Council, who co-ordinated the study.

Abacavir belongs to a class of drugs known as Nucleoside Reverse-Transcriptase Inhibitors, which interfere with the reverse transcriptase enzyme needed by the virus to replicate in the body.

It is usually given in a drug cocktail, in combination with one or more other drugs, that interrupt the life cycle of HIV.

Gibb and her team found that drug regimens containing Abacavir were more effective than other combinations of NRTIS in children who had not been previously treated for the illness.

"It is a very useful drug which has a good formulation and can be used up front in children," Gibb added.

The researchers measured the viral load, the amount of virus in the blood, and monitored the immune response of children who had been randomly selected to receive one of three different combination treatments. *(Reuters)*

Deccan Chronicle
02 March 2002

Marketeers spread awareness on AIDS

BY OUR CORRESPONDENT

At a time when the fear of AIDS loomed large, rumours were rife and information scarce, the Modi Group set up the Rai Bahadur Modi Foundation in 1996 to prevent the spread of HIV and to promote greater awareness. Under the leadership of Mr Samir Modi, grandson of Mr Rai Bahadur Gujarmal Modi, the foundation was funded by ModiCare, a network marketing company which donated one per cent of its sales to the foundation.

The RBGM came to Mumbai in October 2001, while work in the area of AIDS awareness was already well under way in Delhi. Ms Richa Lal of RBGM explains: "We focus on spreading awareness firstly among Modicare distributors and then among industrial workers, in schools and sex workers." The programme in schools is unusual. Rather than the odd lecture on the fundamentals of AIDS, RBGM ties up with schools and conducts intensive year-long programmes. Ms Lal says: "We start with discussing various issues related to growing up from peer pressure to behavioural problems among adolescents. We address the need to be assertive and then go on to general sexual health. It is only in this context that we broach the topic of AIDS."

She adds: "We have to face the fact that a number of schoolchildren are sexually active. We advocate abstinence at that age but there are some who we just cannot get through to and so it is better to educate them so that they don't risk their lives."

RBGM has worked with 20 schools in Delhi where a peer programme has been started. Here, enthusiastic students are identified who then take the initiative and keep the programme alive among their fellow students. This idea has been successful with students coming up with quarterly newletters and pinboards with information on AIDS. Ms Lal says: "When we are tying up the programme, we don't just leave, but try to ensure that the programme remains alive. In Delhi, we work with the counsellors in schools but since most schools in Mumbai don't have counsellors, we started a teachers sensitisation programme."

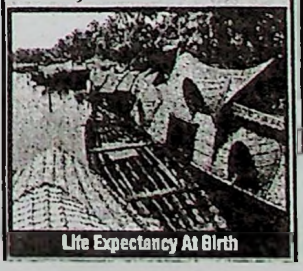
RBGM also conducted workshops in the various branches of SNDT University and based on the overwhelming response, they have been asked to institute full-fledged programmes. A programme has been started in three hotels in Mumbai to create awareness among employees, not only about AIDS but other sexually transmitted infections.

The aim is to also address psychological problems of people, to promote condom usage and remove the stigma about HIV/AIDS. A major project has been undertaken with Ajmera Housing construction to spread awareness among 1,000 construction labourers. Larsen and Toubro recently invited them to help in its own AIDS programme. Ms Lal says: "We have also decided to sponsor people who are unable to afford the cost. Recently, we sponsored a man who was in a very bad state, but his condition improved vastly with anti-retroviral drugs."

The Asian Age
02 March 2002

FIGURE WATCHING

Kerala has the highest life expectancy at birth among all major states of India. A person born in Kerala has an average life expectancy which is about 18 years more than a person born in Madhya Pradesh.



Life Expectancy At Birth

	Average No Of Years
Kerala	73.3
Punjab	67.7
Maharashtra	65.5
Haryana	64.1
Tamil Nadu	64.1
Karnataka	63.3
West Bengal	62.8
Andhra Pradesh	62.4
Gujarat	61.9
Rajasthan	60
Bihar	59.6
Uttar Pradesh	57.6
Orissa	57.2
Assam	56.7
Madhya Pradesh	55.5
All India	61.1

Source: Economic Survey
Compiled by ET Intelligence

The Economic Times
04 March 2002

New virus relaunches debate on AIDS

SEATTLE (Washington), Mar 1 (AFP)
An international team of researchers has identified a new simian immunodeficiency virus (SIV) in a species of monkey from Cameroon, relaunching the debate on the origin of the AIDS virus.

The new virus, dubbed VISgsn after the greater spot-nose monkeys, or Ceropithecus nictitans, was identified in 19 monkeys in Cameroon by researchers from the Research Institute for Development (IRD) at Montpellier, southwest France. The research was presented at the ninth Conference on etroviruses and Opportunistic Infections, being held here yesterday. The virus is similar to the VIScpz virus in chimpanzee, and HIV-1, a strain of the human immunodeficiency virus (HIV) which causes AIDS in humans.

The discovery of the virus has "relaunched hypotheses in the origin of the AIDS virus and may be the missing link" in a theory that it is more ancestral than that of chimpanzees, said lead researcher in the study, the IRD's Eric Delaporte. The fact that "chimpanzees eat these little white-nose monkeys," indicates they are not, in fact, natural hosts of HIV-1 as was believed.

The research suggests infection could be via other, smaller monkeys. To date, numerous strains of SIV, regrouped into six types, have been identified in around 30 species and subspecies of African monkeys. Unlike humans, monkeys are natural carriers of the virus without developing AIDS.

DRUGS' SIDEFFECTS: New U.S. Research raises the possibility that lifesaving AIDS drugs may also increase the risk of heart trouble, though experts say the medicines' benefits still far outweigh any hazard, AP adds.

Researchers are at odds over whether the drug combinations are bad for the heart. Conflicting studies of the question were released in Seattle at the Ninth Annual Retrovirus Conference, which concluded yesterday. The drug combinations have been in use for about six years and have prevented thousands of AIDS deaths. However, doctors are still learning about possible long-term effects.

Deccan Herald
02 March 2002

YOU & ME

WORKING RELATIONSHIP: An Indian male sex worker plants a kiss on another worker during the inauguration ceremony of a week-long carnival in Kolkata on Sunday. *(Reuters)*

The Asian Age
04 March 2002

Ailing in Alang

The notorious ship-breaking yard has around 55,000 labourers-and two medical centres, says Shefali Nautiyal

During the day, the only women you can spot at the Alang Ship-breaking Yard are vegetable vendors. But as night approaches, dozens of women, clad in sarees and salwar Kameezes, their perfume announcing their presence, pop up at the tiny hair saloons and pan shops in the area. The labourers, drunk to their gills, stretch out in submission.

Prostitution is as old as the hills in Alang, where 98 per cent of the labourers are migrants. Not surprisingly, then, the labourers are a high-risk group vulnerable to sexually transmitted diseases and AIDS.

Alang is a worker's and a doctor's nightmare. The notoriously filthy ship-breaking yard breeds a host of sexual, respiratory and abdominal diseases. But specialised AIDS awareness and prevention are a laugh in a place which has just one private doctor and one hospital, run by the Red Cross. That's two medical centres for around 55,000-odd migrant labourers.

Volunteers at the Bhavnagar Blood Bank, which has been running Project AIDS in Alang for the past three years, say there is no HIV-testing facility in the town, which has a "very high" population of high risk behaviour. "Since there has been no survey conducted, we don't have exact figures but there do exist a good number of HIV positive patients in Alang," says Dr Niloo Vaishnav, chairperson of the Bhavnagar Blood Bank. "Last year, we found 2,424 STD patients and 19 HIV positive patients. But these were the ones who approached us voluntarily."

Dr Amin Hamidani, Alang's lone private practitioner, paints a far more alarming picture. "At least 50 per cent of Alang's population could be infected with AIDS," claims Hamidani.

But then, AIDS isn't the only killer here-sometimes, respiratory and water-borne diseases do the job as well. "The workers work with gas cutters and inhale toxic gases every day. Almost 80 per cent have respiratory problems at one stage or the other," says Hamidani. Another common affliction found among the workers is gastroentitis, he adds.

The culprit for that can be easily spotted: the uncovered water vessels outside every shanty. No shanty has a tap of its own, and workers rely on a private water tanker that supplies 300 litres of water everyday. "Water is the biggest problem since there is an acute shortage. We are forced to drink salty water all the time," says Govindhai Pande, a migrant labourer from Uttar Pradesh.

"No one bothers to clean up the dirt here. It has been like this for so many years," says Prabhu Singh, a labourer from Bihar who has been suffering from acute abdominal pain for the past few weeks. "I can't even ask for leave as the work will go to someone else," he says.

"Look at the tin shanties. There is no electricity so we can't have a fan or a bulb or television. After sunset, except for the streetlights and the shops, the entire place resembles a ghost town," adds Pande. The bosses may return home but "no one bothers about how we are living," he adds. The workers toil with the bare minimum of protective gear: rubber gloves and helmets that don't have glass covers. Incidents of tanker blasts or cylinder blasts no longer seem to make news. "Leg and head injuries are the most common types of injuries. I never run out of patients." Says Hamidani.

The New Indian Express
03 March 2002

Social worker raped, killed

Burdwan, March 2: A 25-year-old employee of the Integrated Child Development Scheme under the social welfare department was allegedly gangraped and murdered yesterday at Paschim Kharampur in the Manteswar police station area on her way home from work.

Police have started a case but no one has been arrested so far.

Villagers gheraoed sub-divisional police officer, Kalna, Shankar Chakraborty, when he went to Paschim Kharampur to investigate the incident. They were protesting against "police inaction".

The gherao was lifted only when Chakraborty promised that sniffer dogs would be requisitioned from Burdwan town and pressed into service.

He also said raids are being conducted in the neighbouring districts to find the culprits.

The Telegraph
03 March 2002

Women on the fringe, on the run

For a week now, Shabana Khazi, a middle-aged prostitute from the border town of Nippani, 40 km from here in Karnataka, has been on the run. She has been hounded out of her property by a gang of armed hooligans, happily aided by local residents and politicians.

Shabana's offence- as is that of 29 other prostitutes displaced from Dewekar colony, the town's red light area for 80 years-is her activist role in the state-sponsored HIV/AIDS awareness programme among women in prostitution. The programme has been coordinated by the Sangli-based NGO Sangram in parts of north Karnataka and western Maharashtra for the last ten years.

When the Veshya AIDS Mukabla Parishad (VAMP) - a prostitutes collective headed by Shabana - recently bought an 18-room property in the red-light area, it had not bargained for the sharp reactions and vicious retribution from local as well as elected corporators. The 30 prostitutes were hounded out of town following an armed attack on Shabana's house on the midnight of February 17. The women are now living in temporary shelters in places like Ichalkaranji, Sangli and Kolhapur.

The looks on the row of houses once occupied by them bear witness to the tension. The incident reflects the hurdles that anti-AIDS programmes which involve prostitutes run into. "Five years ago, there was a similar problem in Belgaum," observes Vasant Bhosale, a senior journalist from Sangli.

According to Sangram's Meena Seshu, the property was bought with a view to having a central office for the 5,000-odd CSWs participating in an awareness programme from border districts of the two states. "Holding interactive and training sessions on aspects like safe practice of sex and the need for health check-ups, providing shelter to orphans and treatment for STDs prompted the purchase move," says Seshu.

The programme is funded by National AIDS Control Organisation (NACO) through respective state governments and is being implemented by NGOs across the nation, she points out.

However, local residents and politicians fear that VAMP's activity would lead to a rise in prostitution, which has been on the decline over the past few years. Corporators Baba Khambe and Vijay Shetke dismiss the move as "a bid to revive flesh trade under the garb of AIDS awareness". And residents insist that VAMP would 'sully' their 'respectable' lives.

Local police go a step further: "they are bloody veshyas, not normal citizens. They deserve no relief," Circle Inspector Satish S Khot is said to have thundered when Seshu had taken the CSWs to the Townhall police station on February 18 for lodging a complaint against the attack on Shabana's house. Seshu's years of widely acclaimed social work was reduced by the police officer to an offending description of "commission agent". Not surprisingly, Khot's action led to a furore among the NGOs working for women in Banglore, Sangli and Mumbai. It has drawn condemnation and forced the Karnataka state home department to direct an inquiry into the matter by Deputy SP Shivanand. The circle inspector has since gone incommunicado.

The Dewekar colony, which was once an isolated slum-mostly inhabited by prostitutes-on the outskirts of Nippani off the Pune-Banglore highway, has witnessed considerable development in surrounding areas over the past few years. Residential and commercial properties and even schools like the Nippani Municipal High School, an English and Urdu medium school, and a balwadi are located a stone's throw away from the red light area.

Khambe insists that residents are bound to be affected by prostitutes who land up here from outside and frequent the colony each week. "Can't they (the prostitutes) hold their meetings in just one room," asks an angry Pandurang N Bhise, who lives in living in the house across the road facing VAMP office. "My daughters are of marriagable age, and our guests avoid visiting us due to the increased activity of these women," adds Bhise's neighbour, Shanta Gadkari.

The residents cannot permit any legitimisation of the trade in the colony, adds Madhavi Shivaji Jadhav, a teacher from a neighbouring balwadi. "On several occasions, our children have been found playing with used condoms discarded carelessly by men visiting the brothels. It is unhygienic and we have brought this to the notice of the prostitutes but to no avail," she adds.

Seshu dismisses all apprehensions, while maintaining that VAMP's objective was not to promote prostitution but to carry on with awareness. "For six years before they acquired this property, the CSWs have been holding regular meetings at my house in Sangli. Nobody ever complained, nor did my house turn into a brothel," she says.

Seshu also has the support of Nippani's former legislator, Subhash Joshi. He points out that the number of prostitutes in the town had reduced from 200 to 29 over the last several years, and that figure has since remained stable. "It's a baseless apprehension," says Joshi, who feels that the opposition to VAMP's activity can be attributed to jealousy by local residents against Shabana-whose activist role under the

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programme has seen her jetsetting to NGO conferences at places like Nepal and Chennai-rather bristling that morality. "They (residents) feel, how can she deserve this," Joshi says, adding that Khambe, who is a building contractor by profession, had a vested interest in the property acquired by VAMP.

The New Indian Express
03 March 2002

Sex-worker's meet

A seven-day long Shanti Utsab begins on Sunday at the Salt Lake stadium, organised by the Durbar Mahila Samanwaya Committee, reports a staff reporter. Over 5,000 delegates, including those from south-east Asia, Europe, the US and South America, will take part in the festival, the central theme of which is promotion of sex-workers' rights.

The meet comes soon after an incident in Nippani near Belgaum in Karnataka in which 30 members of VAMP, an organisation of sex-workers trying to control the spread of HIV, were thrown out of a building they had legally bought.

The slogan adopted by the festival's organisers is "a space for all and all for peace". Several new issues will be taken up, said Salma Kartini, secretary of the Asia-Pacific Sex workers' Network.

AIDS lessons at the workplace

AIDS remains one of the most widespread and fatal disease in India, with an estimated 3.5 million people infected by the dreaded HIV virus. And worst of all, it directly infects the most productive age group, between 18-45, people who form the largest part of the workforce in most countries. The Rai Bahadur Gujarmal (RBGM) Foundation, therefore, organised an interactive seminar on February 26 for the launch of its Workplace Intervention Project, aimed at spreading HIV/AIDS awareness amongst the working classes as well as industrial labourers. This is the first time that such a programme has been launched in association with members of the PHD Family Welfare Association, representatives of the Indian Labour Organisation (ILO), the National AIDS Control Organisation (NACO) as well as the Delhi State AIDS Control Society.

Of course, this, to some extent, lies in the self-interest of the company itself. Samir Modi, chairman, RBGF, says they had begun to feel the need to provide their own employees with tools which would help them fight the menace. Criticising the Indian medical system, he says, "There is no proper infrastructure in place and the janta cannot afford to pay for testing either. So, it becomes our duty to try and spread awareness amongst our workers. Losing them would be like losing an investment. That raises the cost of production and also increases hospital, welfare and pension costs."

According to Mr. Afsar of the ILO, "AIDS has a profound impact on workers and their families, enterprises and even national economies and even national economies. This, therefore, is a workplace issue as well as a development challenge."

As part of the programme, plans are afoot to spread formal and informal education about HIV/AIDS amongst staff, push up the availability of condoms and the diagnosis of sexually transmitted diseases as also voluntary testing. The company also plans to provide counselling, care and support facilities to it.

The Pioneer
05 March 2002

Combating AIDS : State needs to rethink strategy

FACE TO FACE

Karnataka's HIV positive cases rose by nearly 50 per cent in 2001. The 2,900 blood samples that tested positive for HIV was the highest-ever for a single year, eclipsing 2000's high of 1,965. As on Dec 31, 2001, the State has reported 1,261 cases of full-blown AIDS - the fourth largest number behind Tamil Nadu, Maharashtra and Andhra Pradesh. Statistics also indicate that the disease has made a jump from the high risk groups to the general population. The Karnataka State Aids Prevention Society's Additional Project Director Dr D Thimmaiah spoke to Johnson T A of The New Indian Express about the alarming HIV/AIDS trend in the State and efforts to tackle the epidemic.

Why is Karnataka seeing an alarming increase in HIV/AIDS incidence? How does it compare with other States?

There are five or six States that are sailing in a similar boat - Tamil Nadu, Maharashtra, Andhra Pradesh, Karnataka. Gujarat and Manipur. There is definitely an increasing trend in Karnataka. One of the main reasons for the increase in HIV cases in Karnataka in 2001 is the presence of more detection centres - six, as compared to the three existing earlier. The HIV/AIDS trend we are seeing now is just the tip of the iceberg. By the end of the next year, when we set up more detection centres in the State, the HIV/AIDS figures could even rise three to four times.

Does this mean that the nearly decade-long AIDS control program has been found wanting - that it has not achieved its objectives?

The AIDS control program has been sticking to a plan outlined by the National Aids Control Organisation. More than 80 per cent of the time HIV/AIDS is transmitted sexually and control involves changing the risk behaviour of people. This is difficult to achieve in one or two years. There is no law that ensures that people protect themselves. The family planning message was similar - it took us more than 20 years to get it across to the people.

There are reports these days that an increasing number of young people and housewives from the general population are testing HIV positive. Comment:

Nearly half of the HIV positive cases in the State - 47.35 per cent - are youths in the 21 to 30 age group. Another 30 per cent are from the 31 to 40 age group. Among the total HIV positive cases 70.41 are itself is small. If the auxiliary nurses and midwives who work at the grassroot level can take the HIV/AIDS message as part of the reproductive and child-care package, a lot of the stigma associated males. The reports of increased HIV positive testing in housewives is not confirmed. But, our latest study at 11 ante-natal care centres for pregnant women has shown that mother to child infections are highest in Bijapur - 3.25 per cent, Raichur - 2.75 per cent and Bangalore City 2.75 per cent.

There is now a feeling that the State Government should try and use its own health network to take the HIV/AIDS message farther and wider instead of relying only on NGOs. Your opinion?

It is a good idea. The reach of the NGO network and the with the disease will go. There is also a need for specific-targeted programmes especially in the 15 to 20 age group, instead of the general awareness campaigns. More and more ordinary people need to talk about AIDS too. For instance, at its peak, the family planning message was a part of any program - agricultural meets, loan melas, political speeches, that has to happen in the case of AIDS as well.

What kind of commitment does the State Government have towards the AIDS control program?

The Chief Minister has taken over as the Chairman of the prevention program. Political will and advocacy may bring a greater change in promoting inter-sectoral co-ordination between various departments - education, social welfare in addition to health - to bring about behaviour change.

The New Indian Express
03 March 2002

Sex workers dance during the inauguration of a week-long carnival in Kolkata on Sunday. Over 20,000 prostitutes are taking part in the carnival to promote world peace. – Reuters

The New Indian Express
04 March 2002

Choice denied

Manjula Padmanabhan

THE received wisdom on the subject of sex-selection in India is that the overwhelming majority of prospective parents would choose to abort a foetus if they knew that it was female.

From what I recall of the first statistic reported on the subject of amniocentesis, a medical procedure which makes it possible to determine the sex of an unborn child, just one short of 7000 terminations were of female babies-to-be.

Currently, it is not legal to use amniocentesis for the purpose of discriminating against female births. Needless to say, wealthy couples, who can afford private clinics and the specialized services of such clinics, find ways to get around the laws. But villagers and the urban poor are denied access to the technology.

The reason given for this denial is that the sex ratio here is already weighted in favour of men, unlike the world population average which slightly favours women.

That is, there are already more men than women in India, and if sex selection were to be made easily available to the masses, the ratio would become "dangerously" male-biased. This would, it is believed, only worsen the already wretched condition of lower and lower-middle-class women.

Aside from that, it would also appear to accept the existing low value placed on the female sex by making it easy to reduce the number of daughters born.

I used to go along with this view, but over the years have had misgivings. I have asked myself whether, by pursuing this course, another kind of injustice is being done.

That is, I am beginning to think it may be really cruel not to permit access to the facility of sex-selection to those people for whom the need for a son is apparently of paramount concern.

It seems to me that by preventing lower income women from choosing sons, the elite are guaranteeing that the very women who most need to conserve their health and their energy because they are already underprivileged, underpaid and overworked, will bear many more children than they otherwise would, in the pursuit of a son.

It's not that I believe couples should be encouraged to have sons — only that sex-selection should be made easily available to the poor.

I am aware that this is an extremely unpopular point of view. But we've been living with the alternative for over a decade now and have yet to see a major change in the attitudes of the general population towards daughters except in very tiny ways.

More people are willing to adopt daughters for instance than they used to before. Some eunuchs will now dance at the birth of a daughter, whereas before it was only for the birth of a son.

Nevertheless, we continue to hear, those of us who live in cities like New Delhi, Mumbai and Chennai, those of us whose homes represent employment opportunities for dhobis, presswallas, drivers, sweepers and cooks that these people who are the least able to support five and six offspring — these are the ones who chase after the goal of having a male-child as if their lives depended on it.

