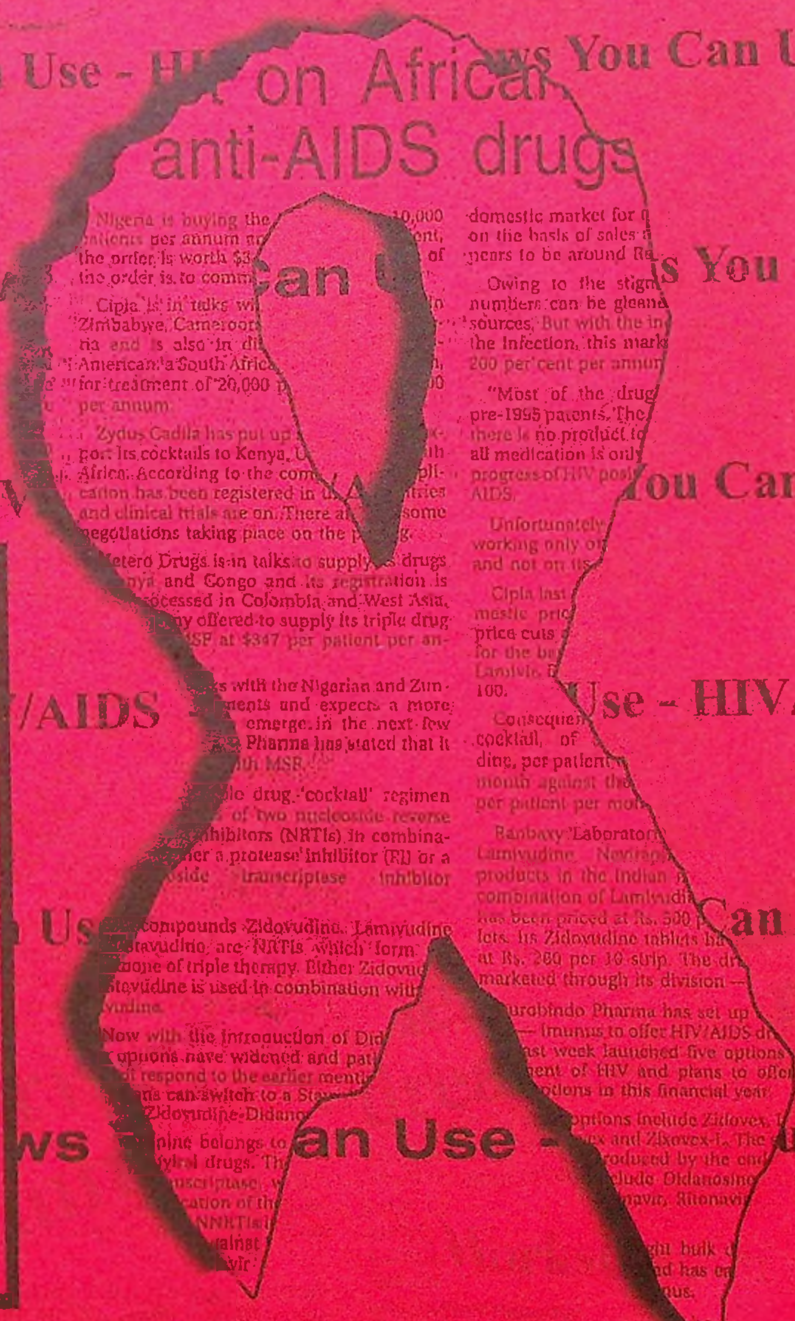
News You Can Use HIV/AIDS

October - 2001

For Private Circulation Only



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 newsitems/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 addressing 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

News You Can Use is compiled and published by Communication for Development and Learning, Bangalore

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FROM OUR READERS.....

The effectiveness of any message conveyed or communicated is reflected by the extent to which it prompts the receiver to respond. The encouraging responses received, has proved this effort fruitful. The responses were from different NGOs and individuals where they found the publication useful in research, conducting workshops, maintaining data base etc. Here are the excerpts of few selected responses that we have received from our readers.

".....We conducted two sensitisation workshop on HIV/ AIDS for religious leaders and Dhaba owners .We request you to kindly publish the news about these two initiatives in your" News You Can Use-HIV/AIDS "

Family Planning Association of India, Bhubaneshwar

"NYCU gives latest information on HIV/AIDS which has helped us to increase our knowledge "

CARDTS, Mangalore

" We are publishers of sex magazine-Abhisarika (Telugu), which also carries articles and news on HIV/AIDS regularly. We request you to kindly send us your publication "News You Can Use"

Dr. DVR Poosha PhD., Samalkot

" One of our main focus is the PSH project where the target group is commercial sex workers in the twin cities of Hyderabad and Secunderabad. Our main objective in this project is to give knowledge about STD/HIV/AIDS .....We appreciate the steps taken by you in bringing out media scan. It is interesting to have all the collected details from the newspapers as a magazine" Integrated Rural Development Services, Secunderabad.

"We are an NGO working on HIV/AIDS. So the publication will be very useful for our information..."

GAP-ISRCDE, Ahmedabad.

"Thank you for the "News You Can Use HIV/AIDS and we found it highly useful. Please do include the story I am enclosing in your next issue of "News You Can Use-HIV/AIDS"

SEEDS, Guntur.

"...Thank you for bringing out the newsletter ' News You Can Use-HIV/AIDS'. It is really helpful and informative. Thanks for putting so much of efforts in collecting and selecting the clippings from different periodicals "

Concern for Working Children, Bangalore.

" Please send details of awareness programme for people subject of HIV/AIDS .We work in rural areas of M.P ....."

Nav Jagrathi Sanchar Manch, Hoshangabad

"We really appreciate the work.It will be a handy book to know about the various paper clippings or articles published in various leading newspapers in India on HIV/AIDS. Nrityanjali is a non-profit organisation working on STD/HIV/AIDS for the past 3 years. Under the guidance of DFID we could conduct targeted interventions in slums of Hyderabad and Secunderabad. You could give publicity to our activities in your NYCU-HIV/AIDS....."

Nrityanjali Academy, Secunderabad.

" I was thrilled to see "News You Can Use-HIV/AIDS issue....I have been collecting newspaper cuttings since many years....now CDL team has saved our time and made the news available in one compact magazine .My heartiest congratulations to your team for this much needed tough job.

Dr. Geeta Bhave,Mumbai.

" .....We are NGO and our activities are related to AIDS and Cancer we wish to get each and every copy of your publication regularly to enable us to get information about AIDS "

The Human AIDS & Cancer Control Society of India
Thiruvananthapuram

" .....News You Can Use-HIV/AIDS, contained some excellent material..."

Allison Drynan ,Canadian International Development Agency.

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OCTOBER- 2001

Cities change their social fabric to cope with the disease

By Kalpana Jain
Times News Network

NEW DELHI: The doomsayers may not have been quite off the mark, at least in Imphal: the increasing numbers in mortuaries, long waiting lists at care centres and insufficient beds in hospitals, tell a grim story of a society hit by HIV, even as the lives of those left behind illustrate how a city changes its social fabric to cope with a deadly disease.

Young widows are moving out of their homes, even before the mourning period is over, searching for jobs or support groups that can help them find a way to bring up their children; the state itself has started encouraging people to go in for pre-marital HIV testing and infected young men have taken on the role of community mobilisers to create awareness.

ADAPTING TO THE AFTERMATH

- Pre-marital testing for HIV has started
- Widows have organised into groups
- Private labs are giving HIV-free certificates

Several 'Widow Groups', as they are called, have come up in Manipur in recent times, teaching women how to face life—whether it is learning a vocational skill or coping with the mother-in-law. Most of all, they check women from indulging in self-pity while ensuring that they take better care of their health. Indira Devi is the president of one such group, called HOPE, Horizon of Prosperity and Education.

She was a reticent young housewife till some months ago. But her husband's recent death has compelled her to take on a different role. "My husband passed away last month. I felt a sudden feeling of emptiness. With such a group, we all feel that we are get cared for," says this young widow, wearing the mourning dress of a pink phanek and a white cloth draping her upper body.

While Manipur may have found itself in the Indian epicenter of the AIDS pandemic because of its large number of intravenous drug users, whose sharing of syringes made the spread of HIV so easy, the ways in which the disease has spread now are no different from other cities in the country: HIV is now being primarily transmitted through heterosexual contact.

So, the only way in which Manipur is different from other states is that it has accepted the reality of the epidemic and found ways to live with it. Other states are either struggling in their efforts or refusing the accept the problem even though there is heavy concentration of cases coming from not just sections of society seen to be indulging in high-risk behaviour. For instance, Arivoli Iyakkam, the organization running the Tamil Nadu government's awareness programme, estimates that in Namakkal district alone, 10,000 people are infected.

Hundreds of widows gather here for meetings, holding their children, most of them infected, in their laps. While they may not yet be organising themselves into groups like in Manipur to live a better life, HIV is speeding up a process of change. There are, for instance, demands for HIV-free certificates before marriages are arranged. Several laboratories have sprung up to conduct the tests.

In the coastal areas of Andhra Pradesh, such as Samalkot, families coping with HIV, are being required to pull children out of schools. In one such case, a 14-year-old boy in this district was selling potatoes in sheer desperation. Perceptible societal changes have started taking place almost everywhere.

The Times of India
21 September 2001

The world of *dais*

IT is a large room packed with women who have come to the Shisha village of Sanada Taluka in Gujarat, to attend a meeting of Traditional Birth Attendants (TBAs or *dais*), called by SEWA (Self Employed Women's Association). These women have been delivering babies for generations, and the *hunar* or the art they have, is usually passed down from mother-in-law to daughter-in-law. Approximately one million women are said to be working as *dais* in India. In the urban areas they still attend to almost 60 per cent of all births, whereas in the rural areas, the percentage goes up to almost 90 per cent. They all belong to the areas where they serve and share deep ethno-cultural ties with the women. They are mostly paid in kind because in the villages cash is hard to come by. The earnings come variously: in the shape of grain, jaggery, saris, blouse material or garden produce. The quantity depends on the economic status of the family and the gender of the baby. "If it is a boy, and the firstborn at that," says Gomat *ben*, "families pay the maximum. But if it is a girl and a third or a fourth one at that, then there is *rona-dhona* (crying and wailing) that the *dai* just accepts whatever she gets and leaves."

Gomat *ben* is a matriarch of the old school, but is open to new ideas, especially on midwifery. A mother of five sons herself, she works both on her farm and as a healthworker. She says she has gained much by being trained by the doctors from SEWA. She and her fellow birth attendants now realise how faulty and hazardous some of the old practices of delivering babies were. Maternal mortality was very high, and childbearing for women, Gomat *ben* says, was like a trip to *narak* (hell) and back. Through all this, families stood by and waited. A woman's lot they said, was such.

Diane Smith, a Canadian nurse midwife, training *dais* in Tamil Nadu at a health centre run by another NGO, RUWSEC (Rural Women's Socio Educational Centre) was appalled at the general indifference to maternal well-being in India, particularly in the rural areas. "There is a lack of forensic thinking in villages relating to child births. Stories told about deaths are just accepted," she wrote in a journal (*International Midwife* – Winter, 1998). In Rajasthan, another village healthworker told me, "If there is a death by drought related starvation, the whole government office descends on our village to find out who died and how. From Panchayat Pradhan to Collector, all are made answerable. But each year dozens of young, healthy, women die in childbirth, and not even a leaf falls. Everyone says this is the lot of a *lugai* (woman). Then they get the man another wife."

If, to gather knowledge is to gather pain, as the wise voice of Ecclesiastes tells us, then to talk to village *dais* is to gather a whole harvest of pain and neglect. This knowledge comes not as a whole, organically constructed matrix, but in pieces. It is like trying to understand a fistful of little shards and bits of paper that may once have carried precious but long lost formula perfected in some bombed out lab. Most *dais* today are illiterate, poor and belong to lower castes, because, as they tell you, birthing is a dirty job, full of blood, sweat and pain. They acquire an aura of holiness through their ability to assist the birth of a new life. When they come to deliver a baby, their word is treated as law, and their touch does not pollute. But although they can prescribe herbs and oils and preside over normal birthing rituals, in cases where the birth is difficult and requires surgical intervention or transfusions, they are helpless and clueless.

Jassi *ben* and her daughter-in-law are a good example of this. They form a team from Madhav Nagar village. She said before they were trained by the doctors from SEWA, they too knew little and subscribed to local superstitions regarding birth, such as:

- The pregnant woman must eat very little and not eat sticky food like bananas, milk and buttermilk, that "cling" to the *bacchedani* (uterus).
- Mother's milk was "bad" in the first three days after delivery and had to be discarded. Meanwhile, the baby is to be fed a mixture of water and *gur*.
- The mother was "unclean" after birth for three weeks, so she must stay in her room and not bathe. A hole was dug in a corner for defecating. The room at the end of the "unclean" period began to stink like a sty.
- The woman's body is a large sack inside which the organs float. If the labour is long, chances are, she has sucked up air and the baby is lodged in her chest and must be expelled by the *dai* bearing down on it.

In Maharashtra, in Gadhchiroli district, *dais* are trained at the Shodhgram, a health and research centre run by the NGO, SEARCH. The genial trainer Dr. Baituley says they first tried training the partially trained Auxiliary Nurse Midwives (ANMs) but their superiors resented it. They were told the ANMs were required for "family planning" (read sterilisation) and immunisation work. So eventually, they turned to the illiterate *dais*, the only birth attendants available to the poor living in far off villages. The same applies to workers of ARTH in far away Rajasthan, and workers of ADITI in Bihar. All these health researchers and trainers realised that though training these semi-literate *dais* into correct and basic birthing techniques is rife with problems, their reclamation and reinduction into the mainstream of healthcare is essential if millions of maternal lives are to be saved. Births, like deaths, do not wait for governmental policy changes or sensitisation of the healthworkers. On the other hand, our formal medical systems, by a sensitive and humane interaction with the world of the *dais*, may gain valuable insights into areas that can create simple and inexpensive health initiatives for women.

It is not simply the depth of the problems the *dais* and their clients face everyday, but the strange forbearance and compassion with which they try to make the best of a bad situation that makes you look at them with respect. Our women, especially the poor ones, refuse to compartmentalise their experience of their own and others' motherhood, into joys and sorrows to be celebrated and mourned separately. For the *dais*, as for millions of Indians, the mysteries of life and death are whole mysteries where spiritualism and physicality, joy and pain co-exist. Their search for well-being and relief means a stretching and deepening of one's commonsense and kindness and women's ability to stand up to pain. Despite the blood, sweat and tears when the birth of a healthy baby is announced, joy warms up the mother, the *dai* and all those around her:

"Mother-in-law is here, the husband's sister
Too shall come at noon, the brother's wife in the evening.
With sandalwood paste and colours
Come all, O women of my village,
– and celebrate my baby's arrival."

(Traditional Zachcha song from Malwa) ●

MRINAL PANDE

The Hindu 24 June 2001

Media and the AIDS reality

IT is a well known fact that HIV/AIDS is a devastating virus, that knocks the bottom out of economies, plays havoc with the lives of those it claims – an estimated 3.86 million in India alone. It has serious ramifications that go beyond the health sector to include development, depredation, vulnerability and scores of other ills. The question before the editors and senior media people who attended National Consultation on HIV/AIDS and the Media, jointly conducted by UNDP Regional-SSWA and the Centre for Media Advocacy and Research, (CFAR), in New Delhi last week, was whether the media's attempts to remove the myths and misconceptions that cloud the disease and place it in the context of development and peoples lives had been significant and adequate.

The consensus among the journalists was that ethical guidelines ought to be evolved for both reporters and copy editors and that trained and specialist writers alone should cover the HIV beat. Journalists could be put through an intensive training before they write. The tone of the deliberations was set by Dr. Nirmala Lakshman, Joint Editor of *The Hindu*. In her inaugural address she spoke of the need for the media to partner the work being done by governments and NGOs and to see whether "our preoccupation with a different kind of journalism deters us from bringing these issues to centrestage."

The positive groups, however, had their own experience of how the issue should be centrestaged with sensitised and focussed handling of the concerns of the affected, rather than just dealing with the virus *per se*. Ashok Pillai, perhaps the best known face among them, referred to a sample survey recently conducted by the Indian Network of Positive People to stress on the concerns of the affected: Of how the stigma and discrimination created by exaggerated, and often outdated, statistics, understatements and sensationalised reports resulted in the affected shying away from the media for fear that they would lose what little support they had if they disclosed their status. He also spoke of how respondent after respondent had wondered why the media rarely came to their rescue by focussing on the positive rather than the negative aspects of HIV/AIDS. Particularly harmful him was the use of wrong terminology, especially when phrases like "AIDS patient" and "terminal stage" were used for those leading full and useful lives.

The findings of the media monitoring done by the Centre for Advocacy and Research (CFAR), however, was that while the coverage may fall short of the expectations and needs of the affected, there was no denying that when looked at quantitatively, it was significant with a fair share of compelling copy that attempted to instil a sense of immediacy, commitment and responsibility. But while that may be so, the monitoring also revealed a felt need for reshaping the prevailing news gathering and reporting processes so as to enable and encourage the kind of informed writing and perceptions that this issue requires.

The editors were of the opinion that this was an issue that should be reported without bias to any particular community or way of life. Facts and details should be checked and rechecked because any distortion, misinterpretation, breach of confidentiality or sensationalism could result in untold harm to the affected. Mr. D.N. Bezboruah, Editor of the *Sentinel*, lamented that the charges often made against the media of "false, inaccurate, uninformed and insensitive reporting" was in fact valid. "There is much the media can do about the kind of positive, correct, sensitive reporting that reflects there is feeling behind it he said." Mr. Chandan Mitra, Editor of the *Pioneer*, felt that the focus should be on individuals and "the human dimension of the issue" and cautioned against "obfuscating the issue by talking about larger issues like, poverty, malnutrition and ignorance, which cannot really be resolved in the near future, rather than the specific problem."

But, it was also repeatedly stressed that reportage cannot be simplified to a lack of expertise, insight or perceptions. Mr. Oindrila Mukherjee of the *Statesman*, spoke of how she was convinced of the success of the innovative Sonagachi project, a collective of commercial sex workers, but was unable to either showcase it as an unqualified success or counter the criticism that was being levelled against it from other quarters because of the non-availability of any impact assessment data. Similarly, Ms. Sathya Saran, Editor of *Femina*, talked of how she was keen to target her young readership and share information on different aspects of sexual health but was unable to do it because of the lack of empirical data and the fact that women's groups thought of her magazine as anti-women and one that catered only to bimbos. Meanwhile, Ms. Kalpana Jain of *The Times of India*, Delhi, while agreeing that the media did tend to sensationalise and even exploit the traumas of the affected for the sake of good copy, said that during extensive travels across the country, she had found that "these traumas" were in fact a reality as was the phenomena of AIDS victims. What is worse, many of them were not only confronting the inevitable but were also suffering for no fault of theirs.

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The National Consultation on HIV/AIDS and the Media held recently in New Delhi was a forum for editors and journalists to discuss the issues that revolve around the disease. The concerns of the affected too were discussed, as was the need for reviewing the news gathering and reporting processes to enable informed, sensitive reporting on the subject. A special session on the epidemic will be held by the UN General Assembly in New York between June 25 and June 27.

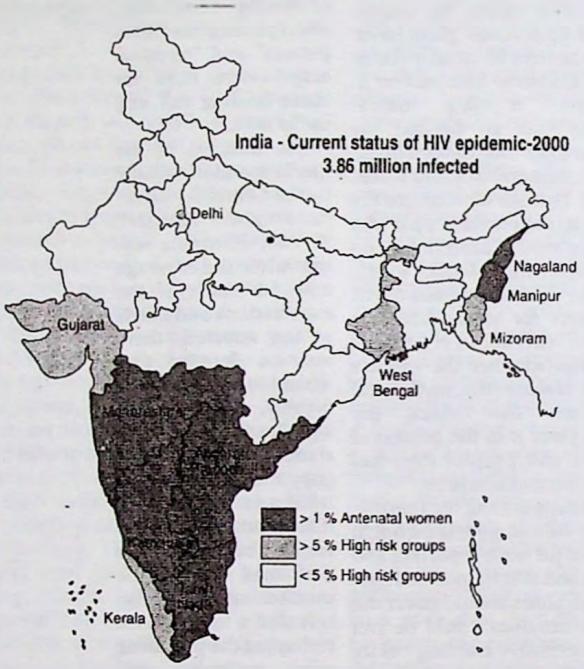
Even when confronted with the possibility that they could have been infected by their partners, they seem to accept their fates with stoic resignation.

Participants also brought up the many limitations they had to cope with while dealing with this issue. Of deadlines that left them no time for research or to check details and procure informed consent, and of the rush, especially among television channels, to be the first to flash the news which made it well nigh impossible to maintain confidentiality. Unfortunate misinterpretations by those translating for them, was also seen as a problem as was the paucity of updated statistics and the reluctance of officials and those in the know to reveal details.

Earlier, Mr. Swarup Sarkar, head of the inter-country team for South-Asia of the Joint U.N. Programme on HIV/AIDS, (UNAIDS), spoke of how 20 years into the epidemic, "Not many seem to realise that this is going to be the biggest killer of the adult population in the country over the next ten years, perhaps more than all the wars that we had fought put together." According to him there are pockets where the epidemic is of African proportions – where prevalence is over two percent – a fact that is rarely highlighted. What is worse, we know that those who have information and choices can protect themselves from exposure and the most vulnerable are those whose choices are limited. Yet, as Ms. Barbara Brar of the United Nations Development Programme pointed out, nothing was being done to "generate the conditions in which people are empowered to protect themselves from infection and the effected are empowered to live with dignity in society."

The *raison d'être,* Sarkar felt, was under-funding by donors, under-spending by governments and the fact that India appears to be unconvinced and unconcerned of the many ramifications of the epidemic. How else could you explain the fact that though the Prime Minister, in his Independence Day speech, had described HIV/AIDS as one of the three most important issues confronting the nation, no Indian leader will be present when world leaders meet at U.N. General Assembly Special Services (UNGASS) later this month to discuss the worst epidemic in 400 years? ●

SHYAMALA SHIVESHWARKAR



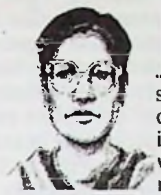
Source : Surveillance data from NACO, 2000

THE United Nations General Assembly is holding a special session on HIV/AIDS at the highest political level between June 25 and June 27 in New York. The special session's focus will be on intensifying international action and to mobilise resources to fight the epidemic. At the session, governments are expected to adopt a Declaration of Commitment, setting targets and timetables to fight the accelerating epidemic.

UN Secretary-General Kofi Annan and government delegations will address various issues relating to AIDS, including incresing resources for treatment, the importance of political leadership to deal with the issues thrown up by the disease, preventing new infections and access to affordable and accessible care. ●

The Hindu
24 June 2001

Far from positive



If one looks at a map showing the prevalence of HIV/AIDS around the world, South Africa is shaded in a deep, dark colour, while India is a pleasing lighter shade. However, when the map shows the number of HIV/AIDS affected people, the colour marking India will be just a shade lighter than South Africa. Despite the high numbers, which incidentally are also in dispute, there is little AIDS awareness in the country. Nor is there a concerted country-wide programme for prevention of the disease. Meanwhile, UNAIDS and the National AIDS Control Organisation (NACO) in India continue to quibble over the number of AIDS related deaths in the country, even though it is accepted that ten per cent of world's HIV infected persons live in India.

The UN is to hold a special session on HIV/AIDS in New York from June 25 to 27. The Indian delegation to the Special UN Session will be led by Health Minister CP Thakur. Indian states with a higher incidence of AIDS infection are Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Nagaland and Manipur.

Internationally, however, the widespread prevalence of HIV/AIDS has turned it into a threat to human security in large number of countries, and in some cases acquiring the proportions of affecting national security. The epidemic was taken up as a subject of concern by the UN Security Council since early 2000, when it was sent as a threat to global peace and security in several regions. UN Secretary General Kofi Annan has named the battle against AIDS as one of his personal priorities. About a year ago, the Security Council passed a resolution that stressed the need to combat the spread of the virus, especially during peackeeping operations. It was decided at that time that a special session of the UN be held a year later in New York.

"I care...do you?" has been adopted as the slogan of the World AIDS campaign 2001. HIV/AIDS has spread to every part of the world in the two decades since awareness has grown about the disease. There are an estimated 36 million people living with AIDS in the world. It has served to widen the gap between the rich and the poor and undermined social and economic security in the countries it is prevalent. Sub-Saharan Africa is the worst affected region, which has had three times the number of deaths due to AIDS than the rest of the world. More than 25 million Africans are living with AIDS. In southern African countries, about one-in-five adult is HIV-positive.

There is an alarming increase in its incidence in heavily populated countries of Asia. Statistically, the prevalence rate of HIV/AIDS is low in India, at about 0.7 per cent. But, given India's one billion population, this low rate translates into more than 3.7 million people living with HIV/AIDS, which makes it amongst the highest number in the world. But India is still to wake up to the full gravity of the situation. HIV positive patients do not receive adequate medical attention since even medical staff are still to understand the disease. Several cases of AIDS patients being thrown out of hospitals have been reported, especially from states which have a low incidence of HIV patients.

Incidentally, Bangladesh with a lower incidence of AIDS, has acted more decisively to stem the epidemic. The government raised funds for a preventive programme while Bangladesh Prime Minister Sheikh Hasina highlighted HIV/AIDS as a priority item in her address at the UN Millennium Summit in 2000. Thailand also adopted an effective strategy to combat its high incidence of HIV patients. Cheaper anti-retroviral drugs have helped. There is, however, urgent need for further research and development for an HIV vaccine and better treatments. According to the UNAIDS, one of the surprising lessons learned is that efforts to expand access to treatment, care and support for HIV-positive patients, often has the effect of spreading wider health reforms and improvements in those countries.

The reason why the Security Council took up the issue in a big way was that links between AIDS and issues of security are many. The epidemic destabilises societies in several ways. The effects of the epidemic cascade through society, reducing the income levels of the people, thereby weakening it and undermining the social fabric of the country. Studies have shown the disease's dramatic impact on the economic and developmental indices in several countries. It has been

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estimated that GDP growth shrinks by about two per cent in a year in countries where the prevalence of HIV is more than 20 per cent.

