HIV/AIDS - News You Can Use - HIV/AIDS - News You Can Use - HIV

News You Can Use HIV/AIDS

August - 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
- UN Newsletter

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Editorial

Let's begin this edition by taking a quick glance through of the contents of this compilation. A random sampling includes:

- An epidemic staring in the face
- 3.86m infected with HIV
- More than 26,000 infected with HIV
- AIDS killing 50 per cent adults in South Africa
- HIV bomb ticks

The headlines are worded to cause panic. The contents confirm this approach.

On the positive side, the contents also include efforts of the pharmaceutical industry which is working on introduce new drugs at reduced prices. A 3-in-1 drug for HIV has been tried and tested and has elicited mixed reactions. Ongoing research and development efforts are also making progress. The print media has attempted to cover these elaborately.

Coverage to the growing initiatives in care of the victims of the virus is also apparent. Projects, government schemes and direct interventions are included. Helplines, telephonic counseling, AIDS webline, are instances of efforts which increase outreach to the individual - while ensuring confidentiality in providing support.

The role of the media is recognized as crucial in this effort. Much emphasis has been placed on the integral use of the media for raising awareness and growing societal concern. However, along with the increased coverage and positioning to aspects related to the issue, as important is the need for sensitivity in the media in approaching the issue. The tendency of the media to sensationalise news in order to draw reader attention is too well-known to be elaborated here. Yet while each sector has its own agenda in adopting its approach to work, it is our role as media observers to draw attention to the importance of the focus of the media in this case.

Headlines that create panic and hysteria may draw readership, but do not contribute to increasing the need for understanding and care that is required in the case of the individual victim. The stress on data and numbers often overshadows the fact the behind each statistic is an individual – at risk or as a victim. Each statistic also represents a human life and a part of a family and social network. Emphasising the importance of care and support to the victim is as crucial as the data that needs to be shared.

It is our effort at CDL to deconstruct the contents of the media coverage and place this for discussion with - both the sector as well as the media. Our role as media researchers assumes two key focus areas – one, and the more tangible effort is the importance of disseminating information. This publication is a product of this objective. The other, and to our mind, equally, if not more important, is the need for a closer study of the focus and approach of the coverage. A study of the contents will provide insights to the contents in terms of the focus, the approach and the qualitative aspects of the coverage. It is our belief that this understanding will provide many lessons that we can learn from.

For in all this, no one can be afford to forget that central to the issue is the fact that there is a human life is at stake and that this cannot be allowed to be reduced to a mere statistic.....

Editorial Team

August 2001

TABLE OF CONTENTS

AUGUST - 2001

BATTLING THE PANDEMIC

THE FIRST-EVER meeting of the United Nations that was devoted to discussing a public health issue has concluded with the adoption of a Declaration of Commitment on HIV/AIDS. The targets laid down in the declaration are not binding on the members of the U.N. and the intolerant were successful in spending valuable time in making the delegates argue about whether or not the statement should refer to prostitutes and homosexuals. Still, the meet was important in that it concentrated the world's attention on HIV/AIDS. The foundation has now been hopefully laid for a world-wide and co-operative battle against this pandemic.

In the declaration, countries have agreed on 2005 as the target year to reduce the prevalence of HIV among young adults in the most affected countries by 25 per cent and to do so by 2010 in all countries. By 2005 countries will also develop comprehensive programmes to take care of HIV/AIDS patients with a variety of measures, including the provision of inexpensive anti-retroviral drugs — the medicines that enable the HIV-infected to lead fairly normal lives. The larger emphasis in the charter is on prevention as against care, although the weeks preceding the meeting saw much attention focussed world-wide on the cost of highly active anti-retroviral therapy (HAART). Yet, prevention and care need to go together. As Brazil has demonstrated with its highly successful HIV/AIDS programme even a relatively poor country can adopt a twin-approach to control the spread of infections and provide care to the infected. The Brazilian programme has also shown that a commitment can overcome even powerful obstacles. It could not have been a coincidence that the U.S. chose the week of the U.N. meeting to announce that it was dropping its WTO complaint against a Brazilian law that could be used to lower the prices of patented medicines. While the U.N. conference was not expected to see decisions on funding the global fight against AIDS, it was not surprising that there was a great deal of dissatisfaction with the current level of pledges (one million dollars) compared to the target of $7-10 billion that the U.N. Secretary-General, Mr. Kofi Annan, had suggested in April. A group of scientists, including representatives from the coordinating body, UNAIDS, recently estimated that a universal global prevention and care programme would cost $9.2 billion annually. This is likely an over-estimate. But as that study made clear even this is not an outlandish amount for the global community because it will mean only a 10 per cent increment to current annual levels of overseas development assistance by the advanced countries.

There is a view that too much attention is being paid to AIDS even as other diseases and poverty issues in the developing countries are being ignored. What makes HIV/AIDS special at this point of time is the virulence with which this irreversible and incurable infection is now spreading in Africa and will soon in Asia as well, in the process threatening to decimate an entire generation of young adults. A special situation therefore does deserve special attention, although it does not mean that either issues of poverty or diseases like malaria, tuberculosis or diabetes can be ignored. The Indian approach to the U.N. meeting was, sadly, only mainly one of how to obtain a part of the resources in the global fund. Although India is home to the world's second largest HIV population, there is no urgency either at the governmental or social level on prevention and care. Indian drug firms have developed the capability of producing HAART drugs at the lowest prices in the world. The tragedy is that there is not a single public health programme in the country, either at the Centre or in the States, that provides these medicines even for control of mother-to-child transmission of the virus. On prevention, vast sums of money are being spent, but there is little that the National AIDS Control Organisation can show other than questionable statistics that point to the virus spreading more slowly.

The Hindu
02 July 2001

Thompson to work for AIDS for one year

London: British actress Emma Thompson is to take a year off from work to travel round Africa with her family to raise awareness of HIV and AIDS.

The two-time Oscar winner will be going to Africa on behalf of the charity action aid, the *Daily Mail* reported on Saturday.

"We have always wanted to do some voluntary work overseas," she was quoted as saying.

"I will talk to women and orphans and try to spread the message about AIDS to inform people of the risks. The problem with Africa is that people are not talking about their problems." Thompson said she hoped her celebrity status would come to good use.

"Celebrities can sometimes help get a good reaction for a cause," she said.

Thompson will be accompanied by partner Greg Wise and their 17-month-old daughter Gaia. *(Reuters)*

The Asian Age
01 July 2001

H'bad co bags $5-m order for AIDS drug

Gauri Kamath

MUMBAI 1 JULY

HETERO Drugs, a Hyderabad-based pharmaceuticals company, has bagged an international tender worth $5 million (approximately Rs 24 crore) to supply an anti-HIV/AIDS drug indinavir to Brazil. Hetero has bested Merck & Co., the patent-owner of the drug, which had slashed its price by 65 per cent recently in an attempt to prevent the Brazilian government from importing cheaper versions of its drug. Hetero said on Saturday it had also beaten two other Hyderabad-based companies Vorin Laboratories (of the Ranbaxy group) and Aurobindo Pharma, besides some European firms, who had competed for the tender.

Hetero will supply 7,100 kilos of the bulk drug — the key ingredient that makes the drug effective — to a government-owned Brazilian firm over the next two months. This firm, called Farmanguinhos, will convert the bulk into ready-to-consume medicines and distribute them through government programmes. With Hetero's bulk drug, the cost of the finished dosage form would work out to 27 cents a capsule much lower than the price quoted by Merck which is well over 40 cents a capsule. Indinavir, branded Crixivan by Merck, inhibits a part of the human immuno-deficiency virus (HIV) which causes AIDS. When this part — called the protease — is blocked, the HIV copies itself, but without the ability to infect new cells. In effect, it slows the spread of the virus.

Brazil, a WTO member which recognises product patents, has made an exception in the case of HIV/AIDS drugs as a matter of public health policy. It has decided to make some patented drugs freely available to HIV/AIDS patients by importing the raw material and locally manufacturing the finished dosage forms through government companies. Mr Dharmesh Shah, director of business development at Hetero Drugs said this was one such tender and more would follow.

The Economic Times
02 July 2001

Anti-HIV drug recasts fortunes for Matrix Labs

M S Anand

HYDERABAD 2 JULY

THE PHARMA industry is hot. The cholesterol-lowering drug, the new arthritis drug, and now the anti-HIV drug has joined the portfolio of pharma companies. But, of these, it is the demand for anti-HIV drug particularly from Latin America and South Africa that is changing the fortunes of some pharma players. The city-based Matrix Laboratories is one such where the demand for its anti-HIV drug alone has helped the company to turn the corner.

The company, which had netted a loss of Rs 8.59 crore for the year ended 1999-2000, has earned a net profit of Rs 4.20 crore, thanks to its foray into anti-HIV drug. Matrix has added to its portfolio anti-HIV drugs like celecoxib and refecoxib.

The management of the company too has undergone a change. "The new management as a part of its initiative to give a new look to the company, apart from other strategic moves has decided to change the company's name to Matrix Laboratories Limited," highly placed company sources told ET. The company was formerly known as Herren Drugs & Pharmaceuticals.

On the export front the company registered substantial growth of over tenfold with a turnover of Rs 4.56 crore as against Rs 42 lakh in the previous year.

"There was a surge in exports on account of demand for anti-HIV drugs and other anti-bacterial drugs," sources said.

CHANGED INFLOW

The company's management undertook various strategic initiatives for revamping its operations. Products profile underwent a drastic change, products with less contribution were replaced with new generation high value products. Also adequate care was taken to broad-base the product profile to represent various therapeutic segments.

Almost 40 per cent of production was cut down in older-generation drugs of the likes of: Ibuprofen; Norfloxacin; and Nimesulide. The respective production figures of these drugs were at: 4,54,116 kg (5,38,105 kg); 28755 kg (41,410 kg); and 52047 kg (80,273 kg).

Matrix is now in the process of establishing regulatory affairs division to prepare product master files for registrations in various regulatory markets within the purview of GATT provisions. The company is also planning to get export house status to avail itself of various statutory incentives.

The Economic Times
03 July 2001

AIDS worker criticises Princess Di

London: The late Diana, Princess of Wales was to be accused of treating AIDS patients "as though they were in a zoo" in a television documentary to be screened in Britain tomorrow, the day that would have marked her 40th birthday.

Mr Michael Adler, the chairman of Britain's National AIDS Trust, related how he changed his opinion of her and says that working with the glamorous princess became more trouble than it was worth. Nostalgia for the princess, once an icon for her work with AIDS patients and land mine victims, is waning fast in Britain. Many insist it is "time to move on" as the fourth anniversary of her death in a Paris car accident approaches. *(DPA)*

The Asian Age
01 July 2001

An epidemic staring in the face

THE facts about Aids, which is now a global epidemic, are stark. According to the fact sheet released prior to the UN Special Session on HIV/Aids,

about 36 million people are affected with the disease, 5.3 million joining the ranks in 2000 alone. Roughly 22 million people have died of the disease since it was first detected in 1987, that is almost three times the population of Switzerland.

Sub-Saharan Africa is worst affected, as is to be expected, because the spread of the disease has been found to be concomitant with levels of underdevelopment, though in terms of sheer numbers, India has more HIV positive people in the world, excepting South Africa. The spread of the disease is global: 1.8 million in Latin America, 2 per cent of the population in Caribbean countries, 64 million in Asia, 1.5 million in high-income industrialised countries, while eastern Europe and central Asia are catching up.

This is the geographical spread, but then the prevalence of HIV is determined by all sorts of social, cultural and political factors which add a degree of complexity to the situation.

Young people are at the centre of the risk and 10 million of their number are infected worldwide, with sub-Saharan Africa accounting, once again, for the bulk. Drug abuse and sexual promiscuity have something to do with this fact, but ignorance, especially, in the context of underdevelopment, also plays a role.

The fact sheet mentions that in Mozambique, 74 per cent of girls and 62 per cent of boys in the age group 15-19 have no idea how not to get infected, while half the teenage girls in sub-Saharan Africa think if a man looks healthy, he can't possibly be infected.

The growing vulnerability of women, because of gender inequalities as reflected in education, income and their socially inferior status, has been brought out by the fact sheet: in sub-Saharan Africa, the disease affects 12 million women as against 10 million men.

Also women are infected at a younger age than men: in 1998, 20 per cent of HIV positive women in Namibia were in their 20s and "in some of the hardest hit countries, girls are five to six times more likely to be infected than teenage boys", while in Zambia 18 per cent of young women became infected within a year of becoming sexually active.

For those who are not aware, HIV is now a predominantly heterosexual disease, with 70 per cent of all transmissions occurring through sexual intercourse between men and women, 10 per cent through sex between men and 5 per cent through intravenous drug abuse.

The fact sheet shows that men have a special responsibility, under the circumstances, because their attitude towards the opposite sex is a primary factor in the spread of the disease.

To quote: "Research has shown that in up to 80 per cent of cases where women in long-term stable relationships are HIV positive, they acquired the virus from their partners."

The fact sheet doesn't say so, but this is presumably because in many cultures it is considered unvirile to use a condom while having sex, even with a sex worker.

They open themselves to risk and also others, since men are more likely to have sex with several partners than women.

The impact on children is drastic: there are those who are directly infected through sexual intercourse or drug abuse or blood transfusions, but the overwhelming number of them – 90 per cent – are infected at birth by the mother.

The disease can be transmitted at any time after impregnation and during breastfeeding which increases the risk by 10-20 per cent. Short term antiretroviral prophylactic treatment can prevent mother-to-child transmission and the manufacturers of one such drug have offered to supply the drug free to developing countries in collaboration with the UN.

And then there is the death of parents, sometimes both of them, because of the disease. Aids has created 2.3 million orphans around the world, a third of them below the age of five.

Half of those carrying the virus are infected by the disease before their 25th birthday and many die before turning 35, leaving their children to fend for themselves and battle the stigma at the same time.

The massive incidence of this disease means that it has the capacity to significantly alter demography as well as socio-economic indicators. It is estimated that 23 million workers in the age-group 15-49 are HIV positive.

This has a direct impact on the labour market, especially relating to skilled workers, on productivity and employee health financing. In some of the hardest hit countries, productivity has gone down by 50 per cent.

In sub-Saharan Africa, annual per capita growth is falling by 0.5 to 1.2 per cent and the rate of decline may touch 8 per cent in the hardest hit countries by 2010.

Poverty levels have risen by 5 per cent worldwide because of Aids. Aids also means "mounting expenses on health and orphan care, reduced revenues and a lower return on social investment." Agriculture is affected even more badly. In Kenya's agriculture ministry, 50 per cent of all staff deaths are caused by Aids and one-third of Aids-affected families in Thailand saw a 50 per cent fall in their agricultural output.

Aids-affected households shift to less labour intensive farming and lower production figures are being reported from several countries. The overall impact of these Aids-related phenomena on countries such as those in sub-Saharan Af-

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rica whose economies have virtually collapsed under the debt burdens that eat up all their GDP, can well be imagined.

An International Partnership against Aids in Africa has been launched at the initiative of a coalition of African countries in collaboration with Unaids and several other agencies of the international body.

The search for a vaccine continues, but as the fact sheet notes, the development of an HIV vaccine is "an arduous and expensive process". The first vaccine trial on a human volunteer was done in 1987 and since then 30 experimental vaccines have been tested in roughly 60 trials.

The problem with the HIV virus is that the classical method of developing a vaccine by using a dead or harmless micro organism, virus or bacterium, is not safe, since it is the immune system which is threatened. Experimental vaccines use parts of the virus and are tested in three phases, progressively taking in an increasing number of volunteers and testing its safety and response levels.

The final phase trials go on for four years, involve thousands of volunteers and is intended to test whether the vaccine actually prevents infection or stops the onset of Aids. The fact sheet notes: "Phase III trials are ethically, logistically and scientifically complicated."

There are 10 subtypes of the virus, some found only in industrialised countries, others in underdeveloped ones, and it is not certain that a single vaccine is going to be effective against all.

However, there is cause for hope, vaccines have successfully protected animals against the disease.

The only short-term approach towards the epidemic is, therefore, prevention and care. Here the initiatives have to be social and political as much as medical. Attention has to be paid to health infrastructure, but also the community has to be oriented towards accepting HIV and Aids as facts of life and adapt its behaviour accordingly.

At the government level, this is not something that can be left to a single department, the entire government must mobilise itself on as many fronts as possible to tackle this menace.

The labour department, for instance, has a special responsibility towards the health of workers, while the ministry of agriculture should think of strategies to stop the disease from spreading in the countryside.

Countries outside the industrialised world that have been particularly successful in containing the epidemic are Senegal, Thailand, Brazil and Uganda. Brazil worked assiduously on its gay community, Uganda on teenage women, Senegal relied on women's groups and faith-based organisations, while Thailand launched a 100 per cent condom programme in its red-light areas in the 1990s.

Uganda cut its prevalence rate from 14 per cent in the early 1990s to 8 per cent in 2000, while Senegal has brought it down to less than 2 per cent. Every country must adapt its strategies according to the social profile of the epidemic. In Europe and North America, the disease affects gays and drug abusers more than the heterosexual population.

Awareness campaigns, using innovative publicity methods, are a must, especially in low-income countries, since low literacy rates prevent dissemination of knowledge about the disease through a literate media.

Half the adolescents in three continents did not know a single method of preventing the disease. It is estimated that the global distribution of condoms must go up from 6 billion to 24 billion to protect the population.

Unaids and its cosponsors launched an accelerating access initiative (AAI) last May, to which 36 countries in Africa, Europe, Asia, the Caribbean and Latin America, have subscribed to facilitate access and distribution of HIV drugs at a price the populations of the countries concerned can afford.

In all circumstances, the message must reach the highest levels of government that the epidemic cannot be ignored.

(The author is Senior Leader Writer, The Statesman.)

SOUMITRO DAS
The Statesman
18 July 2001

A shot that keeps the baby away

CHANCHAL PAL CHAUHAN
STATESMAN NEWS SERVICE

NEW DELHI, July 8. – This may be just what India needs - with its population: one billion and growing, and where men in general are notoriously reluctant to share their burden of contraception.

An easily administered, long-acting but reversible contraceptive for men.

Controlled marketing is expected to start in one year, commercial marketing, a couple of years after that.

Developed indigenously, Risug – Reversible Inhibition of Sperm Under Guidance - is the fruit of painstaking research by Dr Sujoy K Guha, of the Biomedical Engineering department, IIT, Delhi.

In plain English, the contraceptive works via an injection in the penis. On being administered, the drug sends electrical impulses which distort the sperm and render it ineffective.

In jargon, Risug is injected into the Lumen of the Vas Deferens, the male reproductive duct, in a small dose, about one-tenth of a gram.

The drug once injected transforms into a gel due to the chemical reaction with body fluids. It works by inducing non-obstructive azoospermia. Translation: no sperms in the semen.

To reverse the procedure the gel has to be suctioned out. Administering the drug takes one 30-minute sitting, while a reversal will require between three and four sittings, each lasting 30 minutes. Both procedures, insists Dr Guha, are painless.

The three phases of trials which precede controlled mar-

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keting – the final stage before commercial sale - of any drug are complete for Risug, and they have been approved by the Drug Controller General of India.

The all too vital permission from the ethics committee of the host institution (in this case the Lok Nayak Jai Prakash Narayan Hospital), which performs the trials of the drug, has been obtained. Another must, the approval of the Toxicology Review panel of the Indian Council of Medical Research has also been secured.

Dr Guha said the other form of male contraception, vasectomy, results in blocking the sperm passage, which causes pressure build-up and other adverse effects.

The working of Risug is different, he claims. "There is no blockage or removal of sperm duct"

The drug has been under trial for the past 11 years, though it was conceptualised almost three decades back.

There have been tests on animals – langurs, rhesus monkeys, rats and rabbits.

Clinical trials on humans were conducted between 1990 and 1993 at the LNJP hospital, New Delhi. The focal point in these tests was whether Risug was safe for use on humans.

After the safety aspect of Risug was confirmed, phase II was given the go ahead. This phase conducted between 1994 and 1997 was for combined testing of efficacy and safety.

The third and final phase which began in 2000 is yet to be concluded. This phase is essentially an extension of phase II with the aim of fine-tuning the drug.

This phase is being conducted under the aegis of the Indian Council for Medical Research and the Ministry of Health and Family Welfare. The ICMR has been funding the project for the past twenty years, said its deputy director, Dr S Mokkapati.

Dr Guha claims that the drug is the first of its kind. He has patented the drug in the US, Bangladesh, Malaysia, China and India. Claims are pending in other countries.

The Statesman
09 July 2001

Zimbabwe considers double burial as AIDS bites hard

Harare, July 8: The city council in Zimbabwe's capital Harare is calling on residents to consider double burials to save space in a capital whose graveyards are filling fast due to AIDS.

Harare city curator of graves Eladinos Zimbwa told the *Sunday Mail* newspaper that although Zimbabwe's black majority was opposed to the practice, it made sense to promote the double burials because space for individuals graves was running out.

The council now prefers to dig a much deeper grave which can accommodate a second body later, but many families are refusing this on their belief that it is not respectful of the dead, he said.

"Because of black people's cultural beliefs, it has been very difficult to convince them that is a better way of saving space," Mr Zimbwa said. Zimbabwe has one of the highest rates of HIV infection in the world, with one in five people believed to have the virus that causes the deadly disease AIDS. *(Reuters)*

The Asian Age
09 July 2001

The Times of India
04 July 2001

UNderplaying AIDS

What has been a common refrain all these years in the debate on HIV/AIDS? That the best antidote to the killer disease is to break the silence on the subject. Yet, for all its hype, the first ever UN general assembly session on HIV/AIDS has been less than forthcoming on issues which ought no longer to be swept under the carpet. Indeed, the landmark declaration which came at the end of the three-day summit has steered clear of any explicit references to homosexual commercial sex workers and drug users as being vulnerable groups. As the intention behind this move was that no particular group should be singled out as being more vulnerable than another, there can be no complaint. But, in this instance, the reason was pressure from the Islamic countries and the Vatican. Hence, we must assume that the objection is moral. And this could prove fatal in the battle against the virus which respects no boundaries, class or religion. However, the summit has focused on the main reason why the virus has kept one step ahead of those combating it — it has so far been treated as a merely medical problem. This is to deal with only one aspect of the epidemic. The dimension which the summit has rightly highlighted is that there is a major human rights aspect to it as well. Especially, those relating to women. Across the world, women are powerless partners in relationships. And today, heterosexual transmission is the main vehicle for the spread of the virus.

Another alarming feature of the disease, especially in the last decade, is the spread of the virus in the world's most backward and poor countries. From sub-Saharan Africa to the desperately underdeveloped countries of South Asia, HIV/AIDS is felling a generation in its prime. As UN secretary general Kofi Annan enters his second term, he has made an impassioned plea for a global war chest of upward of $9 billion for the fight against the epidemic. And what role did India, with the world's second largest number of infected, play in all this? Very little, going by reports coming from the United Nations. Our minister took the opportunity to yet again contest UN figures for orphans from AIDS-related diseases in India, claiming that as against the quoted 5,60,000, the actual figure is somewhere between 60,000-70,000. He also said India had been extremely successful in combating the virus and staked a claim to be on the governing body of the proposed global HIV/AIDS fund. This is not the time to be quibbling about figures; rather we must accept that this is a serious problem and formulate a concerted awareness plan to tackle it as countries like Uganda have done. Half the battle will have been won when we jettison our penchant for verbosity at international conferences and admit to our failings — but so far there is no indication that this is happening in the case of HIV/AIDS.

CHILD SEX RATIO

EVER since the publication of the Census 2001 provisional report highlighting the decline in the child (0-6 years) sex ratio from 945 in 1991 to 927 female child per 1000 male child in 2001, there has been a hue and cry against this demographic change. The Press, intellectuals and woman's organisations have been quite vocal in raising an alarm against this trend caused mainly due to female foeticide, and even female infanticide.

This malady of declining child sex ratio has indeed become quite widespread in the country. Out of the 28 states and seven Union territories, only four states, namely Kerala, Tripura, Mizoram and Sikkim, and only one Union territory, Lakshadweep, are free from this degrading and socially harmful phenomenon. The worst affected states and Union territories are Punjab, Haryana, Himachal Pradesh, Gujarat, Uttaranchal, Delhi and Chandigarh. And all these five states and the two Union territories are ironically quite high in female literacy rates.

ANTI WOMAN

This decline in the child sex ratio highlighted by the latest census figures has also led to renewed protests against intrauterine sex-determination tests. Woman activists have condemned medical practitioners who conduct foetus sex-determination tests despite these tests having been declared illegal.

High incidence of induced abortions in India and the decline in child sex ratio confirm the rampant misuse of foetus sex-determination tests to abort female foetuses. According to the latest data available, there were 6.7 million induced abortions in India in 1991 which is about one-fourth of the total births in the same year. So the condemnation of medical practitioners for conducting these illegal sex-determination tests is quite understandable. But what is not comprehensible is why nobody is questioning the justification for the liberalisation of the right to abortion in a society like ours where a strong male child preference exists. It is both the sex-determination test and the liberalisation of right to abortion that together have lead to the practice of female foeticide in India. It is time women activists in particular and the society in general realised that liberalisation of abortion in India has proved to be an anti-woman measure.

Prior to the passage of the Medical Termination of Pregnancy Act in August 1971, induced abortion was a criminal offence except for the purpose of saving the pregnant woman's life. But the MTP Act (1971) liberalised abortion to the extent that it became permissible even in case of a pregnancy following failure of contraception. Again, the government has not only liberalised abortion but has also facilitated it by making a provision for paid abortion leave of about three weeks to working married women who underwent medical termination of pregnancy. These measures have, in fact, given rise to two major problems. It is impossible to argue that a woman can abort a pregnancy caused due to failure of contraception but she cannot do so if the foetus is a female one. Also, once we approve of foeticide (i.e., abortion) even on such trivial grounds like contraception failure and also go for the popularisation of the medical termination of pregnancy as is happening in India, then female foeticide is also bound to get people's acceptance.

OVERPOPULATION

Liberalisation of abortion has led to another problem in India. Even though it is always asserted from a public platform that abortion is never to be used as a method of family planning, the reality is that abortion has de facto become an accepted method of family planning in India.

