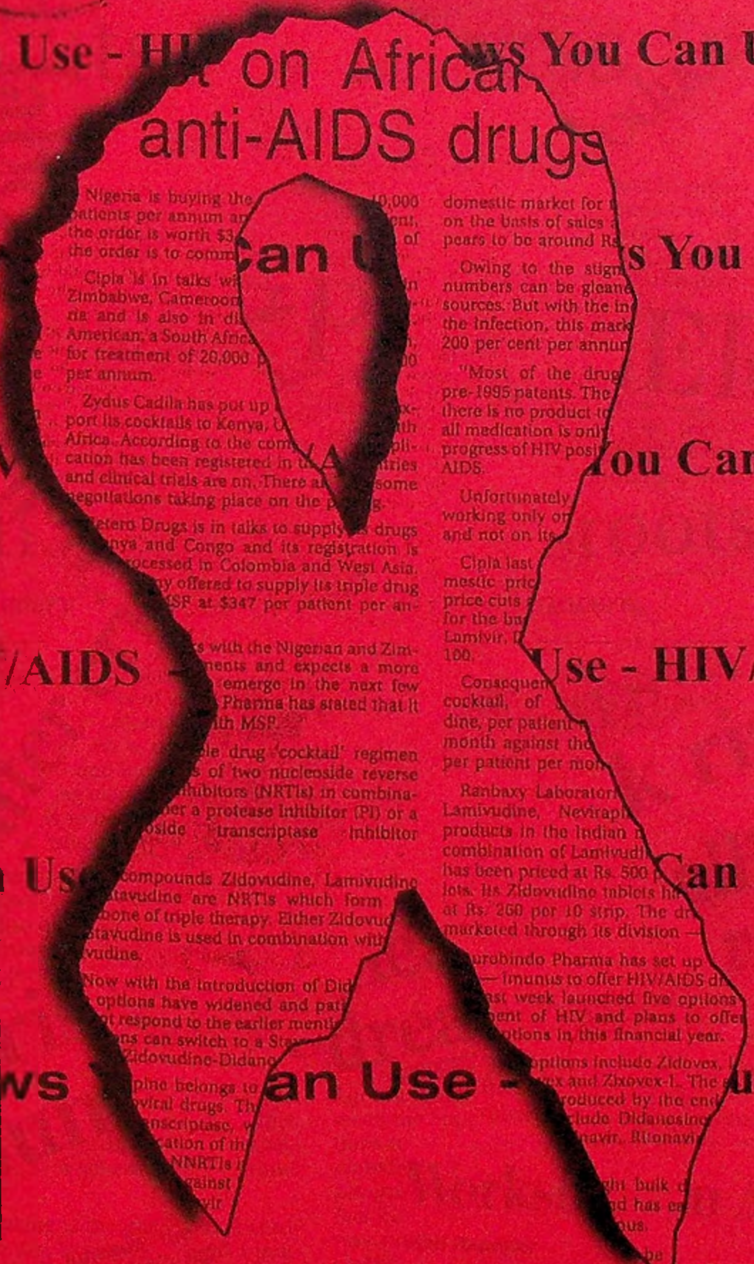
HIV/AIDS - News You Can Use - HIV/AIDS - News You Can Use - HIV/

News You Can Use HIV/AIDS

September - 2001



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
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- The Asian Age

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EDITORIAL

The written word is like a double-edged sword. It can give accurate information that can change an ignorant society into an informed one; or it can propagate wrong information and transform an educated society into a panic ridden one. However, there is no doubt the important role that the media or the written word plays in our day-today life.

As a person working in the field of HIV/AIDS, I have come across individuals who perceive the media as their main source of information about HIV/AIDS. Nine out of ten learn about HIV/AIDS either through the print media or television. Such is the impact created by the media, especially in the past few years; they have made great efforts to bring HIV/AIDS to the forefront, which is commendable.

The information provided by the newspaper is regarded as gospel truth for many. The print media has an immense responsibility in informing and educating the public about HIV/AIDS. On the positive scale, the media provides awareness, dispenses information, sensitization, provides latest information, highlights injustice to HIV positive people, promotes advocacy and highlights the work of governmental bodies, NGOs and individuals working in the field of HIV/AIDS.

On the negative side, the media tends to resort to sensationalism, thereby instilling fear and creating panic in the minds of people. But the worst damage is done when media propagates incorrect information.

At our Clinic, ASHA Foundation, many HIV positive patients bring articles cut out from newspapers which state that so and so is able to cure this disease through simple medication (mostly related to the alternative system of medicine). They want to know whether they can go there and use these medicines and will it cure them. None of these articles prove conclusively through scientific methods that these medicines are effective. Therefore, we have to explain to these patients that they may not be cured through these means. They look at us with disbelief and say "but the newspaper says so and the newspapers cannot be wrong". I feel that the print media needs to tread very carefully because of the profound implications that such news has on an HIV positive individual. I know of people who have spent vast amount taken through loans or selling their properties, to procure treatment from places mentioned in the newspapers, but all to no avail.

HIV/AIDS is a disease, which inspires a lot of emotions in a person who is positive such as shame, fear, guilt, anger, remorse, etc. But more important it is a disease, which is also associated with a lot of stigmatization, humiliation and rejection in the community and the work place. These issues can be aggravated or reduced, depending on the role that the print media decides to play.

It is also important that the print media highlights genuine work done by NGOs, GOs individuals and other institutions so that people know where to go for care and treatment. Media should be aware of the difference between genuine and qualified NGOs and those who are in this business for the sake of money and publicity.

Latest information on research, on vaccines, medication etc., should be provided accurately. It is important to approach the issue in the Indian context stressing on the work that has been done in Indian research centers, on the drugs that are available in this Indian markets, etc.

Whenever there are issues, which are controversial, it is important to highlight both aspects. If a report is one sided, it creates a bias in the mind of the reader. This is the power that the media has over the public. It is imperative that this power be used judiciously and in a non-partisan manner.

Sensationalism has become an integral part of reporting about HIV/AIDS. Sometimes the media's obsession with sensationalizing HIV/AIDS stories has rendered them insensitive towards the subject. It is important that people living with HIV/AIDS are not referred to as "victims" and AIDS is not referred to as "land of no return".

This disease by itself has created fear among all sections of society, including the medical fraternity. It is important that the media should be extremely careful in using terms such as 'killer disease', etc., when referring to HIV/AIDS. Incidents such as the one reported widely in newspapers in Chennai, A few years ago about people carrying syringes filled with HIV positive blood being injected randomly into people at bus stops, etc., can create fear in the minds of the public. Also the case of a HIV positive girl being burnt to death by villagers creates sensationalism but instills fear in those who are infected. Extreme caution and discretion need to be used while reporting such incidents.

In this background, I am glad that we have access to a publication like 'News You Can Use - HIV/AIDS'. I would like to commend CDL, Bangalore, for their unique effort in bringing out this monthly publication. It makes the work of individuals and organizations working in the field of HIV/AIDS that much easier because all information on HIV/AIDS in various newspapers are compiled in one issue. I would also like to thank the organization for providing this facility free of cost to us. Good wishes to them in their endeavor.

Dr. Glory Alexander. M.D.
ASHA Foundation
Bangalore

September 2001

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Medical college authorities wake up to AIDS risk to docs

HT Correspondent
Kanpur, August 31

THE GSVM Medical College management, shaken over reported exposure of Acquired Immune Deficiency Syndrome (AIDS) to nearly half-a-dozen junior doctors, has come out of hibernation to look into the matter and take corrective measures.

However, adequate proactive steps were yet to be taken to protect the doctors, nurses and other ward employees from exposure to the deadly disease.

Sources said head of departments in a meeting chaired by principal Dr RK Gupta took up the issue. However, when contacted Dr Gupta refused to give details. He also denied that any such meeting was held.

It is learnt that the State Government at the highest levels of officialdom had taken a serious note of the matter and reportedly 'pulled up' the authorities for slackness in providing protection to the junior doctors. It is learnt that the parents of the affected doctors also met the college medical college management.

However, sources said instead of taking measures with the help of agencies involved in AIDS control, efforts were being made to hush up the matter.