Over several years of the epidemic, the loss of economic output adds up on an alarming rate. Unlike popular impressions, HIV is not a disease of poverty; it affects both rich and poor people in underdeveloped as well as developed countries. However, poverty reduction can help reduce people's vulnerability to the epidemic. For the disease pushes people deeper into poverty, making it difficult for them to maintain their livelihood at the same level.

The epidemic increases the strain on state institutions and resources, and at the same time undermines the social systems that help the people to cope with adverse conditions. This can lead to social and political instabilities in these countries, as AIDS thrives in places with high degrees of socio-economic insecurity. In the worst affected countries in Africa, it is said that HIV is spreading fastest among young women under the age of 24 years, as they have less access to means of protecting themselves. Recent studies in some African countries have revealed the startling information that adolescent girls are six to seven times more likely to be HIV-positive than boys of the same age.

The use of rape as an instrument of war and repression adds another dimension. In conflict situation, children and young adolescents are especially vulnerably to HIV/AIDS, as they face high risks of sexual abuse, forced military recruitment and prostitution. Conflict resolution and peacekeeping measures are important elements of strategies designed to contain HIV/AIDS, with an urgent need to step up HIV/prevention and care in armies and in international peacekeeping forces.

Around the world it has been noticed that preventing HIV infection is the first line of defence in the fight against the AIDS epidemic. The two-decade experience in countries as diverse as Brazil, Thailand and Uganda has shown that determined efforts towards prevention, which involve communities and the support and care systems, can be fairly effective. The example of Uganda is striking; it conducted a determined prevention campaign to control AIDS with the result that the HIV prevalence rate among teenage girls in capital Kampala dropped from 28 per cent in 1991 to six per cent in 1998.

While the world is getting increasingly concerned about AIDS, the Indian response has remained lackadaisical. Our health system is in complete disarray. A more committed, better coordinated and focused programme to prevent the increase of AIDS needs to be formulated.

Shubha Singh

The Hindu
26 June 2001

WAR ON AIDS

THE global community has at long last declared a war on AIDS and has set deadlines for winning it. The declaration adopted by a special UN session in New York on Thursday is truly historic for three reasons. First, nations have got together for the first time to launch specific time-bound, universalised and targets-oriented collective action to contain a dreaded disease which has already claimed 22 million lives the world over and is threatening the lives of another 36 million. Second, the declaration enjoins on UN member-nations to subscribe to a special fund of around $10 billion annually to finance the war as against less than $2 billion currently spent in developing countries — especially in "low income and middle income" nations. The fund, to be called Global HIV/AIDS and Health Fund, is to be created and made operational by 2005. Third, for the first time again, global attention has turned towards bringing down drug prices drastically so that they can become affordable. The special session can legitimately take credit for successfully persuading major international pharmaceuticals and manufacturers to reduce drug prices substantially. Since even the reduced prices are beyond the reach of a majority of individuals and nations, government intervention to subsidise their sales has assumed considerable importance. Speaking on behalf of India, Leader of the Opposition and Congress president Sonia Gandhi struck a pragmatic note by suggesting that a definitive solution to the HIV/AIDS problem can come about only through the development of potent therapeutic drugs and vaccines. Drug research in this critical life-saving area must be financed through international funding so that the product, when available, remained in the public domain for use by all in need. Significantly, global research for finding a sure cure for the other dreaded disease — cancer — is also internationally funded, and specialists are speaking with greater optimism today than say, a decade ago, about a breakthrough in the near future. The outcome of the special session is of great significance to India where relative to the rate at which the disease has spread in the last five years and continues to spread, the campaign to contain it has hardly begun and measures to fight it remain peripheral. Union Health Minister C P Thakur has claimed that fears of a "runaway" increase in the number of HIV/AIDS cases have been belied, and insists that assessments of non-governmental organisations of higher incidence are incorrect. Even the 3.86 million cases registered in 2000 AD must be seen to be high considering that the disease was virtually unknown in India till a decade ago. However, on the positive side is the hope that since the afflicted are but a small percentage of the population, the war against AIDS in India has a good chance of succeeding, provided the present government and succeeding ones remain seriously committed to containing it. If misgivings in this respect exist in the public mind, it is largely because public investments in some of the crucial social sectors like health, education, drinking water, sanitation and child care remain far below the desired levels in the new economy sought be ushered in through liberalisation and globalisation. At New York, at the insistence of some Islamic nations and others backed by the Vatican the declaration deliberately refused to identify homosexuals, drug users and prostitutes as particularly vulnerable groups. However, so long as the preventive campaigns envisaged by the UN session are universally focussed and targeted, the battle will not be lost, so long as nations, health groups and services and individuals remain committed warriors in the war against the disease.

Deccan Chronicle
30 June 2001

Cue from China

India's first Census of the new century and the millennium is over. The data, so gathered, are being processed and the detailed statistics may take some time to be made public. As for now we are only told that India's population is about 1.027 billion. If these population figures are compared with those of China, many significant, interesting and meaningful conclusions may be drawn.

China's latest Census was conducted last year and it had detailed a population of 1.265 billion. Obviously, the population must have grown during the last one year. However, if we take these figures as a point of reference, we find a difference of 238 million between the population of China and India. But this difference is not as important as the fact that China's population increased by only 132.3 million since the last Census in 1990, while India's population increased during 1991-2001 at a growth rate of 21.34 per cent, resulting in an increase of 181 million people. So, on present trends, India seems to be on the path to overtake China in total population at some point between 2025 and 2050.

Although doubts have been raised about the accuracy of China's Census statistics, yet it is being assumed that China's population might be more than the figures released. There is, however, no doubt that China has achieved a remarkable and imitable success in slowing down its population growth. One of the main causes of this significant success seems to be the strict implementation of the "One couple, one child" policy. Moreover, the campaigns for popularising the use of contraceptives and benefits of small family launched there with full force also showed positive results. It is also a fact that at least during the last decade, the severity of the population explosion was very seriously felt and taken note of in China and, accordingly, the strategies worked out to check the population growth were effectively implemented at all levels — of the government as well the people. It means that efforts to slow down the population grow[illegible] were turned into a people's movement by mobilising public emotions and support on a grand scale.

It is quite difficult to say to what extent the people voluntarily participated in this process and how much was the role played by the political repression as the Chinese system is a closed one and is quite impossible to penetrate. As such repressive measures to curb population growth cannot be ruled out but at the same time it will also not be correct to suggest that the people did not participate in this process at all. Such remarkable success in population control cannot be achieved without public involvement in any measure.

On the other hand a very unfortunate and pathetic scenario is unfolded if we look at the population situation and the concerned government policies and programmes, and the way they are implemented in India. There is no doubt that a positive change has been brought about in people's perceptions and attitudes about the population with the expansion in the urban middle class and educational opportunities available to them. An educated Indian citizen belonging to a middle class family is now much more conscious than ever before, about the gap between limited national resources and ever growing necessities of life. He is also well aware of the possible unhappy and severe consequences of the unabated growth in population. That is why more and more people are seriously realising the need and adopting means and ways to keep the size of the family affordably small. But in spite of all this consciousness and awareness, when the decisive moment of keeping the number of children under control arrives, most Indians tend to get overwhelmed and driven by the religio-cultural stereotypes and considerations of fate and destiny. So all the efforts towards population control fail to become a reality, despite all the desire, realisations and awareness about it. There may be many reasons for it but the dominant one seems to be that there is no such collective drive about the family planning or welfare in this country which might make efforts to control the population a part and parcel of the people's awareness and the priorities of their life.

The government and official measures about the family planning fail to go beyond mere paper work. The concerned departments and the health workers do precious little and, if at all, do it without any involvement and rest content with updating their files. Not that there is paucity of funds. It is a known fact that despite lack of resources in India, the funds provided and available for this task are such as may produce wonderful results if used properly and sincerely. Obviously, checking population growth will remain an impossible task till there is an intensive mass movement to make the family planning one of the priorities of life.

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The non-serious and casual approach towards the serious problem of the population explosion is not confined to the governments and the bureaucracy alone. The entire political system including the ruling party or parties, the opposition and all the politicians as a class is plagued by it. Undoubtedly, the repressive way the family planning was implemented during the Emergency, and the excesses committed, made it a dreaded thing, which dealt a severe blow to the efforts of population control. To protect their political interests, subsequent governments cold-shouldered the family planning and this attitude gradually became institutionalised.

India is no doubt the largest democracy in the world. The way democratic institutions and traditions had struck roots here during the last 53 years, is both astonishing and a matter of pride. But at the same time the irresponsible manner with which we had used certain democratic freedoms is equally unfortunate. Corruption at all levels, exploitation, chaos, disorderliness, self-seeking, misappropriations of public resources and neglect of public welfare are eating into the vitals of our national existence and the fruits of development and progress have been confined to a few "chosen" people.

Many of our political leaders have large families and tend to take pride in it. Obviously they cannot be expected to become role models and inspire the common man to control the population. Even the National Commission on Population constituted last year also includes some people who do not know the ABC of Family Planning Programme and its nuances. What can they contribute towards such programme. The National Commission also seems to reflect the overpopulatedness of the country with more than 100 members who have still to go beyond routine meetings and conferences.

While a national body of this status at the central level is always necessary, there is no doubt it can be effective only when its branches off to reach out to villages and small towns and cities so that the public involvement and support in the process of population control could be ensured.

Taking a cue from Chinese experience, it is indeed essential to evolve a system of incentives and disincentives in India to make the population control programme a great success. It is in human nature that people are driven solely by the lure of incentives on the one hand and the fear of disincentives on the other. It is all the more necessary because in a country like ours with the level of literacy and awareness that we have the people cannot be expected to contribute to population control voluntarily.

(The writer is Editor, Mustaqbil, an Urdu fortnightly)

SM Shah Nawaz
The Pioneer
29 June 2001

Distributing condoms doesn't ensure usage

By Kalpana Jain
Times News Network

NEW DELHI: When Shakila dresses up for the evening in the slums of Vishakhapatnam, the area pimp, Gopi, smears her forehead with some dirt from the back of his chappal. This ritual is said to keep evil spirits away.

But of late, another ritual is performed: As Shakila is about to step out into the dark alley, Lakshmima, the madame, thrusts some condoms, regularly delivered to her door by an NGO, into her hand.

Shakila quickly stuffs them inside her blouse as she breezes out, leaving a trail of cheap perfume behind.

By the time she returns, Shakila will be a different girl, sighs Lakshmima, who has been running a brothel in the area for the past several years: she would be drunk and mouthing abuses till she drifts off to sleep.

Whether any of the condoms that she has taken would be used at all to protect herself against the possibility of contracting HIV is anybody's guess.

Gopi the pimp admits that he has lost three girls already to AIDS and about 25 to 30 have been sent back to their villages after they began to fall ill.

The reality is that the government's frenzied distribution of condoms to control HIV spreading into the general population, does not ensure its usage.

While no large-scale studies are available to show the results of such prevention programmes, smaller district-based studies reveal a continuing presence of high levels of sexually transmitted diseases amongst sex workers, a sure indicator of unprotected sex.

Targeted interventions, as they are called, are a crucial part of the government's AIDS control programme.

So, currently, several crores of rupees are being spent on making sex workers understand the mechanics of condom use — right from checking the quality, expiry date, to negotiating usage with the clients.

The fact is that almost all sex workers are aware that they need to protect themselves. It is just that the choice of usage really rests with the clients.

Often sex workers are struggling for an income of Rs 10 to 15 from a single act. Insistence on condom usage makes the client think that the woman herself is infected.

She fears losing her source of livelihood, says Aruna, a sex worker.

And carrying a condom for street-based sex work is just not so simple: For even as one wing of the government wants to make their work safer, another is looking for evidence to penalise sex workers.

Condoms provide just that evidence.

The success of the condom distribution programme is measured by the number of sex workers an NGO is able to reach. Few of these NGOs bother to find out how well such prevention is working.

To ensure that they continue to receive funding, NGOs are eager to show that targets are reached, even though at times the figures that may not match reality.

For instance, Society for People's Action for Development, working with sex workers in Bangalore, claims to have " established contact" with 6000 sex workers, within 15 months or so, even as several others insist that it is not possible to reach numbers beyond 1500.

This seems to be the practice all over. Numbers and names look good only on paper.

Beyond that there are issues that need to be addressed.

The Times of India
01 October 2001

A unique women's meet

Lesbians, feminists, eunuchs air opinions

FROM R UMAMAHESHWARI

Hyderabad Sept. 30: It has been a conference with a difference, giving voices to people who usually do not get a platform to air their feelings even in feminist forums and women's groups meets.

The three-day conference of young feminists, organised by the Hyderabad Women's Collective, in association with Anveshi, has successfully brought together women including lesbians, transgendered women and single women.

According to Madhumeeta and Sunita from the Hyderabad Women's Collective, "This meet is significant because young women need to start talking about staying single, gender and sexuality."

The highlight of the conference has been stories of struggle and conviction about alternate/gay/lesbian sexuality, coming from two women, one from Pune, the other from Bangalore.

Sheeba represented an organisation Olava (Pune). This is the only forum of its kind voicing the concerns of lesbians. She said, "Lesbians are seen as perverted people, because normally love is linked with procreative sex under the 'lock-and-key' logic. For people like me, it is a struggle for survival, with the fear of being 'found out', and then 'punished', losing out on family, being forcibly married off."

The story of Famila was as poignant. She is a *hijra*. She had undergone an operation to "become a woman". She says, "I realise the problems of women though I still refer to myself as a *hijra*." Her does not like to meet her. However, her mother often does. She says, "People like us have no right to live, the police harass us, force us to have sex with them. We are exhibits for the medical field. Joining Sangama, an organisation in Bangalore, I learnt about my own sexuality and I am able to talk about it now."

Many of the young women were not activists for some just desired to share their views with a peer group. This effort is a small but firm voice giving strength to the universal call by women for their true emancipation.

Deccan Chronicle
01 October 2001

Moronic measure

Condom failure is not related to size or region but use

THE ministry of health is really on a moronic ego trip, going by the *Express* report of Saturday. The subject of its latest project on population control sounds more like locker room chatter than a problem of reproductive health in an overpopulated, underdeveloped society. Health ministry officials are, of course, not the first to come up with this ridiculous idea of researching the huge diversity in the male organ. Everyone from the esteemed American sex researcher, Alfred Kinsey, to amateur webmasters has entered the fray to figure out the penis. In fact, even the ancients were obsessed with the idea. King Menes was the first true Pharoah of Egypt and the first to unite both upper and lower Egypt. He is also supposed to have constructed Memphis, the world's first imperial city. But for the Egyptians he will always be remembered as the pre-eminent God symbolising male sexual virility. He was supposed to be a descendant of half-god, half-human hybrids, created from the union of over-libidinous gods and the human females they seduced. Also, in his case, there is consensus on the moot issue: bigger is better. In fact, all the later fertility gods — Bacchus, Pan, Dionysius, Cupid and Priapas — although they were modelled after him, were portrayed as wine swilling gluttons who simply couldn't match his virility.

The problem of India's health ministry is not taxonomy. In fact, the Rs 11 lakh they are proposing to spend on the project is a pittance compared to millions spend on such surveys worldwide. The problem is of a deeper nature, one concerning a spurious correlation and causation that can only be termed baloney. To correlate the actual length of the member with the region of the country, as it attempts to do, is to enter a totally murky area, one that is not just unscientific and politically incorrect but plainly puerile.

There have, of course, long been stereotypes about races that are supposedly better or less endowed than others. There are even the extraordinary claims made by people like a Canadian organ-enhancement surgeon, a certain Robert Stubbs, who concluded,"I think there is definitely a racial difference, there are three sizes: black, white and yellow (Asian), in descending order." But does this opinion stand up in the court of scientific accuracy? We have the contrary opinion of the much more reputed physician, Dr Jerald Bain, who having carried out hundreds of surveys, stated that "there is no difference in organ size from one ethnic origin to another". He further argued that as far as the issue of virility is concerned, "Asian men have clearly populated the world much more than either black or white". No controversy there. As far as the failure rate of condoms are concerned, that has nothing to do with either organ size or the region of the country. Surely, their inefficacy in terms of breakage or spillage can be better explained by the quality of the rubber and the manner in which they are handled. Surely, our ministry of health would be more gainfully employed working on these problems than correlating size with region.

The New Indian Express
02 October 2001

AIDS meet

Staff Reporter

New Delhi

THE MUNICIPAL Corporation of Delhi (MCD) Commissioner S P Aggrawal on Saturday inaugurated a symposium on "Prevention of HIV & AIDS and Syndromic Approach to Sexually Transmitted Infections" at the Guru Teg Bahadur Hospital.

The symposium was attended by representatives from the World Health Organisation and many other organisations.

The Pioneer
01 October 2001

The genesis of an epidemic

THREE years ago, Dr Beatrice Hahn got a call from a colleague asking if she wanted some body parts from a chimpanzee that had died a decade ago. The colleague said, "I have the spleen, the brain and the lymph nodes in my freezer. I need to clean my freezer, so before I throw it out, do you want to look at it?"

Then the scientist said the animal had antibodies in its blood very much like ones that people develop when they are infected with the AIDS virus. Dr Hahn leapt at the chance. It was a long shot, but it was possible that the long-dead chimpanzee could be a missing link in the search for the origins of AIDS. A few days later, Federal Express delivered a huge box of frozen chimpanzee parts, packed in dry ice, to Dr Hahn's laboratory at the University of Alabama at Birmingham, where she is a professor of medicine.

Three days later she had her answer. That chimpanzee, which had been healthy until she died in childbirth at age 26, held clues that eventually enabled Dr Hahn and an international group of 11 others to unravel the mystery of the origin of the epidemic. It was a mystery that took years to solve and that had frustrated researchers and the public, stunned by the sudden emergence of such a terrible new disease.

Some said AIDS was caused by a mutant virus, a sort of andromeda strain. Others favoured conspiracy theories suggesting that H I V had been created by scientists and escaped from germ warfare labs. There was a Western medicine disaster theory, which held that the virus was injected into Africans in bad batches of polio vaccine.

Then there was a more pedestrian idea that people got HIV from primates in Africa.

Scientists tended to favour the primate hypothesis because they knew that diseases can jump from animals to people. Dengue fever, Hanta virus, influenza and hepatitis B all originated in other species. But, researchers learned, it was not easy to trace the virus causing the human AIDS epidemic, HIV1 to an animal. And even when they started seeing provocative hints about the origins of AIDS, those hints soon turned contradictory.

The first evidence that HIV-1 jumped to humans from primates came about a decade ago, when scientists isolated a virus from an African chimpanzee that very closely resembled the AIDS virus now infecting tens of millions of people.The 'chimpanzee virus looked so much like HIV1 that it was almost irresistible to think that the animals had somehow given the virus to people. Its genes were arranged the same way, and it even had a distinctive gene, called vpu, that had never been seen in any other virus.

While AIDS-like viruses were starting to emerge in other primates and in other animals, none looked so much like HIV-1 as this chimpanzee one did.

Adding to the evidence was a tantalising snippet of another AIDS-like virus found in a tube of blood from a baby chimpanzee that had died. While the fragment was too small for anyone to be certain that it closely resembled HIV-1, the genetic sequence from this second chimp lined up exactly with a piece of the first chimpanzee's virus.

But soon the picture became clouded. A few years ago, scientists, found a third chimpanzee with an AIDS-like virus, but when they analysed that virus, they discovered that it was only distantly related to HIV-1. So, some asked, were chimpanzees really the source of the human AIDS epidemic? Or were chimpanzees, and humans, becoming infected by some other animals?

One way to find out would be to study wild chimpanzees and see whether they had a virus like the human form, HIV-1, whether they had a different virus like the third chimpanzee's virus or whether they were infected with a variety of AIDS-like viruses. But the only way to find viruses was to look for them in blood. And researchers could not draw blood from the elusive animals without stunning them first with a tranquilizer gun, and the stunning effort was impractical.

To make matters worse, no one could show that the animal with a virus like HIV-1 came from the region where the human epidemic first exploded.

That was when Dr. Hahn examined the frozen chimpanzee organs, and the mystery began to crack. That animal, she discovered, also had a virus in its tissues that looked like H.IV-1.

Suddenly, said Dr. Edward Holmes, an evolutionary biologist at Oxford University, he and others who had questioned whether chimpanzees really were the source of HIV-1 in humans, became convinced. While scientists had found only two, or possibly three chimpanzees that had the virus, Dr. Hahn's information, added to three other lines of evidence, was enough.

One line of evidence pointed to west-central Africa - a region where chimpanzees live - as the place where the human AIDS epidemic began.

Scientists, analysing the genetic sequences of AIDS viruses found in patients from around the world, were discovering that the viruses in west-central Africa were the most diverse. And it is a general rule that the more diverse an organism's genes are, the longer it has been around. That is because as the years go by more and more variations accumulate in an organism's genes.

For example, Dr. Holmes said, human DNA is most diverse in Africa, supporting the idea that the human species originated on that continent.

The second line of evidence,was a plausible way for the virus to get from chimpanzees to humans. People in west-central Africa eat chimpanzees. It was entirely reasonable to think that an infected animal's blood gave the virus to a person who was handling the chimpanzee meat, infecting the person and setting the stage for an AIDS epidemic.

"People eat chimpanzees," Dr. Hahn said. "We expect that transmissions occurred through the exposure to blood through hunting or, preparation of meat."

Finally, researchers were discovering AIDS-like viruses in other animals and other primates in Africa but none were as closely related to HIV-1 as the viruses in the three chimpanzees.

The only species that fit all the evidence as the source of HIV-1 was the chimpanzee, Dr. Holmes said.

A scientific paper that Dr. Hahn had published about the frozen chimpanzee "was extraordinarily important," Dr. Holmes said. "It really made people believe that chimps were the ancestral species."

Dr Paul M. Sharp, a professor of genetics at the University of Nottingbarn who worked on the analyses of the viruses, said: "It had been a gradual shift in our perceptions. At first we had been saying that either chimps are the source or they are recipients, like humans." Dr. Hahn's chimp made all the difference, Dr. Sharp said.

Now, researchers say, they have found two more chimpanzees that were infected in the wild with a virus like HIV-1. The animals were among a group of 29 captured in cameroon, in the west-central region of Africa. It would be ideal, of course, to find stored blood from the original people who contracted HIV-1 and stored tissue from chimpanzees in the same area, and then

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show they had exactly the same virus, Dr. Holmes said. But, he added, that is not going to happen.

Yet, he said, there is the virus in chimpanzees, there is the geographical overlap between where chimpanzees live and where HIV started, and there is a mechanism.

"That was it for us," Dr. Holmes said.

But knowing the virus came from chimpanzees left two pressing questions. When did the virus take hold in the human population? And how?

Dr. Bette T. Korber, a molecular geneticist at Los Alarnos National Laboratory, and her colleagues had a way to get an answer to the question of when. They had the genetic sequences of viruses isolated from people and knew when those viruses were found, starting with the oldest human HIV sample available. It was from a man in what is now Kinshasa, Congo, in west-central Africa, in 1959

Since the viruses mutate at a roughly constant rate, the researchers could construct a path of how the virus had mutated and determine how long it would take to move from one virus to another one with the amount of genetic diversity found today. From these calculations, they found a date when the spark of the epidemic was lit: 1931, plus or minus 15 years.

"You might think, if the virus was present in 1930, how on earth did we not see it?" Dr. Korber asked. "But if it is only present in a. few thousand individuals and it takes a decade to get sick, it could easily have been missed."

Researchers say the virus almost certainly infected humans repeatedly as they killed and ate chimpanzees over the years, but that it is hard to start an AIDS epidemic. For it to develop, the virus must be prevented from dying with its victims and a steady chain of transmissions must occur.

"We think that these transmissions have gone on forever and a day, for all the centuries that people hunted chimpanzees," Dr. Hahn said. "The rule is that these transmissions go nowhere. They just, peter out, unless you have additional factors that promote subsequent spread in the new human host."

One possible explanation for the extensive spread of H.I.V.-1, several scientists said, was that people began congregating in cities in Africa. There, the conditions were ripe for an AIDS epidemic.

"If you look at the Population of Kinshasa, it's an exponential curve going up," Dr. Sharp said. "During the 20th century, you have far more movement of people into urban areas and perhaps changes in behavior." In addition, doctors in clinics in Africa commonly reused needles without sterilizing them between patients, a practice that, he said, "would have played a role in getting virus kick-started."

Another possible explanation is less comforting.

Dr. Korber asked if it was possible that nothing really special made the epidemic grow, other than an initial transmission that, by chance, did not die out. Could a very slow curve of exponential growth, starting around 1930, end up in an epidemic that finally caught the world's attention around 20 years ago?

Her mathematical models showed that it made sense. For the first 30 years, the number of cases would have climbed into the hundreds. As the web of infections grew, the numbers would jump, reaching large numbers in Africa by 1980. At that point, enough people would be infected that the epidemic would be noticed. That model is particularly troubling, Dr. Hahn Said.

"If you say, 'I don't know how it got started; it could have been this, it could have been that,' and if all you need are a certain set of circumstances in the beginning so that it doesn't die out, then it could happen again," she said.

"People don't want to hear that."

GINA KOLATA
New York Times

Deccan Herald
02 October 2001

Coal-based drug for AIDS

Pretoria: A South African government- funded research and development firm said that a coal-based drug it tested on AIDS patients was safe and boosted their immune systems. The drug, oxihumate-k, was already available in South

Deccan Herald
01 October 2001

Praneem an effective spermicide

● Indian researchers have tested the efficacy of a polyherbal spermicide, known as "praneem", and claim that it is effective in killing human sperms, PTI reports from New Delhi. The formulation also inhibits a wide range of microbial and viral pathogens of the genital tract, they claim in a paper published in the *Indian Journal of Medical Research*. Most of the available spermicides employ nonoxynol-9 (N-9) as the active ingredient which is a powerful detergent with high spermicidal properties. However, its repeated use has been observed to cause inflammation and genital ulceration. The study on Praneem was conducted by scientists from Talwar Research Foundation, Delhi, and Postgraduate Institute of Medical Education and Research, Chandigarh. The team led by Dr Poonam Raghuvanshi found that spermicidal action of Praneem was eight times amplified in comparison to that of individual plant extracts. Nine women were tested for Praneem efficacy while seven for commercially available pressary "Today". Post-coital tests showed that Praneem was fully effective in five women, partially effective in three and ineffective in one.