These are all very dangerous consequences of liberalisation of abortion in a country which is also plagued with the serious problem of over-population. The mushrooming growth of abortion clinics and their extensive and unabashed advertisements should be a matter of serious concern. Hence women organisations and activists who championed the cause of "right to abortion" resulting in the MTP Act (1971) must now realise their mistake and start a movement to rescind the MTP Act (1971). Or else their protests against the declining child sex ratio is likely to be viewed as shedding of crocodile's tears.

It may be highlighted here that the National Population Policy 2000 lays stress on "strengthening and expanding facilities for safe abortion" as a "promotional and motivational measure for adoption of small family norm". There are several eminent woman activists who are members of the National Population Commission set up last year. Do they approve of abortion as a population control measure? I think this is anti-woman and must be condemned and opposed by all and by woman activists in particular.

But instead of doing this, women activists are only blaming doctors who perform sex-determination tests which of course are illegal. Surely the government must be more vigilant to prevent the sex-tests; but we also know that as long there is a strong demand for such tests, it would, like prohibition, be difficult to stop the practice. Moreover by simply blaming doctors or government for not stopping sex-determination tests, women activists are in a way trying to put the blame for their own folly on others. This will not help. It is time the woman activists pressed the government to repeal the MTP Act (1971).

RELIGIOUS ROLE

However if it is no more possible to put the genie of liberalised abortion back into the bottle, I have another suggestion: amend the MTP Act (1971) to the effect that the medical termination of pregnancy will be permitted only if the husband too undergoes vasectomy simultaneously.

This suggestion is pro-woman and pro-family planning. But above all, this amendment in the MPT Act (1971) will significantly reduce the evil of female foeticide. Secondly, this measure will also discourage men from using abortion as a normal method of family planning. Thirdly, this step will significantly bring down premarital abortions as well which is reported to be increasing in India. Medical Termination of Pregnancy should, however, be permissible in exceptional cases like threat to life or rape.

It is reported that the Akal Takht has recently issued directions to the Sikh community not to indulge in female foeticide and has also warned that those flouting these directions or found associated in any way with the malpractice would be excommunicated from the Sikh religion. This directive coming from the religious leaders is commendable and is sure to have a salutary effect. Religion in this country has always influenced people in general. It would, therefore, be commendable if all other religious heads issued similar directives.

By KB SAHAY

The Statesman
20 June 2001

Tests deadlier than HIV

Patients cough up Rs 10,000 every 6 months

FROM OUR BUREAU

Hyderabad, July 31: Believe it or not, it costs more than Rs 10,000 every six months for a HIV positive patient to undergo clinical tests, leave alone purchase of medicines, which is next to impossible for an average middle class person.

This is a major factor contributing to the spread of AIDS in India, says India-born US expert on infectious diseases Dr Satish Murthy Mocharla.

Satish is a well-known consultant at Cleavland Regional Medical Centre, Texas, that plays a key role in AIDS Clinical Trials Group in North America. Satish told *Deccan Chronicle* here that a HIV positive patient has to undergo two important clinical tests every six months to check the status of the disease: CD-4 test which costs Rs 1,200 and HIV PCR test which costs Rs 9,000. These two tests are important for undergoing treatment.

"Which means, each patient has to spend Rs 10,200 on these tests alone, apart from the cost of drugs. That is why, an average patient in India disappears soon after being identified as a HIV positive case. There is no way one could trace the patient, who is a potential carrier of the disease," he said.

Satish said the government should heavily subsidise the two tests, so that even a lower class patient could afford to undergo clinical tests. At the same time, the government alone could not fund the entire expenditure. "In the US, people themselves contribute to AIDS control. India has one billion population. Even if each person donates on an average Re 1 a year, it will become Rs 100 crore, which will help in curbing the spread of AIDS. Instead of seeking funds from national and international agencies, funds can be generated by the government from its own people to combat the dreaded disease," he opined.

Another major drawback in the country with regard to AIDS control, according to Satish, is the non-availability of anti-retroviral drugs. Out of three classes of drugs which are required to control the dreaded disease, only one or two classes are available in India. Steps should be taken to import the drugs, he said.

He strongly advocates introduction of sex education in the high school curriculum. "Importance of safe sex practices, monogamy and birth control have to be taught at the high school level itself, since teenage pregnancy is said to be very high in India," he added.

Deccan Chronicle
01 August 2001

Ugandan Heads UN AIDS Fund

AGENCE FRANCE-PRESSE

UNITED NATIONS, July 31. - UN Secretary General Kofi Annan has appointed former Ugandan health minister Mr Crispus Kiyonga to spearhead the establishment of a global fund to combat AIDS and other diseases.

The Global AIDS and Health Fund is to be set up by December. Interim arrangements for the fund were agreed at a 12-13 July meeting in Brussels of representatives developed and developing nations, NGOs and the private sector.

So far, $1.4 billion has been pledged to the fund, the UN statement said.

Mr Kiyonga, is currently national political adviser and minister without portfolio in Uganda after having served as health and finance minister.

The Statesman
01 August 2001

UK gives £23 m to fight AIDS in Africa

BY OUR SPECIAL CORRESPONDENT

New Delhi, July 31: The British Department for International Development, in consultation with the joint United Nations Programme on HIV/AIDS has awarded a contract worth more than £23 million to Action Aid in support of the International Partnership against AIDS in Africa. Action Aid is a UK-based non-governmental organisation.

"This is an important new initiative," said Dr Peter Piot, executive director of UNAIDS.

"The countries selected have serious AIDS epidemics, and these new resources under the IPAA will make an important difference. This is a new strategic partnership between implementing governments and their civil societies, international civil society, the United Nations and a donor government. We have high hopes for its success."

DFID's support to the IPAA will strengthen the capacity of governments to coordinate the inputs of all partners in the fight against AIDS.

The project will provide ongoing assistance in Burundi, Ethiopia, Ghana and Rwanda and focus on building management capacity at both national and community levels.

Country specific activities such as education programmes for truck drivers and sex workers or linking HIV/AIDS to debt reduction will also be supported.

National AIDS commissions and programmes will receive managerial technical assistance, with funding also earmarked for selected community organisations.

In addition to this, Action Aid will establish a regional support office in Nairobi to provide technical assistance through regional networks and country visits, expanding the number of countries benefiting from the project.

Regional technical assistance will monitor the impact of national AIDS programmes, strengthen the management capacity of national programmes and support behaviour change communication to reduce stigma and discrimination and encourage safer sex practices.

The International Partnership against AIDS in Africa works on the principle that actors from all parts of society collaborate under the guidance of African leadership to scale up AIDS-related activities.

The Asian Age
01 August 2001

Kyonki saas can be an agent of change

Kanak Hirani

SIXTY-YEAR-OLD Gangamma frowns as she holds up a strip of birth control pills. The message she's getting isn't a welcome one. A young doctor is trying to get her to warm up to a new idea — birth control for her daughter-in-law — an uncomfortable change for Gangamma who's too used to telling her son's wife what to do.

This could well be a scene from *Tu-tu-mein-mein*, where the mother-in-law tries to call the shots. But in this case it indicates the progress being made by the Bangalore City Corporation to get some good work done. As part of the India Population Project (VIII), an outreach programme is being conducted for mothers-in-law throughout 500 slums. Here, a group of doctors talk to mothers-in-law about the positive results of birth control methods. And in turn, all the mothers-in-law who have manage to convert to the idea, talk to their friends about how good it is.

Most of the young mothers in slums have more than two children. This means that most of the children don't even have access to a decent village education. While they may be open to the idea of a tubectomy or using copper T, the mother-in-law gets in the way. The BCC health officers found that they had to talk to the mothers-in-law if the wanted to make a difference. Known as the focus group, the mothers-in-law were asked to gather on a regular basis and talk about their fears related to birth control, one of which included the fear of losing control or importance.

Population Control

Once the programme was initiated at the 55 health centres, the 'good' mothers-in-law spoke to the others and tried to convince them. This week, an unusual mix of women gathered at Gutadahalli Anganwadi to discuss this equally odd subject. Says Puttamma, a mother-in-law, who has come to attend the programme, "If you have an operation, you can't work. I never had an operation, daughter-in-law doesn't need to have one either."

Dr MN Sandhya, a medical officer, is working along with Dr Parimala to get these women comfortable with the idea of birth control. They have carried condoms, birth control pills and copper T along with them and are showing them to the older women. "This group has around 20 ladies. Initially, they were reluctant to tell me about their fears, but now they have opened up," says Dr Sandhya. She explains that one of the messages she gives includes the benefits of having a small family. "Often, the women are made to have children till she gives birth to a son. Girls are still considered unlucky in many places and we try to change that," she explains. At meetings like this women like Gowramma stand up and talk to the others about how it's best to have just two children. She says, "At least that way you can keep an eye on your children and make them good citizens. Also never shout at your daughter-in-law in front of the neighbours. Treat her as your own daughter."

The Times of India
02 August 2001

Alarming rise in HIV-infected women

The new signals coming out of AIDS-stricken countries in Asia, Africa, Latin America and the Caribbean are that the proportion of women living with HIV/AIDS has risen steadily in recent years.

"Today, young women in the developing world are twice as likely to be infected as men," warns Dr Peter Piot, executive director of UNAIDS.

A terrifying pattern that is emerging depicts that about 55 per cent of all HIV positive adults in sub-Saharan Africa are women compared with a decade ago when men outnumbered women. (IPS)

The Times of India
03 August 2001

Talking Heads

'Talk less, work more' was an exhortation popularised by Sanjay Gandhi in his heyday during the Emergency. With his characteristic disdain for parliamentary norms, he aimed his aphorism at the common man, who has never had the luxury of talking more and working less. But, perhaps, these words may be valuable advice for our elected representatives who tend towards inappropriate verbosity, irrespective of the occasion. The forum, the gravity of the subject, the sentiments of the audience, none of these factors deters our netas once they get into *bhashan* mode. If the venue is an international one, then truly there is no stopping our ministers from lengthy discourses. Experts must still be trying to figure out the nuances of our health minister's virtuoso performance at the historic UN general assembly on HIV/AIDS. In pursuit of a post for India on the board of a proposed global fund of around seven billion dollars to fight the disease, the minister declared in the same breath that India had been enormously successful in fighting the virus and today had the second highest number of cases in the world. Earlier, he vigorously contested UN figures of HIV prevalence, claiming that these were grossly exaggerated. The minister's performance pales in comparison with a previous one by a filmstar-turned-politician who declared at a function to raise funds to fight HIV/AIDS that those affected by the virus ought to wear badges to identify themselves. The chief guest, Hollywood actor Richard Gere, was left speechless by this public display of insensitivity.

Cut to Kerala where former chief minister E K Nayanar, when addressing the rise in crimes against women, dismissed the issue of rape with the pronouncement: "What is all this fuss over rape? There is a rape every five minutes in America". Feminists are still getting over that one. For those in the dark about the reasons for illiteracy in this country, the minister for human resource development had an interesting prognosis. Addressing a function at which the head of UNESCO was present, the HRD minister laid the blame for India's illiteracy squarely on our colonial rulers. Before the British broke the back of our traditional education system, he said, there was a primary school in every village. The British have been gone for well over 50 years but the UNESCO chief presumably was too polite to raise this inconvenient point. Earlier too, the minister has never failed to assert that the India of yore was more advanced than most other countries. But with the characteristic indulgence we extend to the obiter dicta of our leaders, no one has openly challenged any of these theories. Perhaps, there is a message for our elected representatives in the lines by Richard Garnett: "I hardly ever ope my lips," one cries/ "Simonides, what think you of my rule?"/ "If you're a fool, I think you're very wise/ If you are wise, I think you are a fool."

The Times of India
02 August 2001

Cheap AIDS drugs a risk

Patients can develop multi-drug resistance, say experts

By Rajiv Sharma

Mumbai, Aug 1: While reduction in prices of drugs has come as a relief to HIV patients, it has also created a situation where doctors inexperienced in this field of treatment are indiscriminately prescribing these drugs, which according to experts, can cause patients to develop multi-drug resistance.

Several pharmaceutical companies had slashed the prices of the particular drugs from Rs 16,000 per month to Rs 3,000 per month a few months ago with the idea of making it available to the common Indian patient.

However, according to Dr Alka Deshpande, professor and head of medicine department, J J Hospital, this has resulted in other complications since most of the doctors who are prescribing these drugs do not have any experience with treating AIDS patients. They have no training about the amount of dose, the combination of medicines and the duration and end up giving all wrong prescriptions, she said. This creates a resistance to the drugs in the patients and they have to be given higher drugs after some time, she added

The only option is that doctors treating AIDS patients need to update themselves and there should be specific centres where the drugs are made available, she said. This will create some kind of supervision over the prescription of these drugs and will give the desired benefit to the patients, she said.

'Most of the doctors who are prescribing these drugs do not have any experience with treating AIDS patients'

Commenting on the subject, Dr J K Manlar, specialist in skin and VD, said the two combinations of drugs that are commonly being used for treatment of AIDS are costing Rs 2,500 and Rs 8,000, which is much less compared to the earlier cost of Rs 16,000.

However, patients still have to be told that the treatment will last a lifetime, and that they should not miss even a single dose, he said. In their initial enthusiasm, the doctors do not explain these details, and after a while the patient finds the treatment beyond his reach and begins to default, he said.

Getting resistant to the basic drugs means that the patient does not respond to them after a while, and his condition starts deteriorating rapidly, Dr Manlar said. Further, indiscriminate use of these medicines also results in side-effects like anaemia and liver toxicity, and this is another reason why there should be some control on who prescribes these drugs, he said.

The Indian Express
02 August 2001

No more surrogate mothers in China

BEIJING: China's Health Ministry has banned doctors and hospitals from helping couples use surrogate mothers to have children, a state-run newspaper said Thursday. The Beijing Morning Post said hospitals in the Chinese capital have helped couples with surrogate pregnancies, mostly for sisters who carried their sibling's child.

The regulations banning medical establishments and staff from implanting a couple's fertilized egg into another woman took effect Wednesday, the newspaper said.

In explaining the ban, the ministry said it was concerned about problems, including who would be responsible if the surrogate mother suffers complications during pregnancy or the baby has birth defects. Another concern was that the surrogate mother might not want to surrender the child, "Current laws and regulations cannot resolve these issues," the newspaper said. (AP)

The Times of India
03 August 2001

2-child norm: Govt bows to expert opinion

Express News Service

Gandhinagar, Aug 1: Bowing to experts' opinion against "forceful means" of population control, the State Government is now considering to announce incentives for those who practise a two-child norm instead of bringing in a legislation to enforce it through disincentives.

Talking informally to newspersons here on Monday, Industries Minister Suresh Mehta, who also holds additional charge of Health and Family Welfare, said, "The State Government is against enforcing the proposed two-child norm through any coercive methods or by denying benefits to the people".

Indicating a climbdown from the Government's earlier intentions, Mehta said the Government would adopt a "positive" approach while implementing the proposed population control measure across the State, where families should not feel that they were being punished for not practising the two-child norm which would be implemented as a 'moral law'.

Mehta, who also heads the Cabinet sub-committee to prepare a draft policy for the proposed two-child norm, declined to offer comments when asked if the Government would bring a Bill on the two-child norm during the current Budget session of the Assembly.

The Indian Express
02 August 2001

Distraction from the real issue

A global fund to tackle HIV/Aids, as suggested by Kofi Annan, would need to be channelled through a new, top-heavy global administration. The key to tackling HIV/Aids in poor countries is to start at the bottom, not the top.

THE United Nations secretary general, Kofi Annan, has called for funds of between $7bn and $10bn a year to tackle HIV/Aids. The unbelievable truth is that, in response to this, a set of countries enjoying unprecedented wealth is proposing a global fund that is unlikely to attract more than $1bn, with no guarantee of further money to follow. Yet 23 of the world's poorest countries are set to repay twice that amount in debt this year.

Even more shocking is the fact that a proportion of this money is not new. Britain, for instance, is drawing its $106m contribution from funds already allocated to overseas aid - robbing Peter to pay Paul. In Christian Aid's view a global fund is a distraction from the real issue, and is inherently flawed. First, a global fund would need to be channelled through a new, top-heavy global administration. The key to tackling HIV/Aids in poor countries is to start at the bottom, not the top. The world's poorest communities are having their hearts ripped out by a disease that either infects or affects everyone.

In some parts of southern Africa as many as one in four people are HIV-positive. It is in these communities where trends need to be reversed. Many are quietly fighting back - working to educate people and change attitudes, as well as distributing food to Aids widows and organising care for orphans of the disease. This work is low-tech and low-cost. But with more money, more of this community-based action could begin to attack the roots of the crisis. Decisions in the fight against HIV/Aids need to be taken as close to the affected communities as possible.

UN Secretary General Kofi Annan

Second, the global fund is likely to be a distraction from addressing the poverty on which HIV/Aids thrives. When women are so poor they have to sell their bodies to feed their families, when workers have to travel across a continent to earn a living, and when people cannot afford to pay for a simple Aids test, then the disease will thrive. In Africa per capita spending on health is just $10 per year - basic care, as well as education and public services in poor countries are in dire need of money.

Yet the major contributors to the fund want most of the money to be spent on "commodities" such as drugs and mosquito nets, rather than on addressing underlying poverty. National health services are at breaking point in many countries - not helped by structural adjustment programmes imposed by the World Bank that demanded cutbacks in public spending. The same donors who supported these policies are now pledging money to the global fund.

Third, if donors were truly concerned about fighting HIV/Aids, they would massively increase their aid spending. Yet they have cut their overseas aid to the world's 49 least developed countries by 45% in real terms since 1990.

Instead of a new global fund, governments could reform existing aid programmes by ensuring that the increased spending was focused on community initiatives and on strengthening national health systems - this would help ensure a sustained attack on the disease and empower those affected.

Thirty years ago the wealthy members of the UN general assembly made a promise. They committed themselves to giving 0.7% of their national wealth to poor countries. Had they met this target then perhaps the Aids crisis would not have bitten so deeply.

Since then summit after summit has seen them reiterate the promise, but only five of the 22 countries capable of achieving this have hit the target. Shamefully, the powerful G7 leading industrial countries currently give an average of 0.19%.

The global fund in all probability will prove to be another false dawn for the poor. In the meantime world leaders will enjoy the kudos of being seen to be doing something about Aids. But in truth they will be dressing the window without first stocking the shop.

Mark Curtis
Guardian Weekly

Deccan Herald
02 August 2001

World population set to peak at 9 b by 2070

By PATRICIA REANEY

LONDON: The world's population will probably peak at about 9 billion around 2070 before it starts to decline, scientists predicted Wednesday. Demographers at a think tank in Austria calculate that by the turn of the century the number of people on the planet will have dropped down to 8.4 billion people.

They also predict the population will be older, with up to 40 percent aged over 60 by 2100. "We see the end of world population growth on the horizon. But the level of population size and the speed of increase will depend on policy and development in the different regions," Wolfgang Lutz said in a telephone interview.

But Lutz, a demographer at the International Institute for Applied Systems Analysis in Laxenburg, said the predictions reported in the science journal Nature should not mean the end of population concerns because populations will still be increasing in some of the world's poorest areas.

"Some of the most vulnerable regions, such as sub-Saharan Africa or South Asia, will still see very significant population growth," he added.

Although it is impossible to predict what will happen in future centuries, Lutz and his colleagues believe the 9 billion figure could be an all-time high for world population. "Population aging will be the dominant population issue of this century because the decline in fertility together with further increasing life expectancy in most parts of the world except Africa will result in a significant change in the age structure," said Lutz.

In most European countries people over 60 make up 20 percent of the population. Lutz and his team predict that by the middle of the century the figure will rise to 35 percent and reach 45 percent by 2100. They believe China's percentage of elderly will triple from 10 percent today to 30 percent by 2050. In Japan the elderly will comprise half the population by the turn of the century. The scientists said life expectancy would continue to rise, except in part of Africa where the HIV/AIDS epidemic has taken a very heavy toll. According to scientists a fertility rate of 2.1 is needed to replace one generation with another. Many countries already have rates below that figure. The greater number of elderly will increase pressure on social security services and demand for care of elderly and necessitate changes in working habits. (Reuters)

The Times of India
03 August 2001

LOOK BEFORE YOU LEAP

Statistics have shown that the 21st century will experience a major transformation in world population. Population growth in the industrialised (or "more developed") countries has essentially stopped. Demographic growth has now shifted almost entirely to the less developed countries of Africa, Asia, and Latin America. This is one of the major conclusions reached in the annual report on global population trends, the 2001 World Population Data Sheet, released by the Washington DC-based Population Reference Bureau (PRB).

"Currently, of the 83 million people added to global population each year by the difference between births and deaths, only one million are in the industrialised countries," said PRB demographers Carl Haub and Diana Cornelius, who prepared the data sheet. "The result will be a very different world in terms of population. In 1950, there were twice as many people in the less developed countries. By 2050, that difference could be almost six to one. The developing world's population is projected to increase by 2.9 billion by 2050, compared to only 49 million in the more developed countries. Population growth this century will depend on how quickly, or how slowly, birth rates decline in the areas of the world where we have seen either no decline or moderate decline."

In India, for example, the birth rate decline has taken place in the more literate and prosperous southern states. The key to that country's future population is what happens next. In the heavily populated northern states, where rates of illiteracy and fertility are higher, birth rates may not decline as rapidly, leading to unprecedented growth in population. This is a key issue in India, which passed the 1 billion mark just last year. Elsewhere, recent survey data from a number of less developed countries, including Bangladesh and Egypt, indicate that fertility declines measured earlier have slowed.

Major highlights of the Data Sheet include:

❒ Women in less developed countries (excluding China) average 3.6 children, compared with only 1.6 in the more developed countries. Annually, about 123 million babies are born to mothers in less developed countries, while there are about 13 million births in the more developed countries (Europe, North America, Australia, Japan, and New Zealand). But the number of births in the latter countries is offset by about 12 million deaths each

❒ In Europe, fewer babies are born each year than there are deaths, leading to "natural decrease," or population decline, except where it is offset by immigration. This situation is due both to the low birth rate and to higher proportions of older people in the population.

❒ The United States is now the only industrialised country in the world with a fertility rate at or above the "replacement level" of 2.1 children per woman.

❒ One of the major population developments in recent years has been the spread of HIV/AIDS, particularly in sub-Saharan Africa. As a result, the populations of several African countries—Botswana, South Africa, and Zimbabwe—are expected to decline over the next 50 years, a sharp reversal from past projections. Among adults in Botswana's 1.6 million population, an astounding 36 percent are infected with the virus.

❒ Despite AIDS, Africa will make a major contribution to global population growth, adding about 1 billion people between now and 2050, an addition greater than the total population of Europe (including Russia).

❒ Bad demographic news from Russia continues, as both the birth rate and life expectancy have dropped again. The situation is similar in Ukraine. Those two countries have the highest rate of natural decrease in modern history, a remarkable 0.7 per cent per year. Life expectancy for Russian males fell for the second year in a row, to only 59 years, after having registered a comeback earlier in the 1990s.

❒ Globally, six out of 10 couples practise some form of family planning, although the proportion is less than half (47 percent) in the less developed countries. The use of family planning is lowest in sub-Saharan Africa, where only 19 per cent of couples use contraception.

Astha— the billionth baby

The Pioneer
02 August 2001

China flags off project to tackle HIV-AIDS

Beijing, Aug. 3: China has launched a drive to curb the spread of the HIV virus through tainted blood transfusions amid warnings that an AIDS epidemic is reaching dangerous levels, the official Xinhua news agency reported on Friday.

The government will spend 100 million Yuan ($12 million) annually on the programme, which follows reports in State media of mass infections from unregulated blood banks in villages in the central province of Henan.

According to official statistics, China had 23,905 reported HIV/AIDS cases at the end of March this year. But health experts say the number could be more than 6,00,000 and the UN has said China would have 10 million or more HIV/AIDS sufferers by 2010 unless it acts decisively.

China drew up a plan in 1998 to keep HIV cases below 1.5 million by 2010, Xianyi, deputy director of the Health Ministry's Department of Disease Control said.

"However, the plan has not been effectively implemented in some places because local officials are still unaware of the seriousness of the epidemic, even though the situation is getting dangerous," said Chen.

The new programme is aimed to reduce the annual growth rate of HIV/AIDS and sexually transmitted disease cases to below 10 percent by 2005 from more than 30 percent in recent years. *(Reuters)*

Deccan Chronicle
04 August 2001

Mother or milch cow?

SINCE 1991, the first seven days of August are celebrated worldwide as Global Breastfeeding Week. India is an active participant of the programme. This participation is underscored through public advertisements in the print and electronic media. The stress is on mother's milk that cannot be effectively substituted by any other kind of milk, natural or man-made. Many of these ads espouse the cause of the mother – that a woman who breastfeeds her baby does so also for her own good. But is breast milk really the best? So it would seem from the kind of emphasis international organisations like the WHO and Unicef have given to breast-feeding as appropriate nutrition for the child's health and development. Among questions that could arise is the one about the "political correctness" of breastfeeding as a decision imposed on the woman on a private, intimate and emotional subject that also tells on her own health and nourishment. There is also the question of the time she has to spend on breastfeeding vis-à-vis time gainfully spent on economically productive work.

The USA, Switzerland and UK began the manufacture of processed baby food in the 1920s. Till the 1960s, these countries found no problem selling their total produce in the domestic markets. After this, the birth rate in these countries began to fall. International marketing of baby food formulas led to a fall in breastfeeding habits among new and young mothers. This alarmed public policy makers. They worked out an inverse equation between infant mortality rate and breastfeeding rate. The link turned out to be baseless without scientific substantiation of exactly how these formulas were being implemented. Sue Ellen M Charlton writes (*Women in Third World Development*): "Infants can thrive on artificial formulas when they are used properly. But proper use entails appropriate dilution, clean water and bottles (or other instruments for feeding) and proper storage. In many regions, these conditions simply do not exist."