The district administration has also sought details from the management.

The insiders said the junior doctors exposed to the deadly disease had been identified and a list thereof had been provided to the authorities.

However, Dr Gupta said there were no such cases. Refuting the *media reports, Dr Gupta said he* would not like to talk about the matter.

It may be mentioned that project director of Uttar Pradesh AIDS Control Society Bachittar Singh had already accepted that two such cases had come to light in GSVM Medical College.

The college sources said there was sharp reaction among the junior doctors over the issue.

Initially, they resented the report but were pacified by seniors.

Sources said that there was an urgent need to take precautionary and medical measures. NACO and other organisations should be approached for advance help as after exposure it becomes too late.

A senior doctor said protection was required not only for doctors but also for nurses and ward staff, but there were no such preparations in place.

The doctor said that after the media reports only gloves had been provided.

But the doctors have also demanded masks and other facilities to avoid contamination by the disease.

There are guidelines to meet the crisis but they were not so far implemented, they said. However, another senior doctor said there was no need to panic.

Hindustan Times
01 September 2001

Seminar, exhibition organised on AIDS

FROM R UMAMAHESHWARI

Hyderabad Aug. 31: There are apparently 39.4million people suffering from AIDS the world over and among these, 1.6 million are children below 12, and 13.8 women, as per the statistics of 1999. In this context, the AP AIDS Control Society has identified about 230 colleges around AP, in coordination with the NSS units.

A seminar-cum-exhibition on AIDS was held on Friday at the Kasturba Gandhi College for Women, Marredpally, in collaboration with the Lions Club Secunderabad Diamond, and the Indian Medical Association, AP chapter. The NSS unit of the college is one of the units identified by the AP AIDS Control Society, which will participate in the AIDS Aware college campaign actively. Attending the seminar were the secretary, Lions Club Secunderabad Diamond, Vikash, the Regional Chairman, Lions Club, C S Reddy, Lion Rajaiah, and the eminent surgeon, M V Ranga Reddy, of the Indian Medical Association, Hyderabad. The principal, Kasturba Gandhi College for Women, Sulochana, and the NSS coordinators from the college, Surya Kaladhar, and Parvathy also attended.

Deccan Chronicle
01 September 2001

Poverty, literacy and population

GK Varma

The three terms listed in the heading are interconnected to the extent that the presence of any one of them is due to either or both the others. Uttar Pradesh, a backward state, is the most populous Indian state. If the growth of population continues at the same rate, it is estimated to double in the next thirty years. Bihar, with 8.07 per cent of country's population, has the lowest literacy rates. And what irony, since both these states are rich in natural resources. Progressing states like Punjab and Haryana do not have population problems of this magnitude. On the other hand, Kerala with 91 per cent literacy had a population growth rate of just 9.42 per cent in the previous decade, as compared to the national average of 21.34 per cent.

The reasons for such anomalies is the excessive focus on issues alone. For instance, if a state is overpopulated, the emphasis is on merely checking population. No effort is made to know why poor people, by and large, have large families. A man comes to this world with two legs to keep him mobile and two hands to work so that he can feed himself and his dependents. He can pocket any amount of insult and face the toughest situation, but he cannot fight hunger. For this, he is ready to undertake any legitimate or non-legitimate activity. A couple leaves early in the morning for work and returns late in the evening. Passion is their only recreation. This often results in non-planned children. After birth, such children are left in the care of older siblings.

Survival is the sole aim of people in this stratum of society. They do not have time for activities that can make their life meaningful. Family planning is alow priority. This situation is very common in urban slums. My experience of working with different communities suggests that children born to couples are by and large accidental. In short, if precautions are taken, birth of an unwanted child can be avoided.

So planners need to make employment and income generation opportunities the cornerstone of all community development programmes. We need not always look at big projects alone? Our handicraft, and other rural or agro-based, industries, etc are the areas that can be effectively engaged. A strong marketing research division is required to help the producers in making their produce worth marketing.

Also, the working environment should be made such that literacy becomes one's need. The contents of literacy programmes should be such that one is educated to handle day-to-day problems. This will help people take proactive decisions about their lives, including the size of their family. They will know their strengths and weaknesses, about opportunities available to them, and be familiar with threats that create hurdles in their way. Becoming educated and enhancing professional skills in addition to job performance, should be linked to promotions.

On its part, society needs to concentrate on the following: a) Building a safe environment so that people, women in particular, fearlessly come out and join the mainstream; b) human development should be the sole aim of a program. Caste, class, sex, etc should not determine the focus of such programmes. The discriminatory attitude of giving incentive has either benefited the already well off or has made people less competitive; c) convert our vast population as an asset. Use it for developing infrastructure in remote areas to avoid further migration to metropolis. This will also attract big corporates to invest locally. In order to make people self-dependent, the Government should only facilitate them in becoming so; d) Try and focus on newly-wedded couples and tutor adolescent groups about the benefits of restricting family size. We have for long been targeting with greater emphasis those who have already done the damage.

The Pioneer
01 September 2001

Roche cuts AIDS drug price by 40% in Brazil

Shasta Darlington
RIO DE JANEIRO 1 SEPTEMBER

Under pressure from Brazil, Swiss pharmaceutical giant Roche agreed to cut the price of its AIDS drug, nelfinavir, by 40 per cent, which Health Minister Jose Serra called a victory for developing countries.

The discount is in line with the demands by Brazilian health officials. Brazil stepped up pressure on Roche last week when Serra announced his country would begin producing nelfinavir, a protease inhibitor, in February for a sharply reduced cost. "Pharmaceutical companies have to realise that pricing should be different for developing countries.... Our resources are tight," Mr Serra told a news conference as he announced the deal.

"This is a victory for sick people." Mr Serra said Brazil used to spend $88.5 million a year on this drug. With this deal, Brazil will save $35.4 million per year beginning in 2002. The price of nelfinavir, which is sold by Roche as Viracept though the patent is held by US firm Pfizer, would fall to 64 US cents per pill from $1.07.

Roche had said earlier it was already selling the drug at half the US wholesale price. Brazil has the highest number of AIDS patients in Latin America, with an estimated 597,000. The feud has revived the debate about pricing of AIDS drugs in developing countries — a debate that came to a head when big pharmaceutical firms tried to sue South Africa over its cheap imports of AIDS drugs.

The companies eventually dropped the suit, but only after critics accused them of putting profits before people's lives. Under Brazilian law, the government can issue a compulsory licence to make a patented drug when a "national emergency" is invoked. Brazil already produces eight of the 12 drugs in the anti-AIDS cocktail locally, but it has not had to violate patents to do so. The drugs are distributed free of charge as part of Brazil's widely hailed AIDS programme. — Reuters

The Economic Times
02 September 2001

Instant AIDS test in Kerala for Rs 10

Ramesh Babu
Thiruvananthapuram, Sept 1

THE KERALA Government has introduced an instant AIDS test scheme.

The test costing Rs 10 is aimed at removing the agony that patients go through while waiting for the test results. It is being implemented in 10 hospitals, including six medical colleges.

The test comes with counselling services. Patients will get a pre-test and post-test counselling. If required, this counselling can be extended even after the tests.

If a test finds a person HIV-positive, the result will be send to an expert within half-an-hour and two more tests will be conducted before the final confirmation.

The Kerala State AIDS Control Society has developed and supplied special test kits, Elisa Reader and Washer. The expenses for these tests will be borne by the National AIDS Control Organisation.

Of the country's 38 lakh AIDS patients, 70,000 are in the State. Quacks are cashing in on the stigma attached to the disease. The false publicity that these quacks manage to get has got the State Government worried.

An Ayurveda firm in Kochi had fooled people by claiming that it had cured a young woman of the disease. But few knew that the woman recently died of AIDS after having had to fighting the disease for eight years.

Now, the Government is planning to prosecute the firm for cheating patients with its false claims.

Health officials are optimistic that the new test will curb this trend.

Hindustan Times
02 September 2001

ERRATICA

Bachi J Karkaria

Hum Do, Hamara Doordarshan

'NOT TONIGHT *ji*, I'm watching Zee.' This might well be the nightly refrain of biwis from Bareilly to Bellary if last Wednesday's episode in the Lok Sabha becomes a reality.