For some young women, it literally does: they are discarded if they cannot bear sons, either sent back to their parents or murdered by their in-laws. Every so often there will be a report of a young woman dying after one too many ill-advised births only to be replaced by another fresh-faced young hopeful, all in pursuit of A Son.

The daughters who do survive birth, grow up unloved and devalued, convinced that they are a burden to their parents and to society at large, cowed into proving their worth by being submissive slaves to their husbands and in-laws.

Sociologists warn that the unhealthy pro-male demographic bias results in increased curtailment of women's freedom. As their numbers decrease, they are not able to act collectively or use numerical strength to their advantage. Instead they come under more intensive surveillance and restriction, to bring their reproductive potential under the exclusive control of the men in their families.

It seems to me, however, that the current situation is simply too unfavourable to the welfare of women to correct itself. Perhaps it is time to re-open the debate on sex-selection.

Perhaps the option of making a choice should be offered free or very cheaply, to those who are slower to change their traditional views concerning the relative value of sons versus daughters. Perhaps some of the negative sociological trends may be offset by the benefits of a lowered rate of reproduction.

Perhaps members of forward-thinking communities, who choose to have their daughters gladly, would find that bridegrooms would be willing to pay for the privilege of marrying one of these girls, instead of the other way around.

I am not a sociologist. My views are not founded on a close study of population trends, and may well be the result of woolly, uninformed thinking. I already know that feminists believe that it's better for some women to suffer repeated childbirths than for medical technology to make it easy for them to have sons.

But when translated to real life the theories don't seem to be to anyone's advantage, least of all to young women. The right to control one's reproduction is surely a deeply fundamental one, particularly if the means to do so are technically available. By preventing lower-income women from gaining that control, it seems to me they are being discriminated against by those who feel they have the long-term picture in mind.

Maybe it is time to even out the balance of choice so that those whose lives are shortened by oppressive

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'By 2050 older people will outnumber children'

By Our Special Correspondent

NEW DELHI, MARCH 2.

By 2050, the United Nations projects that one out of every five persons will be 60 or older and that by 2150 this ratio will be one out of every three persons. By 2050 the actual number of people over the age of 60 is projected to be almost 2 billion at which point the population of older people will outnumber children.

Today one out of every 10 persons is 60 years old or over, totalling 629 million people worldwide. These statistics were released by the Population Division of the Department of Economic and Social Affairs.

The study said that the world had experienced dramatic improvements in terms of longevity. Life expectancy at birth has climbed about 20 years since 1950, to the current level of 66 years. Of those surviving to the age 60, men can expect to live another 17 years and women an additional 20 years. But large differences in mortality level exist between countries.

In the least developed countries, men reaching age 60 can expect only 15 more years of life and women 16 years. In the more developed regions, on the other hand, life expectancy at age 60 is 18 more years for men and 23 years for women.

The majority of older persons are women. Worldwide, there are 81 men aged 60 or over for every 100 women and among the oldest, there are 53 men for every 100 women.

Countries with high per capita incomes tend to have lower participation rates of older workers. Only 31 per cent of men aged 60 years or older were still economically active in more developed regions, as compared with 50 per cent of men in less developed regions.

The Hindu
03 March 2002

Contd...

social practices can decide for themselves what their own long-term views might be.

(You can send e-mail to marginalien@yahoo.co.uk)

The New Indian Express
03 March 2002

Sex workers seek TU rights

From Prasanta Paul
DH News Service

KOLKATA, March 1

It must have been a moment of triumph for about 7,000 sex workers from India and abroad who have congregated at the Salt Lake Stadium near here to press for their demand for something which few in the world would expect them to voice.

Chanting slogans and banners proclaiming "Down with Terrorism", the sex workers from 10 countries across the globe have a new theme to propagate this time around — "A space for all & all for peace".

As they unfurl banners from their respective countries at the sprawling ground highlighting demands ranging from trade union rights, social acceptability and legal empowerment among otherthings, the latest theme might apparently seem a little incongruous to many.

What on earth the sex workers have got to do with peace, space and all that? Well,explanations galore. "If you don't have the catholicity of mind and heart to accommodate others' views, opinions and beliefs, it is but natural that strife will be a must in the society," explains Slamah Khartime, 26, a sex worker from Malaysia.

"And unless the social strife is minimised, you can't promote peace in society and from there, you work sincerely to transcend the barriers of region, state, and finally, the nation and geographical limits," observes Slamah for whom it is a maiden visit to this part of the world.

Sex workers in Kolkata perform the inaugural dance during a carnival observing 'The Sex Workers Rights Day', organised by Durbar Women Co-ordination Committee on Sunday.

Slamah represents the Asia Pacific Network of Sex Workers and is an active member of the prostitutes' body basedin Malaysia. She is part of around 150-strong overseas delegation of sex workers who are attending this week-long meet organised by the Durban Mahila Samanay Committee (DMSC), a Kolkata-based sex workers' outfit that has become a role model for the developing countries for its pioneering work on Project Sonagachi (one of the famous red light areas in Asia).

Besides representatives from NGOs of the UK and the US, the sex workers' "mela" (fair) has participants from the Netherlands, Thailand, Malaysia,Taipei, Nepal, Sri Lanka and Bangladesh. Throughout this peace festival, the buzzword is of course, the conferment of trade union rights to the "fallen women" in the world's oldest profession.The Meeras, the Madhabis, the Meheboobs and the Munnis from across the country have taken time off from their dank ghettos to participate in large numbers to protest the increasing attack from the police-politician-criminal nexus.

Emerging from the conference are a variety of concerns that include an alarming abuse of the existing Prevention of Immoral Traffic Act (PITA) as no uniform rules based on the Act had been drawn up by various states.The main provisions, that of trafficking in women and ban on soliciting in public places are being conveniently misinterpreted by police resulting in fast criminalisation of the trade by the mafia in collusion with police.

Prabha Kotiswaran, a lawyer from the United States who is also connected with an NGO, feels that this sort of meets would generate greater awareness about dangers posed by HIV/AIDS among the delegates.

Another unique feature that the fair is to provide to the sex workers is a face-to-face tete-a-tete with people drawn from various walks of society, viz, police, politicians, trade union leaders, women activists, intellectuals and mediamen on a day-to-day basis.

Deccan Herald
05 March 2002

Still ostracised, woman gets verdict before investigation

Forged letter brands her as AIDS patient, SHO sees no need for inquiry

By C Shamsher

Kotla Nihangsinghwala (Ropar), March 4: If you listen to the man who heads the police station under which Swaran Kaur's village falls, you will know why she may never get justice. "There is nothing to investigate. She is a characterless woman," says SHO Balwant Singh.

The inquiry by the sub-divisional magistrate into who branded Swaran an 'AIDS patient' and 'a characterless woman' on basis of a forged letter is still not complete, but SHO Singh's mind is already made. Not just that, he is parroting what the alleged culprit, who the police are expected to book and arrest, had written in his letter. Since that day, three months ago, Swaran Kaur and her family have been ostracised by the villagers, who were made to believe that AIDS spreads even through the touch of an infected person. For ration and milk, the family has to go outside the village, to Paprala. Swaran's son Bhagat still remains unemployed because people think his mother has AIDS.

Swaran's woes began when village sarpanch Sukhwinder Singh Whiskey claimed he had received a letter from a PGI doctor Prof R W Minz stating that Swaran is an AIDS patient and a 'characterless' woman. After Prof Minz denied it, through PGI, Chandigarh, the SSP Ropar and SSP Chandigarh were requested to file an FIR and register a case of forgery.

But SHO Singh is not waiting for any inquiry report before giving his verdict. "Swaran has been already booked once under Section 109 of the CRPC (for allegedly roaming under suspicious circumstances) along with her brother-in-law Kuldeep. There is nothing to pursue in the matter," he says. Ask him about the treatment being meted out to the family and he says: "I spoke with her husband and he says everything is fine with them. They have no complaints."

But things are far from fine for the family. The shocked Swaran has almost become a vegetable. "She sits here like this all day, with her head drooping and her arms folded," laments husband Jaspal Singh. The only time she goes out is when a visit is due to the Psychiatry Department at PGI.

Jaspal adds that the family continues to be ostracised. "No one has visited our house after the SDM came with a few policemen a month ago. Even our neighbours and relatives have not come here since." Swaran's brother-in-law Kuldeep also counters police claims.

"It's true that Swaran and I were arrested, but that was done deliberately to create a wrong impression of her character in the court which was trying the rape case filed by her."

The New Indian Express
05 March 2002

Swamiji claims to have cure for AIDS

By Pooja Vashisht

Bangalore, March 4: Sri Kapardhi Siddalinga Swamiji, who propagates the "Sri Basava Siddalinga Nijayoga," claims patients suffering from diseases like AIDS and cancer can be cured, if they undergo certain treatments.

Siddalinga Swamiji told *The Asian Age*, 45 diseases can be cured without any side effects through naturopathy and herbal treatments.

Unlike Ayurveda, the cure is not mentioned in ancient texts, because of a belief that the medicines lose their essence if they are written down, he said.

The treatment is given by Sri Ramappa Ningappa Kalathippi Pandit in the first week of every month in various places in the city.

"The yoga therapies are based on the teachings of Shivayogi Siddalingeshwara of the 15th century and Basavaguru of the 12th century. Diseases like migraine, back pain and joint pains can be cured without medicines at all. Proper food, a disciplined life and the practise of the self meditation healing system are the important means to a healthy body," the swamiji said. "For a disease like AIDS, the patient has to undergo a herbal treatment for one year," he claimed.

The swamii claims to have cured a number of patients, though he has not kept any records of how many have benefited from his treatment. "Seeing the number of people who have been cured of their diseases by the treatments, we feel further research can benefit hundreds of people," he said adding "We want the government to take notice and send a scientist or professor to conduct a research into our therapies."

"My brother, who had a stroke last year, is recovering remarkably after undergoing this herbal treatment for six months." says Mr H.H. Magajji, who was himself relieved of gastric problems through the herbal therapy.

Ms Bharathi Nejjur, who underwent personality development classes for eight days from the swamiji says, "There is a marked difference in my attitude. The water and oil therapies are very beneficial."

For more details on the classes and the treatments, contact: 2228747.

The Asian Age
05 March 2002

CIPLA, RANBAXY TO PASS OFF DUTY CUT TO CONSUMERS

AIDS treatment cost set to come down post Budget

James Mathew
NEW DELHI 4 MARCH

THE AVERAGE daily cost of treatment of AIDS is set to come down by 35 per cent to 40 per cent, with leading anti-AIDS drugs manufacturers such as Cipla, Ranbaxy, GlaxoSmithKline and Zydus Cadila are planning to slash the prices of their anti-AIDs drugs matching with the excise duty exemption announced in the Budget.

According to industry sources, these companies are at present waiting for the details of the budget announcement, mainly the list of anti-AIDS drugs which have been exempted from excise duty before taking a final decision on the price cut.

Industry sources said the average cost of daily treatment of AIDS is currently in the region of Rs 100. This is likely to come down to Rs 60-65, with the prices of various drugs used for AIDS treatment are set to come down following the excise duty exemption.


ON A TAILSPIN

"We will definitely pass on the excise duty relief to the customers. At present we are waiting for the list of drugs (used for treatment of AIDS) which have been exempted from excise duty and once the have the details we will implement the price reduction," a senior executive of Ranbaxy said.

The 15 per cent cut in customs duty on some select anti-cancer drugs, however, is not expected to make any impact on the prices of drugs in this segment. Industry sources said import of anti-cancer drugs account for just a fraction of the total domestic anti-cancer drugs segment and a cut in their import duty is not likely to make any impact on drug prices in this segment.

Sources said generally a cocktail of drugs are used for the treatment of AIDS. Besides the AIDS-specific therapeutic drugs, some of the anti-viral drugs are also administered to HIV patients.

"The exact reduction in the daily cost of AIDS treatment will depend on which all drugs used for the treatment of AIDS is exempted," a senior executive with another drug major said.

Cipla is currently the leader in anti-AIDS drugs segment, accounting for almost 50 per cent market share.

The other major players are Ranbaxy, GlaxoSmithkline, Aurobindo Pharma and Zydus Cadila. The total market size is estimated to be about Rs 50 crore. Ranbaxy comes close to Cipla with a 13 per cent marketshare followed by Zydus Cadila with 10 per cent.

The Economic Times
05 March 2002

GSK anti-AIDS are drugs dealt a double whammy

From Page 1

"The FM has said in the past that the government does not want to profit from life-saving drugs. But (with these duties), the prices of life-saving drugs will increase," said Mr Ranjit Shahani, president, Organisation of Pharmaceutical Producers of India (OPPI) and CEO (pharma) of Novartis India Five drugs sold by Novartis in areas like cancer and thalassemia namely Sandostatin, Aredia, Femara, Desferal, and Lioresal will now attract duty.

Added Mr Kewal Handa, finance director, Pfizer India, "A domestic drug is already priced cheaper than the duty-free imported one. Why can't domestic companies take advantage of this to capture the market? Why increase the gap ?" Pfizer India's hypertension drug Minipress XL and antibiotics Magnex and Magnamycin will be impacted because Pfizer imports either the bulk drug or the formulation in these cases.

Other products affected would be GlaxoSmithKline's anti-HIV drugs zidovudine and lamivudine, which have been dealt a double whammy because locally made AIDS drugs have been exempted from excise duty. Aventis Pharma's measles, mumps and rubella vaccine Morupar and typhoid vaccine Typhoral may also exit the zero-duty slab, analysts said, though the company did not confirm this.

Roche's Roferon (marketed by Nicholas Piramal), a brand of the cancer drug interferon will also attract duty. So will Burroughs Wellcome's muscle relaxant Tracrium, antigout drug Zyloric, and antibacterial Cefizox. Some point out that even those drugs that domestic companies are preparing to make locally have been brought into the duty net.

The Economic Times
05 March 2002

Serial on cricket and AIDS extended

FROM OUR BUREAU

Hyderabad, March 5: The star-studded *Cricket and Cricket* tele-serial sponsored by the AP AIDS Control Society to spread the message of AIDS has become a big hit, particularly among the rural youth. So impressed is *Doordarshan* that it has requested the director of the serial and joint director (training) of AIDS Control Society Dr P Sangram to double the number of episodes from 26. So far, the society has telecast 23 episodes from 7.20 to 7.50 am on Sundays on DD-8. With three episodes to go for the 26-episode serial, *Doordarshan* has requested the director of *Cricket and Cricket* for extending it by another 26 episodes. Doordarshan has also offered to give a "blank cheque" in selecting the time slot for telecast of the extended serial.

"Now *Doordarshan* is willing to give the prime time of our choice. The society in likelihood is expected to take a decision on the offer shortly," Sangram told *Deccan Chronicle*. The serial educates the public on bowling, batting, fielding, umpiring and other intricacies of cricket.

During break for advertisements, film stars including Akkineni Nageswara Rao, Chiranjeevi, Rajasekhar, Amala, Venkatesh, Giribabu and cricketers V V S Laxman and Venkatapathi Raju spread the message on AIDS.

The society offers Rs 1,000 to the winner of a quiz conducted at the end of each episode. The Sports Coaching Foundation has been organising an assembly of children interested in cricket and training them by showing them the serial on every Sunday at its office at Masab Tank.

Former Ranji cricketer Saibaba, who is associated with the foundation, has already converted four episodes into CD.

"I want to bring all the episodes in the digital format so that more people can be educated on cricket as well as AIDS," Saibaba said. The society is spending nearly Rs 45,000 on producing each episode produced by Dr Swarnalata of Sunil Audio Visual. As a matter of policy, the society has decided not to accept any commercial ads for sponsorship.

Deccan Chronicle
06 March 2002

SC warning on pre-natal diagnostic tests

By Our Legal Correspondent

NEW DELHI, MARCH 5. While granting further time to the States and the Union Territories (UTs) to implement its orders banning illegal sex-determination tests, the Supreme Court today warned that the Health Secretaries of States and the UTs failing to implement them would be required to be present in the court on April 9.

A Bench, comprising M.B. Shah and Doraiswamy Raju passed the order during a resumed hearing of a public interest petition filed by CEHAT, a non governmental organisation (NGO) bringing to the court's notice the rampant practice of illegal sex determination tests being conducted in the country resulting in female foeticide.

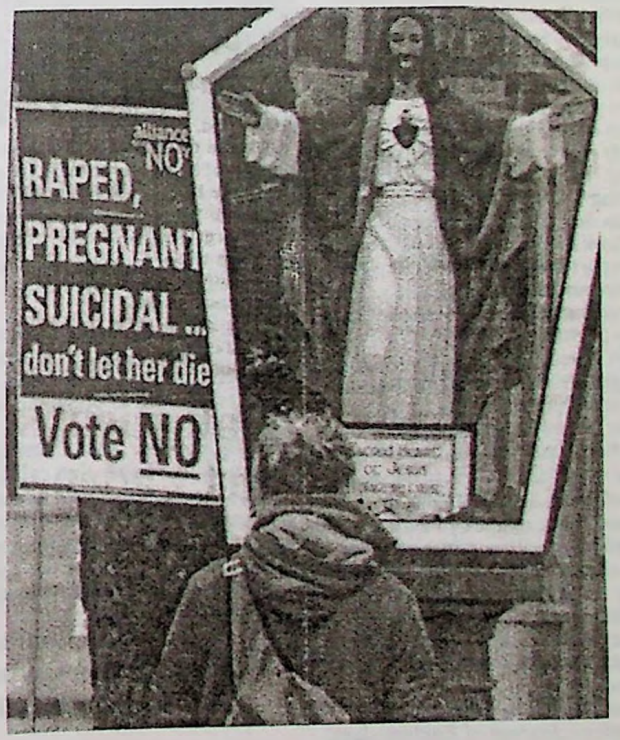
The petitioner had also submitted as to how the provisions of Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act were being misused.

On January 29, the court said that it was informed by the Centre that the Director, Department of Family Welfare had received relevant particulars from companies and NGOs using ultrasound machines/scanners and had forwarded the same to the States and the UTs asking them to take action against those clinics which were not registered. They were also told to seize and seal those machines for the time being.

The court had also directed the authorities to follow the mandatory procedure provided under the Act in granting certificate of registration to any person or organisation using the ultrasound machine/scanner.

The Hindu
06 March 2002

VOTE ON ABORTION



TO ABORT OR NOT? An abortion referendum poster is displayed close to a Sacred Heart statue in Dublin ahead of Wednesday's referendum on abortion in Ireland, on Sunday. *(Reuters)*

The Asian Age
05 March 2002

Caffeine doesn't impact growth of foetus

New York: Apparently, pregnant women can have their cup of coffee and drink it too. According to a group of Swedish researchers, consuming moderate amounts of caffeine while pregnant does not appear to have any effect on either the birth weight of the baby or the length of the pregnancy.

"The present study does not support an association between moderate caffeine consumption and reduced birth weight, gestational age or foetal growth," said study co-author Dr Sven Cnattingius of the Department of Medical Epidemiology at the Karolinska Institute in Stockholm, Sweden. Between 1996 and 1998, Cnattingius and his team recruited nearly 900 Swedish women — a group whom the authors describe as typically avid coffee drinkers — who were pregnant.

Each of the women included in the study ultimately gave birth to a single baby. The women were interviewed during the first trimester and then again during the third trimester.

At both interviews, they were asked to report their caffeine intake just before and during pregnancy. The participants were also asked for a history of chronic illness, eating habits, work schedule, education level, age, weight, height, alcohol intake, and smoking habits.

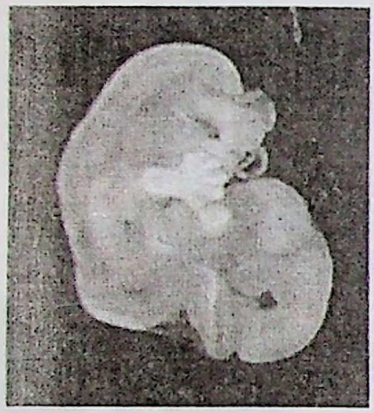
After reviewing birth weights of the newborns and the number of weeks they were carried before delivery, Cnattingius and his colleagues determined that exposure to caffeine had no effect on either outcome.

An absence of such a connection held true when looking either at the total caffeine intake throughout the pregnancy or when looking at caffeine intake within any particular trimester.

Reporting in the March issue of *American Journal of Epidemiology*, the researchers also note that smoking in late pregnancy did appear to be associated with a reduction in birth weight; it did not seem to affect the length of the pregnancy.

Several other factors appeared to have some impact on foetal growth, the report indicates, including having previously had a low birth weight child, experiencing nausea and fatigue throughout a pregnancy, and

THE ANCHOR



the number of hours the mother logged at work each week. Despite the lack of risk posed by caffeine found in this study, pregnant women need to take other considerations into account when deciding when to consume coffee, tea or chocolate, Cnattingius said.

He noted that his own previous research had established a connection between consuming caffeine in the first few months of pregnancy and a risk of miscarriage.

"Taken together," said Cnattingius, "these studies imply that caffeine intake should be avoided in early pregnancy — while later during pregnancy, moderate caffeine ingestion should not increase the risk of an unsuccessful pregnancy outcome." (Reuters)

BY ALAN MOZES

Deccan Chronicle
06 March 2002

Cipla passes on exemption in excise, cuts AIDS drug prices

CIPLA, India's second largest drugmaker, has cut the prices of its anti-HIV medicines following the government's decision to exempt nine such drugs from excise duty. Cipla's brands like Stavir, Lamivir, Nevimune, Dinex, Indivan, Triomune, Efavir, and Duovir will now cost 10 to 11 per cent lesser than before the Union Budget. The government exempted nine anti-HIV drugs namely lamivudine, stavudine, didanosine, saquinavir, ritonavir, indinavir, efavirenz, nelfinavir, and nevirapine from a 16 per cent excise duty in the latest Budget.