Louise A Tilly and Joan W Scott in their studies in England and France around the 18th and 19th centuries noted that working mothers in the 19th century were separated from their babies for long working days. "With the result that many babies were bottle-fed with animal milk or soups or turned over to a wet-nurse." Habits born out of economic and social necessity could not be easily uprooted with arguments on infant mortality, lack of sanitation and hygiene, etc. So began the trend of international marketing of man-made formulas. This was based on considerations like lack of adequate supply of breast milk for an infant's nutritional needs, lack of privacy to breastfeed, too many children, lack of time to breastfeed and work environment. The assumption was that all nursing mothers everywhere suffered from these problems. This was an exaggeration. The main reason for the boom in the international marketing of baby foods was capitalistic, motivated solely by profit. When birth rates in industrially developed countries began to fall rapidly, they explored marketing outlets for their baby foods in India and other Third World countries.

Judith A Harrington's research in Nigeria compares an index of physical and nutritional stress with an index of the economic participation of women. Her findings reveal that one-third to a half of the women in three different ethnic groups ranked high both in terms of nutritional and physical stress and in terms of economic participation. She questioned the global public policy of encouraging breastfeeding on grounds of infant-survival and child spacing. Extended breastfeeding places most Third World women under conditions of extreme nutritional, physical and economic stress. The reasons are not far to seek. Most of these women have an early marriage, have too many children too quickly, are burdened with heavy loads of housework and are themselves undernourished.

Ironically, juxtaposed against this unfairness stands the results of an Indian study that evaluated the equivalent of mother's milk in monetary terms! "Mother's milk each year has an economic value similar to the combined health and family welfare sector outlays throughout the five years of the seventh plan," wrote Arun Gupta and John E Rohde in *The Economic and Political Weekly* some years ago. They pointed out that economists and planners have ignored the economic value of breast milk as it is neither marketed nor sold. They theorised that if all young mothers in the country lactated fully every year, it would lead to the production of 8000 million litres of milk annually. They estimate actual "production" at around 3316 million litres per annum with its market value (at a modest estimate of Rs 9 per litre) working out to a sum-total of Rs 2984 crore. Replaced with tinned powdered milk priced at around Rs 18 per tin, the value would double to over Rs 5900 crore. This amounts to foreign exchange earnings to around $22,300 million per annum.

The study also highlighted the opportunity cost of breastfeeding in other related areas such as on environment, on land needed for cattle-grazing, on the need for milch cows, etc. Opportunity cost stands for costs incurred if mother's milk is not available and has to be replaced by alternative forms of nutrition for infants. For example, 3,00,000 high-yielding milch cows would be necessary to substitute 3316 litres of breast milk every year just to yield 1000 million litres of milk per annum. Around 75,000 acres of land would be needed for the grazing of these cows, the cost of which would be around Rs 500 crore. These costs did not include the costs for infant formulas such as firewood and fuel for boiling water and sterilising bottles, health threats arising out of formula foods such as diarrhoea in infants which could lead to hospitalisation, etc.

The thrust of the entire research was focussed on the promotion of breastfeeding over alternate infant feeding in India. When all arguments about the mother's own health and nutritional needs fail, the economic argument is the only one that can hope to win. The study remained silent about the health repercussions of such breastfeeding on under-nourished young

Contd...

Analysts upbeat on Cipla, Sun Pharma plans

By Amrita Nair-Ghaswalla
Times News Network

MUMBAI: Pharmaceutical companies have been going through the grind. Though most have posted a mixed show in their earnings, with a dosage which is neither bitter nor sugar coated, two domestic firms seem to have got the tune right, according to analysts researching the sector.

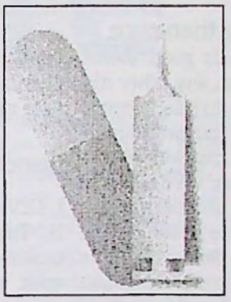
The prognosis is clear. Cipla and Sun Pharma have been hailed as the only two domestic firms which will count in the long run. Analysts pointed out that Cipla, with its 15 per cent growth in the domestic sector and its fingers in the generic business as well as the AIDS pie has "a much higher base with a reliable product line."

According to an analyst with Motilal Oswal (MO), "Cipla has a robust domestic business with niche categories, a growing market share, an agile field force that helps less time to market. Moreover, its margin expansion is driven by exports. The company's exclusive tie-ups for generic supply to the US markets is an indication of process efficiency".

"Given its positioning in the domestic formulation business, growing exports and the possible generic upsides, we recommend Cipla as the best pick on the Indian pharma horizon," said the MO analyst.

Analysts pointed out that in terms of value per product though, Cipla was outperformed by Sun Pharmaceuticals. Sun's value per product was the highest at Rs 63 lakh and the company has launched 30 new products. Analysts pointed out that Sun's strategy to introduce high value brands seems to have paid off.

"Its performance was largely influenced by the sale of two of its products, Celact and Oleanz. The former used in the treatment of arthritis, is its best selling new product. Celect was launched in March this year and has so far earned over Rs 4 crore," analysts said. Sun's Oleanz, used in the treatment of schizophrenia, has emerged as its next best selling new product having grossed Rs 3.7 crore.



Ranbaxy, on the other hand, has received the thumbs up from analysts. "The next two quarters will prove to be very good," said an analyst with a foreign brokerage house, requesting anonymity. "The figures speak well — a nine per cent growth in the first quarter and a 13% in the second quarter, considering their base and how badly they have been doing."

Added another analyst with an FII, "Ranbaxy's new product launches and newly launched generic business will augur well for the firm. However, its anti-infective segment, which registered 47 per cent of domestic formulation turnover, is showing a degrowth."

Despite incessant hiccups, analysts predict that the next two quarters "would be good for Cipla and Ranbaxy, especially in their anti-infectives and asthma (Cipla). The firm will have a brisk business in anti-asthma and anti-hypertensives more than offsetting a slowdown in anti infective sales," he added.

However, there is a downside. "Cipla's growth numbers will not be all that high (last year's first quarter was not that good. They should make up in the third or fourth quarter)," analysts maintained that Ranbaxy had "pushed it to their subsidiaries. The second quarter export formulation growth (which was 71%) would be unlikely." Another analyst said that Ranbaxy would be able to manage, "just about 40-45 per cent for the whole year. They will find it tough to maintain the previous year's target."

As for Dr Reddy's, analyst pointed out that the firm's, "fluoxetine (anti depressant) story and other generic products needed some ironing. Moreover, the firm needs to stabilise its markets in the Middle East and in South East Asia which are erratic."

They added that though Sun Pharma has been showing poor growth too, "the company has made changes by withdrawing some products and registering new products. They have better numbers," an analyst with a foreign brokerage house said.

He added that Wockhardt would do well on the export front, since the company has just expanded its Vitamin B12 capacity. "The company's cephalosporins would also take off in a big way. Though the company is very aggressive in the biotechnology sector, none of their existing products are doing that great."

As far as multinational companies are concerned, analysts maintained that the only positive one was Hoechst, which is the "only company introducing new products, which is already registering in its bottomline. A greater reflection will come in from next year," they added.

Analysts attributed Pfizer's strong sales growth to the performance of newer brands like antibiotic Magnex, Hepatitis B vaccine Hepashield, vitamin Cardiovit and deworming drug Combatrin. During the second quarter, Pfizer India's wholly-owned subsidiary. Duchem Laboratories, which markets its flagship vitamins brand Becosules, clocked net sales of Rs 31.2 crore.

The Times of India
05 August 2001

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mothers already burdened with many children within a brief span of time. One of their basic functions directly related to reproduction – breastfeeding – was taken for granted. It did not consider the emotions and sentiments of women who would hate to be measured in economic terms for an emotional responsibility and attribute they are born with. The funding source for this kind of research raises questions. Who funded it and why? Shanti Ghosh, a paediatrician, opined that valuation of breast milk in terms of money reduces the mother into a milch cow. She hit the proverbial nail right on its head.

The Statesman
05 August 2001

Census: Kerala greeted with higher female rate of birth

Times News Network

THIRUVANANTHAPURAM: If not all over the country, at least Kerala can heave a sigh of relief after the Census 2001 as it still maintains the numerical female superiority of 1,058 females per 1,000 males.

This is opposite to the national scenario where the baby girl population is declining, allegedly due to lower female longevity and female foeticide.

The census of 0-6 year age-group reveals that 1.83 lakh less babies were born as compared to 1991. The pleasant surprise was that decline in male babies was 97,858 while that of the baby girls, 85,464.

However, a word of caution still rings. Irudaya Rajan, a demographer of Centre for Development Science argued that if some 10 lakh male Gulf immigrants were to be counted, the new findings do not hold good.

At any given point of time, over 13 lakh Malayalis are in various Gulf countries. Of them, 78 per cent are males. And of those in the other parts of the world, there indeed is not much data.

The Times of India
04 August 2001

Scare vs care

By Dr Ravi Vadrevu

DR Indranill Basu Ray's The AIDS scare (NSE, July 22) makes several sweeping observations that are not backed up by the facts. Apart from his statement that some NGOs have squandered money earmarked for preventive strategies, his other opinions on the subject are unacceptable. He has confused the general malaise of corruption, inaction, lack of accountability and lack of perspective and foresight on the one hand and the reality of the raging AIDS epidemic in the subcontinent with the attendant social, economic and medical fallout on the other hand. To set the record straight, I offer my comments on the subject from a purely scientific and practical point of view.

Is HIV-AIDS a reality in India?

The answer is a resounding yes. According to NACO estimates, there are 3.75 million HIV positive cases in India. As per the estimates of responsible national and international voluntary organisations, it may be close to 10 million (refer the latest issue of *AIDS Asia* published by the Peoples Health Organisation from Mumbai). In this day and age, India does not have to repeat the blunder of the various African Nations in denying the existence of HIV Positive people. They did it in the 80s and have reaped the consequences in the 90s. The political rhetoric of some African leaders (like President Mbeke), coupled with misguided scientific elements, compelled the knowledgeable HIV medical scientific community across the globe to issue the historic Durban Declaration at the World AIDS Conference, Durban, South Africa (July 2000).

In the history of any country with a record of HIV Positive cases, it is at first a few cases here and there snowballing, within a decade, into lakhs and millions of full blown AIDS patients. The results: huge medical bills, orphans, and a drastic fall in productivity. All these lead to economic misery. In a country like India already suffering from rampant malaria and tuberculosis, HIV has dealt a severe blow in fuelling the flames of multi-drug resistant tuberculosis (MDRT) and resistant malaria.

Prevention better than cure

The old adage holds good in the case of HIV more than any other disease. Hence, any sensible government/non governmental programme should focus on information, education, and counselling (IEC). If the Government of India and the various State Governments are to be blamed, it is for inaction or doing too little too late. In the early 90s, the Maharashtra and Tamil Nadu State Governments were in the forefront of IEC activities. However, of late, there appears to be a sense complacence in these states, barring a few NGOs — perhaps due to lack of funds. Andhra Pradesh now has a dynamic state AIDS Control Cell under a committed official, Chandramouli, who is demonstrating to the rest of the country the capabilities of a motivated Government department.

The average age of seropositivity for HIV in India is between 22 and 25 years. This means that individuals are getting infected at around 20 years of age. Sex education in Class X, and in the Plus Two stage is therefore a must. And far from being a marketing gimmick, condom promotion is truly a safety mechanism.

Children at risk

To prevent India from having the world's largest pool of HIV Positive children by 2010, what we need to do today is allocate two centres per district all over India to take care of HIV Positive pregnant women. (The overall countrywide incidence of anti-natal HIV positivity is between 1 — 2 per cent). It has been scientifically shown that 90 per cent of mother to child transmission (MTCT) can be prevented by following a Protocol known as ACTG 076.

Let us stop being hysterical and deluding ourselves about the white man's vaccines being tested on black people. If India is to overcome HIV-AIDS, we need to develop our own vaccine. (The types of HIV virus prevalent in India are different from those of the West.) We need the concerted effort of both institutions and doctors in our country to identify possible ways of developing a candidate vaccine.

Conclusions:

i. HIV - AIDS is a reality in India.
ii. Digression from the facts or under-reporting (as seen with some apex government bodies) will not serve the purpose.
iii. NGOs should be encouraged to take up HIV work. At the same time, proper streamlining and careful utilisation of funds flow is a must.
iv. The mother to child transmission (MTCT) control programme should be the top priority in treatment.
v. Chemotherapy through anti-retroviral drugs is beyond the reach of more than 90 per cent of our patients.
vi. Vaccine research has to start immediately.

Dr Ravi is a practising dermatologist and HIV clinician. He can be reached at ravi vadrevu@sify.com

The Indian Express
05 August 2001

AIDS research with coconut oil

Coimbatore: The Asia Pacific Coconut Community (APCC) is carrying out research to extract medicine from an acid contained in coconut oil, to fight the AIDS virus, according to Dr P Rethinam, chairman of Kochi-based Coconut Development Board. With reports that rich content of lauric acid, a component fractionalised from coconut oil, was found to be useful to fight the virus, tests were being carried out by the APCC, Rethinam told press persons here on Friday.

The Indian Express
04 August 2001

Taking lessons from an obscure village

Partha S Banerjee

LAST year in Janakpur village, 40 km from Neemuch in Madhya Pradesh, there were no admissions at the primary school. Reason: there weren't any children to admit.

Children, indeed, are relatively hard to come by in Janakpur. Unlike in most rural areas of India, groups of ill-clad, snot-nosed kids don't hang out in street corners here. But then, Janakpur isn't a typical Indian village, demographically at least. It's one of those rare south Asian rural communities with a negative population growth.

Earlier this year, as India's decennial census confirmed that the country's population had crossed 1 billion (reaching 1.0269 billion, to be precise) with an annual growth rate of 2.13 per cent (down from 1991's 2.38 per cent but still alarmingly high), worried demographers could well have been looking at Janakpur, wondering why most rural and urban slum communities do not take lessons from that obscure village. "We all practice family planning here," said Ram Niwas Patidar, the village headman of Janakpur. "It has become part of our tradition."

The figures from the 2001 census are not in yet, but in 1991, Janakpur recorded a population of 914, down from 1,045 in 1981, which in turn was a fall from the 1971 count of 1,100. And there were no major epidemics or disasters to account for the steady decline. "That village is unique," said Prabhat Parashar, the Neemuch district collector (chief official). "They have known the benefits of limiting family size since a very long time." The Madhya Pradesh state administration declared Janakpur a "model village" back in 1964, and as token of the government's appreciation, a small traditional-medicine health centre was set up there.

Set amidst lush farmlands growing wheat, garlic and oranges, in a region also famous for poppy cultivation, Janakpur is a one-street village. An ancient temple fronts the main square where old men in traditional white *dhotis* and turbans or "Gandhi" caps sit in groups on the steps, chatting on a lazy afternoon. One of them, tall and bubbly, is Shaligram Patidar, 70, one of the first in the village to have opted for sterilization, undergoing a vasectomy operation 40 years ago. "I had four kids then," he said, "but today, they are doing it after just two, or even one."

"It was Dashrathlal Nagar, the village school master, who advised me to go for sterilization," recalled Shaligram. "He was a much respected man who had been posted here to run the government school. He was a Gandhian. I was scared about the operation and had many misgivings but he said it was a minor surgery with little pain, and that I would be as strong as before. I went to Mandsaur town (90 km away) for the surgery; those days there were few doctors who could do it. Later, I persuaded my older brother to also opt for the operation."

Shaligram and a few of his contemporaries, influenced by school master Nagar, set the trend in the early 1960s and Janakpur has not since looked back on family planning. Now, many of the women too are getting sterilized, and strangely enough, it is sterilization, not contraception, that seems to be the preferred method to limit family size.

Stranger still is how the villagers have got over age-old beliefs, customs and taboos that come in the way of birth control. In tradition-bound rural south Asia, women who do not produce several children are looked down upon while her husband is regarded as "weak". Not enough children also mean less hands to work in the farm and lesser assurance of security in old age. And of course, as in many other Third World countries, it's the male child that everybody hankers for, and couples keep trying, even after several daughters, until a boy is born. Apart from holding the notion that only boys can be true heirs and can keep the family name alive, Hindus believe that a son (eldest if there are many) should light a parent's cremation pyre and perform the elaborate last rites. Men or women without sons live with the lifelong regret that when they die, their funeral rites would not be quite perfect.

But such issues do not appear to bother the enlightened villagers of Janakpur. "A daughter is as good as a son in today's world," said Sushila, 22, an attractive housewife who has a boy and plans to have no more children. "What's wrong with a girl lighting the funeral pyre." Mahendra Patidar, 30, has views a trifle more conservative. "If one doesn't have a son," he reasoned, "there is always the brother's son or the son-in-law to perform the last rites." Mahendra has a daughter and has decided to "go for the operation" after their next child, boy or girl.

Shaligram Patidar dismisses the old argument that more children mean more hands for the farm and for grazing livestock. "Where are the big farms today?" he asks. "The land has been divided and subdivided with each generation, and with acreages now so reduced, where is the need for too many extra hands?" What is needed instead, he argues, is fewer children so the land doesn't get further divided.

"What we of Janakpur have learnt to appreciate," sums up Ghanshyam Patidar, minister of law in the Madhya Pradesh state cabinet and undoubtedly the village's most prominent citizen, "is that land is not stretchable like rubber."

It is Janakpur's widespread literacy (close to 95 per cent compared to the national average of 65.38 per cent) that is obviously the key to the village's high degree of awareness. Dominated

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by the Patidars, a progressive agricultural community, the village had embraced a campaign against child marriage 30 years ago. The campaign could well have prepared the ground for the birth control drive that followed. By the late 1970s, when the Indian government launched an aggressive family planning programme under Sanjay Gandhi, then Prime Minister Indira Gandhi's youngest son, restricting family size was already the norm in Janakpur, and a sterilization surgery camp set up in the village was always well and willingly attended.

That, however, was rarely the case in most other such camps set up across the country in 1975-76. Villagers revolted against government officials who tried to persuade, and more often than not, force them to undergo sterilization in a mad scramble to achieve family planning targets. This was the period of the "Emergency", 21 months during which India's cherished democracy was put on hold – for the first and only time.

"You called me a dictator when I was not," declared Indira Gandhi in Parliament. "I am a dictator now and you will see." Blustered her son Sanjay, "I firmly believe that the best ideology for the people is my ideology." He came out with a "five-point programme" that included ending illiteracy and caste-distinctions and most importantly, birth control. A national target of 4.3 million sterilizations was announced but chief ministers of various states, to curry favour with Sanjay, vied with each other to raise their provincial targets well beyond the New Delhi determined quotas. Thus in Uttar Pradesh, the chief minister changed the target from 400,000 to 1,500,000.

To achieve such big counts, government officials and the police used force freely. In the villages, men (and occasionally women) were often dragged from homes, or markets, to camps for sterilization operations. So apprehensive did villagers become in some areas of northern India that all adult males would rush into hiding as soon as they spotted an approaching government vehicle. In cities, police periodically arrested people and took them straight to the clinics for vasectomies. None of these actions could be challenged in court since basic rights had been suspended. There are even reports of old men and unsuspecting teenagers being brought to the operating table just to fulfil targets. Officials who could not meet targets set for them sometimes had their salaries withheld or even suspended.

The campaign of forced sterilizations (and other totalitarian policies of the government) so incensed people that when elections were finally held in March 1978, called by an over-confident Indira Gandhi to affirm her democratic credentials, they voted her out of office.

Gandhi's Congress party, which had ruled the country for 30 years, was routed by a united opposition, and both mother and son (Sanjay) were defeated. The new government lifted the state of Emergency, restored fundamental rights, and predictably, went soft on family planning.

Ever since, all political parties (and the governments they have formed) have stayed clear of family planning, never touching the subject in their election manifestos, never giving it too much importance when in power. As columnist KB Sahay put it in a newspaper article, "One of the worst casualties of the Emergency... was the family planning programme... Ask anybody even today why the political parties are so apathetic... to the population crisis and pat would come the reply 'Have you forgotten the Emergency?'"

The Indian government's apathy is particularly ironic considering that the country was the world's first to officially launch a family planning programme, back in 1951. It even built a factory to manufacture condoms and set up birth control clinics in all government hospitals and primary health centres. But like so many other government initiatives, the programme was pursued half-heartedly, until 1975 that is (and again after 1978). Besides, there was too much stress on just two methods: implanting intra-uterine devices (IUD) and sterilization.

Easily acceptable contraceptive choices were never available and birth control information never quite adequately disseminated in the rural backwoods. In fact, abortion (which is legal in the country, though mostly performed by quacks) is perhaps the most preferred method of birth control in India; according to one alarming estimate, there are 452 abortions for every 1,000 births in the country. Female infanticide is prevalent too, thanks to the traditional preference for boys (this year's census reveals a sex ratio of 933 females for every 1,000 males).

Female infanticide (and foeticide) is, of course, a bigger problem in China with the government strictly imposing a one-child policy. But if the Chinese government has been coercive, it has also done more than India to facilitate birth control. "Barefoot doctors" taking basic health care to the villages have helped popularise contraception. China also benefited from a significantly higher literacy rate than India's, so that though the country launched its population control drive much later, it has achieved much better results. Also, it could impose its controversial one-child policy thanks to the absence of democracy; the Chinese leadership, after all, has never had to face the kind of popular revolt that threw out the Indira Gandhi government in 1978.

In the final analysis, however, it is improved standard of living that best brings down population growth. As is often said, "Development is the best contraception." Demographers talk of a critical level of well-being that, when attained, initiates a rapid reduction in birth rate. For middle class urban Indians, accounting perhaps for 15 per cent of the population, that level has of course been attained. It has also apparently been attained in Janakpur where not only are the villagers mostly literate, they are also relatively affluent. Almost every home in the village can boast of television, refrigerator and motorcycle; there are half a dozen cars and jeeps in the village, 55 tractors and some 50 telephone connections.

While economic indicators like these help account for Janakpur's birth control success, they don't explain everything. After all, it wasn't so affluent in the 1970s or '60s when Shaligram Patidar and his contemporaries opted for sterilization. "The village thinks differently," said collector Parashar. "It acts differently." There are, for instance, no convenience stores, groceries or even tea-stalls in Janakpur's vicinity for fear that such establishments will become centres of idle gossip for the young. "They are a serious lot," explained a doctor in Neemuch, "and there seems to be an unusual rational streak in their thinking. It is such thinking that has helped them get around social and cultural barriers to birth control. That's the real secret of Janakpur's negative population growth." Clearly, if rural India is to emulate Janakpur, it must first shed the cultural baggage that opposes the idea of small family. It must change its thinking.

The Statesman
05 August 2001

The stick Munda women fear most

Ehtashamuddin Khan

Ranchi

WHILE THE Internet has invaded our lives and reduced global distances; while we savour McDonald's burgers and Diet Coke as a quick meal; and even as we talk of artificial insemination as an alternative to procreate, there are people, not too far away, who are as ancient and disconnected from the present world as to eat tubers and drink rice beer (locally called *handiya*) and use a bare hard stick as a means of contraception.

Sounds difficult to believe, but it is true. The story is from the newly-formed State of Jharkhand's capital, Ranchi.

Kabutri was married eight years ago and has five children. She narrates the ways of family planning practiced in her village, after much insistence. Kabutri, 25, lives in Dungra Khas village of Khunti in Ranchi district.

According to her, a small hard stick is inserted in the vagina to turn the fallopian tube upside down. The stick is then taken out. The tube is left like that till one wants to conceive. It is turned back to its original position once the man and his family decides for a baby.

The 'operation' is so painful that Kabutri starts to cry even as she recalls it. However, she has no choice but to accept it. "This is our tradition and every married woman has to follow it," she says.

Similar sentiments are echoed by other women, who are too shy to tell their names. All feel the practice should be stopped, but are too bound by tradition and too suppressed to protest. Asked why they haven't tried to stop it, an elderly woman says: "We never thought of it. Every woman has to go through this."

Gauri, a newly married woman, was able to spend just a week with her husband, after which he left for Gujarat. He will return after a year or so. Gauri also underwent the operation, but is ignorant about motherhood. "I don't know how it happens," she says. She thinks this painful birth control method is part of a marriage.

Not only is the operation painful and unhygenic, it causes several diseases which the villagers are unable to identify, says gynaecologist Reeta Saran. It also creates several complications during pregnancy and childbirth. Needless to say, every woman in this village gives birth at home with the assistance of untrained midwives. The absence of any hospital in the vicinity, and the sole government dispensary sans any doctor, has made matters worse. With little exposure to the developing medical world, the methods used for abortion are as crude and harsh. Says Dr Saran, "They use bottles and sticks to kill the foetus. We normally get cases when things are almost out of control."

The villagers belong to the Munda tribe and the village happens to be the constituency of Karia Munda, who was one of the main contenders for the post of Chief Minister in the newly-created State of Jharkhand. The village has two small hamlets — Panda Tola, with around 50 houses, and Dungra Tola, with 80 houses. The villagers depend upon the Kharif crop, sown once a year. The men, therefore, work as daily labourers in nearby towns or quite often are forced to go to other States to earn for their families and return once a year. The contraceptive, however, remains on the women through the year.

The Pioneer
05 August 2001

Checking teen pregnancies

By ROGER DOBSON and TOM ROBBINS

BOYS AGED as young as 11 are being given free condoms and advice on how to use them in a pilot project designed to cut teenage pregnancies. The scheme, run by the Archway sexual health clinic in north London, allows boys under 16 to walk in and receive condoms and advice about sex.

The scheme, which organisers hope will be copied by clinics nationwide, is likely to provoke controversy among parents who believe children's access to contraception should be restricted.

Robert Whelan, director of Family and Youth Concern, said: "It gives boys the idea adults actually expect them to be sexually active at very early ages. That is extremely unhelpful and just creates another pressure for them."

In January the relaxation of rules surrounding the "morning after" pill sparked fury in some quarters. The emergency contraceptive pill was made available over the counter with no prescription to girls over 16. The Archway scheme is designed primarily for boys who have not yet become sexually active. Most arrive after school and are seen quickly to avoid the embarrassment of sitting in the waiting room.

The boys are given demonstrations of condom use, advice on sexual issues, a free condom and a leaflet entitled "4Boys - a below the belt guide to the male body". They are then given a registration card and once they become sexually active, they can return to receive more free condoms.

"The age range has been from 11 to 17 and the average is 13," said Rose Tobin, senior health adviser at the clinic. "It's basically about dispelling myths and correcting misinformation."