With the ferocity of the sterilisation brigade during the Emergency, the Opposition attacked the Minister for Health and Family Welfare, CP Thakur, demanding to know what the government was doing to prevent India from becoming the world's busiest labour room.

Calming the MPs like a clucking midwife, the Mantri-*ji* delivered yet another 'solution'. Endorsing the time-worn argument that Indians were multiplying like a calculator on steroids simply because they had no access to less productive forms of entertainment, Dr Thakur revealed that his ministry planned to distract the bored (therefore boring) masses with cheap television sets.

Reiterating his belief that higher television-set production would mean lower reproduction, the Minister reminded the House that a baby boom had resulted from the local power supply going bust for one night in New York. After what some observers interpreted as a pregnant pause, Dr Thakur announced, "Entertainment is an important component of the population policy. We want people to watch television."

So it's official. Condoms, loops, the Pill — and Shekhar Suman. Will these diversionary tactics be referred to as visual contraceptives? Will 'Just Doordarshan it' become the latest slogan from the Family Welfare agency's procreative unit? Will the boob-tube as the alternative to the tubectomy change forever the connotation of `family' entertainment?

Love triangles will push the agenda of the red triangle. And '*Kya Masti Kya Dhoom*' will be sponsored by Masti condoms. Okay by me, as long as the Health Ministry doesn't screw up the programming in its attempt to stop the poor sods from doing so. It shouldn't gang up with the prudes in the I&B, both ministries snipping provocative scenes as determinedly as surgeons at a mass vasectomy camp.

Still, no one can say that the Family Welfare Minister hasn't upgraded his act. My friends Saroj Pachauri and Anjal Nayyar of the Population Council may denounce all incentives and disincentives as regressive, but television sets are definitely higher on the carrot-ometer than the transistor radios which were once disbursed as crass rewards for getting sterilised. Come to think of it, Dr Thakur's plan to provide cheap TV sets is ingeniously both an incentive and a disincentive.

Soaps as sops in place of the real thing offer infinite possibilities for a new genre of 'pop' sociology. Be ready for a slew of instant treatises on `Popular Culture & Population Culture'. In a sense, the two have always been related. The difference is that, while the TV serial has always reflected sexual urges, now it'll be used to deflect them.

Unlike Sushma-*ji*, Dr Thakur will presumably not drag his feet, and will fast track his proposal to take his message Direct to Home. But is it possible to convert huge segments of the sexually-active population into passive couch-*aloos*? The small-screen route to small families is an interesting conception, but not as fool-proof as an ISO-2000 IUCD. With all the sexiness oozing out of the box these days, the Minister's plans may well turn out to be abortive.

I presume it has been brought to the Mantri-*ji*'s notice that TV shows might not convey messages that dovetail with his demographic agenda. For instance, pregnancy is very clearly the flavour of the week in several ongoing serials, starting with '*Kyunki Saas Bhi Kabhi Bahu Thi*'. However, all is not lost. Sassy *saases* can be coopted to play their socially conscious role in this programme. Way back in 1982, a pan-Asian Population Conference in Colombo spent several sessions underlining the fact that, from Mumbai to Manila, mothers-in-law were the key factor in the success or otherwise of any family planning strategy.

The fecund Kauravas of the '*MahaChopra*' would also not be the right role models, but it could be pointed out that Lord Krishna and Dr Thakur offer the same prescription: detachment. Besides, our battle to control population has been both epic — and a Kurukshetra.

With minor variations, our most popular programmes could be renamed to suit this new deal signed between birth rates and television ratings. Why, even our very first soap could have been called '*Hum Baba-Log*'.

Since interactivity is only half a word removed from intercourse, Zee's latest winner could be renamed '*Baap Bolo, Haan to Haan, Na to Na*'. We'd need a dramatic upward revision of '*Kaun Banega Crorepati*?' since our population is way ahead of these numbers; the British original might have to be re-christened, 'Who Wants to be a Billionaire?'. And someone could easily come up with a new TV serial, '*Kahani Gharb Gharb Ki*', plagiarising from such disparate sources as 'Look Who's Talking Now' to the gripping bi-annual report of the chief Auxilary Nurse Midwife of Zilla Bharat.

A word of caution. A dull commercial break, or worse, Transmission Interrupted, could sabotage the best-laid plans of mice and *Mantri-jis*.

Hindustan Times
02 September 2001

Egg donation latest boon to infertile

By Rashmi Rao
DH News Service

BANGALORE, Sept 1

Infertility - a problem that affects many women due to reasons ranging from importance to careers to late marriages, biological reasons and infertile partners. But technological advancements have given much hope with newer methods to treat infertility, one such being egg donation by women.

According to Dr Hrishikesh Pai and Dr Nandita Palshetkar, infertility specialists of Lilavati Hospital, Mumbai, egg donation involves borrowing eggs from a woman donor with her consent, clinically fertilising the eggs with the sperms of the recipient's husband and then implanting the embryo into the recipient woman. The success rate of this procedure is said to be in the region of 30-40 per cent, the doctors have stated in a press release.

Any woman without ovaries or with ovarian failure, including persons treated for cancer, may opt for egg donation, one of the latest answers for infertility.

Egg donation can become a boon for women who have had multiple cycles of in vitro fertilisation (IVF) or intra cytoplasmic sperm injection (ICSI) and yet failed to conceive, menopausal women, young women whose ovaries have prematurely failed or in women who have undergone radiation or chemotherapy for cancer treatment. Patients with chromosomal defects, can also use the procedure to prevent the defects from being passed on to the child.

Egg donation has been practised in India by a few gynaecologists and infertility specialist centres since the last 10 years. In Bangalore too, a few gynaecologists have been successfully treating women with this procedure.

Speaking to Deccan Herald, noted gynaecoloist Dr Sulochana Gunasheela, who has herself treated many women with this procedure, said egg donation is much sought after by young women, who have gone into premature ovarian failure, or by older women with ovarian failure or in cases where ovaries are unapproachable.

"Anyone without ovaries or with ovarian failure can opt for this treatment. The costs are similar to that of in vitro fertilisation and the success rate is better than IVF," she said.

But the problem in this procedure is of getting willing donors. "We advice women to get their own related donors like sisters or sisters-in-law. Any donor that is not related to the husband's family is preferred. We also insist on a written egg sharing protocol in order to avoid problems later," Dr Gunasheela said. If such donors are available, egg donation to treat infertility is a good option, she added.

Similar thoughts were echoed by another gynaecologist Dr Prabha Singan, who said that egg donation within the woman's family is acceptable as there are no protocols on this practice in India. Unlike sperm banks, which are regulated like blood banks, there are no egg/embryo banks. So there is a need for greater awareness among people about the caution they must exercise and also need for India-specific laws for egg donation, she opined.

While egg donation is currently being preferred by the upper classes and women of Indian origin settled abroad, Dr Singan forsees an increasing number of single, successful career women in India, taking to this procedure in the near future.

For more information, contact Media Focus, Mumbai. Phone 4224007. Email: mediafocus@hotmail.com

Deccan Herald
02 September 2001

A breakthrough in detection of virus

London: Doctors may soon be able to listen for infection using a new kind of virus detector. The system uses a quartz crystal microphone which picks up the sound of a captured virus breaking free from an antibody. It is so sensitive it can detect a single virus particle in a drop of fluid.

The scientists who developed the "rupture-event scanning" method believe it will greatly improve the early detection of viral diseases. It should also allow far more sensitive monitoring of the effectiveness of anti-viral drugs and vaccines used to treat HIV, influenza and other infections.

The system relies on the way quartz crystals vibrate when placed in an electric field. David Klenerman and a team at Cambridge University have published the results of their work in the journal Nature Biotechnology. They are now trying to develop a portable detector. *(Ananova)*

Deccan Chronicle
03 September 2001

AIDS fund

BANGKOK, Sept. 1. — Thailand will join other Asian countries and ask the UN to allocate more AIDS fund to the region. At a recent meeting of Asian members of the WHO held in Maldives, the decision to call for more assistance from the UN through its Global Aids Fund, to address the AIDS/HIV problem in the region, was taken. — TNA

The Statesman
02 September 2001

Chile split over birth control

SANTIAGO, Sept. 1. — A debate over the "morning-after" pill exposed divisions in Chilean society as the Left-leaning government clashed with church-led traditionalists over attempts to outlaw contraceptives.