The Economic Times
01 October 2001

Vikram Doctor

Ribbon Or Ribb-off?

Behind every successful campaign, there's a ribbon. From AIDS and breast cancer to attacks on New York to keeping idiots off the Internet, there's a ribbon for every cause. This communication tool is becoming generic — just imagine Lalitaji endorsing products other than Surf

AFTER THE ruins came the ribbons. Barely a day after the World Trade Center attack, politicians were turning up on CNN and Fox News sporting inverted V-shaped ribbons pinned on their jackets. Initially there didn't seem to be consensus on the ribbon colours though a fuzzy pinkish shade seemed to predominate. "It's red, white and blue, which comes across all jumbled on TV," reported a friend in the US. "Some people wear yellow, and I've also seen some blush white ribbons, but that might just be poor ribbon quality." By the time of celebrity telethon and then the interfaith service in New York last weekend consensus had emerged and the ribbon quality had clearly improved. Oprah, Mayor Guiliani, ex-President Clinton — nearly everyone on screen had a neat little ribbon with clear red, white and blue bands pinned below their jacket lapels. In this most extreme American crisis, nothing less than the American national colours would do for the official ribbon of the event.

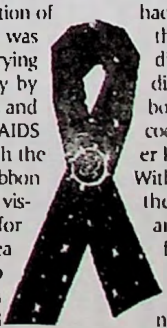
Whatever the tragedy, it seems like there's a ribbon to match it. Breast cancer? Pink. Diabetes? Silver-gray. The Columbine school massacre on April 20, 1999? Blue and white. Victims of chemical injuries? Purple and yellow. Slavery reparations? Red and green. Artists against racism? Violet.

With so many causes and only that many colours, it's not surprising that overlaps happen. Red ribbons stand for causes like AIDS, Mothers Against Drunk Driving, the War Against Drugs or in Canada, Legal Firearms. Orange for causes as diverse as Racial Tolerance and Cultural Diversity or support of the Ulster Unionists (also Families with Loved Ones in Jail).

One solution to this is to look at different shades. Since blue ribbons already stand for Freedom of Speech on the Internet, or as a memory of Matthew Shepherd, the gay college student lynched in Wyoming in 1998 or for International No-Diet Day, campaigners have turned to shades of blue like teal (Ovarian Cancer), cyan (Support Microsoft and a Free Market in Technology) or sky-blue (Behcet's Disease Awareness). Professional propagandists presumably need to carry Pantone books these days.

Ribbons have become the essential tool for cause-related marketing. The story of how this happened provides interesting insights into the value of icons in creating awareness — and the pitfalls. Of course, ribbons in general have long been used to convey messages. Strips of cloth in different colours that could be tied or hung or pinned on one's clothes were a cheap and convenient way of sending a signal or showing your identification with a cause. Black ribbons were worn for mourning. Red, white and blue ribbons actually date to the French Revolution. Most people though would date the use of cause related ribbons, to the red AIDS awareness ribbon launched in 1991.

Visual AIDS, an organisation of artists and art professionals, was one of the groups that was trying to change this, specifically by looking at graphic symbols and events as a means of raising AIDS awareness. It came up with the idea of a red, inverted-V ribbon that could be worn as a very visible indicator of support for action against AIDS. The idea was not entirely original. So why did the AIDS ribbon succeed? The least cynical explanation is that the ribbons came after the horror of its first impact — and the crude reactions against it — had been digested. The moment was right and the ribbons were a catalyst. Two decisions taken by Visual AIDS seem to have helped though. The first was to rely on celebrities wearing them at public functions. The symbol was launched officially at the 45th Annual Tony Awards ceremony on June 2, 1991. The host, actor Jeremy Irons was the first to wear it, with many other nominees agreeing to wear it.



Ribbons supporting: Breast Cancer (l), Victims Of Intergalactic Violence (c), Free Speech For Aliens (r)

The symbol caught on quickly, possibly because of the number of celebrities like Rock Hudson who had died of AIDS. (The fact that the symbol was stylish and distinctive was certainly no disincentive). Red AIDS ribbons became part of the dress code at the Oscars and all other kinds of public ceremonies. With all these events televised, the public impact was huge, and soon there was a demand for red ribbons in emulation of the stars. Visual AIDS had decided right from the start not to trademark the ribbon, and this helped in its dissemination. People were soon wearing the ribbons more as a fashion statement than from any feeling.

The final proof of the

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University clueless about AIDS scare

This is ridiculous — they teach this in school to toddlers, but adults in DU colleges pass out without having learnt a thing about HIV/AIDS," complains the principal of Sri Venkateswara College, A Sankara Reddy. College is a place to get enlightened academically. However, studying to get a job is one part of the story and being able to fight one of the biggest challenges of our time is another.

Right now, not a single DU curriculum or course deals with HIV/AIDS; no textbook talks about it, either. The complacency among academic circles in DU is obvious from this statement: "India is a very moralistic society and we need not impart this in our courses." So says DCAC Principal, Dr S C Shukla. He adds, "As and when we get any circular from the government we apprise students of this. More efforts should be made through the electronic and print media to guard youngsters against this menace." But, certainly not on college premises, is what he means.

The total number of AIDS cases till August 2001 in India were 25,896, of which there were 19,719 and 6,177 male and female patients respectively.

HIV carriers stood at 3.86 million in 2000, according to the National AIDS Control Organisation, NACO.

However, the age group between 15-29 alone accounts for 10,187 AIDS patients of which 7,189 are males and 2,948 females. This group, therefore, has more than 39 per cent of the total AIDS patients and certainly, college students also fall in this category.

Across Delhi, collegegoers seem to be aware about HIV/AIDS menace. Many are quite sexually active too. On condition of anonymity, a girl from Maitri College says, "I have had sex with my boyfriend a couple of times." Asked whether she knows what safe sex is, she remarked, "You have to be loyal to one partner, use a condom and besides, ward off unwanted pregnancies."

Students also believe that oral sex is safer than intercourse. A lot of them admitted to indulging in the former. Siddhanti Khanna (name changed), a student of DCAC College believes, "Physical intimacy is a big-time activity, may be about 80 per cent are involved."

Mukul Mehta from the same college admits guys his age are quite active sexually. He himself has had as many as four partners already. When asked if uses any protection, he says, "Even though I play it safe, I did forget to protect myself once."

Unlike the girls, Mukul believes that students his age know all there is to know about sex. So, any formal attempts at sex education are really not required.

Anju Singh, coordinator, Joint Action Council (AIDS) Kannur, offers another point. "There is a tendency among people to magnify everything related to AIDS. I think the concerned authorities are going too far in creating an AIDS scare. Did you know there is a one in a thousand chance of your contracting HIV from a positive partner? Or that oral sex, though it might not lead to HIV, can surely cause a number of other sexually transmitted diseases? Students need to know all these facts. They generally get only the extreme views through the media. I strongly support on campus counselling. Sex education should be included in the curriculum."

Agrees Reddy, who says that teachers can double up as counsellors. "I think we need a curriculum which takes into account social issues, for instance, environment, family planning, moral duties and, of course, things like HIV/AIDS."

Singh feels that due to the stigma attached to AIDS, the tendency is to simply turn a blind eye. However, a disease of such great magnitude affects a person in every possible way — mentally, socially and economically. "Unless we want our students to fall prey to AIDS, it's time we acted," she warns.

Unlike Reddy, not everyone seems to consider this the need of the hour. The general attitude can be gauged by this comment. Venkat Kumar, a DU reader, says, "Already, students have too much workload. Adding to it will definitely affect their studies."

But even if it affects their lives, it's not DU's problem, it seems!

Harish K Chawla
The Pioneer
03 October 2001

Contd...

ribbon's success came when it made the leap from ribbon to other media. People started wearing AIDS ribbon shaped pins, sometimes even as jewellery, set with precious stones. The ribbon symbol appeared on T-shirts, embroidered on baseball caps, backpacks, on cards, china dishes, keychains, as Christmas trees ornaments, and even a postage stamp. The growth of the Internet gave a further boost, with ribbon graphics become essential elements of many people's homepages to show how caring they were. The ribbon had made its transition to being an icon.

The ribbon had transcended its original product, the AIDS cause, and was now up for grabs. Soon there were so many ribbons, that people were creating spoof ribbons. You can get ribbons to stop chain e-mails (pale brown), to keep idiots off the Internet (chrome), cow appreciation (black and white) and even against all other ribbon campaigns (clear fluorescent).

Marketers will recognise the dilemma here. It's similar to the generic issue, when your product becomes a synonym for an entire category, like Xerox for photocopying. In this case it was the communication tool that had become generic, as if Lalitaji were to suddenly start endorsing products other than Surf. Not surprisingly, many in the HIV/AIDS action community have gone deeply off the red ribbons.

To be fair to Visual AIDS, they had succeeded in creating awareness. Their very success at this was what was creating demands of the ribbon that it couldn't possibly fill. The Hispanic AIDS Forum, for example, has 'Latinised' the ribbon, by placing a bright yellow sun, a symbol for life, in the middle of the ribbon. Scotland has a red tartan ribbon. In Africa, it is being modified by the use of traditional colours. It's surely just a matter of time before an Indian version of the red ribbon is created. For all that they are a cliché, cause related ribbons do seem to be answering a need. If the response to the WTC is any indication, we better not be throwing those safety pins away.

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The Economic Times
03 October 2001

Boy or a girl? US ethics panel sees parental choice as acceptable right

By Gina Kolata
New York Times Service

New York: In a letter that has stunned many leading American fertility specialists, the acting head of their professional society's ethics committee says it is sometimes acceptable for couples to choose the sex of their children, selecting either male or female embryos following in vitro fertilisation, and discarding the rest.

The group, the American Society for Reproductive Medicine, establishes positions on ethical issues, and most clinics say they abide by them.

One fertility specialist, Dr Norbert Gleicher, whose group has nine centres and who had asked for the opinion, was quick to act on it.

"We will offer it immediately," Dr Gleicher said of the sex-selection method. "Frankly, we have a list of patients who asked for it."

Couples would have to undergo in vitro fertilisation, and then their embryos would be examined in the first few days when they consisted of just eight cells.

Dr Gleicher is chairman of the board of the Centre for Human Reproduction, which has five fertility centres in the Chicago area and four others in New York City.

The acting chairman of the ethics committee at the reproductive medicine society, John Robertson, an ethicist and lawyer at the University of Texas, said that he had responded to a request by Dr Gleicher for clarification of the society's position.

Mr Robertson said he had written the letter after consulting with another committee member and that he thought it reflected the group's position.

The committee would have discussed the question at its meeting this month, he said, but the meeting was cancelled because of the terrorist attacks.

Mr. Robertson added that he expected the committee to discuss the letter at its next meeting, in January.

Mr Robertson used the term "gender variety" to explain the acceptable uses of the sex-selection technique.

By that, he said, he meant that a couple who already had a child of one sex could ethically select embryos that would guarantee them that the embryo selected was of the opposite sex.

Mr Robertson wrote that embryo sex selection could be offered for gender variety "when there is a good reason to think that the couple is fully informed of the risks of the procedure and are counselled about having unrealistic expectations about the behaviour of children of the preferred gender."

The group's previous statement, in 1999, said that selecting embryos solely to have a child of a particular sex "should be discouraged."

Leading fertility specialists said that they were taken aback by the new letter and could hardly believe its message.

"Sex selection is sex discrimination, and I don't think that is ethical," said Dr James Grifo, the president-elect of the Society for Assisted Reproductive Technology, an affiliate of the reproductive medicine society.

"It's not ethical to take someone off the street and help them have a boy or a girl."

Dr Grifo, a reproductive endocrinologist at New York University Medical Centre, added that publicity over centres' offering such sex selection would sully the field and could ultimately make it impossible to help patients with a medical need for the technology.

"What's the next step?" asked Dr William Schoolcraft of the Colorado Centre for Reproductive Medicine at Englewood.

"As we learn more about genetics, do we reject kids who do not have superior intelligence or who don't have the right colour hair or eyes?"

The embryo selection method, called pre-implantation genetic diagnosis, has been available for about a decade, but was reserved almost exclusively for couples at risk of having babies with certain genetic diseases.

Doctors can test their embryos to see if they have the disease gene before implanting the embryos in the woman's uterus.

But it has always been clear that the method could easily be used for sex selection. It is simple to see whether the embryo is male, with an X and a Y chromosome, or female, with two X chromosomes.

The Asian Age
04 October 2001

Vietnam barbers spread anti-AIDS message to people

By Angela Takats

Haiphong, Vietnam: "Barber Tien" snips away at the mop of dark hair in front of him, chatting with his young male customer.

"You really must use condoms if you are sleeping with more than one woman because you don't know who could have AIDS," he says as he trims.

"What if you got AIDS and then passed it on to your wife?"

The slim man in the barber's chair tilts his head backward as Barber Tien reaches for his razor.

"But condoms don't feel comfortable," the customer says.

"Maybe you aren't using them properly? Besides, isn't it better to be safe?"

Tien is one of 50 barbers in this busy port city, 100 km east of Hanoi, who have been trained as AIDS educators by non-profit organisation Family Health International.

They work in teams of 10 and set up their stands by the roadside. On their mirrors are stickers which read "Condoms are wonderful to stop AIDS" and "Sharing needles is bad". Underneath shelves stacked with scissors lie comics and information sheets on HIV, the virus that causes AIDS. In a country where access to mass media is limited this kind of one-to-one communication is proving vital in getting the AIDS message across.

"Often people need to ask questions and interact," says Thomas Kane, Vietnam director for Family Health International.

"Interacting with your peers...can be a very effective way to communicate messages on how they can protect themselves and their families," Kane said.

But it's not just the barbers of Haiphong who spread the word on AIDS — a team of 20 shoeshine boys also pass on the message as part of efforts to halt the spread of the fatal disease. The projects have been running for six months and tens of thousands of customers have been given information about AIDS. "It's not only the public who is benefiting from this campaign," said FHI's Kane. "It is also doing wonders for the self-esteem of the barbers and shoe shiners...they know they are making a difference". Around seven million people in Asia live with HIV/AIDS while some 500,000 die of the disease each year. *(Reuters)*

The Asian Age
04 October 2001

When the world maps fear; look how we measure pleasure

By Sreelatha Menon

New Delhi, Oct 3: Will war break out in the next few days? Have the Americans entered Afghanistan? Does the Indian penis differ in size as you go north to south, east to west?

For many, the last may not be a million-dollar question right now, but for the Government, it's at least an 11-lakh one. That's what the Health Ministry is shelling out, fortunately in rupees, for a project to map the size of the "average penis" — whatever that means — of the Indian male. Its hypothesis: More and more condoms are getting torn, the population is rising. And the long and short of it is that all condoms are of the same size when all penises are not.

So what is needed is "comprehensive national baseline data." N C Saxena, head of reproductive biology at the Indian Council of Medical Research (ICMR) –the institution coordinating the project—says once we know the "length and width of the male organ in different parts of the country," it could help bring down the 15-20 per cent failure rate of condoms due to "breakage or spillage." Once the regional "variations in size" are known, he says, "condoms can be tailored" accordingly.

The recent National Family Health Survey puts condom use at three per cent and vasectomy at two per cent; female sterilisation is 34 per cent and 52 per cent don't use any contraception.

"There are hardly any anthropometry studies except two or three in Africa and Europe, which proved there is a huge variation in size. Presently, we go by the international specification as provided by the WHO and the International Standards Organisation which can hardly be the same as what national or regional specifics are," says R S Sharma the Indian Council of Medical Research (ICMR) scientist in charge of the project. He says that the World Health Organisation (WHO), had in 1992, asked nations to have their own specific data.

"The collection of data will be a scientific process in which the length and width would be recorded in a digital camera at the time of full erection," says Sharma.

The proposal made by the Indian Council of Medical Research (ICMR) was approved by the Health Ministry this year.

Says A R Nanda, Secretary, Family Welfare: "The ministry is fully supportive of the project." Work began in July with scientists procuring a digital camera.

"We are now preparing a software that will translate pictures automatically into measurements of width and length," Sharma said.

While All India Institute of Medical Sciences and KEM, Mumbai have already agreed to be part of the study, the five other centres in Assam, Bihar, Orissa, Chennai and Punjab are being identified. Scientists said the study was originally meant to cover 16 centres across the country but lack of funds forced the Indian Council of Medical Research (ICMR) to confine it to seven states.

"We hope it will be representative enough," said a scientist. Each centre will identify 300 volunteers, mainly kin of patients admitted there and the delicate task will begin in January. The report will be ready by the year end, says ICMR. The nation waits.

The New Indian Express
04 October 2001

Sex worker's kids in blind alley

Himansu S Sahoo
Bhubaneswar, October 3

SANGEETA PRADHAN, 11 cleared her fifth standard examinations but was not allowed to continue her education at the Press Colony School of Bhubaneswar Municipal Corporation. The reason--she is the daughter of a commercial sex worker and unable to name her father.

On the plea of complaints from parents and guardians of other children who threatened to withdraw their wards from the school if children from the red-light area were allowed to study, the school authorities deemed it fit to strike off Sangeeta's name from the register. "Though we don't have problems with such children, we have to give priority to the interests of a larger section of students to keep the school running", a senior teacher of the school explained.

Segregated from classmates, , Sangeeta now washes dishes at a local hotel.

Seven-year-old Pradip Sarkar also met the same fate. He was denied admission to a government upper primary school for disclosing his real identity. The headmaster instead verbally abused Pradip and asked the peon to drag his mother out of the school premises .

Pradip now despatches country-liquor pouches and narcotics for the brothel owners and anti-socials in his area. In return, he gets two cigars filled with 'ganja'.

Such stories are common in the Malisahi red-light area. Children like Sangeeta and Pradip often remain unnoticed. With bitter experiences of ostracism, these children are destined to become social deviants.

Sangeeta's mother told the *Hindustan Times*, "We are leading a cursed life as society even denies the right of education to my child".

A local NGO, Human Development Initiative (HDI) had lodged complaints with the Bhubaneswar Municipal Corporation on the deprivation of education of the sex workers' children, but to no avail. They even mooted a proposal to establish a separate school for these children.

School and Mass Education Minister Bhagabat Behera is aware of the problems. He told the *Hindustan Times*, "The department on April 1 this year announced plans to set up two primary schools for Malisahi area. But due to unnecessary delay in sanctioning land, the idea has failed.

The only Anganwadi morning school which is being run in a portion of an AIDS clinic by an NGO engaged in AIDS prevention and control work barely attracts 20 out of about 300 children of school going age.

Hindustan Times
04 October 2001

THE BODY IN QUESTION

Dr B. C. RAO

I am a 33-year-old man, married for seven years with two children and have never had extramarital sex. I had to undergo coronary artery bypass surgery in the month of may and now recovering from the surgery. I was operated upon in one hospital but for logistic reasons, recuperation was in another hospital and some of the listed tests were done in another hospital. And all were reputed places as you can make out. Soon after surgery, I developed ulcers on the foreskin and some burning sensation during urination. After initial indifference the doctors carried out detailed tests which included tests for HIV and VDRL though this was done at the time of admission and earlier. I was given medication. Again in the next hospital these tests were repeated. And the last hospital asked for IGM and IGG antibodies against Herpes. I have been applying muciprocin ointment and the ulcer is healing now. Though I am recovering from the heart surgery I remain depressed because of all the interrogation by these doctors and repeated testing despite my telling that these have been done and are found negative. I am worried if these tests are foolproof. How did these ulcers develop? Am I still a HIV suspect?

I have condensed your poignant letter to the extent possible. This letter raises many important issues which are relevant not only to you but also to many patients who go to our hospitals. But before going into those issues let me assure you categorically that you have no AIDS virus in you. You don't suffer from Syphilis nor from Herpes genitalis. Most likely cause of the prepucial ulcers is localised reaction to drugs or chemicals used in cleaning which are now healing. This must reassure you.

There is an ongoing debate on whom to test for AIDS? It has been agreed that one should not be routinely tested for AIDS without the person's permission. This applies to persons like you who underwent a major surgery. The surgeons follow what is called as universal precautions to prevent contamination or spread of any infection which includes HIV from one to the other. Then why test for AIDS at all before surgery or any procedure when they are supposed to take these precautions any way? In your case, the repetition of the test for AIDS and venereal disease despite the fact that these were done before the surgery and were found negative was due to the fact that they didn't have trust in the labs or may be they were worried that the tests were performed in the win-

The Times of India
05 October 2001

Vitamin D & breast cancer

● Women with breast cancer are twice as likely to have a fault in a gene needed to reap the benefits of vitamin D, Reuters reports from London quoting British researchers.

Scientists suspect that vitamin D, which helps to build bones, may also protect against breast cancer and in some forms may even be used to shrink existing tumours.

Deccan Herald
06 October 2001

US panel backs Gilead's AIDS drug

Silver Spring (Maryland): A US advisory panel on Wednesday backed Gilead Sciences' HIV-fighting drug, Viread, a new type of AIDS medicine that could help patients who have developed resistance to other therapies.

The need for new drugs to suppress HIV is growing as the virus mutates and more patients exhaust current options, panel members said in urging the Food and Drug Administration to clear Viread for marketing quickly.

The Economic Times
05 October 2001

AIDS victim kills family

Midnapore, West Bengal: In a bizarre incident, an AIDS victim shot dead his wife and child and made an abortive suicide attempt at Durlovgunje village in the district. Tarak Nath Majumdar, a truck driver, came to know that he was suffering from the killer disease when he went to Vellore for treatment.

The Asian Age
05 October 2001

Sex workers to form union

AMSTERDAM: Dutch sex workers are set to fight for better pay and conditions in the country's thriving brothels and sex clubs by setting up the world's first trade union for prostitutes, campaigners said on Wednesday. The Rode Draad (red thread) group, which campaigns for the rights of the country's 20,000 prostitutes, said the initiative was backed by the country's biggest trade union federation. The Dutch, with a long-standing liberal tradition, lifted a near century-long ban on brothels last year. Prostitution had already largely been above board in a country renowned for its tolerance since the French emperor, Napoleon, legalised it in 1815. "A trade union is going to be formed. In about a year it should be up and running," Rode Draad spokeswoman Christy Ten Broeke said. Campaigners hoped to start recruiting union members from the world's oldest profession by early next year. "Nowhere else in the world would sex workers be considered full partners for negotiations and intermediation," she said. Dutch brothels are regulated and inspected by local authorities and the country's labour laws apply to prostitutes and their employers. Sex workers are also eligible for invalidity or unemployment benefit, according to a government website.

The Pioneer
05 October 2001

'AIDS sweeping through Asia'

MELBOURNE (AUSTRALIA): Delegates gathering on Friday for an international conference on HIV/AIDS in Asia and the Pacific warned Governments they could no longer afford to ignore the epidemic which is gathering pace as it sweeps through the region. Representatives from the political, scientific and community sectors of over 40 countries were due to attend a gala ceremony to officially open the sixth International Congress on AIDS in Asia and the Pacific, which runs until Oct. 10 in the southern city of Melbourne. Some 36 million people around the world are living with HIV, the virus that leads to AIDS, according to the United Nations AIDS agency, UNAIDS. In Asia, about 6.4 million people carry the disease, second only to the sub-Saharan Africa region. A U.N.- sponsored report released Thursday by the non-government organisation monitoring the AIDS pandemic, showed that the once relatively low levels of infection of HIV/AIDS in Asia have increased markedly. While only Thailand, Myanmar and Cambodia showed substantial HIV epidemics in 1999, the virus has now begun spreading rapidly in Indonesia, Iran, Japan, Nepal and Vietnam, the report said. — AP

The Hindu
06 October 2001

Tackling AIDS costly

Melbourne: Tackling the growing HIV/AIDS epidemic in Asia would require billions of dollars each year for treatment and prevention programs, leading AIDS experts have said. It would also mean adaptations in research efforts and treatment drugs, which are often too complex and not used correctly by people in Asia, International AIDS Society president Stefano Vella said.Speaking at the 6th International Congress on AIDS in Asia and the Pacific in the southern city of Melbourne, Vella said barriers to HIV care and treatment in the region were the high cost of drugs, lack of health infrastructure, the existence of other health emergencies and the complexity of current treatment programs.

The Economic Times
07 October 2001

AIDS on the rise in Orissa

BY OUR CORRESPONDENT

Bhubaneswar, Oct. 7: Killer disease AIDS is rapidly rising in Orissa. Thirteen people have so far died of the disease, while 65 others suffering from it are battling for their lives.

According to statistics supplied by the State AIDS Cell, so far, 13 people have died due to AIDS while 964 persons are HIV positive. Out of the 964 HIV positive persons, 65 have been detected to have contracted AIDS.

Statistics revealed that nine out of 30 districts in the state are more vulnerable to AIDS. The vulnerable districts are Bolangir, Gajpati, Cuttack, Balasore, Ganjam, Jharsuguda, Khurda, and Sonepur. Ganjam has the highest number of HIV positive cases. At least 20 people of this district are suffering from the dreaded disease.

SAC project director Ranjana Chopra said as per the NACO standards, a state is categorised as high-risk if five per cents of attendees in sexually transmitted disease clinics and one or more per cent attendees in the antenatal care units are tested HIV positive.

In Orissa it is four per cent in STD clinics, while in Maharshtra it is more than 50 per cent.

The Asian Age
08 October 2001

The New Indian Express
08 October 2001

25 vending machines to be set up in Delhi

EXPRESS NEWS SERVICE

Kochi, Oct 7: As part of its social marketing project, Hindustan Latex Limited (HLL) will soon install 25 electronic vending machines in New Delhi, to provide contraceptives and health care products.

CONTRACEPTIVES

Addressing a press conference here on Saturday, G Rajamohan, chairman and managing director of HLL said that, for easy access, these vending machines will be installed at Railway stations, bus stations, super markets and hospitals. The products available here will include condoms, oral contraceptive pills and sanitary napkins.