While free condoms have been available to children under 16 for several years, girls have traditionally been more likely to attend family planning clinics. The scheme's focus on boys fits with the government's attempt to tackle teenage pregnancy by engaging boys as well as girls.

The number of teenage pregnancies has dropped slightly in recent years but experts are now concerned by a surge in cases of sexual diseases such as chlamydia and gonorrhoea among young people.

Britain still has the highest teenage pregnancy rate in Europe and the highest rate of sexually transmitted diseases among 16 to 19-year-olds.

"We are certainly not saying having sex is the best thing to do, but certainly that some thought needs to go into it," said Tobin. "We noticed we were getting a lot of schoolboys dropping in to our adult clinic for advice so there was clearly a need for some appropriate sex education." *(The Sunday Times)*

The Times of India
06 August 2001

Viagra may help lung disorder

Boston, Aug. 4: Doctors are asking the manufacturer of the impotence drug Viagra to develop a pediatric version to treat a rare but potentially fatal lung disorder after the drug was successfully used on patients at Boston Children's Hospital. This week, 10 pediatricians from the US and Europe met with Pfizer officials in London to ask for help making a pediatric intravenous formulation of Viagra and paying for clinical trials to determine the drug's effectiveness, *The Boston Globe* reported. *(AP)*

Deccan Chronicle
05 August 2001

Counter-productive raid

SCARCELY a day goes by without the publication of some premonitory article warning of the spread of HIV/AIDS in the world. Invariably it will be mentioned that India has, in sheer numbers, more HIV-positive people than any country in the world, apart, possibly from South Africa.

On 7 July, police in Lucknow raided the offices of Bharosa, an NGO committed to the reduction in the spread of HIV/AIDS. They confiscated material, arrested the staff and placed them in jail under sections of the Penal Code concerned with the promotion of sexual activities against the order of nature.

Bharosa deals specifically with men who have sex with men. This constitutes a significant proportion of men in India, and is distinct from homosexuality, in the sense that those who have sexual relations with others of the same gender do not identify as gay or homosexual. The behaviour is widespread, but is not named. In this way, homosexuality can be represented as a foreign, decadent or Western practice by which Indian men remain untainted. Exactly the same argument was advanced in Egypt in July 2001, when a disco was raided and all the Egyptian nationals jailed. This, it was stated, is "un-Islamic", inspired by a degenerate West.

This is far from the truth and bears no relation to the social reality of India, Egypt, or indeed, any other society on the planet. Section 377 of the Indian Penal Code is an imperial inheritance from the British.

In Britain, the last vestiges of this were swept away 34 years ago. It is a remarkable survival, that this should be invoked in an India, apparently free for more than half a century, but, it seems, no more able to throw off its colonial yoke in these matters any more than it is capable of resisting malign incursions of Western developmentalism in almost every other aspect of life. Such laws were imposed on India by the imperial power, precisely because the British were afraid of the spontaneity and affection of men in India: themselves uptight, without feeling for those they ruled, they were terrified of relationships to which they might themselves have been tempted.

Fascinated and repelled at the same time, they enacted their laws, joyless, prurient and fearful.

HIV/AIDS is no respecter of persons. One of the reasons why men who have sex with men are targeted by Bharosa and other NGOs in India is that 80 per cent of them are married, and risk carrying back infection to wives and children.

As is well known from the experience in Africa, once it gains ground in the general population its spread is almost unstoppable, especially in a country where millions of men must migrate in the search for livelihood, among the upheavals, violence and driven mobility of the globalising imperative.

If the Indian government is concerned with the welfare of its people – a matter, given persistent levels of poverty, exclusion and violence, that remains perpetually open to doubt – absolute priority should be given to the halt of HIV, which is going to devour a disproportionate amount of the country's resources within the next generation unless greater urgency is deployed today in dealing with an issue that will soon overshadow all others.

This involves education, especially education in matters of sexual and affective relationships. And this is the purpose of Bharosa and a number of similar organisations in India. It is impossible to change behaviour by exhortation.

You cannot preach sexual abstinence, especially to people, forced by economic necessity to leave their home, ill-rewarded labour in construction, transport, on plantations in factories, even in the armed forces, in distant cities, in unfamiliar surroundings. To invoke the Indian family in this context is a delusion: it is precisely through the family that HIV/AIDS will be spread if meaningful and comprehensible instruction is not carried out on a wide scale for the benefit of those people displaced by development. Education involves explicit information about safe sex; and it is the material dealing with this – much of it published by anti-AIDS groups in other parts of the world – that has been deemed to be "obscene" in this case.

The actions of the police in Lucknow are punitive and counter-productive. Who can imagine, looking at India, that the use of police time and energy on such issues is anything but a monstrous diversion from the gangs, crooks, swindlers, the violence and cruelty which scar the daily life of the country?

That what people do together in private is the concern of the State would be laughable were it not so tragic in its further effects; and that means not only the organised and systematic criminality that gets away with it, but also the consequences for India if the HIV/AIDS virus is not effectively checked.

India remains beset by a terrible, institutionalised disregard for the lives of the socially disposable. Privilege has traditionally been able to buy its way out of the ills that shadow the lives of the poor. But the principal vectors of HIV are drugs and sex, against which no one is proof; and the virus lies in waiting, concealed in the briefest encounter, the most ephemeral rush of pleasure, the short-term high and the unmindful moment, to ambush the least suspecting and the most secure.

Female sex workers and intravenous drug users may seem remote from the experience of a majority of the middle class; but these things (like male-male sex) have only to touch a friend of a friend for them to erupt suddenly into the most exemplary lives – the sons of the powerful addicted to heroin, the husband far from home in a strange city, who may go for comfort to a sex worker – female or male.

So what can possibly have motivated the "crackdown" on responsible instruction in the dangers of unprotected sex? The staff of Naz Foundation International and Bharosa were denied bail by the police on the grounds that the activists arrested are "a curse to society". Could it be yet another symbolic attack on Western influence by Indian nationalists, who have

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renounced absolutely none of the advantages which Western development has showered upon them? Can they see whipping up anti-homosexual feeling another easy target for a rhetorical consistency in a pro-Indian agenda, which they have, in all other areas, abandoned? Will they renounce Western wealth for the sake of Indian simplicity?

Will they give up foreign travel and exotic medical care for the sake of promoting indigenous systems? Will they give up their property in those agreeable Western capitals which offer their families respite from the heat and the monsoon, and plenty of good shopping into the bargain, to promote the Indian way of life of which they see themselves as the most vigorous defenders?

Even the Government of India, through its National AIDS Control Organisation, has identified men who have sex with men as one of the vulnerable groups who must be targeted. When uniformed police raid the office of a humanitarian NGO, they are at odds with the professed policy of the health ministry. This is by no means an attack on alien cultures, curses to society or any other exogenous scourge of an Indian purity, which has, in any case, long been compromised by collusion between generations of politicians and Western interests.

It is in reality an attack on the wellbeing of the people of India in general, since any obstacle placed in the path of those seeking to prevent HIV/AIDS can only be seen as furthering the implacable onward march of a devastating sickness.

It is not by anti-pollution rituals that AIDS will be stopped; but by a commitment to both human rights and the health of the people, which ought to be among the highest priorities of any government.

(The author lives in Britain. He has written plays for stage, television and radio, made TV documentaries, published more than 30 books and contributes to leading journals around the world.)

JEREMY SEABROOK

The Statesman
05 August 2001

5 HIV positive cases in Suryapet

Suryapet (Nalgonda): Five persons belonging to two families in Suryapet tested HIV positive during a free medical check-up on Sunday. The free medical camp was organised jointly by Divine Touch Ministries and Lupin Laboratories. Of the five, who tested HIV positive is a 3-year-old kid. Doctors said his father and mother also tested positive. Earlier, the doctors told those attending the camp about the need to build awareness about AIDS.

Deccan Chronicle
06 August 2001

Cipla launches new AIDS drug

By Our Staff Correspondent

MUMBAI, AUG. 6. Cipla today launched a triple drug cocktail for HIV/AIDS under the brand name Triomune. Triomune is a combination of three antiretroviral drugs — Stavudine, Lamivudine and Nevirapine.

The company has priced Triomune at Rs. 1,800 per month. The product is a single bi-layered formulation and would reduce the pill burden for HIV/AIDS patients from six to two tablets, according to a company release. This, according to the company, represents a 5-6 fold reduction in the cost of therapy per month.

Cipla is also making available a paediatric formulation of nevirapine called Nevimune Suspension. This together with the paediatric fomulations of Zidovudine and Lamivudine should considerably help treat HIV disease in children. Cipla first launched Zidovir, an anti-retroviral in 1993 in the domestic market. Earlier this year, the company created a stir in the global anti-AIDS drugs market by offering a triple drug cocktail for as low as US $ 350 per patient per year.

The company has since been exporting the AIDS cocktail to several African countries. According to a company press release, the incidence of HIV/AIDS in India has reached alarming proportions and an estimated 3.7 million persons are reported to be suffering from the disease. Also alarming is the fact that while 15,000 new cases are reported every day, almost 95 per cent from developing countries like India. A disturbing facet is that 1,600 of these are children below the age of 15 and hence prevention of mother-to-child transmission of HIV infection assumes priority for countries like India.

The Hindu
07 August 2001

3.86 m infected with HIV

New Delhi: The number of people infected with HIV in the country was 3.86 million and had taken a heterogenous pattern, Minister for State Health and Family Affairs A Raja said. Answering a question by Ved Prakash Goyal the Minister in his written replies said the HIV pattern was grouped in three categories, under group one, the HIV prevalence was more than one percent among antenatal mothers, and in group two HIV among the risk population was five percent and above. The remaining States were in the group three where HIV prevalence was less than five per cent among the risk population and less than one percent among the antenatal mothers. *(UNI)*

Deccan Chronicle
07 August 2001

ANDHRA'S SHAME: CHILD SEX ABUSE

The Indian Labour Organisation has confirmed that Andhra Pradesh has the largest number of child labourers in the country.

Not surprisingly, our State has one of the highest rate of school dropouts in the south of India, our literacy level at 61 per cent, below even the national average of 65 per cent.

Andhra Pradesh is second only to Maharashtra in the number of HIV/AIDS infected cases.

Amidst this comes the again not-so-surprising revelation: Andhra Pradesh perhaps accounts for the largest number of child prostitutes.

Not surprising because common sense indicates that every issue mentioned above is closely linked with the other. A dubious distinction on any one count automatically means you are down the ladder of development on all other parameters.

A complete lack of any serious agenda or strategy on children's rights is reflected in the State producing the nation's largest child labour force. A natural outcome of the basic right to education not being enforced.

The AIDS figures are another pointer to the complete lack of respect and rights for our women and children. Maharashtra tops the list as Asia's largest prostitution den accounting also for its equally high incidence of HIV+ people. Andhra Pradesh needs to ask whether it has the second-highest HIV+ population because it is the largest supplier of women and children to the sex industry. Are greed and brutal disregard for human rights the reasons why our State has seen such a phenomenal increase in trafficking in children and women in the last decade?

It is virtually impossible to have quantitative research on such a covert, illegal operation, but, according to data collected with the help of NGOs on the field, the figures are numbing. While awareness is being raised about child labourers (Andhra Pradesh has 16,62,000 child labourers) there has been a deliberate glossing over of the terrible tragedy of the growing number of boys and girls being sold to sex tourism and prostitution. There is little mention of efforts to bring child sex workers back to schools where they belong.

The Bangalore-based NGO Equation and local NGOs Prajwala and Mahita will present some of these facts and figures at a workshop on strategies needed to combat trafficking and sexual exploitation of children to be held in Hyderabad on Saturday.

According to Dr Sunita Krishna of Prajwala, 28 to 30 per cent of the prostitutes in Mumbai's Kamatipura are from Andhra Pradesh, at Baina in Goa it is almost a monopoly with 60 per cent of the prostitutes coming from the State. It's the same scene in Chennai, Mahabalipuram and Kolkata.

The State is free to question the figures as there can be no recorded scientific data of such a clandestine industry. But even if we were to arrive at some basic figures based on the statistics forwarded by the ILO, Andhra Pradesh has received its wake-up call some five years back. One can only conclude that the State has lacked the will to stop being a thriving supply hub for sex traders.

The ILO says there are an estimated 23 lakh prostitutes in India and over 15 per cent of them are children. Eighty-six per cent of the 23 lakh prostitutes comes from Andhra Pradesh, Karnataka, Tamil Nadu, West Bengal, Maharashtra and Uttar Pradesh, in that order. A fairly simple calculation will tell you that 86 per cent of 23 lakh is nearly 20 lakh. Even if we set aside that Andhra Pradesh is the largest supplier, and divide that figure evenly by the six States mentioned, Andhra supplies some 3.4 lakh prostitutes. If children account for 15 per cent or more, it totals to some 50,000 children being sold into prostitution. The figures would be certainly more, not less. And large numbers are added every year, every month.

Human Rights Watch has reported that the practice of dedicating or marrying young, prepubescent girls to Hindu deities or temples as servants of God continues in several southern States, including Andhra Pradesh. If Maharashtra and Karnataka have to bear the shame of the Devadasi system, Andhra Pradesh has four streams of the system — the Joginis, the Mathas, the Basavis and the Dommaras. Girls after they attain puberty are either sold to the highest bidder like the Dommaras do or required to provide sexual services to priests and temple patrons like the Joginis, women dedicated to Goddess Pochamma in name, married to the *potharaju* in practice and forced into being a sex slave of the upper caste men in reality. Many eventually are sold to brothels.

Some studies say there are many young girls from the minority community in Andhra Pradesh who are sold into this trade — many under the guise of contract marriages. Their parents being willing sellers in this sordid trade. Parents send their little girls, sometimes as young as 10, with "marriage brokers" under the guise of marriage to some groom in Mumbai or Dubai. The excuse is always that the little girl will hopefully get a better life. More often than not, the parents do not hear from the little girl after her "marriage" and somehow this does not surprise anyone. Let's make no mistake, poverty is only an excuse. Not every poor parent denies their child a childhood and sells her for sexual exploitation. Such subhuman, depraved behaviour knows no religion, yet, right from the State to the NGOs they are all afraid to act, fearing a communal backlash. In fact, the only NGO that works towards the prevention of children being contracted for sex or labour is Cova. It has done some tremendous work in the Old City by increasing awareness of education.

Ironically, much of the support in the process of collection of data from red light areas and rescue of minors from these places comes from the pimps and prostitutes themselves. They seem to have their own code of ethics and help rescue children if they haven't menarched. Which usually means children under 12. The International Convention on Child's Rights may hold that anyone under the age of 18 is a child but out there, in society, especially with some communities, the minute the child attains menarche she is an adult. Any attempt to rescue or stop a child from being bought or sold after menarche is met with *"Kya amma badi hogayi na bachi. Maina aagaya."* The NGOs have no choice but to come into some tacit understanding with them or risk losing the few successful rescues that have been possible.

The newer development is the induction of young boys into the trade, either under the guise of their being sent for camel races in the Gulf or being indentured as labour, quite coincidentally, in known hunting grounds for paedophiles.

It is State-run institutions that seem to be devoid of any code of ethics. It has come to light that one of the State-run homes for destitute girls has been sexually abusing girls as little as six and eight years old. Today, it is co-managed by a local NGO.

Improved levels of awareness of the threat of HIV/AIDS have been a major factor in increasing the demand for younger and younger children in the sex industry, as they are perceived to be less likely to carry sexually transmitted diseases, or be HIV+. But it is this sexual slavery that is leading to HIV and there is an urgent need to break this vicious circle and protect the children.

There may be no conclusive evidence of a nexus between the police and the sex traffickers but unless there are individual stakeholders who have State support, this racket cannot flourish. Trafficking is a worldwide multi-billion dollar industry. Child sex tourism itself grossing millions. Given the huge stakes involved, it is not surprising that a lot of people are on the take.

The government seems to be impotent. The State does not have any rescue policy or plan of action to stem the trade. NGOs have no immunity against anything. They undertake rescue missions with much risk to their lives and often get beaten up. The

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efforts of the NGOs thus far has been fairly isolated. If there is some'oody doing excellent work in Nellore, there is another doing equa'ly successful work in Anantapur, but there has been no concerted effort to pool the resources and network to make an impact State-wide.

Like the Unicef itself has pointed out, there are no simple solutions. But as a step towards eliminating child sex trafficking, the State needs to address the root causes: Discrimination against minorities, unequal treatment of the girl child, and economic policies which fail to ensure universal access to education and legal protection.

Trafficking in children is not just a rights issue but a crucial development issue too. Child prostitution denies children the opportunity to pursue education and thus deprives the State of potential human resources for development.

(Mohan Guruswamy is away on his travels)

A T JAYANTI

Deccan Chronicle
10 August 2001

AIDS risk: it's never too old

LOU CONSTANTINE is 55 years old, single and — like many people his age — sexually active. He is also typical of 50-plus singles in another way: He doesn't practice safe sex and doesn't think he needs to. Like many sexually active seniors, he doesn't think he's at risk for HIV. Constantine is nevertheless part of the fastest-growing AIDS demographics — heterosexuals 50 and older. For most of the 20 years since the start of the AIDS epidemic, people 50 and over have accounted for a steady 10 percent of all new AIDS cases diagnosed annually. But a few years ago, that rate began an ominous climb — to 11.6 percent in 1997, 12.7 percent in 1998 and 13.4 percent in 1999. The fastest-rising route of transmission in this age group is nothing exotic like needle use — it's heterosexual sex. The growth of HIV among seniors is also forcing public health officials to rethink attitudes about the elderly. *(LATWP Svc)*

The Times of India
11 August 2001

HIV not a barrier to motherhood

A FEW years ago it was almost unheard of for a woman who knew she was infected with HIV to attempt to become pregnant. But now, with a regimen of medication, an HIV-positive woman can reduce the chance of infecting her child to almost zero. Armed with this information, small but increasing numbers of HIV-positive women are deciding to have children.

Experts say the reduction in mother-to-child transmission is one of the few success stories in the battle against AIDS.

Dr Howard Minkoff of the Maimonides Medical Centre, Brooklyn, says, "An HIV-infected woman who does everything right can now be reasonably sure that there is a 99 per cent chance that her baby will be born free of the virus."

Denison, 39, found out she was HIV positive 10 years ago but is the mother of twin girls born in 1996. "In the old days there were a handful of us who would get together and talk about how much grief we had because we wanted to be mothers, but now most of us have either done it, are gathering information about it or trying to get the treatment regimens stable enough to get pregnant."

The Centres for Disease Control and Prevention estimates that every year 6,000 HIV-infected women give birth in the US, and most are on some kind of antiretroviral therapy. Now, about 300 to 400 HIV-infected babies are born each year.

In the past, most HIV-positive pregnant women had no idea they were infected until after they became pregnant and it was discovered by routine testing. But that has changed. Now, a greater number of women know they are HIV-positive and yet they want to get pregnant.

Recent studies show that combination therapy can lower the risk of perinatal transmission even further, to as low as 1 per cent.

The New York Times

Hindustan Times
08 August 2001

March for cheap AIDS drugs

Addis Ababa: Thousands of Ethiopians, including many children orphaned by AIDS, took to the streets of Addis Ababa Sunday to appeal to their Government to import cheap drugs to combat the AIDS epidemic sweeping the country. Roughly three million Ethiopians from a population of 60 million are thought to be infected with HIV. More than 700 people die every day of AIDS in the impoverished nation.

The Indian Express
07 August 2001

Chicago: Fewer than one-third of black mothers opt to breast-feed their babies compared with two-thirds of white mothers, a disparity that accounts for higher infant mortality rates among blacks, researchers said on Monday.

The Asian Age
08 August 2001

New drug to combat AIDS to be launched

FROM OUR BUREAU

Hyderabad, Aug. 10: Hyderabad-based bulk drug company Hetero Drugs Limited will be launching "Nelfinavir Mesylate" (Nelfin), an anti-HIV drug in the Indian market this week, announced marketing manager A K N Prasad and product manager Viswanatham on Friday.

Briefing the newsmen about the new anti-HIV drug, they said Hetero Drugs Limited had already launched eight anti-HIV drugs in the past and the present Nelfin drug was ninth in the series. The new Nelfin drug would give more choice in the treatment of AIDS. Besides, Nelfin would overcome certain disadvantages of the earlier drugs. Specialists could bring down the viral loads to undetectable level with Protease Inhibitor drugs like Nelfin.

They said Hetero has launched three categories of ARV drugs last year — Nucleoside Analogues (nukes), Non-Nukes and Protease Inhibitors. The new drug would cost about Rs 9,000 per person per month. Referring to the government's decision to abolish sales tax on the anti-AIDS drugs, they said this would bring down the price to about 40 per cent. The drug would be still cheaper if the government distribute the medicine to hospitals through its channels eliminating retailers, they added.

They said Hetero was the first company to tie up with South Africa to locally produce economical ARV drug cocktails for treatment of 4.2 million AIDS victims there. Last month, the company also bagged a new export order of anti- AIDS drugs to Brazil. It has been exporting the drug to Brazil for the last three years.

They said that no single drug was effective in fighting the AIDS menace and therefore a combination of ARV drugs were always recommended to fight HIV/AIDS. These Antiretroviral (ARV) combination was popularly called "ARV cocktails".

Deccan Chronicle
11 August 2001

Rights and wrongs

WHILE provision of reproductive health and family planning services have witnessed a significant improvement all over the world, women's reproductive rights and sexual health remain seriously compromised. *No Paradise Yet: The World's Women Face the New Century*, edited by Judith Mirsky and Marty Radlett, examines some of the issues that have resulted in this deplorable state of affairs.

The book is a collection of essays by journalists from various developing countries. The essays cover areas such as lack of information on sexual matters, the legal position on issues such as domestic violence, marital rape, inheritance, etc and how these impact on the reproductive health of women. The book shows how reproductive wellbeing is inextricably linked to social, economic, legal and political factors.

Swati Bhattacharjee points out that adolescent sexuality is a subject most Indians prefer to keep under wraps. The consequences are serious. Studies indicate that around 30 per cent of abortion seekers in the country are adolescent. 88 per cent of unmarried girls in rural areas who sought abortion did not know the relationship between sex and pregnancy.

Denied access to information on sex and reproduction, an Indian adolescent girl is much more likely to become pregnant than if these issues had been discussed openly with her.

Lamis Hossain argues that in Bangladesh, child custody laws are biased in favour of men. It is not surprising then that a woman, even one who is seriously abused, will hesitate to walk out of the marriage. The impact this has on her health is enormous, especially if she is a victim of marital rape.

The issue of marital rape comes up repeatedly. A human rights activist in Sri Lanka observes that most domestic violence has to do with sex and the withholding of sex. For many women, saying "no" to sex especially within a marriage is just not an option.

Analysing the impact of domestic violence and women's reproductive health in Chile, Lezak Shallat points out that women who live with a violent partner are at risk of coercive sex. This in turn means unwanted pregnancy, as the woman cannot negotiate contraceptive use.

> The book shows how women's reproductive rights require more than just provision of reproductive health services

There is the issue of abortion and in countries like Chile where abortion is illegal, it means that often the life of the woman is in danger.

Then, there is a horrifying account of 'honour killings' in Pakistan, of the hudood laws and how they have trampled on even the most basic of human rights. Hilda Sayeed and Ayesha Khan give a detailed insight into how cruelty against women is legal in Pakistan.

NO PARADISE YET
The World's Women Face the New Century
Ed by Judith Mirsky and Marty Radlett
London: Panos/Zed Books, 2000, pp 260

However, it is not only overt violence that undermines a woman's reproductive rights. In many countries women do not have maternity rights and are not allowed maternity leave, employers do not provide childcare facilities. The violation of these rights is particularly serious in the informal sector.

The kind of world women face in the new century then is a depressing one, as the accounts from various parts of the world indicate. The main problems that the book focuses on are not new – we are all aware of marital rape, domestic violence and social pressures on women to bear male children, etc. However, where the book provides interesting and new insights is in analysing the wider impact that these problems have. The personal styles in which the stories are narrated make the issues particularly poignant, even painful.

However, while the accounts are depressing, the book is not pessimistic. The essays also draw attention to various initiatives that are seeking to address the problems.

Besides, in the introductory chapter, the editors suggest five areas outside the health sector where interventions would have an immediate impact on the wellbeing of women. These include education (combating sexual harassment in schools and educational institutions); employment and income generation (ending discrimination against women who are married, pregnant or have a young infant, and discrimination against women in access to land); family policy (formulating and implementing fairer marriage, divorce and child custody laws); gender violence (campaigns against domestic violence, in particular) and programmes for youth (creating more openness about the realities of adolescence).

The book is essential reading for activists involved in gender issues and policy makers involved in reproductive health, legal matters and social justice.

Sudha Ramachandran
Deccan Herald
12 August 2001

Viagra on menu

Singapore: Singapore diners are getting more than just Char Kway Teow and Mee Goreng for lunch at their neighbourhood hawker stalls with the appearance of fake viagra to spice up their meals. In the first detected case of a counterfeit drug being sold in Singapore, the fake anti-impotence pills are available at half the normal price.

At least two hawker stalls are selling them to regular customers, the Straits Times reported Tuesday. Pfizer, the company which makes the genuine pills, said the fakes are selling for 10 Singapore dollars (5.50 US) each, compared to 15-20 Dollars for legitimate viagra.

The Indian Express
08 August 2001

Aurobindo, Hetero to launch new AIDS drugs

By Ramnath Subbu

MUMBAI, AUG. 11. Close on the heels of Cipla's launch of the world's first triple drug combination — Triomune earlier this week — the other players in the acquired immuno-deficiency syndrome (AIDS) retrovirals segment — Hetero Drugs and Aurobindo Pharma — have also announced new product launches.

Aurobindo Pharma is launching two products Efavirenz and Nelfinavir under the brandnames of Virenz and Nelvex next week. "Nelfinavir is a non-nucleoside reverse transcriptase inhibitor (NNRTI) and will be useful for those who are unable to tolerate the popular NNRTI Nevirapine and Efavirenz is a protease inhibitor for those unable to tolerate Indinavir. Both products are being launched nationally next week." said Mr. Srinivas Lanka, director, Aurobindo Pharma.

Virenz and Nelvex are both priced at Rs. 40 per tablet and the recommended dosage is three tablets of Virenz once a day and three tablets of Nelvex thrice a day.