A government spokesman yesterday said the pill should be distributed in Chile in defiance of a Supreme Court ban on Thursday that was lauded by the Catholics. — **Reuters**

The Statesman
02 September 2001

Positive marriages from the heart

By Kalpana Jain
Times News Network

NEW DELHI: If it takes extraordinary courage to live with HIV, it takes a lot more to warmly embrace those with it and bring them into your own life. Would anyone want to do so consciously? Ask Mehar, Indrani and Reena. They have married men they knew to be living with HIV even though it meant altering their day-to-day existence in its constantly changing landscape.

For these educated, middle-class, working young women — in three different metropolitan cities, Mumbai, Chennai and Delhi — marriage was not about seeking fulfilment by taking on the traditional roles of being wife and mother; it was also not about the longevity of their partners. It was an understanding of their sexuality. And once convinced of their strong feelings, there was nothing to hold them back.

Mehar, a counsellor herself, has married a social activist; Indrani, working with an NGO, married a doctor and Reena, running her independent business, tied the knot with a writer. Their interactions started at a professional level. This is when they also got to know about the infected status of their partners. Love came in gradually. Mehar gave herself a year to be sure that it was not sympathy and also to make the man she fell for, acquiesce.

Predictably, families were just not willing to accept this situation. There were doubts, acrimony and finally rejection. Mehar's parents pleaded with her that they would not be able to bear such a marriage. "No parent wants to see their children die before they do," her father sobbed as he believed his daughter was signing her own death warrant. After all, just one instance of unprotected sex can result in transmission of HIV. Reena's family too was just not willing to accept her decision. "Why jump into a well when you know it is a well?" they fumed. Indrani faced similar verbal lashing.

But once they had reached a clear understanding in their own minds that there was no risk involved, Mehar, Reena and Indrani could withstand the opposition. With friends providing the necessary support, these women set about reworking their lives, adjusting quietly to the new demands. Living with HIV meant that there could be no late nights as medicines had to be taken; probing relatives had to be kept a good distance off as secrecy became so crucial for their lives and a simple fever could get them fretting for days together. Most of all sex would always have to be protected and there was no room for impulsive passion.

As for living with an impending fear of death? It is part of everyone's life, says Mehar. "Who knows what will happen next in life? What if I am married to someone who reveals his HIV status only after marriage?," she questions. "The biggest adjustment to be made is learning to be quiet," says Reena who has never associated marriage with longevity. A short life with someone, lived well is more fulfilling, she says.

One virus is teaching people to live differently.

(Names have been changed.)

The Times of India
03 September 2001

Defence spinoff: DRDO to market neem contraceptive

By Rezaul H. Laskar

New Delhi, Sept. 3: India's research into cutting edge defence technologies has produced some unexpected civilian spinoffs, ranging from lightweight callipers for polio victims to a contraceptive derived from neem oil.

The Defence Research and Development Organisation, which has come in for criticism from the government in recent years for delays in projects to develop state-of-the-art weapon systems, is on the verge of concluding several deals with the private sector to market its civilian spin-offs, defence sources said.

Among many ingenious breakthroughs made by the 50 DRDO laboratories across the country are a sonar system that helps fishermen locate shoals of fish, a stent to open blocked arteries, a package of technologies to grow vegetables and fruit in cold Himalayan deserts, and computer software that can identify cancerous cells within the human body.

The DRDO, formed in 1958, has more than 5,000 scientists conducting research in fields as diverse as armaments, advanced computing and simulation and agriculture.

SPOTLIGHT

The drug controller of Tamil Nadu has already approved the indigenous contraceptive derived from neem oil as an ayurvedic product. SIRI Ltd, a Hyderabad-based drug manufacturing company, has finalised a contract with the DRDO to commercially produce the neem contraceptive, the sources said.

The Delhi-based Defence Institute of Physiology and Allied Sciences, which played a leading role in developing the neem contraceptive, is currently working on herbal medicines using aloe vera to treat frostbites and other problems caused by the extreme cold conditions encountered by soldiers serving on the Siachen glacier, where temperatures can drop to minus 50 degrees Celsius.

"This research too can have civilian applications," the sources said. Large-scale high altitude trials of the herbal medicine are already underway.

The lightweight callipers, developed by the Hyderabad-based Nizam Institute of Medical Science using carbon composite materials developed by DRDO labs for the *Prithvi* short-range ballistic missiles, can benefit as many as eight million polio victims in India.

The callipers developed by DRDO, weigh only 300 gram, as against the average weight of three kg for conventional callipers made

Contd...

Drug-Resistant HIV ON THE RISE

A mathematical model has been used to understand the evolution of drug-resistant HIV strains in the San Francisco gay community from 1996 to 2001

BY 2005, nearly half of all HIV patients will not respond to drugs now used to treat the disease, due mostly to inaccurate use of those drug regimens by doctors, a study reported last week.

Researchers at the San Francisco and Los Angeles campuses of the University of California used a mathematical model to understand the evolution of drug-resistant HIV strains in the San Francisco gay community from 1996 to 2001.

Drug-resistant HIV arises when people who are already infected fail to respond to their treatment and when those AIDS cases have unprotected sex with others. "We found that the vast majority of new cases come from acquired drug resistance not sexual transmission," says Sally Blower, lead author of the study and UCLA professor of biomathematics.

Many AIDS patients have had great success with so-called drug cocktails using highly active anti-retroviral therapies, but HIV can develop resistance to these drugs and their long-term effectiveness is not known.

The drug cocktails are also less effective when complicated treatment schedules are not followed and failure to adhere to these schedules can increase the potential for future drug resistance.

"The glib answer to the trend is non-compliance on the part of patients, but there are many other factors," Blower said. She noted that some AIDS patients have access to state-of-the-art specialty treatment centres, while many others look to general practitioners or other medical centres for care.

In a report published in the September issue of Nature Medicine, her team found that the number of drug-resistant HIV cases has already reached epidemic proportions in San Francisco, rising from some 3 percent of overall cases in 1997 to a projected 42 percent in 2005.

They estimated that transmission from one person to another accounted for just 8 per cent of new drug-resistant infections last year, and that percentage will rise to 16 percent in 2005. The researchers concluded that transmission of drug-resistant strains has not increased, and will not increase, the overall number of new HIV infections.

"You can decrease the amount of acquired drug resistance if you have experts dealing with AIDS patients," Blower said. "These are very complicated medicines and the guidelines for using them are changing all the time."

She said the results of the theoretical model can be extrapolated to other regions. The model included variables such as the number of drug-sensitive cases, the treatment rates, increases in risky sexual behaviour and the rate at which drug resistance emerges during treatment to predict the evolution of 1,000 different strains of drug-resistant HIV.

Blower recommended several ways to minimize the prevalence and transmission of drug-resistant HIV including delaying drug treatment as long as possible in order to maximize the medical benefit and delay side effects.

The Statesman
03 September 2001

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of wood, leather and steel

The lightweight callipers have already been fitted on more than 600 children, and DRDO is currently on the lookout for a private firm to commercially manufacture them on a large scale.

The coronary stent uses technology developed by scientists at the Defence Metallurgical Research Laboratory in Hyderabad. Dr B. Soma Raju, an eminent cardiologist from Hyderabad, worked with scientists from three defence labs to perfect the stent.

After tests on animals, the stents were successfully implanted in four patients in 1996. Since then, they have been implanted in more than 1,400 people with heart problems.

While an imported stent would cost around Rs.60,000, the indigenous one costs around Rs. 25,000. The projected requirement for stents in India is about one million, the sources said. *(IANS)*

The Asian Age
04 September 2001

First in surgery to stop excessive menstrual bleeding

KOLKATA, Sep 2 (UNI)

For the first time in India, an operation that can stop excessive bleeding during menstruation without performing hysterectomy was conducted recently upon a middle-aged woman at the Eden Hospital under Calcutta Medical College and Hospital here.