A Cipla executive said it would take about a week for stock to be available to consumers at the new prices. Cipla which is the market leader in the local anti-HIV drugs market has become the first pharma company to announce price cuts after the Budget. Other companies like Aurobindo Pharma, Ranbaxy Laboratories and Zydus Cadila Healthcare are expected to follow suit.

In all, Cipla has cut prices of 20 packs (across various brands and dosages). For instance, the price of Triomune 30, a three-drug combination, will now cost Rs 801 for a pack of thirty tablets instead of Rs 900 earlier. Triomune 30 is a combination of anti-HIV drugs stavudine (30 mg), lamivudine (150 mg) and nevirapine (200 mg). The triple-drug therapy has the potential to reduce the HIV virus in the body to very low levels. The price of Triomune 40, the other dosage form of Triomune, is also down 11 per cent.

The Economic Times
06 March 2002

Breast cancer culprit not that guilty in South India: Study

CAN hereditary breast cancer in South Indian families be different from hereditary breast cancer elsewhere? It could be, according to a study conducted by researchers from the Indian Institute of Science, Bangalore and the Regional Cancer Research Centre, Thiruvananthapuram.

Defects in a gene, acknowledged as the primary cause for hereditary breast cancer world-wide, may not be the only cause for breast cancer in South Indian families, says the study, which was recently published in the international Cancer Biology and Therapy Journal.

The study on defects in BRCA1 – denoting breast cancer gene 1, a usual suspect in hereditary breast cancer in Indian families – is the first of its kind for the country, according to principal researcher Ravindran Ankathil from the Regional Cancer Centre.

Earlier studies in India and abroad on breast cancer patients had indicated that a large number of patients had defects in the BRCA1 gene.

Ankathil, assisted by Kumaravel Somasundram and Smita Lakhotia from IISc's Department of Microbiology and Cell Biology "examined the coding sequence of the BRCA1 gene in 14 breast cancer patients with a positive family history of breast cancer," and found BRCA1 defects in only three patients.

Of the three BRCA1 defects, two were of a unique, undiscovered kind while the third was a defect similar to the one seen in Ashkenazi Jewish families – one of the global communities famous for their pre-disposition to breast cancer.

According to Ankathil, he has now extended the study to 26 families and has found BRCA1 defects in five more patients taking the total number in the study to 8. "Our study suggests a lower prevalence, but definite involvement, of germline mutations in the BRCA1 gene among South Indian women with breast cancer as well as a family history of breast cancer," says Ankathil, who was recently in the City for the annual meet of the Indian Association of Cancer Research.

Breast cancer is, incidentally, the second most serious cancer among women in India and genetic predispositions are the root cause. Each of the patients taken from the Thiruvananthapuram centre for the research had at least one first-degree relative affected with breast cancer.

According to Ankathil, the study offers information that is valuable in the early diagnosis and effective management of breast cancer in families with a history of breast cancer in South India.

"If a BRCA1 defect of the kind seen in our study is detected in an unaffected person from a family with a breast cancer history, the person can take measures to manage the onset of the disease. This way, patients are more likely to be informed than traumatised," he says.

Further, the fact that few families had mutations in BRCA1 suggests that other genes may play a role in breast cancer in South India.

Ongoing studies are evaluating the role of other genes such as p53, Chk2, ATM or PTEN that could contribute to the development of breast cancer in families with breast cancer susceptibility, says the study report.

The main limitation of the study according to Ankathil is the small number of families tested.

"Given India's diversity, it is necessary to screen a large number of families within each ethnic group to get a true picture of the contribution of BRCA1 to familial breast cancer," he explains.

By Johnson T A

The New Indian Express
06 March 2002

States pulled up over sex tests

New Delhi, March 5: The Supreme Court has served a warning on health secretaries of all States that they should either implement its order banning illegal sex-determination of foetus by April 5 or get ready to be summoned.

A bench comprising Justice M B Shah and Justice Doraiswamy Raju passed the order on Tuesday during a resumed hearing of an appeal filed by an NGO Cehat, which had alleged that rampant illegal determination of sex of foetus was prevalent in the country resulting in female foeticide.

The Court on January 29 had directed all the States to confiscate the ultrasound machines in clinics running without licence. "These machines are to be seized and sealed for the time being," the SC bench said.

Earlier, the court had sought personal explanation from the health secretaries of various States on the manner of implementation of Pre-Natal Diagnostic Techniques (regulation and prevention of misuse) Act.

Deccan Chronicle
06 March 2002

The women of Malshiras

It was in a tiny hutment in Malshiras village in Purandar *taluka* that I met Nirmala and Mangal. Located some 50 kilometres from Pune, Malshiras, with its 3,500 inhabitants, stands on a parched and rugged terrain. Dust billows up with the wind, and stubs of grass here and there are tired and yellow-brown. The hutment, its green walls lined with charts, its cupboard holding some first-aid and primary health kits, is, incongruously, Malshiras' para gynaecological centre called "Sadaphuli" (forever in bloom), and Nirmala and Mangal who work here are *saathis* or paralegal workers trained by the Mahila Sarvangeen Utkarsh Mandal (MASUM), a local NGO, registered as a public trust. But in defiance, as it were of its dismal and worn-out appearance, the village has thrown up firebrands like Nirmala and Mangal, harbingers of a radical change that goes unnoticed even in nearby Pune.

How radical is what I understood through my brief encounter with them. They began by lamenting the lack of water for much of the year in this drought-prone region. "We have to get it from two or three kilometres away," said Nirmala. A 12-hour workday fetches as little as Rs 30. Viral fevers, measles and anaemia are widespread. "Doctors don't visit the primary health centre. In fact, they should be staying here to look after us and the 18 neighbouring villages. We don't even have nurses."

The paragynae centre was set up in response to a real need. Women's problems were going untreated through neglect or embarrassment. Nurses were inadequately trained, and the women were too shy to speak to the male doctors who visited occasionally. Into this vacuum walked in MASUM. It taught the local women to diagnose reproductive tract infections and STDs and suggest local herbal remedies. "With early marriages, frequent pregnancies, fetching water, crouching for long hours and no rest, women suffer from a prolapse of the uterus and bladder, menstrual pains, vaginal infections and excessive bleeding." How can they run to doctors in town every other day? Women tend to ignore their ailments, says Mangal. They come to us only in the third stage, when the only option is surgery. "Our work is to have them take precautions, to awaken them to such problems in good time."

In Malshiras, to say that the methods used were revolutionary would be an understatement. "Women had never seen their bodies — they regarded it something sinful. We helped them to overcome their shyness, to see with a mirror and a torch." Mangal demonstrates. Sitting with her back to the wall, she spreads out her legs, places a mirror between them and flashes a torch. "There was nothing to be ashamed of, we told them. If they felt shy, we were ready to strip ourselves in solidarity, and tell them we are all made in the same way. We learned to use the speculum, showed them how to feel for lumps in their breasts."

For the more routine ailments they suggest *neem malam*, *amrutdhara* (pain reliever for colds, aches and pains), *triphala churn* (for constipation), *dhotry-ache tel* (*dhatura* leaves' extract in oil for aching joints), *raal malam* (for skin problems, burns and piles) and *aghadashar* (for toothaches). But they also advise on allopathic drugs with generic names, exercise, diet and acupressure.

The fee for their service? Rs 3.

It was a small start. Unable to get remedies from the primary health centre for their chronic ailments, women began trooping in, 40 a month on an average. Where needed, they were referred to hospitals. They came not only for gynae problems, but for headaches and arthritis, weakness and toothache, coughs and skin eruptions — and to learn about HIV AIDS. The platform was gradually prepared for them to speak their minds on a host of issues — gender, population, fertility, child bearing support, nutrition and immunisation. "It was a struggle all the way," says Mangal. "Nothing is possible without struggle, we told them."

The struggle was waged against another rampant scourge, liquor. Typically, illicit liquor was widely brewed and consumed, leading to the usual circle of *maar peet* and near-collapse of families. For years, Nirmala's alcoholic husband was a burden on her and her children. The *saathis* spent two years tackling a problem that was depleting their material and emotional resources. Again and again, in the *gram sabha* and the *gram panchayat*, they demanded in vain that liquor shops be closed down, enduring the taunts of men who laughed at their efforts and shooed them off. Then one day they had had enough. They gathered a 200 strong force, took out a *morcha*, attacked liquor dens and went on a smashing spree, aided and abetted by kids who located the garbage piles under which the booze was stored. Threats followed swiftly — stones, sticks, chilli powder. But the women survived.

For all that, drinking habits were hard to break. The men needed counselling. A de-addiction centre for men was set up, some of who seem to have kicked the habit altogether. "Others," says MASUM's Rinchin Sharma, "go seek it elsewhere. But since there isn't another village in the vicinity, it's not the easiest thing."

The women are also engaged in Streedhan, a women's savings and credit programme launched for their economic self-reliance in 18 villages of the *taluka* by MASUM with support from the Ford Foundation. "We cycle off at the crack of dawn to *wadis* and *vastis*. We speak to women not only of saving and borrowing, but also of cancer and AIDS." All the women of Malshiras, 950 of them, as well as women of 18 other villages, are members of Streedhan. Based on Bangladesh's Grameen Bank, the scheme, whose deposits begin at a lowly Rs 5 and no collateral, is a resounding success, with a monthly transaction of between a lakh and a lakh-and-a-half in Malshiras alone. The very smallness of the amount dissuades men from taking an undue interest in the scheme. The loans — managed astutely by these doughty women — are given for education, medicine, marriages, purchase of land, chicken and goats, and for laying water pipes, and the repayment rate is high and dead on time. "Men may sit at the group meetings," explains Manisha Gupte, MASUM's co-convenor, "but are not allowed to hamper the women's decision-making process."

On October 11 last year, communal tension gripped Purandar *taluka* as Muslims were attacked in the neighbouring town of Saswad. "We were also tense," says Nirmala. "There are 30 Muslim households here, and we have always lived as one people." At the time of crisis, it was the women who transformed themselves into doves of peace, preventing the entry into their village of any outsider, wandering *fakirs* or wandering *sants*.

Between counselling, healing, informing, leading harmony campaigns, encouraging thrift and credit, running homes and children and ministering to their (once) alcoholic husbands, the women of little known villages like Malshiras have little time on their hands. Resilient, curious, and now aware that they can speak up, these brave women have sprouted wings. Unknown to the rest of India, empowerment in this dry and poor *taluka*, lying at the end of a bumpy country road, wears a radical, yet human face.

BY LATIKA PADGAONKAR

The Asian Age
06 March 2002

Positive Thinking

ISOLATION does not remain confined to individuals alone when it comes to HIV. Entire villages can get ostracised. People refuse to marry into such villages, seen as pockets of concentration of HIV. These begin to appear only when the virus has spread sufficiently to grip whole areas. The first such pocket in the country was Kamatipura. But this finding did not lead to international concern, as it was an area of sex work. And sex workers are among the first to get infected. The worry now is that the HIV pockets coming up are in villages, where either due to sex trade being its people's primary occupation, or because of its proximity to a commercial sex area, the spread has been rapid.

Few people outside Tamil Nadu may have been aware of the existence of a sleepy district towards the northern part of the state — Namakkal. It was earlier a part of Salem district, that is famous for its steel. Namakkal has a flourishing lorry industry, perhaps the reason for there being two big hotels in such a small district. Work related to lorries is the main source of income for this district. Of late Namakkal has gained international focus. But for a different reason; it has the highest prevalence of HIV in the country. The prevalence of HIV amongst pregnant mothers estimated at 6.5 per cent comes quite close to the calamitous African figures of 10 to 20 per cent. What is worrying is that the infection rate amongst truck drivers is double — 20 per cent. Over 10,000 people are already estimated to be infected, out of a total population of 13,25,311, according to a report by Arivoli Iyakkam, the organisation running the government's AIDS awareness programme.

And let us not be lulled into believing that this is happening in one far-flung corner of one state. HIV gets transported rapidly. More so when the infected population here itself is highly mobile, driving trucks from one corner of the country to the other. In this district alone, 6,900 national permits have been issued, enabling drivers to go all over the country. Word of the large numbers of infections in the area has travelled around rapidly. So much so that people from villages outside this district are now wary of marrying their daughters here. Even in Namakkal, private-testing laboratories have sprung up to provide HIV-free certificates to prospective grooms from the district. And this could be only the beginning of a phenomenon.

Chenamuthalapetty village, about six km from Namakkal, wears a look of prosperity, with large, spacious houses along its metalled roads. The primary occupation of its people is building the chassis of lorries. Elders here traditionally gather near the temple at the entrance to the village, to chat and to discuss issues. Of late, the discussion revolves around the latest death and whether it has been due to HIV. Several young truck drivers have died here. One gets to see a number of young widows, holding small children, or wrinkled old women caring for their grandchildren. Mateshwari, an elderly woman, has lost her son-in-law and daughter to the infection. Her grandson, a thin but bright looking boy who is standing next to her, is the only one left in that family. Who will look after him after I die? she sobs, folding her hands as she pleads for help.

IN BRIEF

- A mobile infected population is contributing to the spread of HIV
- There appear no support systems for families who have lost members to the virus
- The burden of providing care and support to the infected is borne mostly by children and women

Periamma, too, has lost her daughter and son-in-law to the infection. She is now left alone to bring up her only grandson. The list seems to be endless. The issues are the same. Just that the faces of those dead are different. Widows line up before me thinking some help has come from the government. There are at least six of them, standing at the end of the road, children in their arms, crying. HIV seems to have suddenly thrust all the problems of survival onto them without any hope of support systems emerging.

In village after village, it is the same story with a number of widows coming out looking for help. The figures of infections may not match with the number of hospital admissions or deaths. (The hospital records showed only 23 AIDS deaths, far less than the widows one could count at a single congregation. The local hospital had confirmed only 226 HIV positive cases till 31 January 2001.) But that itself conveys the story of discrimination at the government-run hospital, where only a few with HIV go. A new and separate AIDS ward, flouting the policy of the Central government only increases stigma and reinforces peoples' perceptions that those with HIV/AIDS should not be touched.

Neighbouring Andhra Pradesh too has HIV spreading at an alarming rate in some of its towns. Samalkota, a few kilometres from Peddapuram, a centre for sex trade, just half an hour by car, is one of them. The tranquillity of this small town with a population of not more than 50,000 largely of farm labourers, has been shattered with the spread of HIV.

In the absence of official estimates, my observations of the spread of HIV are based on the work of one single doctor. This doctor, K I Jacob, who settled in the town to work with leprosy patients found people coming to his clinic with fever and other infections. As the numbers grew and the infections increased, he started getting them tested for HIV. Soon he found himself addressing the problems of 100 families affected by HIV in the vicinity of his work. Every third or fourth home in this area had the virus; all within a radius of 55 km or so. The actual numbers could be much more, as we have studied the concentration in only one pocket. Dr Jacob is not only trying to deal with the infection medically, by treating opportunistic infections, but also by helping the affected families cope with economic devastation as well as their isolation.

But the devastation of HIV is such that there is little that a single person can do. The burden of providing care and support, therefore, in most homes here is being borne by children, who are being pulled out of schools to provide for at least one meal, or by the women, despite their infection. Young widows are being forced to return to their parental homes for lack of any other shelter.

(Extract from 'Positive Lives: The story of Ashok and others with HIV', Penguin Books India 2002)

BY KALPANA JAIN

Programme for AIDS prevention in second phase

Express News Service

Bangalore, March 6

THE 'Prevention of Mother to Child Transmission of HIV/AIDS' (PMTCT) project in Karnataka is in the second phase with HIV tests being provided free for pregnant women and free drugs being distributed to the needy.

Phase II of the project will see the use of a 'simpler and affordable' drug, Nevirapine, said Dr Nanda Gopal, professor at the Bangalore Medical College and key person of the project here at a seminar on Wednesday.

A 200 mg oral dose to the mother and 2 mg oral dose to the baby, born within 72 hours after delivery, reduces mother-to-child transfusion of HIV by 47 per cent, Dr Gopal said.

Funded by the United Nations International Children's Education Fund (UNICEF) and NACO, the project in Karnataka is coordinated by the Vani Vilas Hospital.

The project is being initiated at all Government and private hospitals and medical colleges in Bangalore, the BMC professor said.

The New Indian Express
07 March 2002

The Times of India
07 March 2002

A matter of survival

IT is that day of the year today – International Women's Day – when society momentarily awakens to the fact that atrocities against women do exist and that very little is being achieved by the numerous enactments to protect the rights of women. Seminars, workshops, conferences, emotional speeches from the high and mighty, and token protests by all and sundry nudge the collective conscience of society into making new resolutions. However, when the din dies down at the end of the day, March 8 will become history – to be forgotten till the next year.

A few decades down the line there may not be enough women in India to celebrate Women's Day at all. The rapidly declining female-male sex ratio caused largely by rampant female foeticide is likely to ensure that there are not enough number of women to deserve a Women's Day. In the beginning of the 19th century there were 1072 Indian women per 1000 Indian men. By 1999 the ratio dwindled to 972:1000. In Bihar and Rajasthan the ratio is even more depressing – 600:1000. Female infanticide, the scourge of the poor and the under-privileged is the main reason.

The inherent gender bias or 'son preference' (nurtured by the dowry system) in Indian society has been taking demonic depths with lots of help from science and technology. Prenatal diagnostic testing techniques initially intended to detect congenital disorders in the foetus is now used more often by the medical fraternity and parents to determine the sex of the unborn child. Female foetuses rarely ever survive till birth.

The Prenatal Diagnostic Technique (Regulation and Prevention of misuse) Act (PNDT Act) came into existence in 1994 with the sole purpose of preventing female foeticide. Many doctors compare this piece of legislation to the Anti-dowry Act. The aim and purpose is noble but the legislation becomes an exercise in futility in the absence of the will to implement the letter of the law.

An official working on a project to implement the PNDT Act in Karnataka said some parents consider it their fundamental right to choose the sex of their children. If the first-born is female many parents will not settle for a second daughter. The mother is also ready to suffer successive abortions till she is assured of a male offspring.

That's how the girl child becomes another cold statistic on female foeticide when census findings hit the headlines the next time round. Doctors can say no and refuse to be party to cold-blooded female foeticide. But parents will soon find a more obliging doctor or a quack with marked-down rates to do the needful. The mother can say no. But a mother-to-be who is party to prenatal sex-determination tests is more interested in saving her marriage than her daughter.

Parents, it is apparent, have more than enough excuses to snuff out the female species of human race that still survives in India. The law of the land is a mute spectator to this hideous spectacle of 'son preference'. The medical fraternity which plays a rather noisome role (sometimes unwillingly, it must be admitted) in the frenzy to snuff out the girl-child as soon as possible after conception, puts the blame squarely on quacks for the diminishing numbers of the fair sex.

Dr P Janardhan Rao, Convenor, Anti-Quackery Committee, Indian Medical Association, Karnataka Branch concurred, but hastened to add that members of his own fraternity have often been found guilty of pampering the Indian male psyche that rejoices in the birth of a son. The Indian Council of Medical Research has documented that 75 per cent of the illegal abortions in this country are performed by quacks. This statistic however does not let genuine doctors off the hook.

"Such doctors should be given the professional death sentence," stated Rao when asked about the ultimate punishment for doctors who indulge in female foeticide. The Indian Medical Council is empowered to revoke the medical degree bestowed upon the guilty doctor and withdraw his\her registration as a qualified medical practitioner. Nothing much can be done by the Indian Medical Association with regard to quacks, Rao conceded, because the State government has empowered the registrar of the Ayurveda Board to deal with quacks. Even the Karnataka Medical Council has been rendered helpless in this regard.

"It is not for want of laws and rules that quackery is flourishing," Rao explained. There are about eleven enactments, rights guaranteed by the Constitution of India to eradicate quackery and thereby save the girl-child from extinction. But very little has been achieved. The numbers are dwindling even as the social injustice meted out to women is mounting.

The medical fraternity alone cannot be held responsible, Rao insisted. There are many factors that aid and abet female foeticide. Male domination in a vastly illiterate society is the driving force. It is a paradox that an illiterate man in India is so well informed about the machines (ultrasonography) and the tests (amniocentesis) that help doctors determine the gender of his child months before its birth. The tentacles of technology have helped man in his misguid-

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Rules and reality

The Karnataka State Health Department claims that it is 'very strict' in implementing the Prenatal Diagnostic Technique (Regulation and Prevention of misuse) Act (PNDT Act). "The secretaries of many States were summoned by the Supreme Court to explain why the PNDT Act was not being implemented in their State. Karnataka was not summoned," stated Dr M V Murugendrappa, Director, Reproductive and Child Health (RCH) division, Department of Health and Family Welfare. The RCH is the State Appropriate Authority for the implementation of the PNDT Act.

West Bengal, Delhi, Bihar, Gujarat, Kerala, Jharkhand, Orissa, Rajasthan and Uttar Pradesh have not yet implemented the PNDT Act. These states have been summoned by the Supreme Court for a hearing on April 9 regarding the implementation of the act.

The fact that the Supreme Court has not summoned the State is proof enough that the PNDT Act is being satisfactorily implemented, averred the Director. Doctors are saying implementation of the act by the government is tardy because they are not co-operating with the health department, he added.

The RCH project for the implementation of the PNDT Act is regularly monitored by the Supreme Court, said Murugendrappa. RCH is assisted by an advisory committee comprising doctors, social workers and non-governmental organisations, he added. Every district in the State has its own implementation review committee. Periodic orientation camps and workshops are conducted to create awareness among the medical profession and the people about the provisions of the PNDT Act. The mass media is also deployed in the endeavour to put an end to female foeticide.

Fifty per cent of RCH's budget has been earmarked for the implementation of the act, the Director said. "Besides, at every function organised by the health department we have to talk about the PNDT act," Murugendrappa added.

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ed quest for domination through sheer numbers.

"We cannot blame any one community. The preference for male children is present in all communities," Rao averred. "If the first born is a girl then the mother is persuaded or willing ly undergoes an abortion if the second offspring is female. They will keep aborting the girl till a boy makes an appearance."