This facility will soon be extended to other major cities including Chennai, Hyderabad and Patna, he said.

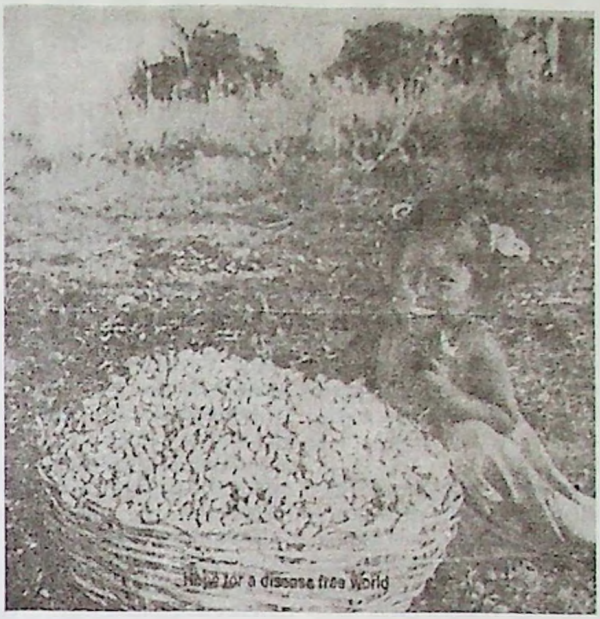
HLL is relaunching its premium condom, "Share" and is also introducing in Kerala its health care products, "Ferro Plus" brand of iron and folic acid tablets meant for pregnant women and adolescent girls and "Jal Jeevan" brand of Oral Dehydration Salt (ORS) to control diarrhoea. The company will also implement various programmes to promote the use of contraceptives in the village areas of UP, MP, Bihar, Orissa, Jharkhand and AP.

The Times of India
09 October 2001

Prickly Issue

Frustrated by the inefficacy of its population control policy the government has at last decided to take a more hands-on approach. The problem the government informs us with uncharacteristic candour is the emblem of Indian malehood. Indeed, policy makers are kicking themselves for devising a population policy which gave short shrift to the politically incorrect precept: Size matters. Apparently, diversities in the size of male appendages are responsible for the government's policy snafus: Condoms available in India have not been entirely effective in preventing pregnancies because they are prone to leaking and tearing. And this happens, the government says, — and this does stretch the mould — not because Indians weaned on the Kama Sutra are given to bouts of frenetic love making, but because the condoms are ill-fitting. To plug these leaks the government will undertake a Rs 11 lakh programme to ensure that future policies incorporate these priapic variations. First, enumerators will fan out into different parts of the country armed with digital cameras — not to mention also the odd pair of vernier callipers — to measure the Indian male at his upright best. Then this anthropometric data will be used to design condoms of requisite sizes and thickness to ensure that they function effectively. Needless to say critics are outraged and have lashed out at the government for concocting an ingenious cock-and-bull theory. Even political pundits are appalled by the government's lack of political perspicacity. By encouraging uprightness — a characteristic conspicuous by its absence in the political class — the critics believe, the government has dug its own political grave. Others have taken the moral high ground and are criticising the government for its prurience: The *lingam* is after all "the cosmic life force" that is meant to be revered and not studied. They say that in keeping with the Gandhian tradition the government should be encouraging people to 'raise' the life force inwards through celibacy and meditation. Clearly, the government has taken on more than it can handle. However, it could soften the blows to its prickly proposal by cutting costs. As a first step it could postpone the survey to coincide with the Kumbh Mela. With so many willing volunteers at hand in one place this move would obviate the necessity to send surveyors on government expense to different parts of the country. Second, it could begin the study with members of our own Lok Sabha, as they truly represent India's ethnic diversity.

A vaccine for Aids



Research groups in different parts of the world have succeeded in developing vaccines that could possibly combat the dreaded disease, writes RADHAKRISHNA RAO

THE dreaded AIDS pandemic, which has emerged as a major killer in the African continent and is well on the way to playing havoc in thickly populated Asia, is likely to be humbled in the near future if the research efforts on in various parts of the world yield the desired results.

In the early 1990s, with no drugs around to fight this killer disease, AIDS infection meant certain death. But, by the mid '90s, there was a dramatic turnaround with drugs called protease inhibitors prolonging the life of AIDS patients. In 1996, for the first time ever, death from AIDS in the USA dropped by 25%. The figure has continued to fall by an additional 18% in 1998 and 9% by 1999. For those down with AIDS the good news is that a group of American biomedical researchers have reported that they have achieved a breakthrough in engineering a vaccine that strikes and cripples the disease causing virus through the release of powerful antibodies. For long, researchers were under the impression that because the disease causing virus mutates rapidly, no single vaccine could tackle the disease. Moreover, till now no one has managed to stimulate the virus to create antibodies that could eliminate the virus itself. "While we are hesitant to get too excited or overstate our findings, what we have seen so far is very very promising," says Robert Gallo, Director of the University of Maryland's Institute of Human Virology.

As it is, the vaccine was first conceived by Anthony De Vico, working at Gallo's Institute. It is a well-known fact that the AIDS virus guards itself from recognition by camouflaging its surface protein called G... This implies that it is exposed to the immune system for only about half an hour during the period it tries to invade the white blood cells - the body's frontline defenders. During this interrugnum, GP-120 unfolds so that it can take on the human receptor called CD 4 which serves as a gateway to the human cell.

Against such a limitation, De Vico planned to devise a vaccine by permanently fusing the exposed portion of GP-120 with CD 4, stimulating the immune system to create potent antibodies that could disable HIV when it was most vulnerable.

Nearer home, Akhil Banerjee, a scientist at the National Institute of Immunology in New Delhi claims to have designed a ribozyme that can inhibit the replication of the AIDS virus. According to Banerjee, "We are using a ribozyme as a molecular scissor to selectively silence a gene in the virus and cripple it." Incidentally, Banerjee's thesis is that if you can keep the HIV virusreplication below the threshold value you can prevent full blown AIDS.

On another front, the drug outfit Vaxgen Inc. has reported initial breakthroughs in the use of its trivalent formulations in curbing HIV. As things stand now, the ultimate objective of Vaxgen is to develop a series of vaccines that induce anti-bodies that build around the surface of HIV with the goal of preventing the virus from entering the human cells. If HIV is stopped from entering the human cell, it dies in the blood stream and as such can't cause AIDS. Obviously, antibodies are the only immunological response known to prevent HIV infection.

Associated News Features

Deccan Herald
09 October 2001

Glaxo AIDS drug rights go to SA firm

Ben Hirschler

LONDON 8 OCTOBER

GLAXOSMITHKLINE said on Sunday it had handed over rights to its market-leading AIDS medicines in South Africa to a local generic drug firm, in an attempt to defuse a continuing row over access to treatment.

The move comes six months after 39 pharmaceutical companies backed down in a court battle with the South African government.

Aspen Pharmacare, South Africa's largest generic company, has been granted a voluntary licence on patents to GSK's anti-retroviral drugs AZT and 3TC and a third pill, Combivir, which combines the two. GSK and another British firm, Shire Pharmaceuticals, which licenses 3TC to GSK, will waive their rights to royalties on sales. — Reuters

The Economic Times
09 October 2001

Making Babies

INFERTILITY is broadly defined as the inability of a woman to conceive after the couple has been living together for one year without any means of contraception. In India, 40% of the causative factors for infertility are related to women, another 40% to men and the rest is genetic or unknown factors.

According to World Health Organisation's latest estimates, around 10% of couples in the world are facing infertility and associated disorders every year. While there have been dramatic advances in the field of fertility treatments, age is still a major determining factor to their success.

With the advances in reproductive medicine and Assisted Reproduction Techniques (ART) such as In-vitro fertilisation, Intra Cytoplasmic Sperm Injection (ICSI) and Pre Implantation Genetic Diagnosis (PGD), there is hope for almost every couple.

Common female factors causing infertility: *A woman's inability to ovulate regularly. Conditions like premature ovarian insufficiency, poly cystic ovarian disease (PCOS) can also cause this problem.

*Blocked fallopian tubes or peri tubal adhesions due to infections, previous surgeries or conditions like endometriosis. This can also be due to previous ectopic pregnancies damaging the tubes. Tubal diseases that cannot be treated successfully by surgery or absent fallopian tubes may also be seen in some cases

*Infertility due to hormonal imbalances because of pituitary, thyroid and pancreatic malfunction.

*Defects in the uterus, scar tissue and damaged or closed cavity. These maybe due to previous surgeries or pelvic infections or could be congenital.

*Endometriosis that has not responded to surgical or medical treatment. This is a very rampant condition in India, and even with treatment, recurrence is quick and common.

*Infertility secondary to sperm antibodies.

*Other contributing factors may include age- women in their late 30s are about 30 percent less fertile than women in their early 20s; chronic diseases (diabetes, lupus, arthritis, hypertension, or asthma); sexually transmitted diseases; environmental factors - cigarette smoking, alcohol consumption, or exposure to work place hazards or toxins; excessive or very low body fat: abnormal pap smears that have been treated with cryosurgery or cone biopsy; DES taken by mother during pregnancy etc.

Common male factors for infertility:

*Abnormally shaped sperm, low motility and low count are all common male factors.

*Severe male factors include epididymal agenesis, congenital absence of vas, blocked spermatic cord and testicular agenesis.

Contributing factors may include history of prostatitis, genital infection, or sexually transmitted diseases; exposure to hazards on the job or toxic substances such as radiation, radioactivity, welding and many chemicals; smoking-cigarette or marijuana; heavy alcohol consumption; exposure of the genitals to high temperatures; undescended testicles; mumps after puberty. Combined factors may include a combination of the above factors or unexplained infertility that has not responded to other treatments. Genetic abnormalities can result in repeated abortions or abnormal births. Human reproduction even in the normal couple can be said to be a relatively inefficient process. Out of the millions of sperms that may be produced at one ejaculation, only one is selected to fertilise the egg usually. The expectancy of a continuing pregnancy which will result in the birth of a child after any one exposed cycle of intercourse is somewhere in the range of 20-30%.

Diagnosis of infertility: Diagnosis of infertility and its cause can be a long drawn process and mentally exhaustive affair for the couple. And by the time they decide to take medical help and reach a conclusion on the diagnosis, the woman has lost quite a few years which further reduces her chances of getting pregnant, even with treatment. There is a host of diagnostic tests and procedures one can undergo to confirm the cause factor for infertility. These can usually range from routine blood tests and ultrasound scan to a diagnostic laparoscopy.

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Semen Analysis (SA): The male factor can be easily detected by a series of semen analyses. The semen is evaluated for volume, number of sperm, motility and shape. However, a normal looking sperm sample does not necessarily rule out other abnormalities. Together with a fructose test, cases of obstructive and non-obstructive male factors can be diagnosed making treatment options easier.

While obstructive factors can be corrected by surgical procedures, other severe factors may require direct aspiration of sperm from the testes, epididymis or vas. An Intra Cytoplasmic Sperm Injection programme may be chosen as an option in severe cases. Worse cases where sperm cannot be obtained, may require donor programmes.

Ultrasound Scanning (USS): An Ultrasound scan can give basic information of the female anatomical problems and endometrial thickness, if there is ovulation, size of the follicles (egg) and also the time of ovulation.

A colour doppler scan can give much more detailed and in-depth information than the regular USS. A doppler scan may be done for both the male and female patients when indicated.

Hormone Assays: A hormone study of the patient is crucial to diagnose the cause of infertility. Cases such as poly cystic ovarian disease (PCOS), prolactinomas, thyroid malfunction etc can be detected easily.

Hystero-salpingogram (HSG): An HSG can give information about the tubal patency, ie. whether the woman's fallopian tubes are blocked or open, as well as details of the anatomy of the uterus. It is a procedure that can also detect abnormalities such as uterine scar tissue, polyps, fibroids or an abnormally shaped uterus.

It has been found that the use of an oil contrast dye increases pregnancy rates for three to six months after the HSG, when the test results are normal.

However, these dye studies are not entirely accurate and about 25% of abnormal HSG results do not really reflect abnormal conditions.

Hysteroscopy: Hysteroscopy provides a very definitive diagnosis of intra uterine anomalies, endometrial details etc. With a scope inside the uterus, any fibroid or septae or bands may be diagnosed and corrected.

Laparoscopy: In many infertility cases, a diagnostic laparoscopy is required to rule out anatomical problems, endometriosis etc and to make a definitive statement of the female factor. Laparoscopy is a relatively minor surgical procedure usually performed under general anesthesia in a day surgery unit that allows us to directly view the uterus, tubes and ovaries. However, laparoscopy may miss microscopic tubal damage.

Chromotubation may also be done along with a diagnostic laparoscopy to check tubal patency.

Dr B.M.John
The New Indian Express
09 October 2001

Female foeticide on rise

The urban areas of both Haryana and Punjab have registered an increase in the female foeticide indicating a clear preference for male child, reports PTI quoting United Nations Population Fund (UNFPA) report. In a chilling indicator of gender discrimination and the unequal status of women, the UNFPA study "Sex-selective Abortions and Fertility Decline in Haryana and Punjab," noted that 62,000 sex-selective abortions were recorded in Haryana during 1996-98, while the figure in Punjab was about 51,000.

Deccan Herald
10 October 2001

Resolution on HIV testing for sex workers scrapped

BY KRISHNA KUMAR

Mumbai, Oct. 10: The scheme by Brihanmumbai Municipal Corporation corporators for compulsory testing of commercial sex workers in Mumbai for sexually transmitted diseases like HIV, has come to a naught.

The state health department has written a letter to the municipal secretary saying it is opposed to any effort made by the BMC to compulsorily test sex workers, as it is a violation of human rights.

BMC corporators, cutting across party lines, had passed a resolution on February 21 last year calling for compulsory testing of commercial sex workers in Mumbai due to the rising incidence of sexual diseases. The resolution stated that taking into account the fact that 95 per cent of sexually transmitted diseases are transferred through sexual contact with sex workers, who generally do not use any kind of protection, the BMC should initiate measures where sex workers are compelled to test whether they are HIV positive or not. The resolution also stated that sex workers should be allowed to operate only after they test negative in the tests. This proposal was later sent to the state government as the BMC has no authority to implement the said resolution.

The state health department, in its reply to the municipal secretary, said that the implementation of the resolution was simply not possible as it was not possible to force even a single commercial sex worker to undergo such a test. The letter said that testing of sex workers was only possible after they are assured of the test report being fully confidential. The letter also said that such testing could not be done since it cannot be proved conclusively that by such testing, citizens as a whole will benefit. The letter further emphasised that people would not like being compulsorily tested for HIV and it would create quite a stir, and it would also pose other unforeseen problems if the testing is permitted. It also pointed out that the resolution was against the standards of the UN AIDS organisation, which opposes forcible testing of sex workers.

The interesting fact about this resolution is that it was passed three times before the current resolution and each time, the state health department refused permission to carry out such tests. Sardar Tara Singh, a veteran corporator who also had passed a similar resolution a few years back, said, "The disease is spreading at an alarming rate and curbing it was our main intention. The scheme can emerge a success if the sex workers are ensured confidentiality of the report. I had organised a camp where some sex workers, who were assured of confidentiality, got themselves tested." Mr Singh also has faith in sex workers and feels that if they tested positive, they would use protection to save their clients. The resolution was, last year, proposed by Digambar Khandarkar, leader of the House and was seconded by Gopal Shetty, BJP leader in the House. The BMC meanwhile, has scrapped the resolution after intimation by the state health department.

The Asian Age
11 October 2001

Govt to launch new scheme against AIDS in Jan

Staff Reporter

New Delhi

UNION HEALTH Minister Dr C P Thakur said on Tuesday that the Government would be launching a nation-wide programme from January 2002 on prevention of mother to child transmission of AIDS using AZT/Nevirapine While addressing the sixth international congress on AIDS in Asia and Pacific at Melbourne, titled "Break Down Barriers", Dr Thakur said the war against HIV is a long drawn one which requires the participation of civil society to create public consciousness which is essential in fighting the evil. He also said that denial of basic human rights such as the right to correct and complete information, right to health services, education and employment was facilitating the spread of HIV/AIDS. Stressing on the need of making anti-retro viral drugs available at affordable prices, he said that any restrictions under TRIPS would be counter productive in making these drugs available at affordable prices.

The Pioneer
11 October 2001

Breakthrough in AIDS vaccine is a long way off

By Kalpana Jain
Times News Network

NEW DELHI: For the thousands of experts and people with HIV gathered in Melbourne, hope on a breakthrough in AIDS vaccine is still a long way off: not only will it take a minimum of six years to begin clinical tests of a candidate vaccine, but the first such vaccine may have a poor efficacy, an expert from the US National Institute of Health said.

Currently, efforts are going on in several parts of the world to develop a vaccine. The largest trial of a vaccine being conducted is of AIDSVax, produced by a small biotechnology firm in California, Vax- Gene. Over 9,000 human subjects, which included about 5,500 in the US and 2,500 in Thailand, were part of these trials, Dr Margaret Johnston from the US National Institute of Health said. Smaller trials involving 15 to 200 people are going on as well for other vaccines for HIV.

As of now, all these vaccines were being tested in infected people, but finally it seemed they may offer very little protection to those already infected, Dr Johnston said.

The trials are currently being conducted on infected people to know whether they are potent enough to stimulate the immune systems to control the virus. It is a challenge to test the vaccine in those infected as the virus has already taken hold and gone into the system.

Usually vaccines would have a head start over the virus by having the immune responses ready before the virus entered, Dr Johnston explained. And finally, these vaccines would be more effective in preventing the infection than in curing people, she added.

The Times of India
11 October 2001

Cipla appeals to SA body on rivals' anti-AIDS-drug prices

By Amrita Nair-Ghaswalla
Times News Network

MUMBAI: Prices for anti-AIDS drugs are set to become more affordable in South Africa with Cipla-Medpro, the associate of Indian pharmaceutical firm Cipla alleging that multinational GlaxoSmithKline and Boehringer Ingelheim have abused their patents in Africa.

In a complaint to the Competition Commission in South Africa, Cipla-Medpro has challenged the way patents have been used by both the MNC companies to allegedly keep drug prices high. Cipla's joint managing director M.K. Hamied confirmed the development to this newspaper.

The initiative is aimed at cutting the cost of the most frequently prescribed anti-retrovirals in South Africa, where AIDS has become the leading cause of death. It accounted for 40 per cent of the deaths in the 15-49 age group last year and remains one of the biggest challenges facing the country. The move is seen as legally ground-breaking and may percolate to slashing of prices in India as well. Cipla has offered a price of $350 per patient per year to Medicins Sans Frontieres (MSF), a Nobel Prize winning non-governmental organisation, to which it is supplying a vital, triple-drug combination. As for the Indian market, Cipla recently effected its fourth price cut in the last nine months on the triple-drug combo. Despite the cut, the cocktail costs Rs 2,130 per month. And it has to be taken for life. Cipla manufactures Nevirapine, an anti-retroviral drug that helps to prevent mother-to-child transmission of HIV. In the SA complaint, Cipla has sought redressal for what it sees as abuse of patents for a similar drug manufactured by the two MNCs.

According to James Love from the Consumer Project on Technology, a key player in the fight for cheaper AIDS drugs, "Big pharma companies will seek to undermine the current Cipla compulsory licensing efforts that is in the works in SA." In this regard, "It is important to lower entry barriers and encourage real competition". The only real market in South Africa for anti-retroviral drugs has been in the private sector, as the government has "consistently refused to provide life prolonging drugs to public sector patients who cannot afford the expense".

The Times of India
10 October 2001

Focus on mother to child infection

By Sreelatha Menon

New Delhi, Oct 10: The national programme to prevent mother-to-child HIV transmission would start from January, Health Minister C P Thakur said on Tuesday.

The announcement came as health groups called for "informed consent" of the women targeted. Thakur was speaking in Melbourne, Australia, at the Sixth International Congress on AIDS in Asia and the Pacific, according to a a release by his Ministry.

The intervention involves giving a dose of the drug Nevirapine to the pregnant mother and the newborn child. The process is being implemented on trial at select government health centres across the country, according to a recent Ministry statement in Parliament.

Though the drug is known to be toxic with serious side-effects, it is now being used as a preventive in many developing countries. Amit Sengupta of Jan Swasthya Sabha said he welcomed the move because the benefits of Nevirapine are known to outweigh the risks. He, however, had reservations on India's ability to correctly identify people in need of such intervention.

Kali for Women publisher Urvashi Butalia said her gut reaction to the proposal was that women should be given a choice.

'HIV tests for all truck drivers'

Express News Service

New Delhi, Oct 10: Does the Health Ministry intend to quarantine all HIV positive truck drivers? In absence of any cure for AIDS, what other purpose will a proposed drive to test truck drivers for the disease achieve?

Health Minister C P Thakur told *Express* last week that the Government planned to test every truck driver for HIV under the new AIDS policy.

Subject to approval by the Cabinet, the HIV positive condition will also be declared notifiable. This means that every positive case will have to be reported to the district medical authority or the civil surgeon. Thakur however said that the identity of HIV positive individuals will not be reported. Only numbers will go into the relevant documents, he said.

As for the truck drivers, he said that testing should not looked upon as a violation of human rights.

Meanwhile, National AIDS Control Organisation (NACO), the HIV wing of the Ministry, has denied knowledge of any such plan. The national guidelines set up by NACO ban mandatory testing.

The draft AIDS policy has been awaiting Cabinet approval for the last three months and, according to the Ministry, it is unlikely to be passed this month either.

The New Indian Express
11 October 2001

India for cheap anti-AIDS drugs

Melbourne, Oct. 10: India has said it would launch a campaign to keep anti-AIDS drugs out of the purview of the World Trade Organisation to make the medicines available to the poor at affordable prices.

"AIDS is a major global problem. We would pressurise to keep anti-AIDS drugs out of the purview of the WTO so that affordable drugs can be made available to poor people," Health Minister C P Thakur, who is here for the 33-nation sixth international congress on HIV/AIDS in Asia and Pacific, said.

"We have advised the Commerce Ministry to take up the matter at the WTO meeting to be held in Doha. We would also pressurise to make production of these drugs generic to bring down costs," he said. He said the Indian government is striving to make anti-AIDS drugs available through public health system beginning with targeting people below the poverty line. "In India, we have already lifted the excise and customs duties and the States have agreed to remove the sales tax on anti-AIDS drugs," he said.

Meanwhile, the Asia-Pacific Ministers meet warned that HIV/AIDS posed a serious threat of destabilisation. "Global attention is currently on security threats of a different kind, but HIV/AIDS cannot be neglected," Australian Foreign Minister Alexander Downer said after a meeting of 33 Ministers from the Asia-Pacific region. Seven million Asia-Pacific people are living with AIDS, he said. *(Reuters)*

Deccan Chronicle
11 October 2001

Doctors guilty of sex tests will be barred

Medical Council sounds warning

■The Code of Medical Ethics will contain a provision that on no account will sex tests be done to terminate foetus

Express News Service

Bangalore, Oct 10

DOCTORS, beware. Sex determination test will not only land you in jail, it will also lead to your "professional death sentence."

The State Medical Council will remove doctors' names from its register and disqualify them from practising, if they engage in determining the sex of a foetus.

The Karnataka State Medical Council's note of caution to all doctors follows a direction from the Medical Council of India, a statutory body of the Government of India.

According to an official note sent by MCI Secretary M Sachdeva to the State Medical Council, the Code of Medical Ethics will henceforth contain a provision that on no account will sex determination tests be undertaken to terminate female foetus development in the womb. Such termination is allowed only if there are absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act. "Any act of terminating pregnancy of the normal female foetus amounting to female foeticide will be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings of law," the note stated.

The Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted in 1994 and enforced with effect from June 1, 1996.

The Act sought to prevent the disclosure of the sex of a foetus using prenatal diagnostic techniques. Under the Act, no genetic counselling centre, laboratory or clinic is allowed to use prenatal diagnostic technique including ultrasonography to determine the sex of the foetus

The Act prohibits any advertisement relating to prenatal determination of sex. Anybody flouting the provisions of the Act is liable to punishment with imprisonment of up to five years with fine. A Central Supervisory Board under the chairmanship of the Union Health and Family Welfare Minister is functioning for the implementation of the Act.

On the subject, the Supreme Court too had, on May 4 this year, directed the Union Government and the State Governments to ensure the implementation of the Act.

The New Indian Express
11 October 2001

Census pointers

The Paper 2 of Census 2001 with provisional data on rural-urban break-up has thrown up a mixed picture of the state of affairs in Kartnataka. The state has more urban migrants, at 33.98 percent, than the national average of 27.98. Though there has been an overall acceleration in the urban population in the last decade, there has been a fall in the decennial growth rate with urban units going down. In effect urbanisation has come down. The population growth rate for the state also has fallen considerably from 21 percent to 17 percent in the last decade. The sex ratio for the state also stands higher than the figures for the country at 964 women for every 1000 men while for the nation it stands at 933. Again the rural urban break-up in the state is 976 and 940, a telling tale in itself.

The literacy rate is up all over, with Bangalore standing second after Mumbai in the country's list of metros, up from 56 percent in 1991 to 67 in 2001. While the literacy figures seem to speak positively, the fact is that literacy is linked to the basic ability to read and write and this is not what the impoverished lot are looking for, which is elementary education for their children. That the so-called backward states boast high figures is a clear indication that the literacy programmes have been effective. However, the relatively low figures for female literacy and the inescapable fact that a one-third of the nation still lacks even basic literacy proves that the efforts were obviously just not enough. The sex ratio on an average is up nationwide, but the figures for the age group 0-6 as also in the economically developed areas are down, suggesting that more people are availing of facilities to determine the sex of the embryo and resort to female infanticide. This does not augur well by any means considering that economic wealth has not translated into social development. Any average figure cannot in itself tell the whole truth. The rounding off process brings in certain discrepancies in the information provided. While the population growth rate may have fallen, there is the need for improved birth control programmes. The census process kicked off early on in March this year will take at least a couple of years to see all the data processed. As more interesting and revealing information unfolds, hopefully the concerned departments and people will set to work to raise and lower figures towards an all-round development.