Hetero Drugs is launching Nelfinavir Mesylate which is a protease inhibitor under the brand name of Nelfin next week. The product has been priced at Rs. 9,000 for a pack of 270 tablets. The company has also completed the dissolution studies for Efavirenz, Ritonavir and Saquinavir Mesylate and will be launching these products in the market soon.

Cipla's Triomune is a single bilayered tablet and reduces the pill burden for HIV/AIDS patients. The company also announced its paediatric formulation of Nevirapine — Nevimune Suspension for mother-to-child (MTC) cases. The product has been priced at Rs. 240 per 100 ml with daily dosage being the same as the tablet form of 200 mg twice daily.

Today the triple drug 'cocktail' regimen typically consists of two nucleoside reverse transcriptase inhibitors (NRTIs) in combination with either a protease inhibitor (PI) or a non-nucleoside transcriptase inhibitor (NNRTI).

The compounds Zidovudine, Lamivudine and Stavudine are NRTIs which form the backbone of triple therapy. Either Zidovudine or Stavudine are used in combination with Lamivudine.

Nevirapine belongs to the NNRTI class of anti-retroviral drugs. These act by inhibiting reverse transcriptase, which is essential for the multiplication of the human immuno-deficiency virus. NNRTIs inhibit HIV-1 strain but are not active against HIV-2 strain. Indinavir, Nelfinavir, Abacavir are protease inhibitors (PI).

The Hindu
12 August 2001

Duty exemption for HIV drugs

By Our Special Correspondent

NEW DELHI, AUG. 7. The Centre has decided to exempt certain drugs used in the treatment of HIV/AIDS and the opportunistic infections associated with it from customs and excise duties with a view to make them more affordable.

The decision was taken at a meeting presided over by the Union Health Minister, Dr. C.P. Thakur, and attended by representatives of Finance, Commerce and Industry Ministries.

The anti-HIV drugs which have been exempted are: Nevirapine, Effavirenz, Stavudine, Indinavir, Abacavir, Didanorine, Zalcitabine, Lamivudine, Ritonavir, and Saquanavir. The drugs used for treating the opportunistic infections and which have been exempted from the duties are: Tretinarin, amphotericin B, anti-D-Immunoglobin, Gancyclovir, Alfa- Interferon, and Somatropin.

The Hindu
08 August 2001

3-in-1 drug for HIV gets mixed reaction

By Seema Kamdar
Times News Network

MUMBAI: The launch of a capsule, a combination of three antiretroviral drugs, gives HIV patients reason to cheer. Specialists on HIV hail it as heralding a 'compact world order'. Though the capsule is a welcome relief to HIV patients, but its welcome is laced with lots of caution.

The good news first. The capsule, Triomune, reduces the 'pill burden' of HIV patients. They don't have to live with too many pills and schedules, says Dr Shashank Joshi, a consultant with Lilavati Hospital.

The cost factor is gratifying (at about Rs 1,800, *i.e* less than $40), says a spokesperson of the People's Health Organisation, given that an international equivalent of this drug is available for $800 in the grey market. The Centre's decision to exempt all HIV/AIDS drugs from customs and excise duties will bring the cost of Triomune further down to Rs 1,500, he says.

Launched by an Indian pharmaceutical company last week, Triomune combines three antiretroviral drugs: Lamivudine, Stavudine and Nevirapine. Antiretroviral drugs are reported to boost the immunological systems of a HIV patient and prevent the virus from multiplying or infecting new cells.

Apart from bringing HIV drugs within the reach of more HIV-affected people, the price reduction will encourage many to keep away from quacks, doctors say.

While bringing down treatment costs of HIV infection, doctors are also wary of this instant, pop-easy culture that this drug signals. The medical community nurses some apprehension about its possible misuse by 'enterprising' doctors who may be emboldened to recommend this drug freely to patients since it makes prescription so much simpler.

Drug intake should be monitored and be given under "careful medical supervision", Dr Joshi points out. Otherwise, there is a very real risk of the drug getting misused, thanks to the way it has simplified medication.

In the absence of a special branch dealing with HIV infection and treatment, the possibility of the drug being mis-prescribed or over-prescribed cannot be ruled out, he says.

The capsule culture can work in the US where patient compliance is monitored by giving them placebos for the first two weeks and professional counselling is the norm, says an expert.

Moreover, doctors fear the low cost would also tempt one to self-medicate, apart from falling prey to doctors untrained in HIV care. The cost of treatment is anyway one component in HIV care. "HIV cases require extensive monitoring. Every three months, the viral load and CD4 count has to be tested. These two tests alone cost Rs 4,000. If the drug is taking effect, the viral load will drop and the CD4 count will go up. However, after a while, the patient may develop drug resistance," a HIV counsellor says. "Very often, doctors recommend drugs to HIV patients even without these two basic tests when these tests are an absolute must," she points out.

The Times of India
14 August 2001

Attention Media Agencies / NGOs

Request for Letter of Expression of Interest for Mass media advertising agency

Cr. 3242-IN
Project Name: Second National HIV/AIDS Control Project
IFB No. : KSAPS/AIDS/IEC/9A/2000-2001 August 6, 2001

1. Letters of interest are invited from qualified and experienced mass media advertising agencies for Second National HIV/AIDS Control project. The Government of India has received a credit from International Development Association (IDA) and intends to apply a portion of the proceeds of this credit to finance the cost of this service.

2. Under the project, professional mass media advertising agency will be required to undertake the following tasks/activities in the state of Karnataka :

   - Design and develop a cost effective mass media plan such as Radio, TV, Press, Folk media etc., with an appropriate media-mix, based on the Community needs assessment carried out by Karnataka State AIDS Prevention Society (KSAPS).
   - Define key objectives and messages for each group and segment target audiences, using the community needs assessment and other available primary and secondary databases.
   - Design appropriate messages and produce communication material based on the approved media plan for HIV/AIDS/STD prevention and control through all forms of media addressing both low-risk as well as high-risk population groups, health providers etc.
   - Design for each group an appropriate media-mix and frequency of exposure to optimize reach and effect changes in priority target groups.
   - Implement media plan, through the approved media-mix, including buying of time in electronic media.
   - The consulting agency shall be required to effect necessary changes in the implementation of the media plan based on feed back from KSAPS.

   The total cost of mass media services is estimated at Rs. 30 million (US $ 0.64 Million). The period of consultancy services is likely to be for 12 months with effect from January 2002.

3. The mass media advertising agencies interested in being considered for the assignment should submit information supporting their experience and capability and specialization in conducting similar assignments in the country. The agency should have implemented a single media campaign within a space of 12 months valued at not less than Rs. 25 lakhs. The following information on adequacy and availability of resources to carry out the assignment should also be provided :

   - Name address and facsimile number of the consulting Agency
   - Name and short CVs of Principal
   - Ownership and organizational structure of the Agency
   - Financial statement for the last 3 years and
   - List of major assignments undertaken in recent years in advertising in mass media on social sector issues with special emphasis on health related issues.

   Letter of expression of interest with accompanying materials should be submitted to the address given below by 5.00 p.m. on 3rd October 2001.

4. Please note that this is not a request for proposal. After a review of the letters of interest, short list will be prepared and those listed will be invited to submit detailed technical/financial proposals through request for proposals as per specified terms of reference. Any additional information requested will be at the cost of the interested consultants.

Project Director,
Karnataka State AIDS Prevention Society

Government of Karnataka

KARNATAKA STATE AIDS PREVENTION SOCIETY (R)

No.13, 5th Main, 10th Cross, 12th Block, Kumara Park West (Behind BDA Office), Bangalore - 560 020.
Phone : 080-3349057, 3341078. Fax : 3349142. E-mail:ksaps@bgl.vsnl.net.in

The Indian Express
13 August 2001

All you wanted to know about AIDS-baiting ARVs

What are ARVs?

Anti-retroviral drugs (or ARVs) are used to combat the Human Immuno-Deficiency (HIV) virus that causes AIDS. They are targeted at a class of viruses known as retroviruses which attack the immune system of the body.

How do ARVs work ?

A virus infects a white blood cell and then produces other viruses that kill the cell and infect other cells, ARVs interfere with this process and prevent the HIV from infecting more immunity-providing cells in the human body. Depending on the way they work, the most commonly-prescribed ARVs are classified as nucleoside reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs) and protease inhibitors (PIs). Each type of drug is given at different points of time during the HIV life cycle.

What are NRTIs ?

NRTIs, sometimes referred to as 'Nucleoside Analogues' or 'nukes' for short, prevent healthy cells in the body from becoming infected with HIV. The HIV has an enzyme called the 'reverse transcriptase' enzyme which converts its RNA into DNA. This process is necessary for it to infect healthy cells. NRTIs contain faulty versions of the building blocks (nucleosides) used by reverse transcriptase to convert RNA to DNA. When reverse transcriptase uses these faulty building blocks, the new DNA cannot be built correctly. In turn, HIV's genetic material cannot be incorporated into the healthy genetic material of the cell and prevents the cell from producing the new virus. The first ARV to combat the HIV virus was an NRTI called zidovudine or AZT. It was first seen to have anti-retroviral properties in 1987.

ET IN THE CLASSROOM

What are NNRTIs ?

NNRTIs also prevent the reverse transcriptase from converting the RNA into DNA but by a different mechanism.

What are protease inhibitors ?

Protease is also an enzyme that the HIV uses to infect new cells. The protease gets into action when the HIV has already entered the cell's nucleus and has made long chains of proteins and enzymes that will form many new copies of HIV. But before they can start working correctly, the long chains have to be cut into smaller pieces. The protease performs this function. A protease inhibitor prevents the protease from doing so and therefore reduces the rate at which the HIV infects new cells.

What is triple-drug therapy ?

The three drug combination combining one NRTI with two other anti-HIV drugs has been widely accepted as the standard approach to manage HIV. Clinical studies have shown that it can reduce the HIV virus in the body to very low levels. However, since HIV-infected cells lie dormant in the body for a long time, it is important to continue with the treatment for a long time. The emphasis while researching ARVs is on improving patient compliance and making it easier to take these drugs.

Can ARVs be curative?

ARVs do not cure a person of AIDS. They only try to arrest the progress of the virus. However, some ARVs have been discovered to reduce the risk of vertical transmission or mother-to-child transmission of HIV.

Though more research is going into finding potent ARVs, there is also work on discovering an AIDS vaccine which will immunise people against the virus. Until then, ARVs are the next best way of helping an HIV-infected person live a longer, healthier life.

The Economic Times
13 August 2001

Kopran forms JV in Uganda for anti-AIDS drugs

DH News Service

MUMBAI, Aug 14

Kopran Ltd has followed Cipla, Ranbaxy and Aurobindo in joining the war on AIDS through the manufacture and marketing of anti-AIDS drugs. The company has set up a joint venture in Uganda - Kampala Pharmaceutical Industries Ltd (KPI), which has applied to the health ministry there for compulsory licensing to market various anti-AIDS drugs with the support, technology and raw material from Kopran.

Kampala Pharmaceutical Industries is the largest producer of pharma products in Uganda and is a joint venture between Industrial Promotion Services, a subsidiary of the Aga Khan Fund for Economic Development and Kopran Ltd. Uganda has a population of two lakh AIDS infected patients out of which only 16,000 are surviving on these drugs.

Deccan Herald
15 August 2001

Beijing parents to receive sex education

BEIJING: Parents in the Chinese capital will be lectured about sex beginning this autumn, a move local education authorities hope will improve sex education among the country's teenagers.

The Education Committee of Beijing's Xuanwu district announced its Parental Sex Education Plan last Sunday, hoping that parents would pass the knowledge on to their middle school children, the state media reported.

Teachers are also required to join the training session, which will include watching videotapes, discussions and lectures, Xinhua news agency reported. "The fathers and mothers of middle school students grew up more often than not in a time when such things were not discussed. So, few of them know how to instruct their adolescent children properly. And this class will be good for them," one parent commented.

Education experts have supported the move. They say that middle school is a crucial time for students to get correct knowledge about sex, and that parental training is the most suitable way. Such education should include warnings to avoid premature sex and eliminate the spread of aids and venereal disease.

They advocated that primary school children should know about sex and the sex organs. And so, as they grow up, they can come to a better understanding of sex-related physiology, psychology, ethics, physics, health care and contraception.

Prof. Gao Dewei, President of the Beijing Sex Health and Education Association, said sex education is life-long, but the two crucial phases are at the age of two to three and 12 to 13.

An earlier survey in Beijing had blamed ignorance for increasing cases of pre- marital sex in China. A lack of sex education in schools and at home has resulted in an increase in pre-marital sex among Chinese youngsters, the survey found.

Although sex outside marriage is technically illegal in China, 14 per cent of women seeking abortions at the obstetrics and gynaecology hospital in beijing are under 20, the survey said.

Almost half of students questioned in recent surveys supported pre-marital sex, it said. In one recent survey of 739 beijing teenagers, nearly 49 per cent accepted the notion of sex before marriage. Some 18.8 per cent of students said they had embraced a member of the opposite sex, while 10 per cent admitted kissing. Seven students said they had sexual intercourse, while 22 per cent refused to answer this question.

Nationwide statistics released by the Ministry of Education last year showed that 22.7 per cent of students in cities approved of pre- marital sex, but only nine per cent felt the same in rural areas. (PTI)

The Times of India
13 August 2001

Art for awareness on AIDS

NGO organises novel dance programme

FROM R UMAMAHESHWARI

Hyderabad, Aug. 13: A novel and message-based dance programme was organised by Srishti to create awareness on AIDS, at the Ravindra Bharati on Monday.

The institution Srishti, was started a year ago by two students, Sharmishtha and Harini, of the Kalakshetra, Chennai is sponsored by the AP AIDS Control Society and the Confederation of Indian Industries.

The ballets *Asatoma Sadgamaya* highlighted the apprehension of an individual suffering with AIDS, his loneliness, poverty and suffering for his momentary enjoyment.

The second ballet, *Quest for Freedom*, lead one through Indian history under the British and the freedom struggle to the present times. It questioned whether, with the evils such as communal riots, terrorism and diseases like AIDS, were people in India really free.

Speaking on the occasion, S Aruna, Minister of State for Health and Family Welfare, commended Srishti for giving a revolutionary concept in dance and making art relevant to the society.

Noted Kuchipudi exponent, Shobha Naidu, said all artistes must contribute their mite towards the welfare of society. She lauded the dancers for taking up social themes and spreading social messages through dance.

Earlier, prizes were given away to winners of the AIDS cartoon contest organised at the national level by the AP AIDS Control Society.

Subhani, cartoonist of *Deccan Chronicle*, won the top prize which carried Rs 10,000 cash and a memento. The second prize went to Suresh Sawant from Mumbai and the third to Shyam Mohan from Hyderabad. The awards were selected by a jury comprising of noted cartoonist Mario Miranda from Goa, B V Ramamurthy from Bangalore, Chandana Khan and B P Acharya, both IAS officers.

Two NGOs, Pragati and Nrityanjali, had also set up stalls distributing leaflets and pamphlets on AIDS awareness.

Deccan Chronicle
14 August 2001

Americans delay AIDS tests: Study

Atlanta, Aug. 15: A large number of Americans infected with the human immuno deficiency virus are waiting often more than a decade before having an HIV test, undermining efforts to control the spread of AIDS, US health experts said.

Forty one per cent of all people diagnosed with AIDS in 25 States between 1994 and 1999 only learned they had HIV, the virus that causes AIDS, at the same time or within one year of coming down with AIDS. Researchers said the fears associated with the testing as well as poor access to quality medical care were reasons why many tests occurred in the late stages of infection. *(Reuters)*

Deccan Chronicle
16 August 2001

Levi Strauss offers grant to society

Bangalore, Aug. 13: The Levi Strauss foundation has offered a grant of dollar 36,000 to the Mother Saradadevi Social Service Society to create awareness about HIV/AIDS. Talking to reporters here, Levi Strauss India managing director, C S Suryanarayanan said that the objective of the project was to educate commercial sex workers and truck drivers about HIV/AIDS and to promote healthy sex practices.

The parent body has a worldwide funding network to help improve the quality of life in various countries through community partnership programmes. The foundation also supported other key issues such as economic empowerment, social justice and youth empowerment. *(UNI)*

The Asian Age
14 August 2001

Viagra not potent enough for smokers

Hong Kong, Aug. 13: Nine out of 10 impotent men who find Viagra does not work are smokers, a survey published on Monday in Hong Kong found.

The findings came from a two-year study at Hong Kong's Kwong Wah hospital on patients who failed to respond to the anti-impotence drug.

The study found 840 of 926 patients who found Viagra did not work for them were regular smokers.

Overall, the study found that 83 per cent of 5,450 men given Viagra at the hospital responded successfully. Of those, 3,651 were smokers who notched up a 77 per cent success rate. Andrew Yip, a urologist who headed the survey, said in an interview with Monday's *South China Morning Post* that smokers may need a bigger dose of Viagra in order to enhance their sex potential.

"Obviously we can see smoking more or less worsens the result of the treatment," he said.

Nicotine damages the blood vessels in the penis, Yip said, while Viagra works by expanding blood vessels.

Chinese men in general appeared to have a better response rate to Viagra than western men, Yip said, although more research into the matter was needed.

In western countries, the success rate of Viagra is usually around 78 per cent.

The demand for Viagra has increased by several times particularly in China as well as Hong Kong where sex is rarely talked about. Several versions of Viagra have flooded the Chinese and Hong Kong markets inspite of stringent measures initiated by the authorities concerned. Use of Viagra and similar drugs were reported to be high in Hong Kong's Trendy Party district. *(Agencies)*

Deccan Chronicle
14 August 2001

New way to block HIV transmission

A starchy substance that drains cholesterol from a cell's membrane can completely block HIV transmission. With a vaccine not presently available, rendering HIV non-infectious plays an important role in controlling AIDS

CHOLESTEROL IS instrumental in HIV's ability to infiltrate cells, and removing this fatty material from a cell's membrane blocks infection, according to a Johns Hopkins study reported in the *Journal of AIDS Research and Human Retroviruses.*

The discovery may provide new opportunities to stop HIV transmission. "With a vaccine not immediately on the horizon, microbicides that can remove cholesterol from cell membranes, rendering HIV non-infectious, may play an important part in controlling the AIDS pandemic," says James Hildreth, associate professor of pharmacology and molecular science at Johns Hopkins. Researchers found that a starchy substance that drains cholesterol from a cell's membrane can completely block HIV transmission.

Using microbicides that contain this cholesterol-depletor during sex should be able to reduce or stop HIV transmission, according to the study. Researchers have long known that HIV steals many proteins from a cell membrane when it exits the cell. The theft of adhesion proteins, for example, allows the virus to bind to many cell types, increasing its infectious nature. Scientists wondered, however, why a particular protein called CD45 was plentiful in cell membranes but ignored in HIV's robbery efforts.

Looking closely at the issue, Hildreth observed that lipid rafts, subregions of a cell's membrane enriched with certain lipids and cholesterol, do not contain this protein. "We thought that because HIV leaves behind CD45, and because CD45 doesn't exist in the lipid rafts, then maybe HIV emerges from the lipid rafts when it exits a cell," says Hildreth. Studies showed that indeed this was true, and in the current report, researchers focused on solving the next question. "We wondered why lipid rafts might be important for HIV biology, and our attention focused on cholesterol in the rafts because it's important in a number of biological functions, including fusion," says Hildreth. "We also knew that certain other viruses require cholesterol for infection." To test their hypothesis, the scientists manipulated cholesterol levels by using cyclodextrins, chains of sugar polymers that form circles or rings. The insides of these rings provide a hydrophobic environment, one that is appealing to molecules that hate water.

Since molecules such as cholesterol are hydrophobic, they like to sit inside the rings. The researchers removed cholesterol from several primary cell lines by treating them with cyclodextrins, allowing the rings to absorb the fat-like material.

They then exposed these cells to virus particles and cells infected with HIV. To their surprise, the scientists discovered that cholesterol was not only crucial for the virus' exit but also for its entrance into a cell. When exposed to the virus, treated cells resisted HIV infection.

Upon further inspection, the researchers discovered that removing cholesterol reduces the number of so-called chemokine receptors, HIV co-receptors that the virus must latch onto to gain entry into a cell. Hildreth believes that in the absence of cholesterol, a rigid substance, these receptors lose their shape, become unstable and are destroyed. Cholesterol's stiffening quality is actually responsible for the name "lipid raft." This fatty material stiffens the lipid soup, and sub regions then appear as little boats or rafts floating in the more liquid components of the membrane.

The researchers have tested the cyclodextrins with both HIV-1 and SIV, a close cousin of HIV that affects monkeys, and thus believe cyclodextrins will similarly affect all viral strains. "Cholesterol plays a crucial role in the biology of the virus. The finding that cyclodextrins can stop infection is allowing us to develop an entirely new strategy for blocking sexual transmission of HIV using microbicides," says Hildreth. "Cyclodextrins have been used in humans for many years as a carrier for hydrophobic drugs so the molecule already has a proven safety profile. And remarkably, it's non-toxic to cells

The Hindu
16 August 2001

Senegal shows the way for AIDS ravaged Africa

Alexandra Zavis
Dakar, Senegal

WITH A twinkle in her eye, a mother of 10, slips a condom over a coke bottle before a room of attentive Muslim women in veils and long dresses. "This is how I protect my partner," Aminata Niang explains, then cracks a few risque jokes before launching into a frank discussion about how to safely use and dispose of condoms. The gathering in an impoverished neighborhood on the outskirts of Dakar is part of a far-reaching campaign -- drawing in politicians, aid workers, religious leaders and prostitutes -- that has helped senegal avoid the worst of the aids epidemic gripping Africa.

On a continent that accounts for more than 70 per cent of the world's 36 million people living with the HIV/ AIDS virus, and where the infection rate in many nations runs in double digits, Senegal's HIV rate is less than 2 per cent. Health officials believe the West African country has been shielded in part by widely held cultural and religious values that limit sex to marriage.

But Senegal, which is predominantly Muslim, also took up the AIDS challenge long before the disease started ravaging the continent. When most African countries still denied the scope — and in some cases the existence — of the virus, Senegal had a Government-sponsored prevention programme going in 1987, within a year of the diagnosis of its first three HIV cases.

Muslim clerics preached about AIDS in crowded mosques with a frankness rare in the Islamic world. Teachers spoke about the virus in schools. The Government required prostitutes to submit to annual HIV tests. Senegal's elected Government was one of the first in Africa to negotiate cut-rate treatment for its people. *AP*

The Pioneer
13 August 2001

Death warrant for four million

IT TOOK social reformers like Phule and Shahu Maharaj a lifetime of painful struggle — supplemented by Bentinck's *sati* ban — to highlight the prevalence of obnoxious anti-human practices, and the need for radical change. It took Ambedkar and many Dalit sacrifices, and more recently, Phoolan Devi and her gruesome murder, to remind us of the persistent tyranny of casteism. How many avoidable deaths must occur before this apathetic society recognises the gruesome reality of HIV/AIDS?

Must some Indian celebrities die (like Miles Davis and Rock Hudson in the US), before it dawns upon us that the endemic that annually kills five million people worldwide is not some distant phenomenon, but bang in our midst, and that AIDS is not just a health/medical problem, but a political, economic and, above all, a human rights issue, especially afflicting the underprivileged? When will our government and medical profession realise that HIV is no longer an inevitable or rapid killer, but a condition which can be treated, and which most patients can live with, not quite unlike living with diabetes?

Consider the following. India has the world's second highest number of HIV-infected people — 3.86 million, according to official claims, and at least double that number, according to independent researchers. And yet, AIDS treatment is not part of our National Health Programme! The government does not spend a single rupee on anti-retroviral drugs which are now highly recommended for HIV/AIDS treatment. On the contrary, it profits on the backs of AIDS patients through duties and taxes.

India's pharmaceuticals companies like Cipla have made international headlines for supplying anti-retrovirals to some of the world's poorest people, in sub-Saharan Africa, at an unbelievable one-fifteenth of the cost that multinationals charge. And yet, the government complains that anti-retroviral "cocktail" therapy is unaffordable because of "exorbitant" cost — although this has fallen five-fold to about Rs 70 a day. There is talk of reducing central duties on these drugs, cutting their cost by about one-third for individuals, but no commitment to systematic large-scale public treatment with them.

HIV infection is spreading in India at the dizzying rate of 200,000 cases a year — or 23 cases *every minute*! (This may be an under-estimate.) AIDS is already the second largest killer of our adults —next only to tuberculosis. This is not in dispute. Its cumulative toll, since India's first HIV case was detected in 1986, is conservatively estimated at two million lives. At this rate, HIV/AIDS could soon acquire African proportions in India — threatening to decimate a whole generation of young adults, and leaving unspeakable social and economic devastation in its wake.

The official Indian position on HIV/AIDS could not have been more hypocritical. From one side of the mouth, the government swears by the Declaration of Commitment adopted six weeks ago at the major UN conference on HIV/AIDS, the first-ever devoted to a public health issue. It is bound by Article 25 of the Universal Declaration of Human Rights, International Covenant on Economic, Social and Cultural Rights, Health for All (Alma Ata), as well as by the right-to-life — Article 21, and non-discrimination — Article 14, and Article 47 of our own Constitution.

All these unambiguously spell the *fundamental* right to health, well-being, adequate nutrition, and to information, testing, counselling and medicines. But from the other side of the mouth, the government pours scorn upon any notion of rights. It explicitly denies care and treatment to HIV-positive people, thus trampling on their acknowledged human rights.

The argument that this denial is justified by a paucity of funds won't wash, morally and legally. The rationale of the Supreme Court's Unnikrishnan judgment on the State's duty to provide free education to all children to age 14, *irrespective* of its financial resources, applies with redoubled force to life-and-death issues.

Yet, the government's annual AIDS control allocation is a pathetic Rs 210 crores ($ 45 million). This works out to $ 12 for each HIV-positive Indian. Brazil is a third world country too. But it spends over $ 830 or 70 times more per head. Thailand spends 15 times more. Botswana and Ghana are 'fourth world' states. They spend many multiples more.