The 'son preference' syndrome is so rampant in India that it makes a mockery of the laws that prohibit the practice of female foeticide. The penalties for lay people using prenatal diagnostic techniques for sex determination and subsequent foeticide do not serve as adequate deterrents. Imprisonment upto three years and a fine that could extend to Rs 10, 000 is what parents face if found guilty of female foeticide. Who will lodge a complaint against parents? No answers are forthcoming because no 'genuine' complaints have been received by the implementing agencies. A medical practitioner guilty of violating the

Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act faces a five-year prison term and a fine of Rs 50,000.

The media, Rao reiterated, is equally responsible for the fall in the male-female ratio of the India population. Newspapers and periodicals regularly publish advertisements given by quacks despite repeated reminders to publishers. The police department, Rao stated, plays a passive role when it comes to booking cases against quacks. "We have informed the police on many occasions, given them addresses from where quacks operate but so far not one conviction has been made," he added.

Census figures show that in five years time 24 per cent of Haryanvi males will not be able to find a bride. The trends there indicate that in the age group 15-19 years the male-female ratio has come down to 1000:756. A disturbing trend that is bound to exacerbate the social ignominy already heaped upon women.

PAMELA ANTIC
Deccan Herald
08 March 2002

'Many newborns infected with HIV from mothers'

Times News Network

BANGALORE: India has the highest number of AIDS-infected people (as on March 1 1999). 10,000 new infections happen each day. Thousands of newborns are getting infected through transmission from the mother. Dr Nanda Gopal M.D. of Vani Vilas Hospital elaborated on the determinants and the measures to be taken to prevent transmission of HIV/AIDS to the child through its mother.

The determinants could be of two types. One is maternal—such as unprotected sex during pregnancy, low vitamin level in mother's blood which increases the risk factor of transmission by four fold, and smoking of illicit drugs. Second type is foetal—the capacity of the foetus to absorb the virus, umbilical blood sampling and through breast feeding. One of the handicaps to prevent transmission of the virus is that failure to detect the infection among the infants as infection can occur anytime during the pregnancy, labour or breast feeding.

Other than taking good care of the AIDS-infected mother, there are some medicines which can reduce the risk of transmission, which is nearly 14-56 per cent. A joint project with UNICEF and NACO, has identified 11 centres in India, the one in Karnataka being the Vani Vilas Hospital in Bangalore. As part of the project, all pregnant women are given free HIV testing and treated with medicines.

The Times of India
07 March 2002

Hetero Drugs bags $10 million Brazil order

Hetero Drugs Ltd, part of Rs 500 crore Hetero group that focuses on anti-AIDS drugs, has received a $10 million order from the government of Brazil for supply of two latest anti-AIDS drugs — Lopinavir and Ritonavir. The order will be executed over the next one year.

With the supply of these two drugs, which are patented by Abbott Laboratories, the company hopes to increase its exports to Latin American countries.

Hetero is one of the major suppliers of anti-AIDS drugs for Latin American markets. "Of the Rs 189 crore of our exports to Latin America during the current year, the share of anti-AIDS drugs was Rs 120 crore," M Srinivas Reddy, director of Hetero, said. "We were the first company from India to enter the anti-AIDS drugs export market. Before our entry in 1997, Brazil had an annual budget of $600 million to offer treatment to 1 lakh patients. Now, the Brazilian government is able to offer treatment for 7 lakh patients with a budget of $300 million," Reddy added.

A closely-held company, Hetero was promoted by B Pardha Saradhi Reddy in 1993. The company produces 13 anti-AIDS drugs out of the 14 drugs available worldwide. The company occupies second position, next to Cipla, in the Rs 25 crore Indian anti-AIDS drugs market. The company also produces bulk drugs over a wide range of therapeutic categories with five products approved by US FDA. It has also established a research foundation with an investment of Rs 25 crore for the development of non-infringing, cost-effective processes and custom synthesis contract research.

The Statesman
08 March 2002

Firms to cut anti-AIDS drug prices

NEW DELHI: Leading drugmakers including Ranbaxy Laboratories, Zydus Cadila and Aurobindo Pharma are all set to effect cut in prices of anti-AIDS drugs that would now be exempted from 16 per cent excise duty. Largest player in anti-HIV drugs, Cipla has already reduced the prices following the budget announcement.

FM Yashwant Sinha announced exemption from excise on anti-AIDS drugs including Lamivudine, Stavudine, Cidanosine, Aqinavir, Ritonivir, Indinavir, Efavirenz, Nelfinavir and Nevirapine in Union budget 2002-03. "We will reduce the prices by about 15-20 per cent," S D Kaul, regional director, Ranbaxy, said. The company which has a total portfolio of about 15 drugs would introduce the new prices in April. Hyderabad-based Aurobindo Pharma, one of the leading players in the anti-AIDS market, has also decided to pass on the benefits. *(PTI)*

The Statesman
08 March 2002

UN Foundation Announces Partnership with Netherlands Embassy in New Delhi:

Washington, DC - In response to the need for increased resources and investments in HIV/AIDS prevention, the United Nations Foundation announced a new partnership with the Netherlands Embassy in New Delhi and the UN Joint Programme on HIV/AIDS (UNAIDS) to fight the pandemic in India. The "Coordinated HIV/AIDS/STD Response through Capacity-Building and Awareness" project, or CHARCA, will receive a multi-year, $2.8 million grant from the United Nations Foundation with a $2.8 million matching contribution from the Netherlands to reduce the risk of HIV infection among the most vulnerable Indian populations, particularly adolescent girls.

"This project serves as a model for the new public-private partnerships - between NGOs, governments and the UN system - that are needed to meet the world's biggest challenges," said Timothy E. Wirth, President of the UN Foundation. "Currently, India is spending more than $250 million to combat HIV/AIDS over the next few years. Given the growing magnitude of the problem in India, additional resources are needed to make a real difference. We are pleased to partner with the Netherlands Embassy on this project, and welcome others to join in the UN-led fight against HIV/AIDS."

Mr P. Koch, the Netherlands Ambassador in New Delhi said, "Combating HIV/AIDS has been set as a priority in the Dutch development policy and my Embassy is committed to put this priority into practice. The CHARCA project will make use of existing institutions and work with several UN agencies with a focus on young women. In this way the CHARCA project will contribute substantially to effectively combat the HIV/AIDS epidemic in India."

The CHARCA project is part of UNAIDS' Partnership Menus Initiative, developed in collaboration with the UN Foundation and the World Economic Forum to serve as an advocacy and fundraising tool to engage the private sector and other global actors in addressing the HIV/AIDS challenge. The partnership menu model is currently operational for UNAIDS projects in India, Brazil and Zambia, and will expand to other regions this year.

"We welcome the financial contribution made by the United Nations Foundation and the Netherlands Embassy to reduce the spread of HIV among young women and girls in India," said Peter Piot, UNAIDS Executive Director. "Given that gender inequalities are a major driving force behind the AIDS epidemic, investing in prevention programmes for young women will not only empower them to make more informed decisions about their sexual relations and protect themselves against HIV, but will help stem the AIDS epidemic in India."

According to government figures, 3.86 million people are infected with HIV throughout India, with women constituting 21% of reported HIV/AIDS cases in the country. Because girls and women are more vulnerable to HIV/AIDS for a number of social, cultural and economic reasons, the CHARCA project will work in six districts throughout India to reduce their risk of HIV infection. The selected districts are Guntur, Kishanganj, Bellary, Aizwal, Jaipur and Kanpur Nagar.

The CHARCA project will focus on women ranging in age from 13-25, and will reach girls and women in both urban and rural settings. Project objectives include: raising girls' and women's awareness of their reproductive health and rights; empowering girls and women to negotiate sexual relations and to protect themselves against unwanted and unsafe sexual encounters; increasing access to and improving the quality of reproductive health services and information; and creating an enabling environment to foster equality and ensure justice for women and girls.

An investment of only US $50,000 could help CHARCA project implementers reach 10,000 young Indian women with the information and services needed to protect themselves from HIV infection. The UN Foundation, which was established to oversee administration of businessman and philanthropist R.E. Turner's historic gift in support of the United Nations and its causes.

08 March 2002

Fellowships in media exchange

GUWAHATI: The NorthEast Exchange Programme has announced six fellowships for 2002, including three from language dailies.

The awardees include journalists from Manipur, Tripura, Assam and New Delhi, as well as from Hindi language newspapers in the capital and Madhya Pradesh. Their subjects include women's empowerment and role in policy-making in Nagaland, a study of Indian enclaves in Bangladesh, the role of media and advocacy in raising concerns about **Contd...**

HIV/AIDS in Western India and the impact of erosion in Majuli, one of the largest riverine islands in the world, on its economic and cultural life. One of the awardees, Monobina Gupta, Special Correspondent, The Telegraph, New Delhi, plans to study gender realities with a focus on women's role in decision-making in Nagaland.

The Telegraph
09 March 2002

HIV trauma trail dogs Howrah housewife

Rude shocks are in store for many a Howrah resident. Three months ago, a 30-year-old housewife from Kadamtala was told by experts that she had been detected with HIV. The pre and post-test counselling could have helped her tide over the trauma, but for her insensitive in-laws.

Five years ago, newly-married Surupa (name changed) had arrived at her new home with a lot of expectations. Till her husband, a BSF jawan, fell ill and was advised an HIV test. When it turned out positive, she and her baby daughter were asked to take the tests as well.

The child had escaped, the mother had not. But the worst was yet to come. When her in-laws got to know of the development, they held her responsible for her husband's plight. According to Surupa, her in-laws have been torturing her, despite her husband admitting that he was responsible for contracting and spreading the virus.

Sitting in the counselling room at Calcutta School of Tropical Medicine (STM) last week, Surupa was a shattered woman. What is worrying her the most is: "who will look after my child when we are gone?"

Relating her story, she said: "I could not believe my ears when I heard that I was infected. My husband had hidden from me the fact that he was HIV positive. It was at the insistence of the counsellors and doctors that he took me to STM. I believe he used to frequent brothels when posted outside. When he fell sick, his superiors told him to get a test done. Once the result was known, he was counselled and advised to inform me and take precautions."

Surupa's husband, however, hid the truth - a price for which his wife is paying dearly now. Perched on her lap, her three-year-old daughter asked: "Ma tumi kandcho keno? Tomar ki oshuk koreychey?" (Ma, why are you crying? What illness do you have?)

Surupa is more worried about her child than her life. "I am lucky that my daughter is not infected. But what will happen to her after my death? I wanted to see her as a doctor, but now I do not know whether I will live that ling." She is grateful to doctors "who are trying to motivate me. But the ultimate saviour is God."

Surupa is not the only woman in the state to face this ordeal. "There are quite a number of housewives - both in the city and the rural areas - who have been infected by their husbands," said Prof D.K. Neogi, head of the virology department at STM. The detection rate in all sections of society has "definitely increased over the years." In the early '90s, it was two to four new cases a year. "Then it grew by 10s and 100s. in 2001, there were 700 new HIV cases detected. The epidemic is spreading and awareness, along with behaviour change, are the only true weapons we have," he adds.

The Telegraph
07 March 2002

13 children get AIDS after HIV infection

kolkata, March 5: The West Bengal government has ordered an inquiry into the supply of HIV positive infected blood pouches from the Central Blood Bank. Thirteen thalassaemia-affected children were infected with the AIDS virus after transfusion of blood supplied by the bank.

The West Bengal minister of state for health Pratyush Mukherjee on Monday admitted this and ordered School of Tropical Medicine to investigate how the blood pouches supplied by the Central Blood Bank were infected with the AIDS virus.

He, however, added: "It is difficult to detect HIV positive from the collected blood samples within six months which is the window period."

He also complained about lack of latest infrastructure and shortage of detection kits.

"The blood samples are mostly collected from voluntary blood donors and the ban on professional donors has reduced the possibility of HIV positive and other infections," he said.

"The blood banks generally examine all the blood samples collected from blood donation camps," he said.

The Asian Age
06 March 2002

GENDER BIAS

India might be proud of her breath-taking achievements in information technology, biotechnology, space, medical and scientific research and the like — accomplishments that might be compared to those in advanced countries. But all this is poor consolation when we look at the depressing social landscape which shows that the female species is expendable!

Women who constitute nearly 50 per cent of the population bear a cross from the cradle to the grave. The simple and bitter truth is that she is not welcome in our society which tries to get rid of her either before she is born or immediately after her birth. The rising incidence of female foeticide and female infanticide speaks volumes for the fact that we are still savages in our attitude to women in general.

Sex determination tests

The intervention of the Supreme Court of India from time to time to put an end to reprehensible sex determination tests sought by parents and conducted in collusion with mushrooming clinics in urban India in order to get rid of female foetuses shows the ugly face of a decaying society. Peeved at executive inaction to curb female foeticide, the apex court directed all the states on 29 January 2002 to confiscate ultrasound machines in clinics running without a licence.

The order was delivered by a three member-judge bench comprising Mr Justice MB Shah, Mr Justice BN Aggarwal and Mr Justice Arijit Pasayat on a petition filed by an NGO, Cehat, which alleged that large scale sex determination in the country is leading to intentional aborting of female foetuses. The petitioner's counsel, Ms Indira Jaisingh pointed out that the state governments are granting licences to ultrasound clinics casually.

On behalf of the Union Government, Attorney General Soli Sorabjee said that the Union Government is doing its job and has collected the list of machines sold by manufacturers to their clients in India. It is now the turn of the states to act on it, he added.

The court had directed the manufacturers of ultrasound machines — Philips, Symonds, Toshiba, Larsen and Toubro and Wipro Ge to give the names and addresses of clinics and persons in India to whom they had sold these machines during the past five years to help the government find out whether these persons or clinics were registered under the Act.

On 20 September 2001, the Supreme Court had directed all the states and Union territories to strictly implement the provisions of the Pre-Natal Diagnostic Techniques Act and file a status report. The court expressed serious concern over the slackness of the states and Union territories in implementing the Act. "It is a case of total non-compliance of our directions", observed the court.

Law poor deterrent

It directed the states to prosecute clinics, centres and laboratories which aid and abet identification of sex of foetus illegally. A submission was made to the court that except for Tamil Nadu and Delhi, none of the states had carried out any survey of pre-natal diagnostic centres. The Tamil Nadu survey found that out of about 2,000 such clinics, only 895 were registered.

The Supreme Court expressed its concern in September 2001 that the Centre, after more than five years, had not been able to establish the appropriate authority for the implementation of the Act in several Union territories. On behalf of the Centre, it was submitted that many states had not yet notified the appropriate authority.

There is growing evidence to show the drastic decline in the number of girls in proportion to boys, thanks to sex-selective abortions being resorted to in different parts of the country. The 2001 Census showed the unprecedented decline in sex ratios in the 0-6 age group in states like Punjab, Haryana, Maharashtra, Gujarat, Tamil Nadu and Himachal Pradesh.

A number of districts in Maharashtra like Songli, Satara, Kolhapur, Solapur, Jalgaon and Aurangabad show a decline of more than 50 points in this category. Many districts in Punjab show a decline of more than 100 points!

Female infanticide is still rife in certain areas of Tamil Nadu, Rajasthan and Bihar. Added to this is the evil of more sophisticated techniques of sex-selective abortions. It began with genetic testing during pregnancy, like amniocentesis and then moved to pre-conception sex determination like Ericsson's method of X and Y chromosome separation, and then on to pre-implantation genetic diagnosis, which discards the female embryos after fertilisation in a petri dish.

On 1 December 1994 there was a massive demonstration by women's organisations like Saheli, Action India, Allaripu, Jagori, Voluntary Health Association of India and others in New Delhi against the growing practice of sex determination even as the government passed a Bill to regulate the misuse of pre-natal diagnostic techniques. Eight years later, we now find that things have gone from bad to worse. It has once again shown that the law is a poor deterrent in curbing undesirable social behaviour. If the law could work wonders, we would not be finding in our midst such persistent evils as dowry, immoral traffic, rape and corruption.

Heart of the matter

At the heart of the matter is the mindset that prefers boys to girls. Many poor parents in Tamil Nadu take to the practice of female infanticide because they dread the prospect of having to accumulate the dowry required when the girl reaches the marriageable age. Neither the plethora of laws nor the emergence of the National Commission for Women or state commissions for women has changed our discrimination against women.

We thought education and prosperity would help us eliminate the chronic gender bias. But the cruel irony is that the educated and affluent have also put a price tag on every prospective bride-groom and go in for the expensive sex determination tests that conveniently prevent girls from being born.

Where do we go from here? This is the billion dollar question that neither the government, women activists nor the people have been able to answer. Will there be any change in our attitudes towards women in the foreseeable future? Every girl child born or unborn bears the stigma of a society that still refuses to acknowledge that men and women are entitled to the same human rights. As we wax eloquent on our achievements in many fields, we deny the girl children even the right to be born.

By G RAVINDRAN NAIR

The Statesman
09 March 2002

UN REFORMS

Annan lists terror, AIDS as priorities for his term

By Edith M. Lederer

United Nations, March 7: Secretary-General Kofi Annan announced a new UN reform effort to better address key priorities such as fighting poverty, terrorism, and AIDS and to solve the problem of too many meetings and reports.

Mr Annan began a major effort to overhaul UN operations when he took office five years ago, a key demand of the United States and other members, and he said he plans to continue the effort during his second five-year term that began in January.

In the past week, the Secretary-General has been meeting regional groups comprising all 189 UN member states to outline the reform program. His remarks were released Wednesday. He said every UN department will be asked to review all its programs to see if they are still relevant — and to identify new areas and activities where more needs to be done to meet the priorities in the millennium declaration adopted by more than 150 world leaders in September 2000.

The millennium summit targets include cutting in half the proportion of people living on less than one dollar a day, ensuring that every child goes to primary school, and reversing the AIDS epidemic by the year 2015. Mr Annan said meeting these goals will be at the top of the UN agenda. *(AP)*

The Asian Age
08 March 2002

Hetero Drugs

Hetero Drugs Ltd, part of Rs 500 crore Hetero group that focuses on anti-AIDS drugs, has received a $10 million order from the government of Brazil for supply of two latest anti-AIDS drugs — Lopinavir and Ritonavir. The order will be executed over the next one year. With the supply of these two drugs, which are patented by Abbott Laboratories, the company hopes to increase its exports to Latin American countries.

The Statesman
08 March 2002

Hetero launches 2 anti-AIDS drugs

M S Anand
HYDERABAD 7 MARCH

HETERO Drugs has launched two more anti-AIDS drugs taking the total number to 14 options, which is a complete range in the anti-AIDS segment. The company has also bagged a $10 million contract from the Brazilian government for supply of the complete range of anti-AIDS drugs.

The company has launched lopinavir and ritonavir in the anti-AIDS segment. It already has launched lamivudine; zidovudine; stavudine; nevirapine; indinavir; nelfinavir; efavirenz; abacavir; saquinavir; didanosine; and zalcitabine drugs.

Hetero Drugs has so far exported Rs 190 crore worth of anti-AIDS drugs in the current financial year. "The domestic market for the anti-AIDS segment which is currently pegged at Rs 25 crore is expected to double in the coming year. Hence, we are also focusing on domestic formulations business," Mr Srinivas Reddy, director, Hetero Drugs, told ET.

"We would be supplying $10 million worth anti-AIDS drugs to Brazilian government as a part of an agreement that would be signed this month," Mr Reddy said. Hetero would supply a combination of lopinavir and ritonavir drugs to Brazil.The Brazilian economy is opening up new opportunities for the Indian pharmaceutical manufacturers. This was also discussed here on Thursday at the Indo-Latin American meet organised by CII.

The rising prices of medicines have compelled the Brazilian government to approve the generic law in 1999. The current Health Minister Jose Serra has taken a number of initiatives for facilitating import of generics into Brazil.

The Economic Times
09 March 2002

HIV nestles in wombs of Guntur moms

From Ambar Basu

Hyderabad, March 8: Five out of every 100 women who come for pre-natal check-ups at the Government Medical College in Guntur are HIV-infected. At the Rangaraya Medical College in Kakinada, the figure is four, and at the Medical College in Anantapur two of every 100 expecting mothers are carriers of the virus.

These startling figures are reported in the National Aids Control Programme State Summary on Sentinel Surveillance for HIV infection for 2001.

Prepared for the National AIDS Control Organisation and the Andhra Pradesh State AIDS Control Society, the report is based on a survey of 3,600 expecting mothers in nine sentinel surveillance centres across the State between August and October 2001.

So grave is the situation that doctors at the Guntur Government Hospital admit to advising infected mothers to opt for medical termination of pregnancy. A gynaecologist at the hospital told *Deccan Chronicle* that most mothers readily agree.

"We counsel them to go for MTP because there is a good chance that the child will be infected. Even though most of these women come from poor families, they are aware of the danger and opt to get the foetus aborted," the doctor said.

If, however, the woman wants to have the child, the doctors advise a Caesarean section as it reduces the chance of transmission of the infection to the child.

"Expecting mothers are the best index for AIDS checks on low risk populations. They are the first ones to get infected from husbands and partners who comprise the high-risk population in a State which has a very high rate (13.3 per cent — the highest in the country) of multi-partner sex," officials at APSACS said. The very high rate of infection in this low-risk section is a pointer to the fact that the AIDS menace in Andhra could attain ominous proportions, they said. Andhra Pradesh is among the four States with high prevalence of HIV infection by Naco.

The annual sentinel surveillance report says that on an average 2.02 per cent of expecting mothers who have come for tests at State government hospitals have tested posi-

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Ireland narrowly rejects tighter abortion laws

Dublin, March 8: After months of splintered and bewildering public debate, Irish voters have narrowly rejected a proposal that would have tightened an existing ban on abortion by preventing pregnant mothers who are suicidal from terminating their pregnancies here.

The result, with 50.42 per cent opposing and 49.58 per cent in favor, hinged on just 10,556 votes and showed sharp geographic divisions, since urban residents are generally younger and more liberal.