Deccan Herald
13 October 2001

Sperm protein to lead to new pill

London: A new protein found only in sperm could lead to the development of a novel type of contraceptive pill that could be taken by women or men, American researchers said on Wednesday.

The unisex pill is still years away but research by scientists has brought it a step closer. They found a protein, called CatSper, in the tail of sperm. ***(Reuters)***

The Asian Age
12 October 2001

NEW INFERTILITY CURE IN BRITAIN: JUST SWAP WOMB

FROM LOIS ROGERS

London: Doctors have proved that it is possible to transplant a womb capable of carrying a pregnancy, a breakthrough which could allow thousands of infertile women to have a child.

The research, led by Richard Smith, a London gynaecological surgeon, could allow infertile women to receive a donor womb and keep it while they bear children.

Once their families are complete, the organ would be removed to prevent reliance on the dangerous anti-rejection drugs used in donor operations.

The technology could help up to 15,000 British women of child-bearing age unable to have babies.

They could use eggs from their own ovaries or, if they were unable to do so, could have eggs from a donor fertilised by their partner and placed in the implanted womb.

Details of the technique — which has been successfully carried out on pigs — will be revealed at a meeting of the American Society for Reproductive Medicine in Orlando, Florida, later this month.

Smith, who is hoping the technique will become a routine treatment within the next few years, said the donor wombs would come principally from women having hysterectomies, but could also be donations from mother to daughter or sister to sister.

He plans trials with would-be mothers as early as next year.

Deccan Chronicle
15 October 2001

Doctor claims cure for AIDS, moves court

Mumbai, Oct 12: A doctor, claiming to have a cure for Acquired Immuno Deficiency Syndrome (AIDS) in alternative medicine, has filed a petition in Mumbai High Court urging for a direction to the Centre, Maharashtra Government and various authorities to examine his research.

In view of world AIDS day falling on December 1, Dr Natwar Manilal Doshi has urged the Court to hear his petition expeditiously. Accordingly, his petition has been listed for hearing next week before a bench of Justices R M Lodha and Nishita Mhatre.

Doshi claimed that he had treated several patients suffering from this dreaded disease and obtained certificates from them that they had been cured. The doctor said he was prepared to bring his patients before the Court who may hear them in camera about the results. Doshi, runs a trust for AIDS awareness at Charkop in Kandivali. PTI

The New Indian Express
13 October 2001

Hind Latex to set up packing, distribution centre in Dubai

S Sanandakumar

KOCHI 12 OCTOBER

Hindustan Latex (Hind Latex), the leader in contraceptive and health care products, is planning to set up a major packing unit and distribution centre at Dubai to cater to the demand from markets like Middle East, Iran, Iraq, African Countries etc.

The company has tied up with Middle East Development and General Trading Company for setting up the unit.

Speaking to the ET G Rajamohan, CMD, the company said that it will export condoms to Dubai from where it will be packed and distributed in these markets. "We will be providing technical collaboration to the Dubai-based company," he said.

As per the strategic alliance, the Middle East Development and General Trading Company will take care of the investment while Hind Latex's role will be mainly maintaining the supply line.

The company has finalised plans to install 25 electronic vending machines at New Delhi to provide easy access for various contra ceptive and health care aids for the masses.

These vending machines are to be installed at railway stations, bus stations, super markets, hospitals etc to reach a wide cross section of the people. The products that would be made available through this facility include condoms, oral contraceptive pills, sanitary napkins, medicated plasters etc. Very soon this facility will be extended to other major cities in the country, he said.

Mr Rajamohan who was here in connection with the launch of the new condom namely 'Share' said the company has a 36 per cent share in the premium condom segment of the market in the state.

Hind Latex has also entered the area of social marketing in a big way. The company has through this approach entered the rural markets of states like Bihar, Orissa, Jharkhand, AP, MP, UP etc.

Hind Latex made a total profit of Rs 7 crore in 2000-2001 on a turnover of Rs 110 crore.

The Economic Times
13 October 2001

Sex test of foetus banned

By Our Staff Reporter

BANGALORE, OCT. 13. The Pre-Natal Diagnostic Techniques Act 1994 has been enforced with effect from June 1, 1996, and the Supreme Court, in its judgment dated May 4, 2001, has directed the State and Union governments to enforce the Act immediately.

The Karnataka Medical Council, in a press release, said that all genetic counselling centres, clinics, laboratories, and ultra-sonography centres were prohibited from determining the pre-natal sex of the foetus. Any contravention of the PNDT Act would lead to "Professional Death Sentence" and be liable for fine and imprisonment of up to five years, the release said.

The Hindu
14 October 2001

Police, NGO team up to reform, rehabilitate sex workers in city

By Imran Gowhar

THE BOTTOM LINE

Bangalore, Oct. 14: The Bangalore East division police, along with city-based NGO Humane Touch, will initiate a programme to rehabilitate sex workers by helping them become financially independent through self employment. The East division police is approaching philanthropists seeking aid for the scheme.

"The idea of helping sex workers came to my mind following the arrest of two sex workers on M.G. Road last week," deputy commissioner of police (east) U. Nissar Ahmed told *The Asian Age* on Sunday. On interrogation, it was found that the women came from poor families and were involved in the profession as they had no other means of livelihood, he said.

"Both the women have promised to earn a decent living if they are provided a chance," Mr Ahmed said, adding, "I was taken aback by the confessions of the arrested women. With a strong feeling that the police should do something to help them, I approached Humane Touch, which is a city-based NGO, working on projects for the upliftment of poor women and children in slum areas."

The first phase of the programme would involve collecting information about sex workers in the city. "With the help of volunteers, we will approach these women and convince them to join the programme," Mr Ahmed said.

The second phase will include training sessions for sex workers who are willing to reform. Here they will learn skills like tailoring, zari work and Agarbatti manufacturing, depending on the inclination of each individual. "Once the training period is over, the women will be given financial assistance to set up their own business. We are hoping to get some help from philanthropist and charitable organisations for the purpose," the deputy commissioner said. The East division police is also thinking of conducting a similar programme

The Asian Age
15 October 2001

Rani's 'friend' is HIV positive

From Our Bureau

Hyderabad, Oct. 14: Himanshu, the 35-year-old Bengali from Kolkata who claims that tigress Rani in Nehru Zoological Park was a friend in his previous birth, is an HIV-positive patient.

He tested HIV-positive in Kolkata and was reportedly ostracised by his family members, including his brothers and wife.

A mentally-disturbed Himanshu came to Hyderabad in the hope of finding some "*babas*" who could cure his disease. After boarding in a lodge at Nampally, Himanshu started enquiring about the "*babas*" and in the process came across a brochure of AP Tourism Department on which the photograph of a tigress was printed.

Subsequently, on October 6, he visited the Zoo and saw the tigers and tigresses along with the visitors. Then, he started enquiring about the details of tigress Rani from the staff of the zoo and also offered money to the gatekeeper of the zoo to purchase milk for feeding the tigress. "When the gatekeeper refused the money, he started weaving the story of previous birth.

He later called up the residence of Zoo veterinary doctor Naveen Kumar and said that if he was not allowed to meet tigress Rani, it will escape and come to him," zoo curator A V Joseph said adding Himanshu's version of "friendship in previous birth" cannot be true as the photograph of tigress on the Tourism Department's brochure was not that of tigress Rani. The zoo authorities were flummoxed at the phone call made by Himanshu, as none of the persons in the zoo knew Naveen Kumar;s phone number which was allotted just a couple of days back. Another reason for the zoo authorities panicking was that it was incidentally during the same month (October 4) last year that royal Bengal tigress Sakhi was skinned.

The jittery zoo authorities lodged a complaint with the police who arrested Himanshu.

Deccan Chronicle
15 October 2001

Couple end life after hubby tests HIV positive

From Our Bureau

Boyinapalli, Oct. 13: A couple of Narsingapur village committed suicide on Friday night after the husband tested HIV positive.

Manda Venuprasad Goud, 28, came to know of the grave fact when he offered blood to his wife, who had been suffering from breast cancer.

The couple is survived by two sons aged six and three years.

According to sources, Venuprasad, who was working as a jeep driver in Nagunuru, had taken his wife Karuna to a private hospital in Karimnagar.

The doctors, who tested the blood of Venuprasad, told him that his blood tested HIV positive and asked him to go to Hyderabad for further tests.

But the couple returned to their native village and ended their lives by consuming insecticide.

The couple resorted to the extreme action unable to bear the prospect of boycott by the people of the village.

The parents of Venuprasad found the bodies of the couple lying under a tree near their house.

Boyinapalli Sub-inspector Mohammad Salimoddin registered a case and is investigating.

Deccan Chronicle
14 October 2001

'Surgery can cure intersex defects'

Biresh Banerjee
New Delhi

BEING BORN a *'hijra'* is not a curse. It is merely a defect at birth which can be treated by surgery.

According to Dr Yogesh Kumar Sarin, head of paediatric surgery at the Maulana Azad Medical College (MAMC) and associated hospitals, and secretary of the Delhi state chapter of the Indian Association of Paediatric Surgeons, the intersex defects can be treated by male/female genitoplasty surgeries.

"Most of the times, at first glance it may seem that the baby belongs to one sex, while chromosomally and genetically it belongs to another," says Dr Sarin.

Says Dr Rajiv Kulshrestha, senior consultant in paediatric surgery at Sri Ganga Ram Hospital, "The commonest type of intersex disorder is congenital adrenal hyperplasia (CAH), in which at first glance it seems that the baby is a male because of the presence of a penis like structure."

The structure, he says, is nothing but an enlarged clitoris. Chromosomically, the baby is a female but can be confused as a male.

"A hormonal imbalance in the child causes large clitoris and if the disorder is treated properly, she can grow up to have children also," says Dr Kulshreshtha.

In most of the other kinds of intersex disorders, the females cannot grow up to have children of their own. But at the same time, they can perform all sexual functions.

However, before doctors reveal the sex of the child to the parents, they perform a number of tests such as a genitogram, ultrasound of the pelvic area and karyotyping to determine whether the child has male or female chromosomes.

If these initial tests prove inconclusive, other tests are conducted on the baby.

Says Dr Sarin, "Even though the sex of the baby may seem inconclusive, genetically, the baby is inclined to be either a male or a female."

The results of the doctors' analysis is then conveyed to the parents who are asked to choose the sex to be given to the baby depending on what their child is more inclined towards.

"Here lies the challenge. In India, people prefer to have male babies rather than female ones. Also, the social implications of a woman who cannot give birth to a child and further the family line, are very humiliating," he says.

The surgeries are usually conducted before such time that the child becomes used to living as a member of one sex. Usually, before the age of two, doctors operate and form well-defined sex organs of the child.

Male genitoplasty is performed to make the child a male and it involves the removal of uterus/vagina or correction of bent penis.

It can also involve the construction of an artificial penis made out of selastic bars and the insertion of testicular prosthesis also made of selastic, at a later date.

The surgery of making the vagina is called vaginoplasty. "The vaginas can be made from an artery from the intestine which is brought down and isolated," says Dr Sarin.

Once the child grows up, hormones such as testosterone for males and estrogen for females are given so that the child develops physical attributes according to his or her sex.

"Of course, these operations mean long term associations with the family due to the need for constant counselling and surgeries at different stages in the patient's life," says Dr Kulshrestha.

In the Capital, such surgeries are performed in LNJP, AIIMS, Safdarjung and UCMS hospitals in the government sector.

In the private sector, almost all major hospitals perform the operations.

Doctors say that the main clients for these operations are those of middle class and higher class families.

"The lower socio-economic group and those in rural areas are not aware of the procedures."

"They do not even come forward for such operations due to the prevailing socio-economic situations there," adds Dr Kulshreshtha.

The Pioneer
16 October 2001

Case against magazine for advertising sex test

Yoga Rangatia
New Delhi

OBLIVIOUS OF the Supreme Court's stern rulings, doctors in Delhi are blatantly going about advertising, detecting and aborting the female foetus. In the first of its kind, a case has been filed in the Tis Hazari Court against a publication for carrying an advertisement on sex determination.

Director of Family Welfare, NCR of Delhi, has filed a case against the publishers of the weekly India Abroad for publishing an advertisement of sex-determination test. "Not just the advertiser, but even the publisher carries the burden of breaking the law. Even distributing of leaflets is an offence," says a Health Ministry official.

In another startling revelation, Government officials found that foetus sex-determination and abortion was carried out by illiterate and untrained attendant at a local clinic in East Delhi. A raid carried out today at a private clinic in east Delhi revealed that unscrupulous doctors even made use of portable ultrasound machines and traveled to hinterlands of Uttar Pradesh to conduct sex-determination tests.

Under the Pre-Natal Diagnostic (Prevention of Misuse) Act, 1994, Section 22, advertising for detection of sex of the foetus is punishable upto 3 years of imprisonment or a fine of Rs 10,000.

The other two cases lodged by the Delhi Government are trudging along with inadequate investigation and evidence. One of the cases has been referred to Police for the further investigation.

According to the PNDT Act, advertising, conducting tests and disclosing sex of foetus is a punishable offence. But lack of peer pressure from the doctors' lobby as well as complacency by district and State authorities see that doctors continue to flout the law with impunity.

The Pioneer
16 October 2001

MONEY BUYS ABORTION RULES IN GOVT CLINICS

SHWETA AUSTIN AND
NIVEDITA PANWAR

While in 1991, there were 945 girls for every 1,000 boys in India, the latest census figures show that the ratio has gone down further to 927 girls for every 1000 boys. What's more, the worst figures are reported from the most prosperous states. These only prove that poverty isn't the only reason for rejecting daughters.

Since the 1980s, when sex determination technology came to India, pre-natal diagnostic techniques, better known as sex-determination tests (SDTs), have become comparatively cheaper and more widely available. Correspondingly, female foetuses have begun disappearing in even larger numbers. For those who argue that SDTs have been banned since 1994 and are no longer carried out or that illegal abortions are a thing of the past, here are a few eye openers.

The scene unfolds in a government-approved clinic in the posh Greater Kailash locality of south Delhi. The doctor running the clinic listens to the problems of a 16-year-old and agrees to abort her 15-week-old foetus. As far as a guardian's consent is concerned, she offers, "*Koi bhi bada jo saath mein ho, woh* sign *kar sakta hai.*" The Medical Termination of Pregnancy Act, 1971, lays down strict norms against the abortion of a foetus in an advanced stage of pregnancy, especially when it comes to minors. Even if the law allows abortion under certain conditions, a guardian's consent, in this case the father's if he is alive or else the mother's, is an absolute must. Money also plays a crucial part here. The more desperate you are, the higher the costs go. Initially, the gynaecologist in question explains that the procedure would cost anywhere between Rs 7,000 and 10,000. Sensing the desperation of the visitors, she says it could, of course, cost as much as Rs 15,000.

At first, she refuses SDT. A little insistence later, she says that if she comes to know of the child's sex during the abortion process, she will let the anxious relatives know. Though nothing about the SDT has been discussed between the two parties, the patient or her relatives are probably expected to cough up a little extra later.

Act I, Scene II, moves to another government approved abortion clinic in Moti Nagar. We have an hour before the gynaecologist gets free. In the meantime, Sh. Kuntala, an employee, lends the investigating party a sympathetic ear. The ploy remains the same — a minor, an advanced stage of pregnancy, no consenting guardians and an SDT.

"*Sab ho jaayega, aap chinta kyon karte hain,*" Shakuntala reassures us. As for the expenses, she says she'll ask the doctor to slash back about Rs 2,000 from total — if we pose as her relatives. A little more insistence and she says she wouldn't mind being offered Rs 500 to a 1,000 for her "mediatory" services.

As one travels from south to west Delhi, one sees a drastic change in rates by one and sundry — private medical practitioners, government approved clinics and nursing homes. Here in west Delhi, the rates drop down to Rs 5,000 for the SDT and Rs 1,200 for the ultrasound. Of course, if you happen to be Shakuntala's relative you could probably get the rates lowered even a little further.

"*India mein sab kuch milta hai,*" comes the reply from the attending nurse at a nursing home in East Patel Nagar. The home has put up a small hand written placard in one discreet corner of the reception area which reads: "No Sex Determination Tests here."

Says Dr Bharti Ahuja, gynaecologist with Kasturba Gandhi Hospital near Jama Masjid, "Terminating an advanced pregnancy is usually very dangerous and can even hinder future pregnancies. These risks increase manifold if the woman in question is a minor. First, no government hospital would undertake any such operation without the written consent of the father or in his absence, the legal guardian. And as far as SDTs are concerned, ever since the Government banned them, the practice has been discontinued altogether."

What should be pointed out is that all the above mentioned clinics find a place in the government's list of approval. Asked to comment, Ms Rekha Joshi, MHO at the Directorate of Family Welfare, Delhi, maintained that she was unaware of such malpractices. While only three of the 493 MTP centres at Malka Ganj, for instance, have so far been stripped of their licences, Joshi maintains, "We are absolutely ready to take action if informed about other errant clinics."

Interestingly, an official at the Directorate says, "It's been quite a while since anybody last surveyed these centres." He also adds that only three licences had been confiscated so far. Apparently, the Government's existing requirements for approving MTP clinics are not enough. Under clause(B) of rule (4) MTP Act 1, the prerequisites pertain to manpower, physical facilities, equipment, drugs and full addresses.

The Pioneer
18 October 2001

Expert calls for education in sex from primary level

FROM OUR BUREAU

Vijayawada, Oct. 15: The country is witnessing an unprecedented rate of growth in the number of HIV positive cases, according to noted physician G Samaram.

Speaking to reporters here on Monday after his return from the UN Conference on AIDS held at Melbourne in Australia in the first week of October, noted expert on sex-related diseases, Dr Samaram said of the 100-crore population, over 70 lakh were found to be AIDS victims. He said the disease was more advanced in the States of Maharashtra, Andhra Pradesh, Tamil Nadu and Karnataka and the situation was alarming.

Samaram said he had also presented a paper on the incidence of AIDS in India and the measures being taken by the government and non-governmental organisations to combat the dreadful disease.

He also underlined the need to introduce sex education from the primary level to wipe out inhibitions regarding sex. He said people should be made aware of the perils of promiscuity and the positive aspects of safe sex to reduce the spread of dreaded diseases.

Deccan Chronicle
16 October 2001

Bangalore NGO bags award for action against HIV/AIDS

By Christobelle Joseph

Bangalore, Oct 18

THE heady smell of achievement is spreading through the humble premise of NGO, Freedom Foundation, and it's making them slightly dizzy, for the organisation has just been honoured with the Commonwealth Foundation Award for Action on HIV/AIDS. Freedom Foundation (FF) received the award in the 'comprehensive care' category.

Part of the Commonwealth Foundation, Para 55 is a core group named after the paragraph of the 1999 Commonwealth Heads of Government Durban Communique, in which Commonwealth leaders personally pledged to take action against HIV/AIDS and urged Commonwealth organisations to work together. Para 55 was responsible for nominating FF, a fact that gives Ashok Rau, Executive trustee of Freedom Foundation, great pleasure.

This is the first time that awards of this kind have been handed out and FF bagged the award after trouncing 72 nominees from 52 countries. Quite an achievement, one would say. What gave the foundation an edge over the other nominees? "It was really about approach," says Rau, "Ours is a rights-based approach, tackles developmental issues, and is holistic."

On their website, Para 55 had this to say about the organisation: - "In addition to advocating the rights of people living with HIV/AIDS, Freedom Foundation has been campaigning for relevant legal and other structural changes."

Rau, who accepted the award on behalf of the organisation, received a citation and a plaque. FF has already just been adopted by UNAIDS for good practice, and hopes to carry on the work that it has been doing. But this time, it's on a better footing!

The New Indian Express
19 October 2001

Unique sperm protein as contraceptive

Hyderabad, Oct 12: An ion channel protein that plays a central role in sperm motilit could be an enticing target for a new type of contraceptive for either men or women to block fertilization.

The newly discovered protein, called catsper, controls the flow of calcium into the tails of spermatozoa. This influx of calcium triggers the sperm's motor proteins, causing the tail to beat. The catsper ion channel is found only in a principal section of the sperm's tail and nowhere else in the body, making it likely that a contraceptive that targets catsper would have far fewer side effects than a hormone-based contraceptive. Discovery of the catsper ion channel was reported in an article published in the October 11, 2001, issue of the journal *Nature* by Howard Hughes Medical Institute investigator David Clapham and colleagues at Harvard Medical School • PTI

The New Indian Express
13 October 2001

More people in Taiwan have unprotected sex than anywhere else in Asia, local media reported. Around 14 per cent of sexually-active Taiwanese do not use any contraceptive methods, resulting in the highest pregnancy rate in Asia, according to online media *Ettoday*, quoting results from a soon-to-be published sex survey sponsored by condom giant Durex. While around 50 million condoms are used on the island annually, on an average every sexually-active Taiwanese uses less than ten condoms a year, the report said.

The Asian Age
16 October 2001

The Hindu
19 October 2001

'Punjab, Haryana lead in selective abortion'

By Our Special Correspondent

NEW DELHI, OCT. 18. Three years ago, when the daughter-in-law of an educated family living in a posh colony gave birth to a son, the excited father and grandparents woke up practically the entire neighbourhood in the wee hours to share the happy news and distribute sweets. Last year, a baby girl was born in the same household on a Sunday afternoon.

No one in the neighbourhood got a whiff of it till the mother and child returned from the hospital.

"*Munda sona, kudi chinta* (son is gold, daughter means worry)" is the thinking in many households even today and it cuts across the rural and urban, rich and poor, professional and illiterate population.

While the general impression is that female foeticide is more common in Tamil Nadu, Rajasthan and Uttar Pradesh — a UNICEF study revealed four years ago that Madurai and Kanpur were first and second in the incidence of female foeticide — a more recent study by the UNFPA has revealed that Punjab and Haryana are experiencing a rapid decline in fertility owing to "sex- selective abortions."

Based on data generated by the National Family Health Survey in 1990-92 and 1996-98, the UNFPA undertook a study last year in nine States known for high rate of abortion — Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh. It found that Punjab and Haryana led in sex-selective abortions. In fact, the Census 2001 results have shown a decline in sex-ratio in the 0-6 age group, which the UNFPA team traces to the practice of sex-selective abortions.

The number of sex-selective abortions in Haryana rose to 69,000 from 62,000, and in Punjab, from 51,000 to 57,000, in the last six years.

Had there been no such abortions in the two States, the fertility rate would have been 3.2 (instead of 2.9) in Haryana and 2.9 (instead of 2.2) in Punjab.

A spokesman of the UNFPA says there is no agreement among scholars on the number of abortions taking place across the country because most of them are carried out by unregistered service providers, non-allopathic practitioners, paramedics and others.

An imbalance in the sex composition not only means violation of the human rights of a girl child, but can also lead to disastrous demographic and social consequences.

Analysing the nature and strength of son preference, the study says it is stronger in urban areas and among literates and rises with the number of children in the family and the mother's age.

The desire to have a boy as the first born is stronger in Punjab probably due to the couple's "aspiration to attain preferred sex composition within the small family norm."

CROSS FIRE

BY GULNAAR MIRZA KHAN

Male To Order

This is not strange science fiction, but a technological fact: it is possible to select the sex of your child, right here in Bangalore. This correspondent, posing as the dissatisfied parent of a girl child, went to a few fertility clinics around the city, and found to her surprise that a baby boy was there for the asking, and the paying.

We explained our family's 'predicament' to one doctor. She had obviously been tipped off by the receptionist, who was also in the know. "It's banned, it is not done. The papers are full of sex determination tests and all that... We can't promise you a boy 100 per cent, but we can improve your chances, maybe 70 per cent."

A 'doctored' baby costs Rs 10,000 — for the tests, the mixing and matching in the laboratory and the insertion. If the patient is lucky, she could get impregnated, if not, the cycle is repeated the next month, for a similar sum. This is for the woman who can conceive normally. Those who have difficulty in conceiving and opt for In-Vitro Fertilisation (IVF), pay a hefty Rs 1 lakh plus.

This is what the doctors do: take the sperm containing X and Y chromosomes, spin it in a machine, the minimally lighter Y chromosomes float to the top. This is then sucked up by a pipette and used to fertilise the egg, either through intrauterine insemination for simple cases or in vitro fertilisation for complicated ones. The process is called 'Microsort', and is based on the fact that the X chromosome is a little larger and contains 2.8 per cent more DNA than the Y chromosome.

Explains Dr Parvati Javali, gynaecologist, "After the sperm is centrifuged, the chances of having a boy are roughly 70 per cent. For a girl, the Y chromosomes are dispensed with and the X chromosomes used for impregnation. There is no risk to either mother or child."

Pooja Virmani

One doctor admitted that she had been carrying out such operations till May, when the Supreme Court cracked the whip. But those in the know say the practice continues in a clandestine manner by clinics with well-equipped laboratories. "This method was brought to Mumbai way back in 1984," says Dr Manorama Thomas, emeritus professor in Anatomy and Human Genetics at the St John's Medical College. On the technical committee bringing amendments to the Pre-Natal Diagnostic Technique Act (PNDTA), which deals with sex determination, she says sex-selection will now be included in its purview.

The law has not kept pace with technology, and says nothing.

Here's a bigger surprise: The technology has been around for over a decade now. Genetic engineering has broken barriers in its quest for a better life: Sex-selection technology can be used to breed embryos of a particular sex, in cases of sex-related and congenital diseases. But given the typical Indian mindset, science is twisted with impunity to satisfy the longing for a male child.

The law permits the use of this technology only in those cases where the child, usually male, could suffer from sex-linked disorders, like haemophilia, colour blindness and muscular dystrophies. The sex is determined and the foetus aborted accordingly. Says Dr Thomas: "We know sex-selection is being practised, we can do nothing about it. It is our effort to have it legally banned, except in these cases."

In the United States of America, this technology is freely available and has been used on both animals and humans. The success rate has been 315 pregnancies till July and 222 babies have been born.

Studies have shown that thousands of girls are either aborted or even killed at birth. "Sex selection seems a tad better than foeticide or infanticide. At least, the baby is not killed, but it still does not seem morally right," feels Dr Javali.