Gynaecological endoscopic surgeon Dr Gautam Khastagir termed the operation, known as Endometrial Laser Intrauterine Thermal Therapy (ELITT), a "grand success".

The operation was conducted during a training workshop on hysteroscopes and advanced gynaecological laparoscopic surgery at the Eden Hospital, Asia's oldest obstetric and gynaecological centre.

The workshop was attended by doctors from different government hospitals on Thursday last after the same was introduced globally on June 12.

Deccan Herald
03 September 2001

AIDS victim fights back in-law's family

FROM KRITTIVAS MUKHERJEE

Kolkata, Sept. 4: With death staring her in the face, a young woman abandoned by her family after she contracted AIDS has finally found support from neighbours and activists.

Farzana Begum, 26, has seen her world turned around in just three years. She was a chirpy 23-year-old when she married Mohammed Sajid. A few months later her husband fell seriously ill and was diagnosed with AIDS.

The world fell apart for Begum. She found that Sajid had contracted AIDS while working in Mumbai before their marriage. Though aware of Sajid's condition, his family had hidden this from Begum.

Begum had also by then contracted the disease. Sajid's condition gradually worsened and he died this year, three years after their marriage.

Her in-laws then tried to force her out of their house in Taltala in central Kolkata. Her father-in-law, however, showed her some pity. He allowed her to stay in a small house the family had at Thakurpukur in Southwest Kolkata.

A few months ago Begum's father-in-law died. Soon her mother-in-law Ansari Begum and her three sisters-in-law tried to drive her out of the Thakurpukur house.

"They told me to vacate the house," says Begum. "But where could I have gone? They asked to return to my father's house. But my parents are so poor they couldn't have supported me."

Begum, however, refused to be intimidated and hung on. "I decided to fight back. After all none of it was my fault," she recalls.

Then her mother-in-law sold off the house. The new owner forcibly evicted Begum and locked up the house.

With no one to turn to, Begum approached a local club for help. "I was penniless and without any friends by then. So I approached the members of the Sunday Sporting Club here and told them my story."

The club members sympathised with her plight and assured her of help. They even took her in a small procession to her old house. "We will make sure that no one ousts Farzana from the house her father-in-law gave her," says Tamina Bibi, leader of the women's organisation. "She has been tortured a lot by her in-laws. All that will stop now."

The club members are doing whatever they can to make Begum's life easier during the time she has left. Even the police are on Begum's side now. "We will see to it that no one evicts Begum," says South 24 Parganas district police chief Deb Kumar Ganguly. *(IANS)*

Deccan Chronicle
05 September 2001

DCI may allow general physicians to prescribe Viagra clones

By Amrita Nair-Ghaswalla
Times News Network

MUMBAI: Will the country finally go ga-ga over Viagra? After hectic lobbying from drug makers, the Drug Controller of India (DCI) is actively looking into requests to allow the *desi* versions of Viagra to be made available on the prescription of general practitioners as well as consultant physicians. This will facilitate the infusion of the drug to more remote areas and help boost the offtake of the drug.

At present, the Indian cousins of Viagra are promoted only by andrologists, urologists, psychiatrists and endocrinologists. Broadening of the prescription net for the single molecule (sildenafil citrate), quoted to be worth Rs 40 crore in the first year, will help pump in the required rush of sentiment to help sales soar.

A senior official at the DCI office confirmed the development. Speaking to this paper on the condition of anonymity, he said that their office had received several requests from pharmaceutical firms as well as general physicians and specialists.

The official pointed out that even chemists had written in saying that prescription trends have shown an emergence of a fast growing erectile dysfunction segment here. "However, it would be premature to reveal anything at this stage," the official added.

For the 12 domestic pharma companies, who had rushed to the market (after duly conducting clinical trials) with their own version of the wonder drug, the initial pangs of excitement died down swiftly with the limp sales offering. Then, the fight for the Indian market spilled on to the courts, with the original patent holder of Viagra, US major Pfizer Inc, allegedly deflating ambitions by suing Indian companies for infringement of copyright.

Battling against the odds, domestic pharmaceutical firms have persisted in pushing for a wider prescription net. "Erectile dysfunction (ED) afflicts millions of Indians, but due to the social stigma attached to it, it has not received proper medical attention," claims S.D. Kaul, regional director, Ranbaxy Laboratories.

"We believe that the GPs and family physicians have a major role to play in order to uncover the hidden problem," he added.

Ranbaxy's brand was the first Indian version to hit the market, early in January this year. On behalf of the Indian pharmaceutical industry, Ranbaxy has requested the DCI to allow the product to be made available on prescription of GPs as well as consultant physicians.

Before its launch, Ranbaxy Labs was working on the molecule for the past two years and was the first company in India to manufacture sildenafil citrate in bulk at their Mohali (Punjab) plant.

The drug is not recommended for patients taking organic nitrates for ischaemic heart disease and angina and where sexual activity leads to cardiac risk.

Sources point out that the drug isn't all about impotence, it is about impatience (premature ejaculation). They add that 75% of erectile dysfunction cases are on account of organic causes like diabetes, hypertension or atherosclerosis and only 25% are due to depression or psychogenic factors.

Though no recent statistics are available in India, estimates suggest that just 1.6% of ED sufferers (of an estimated five crore Indian men) are on sildenafil citrate and just 23.7 lakh units have been prescribed in the first

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Scientists see AIDS vaccine within reach

BODY TALK

FOR THE first time in years, the push to find an effective AIDS vaccine is gaining momentum, with nearly 20 prototype vaccines now in human trials and more in the pipeline.

All of the experimental vaccines are made of HIV proteins and genes, not whole virus, which is considered too risky. Although most of the prototypes are in the earliest stages of testing, many HIV vaccine researchers are, for the first time in years, confident that they can eventually beat HIV.

On Tuesday, many of those researchers, public health experts, drug company representatives and health ministers from hard-hit nations met in Philadelphia for AIDS Vaccine 2001, the first in a series of meetings designed to speed vaccines into large-scale trials.

If things go as researchers hope, hundreds of thousands of people across the world will roll up their sleeves for tests that will show whether a vaccine can defeat the deadly virus.

The stakes couldn't be higher. In just two decades, HIV has claimed 22 million lives and threatens 36 million more, mostly in countries that can't afford costly treatment. Only priming the immune system to stave off infection or hold the virus in check can combat the epidemic.

The vaccines in the pipeline differ greatly from each other:

- AIDSVAX, the only one of about 40 vaccines evaluated worldwide that is now in large-scale effectiveness trials, is made of purified proteins from HIV's surface. So far, it provokes the immune system to make antibodies, which can keep HIV from infecting cells, but not the potent white blood cells known as killer T-cells that combat infections by purging infected cells from the bloodstream.
- ALVAC is made by filling a virus, called canarypox, with HIV genes that transform canarypox into a factory for the proteins that make up six components of the AIDS virus.

The researchers use viruses to carry HIV into the bloodstream because they want to provoke a T-cell response. ALVAC has proved this approach works, producing a bumper crop of killer T-cells.

- Other vaccines now in safety trials are made from DNA that hasn't been injected into viruses, from HIV proteins and from HIV genes packed in live but weakened, microbes.

No one knows which of the experimental approaches will work best, singly or together, or if they will work at all, says Susan Buchbinder, director of HIV research for the San Francisco Department of Health.

"People say mice lie most of the time, monkeys lie some of the time, and people never lie," she says. "We won't know what works best until we test it in humans."

USA Today

Hindustan Times
06 September 2001

US set off AIDS virus, says Gaddafi

Tripoli, Sept. 2: Libyan leader Muammar Gaddafi has accused the United States of having manufactured the AIDS virus and urged it to take responsibility for care of millions of people infected with the disease. "America manufactured the AIDS virus in its military laboratories and it must take the responsibility for the treatment of AIDS victims," he said addressing the People's General Congress, Libya's top executive and legislative body, on the 32nd anniversary of the *coup d'etat* that brought him to power. "Evidence exists now that US manufactured the AIDS virus when it launched its bacterial defence programmes in the early 1980s," he said. The origins of HIV, remain a medical mystery. It is widely accepted that the virus was first transmitted from chimpanzees to humans, but no one is certain how, or when, this happened. *(Reuters)*

Deccan Chronicle
03 September 2001

Research On Acid In Coconut Oil

ASIA Pacific Coconut Community (APCC) is carrying out a research to extract medicine from an acid, contained in the 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 APCC, Rethinam said. APCC had formulated a project and it was proposed for largescale testing of AIDS patients with the acid, he said. -PTI

The Indian Express
05 September 2001

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three months following the launch. Assuming repeat purchases constitute two-third of the total prescriptions, the actual users of sildenafil citrate works out to just 8 lakh people, leaving a huge gap.