Today, Indian companies like Cipla, Hetero and Ranbaxy are offering anti-retroviral "triple cocktails" for under Rs 2,000 per month — as against Rs 40,000 a few years ago. This is by no means unaffordable. And it is falling. A judicious mix of therapies and classes of drugs (focused on specific infections) can further lower the annual per-patient cost to a moderate Rs 20-25,000 — of the same order as India's per capita GDP in current rupees. Surely, a billion Indians can support five million fellow-citizens!

The issue is not that of funds — after all, the government has written off Rs 40,000 crore in telecom fees and more in non-performing assets. The crux is official misanthropy, bad policy and elite apathy, rooted in prudery, sexual prejudice and contempt for the poor. That's why India has ignored two of the three planks of any rational AIDS policy (care, including counselling and support, and treatment), while concentrating only on prevention — supposedly through "awareness". A single-track obsession with prevention is perverse when millions are already affected: they must be cared for, counselled, monitored, fully rehabilitated; their families must be helped; and society must look after their orphaned children.

Patients in whom HIV infection is detected relatively early must be empowered to prevent becoming full-blown AIDS cases and to lead virtually normal, productive lives. Advanced cases must be treated in earnest as much for opportunistic infections, as for fighting the virus. My conversations with AIDS specialists — including Dr Suniti Solomon, who discovered India's first HIV case, and Dr Vinay Kulkarni of Pune-based NGO Prayas-Health, suggest this is eminently achievable under Indian conditions at a realistically low cost, such as Rs 3,000 per month. This is what a bed in an upper middle class-level hospital costs *per day*!

However, what passes for "prevention" in India is largely *mis*education through advertisement and publicity, coupled with measly assistance from the National AIDS Control Organisation via information, condoms, etc. The predominant message is: HIV/AIDS is incurable; it's a sure killer; there is no defence against it; don't take risks; practise monogamy, at least use a condom... This is profoundly disempowering. A person who suspects s/he has the infection will try especially hard to avert social stigma by suppressing the fact. S/he is asked to place misplaced morality above life itself.

That is not all. Official AIDS education ducks vital issues. An obsessive emphasis on single-partner sex, as distinct from safe sex, not only reveals prudery; it fails to engage with reality. Surveys show that up to a third of people have extra-marital sex. Their numbers are probably growing as migration increases and work compels individuals to live alone.

Again, the widespread reluctance among Indian men to use condoms is rarely faced squarely. Addressing it means asking uneasy questions about sexuality, male "prowess", (female) virginity, "purity", the lot... NACO has failed to promote a culture which permits this. Nor are outrageous assertions about true "Indianness" and its opposition to "improper sex" adequately countered.

Even the legal system is hostile to

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Beware of quick fix cures for AIDS

By Roja Kandath
Times News Network

QUACKS who claim to treat AIDS actually 'cure' their patients with a heavy dose of medicine and a highly nutritious diet, both of which manage to bring down the virus content to 500 ml per cubic metre of blood. The patient is declared cured as the suppressed virus will not be shown in the tests. Later as the virus's immunity increases, it doubles in the patient's blood stream. This was disclosed by Raja of Mother Saradadevi Social Service Society (MSSSS) from Dindigul district in Tamil Nadu.

This organisation recently won the Tamil Nadu government's award for the best NGO in AIDS prevention work. Raja was in the city on August 13 to receive the Levi Strauss grant which is given to an NGO, every year.

The grant this year is $ 36,000 and MSSSS will use this money particularly to educate 20,000 truck drivers about the precaution and cure of AIDS, most of them from the Pollachi and Dindigul truck terminals. "There are more HIV positive cases reported from rural rather than urban areas," says Raja, whose wife Prasanna started the organisation in 1988. According to him, a majority of the AIDS patients being treated in city centres like Bangalore, are from rural areas. Currently, MSSSS provides assistance like day care centre and family counselling to 203 AIDS victims. The organisation says they have representatives and party workers from major political parties in Tamil Nadu visiting them for assistance. The annual funding for this organisation is over Rs 50 lakh.

N Raghunath, Catalyst Management Services, an associate of the voluntary organisation says there are very few organisations that dare to work with sex workers, truck drivers and eunuchs.

"We make it very clear to the victims that AIDS is an incurable disease but they can use the last few years of their life to plan for the future of their family members," says Raja. He adds that his organisation works in tandem with the National Aids Council of India and the Tamil Nadu government.

Commenting on corporate funding for voluntary organisations, CS Suryanarayan, managing director, Levi Strauss (India) says it is easier to take decisions on the company's marketing policies than on voluntary organisations doing genuinely good work. "With unscrupulous elements getting on to the AIDS bandwagon, we should be careful."

The Times of India
18 August 2001

AIDS patients left in the lurch by NGOs

K Sandeep Kumar
Lucknow, August 15

THE ONLY lifeline for homosexual AIDS patients in UP has been snipped off as even the handful of NGOs reaching out to them have backed off, following the recent raids and subsequent hype in the Bharosa case.

Bharosa was the only NGO which had been working among the homosexuals in the State but the subsequent arrest of its members on charges of 'possession of pornographic material and indecent sexual activity' has become a major deterrent for other NGOs. The incident has also put paid to attempts by the UP AIDS Control Society to create a 'suitable atmosphere' so as to initiate intervention programmes to prevent and control the spread of AIDS among homosexuals.

These NGOs are not sure when "help to homosexuals will be labelled as encouragement to pornography considering that legal guidelines for NGOs to work among homosexuals are ambiguous," as put by the Director of an NGO working for AIDS control in the State capital. Moreover, since, legally homosexuality is punishable under the Indian law, most NGOs treat the homosexuals at best as children of a lesser God.

Post-Bharosa controversy, AIDS awareness and control programmes targeting the State's invisible homosexual community have come to a standstill.

No NGO in the entire State is willing to come forward to work among them and the UP AIDS Control Society at present has no intervention programmes planned either.

The community members, under much pressure, have already gone into a virtual hiding while the Government seems satisfied with adopting an out-of-sight, out-of-mind policy towards them.

Mr Bachittar Singh, Project Director, UP AIDS Control Society said, "Though we have some NGOs which are working among the commercial sex workers in Varanasi, Allahabad and Kanpur, there is no NGO which is working among the homosexual community through us in the State." Sources said the Society's attempt to search for an NGO to work among the homosexual community have come to a naught.

Hindustan Times
16 August 2001

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recognising that specific groups are especially HIV-vulnerable — witness the ongoing victimisation of the Naaz Foundation. Some politicians even "threaten" they will never "allow" AIDS to enter their state borders!

Changing all this will need a radical reorientation of social priorities, moral attitudes and health approaches. But a beginning must be made by constituting a broad-based, high-powered, National AIDS Commission, which draws on worldwide experience, especially of people living with AIDS and of dedicated health professionals, social scientists and counsellors.

Changes in textbooks, advertising messages and information packages must follow. But we have to get rid of one big economic prejudice, that AIDS treatment must become unaffordable under the WTO's Trade-Related Intellectual Property Rights treaty. This is not so.

Articles 7 and 8 of TRIPS contain many alternatives to oppressive monopolistic patents, including compulsory licensing in the public interest or in national health emergencies. If HIV/AIDS is not an emergency, then what is?

BY PRAFUL BIDWAI

Hindustan Times
17 August 2001

THEY 'WASH' AND SUFFER SILENTLY

About 6.7 million abortions take place in India every year, mostly by unauthorised medical practitioners, reports KAMALNAIN BINDRA

In Nij Bihaguri, a village near the north-eastern town of Tezpur, women regularly turn up at the government hospital for a "wash," that is abortion. Their husbands find it the easiest way out. The Calcutta Rescue Centre, an NGO run health care unit for street women and children, says most of these villagers are anaemic due to repeated abortions and malnutrition.

The ratio of males and females in India is 1000: 930. Male refusal to use condoms, illiteracy among women, scare mongering and prejudice among older women and the abuse of ultrasound technology in cities are to blame. In urban areas, with the ultra-sonography making it possible to check the foetus' sex, there has been an unexpected fallout. But widespread abortion after coercion by families continues.

The Indian Parliament was passed the Medical Termination of Pregnancy (MTP) Act in 1971. But according to population expert Saroj Pachauri, this landmark in social legislation failed to translate into reality for majority of Indian rural women. In fact, India still has the highest rate of illegal abortions in the world. "An estimated 6.7 million abortions take place in India every year, mostly by unauthorised medical practitioners," claims the Bangalore Society of Obstetrics and Gynaecology. "Of these, more than 80 per cent are unsafe. And of the 80,000 deaths occuring globally due to unsafe abortions, one fifth take place in India. This is due to lack of awareness regarding safe public hospitals/services and resistance to undergo a thorough checkup. Is the emphasis on technology and pills and even condoms going to work in face of using abortions as a quick fix? Official policy or even NGOs hold women responsible in family planning issues.

A recent attempt made by filmmaker Shyam Benegal in his new movie *Hari-Bhari* (Fertility) reflects this grim side of social reality. The story revolves around a Muslim couple where the husband kicks out his wife because she dares to suggest that the sex of the progeny depends on the father. And refuses to share the blame in case a male child isn't born. He divorces her and remarries. Her sister-in-law is forbidden on grounds of religious *diktat* to opt for sterilisation despite poor health after two children and a few miscarriages. The film says it all — lack of education, male attitudes and cultural obstacles that isolate every woman.

A woman living in India runs 300 times greater risk of dying during pregnancy and childbirth compared to that in the developed world. Very often, it's a case of widow or teenage pregnancy.

A quarter century after legislation, the estimated ratio of illegal-to-legal abortions in India is still an astounding 11:1. A four year study conducted by a researcher Shelley Saha of Centre for Enquiry into Health and Allied Themes (CEHAT), Pune says that unsafe abortions account for 20 per cent of maternal deaths. Complications include haemorrhage, sepsis and uterine perforation. Even when treated, these may lead to infertility and/ or chronic morbidity, chronic pelvic pain and pelvic inflammatory disease. In reproductive tract infections, 20-40 per cent cases face pelvic inflammatory disease and consequent infertility. Acute renal failure and gas gangrene may also be seen.

On July 21-22 this year, FOGSI held a Millennium Conference at Agra, wherein criticality of safe abortions and condemnation against illegal medical practices were discussed. The conference tapped young talent in obstetrics and gynaecology to present papers and research work on this theme. They even organised a banner march against illegal abortions, female infanticide, sex determinations and abortion practices.

Their argument was that when doctors, instead of unskilled practitioners, perform the abortions, sterile equipment is used. Proper information when given to pregnant women encourages them to access services earlier in their pregnancy. When properly performed, abortion is extremely safe and abortion mortality and morbidity are largely preventable. The organising secretary, Dr Narendra Malhotra, claimed, "The story doesn't end with a safe abortion. Post abortion counselling is a must. Post abortion syndrome guilt is felt along with regret, shame, lowered self-esteem, insomnia and nightmares. At times, hostility towards men is experienced and she might become frigid. Depression often leads to suicidal attempts."

Once the problems have been identified, action plans can be looked at. To facilitate greater access to safe and legal abortions, the number of MTP registered centres need to be increased and health care providers should be made accountable as a first step. For more MTP centres, more non-government institutions should be recognised as such throughout the country. Shorten the bureaucratic proce-

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Judges' plea may benefit same-sex partners

By M.S. Prabhakara

CAPE TOWN, AUG. 7. Consequent upon the 'judicial intervention' of an unusual kind, gays and lesbians in South Africa are poised to win another legal victory in their search for equality in the wake of some fresh legal changes to certain laws or interpretations thereof.

In particular, the adoption of a child jointly by both the same-sex partners living in a gay relationship is almost certain to become legal.

At present, only one of the partners in such a same-sex relationship is allowed to adopt, in her or his individual capacity, and become the legal guardian of a child, as per the provisions of the Child Care Act.

The unusual nature of these legal challenges is that they have been mounted by two sitting members of the higher judiciary, Judge Anna-Marie de Vos of the Pretoria High Court and Judge Kathy Satchwell of the Johannesburg High Court, both living in apparently long and stable relationships with their same-sex partners — 13 years in the case of Judge de Vos and 15 years in the case of Judge Satchwell.

Judge de Vos is seeking a ruling declaring provisions of the Child Care Act which do not allow for the joint adoption of a child by both partners of a same-sex relationship unconstitutional.

She has adopted two children, a boy and girl, and wants this parental relationship to be made legally valid covering her same-sex partner as well.

Judge Satchwell is seeking a ruling declaring unconstitutional those provisions of the Judges Remuneration Act which do not allow such benefits as are available to the (heterosexual) spouses of judges, including payment of two thirds of the judge's salary to the surviving spouse in the event of the death of a sitting judge, to be made available to her same-sex partner.

Judge Frans Kgomo of the Pretoria High Court who began hearing both the applications this morning reserved his ruling in respect of the application of Judge de Vos.

He said considering the similarities between the two applications, he wanted to hear the Satchwell application as well before making his ruling, expected tomorrow.

Interestingly, the Government is not opposing the application of Judge de Vos. The present provisions, which violate the equality and anti-discrimination clauses of the Constitution, are patently unconstitutional.

Several earlier judicial rulings have struck down corresponding provisions affecting same-sex partners.

However, the Government is opposing the Satchwell application on the ground, among others, that it lacks resources to make available to same-sex partners of judges benefits which are presently available only to legally married spouses and that any favourable ruling would 'open the floodgates'.

Some organised Christian and Muslim groups which have anyway been opposed to the "freedom of sexual orientation" provision in the Equality clause of the Bill of Rights are also opposing the applications by the two judges.

The Hindu
08 August 2001

HIV Filter

SCIENTISTS have come up with a new device that filter HIV from blood, in the process slowing the progress of AIDS by lowering levels of the virus in the body.

The device called the HIV- Hemopurifier, can be used in conjunction with antiretroviral drugs, which slows the progress of AIDS by lowering the levels of the virus. Unlike drugs, though it should have no side effects, nor should the virus be able to develop resistance.

The HIV-Hemopurifier comes in a cartridge that fits into kidney dialysis machines. It contains hallow fibres with pores just large enough for the virus to pass through ugh.

-PTI

The Indian Express
08 August 2001

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dure by decentralising power from the state to the district level. Encourage heads of health care institutions to get their centres registered for MTP services.

The authorities should routinely monitor MTP facilities. Counselling facilities should be offered to women undergoing abortion to deal with psychological trauma. Through intensive campaigning, women should be informed about the available facilities (paid or free of cost). Doctors, health researchers, social activists who witness the consequences of restrictive laws related to abortion and gender inequality, have a greater obligation towards health care. Until both the government and society at large commit themselves to this cause, millions of women will continue to suffer — silently and in pain.

The Pioneer
14 August 2001

Graphic by Varghese Kallada

Sex ratio of districts in Punjab

(In the 0-6 age group)

District	1991	2001
Fatehgarh Sahib	874	754
Bathinda	860	779
Patiala	871	770
Gurdaspur	878	775
Kapurthala	879	775
Mansa	873	779
Sangrur	873	784
Amritsar	861	783
Rupnagar	884	791
Jalandhar	886	797
Faridkot	865	805
Muktsar	858	807
Ludhiana	877	814
Firozpur	887	819
Moga	867	819
Hoshiarpur	884	810
Nawanshahr	900	810

Deep-rooted evil

ON APRIL 18 this year, the five Singh Sahiban (apex clergy) issued a *hukumnama* (edict) from the Akal Takht that any Sikh indulging in female foeticide could be excommunicated as the practice was forbidden under the 'Rehat Maryada' (code of religious conduct) issued by the Shiromani Gurdwara Parbandhak Committee (SGPC).

The edict followed the revelation in the Census report that the sex ratio in Punjab fell from 882 to 874 over the last 10 years. Worse, the sex ratio in the 0-6 age group had fallen from 875 to 793.

The Sikh clergy, in collaboration with NGOs and heads of other religious sects, has initiated an action plan to ensure that the message reaches the grassroots. On August 11, the Jathedar of Takht Keshgarh Sahib, Prof. Manjit Singh, who is one of the Singh Sahibs, presided over the meeting of granthis (priests) from local gurdwaras of Fatehgarh Sahib, one of the worst-affected districts. The exercise was aimed at mobilising them against female foeticide.

The edict and its followup are a positive step, especially in the absence of any visible initiative from the Government or the political leadership in the state, but it is limited. The focus is only on the misuse of modern technology — the sex determination tests — there is not enough on changing social attitudes. The sex ratio in Punjab seems to inversely proportional to the improvement in other development indicators during the last century.

Dr. Rainuka Daggar, a scholar on issues related to the development of women, says that with patriarchal values embedded deeply in the every aspect of life, factors which have contributed to the prosperity of the people in the State have only perpetuated the preference for the male child. Technology is only an instrument.

Female foeticide in Punjab has its roots in social attitudes and blaming modern technology is not the answer, says ***Sarabjit Pandher.***

The sex determination tests are patronised by the people who till now depended on quacks and also religious rituals. This could also in part explain the anxiety of the clerics over the issue.

Dr. Daggar argues that, before blaming it all on the sex-determination clinics, there is a need to debate upon the discrimination a girl child faces — in terms of mother's care, medical services, nutrition, education, inheritance and even the right to a dignified life. Ironically, while the women are deprived of their rights, they are treated as the hallmark of the family's honour, though only to get targeted while settling family disputes. The concept of "honour killings" of girls, prevalent among Jat Sikhs is now being copied by others castes.

On the doorstep of the office of the Akal Takht Jathedar in the Golden Temple complex in Amritsar, stand two 'Nishan Sahibs' where the 'kesari' cloth cover is changed everyday. According to a recent study conducted by the Institute for Development and Communication (IDC), like at many other places all over the State, those who seek blessings for a male child sponsor 95 per cent of such activity.

A critical study of society reveals that the concept of individual rights has never been developed in Punjab though struggles for group rights have been exemplary. The concept of purity of identity and the evolution of the Sikhs as a "martial race" have contributed to the practice of female infanticide, which has now metamorphosed into female foeticide.

In many sections of the society in Punjab, the perceived ill is the lack of a male child and not female foeticide. Instances are widespread of female foetuses being aborted, after clandestine detection, despite a legal ban on such practice. In Bathinda district, a man, "with the consent" of his first wife who had as many as 14 abortions, married another woman; all for a male child.

It can be easily inferred that over the years the peasant society has imposed a hierarchy that emanates from the land holding structure. With the success of the Green Revolution, the value of land increased and therefore of the male child as well.

The crisis of stagnation in the agricultural economy and the period of terrorism only accentuated the attitude of viewing the girl child as a liability.

The possible success of the "anti-foeticide" programme of the clergy and the NGOs carries the inherent danger of revival of female infanticide, which could be carried out surreptitiously, even if a tough stance is adopted by religious authorities.

Dr. Pramod Kumar, a commentator, while suggesting a multifarious intervention to deal with the crisis, stressed a vital point by arguing that all international trade agreements must ensure that gender rights are neither disrupted nor displaced.

Advocating the need for the provision of a "Gender Box" on the lines of the "green box" in the agreements such as the WTO, he favours various incentives to protect and promote the rights of women.

The Hindu
19 August 2001

Negotiating Gay Spaces

PATRIARCHY has an uncanny way of staving off any challenge to its seemingly invincible power. This is particularly so in South Asia, where patriarchy has assumed the most extreme, grotesque forms, best epitomised in such practices as widow-burning and dowry deaths, forms of control of women unheard of in the rest of the world.

If women have borne the brunt of the burden of patriarchal terror, the trauma of homosexual men has been no less acute. Homosexuality continues to be treated as a crime in the statute books of all South Asian countries, buttressed by powerful sanctions of religion and appeals to tradition.

Homosexuals continue to be harassed and persecuted in our part of the world. In Afghanistan under the Taliban, several gay men have been summarily sent to the gallows. In India, where gays face relatively less hostility, they are frequently targeted by the police. Last month, activists of a Lucknow-based gay support group were suddenly picked up and put behind bars, where they still languish.

Gay support groups all over India now fear a major backlash. As the recently-released report of the Karnataka unit of the Peoples' Union of Civil Liberties (PUCL), titled 'Human Rights Violations Against Sexual Minorities in India' so dramatically illustrates, despite the mushroom growth of gay groups in India, homosexuals in the country continue to face widespread hostility from their families, employers, the medical establishment, the police and the legal system.

Harrowing tales of persecution of gays and lesbians are vividly described in another recent report, issued by Amnesty International, which has now launched a world-wide campaign for the rights of sexual minorities, a group which, despite numbering several millions in South Asia, local human right groups, a few notable exceptions apart, have generally chosen to ignore.

Despite the heavy odds that they are forced to contend with, gays and lesbians are increasingly assertive today. The PUCL report lists almost forty homosexual organisations in various parts of India, although just one each in Pakistan and Bangladesh.

Several more exist in cyberspace. These groups cater to only a small proportion of the region's massive sexual minority population, who could number anywhere between 50 and 100 million. Informal, hidden support networks provide succour and help to vast numbers, whom gay activists have not yet been able to reach.

Of all sexual minorities, the hijras seem to have the most stable and well-organised social support systems. Last week, I had the good fortune of being invited to attend a traditional hijra ceremony at a temple in a Bangalore suburb.

The little shrine, dedicated to a local goddess, *Plagueamma* (so called because, her followers believe, she keeps the plague away!), is tucked away in a working class locality that has few civic amenities. Negotiating a potholed street and overflowing drains, I got to the temple just as the ceremonies were about to start.

The chief priestess of the temple, a hijra in her fifties, had been dressed up in a bright yellow silk saree, weighed down with heavy gold jewellery, her hair decked with long strands of moti flowers that stretched like a carpet reaching down almost to her ankles. Balancing seven copper pots precariously on her head, one on top of the other, she led a procession of fellow hijras and curious bystanders through the maze of lanes, stopping at each house to give her blessings. Housewives came out to wash her feet with rosewater and turmeric paste, while the men of the house did a little puja to her, waving a plate containing a little clay lamp, a bunch of *paan* leaves and red kum-kum powder as if she were some powerful goddess who needed to be appeased. To those who fell at her feet in adoration, she had, in fact, been transformed into a deity, *Plagueamma* herself, being specially appointed to protect the locality from disease.

The procession wound its way through the huts and hovels of the *bustee*, the hijras, gaudily painted and powdered and decked in bridal finery, clapping their hands, singing and dancing with gay abandon to the throbbing beat of a dholak. *'Jai Gopala, Jai Gopala'*, they cried out in passion, invoking the blessings of Krishna, who, the story goes, rushed to the rescue of the hapless Draupadi when her five husbands had gambled her away to the wicked Kauravas.

It took well over an hour for the procession to return to the temple, joined now by a large crowd of men and women, awestruck devotees of the eunuch-turned goddess.

The puja then gave over with a community lunch, prepared specially by the hijras, where men, women and the rest all sat together on the bare floor for a sumptuous lunch of meat pulao.

What struck me most about the festival was the awe - I can think of no better word for it - that men and women who had gathered at the temple seemed to hold the hijras in.

For one day in the year, the much-despised hijras were treated with reverence and respect. The following day they would, however, I was told, have to go back to routine work - begging and singing and dancing to make ends meet. What better way of silencing their challenge to male supremacy than turning them into one-day-a-year deities?

As, Saleem Kidwai and Ruth Vanita have so brilliantly illustrated in their recent book, 'Same Sex Love in India', this is all part of a piece - those who dare to defy the iron law of heterosexuality must be silenced through terror or even murder, but if that does not work, then, perhaps a more effective way to deal with them is to ritualise and thereby neutralise the threat that they pose.

The transformation of fiercely independent women into harmless consorts of male gods is also part of this entire tradition.

In the face of deeply ingrained and institutionalised hatred for them, the hijras, I discovered, have a very strong support network among themselves. Each

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In no other part of the world has patriarchy assumed such grotesque forms as in South Asia. This is why the emergence of vocal gay activist groups must be welcomed, for they directly question and challenge the normativeness of male supremacy, writes **YOGINDER SIKAND**

hijra belongs to a particular gharana or house, each of which has a head or guru.

Followers of each guru treat each other as siblings. Few hijras are born eunuchs, most of them being gay men who later undergo surgery. In a culture where gay men are forced to remain invisible, becoming hijras is often the only way out.

Surgical operations are generally conducted by poorly-trained midwives or dais, and often result in death. But, as the gay movement gathers strength, despite the seemingly insurmountable odds that it is faced with, perhaps a day would dawn when such painful choices no longer need to be made.

As such, the very notion of homosexuality is a direct challenge to patriarchy since it questions the understanding of the ideal man, a notion based on the sexual control of women. Patriarchy in our part of the world has devised ingenious means to negotiate this threat.

Most gays are forced into silence and invisibility, while others go the way of Plaguemma's devotees. Either way, the ideology and structures of heterosexual male privilege remain preserved intact.

This is why the emergence of vocal gay activist groups must be welcomed, for they directly question and challenge the normativeness of male supremacy. The path ahead is far from smooth, but it must, however, be trod

Deccan Herald
19 August 2001

Mom's placenta may predict baby's weight

NEW YORK: When placenta volume is small in the second trimester of pregnancy, a woman may be more likely to have a low birth weight baby, researchers in Jamaica report. Since low birth weight babies have an increased risk of health problems both in childhood and perhaps even as adults, measuring placental volume may allow doctors to take steps to restore normal growth before a child is born, according to the report in the August issue of *Obstetrics and Gynecology*. "The introduction of technology to easily measure placental volume could help scientists to explore the associations between early markers of smallness —placental volume, fetal size —and health later in life," Dr Terrence E Forrester of the University of the West Indies in Kingston, Jamaica, said.

Right now, however, the measuring method used in this study is only practical during a short window of time ending at the 20th week of pregnancy. Low birth weight infants tend to have more health problems during infancy and early childhood than normal-weight babies do, and some research suggests a connection between low birth weight and the adult risk of diseases such as diabetes, high blood pressure and coronary heart disease.

Ultrasound testing allows a doctor to measure the size of a fetus in the womb, but Forrester and his colleagues wanted to know whether the size of the placenta—the structure within the uterus that passes nutrients from mother to fetus—could predict birth weight. *(Reuters)*

The Times of India
14 August 2001

Demand for Viagra touches new heights

Kuala Lumpur, Aug. 17: About 30,000 Malaysian men have seen their sex lives improve in the past two years after using the wonder-drug, Viagra, which helped cure them of erectile dysfunction, a news report said on Friday.