With gynaecologists and fertility experts going ahead with playing God in their labs, what was once a "divine gift" is now turning into a commercial choice. Besides taking the element of surprise out of making babies.

Mother's choice

When Sunita, mother of a girl, had trouble conceiving her second child, doctors advised her to go in for an IVF procedure. After identifying a fertility clinic in Bangalore's Sadashivnagar, Sunita came down from Belgaum. "During my stay here, the doctors offered to implant a boy. I did not know that such a thing was possible. My first baby was normally conceived," she said when contacted over phone.

Of course, Sunita opted for a boy. We were spending such a lot, and I have a daughter, so we agreed. She was implanted with a fertilised embryo, and coughed up Rs 2 lakh — for the procedure, the lab charges, check-ups and hormone injections.

But luck was not on her side: she travelled back to her home town, and had a miscarriage.

She tried again after a year, again she lost her child. Sunita blames the doctors. "They should have advised me not to travel. Instead, all they said was that abroad, women go in for an IVF, and drive themselves back home. This is not the US, our roads are terrible," she says with regret.

The Times of India
19 October 2001

TB clinic for prostitutes

OINDRILA MUKHERJEE
STATESMAN NEWS SERVICE

NGO FESTIVE GIFT

KOLKATA, Oct. 18. - There is a special Puja gift for prostitutes in the city.

The Durbar Mahila Samanwaya Committee, an NGO that campaigns for prostitutes's rights, and the National Institute for Cholera and Enteric Diseases, will open a tuberculosis clinic on Bhabani Dutta Lane on 30 October. Tuberculosis is common among HIV-positive persons.

"The increase in commercial activity during the festival is evident from the increased sale of condoms in that period," said Mr Mrinal Kanti Dutta, director, DMSC. The rest of the year sees 6000 prostitutes in the Sonagachi area, with 3000 "floating" prostitutes. "During the Pujas, girls come to Kolkata from villages to meet the rush of clients coming here from districts," Mr Dutta said.

Mr Sanjay Ghosh, a counsellor at the DMSC City Counselling Centre, said: "Our counselling centre has 83 HIV-positive persons at present. Forty of them have been detected with TB, which is nearly 50 per cent. The next most common opportunistic infection is diarrhoea," he said.

Economic deprivation and fear of stigma prevent prostitutes from going to KMC TB clinics and government hospitals for check-ups and tests. "When doctors ask TB patients for their exposure history, it gets embarrassing for the prostitutes. They prefer to go to a clinic run by familiar people," Mr Ghosh said. The clinic, to be inaugurated by health minister Dr Surya Kanta Mishra will provide testing facilities and free medicine for prostitutes referred to it by doctors in the STD/HIV clinics in red light areas.

"The importance of TB treatment cannot be over-emphasised. Without full recovery from TB, HIV-positive persons cannot be administered anti-retroviral drugs," Mr Ghosh said.

There is no definite data available on incidence of TB among prostitutes here. The disease is detected mostly among those of Nepalese origin. Dr Protim Ray, attributes this to poverty.

The Statesman
19 October 2001

Determining spread of cervical cancer

PHYSICIANS AT Washington University School of Medicine and the University's Alvin J. Siteman Cancer Center in St. Louis have discovered evidence that positron emission tomography (PET) is more accurate than the current computed tomography (CT), in determining whether cervical cancer has spread to other areas of the body.

PET's superiority in detecting the spread is because it reveals a metabolic-rather than anatomical-difference between cells and structures.

In this study, PET detected the difference in the way cells consume glucose, a sugar required by cells to grow.

Cervical cancer cells grow at a faster rate and therefore have a higher rate of glucose consumption than the normal cells making up the lymph node.

Thus, PET can often identify the presence of cancer cells in normal-sized lymph nodes. It, however, does have a limit of detection, and it will miss tumour-containing lymph nodes if the number of cancer cells is too low..

The Hindu
18 October 2001

Soldier sues Army for declaring him HIV-positive

Sridhar Kumaraswami
New Delhi, October 19

A SOLDIER has sued the Union Government and the Indian Army for 'wrongly' categorising him as HIV-positive and denying him a chance to go abroad with his unit.

P.S. Vinod of the 2nd Madras Regiment submitted to a medical test in October 1999 along with others of a unit headed for Lebanon as part of a United Nations mission. However, he was diagnosed as HIV positive at the Army base hospital after the screening of his blood sample. His medical category was downgraded in January 2000 by the Medical Board of the Delhi Cantt hospital.

Vinod's unit, meanwhile, had left for Lebanon on November 18, 1999.

In his petition before the Delhi High Court, the 23-year-old soldier, who joined the Army in 1997, has stated that he felt so humiliated that he went for a re-test at Safdarjung hospital in the Capital. Here he tested negative for HIV antibodies as determined by the Elisa tests. He also tested negative in tests conducted in the Post-Graduate Institute of Medical Education and Research, Chandigarh.

Finally, in February this year, Dr Pradeep Seth, head of the microbiology department, AIIMS, certified that Vinod had tested HIV- negative in the three Elisa tests as also the western blot tests. In a further boost to Vinod's claims that he did not have AIDS, Col. P.S. Dhot, Commanding Officer and Senior Advisor of the Armed Forces Transfusion Centre, in his laboratory report submitted that Sepoy Vinod had tested negative 'for AIDS 1 and 2'.

Following this, his medical category was upgraded to A on the orders of the President of the Medical Board of the Delhi Cantt base hospital.

Vinod has now sought compensation from the authorities on grounds of being subjected to humiliation and disgrace. In addition, he has also sought that the respondents in the case make good the loss of overseas pay and allowances for the one-year tenure of his unit at Lebanon which, according to him, amounted to more than Rs 4 lakh.

The Delhi High Court has issued notices to Centre and the Army authorities to reply to Vinod's petition.

Hindustan Times
20 October 2001

An issue close to the heart

Chemical residues in breast milk worry researchers.

LAURIE TARKEN reports

WITH her 7-week-old baby nursing at her breast, Dr Sandra Steingraber spoke at a conference recently in New York to address an important issue: the presence of low levels of chemical residues in breast milk.

Steingraber, an ecologist and a visiting assistant professor at Cornell University's programme on breast cancer and environmental risk factors, described breast-feeding as "a very exquisite communion between myself and my child" — but also a transfer of chemicals.

She and the other experts who gathered at the New York Academy of Medicine for the conference on 'Chemical Contaminants in Breast Milk: Impact on Children's Health', agreed that it was not known if the chemicals that turned up in human breast milk were harmful, and they did not want to make women afraid to breast-feed.

Many studies show that breast-fed babies are healthier and do better develop mentally than those who are given formula. "We are making a very clear and unequivocal affirmation that those of us in the medical community are all absolutely convinced that breast milk is without question the very best from of nutrition for human infants," said Dr Philip Landrigan, director of the Centre for Children's Health and the Environment at the Mount Sinai School of Medicine.

But, Landrigan said, "Because pediatricians and others are so anxious to promote breast-feeding, they've been reluctant to confront the fact that breast milk is not as good as it could be and as it used to be."

People absorb environmental chemicals from polluted air and contaminated foods, fish and animal products in particular. Because chemicals like polychlorinated biphenyls (PCBs), dioxin and dichlorodiphenyl dichlo-roethene (DDE), a breakdown product of DDT, are fast soluble, they are not readily excreted from the body. Instead, they attach to fat cells, where they may stay for a lifetime. If a woman breast-feeds her child, these fat cells are activated to produce milk. The contaminants, clinging to the fat, go directly into the milk.

A women can shift 20 per cent of her total body burden of contaminants into her infant in the first six months of breast-feeding, Steingraber said. "We know that for women with PCBs at the high end of the range, their babies have reduced IQ, and loss of some psychological and verbal skills," Landrigan said. "We do know that babies are vulnerable. We know that very complex processes of growth and development are occurring with create windows of opportunity for damage."

The few studies on the long-term effects of pollutants in breast milk that have been done, however, show conflicting results. Experts agree that more research is needed.

Since contaminants accumulate over a lifetime, experts say that pregnant and lactating women should limit their exposure. For instance, women should not have lead paint removed from their homes while they are pregnant or breast-feeding. They should not eat fish or seafood from contaminated waterways, because the fish probably contain PCBs. Pesticides and fumes from nail polish remover, paint, paint remover, dry cleaners, gasoline and other chemicals should be avoided, the authorities caution.

Pregnant or breast-feeding women may also want to avoid buying new wall-to-wall carpet or synthetic wood furniture because the products emit gasses that may be absorbed. ■

The New Indian Express
21 October 2001

Baby vs Govt

Johannesburg: A six-month-old baby who contracted HIV from her mother is suing South African authorities for failing to prevent it, lawyers and health officials said. Lawyers acting on instructions from baby Tina- ' she's 19-year-old mother -- the family name was not been made public -- have demanded a provincial health executive pay 700,000 rand (76,000 dollars) in damages for negligence. The suit is being conducted in the baby's name, a precedent allowed under South African law.

The New Indian Express
21 October 2001

Shah flags off anti-AIDS rally

KOLKATA, Oct. 20. — The Governor, Mr Viren J Shah, flagged off an AIDS awareness rally from Raj Bhavan this morning.

The 11-day rally, organised by the Sonata Foundation, Kolkata, in association with the West Bengal AIDS Prevention and Control Society and the CII (eastern region), will visit all the sensitive and high risk zones in the city, Howrah, North and South 24-Parganas.

— SNS

The Statesman
21 October 2001

The right to life

OF the estimated 26.8 million adults and over 2.5 million children worldwide who have HIV/AIDS, India alone accounts for 3.5 to 4 million adults. While there has been a significant increase in HIV/AIDS awareness programmes and advocacy in India, there is need to increase public discourse on this issue. Questions with regard to the rights of persons who test HIV +ve have been debated in courts in the past few years, foregrounding the right to life. This article examines a couple of critical issues debated in the judiciary, in the light of the recent Full Bench decision of the Andhra Pradesh High Court in M. Vijaya's case.

An issue that merits serious consideration is the apparent conflict between the rights of individuals affected by HIV/AIDS and the social responsibility of the State and its institutional apparatus. While employers and hospitals have used the argument of public safety to deny rights of employment and access to persons with HIV/AIDS, the courts on the other hand have managed to create an environment conducive to a discussion on rights in all its complexity. The most debated one has been that of the right to privacy of a person with HIV/AIDS, and the consequent right against disclosure.

The case of Mr. "X" vs. Hospital "Z", 1999 decided by the Supreme Court deals with the "suspended right to marry." A doctor, who tested HIV +ve claimed damages against a hospital for disclosing his status to the family that brought him a marriage proposal, leading to the withdrawal of the proposal. When the National Consumer Disputes Redressal Commission refused to take up his case, he approached the Supreme Court, arguing that the right to marry was a fundamental right. The Supreme Court, while arguing that persons with HIV/AIDS have a right to employment, felt that the Court could not assist such persons to marry.

What is disturbing about the decision is the preamble to the statement on the court's inability to assist in marriages: "AIDS is the product of indisciplined sexual impulse. This impulse, being the notorious human failing if not disciplined, can afflict and overtake anyone howsoever high or low he may be in the social strata." Apart from distorting the reality of AIDS, the decision not to support the doctor's claim, when seen against this, appears grossly unjust, if only because it is framed by a moral judgment that is not only unacceptable but also irrelevant to the case. Yet again this ambivalence is characteristic of judicial discourse particularly evident in cases of rape.

A recent Full Bench decision of the Andhra Pradesh High Court views AIDS as a public health issue and one that needs to be articulated in terms of the constitutional guarantee to the right to life, making employers and health providers accountable for any negligence, omission or failure to conform to procedure.

In M. Vijaya vs. Chairman, Singareni Collieries Hyderabad, M. Vijaya, whose husband has been an employee of the company for the past 17 years, underwent a hysterectomy at the company's hospital in January 1998, for which her brother donated blood. Fifteen days later, she fell sick and was advised further tests, which revealed that she was HIV +ve. Her husband tested negative, while her brother tested positive. In its counter affidavit, the hospital not only disclosed facts about the widespread prevalence of HIV/AIDS in the collieries but also admitted that it had not tested the blood of the donor before accepting it.

This, the court said, was negligence on the part of doctors and could scarcely be condoned. The Court awarded compensation as a public law remedy in addition to and apart from the private law remedy for tortuous damages. Drawing on D. K. Basu's case where the Supreme Court held that the State is vicariously liable for infringements of the rights of citizens by public servants, and is thus liable to pay compensation, the court directed Singareni Collieries to pay Rs. one lakh towards medical costs, in addition to the special or general claims for damages that the petitioner might make.

The corporatisation of health care, now in its ascendancy, goes hand in hand with the collapse of public health systems that are meant to provide care to the working class. While the mere absence of adequate facilities itself is an infringement of the right to life, negligence only compounds it. In this context, this case shifts public discourse on HIV/AIDS out of the arena of promiscuity into the arena of public health, thus also effecting a shift away from the individual to the social responsibility of the State and its agencies, particularly health care and delivery systems.

When a disease/ailment reaches epidemic proportions, the State is responsible for putting in place policy measures for its treatment and eradication. However, the problem arises when the State, in the conceptualisation and implementation of its policy, masks the character of the disease in question. The forced testing of blood is carried out as a matter of routine on socially marginalised and vulnerable populations, the so-called "high risk" constituencies. In this case, since even the Supreme Court believes that AIDS is a result of indisciplined sex, the highest risk categories are sex workers. But identifying and targeting sex workers cannot lead to the eradication of HIV/AIDS. This approach even denies the possibility of a near accurate census and mapping of its occurrence. Instead we need to think of HIV/AIDS as a public health concern and conceive of policy in new and effective ways.

As the Supreme Court has held, mandatory blood testing does not constitute a violation of a citizen's right to privacy. There are multiple channels of transmission of HIV/AIDS, and AIDS has in fact reached epidemic proportions. The public health campaign that comes immediately to mind both in terms of its reach and spirit is the polio eradication programme, or what is more popularly known as Pulse Polio. All citizens, irrespective of gender, class, social location, sexual orientation or occupational status, must be required to go through periodic and mandatory blood tests for HIV/AIDS. By articulating the problem as an issue of public health policy that is generally applicable to all citizens, the debate will be relocated in a space free from moral censure.

Medical procedures take on the character of health check ups in which the HIV/AIDS test will be one component. This will be clearly separate from the coercion that is intrinsic to State sponsored target-oriented approaches to health and population control.

The right to privacy is a right that is mediated by class. The poor do not have the right to privacy. When everyone is required, as a matter of routine, to go through tests, and when health delivery systems of the State are required to conduct them and maintain detailed and accurate records of these

Contd...

'Untouchables' in modern India: A long way ahead for Devadasis

By K Ramakrishna

Raichur, Oct 21: Devadasis are not prostitutes, or so modern India has been told. But they certainly seem to be Untouchables, so how 'modern' is India? Pregnant devadasis are not allowed in primary health centres and Government doctors refuse to treat them, says a social worker from Vimukti, a voluntary organisation of Manvi taluk.

In spite of the Government's boast that devadasis have been rehabilitated and all kinds of measures have been taken to stop this 'social evil', how are they supposed to blend in with the rest of the populace when the populace treats them as though they have communicable diseases? At least 25 devadasis in Manvi have not even been given houses. Even to get old-age pension, they have to run from pillar to post.

When some devadasis pleaded for basic amenities, a tahsildar reportedly said, "Your father should be hanged". Is this the solution for their problems? There have been attempts at others. Under the Karnataka Devadasi (Dedication and Prohibition) Act-1982, the Government made provisions for the rehabilitation programme for devadasis through SC/ST development programmes like house-cum-cattle shed, land purchase scheme and self-employment programmes. The Department of Women and Child Development was asked to encourage devadasi marriages by giving Rs 10,000 as assistance, as well as awarding scholarships for the children of devadasis.

Those were the attempts. In reality, the number of beneficiaries go on rising - as do the number of real devadasis. That's what happened in Raichur district. "This is why I suggest a survey of the devadasis," insists Shanta Reddy, a member of the National Commission for Women. "SC/ST Corporation has money. Social welfare department has the funds. But the officials have not applied their mind. Had they taken up an action plan soon after the survey in 1991, the situation would not have been so bad," she says.

During the year 1990-1991, the Department of Child and Women Welfare did conduct a detailed survey to identify the devadasis. In Raichur district, 3,272 devadasis were identified. According to the official figures only, assistance has been given to 2,518 devadasis. But Hanumanthi, a devadasi from Adavi Amareshwara village, says that she does not know anything about the facilities offered by the State Government.

SM Pujar, Secretary of SEVA, another NGO here which has been striving for eradication of the system for the last 10 years says, "Identification of the devadasis should be done by grama sabhas of respective grama panchayats and the list should be forwarded to the concerned department. Devadasis should be given individual certificates. Periodical health check-up should be done. A circular should be issued for the same to the primary health centres and district hospitals. Day-care centres should be opened for the devadasis at taluk and district levels. Identified devadasis should be involved in income-generating activities by opening separate vocational training centres."

Lingsugur MLA Amaregowda Bayyapur says, "It is sad that the agenda on devadasis is put last in every developmental review meeting. By the time the matter comes before discussion, the officials and non-officials would have lost interest and (the day would have passed) without discussion," he complains.

According to Leela Kulkarni of Mahila Samakhya, another NGO, the devadasis who have left have other problems. Those who were getting leftover food posing as jogathis now have none. Though they are ready to work, no one will use them as coolies. The Government which says that the system was wrong should be ready to provide shelter, employment and other basic amenities, she says. In 22 villages where the Mahila Samakhya is functioning, there are 147 devadasis and of them 112 are between 35 to 45. Only 27 have houses and 38 have got loan facilities. Again, these are numbers.

Perhaps what we have to remember is that there are people behind the numbers, and what is needed is the will to help them lead normal lives.

The New Indian Express
22 October 2001

Mass circumcision drive in Indonesia

Jakarta: An Indonesian blood donors club held a mass circumcision ceremony for 75 boys living in the vicinity of the Lippo Karawaci housing estate in western Jakarta, news reports said on Monday.

The Lippo Karawaci Donors Club sponsored the mass snip some time last week, the *Jakarta Post* said.

The participants, who were described as needy, not only received free circumcisions but were also given Muslim clothing and some money. No blood was taken from the boys, sources said. *(DPA)*

The Asian Age
23 October 2001

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tests, the issue of privacy becomes redundant. All citizens then, across class will be in a position to make informed life choices, without having to depend on the benevolence of disclosure or on the arbitrariness of contemporary medical practice and health delivery. The onus is, in other words, on the State to take appropriate measures to restore the citizen's fundamental right to life. ●

(The writer teaches at NALSAR University of Law and works with Asmita Resource Centre for Women, Hyderabad.)

KALPANA KANNABIRAN

The Hindu
21 October 2001

THE HIV VIRUS & ORAL HEALTH

Dr Jai Mahadevan

THE AIDS-causing HIV virus is probably the most talked about virus in the world today. A virus is a strange entity, a bridge between living and non living, a thing that gives life to other things; existing but with no biochemistry. A virus is basically a strip of genetic material (DNA or RNA) surrounded by a protein coat. It is the classic example of an intracellular parasite. It cannot survive outside a living cell.

Strangely enough, many viruses form spores and these types can be stored safely in bottles for a long time. This does not mean that it is 'dead' in the mortal sense but can be reactivated when conditions are favourable. Once a virus enters a living cell, it uses the host cells genetic material to multiply.

Viruses are implicated in causing certain types of cancer. Cancer is essentially an uncontrolled division or mitosis of cells. Certain viruses can disrupt the genetic material of the host's cells to produce uncontrolled, rapid increase in cell number. One need not know the morphology of the HIV virus to realise the dangers of AIDS. Recent experimental evidence suggests that the HIV infection progressively destroys the lymph nodes. The abrupt rise in the blood levels of the virus in the late stages of the disease is most likely due to the burning out of the lymph nodes.

The main clinical features of AIDS are swelling of lymph nodes, weight loss, unexplained diarrhoea, a rare form of pneumonia and secondary infection. The virus progressively destroys the host's immune capacity and makes it an easy prey to infections that are normally neutralised.

AIDS has a variety of oral manifestations. The commonest of these are candidiasis (fungal infection), hairy leukoplakia (a type of superficial oral cancer), kaposis sarcoma, gum and periodontal infections. The gums are red, bleed easily, and fail to respond to treatment. There is extensive soft tissue destruction and marked loss of periodontal attachment. Sometimes the bone is exposed.

Kaposis sarcoma is an unusual and uncommon disease of blood vessels which occasionally manifests in the oral cavity. They appear as reddish or brownish red nodules which may vary in size from a few millimetres to a centimetre. They are tender and painful. Surgical eradication of the disease is difficult because of the multiplicity of the lesions.

Oral hairy leukoplakia is a pre-cancerous condition seen most often on the lateral borders of the tongue. There are vertical striations which imparts a corrugated appearance. The lesion does not rub off. An increased incidence of oral pigmentation has been described in HIV individuals. They appear as spots or strictures on the cheeks, gums or tongue.

The Times of India
22 October 2001

Hyderabad firm to make 'herbal Viagra'?

By Our Staff Reporter

BANGALORE, OCT. 20. Nandan Agro Farms Pvt. Ltd., a Hyderabad-based company, is thinking of setting up a musli factory in Mysore to process musli roots into a product that can be easily consumed.

The company has applied for patents in the U.S., one of which is related to extraction of saponin, the "principal active component" in musli, sources said. However, saponin, a naturally-occurring chemical compound, is commonly found in a large number of Indian food and medicinal plants, according to *Database of Medicinal Plants*, by Dr. C.Kameshwara Rao, former Chairman, Department of Botany, Bangalore University, who is considered an authority on medicinal plants. High on the list of Nandan Agro is the potential use of musli as an aphrodisiac. Mr. B.R.S.Rao, Director of the company, told *The Hindu* that the company was looking at the possibility of producing a musli-based "herbal Viagra".

About the proposed factory in Mysore, he said: "It depends on what incentives the State Government offers." As the company was headquartered in Andhra Pradesh, if the incentives from that State were better, it would set up a unit there. However, the company had a nursery in Mysore, he said.

The Hindu
21 October 2001

Imunus offers drugs for AIDS treatment

By Our Correspondent

Mumbai, Oct. 23: Imunus, the exclusive antiretroviral division of Hyderabad based Aurobindo Pharma Ltd has introduced two more molecules Efavirenz (bulk drug name Viranz) and Nelfinavir (bulk drug name Nelvex) for the treatment of AIDS.

With this introduction, Aurobindo Pharma now offers more product options for the treatment of AIDS than any other pharma company in India, a company statement claimed. "Imunus, the antiretroviral division was launched by Aurobindo about five months ago, and in a short time, has been able to offer wider product options than any other pharma company. Further, all these products are competitively priced reducing the overall cost of HIV treatment," said Mr Hariharan, vice president, Aurobindo Pharma.

Aurobindo Pharma is able to offer these drugs at such competitive prices on account of its large scale bulk manufacturing facilities as well as strong in-house R&D capabilities. Aurobindo's R&D is working on developing fixed dose combination forms to reduce pill burden. This will enable patients to adhere to the dosage of the medicines and will bring down the overall cost of treatment.

The Asian Age
24 October 2001

How biotech can engineer corn contraceptives, edible vaccines

BIOTECHNOLOGY researchers may yet enter uncharted realms turning biologists' flights of fantasy to matters of now and here. In the pipeline are bacteria that detect land mines; spider silk made from goat's milk; fish that sniff out pollutants; and swaying fields of corn that may one day assist in arresting the uncontrolled population explosion among humans!

Looking down the road at what is in store from this powerful technology, one never ceases to admire the myriad novel traits and benefits that they can bestow upon this planet which will enhance the quality of life without compromising on biosafety or sustainability of the environment.

Spider silk is one of the strongest natural materials known to man that can be used in the sewing of a bullet-proof vest.

Unfortunately, it cannot be grown in sufficient quantity to make it commercially viable. Scientists have now cracked the code by using a protein from goat's milk spliced with a spider gene and soon, the ones that need such additional protection may be able to do so without the extra weight about their rib cage.

Two genes from the daffodil, and a bacterium have already been engineered into the rice plant to produce beta carotene, a precursor to Vitamin A, which is otherwise not present in the native plant. This enables more than one half of the global population to get vitamin A from the single most favourite source of energy and nutrition. This innovation would help benefit at least 400 million of the world's population that suffer from vitamin A deficiency. It would also save more than half-a-million children from going blind each year and protect them from diarrhoea and respiratory diseases caused due to Vitamin A deficiency.

Likewise, the introduction of the ferritin gene from soya to rice has helped the rice plant produce grains with up to three times the iron content.

According to an FAO study, over two billion of the world's population is iron-deficient with consequent impairment of intellectual performance besides increased susceptibility to infections and lead poisoning.

Explosives such as TNT used in land mines can now be detected by genetically modified bacteria that begin to glow when exposed to this deadly explosive, thanks to the insertion of a gene from a jelly fish. This saves thousands of unsuspecting innocents from being killed or maimed when they walk along minefields. Zebra fish have, likewise, been modified to act as biosensors for water-borne pollutants as PCBs and dioxins that diminish aquatic flora and fauna.

Banana, potato and cassava can now carry edible vaccines, obviating the need for costly vaccinations against deadly diseases such as cholera, small pox and hepatitis besides saving millions from getting secondary infections from improper sterilisation of needles that are used to provide these vaccinations. Additional advantages accrue from lower cost of administering these vaccines by obviating the need for the cold chain, so essential to preserve its integrity but a serious infrastructure nightmare in developing countries where such interventions are needed the most.

Malaria-resistant mosquitoes and other insects are being looked upon as potential biocontrols of insect diseases in plants without having to resort to the use of polluting chemicals.

By far the most interesting of these developments is the one involving the corn plant in which scientists of San-Diego-based biotech company Epicyte have discovered a rare class of human antibodies that attack the sperm.

Genes that regulate the manufacture of these antibodies have been engineered into corn plants that now produce this contraceptive, all naturally!

The company has also created a corn plant that makes antibodies against the herpes virus. A plant-based jelly that not only prevents unwanted pregnancy but also protects against herpes can now be stacked in a corn plant.