Another important component, as cited by Ranbaxy, is the age factor. The firm has pointed out that the prevalence of ED is greater among the younger generation.

"More than 70% of the patients in India on Caverta are in the age group of 40-50 years. Significant numbers come from the 35-40 years group," said Mr Kaul, adding that women also play a major role in enabling their male partners to talk about ED with the doctor.

So, while it may be too early to write off the cheaper, equally potent, *desi* brands, flaccid sales may soon actually take off.

The Times of India
05 September 2001

Genesis of an epidemic: Humans, chimps & HIV

By Gina Kolata
New York Times Service

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

Then the scientist said the animal had antibodies in its blood very much like ones that people develop when they are infected with the AIDS virus.

Hahn leapt at the chance. It was a long shot, but it was possible that the long-dead chimpanzee could be a missing link in the search for the origins of AIDS. A few days later, Federal Express delivered a huge box of frozen chimpanzee body parts, packed in dry ice, to Hahn's laboratory at the University of Alabama at Birmingham where she is a professor of medicine.

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

Some said AIDS was caused by a mutant virus, a sort of Andromeda strain. Others favoured conspiracy theories suggesting that HIV had been created by scientists and escaped from germ warfare labs. There was a Western medicine disaster theory, which held that the virus was injected into Africans in bad batches of polio vaccine. Then there was a more pedestrian idea — that people got HIV from primates in Africa. Scientists tended to favour the primate hypothesis because they knew that diseases can jump from animals to people. Dengue fever, Hanta virus, influenza and hepatitis B all originated in other species. But, researchers learned, it was not easy to trace the virus causing the human AIDS epidemic, HIV-1, to an animal. And even when they started seeing provocative hints about the origins of AIDS, those hints soon turned contradictory.

The first evidence that HIV-1 jumped to humans from primates came about a decade ago, when scientists isolated a virus from an African chimpanzee that closely resembled the AIDS virus now infecting tens of millions of people. The chimpanzee virus looked so much like HIV-1 that it was almost irresistible to think that the animals had somehow given the virus to people. Its genes were arranged the same way, and it even had a distinctive gene, called VPU, that had never been seen in any other virus. While AIDS-like viruses were starting to emerge in other primates and in other animals, none looked so much like HIV-1 as this chimpanzee one did. Adding to the evidence was a tantalising snippet of another AIDS-like virus found in a tube of blood from a baby chimpanzee that had died. While the fragment was too small for anyone to be certain that it closely resembled HIV-1, the genetic sequence from this second chimp lined up exactly with a piece of the first chimpanzee's virus. But soon the picture became clouded. A few years ago, scientists found a third chimpanzee with an AIDS-like virus, but when they analysed that virus, they discovered that it was only distantly related to HIV-1. So, some asked, were chimpanzees really the source of the human AIDS epidemic? Or were chimpanzees, and humans, becoming infected by some other animals?

One way to find out would be to study wild chimpanzees and see whether they had a virus like the human form, HIV-1, whether they had a different virus like the third chimpanzee's virus, or whether they were infected with a variety of AIDS-like viruses.

The Asian Age
06 September 2001

Students to take up AIDS awareness campaign

FROM OUR BUREAU

Hyderabad, Sept. 3: The National Service Scheme will take up HIV/AIDS awareness campaigns in about 60 colleges under the jurisdiction of Osmania University as part of its 'Youth for Healthy Society' programme.

The NSS programme aims to impart training to 500-1,000 students in each of these colleges, who in turn will take up awareness campaigns in slums and rural areas about the precautionary steps to be taken to prevent the spread of AIDS. The first such programme was launched at OU College of Women, Koti, here on Monday. Senior advocate M Kamaleswari, Osmania Medical College Biochemistry Department chief Dr Dinesh Raj Mathur, AIDS Control Project director K Chandra Mouli, programme officers and others spoke at a seminar organised to mark the occasion.

A large number of students from Reddy Women's College, OU Women's College and Padmavathi Mahila Kalasala participated in the awareness programme — 'Free From HIV/AIDS Campaign'. Dr Ramakrishna said the NSS has selected 10 colleges, in the six districts, coming under OU. The programme with four phases involves training for programme coordinators at the State and the district level, seminars in colleges and awareness campaigns by students in slum and rural areas. In all, about 1.50 lakh students will be involved in the campaign.

Deccan Chronicle
04 September 2001

Spreading more than education

SELF-ASSURED, Nadine Igala stares straight ahead as she describes what happened to her friend, a fellow pupil at Miskine grammar school on the outskirts of Bangui, the capital of the Central African Republic.

At the age of 15, and hoping to live in Paris, her friend was diagnosed as HIV-positive. "She caught it from one of the teachers. Lots of girls sleep with their teachers", Nadine said. "They do it to pass exams."

Last year five girls at Miskine grammar school, which has 4,000 students, died from AIDS. Although teachers say it is impossible to know how the pupils contracted the virus, they suspect that members of staff are responsible.

"Girls often come to school without eating and without proper clothing," Francoise Nboma, the head of English, said. "They see their teacher as someone to help them. Many parents want their daughters to marry teachers, so they encourage their children to have relationships with them, and the staff don't refuse."

AIDS is the leading cause of death among teachers in the Central African Republic (CAR), according to Unicef, which studied the deaths of 300 teachers last year and found that 85 per cent had died from AIDS.

Research by UN AIDS suggests that by 2005 between 25 per cent and 50 per cent of all the country's teachers will have died from AIDS.

"The average age of female sexual activity is 15, and their first partner is often their teacher," Adjibad Karimou of Unicef's office in Bangui said. "The very people we rely on to teach pupils how to protect themselves against AIDS are often the ones passing on the virus."

Even primary school children have contracted the virus from their teachers. In some villages HIV infection is cited as the main reason for girls not finishing their education. Boys do not face the same problem because they usually bribe their teachers with beer and cigarettes rather than sex.

AIDS infection in members of staff and pupils is ravaging the Central African Republic's education system.

Safe-sex campaigns are rare in secondary schools. Rather than offering education programmes, the health ministry concentrates the AIDS allotment in its meagre budget on treating those members of the working population who have the virus and pregnant women with HIV, to prevent them from passing it on to their new-born children.

More than 13 per cent of the population between the ages of 17 and 30 is thought to carry the virus that causes AIDS, according to the ministry of health. In certain sectors the figures are much higher; for instance, more than 70 per cent of soldiers are believed to be HIV-positive. UN agencies estimate that it would cost between $12m and $17m to curb the spread of HIV infection and care for victims.

"Central Africa is the cross-roads for commerce - for river traffic as well as trucker traffic - so along the main roads we're finding a much greater rate of HIV infection," said Timothy Beford, director of the United States group Population Services International.

Mutinies by the CAR military in 1996 and 1997, which led to an influx of international peacekeeping groups and an explosion of prostitution, also raised the country's HIV rate.

Although the connection between teachers and student deaths from AIDS is no secret, the government is reluctant to dismiss teachers or university lecturers for passing on the virus because of the huge staff shortage. The death of so many teachers from AIDS was responsible for the closure of 107 educational establishments between 1996 and 1998, and the remaining schools have had to merge classes to take in the abandoned students. Last year Miskine grammar school lost teachers of history, German, biology and geography to the virus. "Every year we're seeing three or four teachers die of AIDS.

With half the teaching posts unfilled, only 60 per cent of children receive an education. Finding new staff is nearly impossible. When they are paid at all, teachers and professors receive about $100 a month: teachers in the CAR are owed 25 months' salary. In the meantime they do anything necessary to survive, from selling home-grown vegetables to taking bribes in return for giving students pass marks. In some rural areas all the teachers have died or left, and parents have started running the schools themselves.