In a press conference after most votes were counted, Prime Minister Bertie Ahern conceded defeat, saying that the result would not influence his own pro-life views. "The people have now had their say in the most democratic way, through yesterday's referendum," he said on Thursday. "Their view must be respected."

In the Irish Constitution, a pregnant woman and her unborn child are both guaranteed an equal right to life. Doctors are allowed to perform abortions only if the mother would otherwise die, the procedure is forbidden even in cases of rape or incest. If the proposal had passed, it would have rejected the threat of suicide as a legitimate danger to the mother's life thus overturning a precedent set in a 1992 Supreme Court decision. Low voter turnout, at 42 per cent, was attributed to general confusion and apathy, as well as bad weather. On the streets of Dublin on Thursday, people seemed more concerned about shopping than about a final decision in the debate that convulsed this country for the last few weeks. "The questions that were asked were not really about abortion," said Jacqueline McKay, 59, who voted against the proposal. "To me, it was a Mickey Mouse referendum." She said that she opposed the criminal section of the proposal, which would have set 12-year prison terms for anyone who performed or facilitated an illegal abortion in Ireland, including women who performed an abortion on themselves.

The failure of the referendum comes as a significant embarrassment to Mr Ahern, who faces a general election in May. Another national referendum put forth by Mr Ahern's government failed last June, when Irish voters rejected the European Union's Treaty of Nice. That decision was also marked by historically low voter turnout.

In 1997, Mr Ahern promised several independent politicians that he would hold a referendum on abortion in exchange for their support in Parliament. His party, Fianna Fail, engaged in a long process of public consultation, eventually producing a complicated legal proposal that it hoped would satisfy Ireland's vocal pro-life lobby.

In the last few weeks, Mr Ahern refused to debate the issue on Irish television with opposition party leaders, and one of his only media appearances was on British television. Pro-life groups are unhappy with the current legal situation because it is based on the 1992 Supreme Court case, and is not codified in law. They also want to remove the provision that allows suicidal women to obtain abortions here.

Ironically, extreme pro-life activists campaigned alongside pro-choice groups.

By Brian Lavery

The Asian Age
09 March 2002

Contd...

tive between August and October 2001, slightly higher than the previous year's 2 per cent.

At the Nims surveillance centre in Hyderabad, the prevalence has dropped from 2 per cent in 2000 to 0.5 per cent in 2001, which APSACS officials attribute to increasing awareness among the urban population.

But not so in the districts. In Guntur, the prevalence has gone up from 3.5 per cent to 5.25 per cent, at the Rangaraya Medical College in Kakinada the rate doubled from two out of 100 in 2000 to four. The percentage of infected expectant mothers in Kurnool was 0.75, at the District Headquarters Hospital in Vizianagaram 1.25 per cent and at the District Headquarters Hospital in Adilabad, 1.25 per cent.

Guntur Government Hospital superintendent Fayaz Ahmed says his hospital has even set up a "special HIV operation theatre and HIV operation disposable kits".

Neither he nor APSACS field workers and members of NGOs working on AIDS can pinpoint the reason behind the huge increase in infection rates.

NGO members say multi-partner sex, increase in the floating truck driver population and insufficient awareness and intervention programmes in rural areas may be the reasons behind the rise.

The AIDS sentinel surveillance was initiated in Andhra Pradesh in 1998. In 2001 nine clinics across the State were chosen for the sample survey and 400 expectant mothers in each of these clinics were tested for HIV infection.

Deccan Chronicle
09 March 2002

'AIDS free' certificates for foreigners under consideration

PATNA, MARCH 9. The Centre is considering a proposal to make it compulsory for foreigners to present 'AIDS free' certificate before they are allowed into the country, the Union Health and Family Welfare Minister, C. P.Thakur, said today.

The step had become necessary to check the rise of HIV cases following contacts with foreigners visiting the country, he said quoting reports.

High-level meetings of the Union Health and Tourism Ministries and Ministry of External Affairs have already been held to give final touches to the proposal and necessary details are being worked out so that the tourism industry is not affected, he told PTI.

He said many countries have taken similar steps to contain the growth of AIDS. North Korea has made it compulsory for its citizens to undergo AIDS check up before leaving the country and after arrival from abroad.

He stressed the need for mobilising additional funds for the health sector and said several schemes were being planned by the Union Health Ministry to attract NRIs.

The Hindu
10 March 2002

Women and consumer rights

-CONSUMER RIGHTS-

Y.G.Muralidharan

Yet another International Women's Day was observed. It should provide an opportunity for women and their organisations to think about their rights as consumers and how they are violated. Though a lot of consuming is gender free, women at times, represent a distinctive group of consumers. They consume not only for themselves but for their families as well. In that role, they run the risk of being the special targets to be exploited twice.

Safety is the first consumer right. To be protected against products, production processes and services which are hazardous to health or life. But studies have proved that women are made to use unsafe products including medicines, cosmetics and drugs. Whether it is Dalkon Shield, the intrauterine contraceptives or skin creams, it is women who are the first target. And how safe are the cosmetics sold as herbal preparations? A large number of rural women are exposed to the hazards of eye and lung infection due to faulty stoves in their kitchen. Again, majority of agricultural workers are women who are constantly exposed to chemical pesticides.

The right to be informed is another consumer right. It means the consumer is to be given the facts needed to make an informed choice and to be protected against dishonest or misleading advertising and labelling. In a country with mass illiteracy the question of being informed properly has taken a drubbing. Among the illiterates, women form the majority. As a consequence it is advertisements and commercials in the media that decides a women's buying preferences. Ads frequently play on women's roles as mothers and lovers in order to persuade them to buy products which will please their children and partners. Even the essential information about products are not given properly and much less in an understandable form. How many women know that a sticker (bindi) may cause eczema and skin allergies? A bindi is supposed to be discarded after one use.

The right to be represented, which includes the right to be heard is another right given to consumers. Without women in the top decision making positions, there is little hope that government policies in areas like women's health care will be designed to reflect women's real needs. But consider the fate of Women's Bill which proposed to provide reservation for women in Parliament. However, it is fortunate that the Consumer Protection Act provides for a women representative as a non-judicial member in the Consumer Forums and Commission.

In this background, it is essential that women groups take up consumer movement as one of their priorities. It is unfortunate that not may women organisations have made a study of their problems as consumers. This doesn't mean that women groups are not interested in consumer protection. The oldest consumer groups like that of Japanese Housewives Association is one of the strongest consumer groups started way back in 1948. The Korean Women's Association is the oldest Korean consumer organisation. The Consumer Guidance Society of India, Mumbai, is another example of women involving in consumer activism.

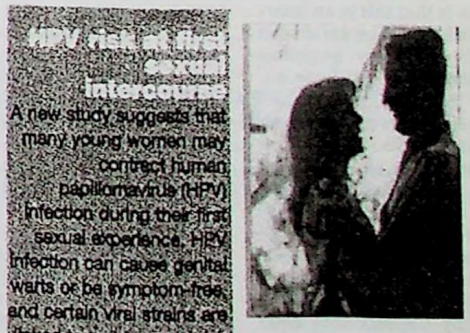
But of late women's participation in consumer movement is not active as it is seen in the areas of health, human rights, AIDS control, tribals welfare etc. With economic liberalisation sweeping across the globe the problems of consumers, particularly that of women consumers, have taken a different shape and a new dimension. This calls for a renewed approach to consumer problems of women.

The Times of India
09 March 2002

Centre to make AIDS-free certificate must

Patna: The Centre is considering a proposal to make it compulsory for foreigners to present 'AIDS-free' certificate before they are allowed into the country, Union Health and Family Welfare Minister C P Thakur said on Saturday. The measure had become necessary to check the rise of HIV cases following contacts with foreigners visiting the country, he said quoting reports. High-level meetings of the Union Health and Tourism Ministries and the Ministry of External Affairs have already been held to give final touches to the proposal and necessary details are being worked out so that the tourism industry is not affected, he said. He said many countries in the world had taken similar steps to contain the growth of AIDS. North Korea has made it compulsory for its citizens to undergo AIDS checkup before leaving the country and after arrival from abroad. The Minister stressed the need for mobilising additional funds for the health sector. *(PTI)*

Deccan Chronicle
10 March 2002



HPV risk at first intercourse

A new study suggests that many young women may contract human papillomavirus (HPV) infection during their first sexual experience. HPV infection can cause genital warts or be symptom-free, and certain viral strains are linked to an increased risk of cervical cancer. Chances of being infected with HPV increase as the number of a person's sexual partners rises, Dr Stuart Collins, University of Manchester, UK, says. He says, "Perhaps cervical human papillomavirus infection should now be considered an inevitable consequence of sexual activity. Certainly, no stigma should be attached to its acquisition." There are more than 100 different types of HPV, including some that cause genital warts. A portion of these viruses is sexually transmitted.

The Times of India
10 March 2002

Different Strokes

AIDING ANGELS

ARE YOU scared that you could be HIV positive but are just to shy to ask anyone? Now all information about AIDS is just a phone call away. Dial 6852785 and clear all your doubts about AIDS.

In a country where 3.5 million people are infected with AIDS, Dr Bir Singh, Coordinator, AIDS Education & Training Cell, realised the need to open a cell that would help people clear their myths concerning AIDS.

In 1998, the Centre for Community Medicine at the All India Institute of Medical Sciences, launched an AIDS Education & Training Cell. This centre is one of its kind in Delhi, with a telephone line named Shubchintak, providing its callers basic Information about AIDS.

The difference between this helpline and many other such ventures is that this is an interactive helpline. The caller can ask supplementary questions till he/she gets a satisfying answer.

"Counselling is given to anyone who calls us. All calls are taken personally, and the callers identity is not asked, so that the person feels completely comfortable talking to our counsellors," says Dr Singh.

The service is apparently very popular in Delhi as can be gauged by the fact that 2405 calls were attended to by the Helpline in just 75 working days of the first three month since 1999. Initially only men used to call up, but now the number of women callers is steadily increasing.

"Counselling over the phone is a unique and effective feature of the Centre, as most people do not like to talk about AIDS openly" says Susan, Counsellor, AIDS Education & Training Cell.

And, of course there are some cases that bring a smile.

Dr Singh recounts a call he received from a woman who's nine year old son suspected that he was HIV positive after his hand went into a drain. Another, a class ten student, who was preparing for her exam, felt she had contracted the HIV virus after she slept with her friend one night.

People coming to the centre are also given free counselling and if they are likely to have acquired the HIV infection, then an ELISA test is done free of cost. Before the test is undertaken, the patient is given pre test counselling and if the test comes out positive then a post test counselling is also done.

"The main aim is to make people ask us questions and in the process gain awareness about AIDS," says Susan.

Dr Bir Singh said that the centre is planning to expand its reach by launching similar helpline services on a new number. The centre is looking forward to installing an answering machine to operate beyond office hours, as of now, the services are extended only between 10am and 5pm on week days. (The objective of the AIDS Education Centre is to bridge the gap between the services available and the needs generated among patients.

"By talking about their beliefs and myths concerning AIDS, people will over come their inhibitions and stop undermining its potential. Moreover, the need of the hour is to educate more and more people about AIDS and inform them that no one is safe from it, unless the necessary precautions are taken," says Dr Singh.)

— Nusrat F Jafri

The Pioneer
10 March 2002

AIDS certificates for foreigners mooted

PRESS TRUST OF INDIA

PATNA, March 9. – The Centre is considering a proposal to make it compulsory for foreigners to present an "AIDS free" certificate before they are allowed into the country, the Union health and family welfare minister, Mr CP Thakur, said today. The measure had become necessary to check the rise of HIV cases following contacts with foreigners, he said quoting reports.

High-level meetings of the Union health and tourism ministries and ministry of external affairs have already been held to give final touches to the proposal and necessary details are being worked out so that the tourism industry is not affected.

He said many countries have taken similar steps to contain the growth of AIDS. North Korea has made it compulsory for its citizens to undergo AIDS check up before leaving the country and after arrival from travel abroad.

He stressed the need for mobilising additional funds for the health sector and said several schemes were being planned by the Union health ministry to attract NRIs.

He also held talks with top industrial houses and requested them to spend in the improvement of healthcare in the country, particularly in the rural areas, the minister added.

A low cost health insurance scheme would be introduced soon for the poor in which people would be asked to contribute a small amount to get benefit of the scheme, Mr Thakur said.

He said a committee has been formed in the Union health ministry to keep tabs on the spread of plague in the country, particularly in Himachal Pradesh, Maharashtra and Gujarat, states considered prone to the disease.

On providing medical assistance to Afghanistan, he said the ministry had sent doctors, medicine and health equipment. He said during his recent meeting with Mr Hamid Karzai discussions have been made regarding India's role in better healthcare for the people of Afghanistan.

Expressing concern over the health scenario in Bihar, Mr Thakur, Patna MP said the Centre extended assistance to the state for smooth running of the various health programmes and regularly monitored the central–sponsored schemes.

The Statesman
10 March 2002

HIV scare in Vietnam

Hanoi: Medical checks of 7,000 young Army recruits aged between 19 and 23 in Ho Chi Minh City, Vietnam's southern commercial centre, found nearly 4 per cent were carriers of HIV, the virus that causes AIDS, state-controlled media reported on Friday.

The Asian Age
09 March 2002

Good news: Population growth is now slowing down

United Nations, March 10: For decades, experts assumed that the largest developing nations, the home of hundreds of millions in big families, would push the global population to a precarious 10 billion people by the end of this century.

Now, there are indications that women in rural villages and the teeming cities of Brazil, Egypt, India and Mexico are proving those predictions wrong. This week, demographers from around the world will meet at the United Nations to reassess the outlook and possibly lower the estimate by about a billion people this century. In India alone, by 2100 there may be 600 million fewer people than predicted.

The decline in birthrates in these nations defies almost all conventional wisdom. Planners once said — and some still argue — that birthrates would not slow until poverty and illiteracy gave way to higher living standards and better education opportunities. It now seems that women are not waiting. Furthermore, a few demographers are venturing to say that neither government policies nor foreign aid in family planning were critical factors.

"From Delhi to Rio, women's health advocates have stood fast against top-down population policies," said Cynthia Steele, vice-president for programs at the International Women's Health Coalition in New York. "Now we're seeing the result of their own choices to have fewer children."

Joseph Chamie, director of the UN population division, said: "A woman in a village making a decision to have one or two or at most three children is a small decision in itself. But when these get compounded by millions and millions and millions of women in India and Brazil and Egypt, it has global consequences."

Chamie said that it had been assumed that the fertility rates in developing countries — the number of births, on average, per woman — would fall at best only to what is known as replacement level. That number is 2.1, or a little more than one child for each parent. But in big countries, even that pace would add a huge number to an already large population base before the trend eventually moderates.

Demographers may now be willing to say that the fertility rates in the big developing countries may drop below the replacement level, and sooner than most of them would have thought possible.

That would follow the trend already established in industrial countries. There are 74 countries in what the United Nations calls the intermediate-level fertility group, with births between 2.1 and 5 per woman. This group includes very populous countries like Bangladesh, Brazil, Egypt, India, Indonesia, Iran and Mexico.

BY BARBARA CROSSETTE

The Asian Age
11 March 2002

$2.8 m. grant for AIDS awareness programmes

By Our Special Correspondent

NEW DELHI, MARCH 9. The United Nations Foundation and the Netherlands Embassy here have announced a grant of $ 2.8 million each to the UNAIDS programme against HIV/ AIDS in the country.

The grants are to be used for the UNAIDS' project for capacity-building and creation of awareness among the most vulnerable sections, particularly adolescent girls.

Welcoming the contributions, the UNAIDS Executive Director, Peter Piot, said given that gender inequalities were a major driving force behind the HIV/ AIDS pandemic, investing in prevention programmes for young women would not only empower them to more informed decisions about their sexual relations and protect themselves against HIV, but also help stem the HIV epidemic in the country.

According to official estimates, 3.86 million people are infected with the killer disease in India, with women accounting for 21 per cent of the reported cases.

The Hindu
10 March 2002

Sex workers set for overseas sojourn

Jaideep Mazumdar
Kolkata, March 12

SEX WORKERS from Kolkata and Delhi will travel to countries in south and south-east Asia and Europe under an exchange programme that is being finalised by the National Network of Sex Workers and similar organisations abroad.

The idea was thrown up at an international conference of sex workers that concluded at Kolkata's Salt Lake Stadium here last week.

"The idea is to promote interaction between sex workers of different countries, make them aware of the conditions and the laws prevailing there. This would help raise the consciousness of the sex workers here and empower them to strengthen their movement for their rights," Network Adviser Sonia Kumari told *Hindustan Times*.

The arrangements will take a couple of months.

Hindustan Times
13 March 2002

'Police raids can increase AIDS risk'

By Drimi Chaudhuri

Kolkata, March 12: Police raids on red light areas and harassment of sex workers by gangs can increase the danger of AIDS spreading, Sonagachhi Project coordinator Mrinal Kanti Dutta said.

He explained that raids and harassment will prevent sex workers from organising themselves and they will prefer to leave these areas and work freelance. This will increase the threat of AIDS, he said.

A survey has revealed that sex workers also feel safer in areas where their network is organised. "The survey has been conducted by Durbar Mahila Samannay Committee, the apex body of sex workers in the state. It shows that women don't feel threatened in such areas and they don't take the risk of indulging in unsafe sex," Mr Dutta said.

Project director Smarajit Jana said HIV prevalence among sex workers in Sonagachhi has remained steady at about 5 per cent since 1992. HIV rates among sex workers have increased in most other parts of India as these areas are controlled by organised criminals and, therefore, under constant police monitoring."Sonagachhi is in a safer environment and use of condoms has increased from 3 per cent in 1992 to 70 per cent in 1994 and to 90 per cent at present. With social empowerment of sex workers in Sonagachhi and other red light areas in the city, the STD transmission rate has also dropped by 17 to 20 per cent," Dr Jana said.

National Network of Sex Workers official Banamallika Chowdhury confirmed that atrocity-free red lights as less prone to HIV-AIDS. "Active participation in planning and implementing the project helped sex workers of Kolkata realise their power to fight exploitation. The result has been a community movement which improved all aspects of sex workers' lives," she said.

Dr Jana said the Centre plans to replicate the Sonagachhi model in other cities but it has less chances of success in places like Mumbai or Delhi as the sex trade in these cities are controlled by organised criminals. "To make the impact felt, there should be constant negotiation among politicians, gang leaders, brothel owners and pimps," he said.

The Asian Age
13 March 2002

Population boom going bust: Study

United Nations, March 12:
Women around the world are choosing to have fewer children, with some nations, including India, indicating a fertility rate of 1.85 children for each woman by 2050, a significant decrease which would represent 85 million fewer people for the country, a UN study has said.
This group accounting for about 43 per cent of the world's population also includes Bangladesh, Brazil, Egypt, Indonesia, Iran, Mexico and the Philippines. "That's groundbreaking because anything below two children, like we have in Europe, the population starts to decline," Joseph Chamie, the agency's director said. Demographers from around the world met at the United Nations to consider lowering that estimate to between 8 billion and 9 billion. The implications of the exercise are "momentous," the UN population division report said. Governments use population projections to plan just about everything, from social security to school budgets, she said The study suggests those nations are heading towards a the United Nations calls the intermediate-level fertility level, comprising 74 countries where women have between 2.1 and 5 children each. For decades, experts assumed the global population, now a bout 6 billion, would reach a staggering 10 billion by the end of this century. But the past few decades have witnessed dramatic decline in birthrates, developing nations that were driving the growth. *(AP)*

Deccan Chronicle
13 March 2002

'Make AIDS control a national programme'

GULBARGA, MARCH 13. The Director of Health and Family Welfare, G.V.Nagaraj, today stressed the need for launching a national programme to create awareness about AIDS, particularly among the youth.

Inaugurating a seminar on "AIDS control and female foeticide" organised by the Directorate of Field Publicity, the departments of Health and Family Welfare, and Information, and the Government Polytechnic here, Dr. Nagaraj said the country succeeded in eradicating small pox and controlling polio since they were taken up as national programmes. That method should be adopted for creating awareness about AIDS also.

He said AIDS was a more dangerous disease, and it was spreading fast in the country. It was unfortunate that the people, particularly the younger generation, had not taken it seriously. Commending the organisers for holding the seminar in the auditorium of the polytechnic and involving students in it, Dr. Nagaraj said students should be made aware of the disease, which was fast spreading in growing cities. He said the non-governmental organisations should come forward to take up AIDS awareness programmes for which the AIDS Prevention Society would provide funds.

Referring to the falling sex ratio in the country, Dr. Nagaraj said if the sex ratio in the first Census conducted in 1901 was1000:972, it fell sharply to 1,000:942 in the one conducted in 2001. Although the sex ratio in the State was slightly better at 1000:963, the overall situation was a matter of concern for the country's planners.

Citing sex determination tests and female foeticide as the reasons for the malaise, he said the Government had taken up several measures to prevent female foeticide and illegal sex determination tests by enacting an Act prohibiting doctors from conducting them. The Supreme Court had also taken serious note of the test and called for stringent action against the culprits.

Despite all these measures, sex determination tests were being conducted, and there were reports of female foeticide in several parts of the country. The students and the younger generation should play an active role in exposing sex determination tests conducted in nursing homes.

Pranesh, Additional Director of the Karnataka Health Services Development Project, spoke. The District AIDS Nodal Officer, Chandrasekhar, gave a lecture on AIDS, and the District Health Education Officer, B.S.Anawarkar, spoke on "Female foeticide".

The Principal of the polytechnic, Sidda Mallaswamy, presided over the function. The District Field Publicity officer, T.B.Nanjundaswamy, welcomed the gathering. The Deputy Director of Information Department, A.R.Prakash, proposed vote of thanks.

The Hindu
14 March 2002

Maharashtra Govt to come down harshly on sex determination

Pioneer News Service

Mumbai

ALARMED BY the decreasing female population in Maharashtra, the Congress-Nationalist Congress Party (NCP)-led Democratic Front Government has decided to strictly enforce the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, to check the high incidence of illegal sex determination tests in the State.