Contraceptive corn borrows from immune infertility, a rare condition, where a woman makes antibodies that attack the sperm. The antibodies simply latch on to surface receptors on the sperm, rendering them heavier and less motile and incapable of fertilising the egg. The company will launch clinical trials in a few months.

Such are the treats waiting to be discovered from the treasure-trove of modern biotechnology. Science and technology deserve a chance to be harnessed for the beneficial use of humanity without the dubious distractions of doomsday prediction and misinformation campaigns from vested interests.

(Comments may be addressed to Dr Gurumurti Natarajan at greenthumb@vsnl.com)

Commodity Focus

GURUMURTI NATARAJAN

The New Indian Express
23 October 2001

The Times of India
23 October 2001

'AIDS will bring down India's GNP'

Times News Network

BANGALORE: The winner of this year's Commonwealth Award for comprehensive care of HIV patients, Ashok Rau of the Freedom Foundation, India, says AIDS is not just a health problem but a development issue.

The foundation is one among the 12 winners from 52 Commonwealth countries for action on AIDS. The 72 entrants for the prestigious award were from countries like Kenya, Malawi, Namibia, South Africa, Trinidad and Tobago, Uganda and United Kingdom.

Freedom Foundation set up in 1992 has helped 5,000 AIDS patients so far, out of which 146 patients have died peacefully. "Since the prevention aspect does not have tangibility, we focus on care and support," says Ashok, the founder of the ogranisation, who received the award in Melbourne on October 4.

He cites cases of heads of companies, college students, children testing HIV positive at the Bangalore centre. "AIDS will bring down the GNP in 2005-2010 by 15 per cent, so we should understand the enormity of the epidemic in India," he says.

Ashok likes to describe Freedom Foundation as the Shoppers' Stop for AIDS patients, "with all facilities including legal under one roof." The legal and structural shifts initiated by the foundation include changes to property-ownership laws that discriminate against women and the mainstreaming of AIDS in the health sector.

Dr Neal Blewett, the former Australian Minister for Health announced at the Melbourne awards ceremony: "nearly 60 per cent of HIV positive people live in the Commonwealth countries, and half of all AIDS deaths have been in Commonwealth member countries."

Realising the dream

ADVANCES IN ASSISTED REPRODUCTION TECHNIQUES: The advances in assisted reproduction in the recent years have been amazing. Techniques such as Intra Cytoplasmic Sperm Injection (ICSI) have improved the success rates of ART programmes considerably. While the treatment option for each patient is decided by the doctor on an individual basis, usually the patients are put on a few cycles of IUI before attempting an In-Vitro fertilisation cycle.

INTRA UTERINE INSEMINATION (IUI): In this simple procedure, sperm is placed within the uterus around the time of ovulation. The husband's semen is taken and washed to select the best and most active sperms to be placed into the uterus. Ovulation induction combined with IUI is often the first course of treatment.

IN-VITRO FERTILISATION (IVF): IVF in simple terms involves removing eggs from a woman, fertilising them in the laboratory and then transferring the fertilised eggs or zygotes, into the uterus a few days later. More specifically, after super ovulation with hormones to produce multiple eggs, the IVF team aspirates eggs from the ovary. They then place the retrieved eggs in sterile culture media along with processed sperm and keeps them at normal body temperature inside an incubator, where fertilisation and early cell division take place. Then the team returns the fertilised and dividing eggs to the uterus.

From that point, if the zygotes implant successfully and become embryos, the pregnancy continues as it would naturally. IVF can bypass most causes of infertility, including tubes damaged by ectopic pregnancies, irreversibly blocked fallopian tubes, anti-sperm antibody problems, endometriosis, a cervical factor problem, low sperm counts, and even unexplained causes of infertility.

In-Vitro Fertilisation (IVF) offers a much higher chance of success per cycle for tubal damage than surgery.

Intra Cytoplasmic Sperm Injection (ICSI): Intra Cytoplasmic Sperm Injection or ICSI has brought a revolution in Assisted Reproduction techniques. It is a micromanipulation technique developed to help achieve fertilisation for couples with severe male factor infertility or couples who failed to fertilise in previous in-vitro fertilisation attempts. The ICSI procedure, like an IVF cycle, requires that the woman partner undergo ovarian stimulation with fertility medications (hormones) so that several mature eggs develop. These eggs are then aspirated through the vagina, using vaginal ultrasound, and incubated under precise conditions in the embryology laboratory. The semen sample is prepared by centrifuging (spinning the sperm cells through a special medium). The micromanipulation specialist picks up a single live sperm in a glass needle and injects it directly into the egg, thereby fertilising the egg. The success rates are much higher than a regular IVF programme.

Other techniques related to IVF include Gamete Intra Fallopian Transfer, Zygote Intra Fallopian Transfer, Assisted Hatching techniques etc, which maybe used in individual cases. Sperm Aspiration techniques maybe required in some cases of male infertility. When the semen analysis shows very poor results, such techniques are required to correct the abnormality of the male or to retrieve sperm for the IVF/ICSI programme.

Various techniques such as vasectomy reversal, microscopic asovasostomy, microscopic epididymovasostomy, microscopic vasal sperm aspiration, microscopic epididymal sperm aspiration (MESA), testicular sperm retrieval from biopsy, trans-urethral resection of ejaculatory ducts, sperm retrieval by fine needle aspiration (PESA) etc maybe performed by specialist doctors.

PRE-IMPLANTATION GENETIC DIAGNOSIS (PGD): Pre-Implantation Genetic Diagnosis helps in the diagnosis of genetic disorders before implantation of the embryo. This is an alternative to Pre-natal genetic diagnostics which can only detect gene disorders once the embryo has implanted and grown into a foetus. It offers the hope of a healthy baby in couples with genetic disorders, which lead them to have repeated abortions. The embryo's cells are taken before implantation or transfer into the uterus and examined for genetic disorders. This is done by techniques called fluorescent in-situ hybridisation (FISH) and karyotyping. This is more relevant in patients with genetic disorders.

CRYO PRESERVATION: Cryo preservation or freezing is the technique/facility for freezing and storing fertilized eggs and gametes. This allows preservation of sperms for transfer in future spontaneous ovulation cycles and embryos in future frozen cycles of IVF. The ability to preserve pre-embryos for future use lowers the total cost of repeated IVF.

Cryopreservation of sperm is also particularly useful when the husband is not living with the wife. This allows the wife to go ahead with the IVF programme while the husband is away.

DONOR PROGRAMMES: For the worst-hit patients, where patients may not be producing sperm or egg, donor programmes are available. After completing all medico-legal formalities in severe cases of infertility, donor sperms and eggs from healthy volunteers maybe used in the ART cycle as the case maybe. This is done in strict confidentiality under existing laws of the country.

PATIENT EDUCATION: Before treatment, you should understand the entire IVF process, step by step, what each test is for, how each programme is conducted including how and when drug therapy begins, how often the woman needs blood tests and ultrasound monitoring, and when egg retrieval is likely to take place. Patients should also be aware of possible complications they could face such as an Ovarian Hyper Stimulation Syndrome. ART centres usually provide information material and some centres provide specialist counsellors for the patient support.

ETHICAL ISSUES: As IVF and other Assisted Reproduction techniques are relatively new, there are many ethical issues surrounding it. Whether man should interfere in reproduction, which is considered a natural process is core to the issue.

Other issues include whether manipulation of embryos and gametes can be justified, whether it is right for man to override the natural selection process and choose the sperm for ICSI, the issue of cryopreservation of embryos, disposing extra embryos, donor programme justification, surrogacy, etc.

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FINANCIAL COMMITMENTS: Before deciding on an ART programme, the couple should understand their financial commitments fully. The equipment, drugs, culture media etc used in assisted reproduction are costly, thereby making these options also expensive. In India, the costs can vary from Rs.75,000 to Rs.1.50,000 per cycle of an ART programme of IVF or ICSI, depending on the quality of the drugs, media, equipment etc.

SUCCESS RATES: Patients should understand that ART programmes are not always successful. World average of success rates for an IVF programme may vary between 25-35%, while an ICSI cycle gives a much higher rate.

(The writer is practising at Credence Hospital Centre for Reproductive Medicine Near Ulloor Bridge, Trivandrum - 1. Email: emailbmj@yahoo.com, credencelvf@hotmail.com)

Depression more during pregnancy

WOMEN are more likely to become depressed while pregnant than after their babies are born, according to latest research findings.

Scientists found the peak for depression was 32 weeks into pregnancy, close to birth. The unborn child may also be affected by this depression. For example, a rise in stress hormones could lead to low birth weight.

The researchers are calling for more recognition and treatment for ante-natal depression. "The message is don't be surprised if someone is depressed during pregnancy," the research team said. "There is an assumption that one just blooms and it's important to recognise that might not be the case."

Post-natal depression has been a recognised problem for many years, with an estimated one out of 10 women suffering from the condition.

Severe post-natal depression can lead to family break-up, neglect of the child and suicide and emotional and behavioural problems in the child.

There has been relatively little research into the consequences of ante-natal depression. However, this latest piece of research suggests the severity and nature of depression are the same whether it occurs before or after a woman has given birth.

The study looked at over 9,000 women whose babies were due between April 1, 1991 and December 31, 1992. Clinically approved scales for measuring depression were used to assess women at 18 weeks and 32 weeks into pregnancy, and eight weeks and eight months after their child was born. The researchers found the average scores recorded were higher during pregnancy than after the births.

Dr BM John
The New Indian Express
23 October 2001

Births, deaths, who cares?

Andhra Pradesh behind Orissa in registration

FROM C R GOWRI SHANKER

Hyderabad, Oct. 22: For all the Information Technology hype and a hoopla generated in the State, Andhraites certainly do not seem educated enough to register births and deaths.

The registration of births and deaths, which has been made mandatory under an Act passed by the Central government, is the lowest in the State.

What's more, the rate of registration of births and deaths is much less than that of backward Orissa State.

Worse still, the State is literally on par with Bihar and Uttar Pradesh as far as the issue of registration is concerned!

According to official records, the registration of births is 20 per cent and deaths 27 per cent in rural areas and 91 per cent and 75 per cent respectively in urban areas.

Admits Health Minister C Aruna: "It's a fact that we have the lowest registration of births and deaths. As per the statistics provided to me now, the average registration of births is 40.4 per cent and deaths is 40.4 per cent respectively. We will launch a publicity campaign as the registration will help the State in chalking out various welfare programmes."

States like Gujarat, Kerala, Madhya Pradesh, Maharashtra, Orissa and Tamil Nadu to name a few are far ahead of Andhra Pradesh.

DATABASE

For example, the registration of births and deaths in Gujarat is 94.2 per cent and 60.4 per cent, Kerala cent per cent and 85 per cent, Madhya Pradesh 47.7 per cent and 59.1 per cent, Maharashtra 82.9 per cent and 75.4 per cent, Orissa 65.6 per cent and 50.2 per cent and Tamil Nadu 94.4 per cent and 78.4 per cent.

"The reason for the low registration of births and deaths is lack of education. In the case of births, it is solely due to institutional deliveries. Even today, in many villages, the deliveries are done at home. In most other States, the registration is high because of institutional deliveries," the Health Minister explained.

Though the civil registration of births and deaths is mandatory and came into force several decades ago, it has not improved in Andhra Pradesh and few other States.

According to an official, people are ignorant about the importance of registering births and deaths and also unaware of the the institution which registers the same. "Tell me, does anyone in a village knows where to register births and death? Except for those in need who run from pillar to post, many are unaware of the institution and its importance. We need to give wide publicity to improve the matter," he remarked.

Deccan Chronicle
23 October 2001

Spotlight on population problem

INDIA POSSESSES 2.4 per cent of the total land area of the world but it has to support about 16 per cent of the total world population. With fast expanding population, education acquires a vastly different role. We've thought of rewriting Indian history. We've thought of the relevance of introducing a compulsory Sanskrit or Urdu in our curriculum. We've tried to update our schools with relevant or irrelevant computer courses. But have we ever thought of how our rewriting of history, how our Sanskrit and Urdu, our computers, can steer us through the staggering masses that act as barriers, walls, and stumbling blocks to every step towards any real progress?

Leaders have talked about the perils of population explosion. But there has never been any real effort at changing the nature of education in India to cope with the threatening dangers that we are swimming in. By extending the reservation policy for admission to educational institutions, and for jobs, in 1999, the Parliament has accepted that the reservation policy has failed to achieve its objective — bring at par the reserved categories.

But in the fear of losing votes, no political party has dared to come out in the open against reservation. Therefore we must at least try to make alternative arrangements so that the ravaging flood of the growing crowds doesn't drown us, and our basic rights. The alternative arrangement can be seen to lie in part in our system of education.

The quality of population

The Indian population can roughly be divided into three broad categories. Firstly there are the large ignorant masses of illiterate and semi-literate people who remain unconscious of the alarming consequences of their multiplications and additions. Secondly, there are the educated but communally inclined who may be able to think, but their thought may never go beyond their personal, religiously or socially fashioned ideas of what the ideal size of a family ought to be: the male child is a vital necessity to continue the lineage of the family, or clan. For them, Nature's plan to bless only with daughters needs to be frustrated and the effort to frustrate Nature's designs can be pushed to absurd limits.

Then there is the third category: the urbane class with the elitist class at its apex. This category does not over-breed, no doubt, but in this it helps the quality of our population to develop in ways not ideally suited to India's advantage. The quality of this category also cannot be considered satisfactory because in its attempt to Westernise and advance materially and technologically, it often leaves behind the need to be humane or even to remain truly Indian, cultivating and promoting Indian culture. This class of people is frequently obsessed with Information Technology and the fruits thereof, and the computer seems to be substituting not only its physical efforts but also much of its thinking.

The urge to think is fast disappearing — all thought being used up by which car to possess, which fridge, which TV, which computer, which money making profession to strive for, which posh locality to reside in and which shares to buy. Life is becoming more and more mechanical and humane emotions, sentiments, and considerations are disappearing from this class of the Indian population. This kind of development results in making people more selfish and self-promoting.

What is promoted along with them is a stony, insensitive, uncultured existence, which has nothing to strive after but money and power.

Even the top leaders are not free from ambitions, which lead to the same results. Their ideals, patriotic concerns and farsightedness are displaced by power grabbing tactics and involvement in scams. In a word, the quality of the Indian population in relative terms is rather unenviable. We have retained the negative traits of our own culture and are acquiring the negative features of the Western civilisation. And this is, largely because our system of education is not matching the needs of an overgrowing population.

Education & population

Our policy makers should first and foremost be conscious that the needs of our education are different from the needs of the more technologically advanced nations if for no other reason than the fact that the latter are not baffled by the hazards of overgrown population. Whereas they need literacy and education in the general sense of the terms, we need to cope with the mess we have procreated. Our education must be tailored to help our people learn to think independently and prepare for the particular kind of plight they have been born into.

It should teach them to love the villages (as for instance there is this kind of attraction for the countryside in European countries but the feeling is somewhat absent here). Movement should be towards the village rather than towards the town. Schools and universities should make this desired shift in our perspectives. Of course, the governments should make such movements attractive propositions.

Schooling

Our children must be brought face to face with the population hazards that they would face. To bring them up on old and dead metaphors and phrases is quite a meaningless exercise. The slogans and maxims with which they are fired should also be different to those that have existed in the past. For example, to say that "two is a company, and three is a crowd" or "more the merrier" is irrelevant for us.

We should breed in our children the fear of overcrowding by coining new maxims like "two is a crowd" instead of "two for joy". We can say "one for joy". A phrase like "crowded, cabined, cribbed and confined" would also help. Similarly a nursery rhyme like "There was an old woman who lived in a shoe, she had so many children she didn't know what to do," should be more useful than an ordinary one like "Where are you going to my pretty maid?"

New rhymes should be invented to mould the thinking of our children. For poems and lessons learned early in life go a long way in shaping our views. Nursery rhymes like "Hickory, dickory, dock" or "Jack and Jill", does little to young minds except bringing them closer to the structures of the English language and familiarising them with the concept of rhythmic utterance.

But of course, these are only peripherals. It is vitally necessary for educationists to work out new subjects to replace the present ones. These should be aimed as S.O.S. subjects without which we will only lead towards starvation, overcrowding, lawlessness and criminality. This will be a situation in which demand will always exceed supply. It is necessary to visualise

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new subjects like, "traffic rules" (without which our roads will become impossible to use), "decent language" (the kind of language which is necessary to keep such large masses of people from frequent tiffs and conflicts), "principles of co-existence" (new codes of social behaviour and actions like garbage disposal, without which society itself would often be on the point of collapse, "train and bus ethics" (the manners that are necessary for travellers that exceed the available travelling space); "overcoming class and caste barriers" (barriers which are increasing due to the reservation policies of our near helpless leaders).

Then there should be an over dose of the arts, particularly Indian classical music and Indian art, painting, sculpture and literatures. Because, for example, these can be packaged to the West in a big way if our educationists and governments make the effort.

Well planned textbooks

Science should be taught in relation to Indian agriculture, horticulture, and ecological awareness. Students should be made aware of the importance of planting trees, particularly fruit trees and other useful trees for our ecology. Rainwater harvesting should also be indoctrinated at the early stage, if Indians are to be saved from a perilously thirsty existence. It is only in schools that such awareness can really be instilled with the help of properly planned out textbooks.

Computer science should not be introduced too early in schools because it can also be seen as a bane of our new education. Millions of people are learning this subject at the cost of so many others, which might be more relevant to our approaching problems. We are learning one computer language after another. But the applications of these computer languages are often missing for the majority of learners.

We are only providing markets for American computer companies, and recycling and putting into motion a system which will lead to more and more unemployment and frustration in India, besides producing unemotional, mechanical and uncreative young men and women. Computers are necessary and must be retained in the curriculum but only after students have been warned about the dangers that will accrue from an indiscriminate use of these visionless idiot boxes.

Even in the West computers are leading to an impoverishment of the quality of life, a life that is continuously improving materially but is losing out on its cultural and humane concerns. Governments would do well to visualise the problems caused by overcrowding — the problems of our near future, and the more distant future, if this violent breeding is not checked.

Learning music & art

Indian music, the arts and literatures should be taught and encouraged. They should be developed as never before. If students are exposed to these treasures instead of over learning computer science and its allied technologies, they may make India a more attractive place even for the West.

Music and art have always lured people and they can be used to make a significant kind of industry, which no other nation is working to create.

Students are being drawn towards Western and other models of music and art. We are turning out inferior replicas of Western music. We need to look into the richness of our own music. This is one of the few things that India can really be proud of.

Pandit Ravi Shanker, Ali Akbar Khan and Pandit Jasraj had the power to captivate the West. Our schools should help prospective talent to take shape and help in creating a taste for our rich music and arts.

Quality of education

Universities in India have been loosing out in esteem in the last two decades. Technological and other career-oriented institutes have been gaining at their cost. Only about the best 10 per cent university students in the country can be certain of getting good jobs solely on the basis of their university degrees. The quality of students as a whole is also deteriorating. It's either the best colleges of Delhi, Kolkata, Mumbai, Chennai and a few other towns, or its nothing!

Boards such as ISCE and CBSE are producing fine students, no doubt, but there is something robot-like in them. Their education makes them good at cramming facts. They have crammed factual knowledge at school and often supplemented it with the cramming of factual knowledge provided by coaching institutes. Their creative side is hardly allowed to blossom.

The student of today is on the road to specialisation— to reach the 95 per cent mark or something close to that. Where is the time for stupid things like creativity, games or public speaking and dramatics?

The concern for the fellow human beings is also taking a back seat. He/she rarely identifies with the Indian villager. The goal is quite clear, a fat salary packet, the rest is moonshine.

As a result, several of the humanities and social sciences, which are enriching disciplines, are scarcely found relevant by them.

A course in hotel management or catering or interior design turns out to be much more deserving of their attention than literature, philosophy, anthropology, psychology, history and political science.

The quality of education sought by our best students itself not the best. The universities are packed with students and thousands are denied admission. Those who cannot always be described as our best study the more enriching kind of subjects.

Studying humanities

Education in universities and other professional institutes must in each case be supplemented with the humanities particularly with the study of literature and the other performing arts.

Literary studies acquire the highest importance at the university level because literature contains within the best ideas and experiences of some of the best and most sensitive minds — minds which has visions and has acquired the voices to convey the visions.

Literature is not a subject that can be compared with other subjects that have been approached by minds, which were merely intellectual. Literature contains surrogate experience potted and boiled.

It takes us into another's experience. One can know (like Hamlet) what it is to be the son of a mother who has married soon after his father has died.

It can tell us what it is to be black and 38 and be the husband of a white woman of 18 (like Othello). It can tell us what it is to feel marginalised (like Ammu and Velutha in God of Small Things).

The list of things one can experience though literature is endless. Literature can make people more humane because it enables them to feel for others by entering into the experience of others — say a character in a novel or play, or poem, or simply the world of a literary text.

A sensitive man reading literature can know what it is to be a woman, and a similar woman can know what it feels like in being a man.

Conclusion

Whereas it has become unavoidable to mechanise our

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students by making them study computers and allied courses, it is equally necessary in an over populated country like ours to humanise them with courses like literature and the arts.

In India where the numbers are fast multiplying, imagine a society where indifferent mechanical people, unable to feel for each other, live and interact in close proximity in overcrowded localities, each trying to outdo the other in order to advance himself and in the process give birth to conflict, ill-will, crime, corruption and despair.

Perhaps such an education would soon lead us back to the state of nature as envisioned by Thomas Hobbes, who depicted in it the life of man as "solitary, poor, nasty, brutish and short."

If India's population was not growing at such an alarming rate, we could have continued to have the kind of unplanned progress we currently have in this country. But we can't give to ourselves the luxury of such an unplanned kind of system of education. We've got to control the kind of people who are to be sardined into the can called "India".

If school and university can work together towards bringing awareness of the forthcoming threatened existence in our students and then humanise them as well, we might not be entirely condemned sardines.

Our political parties can, in that case still afford to ignore the population problem and continue their chase of vote-banks, without any real harm coming to the nation.

LAKSHMI RAJ SHARMA
The Hindu
23 October 2001

Aurobindo expands anti-AIDS basket

By Our Staff Correspondent

MUMBAI, OCT. 23. Imunus, the exclusive antiretroviral division of Aurobindo Pharma, has introduced two more molecules for the treatment of AIDS (acquired immuno deficiency syndrome) — Efavirenz (brandname Viranz) and Nelfinavir (brandname Nelvex).

Viranz and Nelvex have been priced at Rs. 40 per capsule and tablet respectively. While the recommended dosage for Viranz is one tablet thrice a day, for Nelvex the dosage is three tablets thrice a day. The dosage works out to Rs. 480 per patient per day.

Viranz is a highly effective treatment as it does not lead to drug interaction. Speaking to *The Hindu*, Mr. S. Hariharan, Vice President, Imunus division, said, "Most HIV patients develop tuberculosis and are treated with Rifampicin and cannot be treated with protease inhibitors (PIs) — nelfinavir or indinavir. But with Viranz there is no drug reaction. Also with Nelvex, if there is a reaction, there will be an exclusive resistance to Nelfinavir and not other PIs that would allow treatment with other PIs."

The anti-AIDS drug basket of Aurobindo includes three NRTIs (nucleoside reverse transcriptase inhibitors) including zidovudine, stavudine and lamivudine, two NNRTIs (non-nucleoside reverse transcriptase inhibitors) including nevirapine and efavirenz and two PAs including indinavir and nelfinavir.

Aurobindo's R&D is working on the development of fixed dose combination forms to reduce pill burden to patients. This will enable patients to adhere to dosage of the medicines, improve compliance and will further bring down the overall cost of treatment. Mr. Hariharan said, "The initial therapy for HIV patients is HAART — highly active anti-retroviral therapy that includes two NRTIs and one NNRTI as the basic regimen. We are working on combining these into one tablet that would bring down the pill burden. We would be soon launching a zidovudine-lamivudine-nevirapine and stavudine-lamivudine-nevirapine combination."

Mr. Hariharan also said that Imunus would soon start marketing antivirals, antibiotics and antifungal preparations for all other infections associated with HIV/AIDS. "The patients typically get respiratory and fungal infections and so we will be selling these medicines as a package to ease the burden on the patients. This should be launched in the next two months," said Mr. Hariharan.

The Hindu
24 October 2001

The Pioneer
26 October 2001

Our rights are human rights too, chant gays

Gargi Gupta
Mumbai

THOUGH GAYS, lesbians and trans-sexuals in the metropolis are not just one big family, they are now united against their harassment by the law enforcement authorities.

Twelve separate groups of trans-sexuals, lesbians and gays, waving bold banners announcing "Gay is normal" and "I am a Lesbian", recently staged a show of their togetherness for the first time in the metropolis, as they protested against the arrest of nine HIV/AIDS workers in Lucknow in July. They chanted slogans like "Recognise rights of sexual minorities, and "Our rights are human rights too".

Mumbai's Flora Fountain, a regular venue for different kinds of demonstrations, witnessed a rather unusual fare this time, as the demonstrators lit candles to express their solidarity against the "raw deal" they have been getting from the law enforcement authorities over the years.

Their specific grouse was against Section 377 of the Indian Penal Code under which HIV/AIDS workers were arrested in Lucknow. This Section provides for imprisonment up to 10 years to "whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal". It was promulgated by the British in 1860.

The law continues to be in force in India, although it was repealed in Britain in 1967. Though the law does not mention anything against homosexuals or homosexuality," says Anand Grover of the Lawyers Collective HIV/AIDS Unit, "It has become a handy tool for the police to harass us with." Ashok Row Kavi of Humsafar, a gay organisation in Mumbai, says, "Outreach workers from Humsafar are routinely picked up when they go to distribute condoms in red light areas.

"We are working for the Government. We were one of the first to be chosen for a pilot project to work among the 'men having sex with men' and it is another Government group (police) that harasses us," he says.

"The police have developed innovative ways to harass us. They often come dressed in plain clothes, deliberately unzip and when someone approaches them, they ask for money," he said .

The Section 377 does not hold much importance for lesbian groups like Aanchal and Stree Sangam. It is societal rather than police oppression that is a bigger evil for them. However, it was an opportunity for them to be seen and counted among the community that induced them to take part in the morcha.