Some teachers are trying to address the crisis by changing attitudes.

"Female teachers are increasingly warning the girls against having sexual relations with their teachers," Ms Nboma said. "We're even telling male teachers that they need to regard the girls as their own children, not simply as pupils."

Population Services International plans to distribute 3 million condoms at discounted prices throughout the country in the next few weeks, and health workers will visit schools and public places to preach safe sex to teachers and pupils.

But much more needs to be done, experts say. "We're still at the stage in the CAR where the majority of people think AIDS is caused by evil spirits," Mr Beford said.

Lucy Jones

Deccan Herald
06 September 2001

Deccan Herald
06 September 2001

Low cost medicines for Aids patients urged

DH News Service

BANGALORE, Sept 5

The State and Central government should work unitedly to provide medicine at affordable cost to HIV/Aids patients apart from launching massive prevention programmes, said Dr Thelma, Coordinator, Community Health Centre, Bangalore.

Speaking on "UN Declaration of Commitment on HIV/AIDS", Dr Thelma who participated at the UN meeting on the issue in June this year, said the declaration acknowledged that lack of affordable pharmaceuticals and health systems continue to hinder effective response to HIV/Aids in many countries, especially for the poorest people, and there was a need to make drug available at low prices.

She said the UN recognised that the access to medication for HIV/Aids patients is one of the fundamental element to achieve the full realisation of their rights. However, she regretted that the US was opposing free access to medicine for Aids patients.

Dr Thelma said the UN appreciated efforts of some developing countries to promote innovation and development of domestic industries to increase access to medicines and protect the health of their population.

Dr Thelma said the prevention of HIV must be the mainstay of the national, regional and international response to the epidemic. The UN called upon the countries to emphasis on the widespread and effective initiatives including awareness raising campaigns through education, information and health care services.

She said that the UN recognised that external debt and debt servicing problems have substantially constrained the capacity of many developing countries as well as nations with economics in transition to support the fight against HIV/Aids. It called on the international community to provide assistance for HIV/Aids prevention, care and treatment in developing countries on a grant basis.

She said that poverty, under development and illiteracy are among the principal contributing factors to the spread of HIV/Aids which is now reversing or impeding development in many countries. Therefore, the issue should be addressed in an integrated manner, Dr Thelma added.

Out of the closet

Let's unite all of us
and take the cyber-bus
to Hateless, Tolerant Peaceville
No more on the run.
Find our place in the sun
We didn't... but we can... and we will.

The changing cultural climate, satellite TV and an emerging sensibility among the middle class and higher strata of society that people must be seen as individuals with individual desires has resulted in a strong spurt of activity among Kolkata's gay community, says Imran Ahmed Siddiqui

IT may sound childish, but in many ways this verse in redliffmale.com reflects the growing feeling among the gay community in Kolkata and its suburbs. Never before has this fraternity come out of its shell as now, and they're are making their presence felt everywhere in a city where, truly speaking, sex appears to have acquired a new fluidity.

In fact, the changing cultural climate, satellite TV and an emerging sensibility among the middle class and higher strata of society that people must be seen as individuals with individual desires has resulted in a strong spurt of activity among Kolkata's gay community.

Says psychiatrist G Nandi, "What was earlier considered taboo is emerging as a fashion statement and is even making inroads into the middle-class family." He adds that the opening up of the visual media and the new culture of openness among today' s youth has also helped redefine sexual identities.

Recently, a group of determined individuals emerging from the dark bylanes of a shadowy world have started a string of gay support groups, helplines, web sites and networking opportunities for gays, lesbians and bisexuals who have for long been ostracised by society. This marginal population is being given the chance to mingle with others like them in a society where homosexuality is still largely looked upon as a sin, an abnormality.

The city-based Integration Society has floated eastern India's first resource centre for these sexual minority groups and has started a helpline, Sahayak. "The community is getting bigger and bigger because it is no longer an under-the-carpet issue but a matter of personal choice," claims Integration Society secretary Pawan Dhall. He adds that "we are helping to empower them and provide all supports — emotional, legal and health, so that they come to terms with their sexuality".

Initially, they started the gay Council Club in 1993 and there were only seven members. Now they have seven circles all over West Bengal. "Kolkata is the mother group (main centre) and there are 800 hardcore members in the city itself," says Dhall.

While a lot of their activity is concentrated in the city, there are also echoes in the smaller towns of the state. "Our network is very strong and we hold conferences twice a month where all the members from the state get a chance to interact with each other," says Ranjan, chairman and one of the coordinators of the Society.

Spurred on by the new media openness, bisexuals and gays are definitely coming out in the open in increasing numbers, but this revelation is not without its share of heartache. Surprisingly, Kolkata is fast becoming a haven for male prostitutes, with the Detective Department already having identified "spots" in the city that have become favourite haunts for gigolos.

Interestingly, Nandan — the cultural hub of Kolkata — and the Victoria Memorial appear to have become another Connaught Place of Delhi, which is famous as a pick-up joint for male prostitutes. "Apart from these two places, one may come across them in areas surrounding Esplanade, Park Street, Dhakuria Lake and Gariahat and also in Metro stations," says a senior Detective Department official.

For Doyel Mukherjee, a gigolo and student of a well-known city college, sex is a profession, hobby and obsession and it augments his income. Many of his friends have joined him recently. "Our clients, mostly married, come from very rich families and pay amounts ranging from Rs 1,000 to Rs 3,000 for a single night," says Mukherjee. He adds

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Brazil worried by AIDS among elderly

RIO DE JANEIRO: Alarmed by the increasing rate of AIDS in Brazilians over 60, the government will begin distributing condoms to the rowdy geriatric crowd, the Ministry of Health said Thursday. A study at the private Gafree and Guinle hospital here revealed that, in the last five years, 86 cases of the Acquired Immuno Deficiency Syndrome were diagnosed, leading hospitals to review some 2,000 cases, fearing incorrect diagnoses.

In general, the virus was not diagnosed because some doctors did not think to test their geriatric patients for AIDS, failing to recognize the possibility they were sexually active, the hospital study found. But hormone therapies and medicines like Viagra have contributed to extending the sexual life of elderly Brazilians. *(AFP)*

The Times of India
08 September 2001

Little-known Hepatitis strain may fight HIV progression

By THOMAS H. MAUGH

AN APPARENTLY harmless - and widely carried - virus discovered only six years ago inhibits the progression of HIV infection to full-blown AIDS, allowing HIV-positive people to live substantially longer, researchers report Thursday in two new studies.

The virus is called Hepatitis G, but it doesn't cause inflammation of the liver or any other illness that researchers have discovered. It does, however, cut the death rate from AIDS by almost 50 percent, two teams will report in Thursday's *New England Journal of Medicine*. That is a surprising finding because other hepatitis viruses accelerate progression of HIV.

"This leads us to believe (the virus) is one factor explaining how some people live longer and more healthily with their HIV infection than other HIV-infected people do," said Dr. Jack Stapleton of the Iowa College of Medicine, one of the authors.

Experts such as Dr. Steven Wolinsky of the Northwestern University Medical School held out hope that the discovery could lead to new ways to treat HIV infections, perhaps by mimicking the activity of the virus if researchers can find out how it works. Nonetheless, Wolinsky cautioned in a editorial, "there are many questions that remain to be answered."

Most notably, researchers currently do not know how the virus works to inhibit AIDS, although some of the new research points to clues. The finding also comes along with a warning: Doctors worry that some HIV-positive people may be tempted to infect themselves with the virus, which is also known as GBV-C, hoping to prevent the onset of AIDS. They caution against that because so little is known about the virus.

Ultimately, however, researchers may want to do just that, said Dr. Isa K. Mushahwar of Abbott Laboratories in North Chicago, who was one of the first to discover the new virus.

"It's very exciting now that it is confirmed statistically that infection by GBV-C prolongs life," Mushahwar said. "Since it has now been proven that GBV-C infection is not harmful ... the ethical question becomes 'Should we infect the HIV-positive'?"