State Governor Dr P.C.Alexander came up with this announcement, while addressing a joint session of both the Houses of the Maharashtra Legislature at the start of the Budget session, here on Wednesday.

Dr. Alexander's announcement, made on behalf of the DF Government, stems from the shocking revelation that emerged out of the latest Census, which showed that female ratio (as compared with every 1,000 males) had come down in the State from 934 in 1991 to 922 in 2001. The figure was much lower (917) in the case of children below the six-year age group.

HARD FACTS

The latest Census figures show that the number of females (for every 1,000 males) in the State has declined from 934 in 1991 to 922 in 2001

The decrease in the female population ration in the State bespeaks of the sad state of affairs in the State, considering that Maharashtra was incidentally the first State in the country to enforce the central legislation, which was passed by Parliament in 1994.

Though the Governor did not dwell at length on the need to enforce the PNDT Act strictly, official sources attribute Dr. Alexanders concern to the mushrooming illegal sex-determination clinics in the State, which have been contributing in a big way to the increase in the cases of abortions, especially relating to those to-be mothers carrying a female foetus.

Though section 22 of the PNDT Act prohibits advertisements promoting sex selection or sex determination kits, the promotion continues as before.

The illegal medical practitioners have sought to escape the clutches of the law, by distinguishing the sex selection from determination of the sex of a fertilised egg. Their argument is that the sex selection does not lead to abortion.

Talking to *The Pioneer*, State Public Minister Digvijay Khanvilkar shared the concern expressed by the Governor and said that his ministry would soon launch a massive drive all over the State against the clinics engaged in the illegal sex determination (amniocentesis) tests.

These tests involve the sampling of amniotic fluid by insertion of a needle to determine the condition of an embryo. Currently, there are 2,500 registered sonography centers in the State.

Though we have tried to keep a tab on the activities of these centers, we have to do much more. Our effort in the next few months would be to see that if these clinics are indulging in any illegal activity, Mr. Khanvilkar said.

Besides streamlining the activities of the registered clinics, the State Health Ministry would also come down heavily on the illegal amniocentesis centers in the State, Mr.Khavilkar said.

The Pioneer
15 March 2002

Fertility in India

FAMILY PLANNING programmes are still needed in India because it is consumerism, rather than female emancipation, that is pushing down fertility rates, a leading Indian-born demographer has said.

"Population growth is still an issue in this part of the world, and it would be foolish to think that adding 20 million people a year to the population of India means nothing," said Alaka Malwade Basu of the Harvard Center for Population and Development Studies.

AFP, United Nations

Hindustan Times
14 March 2002

AIDS seminar

IN a bid to expand AIDS awareness, officials of the Central Government and City-based NGOs organised a seminar to inform participants about the dreaded disease. The programme, on Thursday, featured a street play and an interactive session for slum-dwellers and rag-pickers. A proposal to initiate such awareness programmes at the district level, instead of the present practice of having an AIDS Cell at the State level, was tabled at the seminar.

The New Indian Express
15 March 2002

Drugs to treat AIDS in state from next year

BY OUR CORRESPONDENT

Bangalore, March 14: The state directorate of field publicity, Ragpickers Education and Development Scheme and Madhyam, a non governmental organisation jointly organised an awareness programme about AIDS prevention here on Thursday.

The programme, "I care..... Do you?" focused on the need to spread AIDS awareness among slum dwellers and the youth. Speaking at the function, Dr Sudarshan, chairman, state task force on health and family welfare, said that the drugs which can be used to treat those infected with HIV would be made available in the state by the next year. Speaking at the function, Archana Datta, director (publicity), directorate of field publicity spoke on the need to empower women.

The Asian Age
15 March 2002

'Spread of AIDS not getting out of hand'

Pioneer News Service
New Delhi

IF NUMBERS is what counts in the spread of HIV infection, National AIDS Control Organisation asks us to have a heart.

The spread of the infection is not getting out of hand, the organisation seems to suggest.

According to the Sentinel Surveillance round 2001, the number of added HIV infections in India during the year 2001 is estimated to be 1,10,000 as against 1,60,00 during the previous year. The survey has put the total number of HIV infections at 3.97 million.

Not taking any chances with controversy over numbers, the organisation has over a dozen United Nations agencies and international donors seconding its claim. The agencies say that the survey shows encouraging signs of stabilisation.

The annual round of the sentinel survey was conducted in 320 sites across the country during August-October 2001. These included 135 sites in STD clinics, 170 sites in antenatal clinics, over a dozen for intra-venous drug users and two sites for homosexual men.

Based on HIV prevalence rates in various risks groups - sex workers, intravenous drug users and homosexual men - and general population as represented by pregnant women visiting antenatal clinics, the number of HIV infections were statistically extrapolated for the entire country.

The statistical model has remained consistent over the years since 1998. The worksheet also has assumptions regarding say fraction of sex workers in total population. The working estimate of 3.97 millions has also factored in a 20 per cent variability to take care of unaccounted people living with HIV, especially in the high-risk group.

But the country has miles to go before it can hang its shoes in the battle against spread of the infection. For example, migrant workers and young people are not effectively reached out by the programmes.

According to a press statement, the target will be to reach the goal of statewise scaled programmes for high-prevalence states and to maintain the prevalence rates in the populous northern region at the current levels.

Experts have also pointed out effecting sexual behaviour change in men will go a long way in curbing the spread of the infection.

Number of adults living with HIV infection in India for 1998, 1999 and 2000 were 3.5 million, 3.7 million and 3.86 million, respectively.

The Pioneer
15 March 2002

'Punjab's gender equality graph varies'

BY BAJINDER PAL SINGH

Chandigarh, March 14: It's shocking but true. When it comes to gender equality, some regions of Punjab are less equal than the others. Which is why Malwa, especially its backward areas, accounts for the worst forms of sexual harassment while Doaba tops in demand for dowry, and Ludhiana tops in harassment. Interestingly, Majha, the erstwhile hot bed of militancy, comprising Amritsar and Gurdaspur districts, is the most equal with the least number of cases of violence against women.

These regional variations came to the fore during a study commissioned by the Punjab Government to look into the factors that led to female foeticide in the State. The study also discovered that levirate marriage and honour revenge, hitherto restricted to the Jat Sikh community, have now spread to the Scheduled Caste community as well.

When it comes to violence against women, five districts of Malwa region, namely Bathinda, Mansa, Sangrur, Patiala and Fatehgarh Sahib, take the cake. According to the study, the region accounts for most cases of bigamy, wife beating, sexual harassment and rape. The fact that all these four forms of violence against women occur simultaneously point to regional causative factors such as invasions, martial race concepts, and medieval notions about women's purity.

The study by Rainuka Dagar for the Institute for Development and Communication (IDC), Chandigarh, suggests that the reasons for preponderance of violence in Malwa "are in consonance with the nature of development in the area". This area of Malwa is feudal, poorly developed and reflects the predispositions of the erstwhile princely states. "These were revenue-giving areas, plagued by widespread drug abuse, sexual exploitation of the Scheduled Castes, and poor living conditions," says the study, which has been submitted to the Punjab State Human Rights Commission.

Interestingly, the study found that Doaba region, which is also known for its literacy and large-scale foreign migration, leads in instances of demand for dowry

Interestingly, the study found that Doaba region, which is also known for its literacy and large-scale foreign migration, leads in instances of demand for dowry. In fact, dowry-related crime is more widespread in the richer belts of the state with Ludhiana district topping the list, says Dr Pramod Kumar, Director, IDC. The survey found every third household in Doaba reporting of dowry, as compared to every fifth in Majha.

The report found a disturbing increase in the number of reported dowry deaths in Punjab – from 51 cases in 1991 to 187 in the year 2000. The rise in the rape cases is more dismaying and shows an 812 per cent increase with the number of cases jumping from 34 to 310.

The New Indian Express
15 March 2002

Left in the cold

AFTER her fourth baby, Revamma decided she wouldn't go back to her husband's house. Her husband hadn't turned up to see her and the newborn. It had become a pattern: he would load her with a child, pack her off to her mother's place, Gollalli, and then would not turn up for years. Her husband had done this ever since she was married off at 15.

Revamma's first child died five days after birth. Her husband did not show up. And she had to fall back on her poor mother in Gollalli, 35 kilometres southwest of Bangalore. He came only after four years and took her to his house in Hoskote. "He did it again and sent me back to Gollalli," says Revamma shyly.

The second time it was a healthy girl baby, but not lucky. She had to wait for four years to see her father. After which he dragged Revamma back, impregnated her and threw her out again.

This time Revamma had a boy. But her husband married another woman, had children by her, and then one day turned up to drag her back. Revamma's girl was 18 then, and her boy 13.

"I told him that I wanted operation (tubectomy). Instead he put another baby into me," says Revamma, now in her late forties. The fourth time, too, she was sent back to her mother's place for delivery.

"My husband would not send the children to school, he would not care if they lived or died. So I decided not to go back," Revamma says. That was six years ago. But she need not have decided. Her husband never came, not even to load her with another child.

Revamma and her three children now depend on her mother's land that yields no more than 1500 kilograms of ragi annually. Revamma has four brothers, who too claim a share of the yield. Add another dependent (Revamma's sister, who too has been abandoned).

Did she ask her husband for maintenance? "But my husband himself never had a job. He just roamed around. What would he give me?"

Did not he have any property? "Yes, he had. But he did not give me anything."

Recently she had to have her uterus removed. So her husband may never take her back again, now that he cannot load her with a child.

Revamma was never divorced; nor did she ever lead a married life. She is not alone.

Gollalli, says my guide Jyothi, has at least 20 such abandoned women. (I could not meet all of them since they work from eight in the morning to eight in the night.)

Here's Lakshmi's case. She was married some three years ago to a drunkard. And was pushed out of his house two years ago. When I went to Gollalli, she had gone to work and her mother Ningamma, 60, tells me Lakshmi's story. "He kept drinking and asking for money from us. We gave till we could. When we could not, he asked me to take my daughter away," says Ningamma. When Lakshmi left her husband's house, her child was about four months old.

Ningamma's three sons have no work, and so cannot be of any help. The shop she set up with a money lender's Rs 1500 sustains them all. But business is dull: customers want credit but never pay their dues promptly. Ningamma still has to pay back Rs 20,000 of the Rs 50,000 loan that she had borrowed for Lakshmi's marriage.

Lakshmi's work as a domestic help in Kumbalgodu fetches her Rs 900 a month, but she must spend Rs 270 of that on bus fare. But her husband got ideas and waylaid Lakshmi when she was going to work and beat her up. The reason: he suspected her fidelity.

Lakshmi's husband did not divorce her. So she now does not know where she stands. The man who married her and then drove her out of his house will take no responsibility for her, nor her daughter, but will beat her up whenever he suspects her.

Gollalli's abandoned women share something in common: their helplessness. They were never sent to school and were married off in their adolescence. Their husbands, who often turned out to be drunkards abandoned them after they had a child or two. These women have never heard of divorce and alimony. Law has meant nothing to them. And probably never will. "Our laws are man-made and almost all are anti-woman," says Sarasu Thomas, coordinator of the Centre for Women and Law, National Law School. According to the existing law, the husband, in case of divorce or judicial separation, can get away by paying just Rs 500 (an amount fixed in 1977), she says.

So, law is no solution to Gollalli's abandoned women. They now fend for themselves.

VIJAYALAXMI HEGDE

Deccan Herald
15 March 2002

IIT develops 15-yr birth pill

FROM NIDHI SHARMA

New Delhi, March 15: In a major breakthrough in the field of male contraception, Indian Institute of Technology, Delhi, has developed a chemical-based molecule which once injected can provide effective contraception for almost 15 years. Named Risug, the process is reversible and will be released within five months in India at a reasonable cost of Rs 70 in government procurement centres and Rs 800 in the open market. After 30 years of painstaking research, scientists at biomedical department of IIT Delhi have developed a chemical-based male contraceptive. Risug, which is being seen as an alternative to vasectomy.

Head of the department at the biomedical department Prof S K Guha, said: "We started working on the male contraceptive in 1972 and as many as 100 scientists must have contributed in the research work. It is a unique contraceptive which has no comparison in the world over."

Risug is being seen as a better method of male contraception as compared to vasectomy as it is a single intervention technique. "It is three months before vasectomy becomes effective while this chemical contraceptive becomes effective right away. Reversing vasectomy is a difficult process while this is a very simple process. This is a very effective single intervention form of contraception," said Prof Guha.

Risug stands for Reversible Inhibition of Sperm Under Guidance. The main chemical parts of Risug are styrene maleic anhydride together with dimethyl sulphoxide.

The Risug molecule is injected once in the vas deferens of the man. Within the vas deferens when it interacts with the water molecules present there, it generates an electrical charge mosaic.

The research taken up by the scientists in IIT showed that each sperm has a negative electrical surface charge. The interaction of charges of the sperm and Risug molecule creates a charge disturbance. As sperms move, there develops a charge disturbance in the membrane structure of the sperm and it becomes incapable of fertilising the egg.

Deccan Chronicle
16 March 2002

AIDS activists attempt to weed out ignorance

MOTHERS walked in with their toddlers and teens came merely out of curiosity, all to know what AIDS meant. For health workers, it was another day to learn more than they already know about the disease. Most of them sat through a street play, a video show and a volley of speeches, learning about the dreaded disease, while Central Government officials and NGOs tried hard to get across to them.

What is AIDS? How does it spread? Can I get AIDS if I go to the barber? How do I know if I have got AIDS? Youngsters raised many questions despite their initial inhibitions.

The Directorate of Information and Field Publicity, Ragpickers Education and Development Scheme (REDS), Karnataka AIDS Forum and Madhyam held an AIDS Awareness programme on Thursday, with a street play, and an interactive session for slum-dwellers and rag-pickers. What usually goes wrong in talks about AIDS was evident here during these interactive sessions.

Chairman of the Task Force on Health and Family Welfare Dr H Sudarshan spoke of the need to intensify the AIDS campaign. "About 86 per cent of AIDS infections are due to Sexually Transmitted Diseases," he said. He said societal taboos have to be eliminated to help eradicate the disease. He also said district-level AIDS awareness programmes should be held instead of the present practice of having an AIDS Cell at the State level. Dr Sudarshan said recommendations for this were incorporated in the Task Force report.

A 'technical' session followed, with speakers from Samraksha, REDS and the Rotary TTK Blood Bank holding fort. Everyone was at ease communicating in whichever language he/she was comfortable with, be it Tamil, Hindi or Kannada.

Curious as the audience was, the organisers were too uncomfortable answering them.

A speaker called a volunteer and asked him to shake hands with him. The volunteer did. He then asked the audience to shake hands with each other. Shy though they were, they did the exercise, only to get a shocker in the end with the speaker saying: AIDS is like wild fire, it spreads without asking.

A teenager shot a question at a speaker. "You have spoken about AIDS. But what is it? How do we get it? And what do you know about AIDS?" When asked point blank to come to the point, even experts and NGOs falter, so was the case here during this interactive session. Speakers only said, "It does not spread by touch." But how, was the question.

A volunteer blurted out "You must use Nirodh." Women were particularly quiet, at the session. In the end, the organisers made an announcement that members of the fairer sex could meet volunteers separately to see photographs and educate themselves about AIDS.

The New Indian Express
15 March 2002

Condom syrup

San Francisco: A family is suing the Denny's Restaurant chain after finding a condom in a jar of syrup they had used to sweeten their pancakes, reports said. The incident occurred in Aug 1999 in north California. Stephen Anthony, then 13, said he noticed the condom when he picked up the jar of syrup to sweeten his pancakes after his twin sisters had already poured it on their pancakes and were eating.

The New Indian Express
16 March 2002

The Asian Age
16 March 2002

VICTIMS OF TRADITION

SMILING AWAY THE PAIN: A member of the Gulbarga District Association of Rehabilitation of Devadasis and Destitute Women, enjoys an ice candy during a protest march in Bangalore on Friday. The women urged the state to make Dalit Sangharsha Samiti leader N. Murthy an MLC or the chairman of a board or corporation. A photograph by Manjunath Kiran

Pollution blamed for infertility

London, March 17: Male fertility fears over pollution in water supply sperm counts are falling dramatically across Britain and the rest of industrialised world, and scientists are increasingly convinced that pollution is to blame. Studies around the world have shown that average sperm counts in men have dropped by more than half over the past 50 years — from about 160 million per millilitre of semen to 66 million.

The Medical Research Council reports that the fertility of Scottish men born since 1970 was 25 per cent less than those born in the 1950s. Other research by the US Government's Environmental Protection Agency shows that, proportionately, a man now produces only about a third as much sperm as a hamster. Scientists increasingly blame a whole class of hormone-disrupting chemicals. Evidence suggests that they cause cancer and damage the immune system, as well as impairing fertility. Scientists and environmentalists fear that the powerful chemicals are getting into drinking water and affecting human fertility. *(The Independent)*

Deccan Chronicle
18 March 2002

Male contraception only a needle away

Reversible process to be released in India within five months

By Nidhi Sharma

New Delhi, March 15: In a major breakthrough in the field of male contraceptives, the Indian Institute of Technology has developed a chemical-based molecule which once injected can provide effective contraception for almost 15 years. Named Risug, the process is reversible and will be released within five months in India at a reasonable price of Rs 70 at government procurement centres and Rs 800 in the open market.

After 30 years of painstaking research, scientists at the biomedical department of IIT Delhi have developed a chemical-based male contraceptive, Risug, which is being seen as an alternative to vasectomy. Speaking to *The Asian Age*, the head of the biomedical department at IIT, Prof. S.K. Guha, said: "We started work on the male contraceptive in 1972 and as many as 100 scientists must have contributed in the research work. It is a unique contraceptive which has no comparison the world over."

Risug is being seen as a better method of male contraception compared to vasectomy as it is a single intervention technique. "It is three months before vasectomy becomes effective while this chemical contraceptive becomes effective right away. Reversing vasectomy is a difficult process while this is a very simple process. This is a very effective single intervention form of contraception," said Prof. Guha.

Risug stands for "Reversible Inhibition of

SPOTLIGHT

Sperm Under Guidance." The main chemical parts of Risug are styrene maleic anhydride together with dimethyl sulphoxide. The Risug molecule is injected once in the vas deferens of the man. Within the vas deferens, when it interacts with the water molecules present there, it generates an electrical charge mosaic. The research taken up by the scientists in IIT showed that each sperm has a negative electrical surface charge. The interaction of charges of the sperm and the Risug molecule creates a charge disturbance. As the sperms move, there develops a charge disturbance in the membrane structure of the sperm and it becomes incapable of fertilising the egg.

The injection is effective for a long time. Prof. Guha explained: "When we tested on an adult male monkey, the contraceptive was effective for five to five and a half years. In the case of humans we expect effectiveness for a period of at least 15 years. We injected it in a human being in 1990 and it is still effective."

The best part about Risug is that it initiates an absolutely reversible reaction. The compound can be removed in two ways. One way involves application of pressure with electrical stimulation which leads to propelling out of the chemical molecule. In the second way, a solvent is injected inside the body by making a small nick on the scrotal skin and thus, the chemical is made ineffective. Right now the chemical is in the last stage of human testing.

....an Age
16 March 2002

'Care for Aids patients should be top priority'

BANGALORE, March 16

How does Aids spread? Like malaria, can you get with Aids through mosquito bites? Is there any cure for Aids? How long can a person suffering from HIV or Aids live? These were some of the queries rag-pickers, slum-dwellers and young students posed to a panel of NGO representatives at a special awareness program on Aids prevention jointly organised by Directorate of Field Publicity and other organisations here.

Surprisingly, the representatives were slightly uncomfortable in answering questions on how Aids spreads.

In fact, one representative said Aids doesn't spread like Malaria but "only if one loses his way."

Another explanation given was "The disease spreads through blood transfusion; or from mother to child". The event was supposed to be an awareness programme on Aids, but the manner in which representatives replied to some queries reflected their inhibitions to talk freely about sex that is one of the major reasons for spread of Aids. While youngsters were not uncomfortable asking questions to the panelists, the women seemed shy and did not pose any queries.

The organisers, however, held a separate discussion especially for women who wanted any information on the disease.

Inaugurating the programme, Dr H Sudarshan, Chairman, Task Force on Health and Family Welfare, said multiple sexual partners accounted for about 86 per cent of HIV/Aids disease in the State.

Pointing out that Aids was rapidly spreading both in urban and rural areas, he called for organising Aids awareness programmes at district levels instead of the current practice of conducting awareness camps at the State level.

Dr Sudarshan said that suitable recommendations pertaining to Aids programmes have been incorporated in the report submitted by the Task Force.

The task of creating awareness about Aids was a social responsibility, he said. Rehabilitation, concern and care for the persons suffering from HIV/Aids should be top priority, he added.

Ms Archana Datta, Director (Publicity), Directorate of Field Publicity, said that Aids presented a multi-dimensional problem and called for building partnerships to combat this issue.

In this connection, she said, the directorate was organising awareness campaigns through seminars, group discussions, film shows and cultural events across the State.

A street play *"Arivu"*, depicting various aspects of Aids, was staged by artistes' of Madhayam.

A video show and a photo exhibition were part of the program.

Deccan Herald
17 March 2002

New conception technique

● A 33-year-old childless woman whose (egg) had a very thick shell, preventing the embryo from latching on to the uterus wall, has been able to conceive through a rare technique of "pronase-assisted blastocyst-hatching" at a Coimbatore clinic. Fertility Centre Director Dr C V Kannaki Uthraraj told UNI that the technique was used during an assisted reproductive technology programme in collaboration with the Australia-based Down Under Fertility Service. The woman had remained childless even after 13 years of marriage.

Deccan Herald
20 March 2002

No sex please, without condoms

SEX workers in Sangli, Satara, Kolhapur and Sholapur have been holding meetings for the last 10 years to chalk out a weekly condom distribution strategy: the number of packets and boxes of Nirodh needed, who will go where to deliver them, which basti needs more, and which dhaba needs less. Armed with their supplies, the women travel by state transport buses to all corners of the taluka and drop them off at brothels and addas. A good monthly average is 350,000 condoms.