A Pregnant Pause

"WOULD you be more careful if it was you that got pregnant?" That was the message on the poster opposite, when it graced the hoardings of Britain in 1969. Sexual intercourse, as Philip Larkin once observed in a poem, began in 1963. And the catalyst of 1960s promiscuity, whether real or just in the imagination of those who thought they were living through it, was the contraceptive pill. This had its origins in a chemical synthesis first carried out 50 years ago on October 15th, in a laboratory in Mexico.

The invention of the Pill marked a shift in the reproductive power-struggle between the sexes. Women could, for the first time, reliably prevent themselves from becoming pregnant. But power goes hand in hand with responsibility, and in the eyes of many that power-loss diminished the responsibility of men (not, perhaps, that high in the first place). Hence the Health Education Council's campaign, six years after Larkin's supposed watershed.

Power may, however, be about to shift again. After years of research, chemical contraceptives for males are now undergoing clinical trials. If those trials work, a Pill for men should become available for those who want it.

The father of invention

The trick required for a male Pill is to switch off sperm generation but at the same time maintain machismo. Biologists have been struggling with this balancing act for longer than the female Pill has existed, but a couple of research groups seem now to have cracked it. Richard Anderson and his team at the Human Reproductive Sciences Unit, in Edinburgh, have been testing a male Pill — or, rather, a daily pill and an injection every three months — on 66 men in Edinburgh and Shanghai.

The pill in question contains a gestogen. This is a synthetic hormone which, as in the female Pill, shuts off production in the brain of those molecules that stimulate the gonads to go about their reproductive business. To counteract an associated shutdown in male-hormone production, the volunteers receive a shot of a slow-release testosterone derivative.

The results are encouraging. The subjects stopped producing sperm within four months of starting the trial. There were no pregnancies among their partners. Their sperm counts returned to normal within four months of discontinuing the treatment. And the short-term side-effects (acne, mood swings and weight gain) experienced by a few of them were irritating, but not life-threatening.

Organon, part of Akzo Nobel, a Dutch firm, is taking the work forward with 120 men, and hopes to have preliminary results next spring. Schering, another drug company, in collaboration with Eberhard Nieschlag's group at the Institute of Reproductive Medicine at the University of Münster, Germany, has also started trials using injectable hormones. Both the Edinburgh and Münster groups are trying to refine their approach with better versions of testosterone and new alternatives to the gestogens and all their side-effects. There is talk of the two companies co-operating.

On the face of it, even such a souped-up male hormonal contraceptive might seem a hard sell. Women may worry about the nasty side-effects of oral contraceptives, but at least they can console themselves with the thought that the risk of death from an unwanted pregnancy or an abortion is much greater. Men have no such comforting rationale, so their tolerance of complications or side-effects is likely to be smaller. However, surveys of 5,000 people in Scotland, China and South Africa, by David Baird and his colleagues in Edinburgh, suggest that between half and two-thirds of the men polled would use a male oral contraceptive and, equally important, that only 2% of the women questioned would not trust their partners to take it.

Sexual chemistry

Dr Baird reckons that a male hormonal contraceptive might be on the market within a decade. In the meantime, a number of other laboratories are working on more sophisticated methods of suppressing male fertility than merely flooding the body with hormones.

One option is to interfere not with the production of sperm, but with their maturation. Trevor Cooper, at the University of Münster, has been focusing on the epididymis. This is a long tube that leads out of the testis, in which newly formed sperm acquire some of their survival skills, such as their ability to swim. Dr Cooper has found that sperm produced by some genetically modified mice, which are missing part of the epididymis, get their tails into such a twist when they enter the female reproductive tract that they travel backwards and cannot hit their targets. Genetic modification of men is not, of course, an option, but understanding what, exactly, the epididymis is doing might allow the development of a chemical to stop it.

Ladies first?

This plethora of investigations into male genitalia does not mean that researchers are neglecting ways of improving contraceptives for women. On paper, and in preliminary animal tests, there are plenty of bright ideas about how to get in Mother Nature's way. One is interfering with the final steps of egg maturation, so that any eggs released are either immature or past their prime. Another is messing up the formation of new blood vessels in the uterus, so that there is no cosy womb for an embryo to take root in.

A third proposed method is to

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vaccinate. John Herr and his group at the University of Virginia are among those scanning the human genome in order to find suitable materials for vaccines. The team has already located more than a dozen genes, and their associated proteins, that are active in the later stages of sperm or egg life. Such novel proteins can be used not only to develop drugs, but also as vaccines to stimulate the production of antibodies that will block sperm or egg function. Dr Herr is ready to start human trials of a vaccine against a protein known as LDHC4, that is found in sperm. In female baboons, this reduced fertility by 70%. By combining LDHC4 with other newly found sex-cell proteins, the team hopes to create a vaccine that will improve this rate to near 100% when applied in women.

But the troubled history of contraceptive vaccines shows how hard it is to beat the Pill. Many approaches, such as immunising women against the zona pellucida, have been tried in the past and failed. Moreover, women's rights groups in India and elsewhere have responded violently to the notion of fertility control through a potentially irreversible vaccine, and have rejected the technology just as violently.

In any case, as Dr Nieschlag points out, vaccinating against fertility is trickier than vaccinating against disease. In part, that is because there is no 'herd immunity' in reproduction. Although it is enough to protect a group against a virus by vaccinating most of its members, a contraceptive vaccine has to work on every woman and man every time to avoid unwanted pregnancies. No wonder drug companies in the business of contraception prefer to stick to the slow but steady market for hormonal contraceptives, rather than venture into such choppy waters.

The Economist

The Economic Times
26 October 2001

More Germans Opt For Life Without Kids

DEUTSCHE PRESS AGENTUR

HAMBURG, Oct. 25. – Ms Almut Pannbacker (43) has never actively decided against having a child. She has thought about it off and on for 20 years. "But now, time has run out," says the Hamburg-based optician.

She doesn't regret the way things have turned out, though. The Federal Demography Institute in Wiesbaden says around a third of women born after 1960 in Germany remain childless – and the tendency is rising. An existence without children is becoming a way of life for many couples.

Around half of all childless couples in Germany make a conscious decision against raising a family, said sociologist Harald Rost of the State Institute for Family Research at the University of Bamberg. Yet, few of them decide against becoming parents in their early years. "Most keep delaying until it's too late," he said.

He discovered that couples can produce a host of reasons for saying no to kids. It may be that the right partner is missing or there are fears that children might disturb a happy relationship.

Fear of losing independence, the physical changes during pregnancy or the demands of motherhood can also play a role.

Experts, though, agree that one of the main causes is the failure to reconcile the family and profession. Academics, especially, fall into this category: 89 per cent are childless. And a glance at Germany's European neighbours shows that the birth rate is higher where creches, kindergartens and playschools are available. That is the case in Scandinavia and France.

Whereas a woman in Germany gives birth to 1.4 children statistically, the figure is 1.7 to 1.8 in France. "There, only 15 per cent of women remain childless," said Professor Herwig Birg, managing director of the Institute for Demography and Social Management at Bielefeld University.

Other figures show that women in Germany are investing more time in their education and career. This means that on an average, a married women has her first child a few months short of her 29th birthday. Even in former East Germany, the birth rate has slipped to 1.1 children per woman, despite comprehensive day care.

The Statesman
26 October 2001

Slowing Down Sperm for Birth Control

The latest effort to come up with a male contraceptive focuses not on blocking or killing the sperm but on temporarily slowing it down. Researchers at the Howard Hughes Medical Institute and Harvard Medical School have discovered a protein found only in the tail of the sperm that plays a key role in powering it up to burst through to the center of the egg, where fertilization occurs. The scientists believe that a drug aimed at temporarily blocking this protein could be taken by men or women, before or even right after sex, with no lasting effect on fertility. The research is described in the Oct. 11 issue of *Nature*. After discovering the protein, which they call CatSper, the scientists removed the gene that produces it from a strain of mice. The sperm of the altered mice were less vigorous than normal, and the mice were completely infertile. However, the researchers discovered that if they removed the outer coating of an egg, the weakened sperm could fertilize it normally. Howard Hughes researcher David Clapham says the protein may give the sperm's tail a turbocharge at the last minute to penetrate the egg.

The Economic Times
28 October 2001

New doubts about premature babies therapy

By Jane E. Brody
New York Times Service

Doctors are raising serious questions about a practice that has become commonplace: giving weekly doses of steroids to pregnant women who are at risk of starting labour too early and having premature babies.

The problem is not steroids per se: Research has shown that the drugs can decrease the risk of life-threatening complications in premature babies. But many obstetricians have been giving their patients higher amounts than have been studied, and evidence is mounting that overusing the drugs can sometimes cause serious consequences in mothers and their babies, with little or no benefit.

Five years ago, a survey of doctors specialising in maternal-fetal medicine revealed that 92 per cent of them gave several courses of steroid treatment when women went into labour before 34 weeks of gestation, and 60 per cent of the doctors continued to give women the drugs even when preterm labour was halted. The usual length of a full-term pregnancy is 40 weeks and, for twin pregnancies, 38 weeks.

The ability of steroids to help premature babies was first noted in sheep. In the 1970s, researchers in New Zealand found that when steroids were given to pregnant sheep, lambs born prematurely had better lung function and were less likely to die than untreated animals.

The researchers then demonstrated a similar benefit in pregnant women who went into

SPOTLIGHT

labour prematurely. Dr Robert L. Goldenberg, an obstetrical specialist at the University of Alabama at Birmingham, noted that it took more than 20 years and 15 random trials showing the benefit of one course of steroids for American obstetricians to adopt the practice. It took hold after a panel of experts convened by the National Institutes of Health in 1994 concluded that giving corticosteroids to women likely to give birth before 34 weeks could speed the maturation of babies' lungs and circulatory systems and reduce their risk of respiratory distress, brain haemorrhage and death.

Studies had indicated that the steroid therapy was most effective between one and seven days after it was administered. That finding gave rise to the practice of repeating the treatment weekly until the baby was born, or until a woman had completed 34 weeks of gestation, at which point the risk of respiratory distress is greatly reduced.

Last year, the same expert panel that had endorsed steroid use cried "whoa."

Noting that most doctors now give the mother steroids weekly and sometimes even give them to the baby after birth, the panel — again convened by the health institutes — concluded that while a single course of therapy could improve a premature baby's health and survival chances, more treatment was not necessarily better.

Among the possible complications are growth retardation, neurological deficits and, in babies and their mothers, infections.

The Asian Age
25 October 2001

Population meter ticks slowly in MP

STATESMAN NEWS SERVICE

BHOPAL, Oct. 28. — Madhya Pradesh has registered its lowest population growth rate in a decade since its birth in 1956.

The growth rate has come down from 27.24 per cent in 1981-1991 to 24.37 per cent in 1991-2001, according to provisional figures of the Census report, 2001.

The population growth rate of the state in 1981-91 was 3.42 per cent higher than the national average of 23.82 per cent. This difference has, however, fallen to 3 per cent in 1991-2001.

The sex ratio has also improved. In 1991, the figure was 912 (females) per thousand (males); this has bettered to 920 per thousand in 2001.

The unprecedented decline in the population growth rate and improved sex ratio is a pointer to effectiveness of the state's family planning programmes, said a government spokesperson.

Last year, the government had announced its population stabilisation policy aimed at bringing down fertility rate to 2.1 by 2011. Strategies had been worked out to popularise the use of contraceptives to 65 per cent while reducing infant mortality rate to 62 per thousand and maternal mortality rate to 220 per lakh, the spokesperson said.

The government is also focussing its efforts to integrate maternity services, increase age of marriage, universalise access to education, and make women an integral part of family planning programmes.

The Statesman
29 October 2001

Where have all the girls gone?

ANURADHA DUTT
Barmer

Female infanticide still rampant in Rajasthan

IF THE enumerators involved in the recent census exercise had taken a count of boys among the Rathore Rajputs in Haathisingh village in Rajasthan, and then calculated the ratio of boys to girls, they would have been shocked.

For while the 200-odd Rathore families in this Rajput-dominated village in Western Rajasthan's Barmer district have two to four male children each on an average, there are only two girls in the entire clan. At a conservative estimate, the ratio is 400 male children to 2 female children.

The Ranas, a Rajput sub-caste that is subservient to the Rathores, are credited with having about 10 girls.

Where, then, have all the girls gone? The answer: They are killed at birth. A charge that is not conceded by the local women when approached for information. Yet, the facts are damning enough. A few instances should suffice.

Roop Singh and his wife Ganga Kanwar, a middle-aged couple, have three sons. Two are students in Barmer town while the youngest is a baby, still being nursed by his mother. Roop Singh's elder brother has four sons. He had a daughter who died.

Another woman, Rattan Kanwar, has three sons. She says she got herself sterilised after the birth of her last child.

And why are girls never born to these sturdy Rajput women? Roop Singh's mother's answer, who has two sons, is explanation enough: "We pray to God not to give us girls," she cries with folded hands and her lips twisted in a grimace.

Since divinity is hardly likely to heed such a prayer, Ganga Kanwar admits, after some prodding, that baby girls are often born, and immediately spirited away by the mid-wife to an unknown destination.

The visible absence of girls in the village, which has mostly boys of varying ages, gives it an unnatural air.

A similar phenomenon is encountered at Devra village in the neighbouring Jaisalmer district. It has the distinction of having received a *baraat* after 110 years, in 1997, when Jaswant Kanwar, the daughter of Inder Singh and Samada Kanwar married into a Rajput family in a distant village. The event catapulted Devra into the limelight even as it became a focus of media interest.

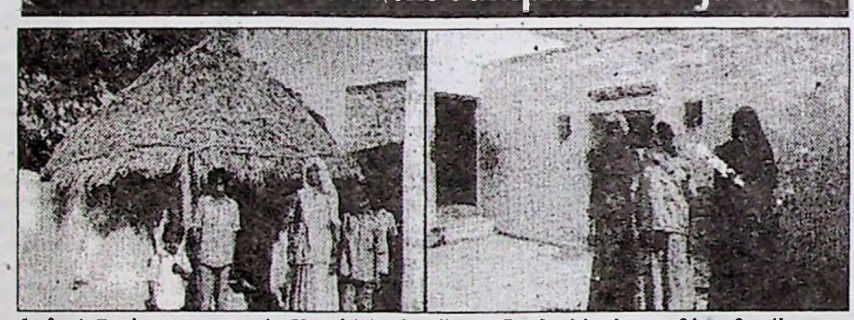
Jaswant Kanwar was, apparently, the first female born in this village, in over a century who survived long enough to get married. A miracle of sorts, credited to her mother's presence at her paternal home in another village during the time of delivery. Another version is that before the girl's birth, her mother lost a couple of male babies. Then, an occultist advised that one girl child would need to be saved to ensure the survival of male children. Significantly, Jaswant Kanwar has three younger brothers.

The Rajputs of Devra are Bhattis, and Jaswant married a Ranawat boy. The two sub-castes that have a pronounced anathema to baby girls are Rathores and Bhattis.

They get their brides from other sub-castes that boast of a female population, and procure large dowries too —Rs 1 lakh cash, 1 kg gold and household goods. In turn, they never need to give dowry as there are no girls to marry off. Haathisingh, Devra, Kotara and Jarila are four villages in the region where female infanticide is rampant. The latter three villages have just four to five girls each.

In marriage too there are restrictions. The Bhattis, who boast of having few peers, obtain brides from the Ranawat, Shekhawat and Kupawat clans. The Rathores get Sodha girls. These *moinkewalas* are at the lower and of the social spectrum among the Rajputs, and therefore, have the onus of providing wives to grooms who claim ascendancy over them.

In fact, feudal hierarchy is the primary reason for the anathema against having female children.



Left: A Rathore woman in Haathisingh village, flanked by boys of her family. Right: Samada Kanwar of Devra flanked by her mother-in-law and daughter-in-law *Photo/A Dutt*

says Karan Singh, founder of Lok Shakti, a local NGO that first publicised the problem. The NGO, which has been trying for some years to spread social awareness and enhance female literacy, conducted a survey of the families engaged in embroidery work, mainly Rajputs and Sindhi Muslims, in June 1996.

Much to his dismay, Singh found that 88 Rathore families had hardly any girls amongst them. This alerted him to their bias against female children and, through inference, their practice of infanticide. He brought the fact to the notice of CRY (Child Relief and You), which, in turn, arranged wide media coverage of the issue. Sadly, the Rajasthan Government does not seem to have taken note of the problem, and done anything to tackle it. Family planning measures, as a humane alternative, are neither being propagated nor practiced in the area. A nurse may be sent to five or six villages every few days by the local administration to educate the inhabitants on family planning, but reportedly does little. Nor are any preventive methods handed out.

In the meantime, the tourism department is hard selling western Rajasthan as India's and the State's most exotic destination to unsuspecting foreigners and well-heeled domestic travellers.

On the surface, the desert towns, local festivals and folk culture are indeed enchanting. But if one delves a little deeper, the harsh reality is unveiled. So much for Rajput chivalry. And so much for the romance of the desert.

The Pioneer
28 October 2001

NEW DREAMS REPLACE A LOST CHILDHOOD

Reaching OUT

As of April 2000, over 676 children involved in prostitution, have been identified in Bangalore. PUSHPALEE LOBO meets Renu Appachu, director of Jagruthi, a city-based NGO which works with such children, to understand the dimensions of the problem

What is Jagruthi's stand?
Children should not be in the sex trade, but taken care of by their parents or other agencies. We do use coercion, but believe in motivating the child to leave sex work after a rehabilitation programme. The children are given the option of going back to their parents, or if they do not feel safe with them, staying with us. We started with 25 children. Now, we have 56, which is why we are looking for support.

Since Bangalore does not have designated red light areas, how do you identify the children?
We worked with older sex workers earlier and identify the younger ones through their peers. There are several street-based projects in Bangalore and we have a network with them. They in turn send exploited or abused children to us, for rehabilitation or reintegration. Or else, if the police come to know of any children, they inform us.

What is the age profile of these children?
Our youngest, who unfortunately has gone back to the trade, is seven years old. She is already into substance abuse and dependent on drugs. Most of these children use erasex, which costs just Rs 2. They don't bother about food, but want money for drugs. This girl is so puny that she looks like a four-year-old, but since she claims to be seven, we have to go with that.

How many children are involved in sex work in Bangalore? Are children being traded?
A study is in the offing, but as of now, we cannot arrive at an absolute figure, because this project only aims at looking after 60 to 70 children.

In the field, we do come across children who have been sold, but by the time we find them, they are completely into sex work. A few children have even been sold by their mothers. One girl from Ranchi landed up in Bangalore wearing only a gunny sack. Her father was an alcoholic and the only thing her mother could think of was selling her daughter as domestic help, where she was sexually molested. The child ran away from the situation, but unfortunately got into the wrong train and reached Bangalore.

How much do these children know about AIDS?
It's not that information about HIV and AIDS has not reached them. But it does not make much sense to them. They know about HIV and AIDs related illnesses, but they do not understand the full impact. By the time they contract the disease, they either have a "revengeful" attitude and feel, "I got it from somebody, let me give it back," or they are into full-time sex work and the money dynamics become very important. They reach a stage when it's just give and take, for survival.

What are the components of Jagruthi's rehabilitation programme?
When we designed it, we realised that the child should be kept occupied. Earlier, according to the government policy, all children had to be in school. But how do you send a child, who is already 14, to school. They find it difficult to adjust. They can't make friends because they are much older than their classmates and don't fit in. Which is why, we decided to offer skilled development — first there is the therapeutic element, it is a part of the healing process, then there are life skills, along with a "bridge course," where basic education is provided. Kannada, mathematics and English is taught. This is a long-term programme. We hope to find job placements for some children and re-integrate them. We have also decided to keep in touch with them and continue giving them support, on humanitarian grounds.

> ***It's not that information about HIV and AIDS has not reached these children. But it does not make much sense to them. They know about HIV and AIDs related illnesses, but they do not understand the full impact***

Do children from rural parts of the state come to the city ?
That is something we cannot demarcate definitely, but a study is in the offing. We have children coming in from all parts of India, including Karnataka rural. Andhra Pradesh, Maharashtra and Goa. Some are exploited so badly, that they run away from brothels, only to land up at the railway station and in wrong hands. Either they end up on the street or as sex workers. To identify the families, we have built a network in all the above places. If the child has tested positive, then NGOs in the other parts of the country also refer the children to us for care and support.

You mentioned Makkala Sahayavani. How closely do you work with the police?
We have built a rapport with the police over the years. If they identify a child, they refer her to us. We also work closely with NGOs which address children's issues. Our network is our strength in Bangalore.

Ours is only a care and support programme, we work in co-ordination with Asha Kiran, an organisation for the terminally ill, Sneha Dan, Bosco, Makkala Sahayavani, Nimhans' psychiatric care and St. John's. I don't believe any NGO can honestly claim to work independently, each has its own special skills.

Can the children ever lead normal lives?
Each child's problem has to be addressed individually. A girl from Hyderabad once told me, "aunty, someone loved me so much, but he hit me and now my face is disfigured. How do I get it back?" There were no visible scars on her face, but emotionally, it hit her so badly that she actually believes her face is scarred. Every story is painful. We take the children for picnics, just so that they can explore nature in its self. They only know a park as a sex ground and have used it for that, but as children, they have not enjoyed such luxuries.

Does Jagruthi invite volunteers?
Volunteers do come with a lot of enthusiasm. But the time constraints are so much. It is a demanding job, with a lot of emotional strain. Somehow, they cannot commit themselves. Each child is different, each problem is different.

Why did you start Jagruthi?
I met Mother Theresa during the Eighties. She asked me to do something to serve the people. Since I met her in a children's home, I decided to start something related. Otherwise, I come from a very different background. I am an entrepreneur, but I gave that up. What we have taken from society, we must be able to give back.

■CALL: 2860346

The Asian Age
30 October 2001

Going for the gonads

WOULD you be more careful if it was you that got pregnant? That was the message on the poster when it graced the hoardings of Britain in 1969. Sexual intercourse, as Philip Larkin once observed in a poem, began in 1963. And the catalyst of 1960s promiscuity, whether real or just in the imagination of those who thought they were living through it, was the contraceptive pill. This had its origins in a chemical synthesis first carried out 50 years ago on October 15, in a laboratory in Mexico.

The invention of the pill marked a shift in the reproductive power-struggle between the sexes. Women could, for the first time, reliably prevent themselves from becoming pregnant. But power goes hand in hand with responsibility, and in the eyes of many that power loss diminished the responsibility of men (not, perhaps, that high in the first place). Hence the Health Education Council's campaign, six years after Larkin's supposed watershed.

Power may, however, be about to shift again. After years of research, chemical contraceptives for males are now undergoing clinical trials. If those trials work, a pill for men should become available for those who want it.

The trick required for a male pill is to switch off sperm generation but at the same time maintain machismo. Biologists have been struggling with this balancing act for longer than the female pill has existed, but a couple of research groups now seem to have cracked it. Richard Anderson and his team at the Human Reproductive Sciences Unit, in Edinburgh, have been testing a male pill — or, rather, a daily pill and an injection every three months — on 66 men in Edinburgh and Shanghai.

The pill in question contains a gestogen. This is a synthetic hormone which, as in the female pill, shuts off production in the brain of those molecules that stimulate the gonads to go about their reproductive business. To counteract an associated shutdown in male-hormone production, the volunteers receive a shot of a slow-release testosterone derivative.

The results are encouraging. The subjects stopped productive sperm within four months of starting the trail. There were no pregnancies among their partners. Their sperm counts returned to normal within four months of discontinuing the treatment. And the short-term side-effects (acne, mood swings and weight gain) experienced by a few of them were irritating, but not life-threatening.

Organon, part of Akzo Nobel, a Dutch firm, is taking the work forward with 120 men, and hopes to have preliminary results next spring. Schering, another drug company, in collaboration with Eberhard Nieschlag's group at the Institute of Reproductive Medicine at the University Munster, Germany, has also started trials using injectable hormones. Both the Edinburgh and Munster groups are trying to refine their approach with better versions of testosterone and new alternatives to the gestogens and all their side-effects. There is talk of the two companies co-operation.

On the face of it, even such a souped-up male hormonal contraceptive might seem a hard sell. Women may worry about the nasty side-effects of oral contraceptives, but at least they can console themselves with the thought that the risk of death from an unwanted pregnancy or an abortion is much greater. Men have no such comforting rationale, so their tolerance of complications or side-effects is likely to be smaller ...

— *The Economist*

The New Indian Express
28 October 2001

New AIDS drug

Washington, October 30

A NEW anti-viral drug is being added to the arsenal of anti-AIDS medications.

The United States Food and Drug Administration said yesterday it had approved Viread for use in combination with other drugs in fighting HIV, the virus that causes AIDS.

The drug blocks reproduction of the virus, the agency said. Its technical name is tenofovir disoproxil fumarate.

The FDA said it approved the new pill after two clinical trials on more than 700 people who showed increased HIV despite treatment with other drugs. They showed significant reductions in the amount of HIV in their blood during the trials, the agency said.

The new drug is taken as a single pill once a day. Supplies should be available by the end of this week, according to the manufacturer, Gilead Sciences.

In clinical trials, the commonest side effects of Viread were moderate diarrohea, nausea, vomiting and flatulence. Viread is a type of drug known as a nucleotide analog.

AP

Hindustan Times
31 October 2001

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Training in Communication and Media Skills

Objectives:

This training workshop is geared towards training activists in all aspects of media relations and imparting skills in the process and production of wall magazines and newsletters for effective communication.

Dates: December 11 - 14, 2001

Training in Writing Skills

Objectives:

The training workshop aims to introduce and train activists in various aspects of writing skills and communication exercises in print media to empower them to document and publish their experiences. It also aims to equip NGO activists with information about the newspaper industry and how to build and sustain a relation with the media.

Dates: January 16 - 18, 2002

Participant Profile:

Participants can be activists or key persons in the communication team of NGOs with an interest in acquiring writing skills, skills in media relations and the production of in-house publications.

Medium of Instruction:

The sessions of both training programmes will be in English but the assignments can be done in Kannada or English.

Venue: ISI, Bangalore

For more details contact:

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