The tiny blue pill is the biggest revenue earner for pharmaceutical firm, Pfizer, which produces and sells Viagra, in Malaysia, the company's local managing director Ramdzi Ramli said.

Pfizer Malaysia last year raked in sales of $31.6 million, of which a significant amount came from Viagra sales, the *New Straits Times* daily newspaper reported.

Viagra is sold for 38 ringgit a tablet in Malaysia, which permits only doctors to prescribe the medication. Health authorities say about 1.5 million men in Malaysia suffer from erectile dysfunction.

Several other versions of the drug have also flooded the Malaysian market following the increasing demand for Viagra. *(DPA)*

Deccan Chronicle
18 August 2001

Is the govt forcing the issue?

With the Centre ready to include injectible contraceptives in its family planning kit and various states set to get harsh on those who do not stick to the two-child norm, the family welfare programme is about to enter a new era of forced population control. But not without raising a controversy. While the government says this will increase choice and improve the health of women, others say it will do the opposite and turn women into guinea pigs.

On June 18, Union Health Minister CP Thakur announced the government's decision to introduce the injectible contraceptive Net-N on trial basis in 12 medical colleges across the country. These included the University College of Medical Sciences, AIIMS and the National Institute of Health and Family Welfare in Delhi and medical colleges at Shimla, Rohtak, Allahabad, Meerut, Kolkata, Sambalpur, Gwalior and Bhopal. Two months later, the government is tight-lipped about developments. "A committee under the Indian Council of Medical Research (ICMR) has been formed to monitor the operational research of Net-N," says Family Welfare Secretary AR Nanda. "Women's health is uppermost in our minds," he added.

Net-N is a long-acting hormonal injectible contraceptive being made by Schering, a German company. It has to be administered every two months. Its introduction had been stayed by the Supreme Court following a petition by a Gujarat-based NGO about eight months back. Later the petition was withdrawn and the Union Health Ministry decided to introduce it gradually, at first restricting it to urban centres, particularly medical colleges. The ministry expects the trial to last a year. It asserts the injectible has no serious side effects. However several women's groups and NGOs have condemned the Health Ministry's decision. In the memorandum submitted to Mr Thakur, they reminded him of his acceptance earlier that he was being petitioned by "powerful lobbies" to allow the introduction of such contraceptives. According to Dr Amit Sengupta of the Delhi Science Forum, Net-N will seriously affect the health of women, especially those belonging to poorer sections. "Some side effects are menstrual disorders, irregular bleeding, general weakness, migraines and severe abdominal cramps," he said, adding, "In a country where a large percentage of women in the reproductive age group suffer from anaemia, irregular bleeding will further weaken them."

"The injectible can also lead to reduction in bone density increasing the risk of osteoporosis. Bone density among poor women is already low due to lack of calcium. Studies on the effects of injectibles do not rule out increased risk of cancer. There are questions regarding fertility and health of babies born after the contraceptive has been stopped," Dr Sengupta added.

The third phase of trials conducted by the ICMR in the early Eighties were given up because of side effects and unsuitability for Indian women. In their memorandum, the women's organisations said, "Since the targetted population is the poor woman who works long hours to ensure her family's survival, side effects will also inhibit ability to work." The women's organisations called for close monitoring of the injectible and study of its long-term impact on both women and children born. "This is impossible given the woefully inadequate health delivery system in the country," they said. Calling the trials of Net-N in selected government hospitals a hoax, Dr Amit Sengupta said, "Experience shows the concerned medical authorities have failed to monitor subjects properly. During the Norplant trials, which were conducted in urban centres, there were thousands of women who could not be followed up. There is no record of their health or healthcare." It is the poor women who will be the guinea pigs since they are the ones to routinely visit government hospitals, Dr Sengupta added. Women activists have also contested the government's argument that Net-N will increase the women's choice. According to them, women in these sections have never had choice in health, education or work. Regarding the Health Ministry's contention that injectible contraceptives are being used in 104 countries with women using them after informed choice, they asserted "it is mainly in Third World countries with high illiteracy rates that injectibles find a market due to strong pressure from funding agencies and multinational pharmaceutical companies."

Net-N is not the only cloud of worry in the horizon. Coercive measures are also being taken by several states to control poor women's fertility without addressing socio-economic reasons for demographic expansion. Government figures show that the sex ratio in the 0-6 age group has declined alarmingly and there is barely improvement in infant mortality rates. Literacy levels among women are still low and health services abysmal. Yet in the recent meeting of the em-

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powered action group for stabilisation of population, Rajasthan health secretary B P Arya revealed the state government's plan to ban from jobs those with more than two children, deny promotions for five years to a person who had a third child while in service and order compulsory retirement for those who had a fourth child in office. "Using covert coercion for controlling population means punishing poor for their poverty. The experience globally has been that population stabilisation and decrease in fertility rates follow overall socio-economic development. The government is therefore trying to overturn conventional logic," Dr Sengupta said. Conventional logic may succumb to dictates of the new era, but the uncomfortable questions will take time to die down. Should women not have the right to decide the number of children, have access to safe and affordable contraceptives? And finally, isn't linking survival measures and schemes with small family norms a violation of human rights and constitutional guarantees?

Dhirendra K Jha
The Pioneer
19 August 2001

AIDS centre in Bengal

Kolkata: The West Bengal government has planned to set up two research-cum-treatment centres for AIDS and TB. The state government has decided to provide space and hospitals for the centres and is seeking expertise and technical and financial support from the Centre. "We are worried about the rise in AIDS and TB cases in the state and it is high time we set up research centres for the two diseases," chief minister Buddhadeb Bhattacharjee said. *(UNI)*

The Asian Age
20 August 2001

CM to head AIDS prevention society

By Alladi Jayasri

BANGALORE, AUG. 20. The Karnataka AIDS Prevention Society (KSAPS) will have a new chairperson. The general body of the KSAPS will meet on August 31 to make a small, but significant change to its Memorandum of Association which will have the Chief Minister, Mr. S.M.Krishna, replacing the Chief Secretary as chairperson.

The KSAPS will be the first State society in the country to be headed by the Chief Minister.

With over one per cent of the State's adult population estimated to be HIV positive, the State now has the dubious distinction of being bracketed with other high-prevalence States such as Maharashtra, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland.

The KSAPS was set up in 1997 to implement the National AIDS Control Programme, a Centrally sponsored scheme under the Ministry of Health and Family Welfare. With Phase II in place since 1999, the KSAPS has set itself two goals: To prevent the spread of HIV infection, and strengthen the State's capacity to respond to the AIDS threat on a long-term basis. This, the KSAPS has been trying to achieve by aiming at containing the prevalence rate at under three per cent of the adult population. Blood-borne transmission of HIV will be kept at less than one per cent.

The idea of having the Chief Minister to head the KSAPS was to emphasise the reality of the AIDS threat in the State, which reported the first death due to the disease in 1988, said Mr. Sanjay Kaul, Commissioner for Health and Family Welfare, who is also the Director of the KSAPS. In 12 years, 8,354 HIV positive cases have been screened, 935 cases of AIDS reported, and 118 AIDS deaths counted in the State.

Mr. Krishna had been personally monitoring the programmes and progress of the KSAPS, and it was largely due to his sustained interest that the Canada-India HIV/AIDS collaborative project took off, Mr. Kaul said. Under the project, voluntary counselling and testing centres were being set up in the districts.

Mr. Kaul said with the Chief Minister directing the activities of the KSAPS, the society would be able to effect tie- ups and understanding with neighbouring States, and even bring in corporate involvement in the programmes.

The new KSAPS would look for collaborations with other State governments and stakeholders (NGOs, healthcare providers, counsellors) in areas such as awareness programmes for truckers and other high-risk groups.

"The KSAPS is talking to corporate houses, the IT industry, and business forums such as the Confederation of Indian Industries, and the Greater Mysore Chamber of Industry, but we want them to factor AIDS and HIV into the their workplace intervention programmes on health," Mr. Kaul said. A KSAPS headed by the Chief Minister would help in changing the mindset of the bureaucracy about AIDS-affected persons, and in addressing legal, ethical and human rights concerns.

Finally, in a message which is included in a booklet tracing the State's response to AIDS, Mr. Krishna states: "Combating AIDS has been placed as the Government's foremost priority...." The fatal nature of AIDS and the stigma attached to it had produced a devastating scenario, Mr. Krishna's said and appealed to all sections of society to support the Government's efforts.

The Hindu
21 August 2001

Female genital mutilation rising among UK Africans

By Nabanita Sircar

London, Aug. 21: The British Medical Association has urged doctors across the country to help fight the rapid spread of female genital mutilation.

The GPs were called by BMA after a series of cases involving girls as young as six came to light. These mutilations are being carried out by refugee communities in the country. It is believed that about 15,000 girls in the UK are at risk from this tradition practised by people from various African countries.

The NHS is also paying for nearly 200 operations a year to reverse female genital mutilation. The BMA has issued guidlines for GPs to try and deter families from the practice as soon as they register themselves with a surgery. The BMA has asked GPs to inform social services as soon as they suspect that a girl may be about to undergo FGM in the UK or is being sent on holiday.

Girls are often taken abroad for FGM, mostly to the Horn of Africa. Paris used to be a centre for the practice but French authorities put a stop to it. It is believed Amsterdam is the new centre in Europe. The World Health Organisation figures show that 138 million women worldwide have undergone FGM. Amnesty International suspects that some British registered GPs are prepared to perform the operation.

SPOTLIGHT

In the most extreme form of FGM, infibulation, all the external genitalia of a girl are sliced off, with the scarred tissue being stitched together leaving a matchstick-sized opening for the passage of urine or menstrual blood.

Tragically, this gory practice is extremely common among people from Ethipia, Somalia and Eritrea. It is learnt that nearly all Somali women and girls over ten years old who came to Britain had undergone FGM. Harry Gordon, a surgeon in London who has performed over 300 operations to reverse FGM, told The *Times*, London that he was not happy about the BMA's advice. It will just further increase the rift between these particular people and social services who don't really know what they are doing in relation to this. Certainly as far as the West London Somalis are concerned, social workers are people who try and take your children away.

Southall is one such area, which though once known as "Little India" is being overtaken by Somalis, giving rise to gang wars.

Mr Gordon also informed that the reversal operation takes only about 15 minutes and is simple and cheap. "It costs my time, the anaesthetic, some catgut and the instruments," he said.

The Asian Age
22 August 2001

NRIs flock clinics for sex determination tests

New York, Aug. 16: Taking advantage of some Indian immigrant families' preference for male child, some medical clinics in the US are offering sex selection procedures. One of the clinics even offers to determine the sex of the foetus within five weeks of pregnancy which, many other experts say, might not be possible, a newspaper report said on Thursday.

According to doctors at these clinics in New York city area, immigrants from India and elsewhere in Asia are making up a fast-growing part of their clientele. *The New York Times* said. The ethnic groups that are moving in from the Asian subcontinent and China have a tradition of wanting boys. Andrew Y Silverman, medical director of gender-selection centres in Manhattan and White Plains, was quoted as saying.The cost for each insemination is 1,000 to 1,500 dollars. *(PTI)*

Deccan Chronicle
17 August 2001

Lucknow docs out with Viagra lipstick

Lucknow: Doctors of the National Botanical Research Institute in Lucknow claim to have developed a herbal lipstick equivalent of Viagra. It is said to arouse sensual and sexual feelings, help fight fatigue, boost creativity, and lead to mental tranquillity. NBRI director Pushpangadan sa that kissing would acquire new meaning with this lipstick. He said research shows bodies absorb aromas through the skin. The lips, which have the most sensitive skin in the body, are an erogeneus zone and best suited for sub-dermal absorption. The lipsticks would be available for both men and women. *(Ananova)*

Deccan Chronicle
23 August 2001

Female sterilisation hurts male ego

Sanat K Chakraborty
Shillong

REPRODUCTIVE RIGHTS campaign is catching up fast in Mizoram.

Mizo women are asserting their choices over having child for both physical health and economic solvency.

And to hurt the male ego, women's new found freedom is inadvertently affecting the traditional man-woman relationship in the family.

The success of birth control through female sterilisation, preferably tubectomy, in Mizoram has amazed doctors and social workers, said an investigator studying the status of women in Mizo society. But, has this disturbed the male species of the region?

"The choice of the female folk to undergo sterilisation is causing serious strain in the husband-wife relationship, affecting their families," said a counselor at the Synod Family Guidance and Counseling Centre in Aizawl.

He said he had come across several cases where the problem in the marriage started with the husband beginning to doubt his wife's fidelity, after she went through sterilisation.

Husbands complain of their wifes being "as free as man" after the sterilisation.

They suspect their wifes getting into extra-marital affairs.

Liani (name changed) is one such woman who found herself into an inexplicable situation after she underwent tubectomy, which eventually pushed her to divorce.

"My husband got so suspicious that we decided to split," she said remorsefully.

"We are trying to create awareness among Mizo women and help them develop confidence in themselves," said Ms Lalnipuii, president of Mizoram Hmeichhia Insuikhawm (MHIP), a federation of Mizo women spearheading a campaign against the codification of traditional practices, some of which demean women.

The MHIP is also trying to draft a marriage bill, as the traditional practices are "anti-women".

Though Mizo women have come up shoulder to shoulder with men in every walks of life, but gender relations between them is still biased against them. "There is still a long way to go," says Lalthansangi, a social worker. However, Mizoram is not far from the influence of the West. "Mizos are deep in the world of latest fashion, music and modern life style," said Mawii.

Every body wants to look good and trendy, she added, indicating towards the mushrooming growth of beauty parlours and boutiques in Aizawl and other urban centres of the State. In fact, foreign garments, fashion accessories and cosmetics are hot cakes in the markets of Mizoram.Argues Prof Tlanglawma of Northeastern Hill University, "The massive explosion of information and mass media, especially the television and cable networks is creating a consumerist mind set here also, which worries me."

The Pioneer
21 August 2001

Zydus cuts anti-AIDS drug price by nearly 50%

Dharmendrasinh Chavda

AHMEDABAD 21 AUGUST

ZYDUS Cadila Healthcare has also joined the price war that has been raging in the domestic anti-AIDS drug segment. Taking a cue from market leader Cipla and others like Aurobindo Pharma, Zydus has decided to cut the prices of its three drugs by nearly 50 per cent.

"We want to provide drugs to AIDS-affected persons at a realistic price," Zydus Group Executive Director Mr Ganesh Nayak told ET.

At present, Zydus makes three drugs: Ladiwin (lamivudine), which has been synthesised through in-house R&D efforts; Zydowin (zidovudine), which is available in 100 mg and 300 mg tablets; and Lamuzid, which is a combination of zidovudine and lamivudine. While a 10-tablet strip of Zydowin (100 mg) is currently priced at Rs 100, that of Ladiwin (150 mg) is priced at Rs 230. Lamuzid (150 mg) is priced at Rs 470.

Moreover, the company is also planning to launch three more anti-AIDS drugs to provide a full array of anti-retrovirals. "We want to offer the entire gamut of anti-AIDS regimen. We will shortly launch Didanosine and Efavirenz. Besides, Zydus is planning to launch a third drug called Nelfinavir, which is categorised under protease inhibitor class," said Mr Nayak. Nelfinavir has potent advantages due to its compatibility in combinations and lesser side-effects in the long-term therapy.

Zydus' move to slash prices follows similar cuts by leader in the segment Cipla and other players like Aurobindo Pharma and Hetero Drugs. These companies have cut prices of their anti-AIDS drugs three four times in the past few months.

The Economic Times
22 August 2001

A prison within a prison for inmates with AIDS in Alabama

By David Crary

Capshaw (Alabama), Aug. 20: A prison within a prison, the special unit lives up to its name. Every man in the Alabama prison system known to have AIDS is confined here, a converted warehouse at the limestone correctional facility.

More than 200 prisoners — some frail and red-eyed, others fortified by body-building — inhabit long rows of bunk beds in the unit's main room, a cavernous, gray place as long as a football field.

To a degree unmatched in any other state, these men are systematically segregated round-the-clock and excluded from programs offered to other inmates. Eating, sleeping, worshipping, arguing, taking medication, perusing law books, playing dominos — every part of their daily routine occurs within a fenced-in compound that is like a quarantined island inside the larger prison complex.

Inmates complain that living in such close quarters is stressful and unhealthy. The only privacy for each man is a drawer under his bed that he can padlock; pneumonia is more common in the unit than in other cellhouses scattered across limestone's grounds in northern Alabama.

But the segregation policy also has fuelled a spirit of camaraderie and self-reliance. The men run their own substance-abuse and aids-awareness courses. They organise memorial services when fellow inmates die. "We consider ourselves family," said Arion Davis, who started a 17-year sentence for

SPOTLIGHT

manslaughter in 1994. "At times, it causes tension. But we try to support each other."

Davis and other inmates interviewed privately during a recent visit to the unit appreciate the efforts of their guards and medical staff to make life bearable, but they are bitter over their exclusion from educational and work-release programs that help shorten other prisoners' sentences. The inmates — ranging from first-time, nonviolent offenders to convicted murderers — struggle with the reality that there are only two ways out: fight the disease long enough to serve your time or die.

"Keep us segregated if you want, but don't keep us from the programmes," said Michael Merchant, jailed since 1999 on a drug conviction. "How are you going to keep a person from coming back here if there's no rehabilitation?'

For nearly 16 years, Alabama's AIDS segregation policy was under legal attack by the American Civil Liberties Union and other groups.

Last year, the US Supreme Court refused to hear an appeal in which lawyers representing Davis and other HIV-infected inmates accused the state of unconstitutional discrimination.

State officials welcomed the ruling and have made clear they plan to stick with the segregation policy despite criticism. The goal of preventing the spread of AIDS among prisoners "outweighs the rights they may have to equal programming," department of corrections attorney Andy Redd said. *(AP)*

The Asian Age
21 August 2001

More than 26,000 infected with HIV in China

CHINA DAILY
ASIA NEWS NETWORK

BEIJING, Aug. 24. — The reported number of people infected with HIV in China has reached 26,058, resulting in a total of 1,111 AIDS cases and 584 AIDS-related deaths, said the health vice-minister, Yin Dakui, yesterday.

"The epidemic of HIV/AIDS is still at a relatively low level," Yin said, "but for a country with a very large population like China, that would mean a relatively high absolute number of people with infections."

Experts estimate that more than 600,000 people in the country have already been infected with HIV.

Intravenous drug use is the most common transmission route of the virus, contributing to 69.8 per cent of the total cases. All three HIV transmission routes – blood transmission, sexual contact and mother-to-infant – have been documented in China.

The rate of infections caused by contaminated needles continues to rise. Till June 2001, HIV infection among injecting drug users have been found in 27 provinces, autonomous areas and municipalities, especially in Yunnan, Xinjiang, Guangxi, Guangdong and Sichuan.

In the past several years, HIV/AIDS has spread rapidly in some parts of China, resulting in the virus being transmitted locally and leading to great concerns at home and abroad.

Yin said a major cause of the problem is the rampant illegal blood donation and collection that took part in some central provinces in the early 1990s.

According to epidemical reports, 996 HIV cases had been infected through blood donation from 1998 to June 2001, which accounted for 6 per cent of the total number of reported cases during the same period. Most patients were infected in the early 1990s.

Yin estimates that at least 30,000 to 40,000 illegal blood donators have been infected by HIV/AIDS.

China has placed great importance on controlling the rapid increase of HIV/AIDS since the first HIV/AIDS case was reported in 1985.

China vows to keep the annual increase of HIV/STD cases to below 10 per cent and lower the rate of HIV transmission through clinical blood transfusion to one in 100,000.

The Statesman
25 August 2001

Children of a lesser God

THE dingy lanes of Kalighat are home to drunkards and crowded huts. The latest Hindi movie numbers blare from every nook and cranny, an apt background score for a scene of encroached houses along the Tolly Nullah, garbage dumped on both sides, and a mother pig running behind her piglets, relishing the stink.

The perfect ambience for a healthy childhood and adolescence?

The children of sex workers in this area don't have many options. But thanks to DIKSHA (Discovering Inner Knowledge and Sexual Health Awareness) there appears to be a light of hope for the likes of Anita, Kalpana, Bappa, Dipa and Shiuli.

It has been a learning experience for Paramita Banerjee and her project assistant, Sumita Bandopadhyay. The two-year project, assisted by the India chapter of the MacArthur Foundation and city-based NGO, Sanlaap, was completed earlier this month. It involved working with around 60 adolescent children – aged 10 to 19 – of commercial sex workers from Kidderpore, Kalighat and Sonagachhi areas.

The project that was started in 1999 under the heading, "Adolescent Sexuality & Fertility", was later renamed DIKSHA, as it became a lot more multidimensional.

The programme, comprising interactive workshop sessions based on an essentially non-classroom approach, focussed on adolescent sexuality, its needs and concerns, sexual and reproductive behaviour and related topics. The adolescents, by their own admission, opened up gradually as the sessions wore on.

Mrityunjoy, a student of Class XI, was one of the participants, although he comes from a "normal home". He said, "I used to get very angry earlier". But the angry young boy has metamorphosed into a tame young man during the course of these sessions.

The project's primary objective was sex-education. "I can talk about sex and sexuality very easily, even to a complete stranger if need be. Because I know we need not associate taboos to these facts," Mrityunjoy said.

The things they can now talk unabashedly about include HIV/AIDS, ways of preventing it, and "how babies are born".

Dipa has introduced an important scheme in her school. "Adolescent girls have a terrible plight when they start menstruating in school," she said. She thought up a fund where every girl student would contribute to buy sanitary napkins which could be used in times of emergency.

The workshops and classes, which they prefer to call "meetings", have helped them grow into creative and responsible young people.

From Salman Khan fans to karate experts, to those who stand first in class, it is a motley crowd of youngsters, each with a brilliant sense of humour. In the course of their interaction with the children, Paramita and Sumita have discovered the children's talents. Bappa has a flair for acting, Dipa is a karate expert – leading everyone to joke about how scared they are of her – some are painters, and others love to sing. But most of all, they enjoy talking and making friends.

The "meetings", most of them said, have helped them at biology classes in school. "The aunties have taught us what the inside of the human body is like, and how reproduction takes place," said Mrityunjoy. "Through this fun learning, all of us have gained a lot," he added.

Mrityunjoy has, in turn, taught his mother about HIV/AIDS. The kids have learnt to use better and "cleaner" words for terms related to sex, terms that are often regarded as abusive.

Impact-assessment of the project has led to the following findings:

- Partners live in a sexually overcharged atmosphere, but talking sex is a taboo between mothers and children.
- Providing a non-intrusive space to adolescents in these circumstances leads to questions about sexuality.
- Adolescents in special circumstances need specially designed interventions for comprehensive development in the areas of sexual and reproductive health and behaviour.
- Needs and responses vary according to age, economic status and service exposure.
- Sexuality for adolescents encompasses the body and its activities as well as social/ethical/relational questions.
- Mixed group sessions help in challenging gender stereotypes.

Paramita and her project assistant, Sumita, believe that the adolescents have gained all-round development in terms of community leadership skills and, in most cases, of communication with their mothers, thus managing to break down existing taboos.

The sex workers themselves have expressed interested in similar workshops. The project is to be expanded, to include documentation, sessions with sex workers in these areas, and peer education by the children in other segments.

As Dinesh, Dipa, Bappa, Shiuli and Anita gear up for their cultural programme at Kalighat High School, to mark the end of the project, they are joined by older women.

"Without their support,

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ASIA NOTES

A condom mascot offers leaflets to Thai teenagers during a promotional campaign by condom manufacturer Durex to educate Thai youths on how to use condoms to fight AIDS ❐ AFP

Deccan Chronicle
26 August 2001

Contd...

working here would have been impossible", said Paramita. Crucial support has also been forthcoming from Bela Roy of Abohelito Nari-Jubok o Shishukalyan Samity, a local organisation in Kalighat.

The children, the "aunties" and the mothers, are all huddled together like a big happy family, singing merrily. And if the children are to be believed, growing up is real fun, in spite of all its trials and tribulations.

Swati Sengupta
The Statesman
24 August 2001

TV channel for homosexuals

● The world's first television channel geared to homosexual, bisexual and transsexual viewers will begin broadcasting from September 7, the network, PrideVision TV, has announced, reports AFP from Toronto. The channel is to broadcast 24 hours a day, dedicating its airwaves primarily to gay and lesbian viewers, but also with plans to target the transvestite community, with a series of news, travel, sports, finance, music and cookery programmes.

Deccan Herald
24 August 2001

Seven doctors get AIDS infection while working in emergency ward

HT Correspondent
Kanpur, August 27

ABOUT SEVEN doctors of the GSVM Medical College have reportedly fallen prey to AIDS. The doctors caught the deadly infection while treating the AIDS-affected patients in the emergency ward.

According to sources, some of these doctors got the infection through the needle pricks. One doctor got the HIV virus when a drop of blood of an AIDS patient fell on the mucous membrane of his eye. However, it is difficult for these doctors to arrange the required prophylactic drugs for treatment due to their exorbitant rates. Recently, pharmaceutical company CIPLA offered to treat these doctors for free.

Some senior doctors told the *Hindustan Times* that there was always the danger of catching HIV virus by doctors while attending to patients in the emergency ward, as it is impossible to ask patients to undergo an AIDS test before treatment. In such cases, the doctors sometimes accidentally catch the deadly infection from the blood of patients.

According to doctors, when a patient in a serious condition comes to the emergency ward, resuscitation is given top priority. Then it is difficult to identify AIDS patients and separate them. This often leads to the attending doctor falling victim of the disease. Doctors feel they should be provided with certain precautionary kits, which could be used while working in emergency wards.

According to Dr Ratio Lalchandani, an associate professor medicine at the GSVM College, transmission of HIV through occupational exposure is rare. Risk of infection through percutaneous exposure is about three per cent while risk through a mucous membrane exposure is 9 per cent.

She said that potential infectious materials include semen and vaginal secretions, cerebrospinal, spinal, pleural, peritoneal, pericardial or amniotic fluids or tissues. She suggested that in case of exposure, the wound or the affected skin part should be thoroughly washed with soap and water. Exposed mucus membrane should also be flushed with water. Caustic agents like bleaching powder should not be used, nor an antiseptic or disinfectants.