It was at such a Monday meeting that I met an astonishing group of 36 sex workers. Gritty, witty, confident and with a sharp horse sense, they appeared to have long absorbed the message "No condoms, no sex," and now were in the business of distribution and information. Noori Sheikh, a prostitute, told me that condom use is near total in this region where the incidence of HIV-AIDS (16.6 per cent of those screened at Government civil hospitals) is singularly high. Its other dubious distinctions are: 3.5 per cent of HIV positive blood in bloodbanks and six per cent in the paediatric departments — all above the national average. "I saw 60 or 70 of my friends die at a young age, and this only deepened the suffering I have known," says Noori.

But it was no easy task to convince sex workers of the condom's safety value. Typically, programmes drawn up by outsiders and intended for sex workers had certain givens: the women were regarded as vulnerable, vectors of the disease, and in no position to change their situation. The brothel keepers obstinately refused to cooperate, and sex workers saw little use for themselves in such efforts.

SANGRAM, which has received Ford Foundation support for its work, turned these conventional notions upside down. Says Meena Saraswati Seshu, general secretary of SANGRAM, "We saw sex workers as women who could be agents of change — first for themselves, and then for others." Over time, the peer education programme with prostitutes that SANGRAM launched in western Maharashtra began to show benefits. Unwanted pregnancies and STDs rates dropped, the health of sex workers stabilised, *gharwalis* understood the economic value of keeping healthy women in their rooms.

SANGRAM is not in the business of urging women to shun the world's oldest profession, but of giving the women a value that the world never did. "These women are in prostitution because somewhere along the way, society failed them," says Seshu. "We believe there is great violence within prostitution, and we work to remove it." To call sex workers exploited, she asserts vehemently, is to miss the point. They are empowered survivors.

Six years ago, the peer education programme was widened to become VAMP (Veshya AIDS Muqabla Parishad, which also has a front organisation known as the Veshya Anyay Mukti Parishad), a collective of women in prostitution. It now has a hierarchy of field workers, community workers and tais in eight districts of Maharashtra and Karnataka for condom distribution. Then there are community disputes to be settled, police to be lobbied with and government schemes to be accessed for the uninformed. "SANGRAM gave us confidence," admits Suvarna Ingalgave. "We send our children to school. I don't cut pockets. I educated my brothers, got married, had two children and got myself operated."

SANGRAM has opened 15 centres, four of them on national highways where AIDS awareness is raised by four two-member teams. "We approach truckers in different ways, discuss with them for as long as two hours at a stretch. Some have STD for years, and no bath for days. Condoms when given away for free would be used to plug leaking pipes in the trucks. Now we intend to sell them." Today, the truckers are curious, they inquire not only about AIDS but about health services and eye camps as well.

Through youth festivals, street plays, fairs, sexual education in schools, tuition classes for sex workers' children, through its mahila sanghatikas and maitrins and its district campaign, which focuses on women and adolescents in 713 villages of Sangli district, SANGRAM has positioned itself as a leading advocate of HIV-AIDS awareness and prevention, and transformed sex workers into something more than passive recipients of government aid.

The meeting in Sangli should have been held in Nippani in Karnataka, just across the Maharashtra border. The move was intended to make VAMP independent of SANGRAM's tutelage and acquire premises of its own. However, local politicians intervened to stop the meetings and armed bands of ruffians pelted stones at the premises and vehicles of the sex workers.The police turned a blind eye and even refused to file a complaint. "We were told not to defile the sanctity of the Nippani soil, not to enter the house from the front but from the *bhangi bol* (lane)," cried Shabana who was badly shaken.

The Nippani incident proves, if ever proof was needed, that the lives of sex workers continue to be fragile. But overall, HIV-AIDS awareness has succeeded in demolishing one sturdy myth: It is not so much society that needs to be protected from women in prostitution — it is the women in prostitution who bear the greatest impact of the virus and need first and foremost to protect themselves. ■

Latika Padgaonkar

The New Indian Express
17 March 2002

AIDS on the decline: survey

By Our Special Correspondent

NEW DELHI, MARCH 16. There appears to be some happy tidings regarding the killer disease, AIDS, if one goes by the results of a survey, which was released here today.

The survey, vetted by a specialist group, including experts belonging to the UNAIDS and the WHO, has estimated that only about 1.1 lakh persons might have contracted the disease during 2001, a sharp fall from the estimated 1.6 lakh new cases in 2000.

Another feature is that there appeared to be "encouraging early signs" of stabilisation of the infection in Tamil Nadu and other States, which had a high prevalence of the disease.

The survey was conducted between August and October in 320 sentinel sites. While 135 of the sites were in sexually-transmitted diseases (STD) clinics, 170 were in antenatal clinics, 13 for intravenous drug users and two for homosexuals.

The estimates were made on the basis of a methodology developed a few years ago following consultation with a group of experts, including epidemiologists and bio-statisticians within the country as well from the WHO and the UNAIDS.

Meanwhile, the Union Health Minister, C.P.Thakur, has ordered the National AIDS Control Organisation (NACO) to cancel its sponsorship of the classical music show, "spirit of unity concert" on Doordarshan, for its very low viewership.

He has also ordered an inquiry into how the sponsorship was extended by six months recently despite the poor rating of the show. The sponsorship was extended by paying Rs. 45.5 lakhs, including Rs. 13 lakhs as telecast fee for 26 episodes. In return, the NACO was given a three-minute slot on each of the 30-minute show for speading its message against AIDS. The inquiry would be conducted by the Joint Secretary-cum-Financial Adviser of the Ministry. The NACO has been sponsoring the programme since 1998.

The Hindu
17 March 2002

Emergency contraception to be introduced soon

By Our Special Correspondent

NEW DELHI, MARCH 17. The Government will introduce an emergency contraception in urban areas after proper training and orientation of doctors and health workers, the Union Minister for Health and Family Welfare, C.P. Thakur, said here today. He was inaugurating the first training workshop at the All-India Institute of Medical Sciences (AIIMS) for doctors drawn from Delhi hospitals. As many as 600 doctors and service providers attended the one-day workshop.

Dr. Thakur said the emergency contraception or 'the morning after pill' as it is popularly called, would widen the basket of choices for women in contraceptives.

The Drug Controller of India has permitted four companies to produce and market the emergency contraception pills which will be available only on prescription in the family welfare system.

Emergency contraception protects a woman from pregnancy if she takes the prescribed dosage of pills within 72 hours of unprotected sex.

Dr. Thakur said AIIMS and Lady Harding Medical College would be equipped with infertility clinics to prevent childless couple from going to shady clinics. The Government facility will be equipped with in-vitro fertilisation.

Addressing the workshop, the Secretary, Family Welfare, A.R. Nanda, said introduction of emergency contraception did not mean that it would be available right away. It will be introduced in phases and after training health and service providers. The orientation would be more effective if done in a detailed manner with smaller groups.

Among those who addressed the valedictory session were the Director of AIIMS, P.K. Dave and Director-General of ICMR, N.K. Ganguly.

The participants at the workshop were given tests before and after the workshop to assess their orientation.

The Hindu
18 March 2002

Breast-cancer: screening women cuts toll by a fifth

HEALTH line

PARIS: Programmes to encourage women to undergo mammography screening can reduce breast-cancer fatalities by more than a fifth, a study published in the *Lancet* says.

The research is an overview of four individual trials covering 247,000 Swedish women aged from 38 to 75, who were either given a mammography or not and whose health was then monitored over a long time — nearly 16 years on average.

Breast-cancer deaths among those who had been screened numbered 511, while the toll among those who had not been screened was 584, a difference of 21 per cent. The biggest reductions in the death rate were among women aged 55 and above. "The advantageous effect of breast screening on breast cancer mortality persists after long-term followup," the authors, led by Lennarth Nystrom of Umeaa University, say.

Cancer experts are embroiled in a verbal war over mammography, a low-dose X-ray that can identify small cancers several years before they develop into lumps detectable by the conventional method of palpitation.

Nearly two dozen countries have embarked on major progammes to encourage women to undergo routine mammograms in order to detect any tumour in its earliest possible stages, thus enhancing their chance of survival.

But some opinion says these expensive projects are not providing the hoped-for benefits and may even have negative effects by creating a climate of fear.

The fierce debate has prompted the American Society for Clinical Oncology and an important data group that provides information for the US National Cancer Institute to carry out a review of the evidence.

Nystrom's group says the four Swedish trials, which have already been published separately, provide the best confirmation so far that mammograms are useful, because they give a long-term picture, stretching over years.

Karen Gelmon, of the British Columbia Cancer Agency in Vancouver, said the 21-per cent reduction was "statistically significant" and that women who are otherwise well, especially those aged 55-69, should be encouraged to have a mammogram every two years. But whether the investment presented good value was another matter. (AFP)

The Times of India
19 March 2002

Woman files complaint against lab

Sanjeev Ahuja

Gurgaon

A PREGNANT women who was tested HIV positive at a diagnostic centre, has dragged the centre to the Consumer Court claiming that the test was not conducted successfully, resulting in mental and physical agony and social problems for her and her husband. The compliant, has sought a claim of Rs 5 lakh from the centre for the damages, and also has urged the court to cancel the license of the centre.

However, the diagnostic centre has claimed that it was a HIV Border Line Positive case, and the test was repeated in their laboratory for confirmation of the report.

The centre also has termed the development a result of miscommunication saying that the couple did not talk to them and misinterpreted the report before reaching the decision.

It all started when the complainant Kusum (name changed) (23) 7 months pregnant went to the diagnostic centre on November 21, 2001 for getting routine tests like HB, blood, VDRL, Blood Group HIV Duo etc.

"I was shocked to see the report that read, my wife was tested HIV positive. My wife was so shocked that she was about to have a miscarriage and had to be rushed to the hospital. In due course our relationship turned bitter, we kept aloof from each other and from the society under the cover of disbelief so erupted between us due to the report", Kusum's husband said.

It was only after we got the tests repeated from other diagnostic centre where she was tested negative much to our relief did we file a case. We have filed a case in district consumer forum against the owner of the centre and the centre for causing mental, physical and social agony. And have sought a compensation of Rs 5 lakh, he added. On the other hand Dr D S Yadav, the owner of the diagnostic centre said that he was 100 per cent sure of the results that were conducted in his lab. I myself was not sure of the results at the first instance in the case of the woman. As we normally do in abnormal results, the test, which is a fourth generation test, was carried out again to get the confirmation. We got the same result again. As the Patient value in the report came out to be 0.34, it was clearly mentioned in the report that it was Border Line Case that meant the patient could be infected with HIV virus. Dr Yadav added.

> A pregnant Kusum was wrongly diagnosed as HIV positive which resulted in acute mental and physical agony. The family has sought Rs 5 lakh as compensation

If the patient value in HIV Duo Test is more than 0.35, that confirms the patient a HIV positive and negative if the value is less than 0.25. It become a case of border line HIV Positive if the patient value remains between 0.25 and 0.35 which was the case with this woman.

The trouble snowballed as the couple did not talk to us after seeing the report and misinterpreted, taking it to be a HIV positive confirm case. It was clearly written in the report that in case of discrepancy the patient should immediately contact the centre which they did not do, Dr Yadav added.

The Pioneer
18 March 2002

Wrong diagnosis

Foreigners not responsible for AIDS plague

It is astounding that with HIV/AIDS victims in India estimated at around 4 million, the second highest in the world, the government should still be persuaded that the source of the problem is external. The Centre is now mulling a proposal to have all foreigners tested for AIDS before they enter the country, when statistics show that Indians are more likely to infect foreigners than the other way round. The proposal, if passed, is guaranteed to put off foreign businessmen visiting India, who also have China or other attractive investment destinations in mind. It is also likely to place tourism in the deep freezer. Tourism is India's second biggest foreign exchange earner. India attracts fewer foreign tourists than countries like Malaysia that are one-tenth its size. Consider what foreign tourists have to put up with: cumbersome visa approval processes, lack of reliable information, poor infrastructure, cheats and the prospect of religious riots. The prospect of AIDS tests could be the proverbial last straw that broke the camel's back.

Incredibly, health minister CP Thakur has cited as a precedent North Korea, a xenophobic regime as a result of whose faulty economic policies many of its citizens are starving. Conservative countries like North Korea do not like to admit that their citizens are engaging in activities that spread the disease, such as drug abuse or indiscriminate sexual relations. Their solution is to blame it all on foreigners and hope the problem will go away. It would be a tragedy if the Centre took this route. But the worst consequence wouldn't be just the loss to tourism or business. Under the sway of this kind of xenophobic nationalism enlightened and scientific means to check the spread of the AIDS plague — proven successful in other countries — are unlikely to be adopted. Such means include spreading awareness about the disease and how it is transmitted, having better testing and counselling regimes. These are harder to implement but their benefits will be more enduring than quack remedies like isolating India from foreigners.

The Statesman
19 March 2002

Thai AIDS cocktail drug from April

Bangkok, March 21: Thailand said on Thursday it has started producing a single-pill anti-HIV cocktail drug to be sold in government hospitals beginning next month.

Thailand is only the second country after India to make the cocktail, a combination of three generic drugs produced by three western pharmaceutical companies.

The three companies do not hold any patents on the drugs in Thailand, which means they can be produced here without international legal problems.

It is the latest and boldest step in Thailand's fight against Aids after a successful condom-use campaign that began in the early 1990s. According to official estimates, there are nearly 700,000 HIV-infected people in Thailand.

Health minister Sudarat Keyurapan told a news conference that the cocktail, named gpo-vir, will be sold for 20 baht. *(AP)* _

The Asian Age
22 March 2002

Female infanticide finds new villain in modernisation

By Yogesh Vajpayee

Gwalior, March 19: Traditions are changing in Gwalior-Chambal divisions of Madhya Pradesh. But only in form, not substance. The Rajputs, Gujjars and Yadavs here, infamous for practising female infanticide, have now switched over to modern methods: Pre-natal termination of pregnancy after determining the child's gender.

"In 90 out of 100 abortion cases reported from nursing homes of Gwalior and nearby areas, the child happened to be a female," says a recent study on female infanticide and foeticide conducted by the Gwalior-based Centre for Integrated Development (CID).

The study conducted in January found that only 84 per cent of the ultrasound clinics conducting the tests were registered. Moreover, half of them had attached nursing homes with facilities for termination of pregnancy.

Officials claim that all ultrasound clinics in Gwalior are registered and sub-divisional magistrates have been asked to monitor their activities after a recent Supreme Court directive.

"No case of violation of the law has been brought to our notice," insists Gwalior's Chief Medical Officer.

But the CID's Geeta Jagdale, who conducted the study, is sceptical. "More than 80 per cent of medical practitioners interviewed conceded that sex determination tests and female foeticide were rampant in the area."

If gross violation of the law goes undetected it is because the law holds the mother of the aborted child equally responsible for female foeticide along with male members of the family and doctors.

"The fact that they have little say in these matters is ignored. The doctor and the male members of the family have a vested interest in not reporting the crime," Geeta says. Those opting for termination of pregnancy are mostly young. The CID study says that 23 per cent women going in for abortion were in the age group of 15-20 and another 50 per cent in the 20-25 age group. Only one out 100 women admitted for pre-natal termination of pregnancy was above 30.

If gross violation of the law goes undetected it is because the law holds the mother of the aborted child equally responsible for female foeticide along with male members of the family and docs

Another significant finding is the practice is mostly confined to upper and intermediate castes such as Rajputs, Gujjars and Yadavs. "No case of female infanticide or foeticide was reported among Scheduled Castes and primitive tribes such as the Saharias," the study notes.

Data collected from rural areas corroborates this impression. In six sample villages, for instance, the caste-wise population of children below the age of seven, there were 5 girls for every 12 boys among the Rajputs, 20 girls to 52 boys among the Gujjars and 8 girls for every 20 boys among the Yadavs. Among the SCs, there were 14 girls for every 11 boys.

Unstructured interviews conducted by CID researchers reveal that though doctors do not record sex determination as the reason for the test, parents are informed about the child's gender in couched terms such as *laddoo khilao* (in case of a male) and *jalebi khilani padegi* (in case of a female. If the answer is *jalebi sari hai hata do*, the foetus is removed. "This is a sophisticated version of female infanticide still prevalent in the remote villages of Chambal valley," says Dr B K Gupta, renowned physician.

The New Indian Express
20 March 2002

AIDS in student curriculum soon

Hyderabad, March 19: Minister for Health N Janardhan Reddy on Monday said chapters on AIDS would be included in the curriculum of students of classes IX and X from the next academic year.

Announcing a multi-pronged approach for prevention and control of AIDS in the State, he told the Assembly that the government would set up care and support centres in each district, in addition to the existing counselling centres, for home-based care and treatment of infections related to the disease.

Reddy said a series of workshops would be organised with religious heads, educationists, transport associations and various government and non-government agencies as part of a sensitisation campaign every year on the occasion of World AIDS Day. "The focus is on raising awareness levels by promoting safe sex practices and 100 per cent use of condom among vulnerable groups," he said in response to suggestions made by P Raghunath Reddy and other members. The Minister said the government aims to contain HIV infection to below two per cent of the adult population. He said the government had given utmost importance to AIDS awareness by making it the central theme during Janma Bhoomi and family health awareness programmes.

He said as per the recent survey conducted by ORG Marg, the use of condoms was lower when compared to other States. Reddy said the State had the highest number of non-regular sex partners with 19 per cent of males and seven per cent of females indulging in sex with non-regular partners. He said the government had launched an exercise to identify people falling in the high-risk category and ensure that 80 per cent coverage was extended to these groups.

The Minister also said a programme to prevent mother to child transmission of the dreaded virus would be implemented in all medical college hospitals and hospitals in the district during the year.

Deccan Chronicle
19 March 2002

Dispensing AIDS relief from the dormitory

Ela Dutt

Washington

TWENTY-ONE-YEAR-OLD Indian American Sanjay Basu likes to be able to face himself every morning.

The Rhodes scholar has caught media attention for his dorm-based activism for HIV patients and a host of other causes at the Massachusetts Institute of Technology (MIT).

That's where he daily calls pharmacies and doctors, manufacturers, philanthropists and others to help the poor and sick in developing countries. His first project, however, was Gujarat earthquake relief.

"Being able to look at ourselves in the mirror every morning, especially as we go to such a wealthy school where a lot of resources are completely wasted," is what drives him Basu said.

"So it's clear a lot of resource re-allocation needs to happen." It is what drove him at 19 to start the United Trauma Relief Group (UTRG) in his dorm.

Today, 10 "hardcore" members and another 10project specific activists, work together to help rebuilding in Gujarat after the earthquake of January 2001, coordinating refugee relief with the Revolutionary Afghan Women's Association (RAWA), and soliciting AIDS related drugs from pharmacies and doctors around the country to send to Haiti through the Partners in Health organisation.

Basu's parents migrated to the US in the 1970s. Born in Seattle, Washington, and brought up in Texas and Illinois, Basu leaves for Oxford next year for his Rhodes scholarship, and do his masters in medical anthropology.

NEW ACTIVISM

"I was a science nerd in high school," Basu says. He chose to study human behaviour when he came to MIT and is enrolled at the Brain and Cognitive Sciences Department at Whitaker School.

His work getting AIDS drugs that may be unused or about to be wasted and sending them to Haiti got attention from the Wall Street Journal recently.

"Our work is legal - we have a license to ship medicines internationally," Basu said. Fearful that the politics of drugs was overtaking the need to help the needy, Basu founded UTRG in 2000.

"It was formed because the price and patent wars were going on and we wanted to get help to people because the political battle was going to be slow.

Four years ago, large drug companies had pledged to reach people but it hasn't happened yet."

Basu says, "Really, the problem was just so massive that it was difficult to look the other way."

He was inspired by Paul Farmer of Harvard Medical School who lives and works in Haiti and whom Basu met.

Basu insists he puts in just one hour a day into the philanthropic work. Now it has become a student-run nationwide network of university groups with the mission "to prevent and alleviate suffering that results from poverty, disease and war."

Projects include not just collection of AIDS drugs from US pharmacies and distributing them to Haiti and Africa, but Basu and his friends have also mobilised more than $20,000 to deliver tents and water purification units to refugee camps for border refugee camps in Afghanistan, and is involved in landmine clearance work there as well. — *IANS*

The Pioneer
20 March 2002

3.97 million Indians infected by AIDS virus

DH News Service

NEW DELHI, March 20

Despite the government's claim to somewhat check the spread of AIDS in the last few years 110,000 people fell prey to the Human Immunodeficiency Virus (HIV) last year, according to the latest sentinel survey data from National AIDS Control Organisation (NACO).

The latest survey put the number of HIV-infected patients in the country at 3.97 million in 2001 as against 3.86 million in 2000. The corresponding figures for 1998 and 1999 were 3.5 and 3.7 million respectively. However, a positive outcome is an encouraging early sign of zero-stabilisation in high prevalence states — Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh, Manipur and Nagaland. The number of new cases of HIV infections during 2001 is estimated to be 110,000 as against the 160,000 new cases that was added last year.

The annual HIV sentinel survey was conducted in 320 sites in all states and union territories during August to October. The sites include 135 sexually transmitted disease (STD) clinics, 170 antenatal clinics, 13 sites for intravenous drug users and two sites for men-to-men sex. Based on HIV prevalence rates in various risk groups, the number of HIV infections was estimated at the national level.

Interestingly, faced with severe criticism on AIDS data in the last few years, NACO has given a detailed description on how it arrived on the 3.97 million figure. Admitting that certain assumptions were taken into consideration while doing in the sentinel survey in the last three years, it said that corrections had been made in the new set of assumptions after consultation with the experts which include WHO and UNAIDS. With a 20 per cent variability to take care of unaccounted numbers, a working estimate of 3.97 million HIV infections was arrived at, NACO said.