Hindustan Times
28 August 2001

HERBAL CONTRACEPTIVE ON THE ANVIL

JITENDRA VERMA
New Delhi

WOMEN WHO were unhappy with the Centre's decision to include injectible contraceptives in family planning programmes can now take the herbal route.

For the first time in India, a herbal contraceptive will be available soon. The contraceptive, taken orally, is in the final phase of human trials.

"We believe that this herbal contraceptive will have much more acceptability by Indians," says Ranjit Roy Choudhary, chairman, Task Force on Development of Herbal Contraceptive, formed to look into this contraceptive. "It has a 100 per cent success rate in tests on animals and there is no side effect on humans," he adds.

The clinical trials on humans are on in Chandigarh PGI, JIPMER in Pondichery and KEM hospital, Mumbai. The project is being undertaken by the Ministry of Health, the money being sponsored by the Family Welfare Deptt.

Herbal contraceptives are not a new phenomenon. They find detailed mention in 2000-year-old Susharta scriptures. "For acceptability in the modern world, we adopted a scientific approach," says Choudhary.

The contraceptive is based on the combination of three plants — Pipali (Piper longum), Vindaga (Embella ribes) and Borax.

The project is a mega one. Started 10 years back, it has on board 60 scientists and 15 institutes from all over the country.

"People were always hesitant in using contraceptives. A survey done by us found out that people were not averse to indigenous herbal contraceptives as they feel they are less toxic," says Choudhary.

The Pioneer
26 August 2001

Breast Bonding

Ratan K Pani

"WITH the birth of every child man may calculate that God is still hopeful about the world He created" — Wordsworth.

From a large number of offspring to issueless by choice, from being barren and cursed to assisted conception, the society has undergone tremendous change and so also the concept of motherhood and child rearing. With more and more mothers opting to work, the rearing of the child is taking a back seat. This not only means less time with the infants who learn from their parents but also the denial of vital nutrition — breast-feeding.

All over the world there's increasing knowledge and concern about early child development and "significant interactions" in the family. However, the significance of breast-feeding for human development and for the quality of life of families is rarely considered. Even though Breast-feeding Promotion Network of India (BPNI) in association with World Alliance for Breast-feeding Action (WABA) has been celebrating World Breast-feeding Week (WBW) since 1991, the significance of breast-feeding is yet to get the due acceptance in society.

In India, about 25 million babies are born each year. Ideally, all should be exclusively breast-fed for the first six months but there are about 13 million dropouts by three months of age and about 20 million dropouts by the age of six months.

Breast-feeding plays an important role in providing food security to the babies - it is readily available, affordable and nutritious. In fact WHO and UNICEF experts have recommended exclusive breast-feeding, for the first six months and complementary food are to be added thereafter. Besides preventing malnutrition, breast-feeding helps control births, fertility, reduces post-partum bleeding and anaemia in women and reduces infant morbidity and mortality. Adequate nutrition is one of the fundamental rights which a child demands from the society. Breast-feeding perfectly combines the three fundamentals of sound and adequate nutrition - food, health and care. Breast-feeding promotion as an intervention in the community can bring down pneumonia and gastroenteritis by 33.2 per cent and 14.6 per cent respectively. Children, normal and preterms, who are fed on mother's milk have higher IQs than children who are given artificial milk.

A study, conducted in New Zealand on "Breast-feeding and later Cognitive development and Academic outcomes" showed that the increased duration of breast-feeding was associated with statistically significant increases in IQ assessed at the ages of 8 and 9. Similarly, a British study on "Breast milk and subsequent intelligence quotient in children born premature" showed that the children who received their mother's milk had a significant higher IQ at ages 7.5 to 8 years than children who did not receive breast milk. The study concluded that breast milk itself conferred substantial advantages for cognitive development and that this could perhaps be explained by the presence of various factors in breast milk necessary for the development of neutral tissues.

Moreover, breast-fed children are protected from all kind of illnesses. The presence of essential chain fatty acids, besides providing complete food with balance nutrients, protects children against infection, diarrhoea, respiratory illness, prevents allergies (asthma, eczema), promotes bonding, makes smarter babies and ensures lower risk of diseases in adulthood.

Of nearly 12 million children under five who die each year in developing countries mainly from preventable causes, the death of over 6 million are either directly or indirectly attributed to malnutrition. Some 2.2. million children die from diarrhoeal dehydration as a

Contd...

ADVANTAGES OF BREAST FEEDING

It enhances the child's

- Brain development
- Learning readiness
- Trust
- Sense of security
- Immunity
- Health
- Nutrition

Bihar Govt to install 5,000 condom-vending machines

DHABAS, PUBLIC TOILETS

CONTRACEPTIVES TO BE AVAILABLE AT MOVIE HALLS, RAILWAY STATIONS, BUS STANDS,

Navin Upadhyay
Patna

BIHAR MAY become the first State in India to install contraceptive vending machines at public places to check the population boom. Health Minister Shakeel Ahmad told *The Pioneer* that 5,000 contraceptive vending machines would be installed in first phase at cinema halls, railway stations, bus stands, roadside dhabas, and public toilettes. " Depending on the response, we will install more such machines all over the State," he said.

The latest Census report has shown that the post-Jharkhand Bihar remains as the third most populous State in the country after Uttar Pradesh and Maharashtra. According to the provisional census result, Bihar's population stood at 82.878 crore at March 1, 2001. The population of Bihar grew by 28.43% between 1991-2001 against the national average of 21.34 per cent. However, the sex ratio has gone up from 907 in 1991 to 921 since the last census.

Mr Ahmad said that in the first phase the Union Health Ministry has agreed to provide 11 such vending machines, which will be installed soon. However, he bemoaned that not everyone was warm to his initiative.

"I was shocked to know that some MPs have written to Union Health Minister C P Thakur saying that such measures will give a boost to moral perversion," Mr. Ahmad said, referring to Mr. Thakur's speech at a recent function in Patna.

Mr Ahmad said that the Indian male was still hesitant in walking into a shop and asking for contraceptives. " The vending machines will come handy for such large number of our men," he said. Mr Ahmad said that in the first phase he would ensure that such machines are installed at all public places with special emphasis on roadside dhabas and cinema halls. "Recent studies have shown that highway dhabas are the most potent sources of aids carrier through truck drivers. The availability of contraceptives on these dhabas would also contain the dangers of AIDS," he said.

Mr Ahmad said that he was in touch with the urban development ministry and has been assured that cinema halls refusing to install these machines will have their license cancelled.

Mr Ahmad said that the latest report of the national census has painted grim picture of the population boom in the State. " Bihar can never recover from its backwardness and illiteracy unless we are able to tackle the problem of such rapid population growth," he said.

Mr Ahmad said that the State Govt. would soon launch a drive to encourage vasectomy in the State. " It is shocking that the women are forced to undergo tubectomy where as the males in our society are not willing to even talk about the vasectomy," Mr Ahamd said adding, the ratio shows that 98 per cent operations are of tubectomy and only two per cent of vasectomy.

Mr Ahmad said that in a state like Bihar where literacy rate is abysmally low, it is all the more difficult to successfully implement any population control measures. "If people do not understand the gravity of the situation, Bihar will never be able to catch up with other states on development fronts," he said

The Pioneer
30 August 2001

HIV bomb ticks

Scavengers pick AIDS body

FROM JYOTHI GUMALEDAR

Rajahmundry, Aug. 28: The very mention of the four-letter word, AIDS, strikes terror even among the boldest sex workers of this region.

Incidents of ostracisation of AIDS victims have been reported in Rajahmundry's red-light areas where Kamala is one such sex worker who was isolated and died an agonising death.

A sex worker of Dowalaiswaram, Kamala was abandoned by her co-sex workers as the word spread like wildfire in the area and she was treated like a "pariah".

Kept in a separate enclosure, food was thrown to her from a distance. After her death, nobody was willing to perform the last rites. The scavengers had to be called to remove her body. But Kamala's death has not deterred the sex workers afflicted with HIV from leaving the profession. They continue to cling to it despite knowing the fact that the deadly virus was running in their veins.

Most sex workers test positive but do not openly admit what with the fear of ostracism lurking. "No. Nothing is wrong with me. I only have a slight fever and I am sure it

Deccan Chronicle
29 August 2001

Contd...

In the mother, it

- Postpones pregnancy by delaying ovulation
- Decreases the risk of breast & ovarian cancer
- Reduces post-partum bleeding & anaemia
- Contracts uterus &

result of persistent diarrhoea that is often aggravated by malnutrition. Of about 25 million children born in India, 2.5 million die within the first two years.

Of the rest, one out of nine dies before reaching the age of four, and five out of ten suffer from malnutrition. In fact, many of the children have either to miss their childhood, or youth and directly enter into adulthood. Research has revealed that this statistics could have been reversed had breast-feeding been encouraged.

The Indian Express
28 August 2001

New male contraceptive soon

NEW DELHI, Aug 29 (UNI)
A new male contraceptive devised by the captial's All India Institute of Medical Sciences (AIIMS) would soon be marketed as part of the national birth control programme, Health and Family Welfare Minister C P Thakur informed the Lok Sabha today.

Replying to supplementaries during the question hour, he pointed out that the male contraception was not picking up much, despite the availability of much improved and easier surgical interventions.

The health minister admitted to Mr Mulayam Singh Yadav that lack of entertainment, inadequate housing facilities and illiteracy all together contributed to unwanted births.

The government was trying to tackle the problem from all the three angles, the health minister stated.

Mr Thakur said: "Some years ago New York was plunged in darkness and nine months later there was a baby boom in the city showing how important entertainment was for checking population boom."

Mr Thakur's reference to the classic case of population boom in New York to frequent power cuts in the city suffered evoked laughter in the House.

Some members remarked that the power cuts in India too was a culprit.

Deccan Herald
30 August 2001

Telephonic counselling for Aids

• The Asha Foundation has set up a 24-hour anonymous telephonic information and counselling service on HIV/ Aids, which operates from 9.30 am to 4.30 pm. Those who wish to avail of counselling services may contact the helpline on (080) 3543333 or toll-free number 1097 (in Bangalore). The Foundation also has a free HIV/Aids clinic and testing centre at Elbit Diagnostics on Tuesdays and Thrusdays from 2 pm to 4 pm.

Deccan Herald
29 August 2001

Deccan Chronicle
29 August 2001

HIV bomb ticks away

Scavengers pick body of forsaken AIDS victim

FROM PAGE 1

will disappear soon. I am taking all the required precautionary measures, then why should I be afraid of anything," declares Kavita, an HIV positive. But unfortunately, even before Kavita started taking the preventive measures, the deadly virus was already coursing in her blood.

Laxmi, another HIV case, came to know about the virus just a few days ago. But she hides this fact as she feels her madam will "throw her out". She even requested the local doctor not to reveal the "secret".

But the fear that somebody will come to know about this "secret" haunted her and so Laxmi plans to flee to Peddapuram. Here, she thinks she can continue her trade as usual.

Like her, many sex workers fled Rajahmundry to other neighbouring districts to continue their business.

"They never come forward on their own to get the HIV tests done. But when they come to us with any small complaint, since it is a high-risk area we also do the HIV test.

If they test positive, we inform them and ninety nine per cent of them they do not come back to us for further treatment. Soon, we get to hear from the locals that she has fled the place," says G C S Raju, a doctor working in one of the red-light areas.

"We can only ask these sex workers to take preventive measures, but cannot stop them. They say they do not have any other alternative source of income, so they refuse to leave the trade despite being tested positive," says K S L Chowdari, director of Arise, a non-governmental organisation which is involved with creating an awareness among sex workers about the most dreaded HIV/AIDS virus.

"It's a dangerous situation. The government should act as soon as possible and try to provide, at least, to such infected sex workers some alternative source of income. Otherwise, these women will continue spreading the disease to others," adds Chowdari.

Ranbaxy's AIDS webline for doctors

By Our Staff Correspondent

MUMBAI, AUG. 29. Ranbaxy Laboratories, in association with DoctorAnywhere.com, a leading tele-medicine company, has taken a major initiative to fulfil the increasing need of interaction of family physicians with AIDS specialists and regular updates on therapy management trends by launching the Ranbaxy Aids Webline for doctors.

Mr. Sanjiv D. Kaul, regional director, Ranbaxy Labs, said, "The Ranbaxy AIDS webline is an innovative initiative that would address the widely felt need to facilitate knowledge sharing. Doctors would benefit tremendously through mutual sharing of clinical cases, treatment guidelines and various other developments."

The Ranbaxy AIDS webline, managed and maintained by DoctorAnywhere.com, will leverage the power of information technology to create a unique platform for community building and knowledge sharing by bringing together the top AIDS specialists, family physicians and leading NGOs. This will go a long way in improving treatment of the AIDS affected and also help doctors create and maintain online case records for their patients and facilitate teleconsultation with leading AIDS specialists.

The Hindu
30 August 2001

AIDS killing 50% adults in South Africa

Durban: Nearly 50 per cent of adult deaths in South Africa are due to HIV/AIDS, according to a report. The report, "impending catastrophe revisited," published by an organisation, "Lovelife", paints a very gloomy picture of population growth, saying because of AIDS the country's population is expected to grow only to 47 million by 2010. In absence of AIDS, the population would have risen from 43 million to 52 million by 2010, it added. The prevalence of HIV/AIDS among teenagers has risen from 10 to 15 per cent in last three years. Among teenage girls, the report states, 35 per cent were found to be pregnant or having a child. Over 5 million people are reported to be infected with the AIDS virus in South Africa

The Economic Times
24 August 2001

IUDs may be safe for HIV-positive women

NEW YORK: Women infected with the most common form of HIV may safely use the intrauterine device (IUD) for contraception, provided they see a doctor regularly, new study findings suggest.

World Health Organization and Planned Parenthood Federation guidelines currently state that, in general, HIV-infected women should avoid IUDs. "Those guidelines were essentially made on theoretical concerns, and there is really very little data on what contraceptive is appropriate for HIV-infected women," said Dr Charles S. Morrison.

Morrison and colleagues gathered information on IUD-related complications at 1, 4 and 24 months after placement of the device in 636 women living in Nairobi, Kenya. Of these women, 156 had HIV infection. There was "little difference in any side effects in HIV-infected women compared with HIV-uninfected women, suggesting that the IUD is likely an appropriate method for HIV-infected women," Morrison said. "This is an important issue, because there are now 16 million women living with HIV and a lot of them have a critical need for contraception," he said.

The researchers did find that women with infections such as gonorrhea or chlamydia at the study's outset were at increased risk of IUD complications, confirming current guidelines suggesting that women with sexually transmitted diseases not use IUDs. Morrison said. "Women with cervical infections are at increased risk of complications; women with HIV infection are not." (Reuters)

The Times of india
30 August 2001

Minor mutations in HIV virus

ACCORDING TO a recent study published in Nature by researchers at Massachusetts General Hospital (MGH) HIV can mutate key proteins in order to hide from an immune attack, and once these mutations occur they persist.

When HIV attacks, the cell alerts the immune system by displaying viral protein fragments on the surface. This is a suicide signal to kill the infected cell. The immune response that is generated depends on the ability to recognise the displayed HIV fragment. The study indicates that the virus can learn how to evade the immune response in one person, and that it retains this ability even after it is transmitted to the next person according to researchers. When this happens, the immune system is forced to use a second-line attack strategy that was less effective in containing the virus in the patients studied. These studies, which were performed in HIV-infected mothers who transmitted virus to their infants, showed that the infected infants are less able to control the virus because of mutations that occurred in the mothers. The effects of these mutations were particularly apparent in the children since they inherit key elements of their immune systems from their parents, and thus there is a strong chance that they will be programmed to target the same regions that the mother targeted. In mothers in whom mutations had already arisen, the children could not target the virus effectively.

The Hindu
30 August 2001

TV as birth control pill

Times News Network

NEW DELHI: Worried that the darkness of the night may be encouraging a baby boom, the government could be considering a move to distract the masses at night by giving them cheap television sets.

Consideration of this innovative prophylactic measure emerged on Wednesday in the Lok Sabha when Union Health Minister C.P. Thakur sought to assuage concerns being expressed by members that at its current rate of population growth India would soon overtake China as the most populous country.

In supplementary remarks to a starred question on the issue, Thakur candidly admitted that an entertainment-starved people indulged in procreatioh.

He, in fact, recalled that a prolonged powercut in New York had once brought about a baby boom of sorts.

"Entertainment is an important component of the population policy, we want people to watch television," Thakur said.

When Samajwadi Party chief Mulayam Singh Yadav attempted to pin him down and asked whether cheap television sets could be made available for the poor, Thakur said that the government would indeed consider that option.

In more business-like mode, Thakur agreed with a member that men were reluctant to adopt contraceptive methods. He said the government was keen to try out pills on the male partners, if only to drive home the point that in bed all were equal.

The Times of India
30 August 2001

'Privacy factor may block HIV therapy'

Anthony J Brown
NEW YORK 30 AUGUST

HIV-INFECTED patients are often concerned about the confidentiality of their HIV-positive status.

In fact, some patients are so worried that they will actually forgo treatment to prevent the release of this information, according to a report published in the August issue of *AIDS Care*.

Dr Kathryn Whetten-Goldstein and colleagues from Duke University, Durham, North Carolina, studied the confidentiality issues of 15 HIV-infected patients from rural North Carolina locations. Each participated in focus groups designed to explore their attitudes toward, and experiences with, breaches in confidentiality.

"The fear of a breach in confidentiality is definitely affecting the care that HIV-infected patients receive," Dr Whetten-Goldstein said.

"Most study patients had experienced or knew someone who had experienced a breach in confidentiality," she stated.

"Two types of breaches occurred," Dr Whetten-Goldstein noted. "The first was a more obvious type of breach. One example was a nurse who told her child that her patient was HIV-positive out of concern that her child would play with the patient's child.

"The other type of breach was more subtle, one that providers might not consider breaches," Dr Whetten-Goldstein explained. "This type of breach involves providers talking about a patient's HIV status without the patient's knowledge of the interaction. — Reuters

The Economic Times
31 August 2001

Masters degree in sexuality

BANGKOK: A Thai university is to launch a course that it says is the world's first masters degree in human sexuality, a report said Sunday. Chualongkorn University hopes the programme will raise Thailand's "sexual literacy" and help lift the social taboo surrounding the subject, course adviser Nikorn Dusitsin told *The Nation newspaper*."I would like to see people of all ages, genders and professions gain a better understanding of sex and be able to communicate clearly with each other on the subject," he said.The course, an initiative of the prestigious university's Institute of Health Research, is aimed at producing consultants in all fields of sexual behaviour. "The country is currently sexually illiterate, which means there is a lack of communication between parents and young people, wives and husbands, teachers and students and so on," Nikorn said. "If people gain a better understanding of the topic, many social ills will be cured."

The Times of India
27 August 2001

HC orders relief to AIDS victim

● The Andhra Pradesh High Court has ordered payment of compensation to an AIDS victim, who was infected with HIV virus while undergoing treatment at a hospital in Karimnagar district, reports PTI from Hyderabad A five-judge bench of the court, headed by Chief Justice Satyabrata Sinha, directed the management of the state-owned Singareni Collieries Company Limited (SCCL) to pay Rs 1 lakh compensation to a worker's wife.

Deccan Herald
31 August 2001

HIV and children

In the next few years in India, tens of thousands of children will be born with HIV. Children with HIV in developing countries are at a greater risk because poor nutrition and widespread diseases make survival difficult.

Foetus in the womb and infants often get the infection from an infected mother. If the baby is infected there are chances that the mother also has the infection. Or if the mother tests HIV positive, the child should also be taken for a test.

Symptoms in children

Many babies with HIV show symptoms by the time they are six months old. If a child is continuously ill for apparently no reason, he/she should be taken to the doctor and tested for HIV. But the test does not work till the baby is 18 months old.

Children born with HIV usually develop AIDS by the time they are two years old, and die before they are five. Only a very small percentage survive till five. Since their immune system is still developing, children tend to contract infections quickly and succumb to it faster than adults. The common infections in children are bacterial, such as meningitis. Viral infections like chicken pox and measles keep recurring.

Children with HIV should have regular check ups. Infants should be breastfed as breast milk provides all necessary nutrients and builds their immune system.

Children should be given normal, healthy food and allowed to live as normal a life as possible. They can play with other children. Risk arises only when they get wounded and the blood falls on another child's open wounds.

The signs are

- Low birthweight
- Persistent diarrhoea
- Slow growth
- Slow physical and mental development
- Persistent fever and cough
- Mouth infections

The Week
19 August 2001

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Living with HIV

According to the UNAIDS, by last year 36.1 million people around the world were living with the HIV, 16.4 million of them being women and 1.4 million children.

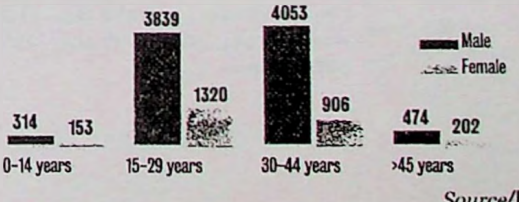
However, the fight goes on. People infected with HIV can continue to live a socially useful life and help in stopping the further transmission of the disease. They need the support of family and the community.

The HIV positive should be told that they can live a healthy life for a long time before they get sick. They should follow a controlled lifestyle, should not donate blood or have sex. If they have sex they should use condoms. They should not share injection instruments.

The HIV infected need proper care and should get medical check ups done regularly. Patients should preferably quit smoking, heavy drinking or using drugs. They should get enough rest and be positive in their outlook. Encourage the HIV positive to be as self reliant for as long as they can. This would make them feel in control of their lives.

What every person dreads is being discriminated against, and discriminating against the HIV positive can have a negative impact on the patient. It can force the patient to run away which means he/she will never get proper care and education on HIV/AIDS and may end up passing the infection to other people.

Age and sex distribution of AIDS cases in India
(May 1986-March 2000) n=11251



Source/**NACO**

Helpline

There are governmental and non-governmental organisations that work for the control and prevention of AIDS in India.

NACO is the nodal agency for policy-making and implementation of programmes for the prevention and control of AIDS in the country. With no vaccine or cure in sight, information, awareness and education are the best ways to prevent the disease from spreading.

National AIDS Control Organistaion, Ministry of Health & Family Welfare, Government of India, 9th floor, Chandralok building, 36, Janpath, New Delhi-110 001.
email: asec-jvr@hub.nic.in
Web site: www.naco.nic.in

There are also AIDS control societies in all the states and Union Territories. Some of these are:

Andhra Pradesh State AIDS Control Society, Directorate of Medical & Health Services, Sultan Bazar, Hyderabad-500059. Phone: 040-4650365

Assam State AIDS Control Society, Khanapara, Guwahati. Phone: 0361-620524.

Bihar State Aids Control Society, Health Department, Patna-15. Phone:0612-223167, 290278.

Dilli AIDS Niyantran Samiti, 11, Lancers Road, Mall Road, Timarpur, Delhi-110054. Phone: 011-3866763.

Goa State AIDS Control Society, Directorate of Health Services, Campal, Panaji-403001. Phone: 0832-437286.

Gujarat State AIDS Control Society, Old Cardiology Building, Civil Hospital, Ahmedabad. Phone: 02712-37772, 38293, 38294.

Haryana AIDS Control Society, SCO 10, Sector 10, Panchkula. Phone: 0172-585413, 563468.

Jammu & Kashmir State AIDS Control Society, Mini Block, Civil Secretariat, Jammu. Room No. 342, III Floor, Civil Secretariat, Srinagar. Phone: 0194-452262.

Karnataka State AIDS Control Society, No. 13, 5th Main, 10th cross, 12th Block, Kumara Park (west), Bangalore-560020. Phone: 080-2277391.

Kerala State AIDS Control Society, IPP Building, Red Cross Road, Thiruvananthapuram-695037. Phone: 0471-327865.

Madhya Pradesh State AIDS Control Society, OILFED Building, 1 Arera Hills, Bhopal 462011. Phone: 0755-553481

Maharashtra State AIDS Control Society, Ackworth Leprosy Hospital Compound, Behind SIWS College, R.A. Kidwai Marg, Wadala (west), Mumbai. Phone: 022-4113035, 4113097, 4115619.

Manipur State AIDS Control Society, Medical Directorate, Lamphelpat, Imphal. Phone: 0364-223140.

Nagaland State AIDS Control Society, Health & Family Welfare Deptt. New Secretariat Building, Kohima. Phone:0370-222626, 233027.

Orissa State AIDS Control Society, Directorate of Health Services, Bhubaneshwar. Phone: 0674-410840.

Punjab State AIDS Control Society, SCO No. 481-82, Sector 35-C, Chandigarh. Phone: 0172-669322, 669324.

Rajasthan State AIDS Control Society, Medical & Health Directorate, Swasthya Bhavan, Tilak Marg, C Scheme, Jaipur-5. Phone: 0141-381707.

Tamil Nadu State AIDS Control Society, 417, Pantheon Road, Egmore, Chennai. Phone: 040-8255261, 8254917, 8255467.

Uttar Pradesh State AIDS Control Society, II Floor, Maternity Home, Naval Kishore Road, Hazratganj, Lucknow-226001. Phone: 0522-231575.

West Bengal State AIDS Prevention & Control Society, P-16, India Exchange Place Extension, CIT Building, Kolkata. Phone: 033-2256845.

Some of the NGOs working in

Tata Institute of Social Sciences, Sion-Trombay Rd, P.O. Box 8313, Deonar, Mumbai. Phone: 022-5563290-3296.

Lifeline Foundation, P.O. Box 118, Keishamthong, Top Leirah, Imphal. Phone: 0385-224186.

AIDS Prevention & Control Project, Voluntary Health Services, Adayar. Chennai. Phone: 3710429.
email:ires @irc.unx.ernet.in.

United Nations Development Programme, Project on HIV and Development, 13, Jor Bagh, Ground Floor, New Delhi-3. Phone: 011-4632339.

UNIFEM, National Programme Office (Gender & HIV/AIDS), 223, Jor Bagh, New Delhi-3.

MADHYAM

For HIV/AIDS information and counselling

Call : 2296300

Plan International

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

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

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

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