The agency faced severed criticism on the account of inconsistency on HIV figures as often it has been found that various agencies were using different figures to describe the AIDS burden in India. The last controversy in June 2001 when a UN fact sheet showed that at the end of 1999, India had an estimated 560,000 AIDS orphans in sharp contrast to NACO that recorded only 17,000 deaths.

Deccan Herald
21 March 2002

BRIEFLY...

Cheapest AIDS drug

Bangkok: Thailand plans to launch what it says is the world's cheapest anti-AIDS drug cocktail next month, health officials said on Friday. The first batch of 120,000 tablets of GPO-VIR, produced by the government pharmaceutical organisation, will be made available at state hospitals and drugstores in April at a cost of 20 baht ($0.46) a tablet.

The Asian Age
23 March 2002

HC to rescue of HIV positive man

RAJESH KUMAR
New Delhi

IN A significant judgement, Justice Vikramjit Sen of the Delhi High Court directed the Union Government to release disability pension to a Border Security Force's (BSF) constable, who was denied pension due to being HIV positive.

BSF constable BS (name withheld to protect identity), an HIV positive patient, was forced to take retirement on the ground of disability. The BSF did not release his disability pensionary benefit, after forcing him to retire.

Taking a strong note on the callous attitude of the Union Government, Justice Vikramjit Sen of the Delhi High Court directed it to pay pension to Constable BS with effect from February 15, 1999 with an interest of six percent per annum. Justice Sen directed the Union Government to pay it within 60 days.

Justice Sen in his order observed: " In view of the callous and unsympathetic stand adopted by the respondents, I am also of the view that the petitioner is entitled to be reimbursed the costs of his petition, which are quantified at Rs 5,000."

Justice Sen observed: " Unfortunately, there still remains a severe social stigma against persons suffering from HIV. It is difficult to conceive of a situation where any person would consciously or wittingly run the risk of contracting AIDS. It is ludicrous to contend that any one would contract HIV so as to earn a disability pension. It is sufficiently documented that AIDS is communicable not only through sexual contact but also through blood transfusion".

The judgement said: "The petitioner or any other person in his place, would prefer to work rather than suffer from AIDS. One of the essential functions and duties of the government is to extend medical benefits and support suffering. The grant of invalid pension is not a paisa more than this basic obligation. In this case, we can steer clear from the controversy as to whether the infirmity or incapacity was attributable to or aggravated by service since Rule 38 of the pension rules unlike Rule 48 of the regulations does not contemplate this causation".

BS joined the BSF on June 12, 1990 and after seven year, it was discovered that he was HIV positve (Tuberculosis of Lungs And Abdomen with infective Hepatitis). BS went to All India Institute of Medical Sciences (AIIMS) for treatment.

He also went for treatment at the National Institute of Communicable diseases. Thereafter, he appeared before a medical board on April 16, 1998. The board declared him unfit for service. BS was medically boarded out from service on February 2, 1999 with 70 percent disability.

An aggrieved BS, approached the Delhi High Court for all pensionary benefits as admissible to persons with cent percent medical disability attributable to service.

The Pioneer
24 March 2002

Time for a re-look

Women living with HIV/AIDS in India have demanded that access to quality treatment be provided speedily all over the country and that their right to confidentiality be protected without fail.

In a set of recommendations submitted to the Government, they also wanted access to micro-credit programmes for income generation activities. Availability of affordable and acceptable voluntary counselling, testing services in both rural and urban areas and redress of discriminatory practices against infected women and their families also figured in the recommendations.

About 50 women living with HIV/AIDS (WLHA), representing networks in ten states, activists, Government, NGOs, academics and UN officials participated in the consultation, which began in Chennai on March 8. The event, the first of its kind in India bringing all statewide networks of such women under one roof, was preceded by an eight-month planning and consultation process.

"The entire process was democratic and was representative of the needs of the women living with the virus across linguistic and geographic barriers," said Ms. Kousalya, President, PWN+. "The Government is aware of the needs of the affected women and is committed in its response to them," said Ms Neelam Kapur, joint director, NACO. "We will be looking forward to the recommendations," she said.

The Pioneer
22 March 2002

PIL for AIDS research

● A Mumbai-based doctor, who claims to have done research in AIDS cure, has filed a petition in the High Court urging for a direction to the government to consider his findings, PTI reports.

He has urged the government and authorities concerned to examine his work and grant recognition so that the benefits of his study could be passed on to the people.

Deccan Herald
25 March 2002

HIV patient, ends life

Adilabad, March 26: Erramwar Prashanth, 25, of Krantinagar under II Town police station limits committed suicide late on Monday night by consuming pesticide. SI Jalagam Narayan Rao said that a suicide note and a medical test report were recovered from the body. According to the note, Prashanth had committed suicide due to being HIV positive. This was confirmed by the medical report.

Deccan Chronicle
27 March 2002

AIDS
WIPING OUT GAINS

STAFF REPORTER

AIDS is at present one of the greatest threats to the process of global development and stability. The UNAIDS director of Social Mobilisation and Strategic Information, Marika Fahlen, speaking in Monterrey, Mexico, at an international conference on March 18, stated that AIDS can singlehandedly wipe out the developmental gains made over the past 50 years in the most affected countries.

The delegates at the conference comprised finance, trade and development ministers from around the world. Emphasising the fact that as countries lose many of their young and productive people, as a result of HIV/AIDS, they said something needed to be done soon.

Unlike most diseases, AIDS attacks people in their most productive age. This deadly disease also carries with it serious economic and social consequences, the impact of which has already been affecting national budgets.

One such country is Botswana. The country will lose 20 per cent of its public revenue by 2010, as a result of AIDS. Between 2000 and 2005, the life expectancy of the people of Zimbabwe is expected to drop to 26 years of age! In Haiti, average life expectancy has already dropped by six years — all due to AIDS. According to a recent study in three countries — Burkina Faso, Rwanda and Uganda — AIDS will push up the number of people living in extreme poverty from 45 per cent in 2000 to 51 per cent in 2015.

But with the various efforts starting to make a difference, things seem to be getting back on the right track. According to a recent study undertaken by UNAIDS, UNFPA and the Netherlands Interdisciplinary Demographic Institute(NIDI), total spending in 2000 on HIV/AIDS and sexually transmitted diseases (STDs) was estimated at over US$ 330 million. For the year 2001 and 2002 ,UNAIDS estimates a marked increase, with projected and available amounts working out to US$ 765 million and over US$ 1 billion respectively. Some US$ 800 million or more is expected to be made available from the *Global Fund to Fight AIDS, TB and Malaria*. A major proportion of which will be available for funding AIDS projects in the year 2002. In addition to this, the World Bank has approved of another US$ 500 million for this year's projects in Africa through no-interest loans.

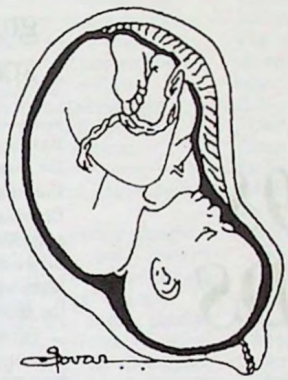
"The increased financial commitments are an important first step, but the fight against AIDS is far from being won," says Falhen. Calling on Governments to dramatically increase the resources to fight the HIV/AIDS epidemic, she said that AIDS requires a multi-sectoral response and for that, Governments must make long-term commitments if the goals of development, poverty alleviation and economic restructuring are to be realised. Falhen also highlighted the fact that debt relief efforts are an important mechanism in slowing down the spread of AIDS.

The Government delegates are expected to adopt the Monterrey Consensus by the end of the international conference. According to the consensus, there will be greater domestic and international mobilisation of resources for the purpose of accelerating economic and social developmental efforts.

The Pioneer
26 March 2002

Mediscene

Carnage inside the womb



The shocking rise in the barbaric killings of female foetuses has drawn society's attention to the extent to which this evil has proliferated. The matter is serious enough now to have now reached the Supreme Court.

The apex court deserves the heartiest congratulations for having taken the right step in directing state governments to take effective measures to curb an evil that has stamped a terrible stigma on our society as a whole.

I appreciate the real and sincere efforts of the Akal Takth Sahib, Amritsar, messrs Indira Jaisingh, Dr Sabu George, Dr BS Dahiya, as also those of NGOs like Cehat, Masoom, Koshish that have consistently endeavoured to sensitise the apex court to the issue.

While we in India go on demanding 33 per cent reservation for women in Parliament and have been consistently celebrating Women's Day, the reality clearly shows how callous we have been towards this evil.

For example, in the case of Punjab, the ratio of female birth has come down considerably; currently, it stands at 700 for every 1000 male births.

Despite the Supreme Court's order of January 29, 2002 to crackdown on unregistered ultrasound clinics used for identification of the sex of a foetus, certain states continue to disregarded the order.

This is a heinous crime. All states and union territories should take stringent measures to curb this evil with immediate effect. New Delhi, which is the national Capital, has over 300 unregistered clinics that use ultrasound machines. Yet, no action seems to have been taken against these clinics run by supposed doctors.

It is time for the Government of India to send an unequivocal directive to all state governments to follow the Court's orders strictly so that instances of rampant killing of the girl child, which includes infanticide, sex-selective abortions and sex-selection of embryos are actually curbed.

UN Secretary General Kofi Annan, in his message on International Women's Day on February 28, 2001, called upon member countries to take effective measures to work for gender equality and the empowerment of women since these are vital tools to combat poverty and disease. He reiterated UN Security Council Resolution 1325 of 2000, which calls for the protection of women from the impact of armed conflict and the need to strengthen their role in peace building and reconstruction. The Secretary General also urged member countries to set specific time-bound targets for protecting and fulfilling the rights of all children and women.

The next hearing of the case in our apex court has been fixed for April 9, 2002. We expect that Hon'ble Justice MB Shah and Justice Doraiswamy take the culprits to task and encourage NGOs to come forward with more information on the reprehensible social practice of pre-natal sex determination, and systematic elimination thereof of the girl child.

Darshan Singh
Paschim Vihar
New Delhi

The Pioneer
26 March 2002

Cheap medicine

The World Health Organisation has produced a list of companies making safe AIDS drugs, a move that could bring down the price of treatment in poor countries. But the organisation representing big international drug companies said the move could reduce the quality of treatment and lead to widespread drug resistance.

The WHO list named 41 drugs by eight manufacturers that met its criteria for quality. It included products by the Indian generic manufacturer Cipla as well as by big drug makers such as Bristol-Myers Squibb Company, GlaxoSmithKline, Abbott Laboratories and Roche Holding.

"This UN initiative marks an important step in increasing the number of qualified suppliers of HIV medicines and improving the procurement of these drugs for people living with HIV/AIDS in developing countries," said Peter Piot, executive director of the UN AIDS agency.

But the International Federation of Pharmaceutical Manufacturers' Associations said it did not think that some generic suppliers met acceptable standards.

"Under no circumstances do companies based in some countries that have poor regulatory and quality standards match the standards of quality, service, and innovation on a sustainable basis that international research companies provide," said Harvey Bale, the federation's director-general.

The Pioneer
26 March 2002

68 pharma cos. test 98 new drugs against AIDS

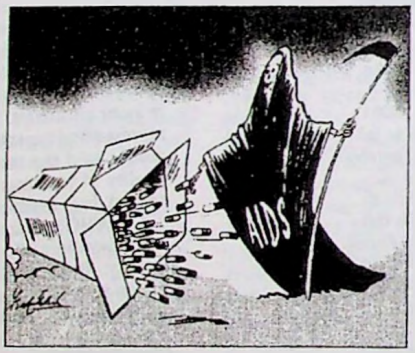
By Amrita Nair-Ghaswalla
Times News Network

MUMBAI: As the war against AIDS enters its third decade, pharmaceutical companies are testing 98 new weapons to thwart the persistent and deadly enemy.

Some of the medicines in the pipeline attempt to address the problem of drug resistance by working in different ways. Several companies are developing 'fusion inhibitors', which work by blocking the virus from fusing with healthy cells. Others are concentrating on vaccines.

Pharmaceutical companies are keeping up the research momentum to tackle the ailment. A total of 68 companies across the globe are working on AIDS medicines, notes a survey by a US-based research firm.

The medicines in the pipeline include 38 medicines that attack the AIDS virus, 15 for AIDS-related cancers, six for the fungal infections that frequently attack the weakened immune systems of AIDS patients, seven medicines that target opportunistic infections, eight medicines designed to strengthen the immune system and 14 vaccines.



The survey says these medicines in development will add to the arsenal of 68 medicines already approved for the treatment of AIDS and AIDS-related conditions.

It may be recalled that four new AIDS medicines were approved by the U.S. Food and Drug Administration (USFDA) in the past year, including the first in a new class of medicines called nucleotides, which, in clinical trials, proved effective in patients who had developed resistance to other drugs. Another drug to tackle AIDS-related fungal infection, yet another for AIDS-related CMV retinitis, (which can lead to blindness) and a medicine that combines three antiretroviral drugs in one tablet were cleared by the USFDA.

The Times of India
27 March 2002

'Micro-awareness groups can stall spread of Aids'

DH News Service

BANGALORE, March 29

Dr James Blanchard, Resident Coordinator, India-Canada Collaborative HIV/Aids projects, suggested that the formation of micro-awareness groups in villages was an effective way to stall the spread of Aids.

Participating in a special awareness programme on Aids for a group of rural women communicators and health volunteers here on Wednesday, Dr Blanchard said there were about four lakh HIV/Aids-affected people in the State.

The social stigma attached to Aids was posing a serious challenge towards its prevention, he said.

Therefore, a three-pronged strategy should be chalked out to combat Aids by creating awareness, reducing social stigma and supporting vulnerable groups with community mobilisation, he suggested.

Dr Srinath M Maddur, who has studied psycho-social aspects of people living with HIV/Aids, said love, care and affection were medicines for people affected with the dreaded disease, as it had defied the medical fraternity.

Events like debate, rangoli and rural sports were organised to create awareness about Aids especially among women in Anekal and Bangalore East.

The HIV/Aids awareness programme was jointly organised by the Central Directorate of Field Publicity and Nava Jeevana Mahila Pragathi Kendra.

Deccan Herald
30 March 2002

Healthy Initiative

With the best doctors getting concentrated in big cities, not just rural areas but most towns too lack adequate healthcare facilities. Although the government may not have made much headway in addressing the inequities and the inefficiencies of the health system, innovative efforts by the voluntary sector have worked. Union minister for health and family welfare ***C P Thakur*** *tells* ***Kalpana Jain*** *that involvement of citizens may help overcome key problems:*

What are the crucial issues before your ministry?

Primary health centres, medical college hospitals and district hospitals are either not functioning or functioning very poorly. To provide healthcare, these institutions need to be revived. We need resources as well as adequate availability of basic medicines at the primary health centres (PHCs). We also need to modernise them. At present, except in some southern states, the PHCs are just not functioning.

The government has been trying for a long time now to make health care centres function. Do you think involving the community works, and has it been done so far?

In Karnataka, Vivekananda Girijan Kalyan Kendra, a non-governmental organisation headed by Dr Sudarshan, is doing valuable work. This organisation has adopted certain PHCs and helps in running them. Dr Sudarshan even gets doctors from outside to come to these PHCs. He mobilises money as well. This is a good example of how public participation can improve things. We are thinking of replicating these efforts.

Udai Shankar

"In Karnataka, an NGO has adopted certain primary health care centres and helps in running them. This is a good example of how private participation can improve things. We are thinking of replicating these efforts"

Another example is provided by Bhang in Madhya Pradesh, where infant mortality rates have been reduced by the efforts of the medical community. The infant mortality rate there had been hovering around 70 (deaths per 1,000 live births) for quite some time. It has now declined to 67. It was the efforts of the association of neonatologists that helped. Teams were sent to various places to demonstrate how a new-born could be looked after even without specialised equipment. They teach simple techniques. For example, if there is no incubator, then new-borns can be kept warm by lighting a bulb. Their efforts have achieved good results.

Have you considered involving citizens' groups in hospitals and various health care centres?

We will make a beginning with the Safdarjung hospital. On Mahaveer Jayanti day, we will introduce such a group. So far, Panchayati raj institutions have been involved for taking up issues, but we should involve the common citizens as well. Citizens' groups can be involved later in PHCs and in medical college hospitals as well. They can attend to patients so that they do not feel neglected. At times they could just go and talk to patients so that they feel better and heal faster.

What are you doing for one of the finest medical institutions, the All India Institute of Medical Sciences (AIIMS), where the best scientists are leaving and the overall environment is deteriorating?

For reducing the load on the outpatient department, a screening OPD will be started so patients coming in with ordinary ailments will be considerably reduced. At the same time, the faculty strength has to be increased. I have been telling the finance department that the posts should be increased by at least 25 per cent. We need more faculty at each level.

There is need for more paying wards as well. This would help to generate revenue, as well as meet the demands of those who want the facilities of a private ward.

Do you think your ministry's needs will be met by the increased allocation to health in the Union budget?

The budget contains a fairly substantial increase for the family welfare sector, not for health. We are likely to get some supplementary grants. For, we need to help not just medical colleges, but also have more national programmes to handle the increasing disease burden. Lifestyle disorders such as diabetes, heart disease, high blood pressure are all increasing. We need to take up these issues in the national programme.

We have initiated some steps to tackle the AIDS menace but we need to do more. We are giving drugs to check the mother-to-child transmission, starting with the six high prevalence states. We need to start viral load testing in more places. The cost of drugs may have been reduced marginally in this budget, but we are writing to the state governments for sales tax and octroi reduction as well. This will bring the cost down by about six to eight per cent.

How accurate are the AIDS surveillance figures?

The National AIDS Control Organisation is collecting samples from several sites. It is not a man-to-man survey. There may be variations. It depends how many AIDS patients are there in a given sample. The highest number is taken. And it does show that the rate of increase is reducing.

But you have said earlier that in Bihar alone the numbers are increasing...

Yes, the number is increasing. There is no doubt about it. I have asked for the number of sites to be increased. The more the sites, the nearer will the figure be to reality.

I have also asked for an assessment of the incidence of hepatitis B and C in the country. These diseases are as bad as AIDS. I have said that wherever we take blood for AIDS surveillance, we should do a hepatitis B and C test as well. We have other concerns as well. For instance, our programme on checking mother-to-child transmission is one of the largest in the world. But very few rural women would be able to come forward to take the medicines. It requires an extensive infrastructure. Wherever we test, counselling centres are a must.

There are moral issues involved as well: The government is giving free medicines only to pregnant, infected women to reduce the risk of transmission from 33 per cent to 8 per cent. But the free supply of these drugs to the mother is stopped once the baby has been delivered.

Would integrating the various systems of medicine, the way China has done, provide any solutions?

We are trying. Ayurvedic medicine is being given for pregnant mothers and children. They should be involved in general health as well. So in Himachal Pradesh we have posted them in PHCs. We will tell the states to compare results with other PHCs. We want to encourage research in ayurveda. We want India's exports to touch Rs 10,000 crore to 20,000 crore. Right now it is only Rs 400 crore to 500 crore.

We have decided to take up musk deer farming as also saffron cultivation. China is heavily into musk deer farming. We have the climate for both — it can be done not just in Kashmir but in Himachal Pradesh as well in parts of Uttaranchal and north-east.

When will the long-awaited health policy see the light of day?

One more session is required. In a few days it should go to the cabinet.

Mapping of HIV/AIDS Services in India: Comprehensive Directory: Call for Collaborations and A request to complete the form

India ranks second in the world with 4 million HIV infections. There are few hundred government, non-government and international organizations working towards prevention and treatment of HIV infection in India. Yet, comprehensive resource directory in a user-friendly format, categorized by district/state or type of service are not available. Lack of such data prevents people living with HIV (PLWH) from getting tested and making an informed choice about their care providers. It also delays the general population from having access to HIV prevention information and hinders International donors and collaborators from identifying promising programs.

SAATHII has received a grant from John Lloyd foundation to lead mapping of HIV/AIDS services and prepare a comprehensive directory of HIV/AIDS services in India. SAATHII is currently collaborating with LISOR, SAHAYA, READ, and PWN+ to map HIV/AIDS services. However we would like to take this opportunity to collaborate with as many organizations possible in this important endeavor.

Data are being collected using a structured questionnaire by personal and telephone interviews. Upon completion of the mapping, the resource directory will be disseminated to all the organizations via electronic mail, regular mail and through SAATHII, SAHAYA and other web sites. In addition, the services will be networked by state and type of service through a common channel of electronic communication across the country.

Welcome to AIDS-INDIA eFORUM

AIDS-INDIA eFORUM is an electronic forum to foster communication and collaboration among those of who are involved or interested in AIDS related issues in India. Your e-mail id is on this list because you must have indicated your interest in AIDS related issues in India or some one else must have suggested your name as a person who may be interested in AIDS related issues in India.

This is a moderated forum,We would like to invite you to post messages, announcements, details of your AIDS related work in India. Confidentiality of the list members is assured. For more details of the forum please contact the moderator.

If you are already a member of AIDS-INDIA eFORUM please forward this message to your colleagues. Thank you for your attention.

Joe Thomas
Moderator
AIDS-INDIA eFORUM
aids-india@egroups.com
Web page: http://groups.yahoo.com/group/AIDS-INDIA

Stigma and discrimination: World AIDS Campaign 2002-2003

World AIDS Campaign 2002-2003. Stigma and discrimination is the theme of the two-year World AIDS Campaign 2002-2003.

Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma

attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS.

With its focus on stigma and discrimination, the Campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

For more information on the World AIDS Campaign, please contact:
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e-mail: doupea@unaids.org.

Set up in February 1997, **Communication for Development and Learning** is a Bangalore-based NGO offering a range of media-related services for NGOs. The long-term objective of CDL aims to integrate communication into the development process. The focus of CDL media activities is on the print format, with a specialization on the news media. Amongst the major activities are

- Media research
- Documentation
- Publication
- Design and production
- Media management
- Charkha Features Network

Our other publications are 'News You Can Use' and 'What Makes News? A User's Handbook'.

We welcome visitors!

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