Any attempt to do so will require many more studies, the involvement of the federal Food and Drug Administration and other complications, he conceded. "But if it helps and prolongs life ... the question becomes 'Why not'?"

The hepatitis G virus is a curious beast that has been under scientists' noses for at least half a century, and perhaps for much longer than that. Because it does not produce any known symptoms, it had largely been ignored by researchers.

Indeed, the discovery of its impact on AIDS came about largely by accident. Stapleton and his colleagues were actually studying the effect of alcohol and conventional hepatitis viruses on the progression of HIV and stumbled across the relationship to hepatitis G almost by chance.

The virus is found in about 1 percent to 2 percent of healthy blood donors in the United States. Because the virus is transmitted by body fluids and infected needles, just like HIV, it is far more common among people who are HIV-positive -as many as 40 percent of them carry the hepatitis G virus.

The virus was first identified in 1995 by two teams of scientists - one from Abbott Laboratories in North Chicago and one from Genelabs Technologies in Redwood City, Calif. (LATWP Svc)

The Times of India
07 September 2001

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that he will continue with it till he gets a decent job.

For 23-year-old male prostitute Sunil Das, though, it is more of a necessity than a choice. In this city, people look for sex and he has no other means of livelihood than this and he admits that many others like him support their families from this profession.

"Generally gigolos come from middle-class families and in most cases this is their only source of living," says psychologist, Subir Ghosh, who counselled six persons in August alone.

According to Mrinal Kanti Dutta, project director of the STD/HIV intervention project at Sonagachi, "There are more than 4,000 male sex workers operating in the city and we are demanding legalisation of the trade so that they could lead the life of a normal wage-earner."

The Statesman
07 September 2001

Pharma firms upbeat about zero excise on anti-AIDS drugs

M S Anand

7 SEPTEMBER

THE Health Ministry's decision to abolish excise duty on anti-Aids drugs is expected to make Indian manufacturers of these drugs globally competitive.

This is expected to improve the exports to South African and Latin American markets, where the acquired immuno-deficiency syndrome is spreading at an alarming rate.

"Our drugs would positively become more competitive. Presently we pay about 16 per cent excise duties on the retail price of these drugs," said Mr Lanka Srinivas, director of Aurobindo Pharma.

Yet another company that is upbeat on the Health Ministry's decision to waive excise duties is Matrix Laboratories. The company has recently turned around on account of its thrust on exports to South African and Latin American markets.

"The effective payment of excise duties is about 8 per cent as we deduct the duties incurred by us on the purchase of raw materials," a company source of Matrix Laboratories said.

"There is a huge opportunity in Africa following the withdrawal of the patent suit filed by about 40 global pharma companies against the South African Government, which allowed the sale of cheaper branded generic drugs," a pharma industry source said.

The Economic Times
08 September 2001

AIDS bomb ticking away in Shekhawati

Narayan Bareth
Jaipur

AIDS is fast spreading its tantacles in the Shekhawati region. The killer disease have claimed at least 15 lives in the last one year from Jhunjhunu district. Out of these, 7 people have perished in the last three months alone.

Murarka Foundation (MF), an NGO engaged in the AIDS prevention campaign in Jhunjhunu in collaboration with the State Government, has identified some of the areas as more vulnerable. Mukesh Gupta, director of MF told The Pioneer, initially it was thought that the disease affected only the metro towns, but the latest survey indicated that the disease has spread to the remote areas also. Only two years ago, the State AIDS control society had marked only four areas of the district which were threatened by AIDS.

However, the foundation in its recent survey in 33 villages have found a number of patients suffering from sex related diseases, Gupta claimed. According to the foundation, at least 300 HIV positive cases have been detected till now in Jhunjhunu district.

The foundation have identified over 60,000 families from five clusters - Navalgarh, Mukundgarh, Jhunjhunu, Alsisar and Surajgarh as vulenrable. These families belong to migratory work force. The members of these families migrate to different parts of the country in search of employment or business purposes. In the begining, the foundation is trying to reach at least 2,500 such families to educate them about possible threat of AIDS, said Dr Satyanarayan Jangid. There should be mandatory health check-ups for every one who returns to the area, Dr Jangid suggested. The State AIDS control programme had earlier identified only four places -- Purohito Ke Dhani, Khirod, Mandava and Jhunjhunu town -- which could possibly be affected by the disease. But now 1,345 families of 33 villages have been found in the grip of sex related diseases, he said. Jhunjhunu district has been sending artisans, industrialists and workers to different parts of the country for centuries. .

The Pioneer
07 September 2001

Tourist Distraction

The recent diktats by alleged militant groups ordering Muslim women to wear burqas has justifiably been condemned by most people. These are groups outside the pale of civilised society, so you can expect no better of them, is the argument. But when an august institution of learning like Lucknow university unleashes a bizarre morality drive, it is a different matter altogether. In its bid to purge its campus of 'questionable' foreign students, the proctor has made it mandatory for all foreign students seeking admission to produce a health certificate stating, among other things, that they are free of HIV and AIDS. In the first place, let us state in no uncertain terms that there is no long queue of foreign students waiting to get into the once reputed but now crumbling institution. Nor for that matter are foreigners clamouring to get into other educational institutions. For students from the West, the facilities and quality of teaching are not on a par with many other countries. Many students from the less developed countries, especially from Africa, suffer racial discrimination. However, the most objectionable part of the proctor's pronouncement is that it is in contravention of the law. In India, a person's HIV status is a matter only between him or her and the physician. Even then, as an added precaution, nobody is to be informed of his/her positive status without prior counselling which is necessary to cope with the trauma. No educational institution or employer can be privy to a person's HIV status unless this is voluntarily disclosed by the affected. Surely, it is now common knowledge that HIV is spreading very rapidly in India, thanks to ignorance and official apathy.

But, of course, this has not meant that attitudes have changed to the killer virus or those affected by it. In a larger context, such ill-thought-out pronouncements are at odds with various other measures the government is undertaking to actually attract foreigners to our country. Liberalisation was the first, and as we now know, it is not all it's cracked up to be — foreign firms are fleeing at the same speed they came in when the doors opened ten years ago. Now, alarmed at the stagnant tourism figures, the government has come up with a new scheme — visas on entry for people from 16 countries. An excellent idea on paper but anyone who has passed through customs and immigration at any of our international airports will testify to the appalling inefficiency in clearing even normal passenger traffic. It is difficult to imagine any Indian official handing out visas in a painless manner to visitors. This move, again, is an example of the government's impractical and perhaps overreaching ambition. While getting an Indian visa is most definitely a complicated and arduous task abroad, this is not the only reason why tourists stay away. There are a number of other deterrents such as poor connectivity, unhygienic conditions, pesky touts and extremely prohibitive entry fees to many monuments. Very rarely is India a repeat destinations for tourists with the exception of tourist destinations like Kerala. So let us not have any illusions. Destination India is hardly attractive to either the foreign student or tourist. It might be one day in the future, but only when we have put our house in order.

The Times of India
08 September 2001

AIDS vaccine on the anvil

Philadelphia, Sept. 7: Scientists at an international conference in Philadelphia say they believe a vaccine against the HIV is now feasible.

The conference — organised by the Foundation for Aids Vaccine Research and Development — brings together more than 1,000 delegates and is aimed at speeding research into an effective vaccine. Most of the delegates are scientists. They say they are more hopeful than ever that a vaccine will be found, as they learn more about the human immune system. David Baltimore, one of the conference organisers, told the BBC he was "optimistic, in a way that I wasn't a couple of years ago" that vaccines being tested now "will be able to provide a level of immunity and that will make a difference, both in the United States and abroad." There are many potential vaccines in the pipeline, but much research is still needed to test their effectiveness and safety.

Also attending the forum is the president of Rwanda, Paul Kigame, who is telling the delegates about the devastating effects of AIDS on African countries. Several African countries were witnessing an unprecedented rise in AIDS cases. *(BBC)*

Deccan Chronicle
08 September 2001

HIV tests for Lucknow varsity's foreign students

STATESMAN NEWS SERVICE

LUCKNOW, Sept. 7. – The Lucknow University has decided to ask for a medical certificate from all its foreign students seeking hostel accommodation from this year. The certificate should clear them from being carriers of HIV.

At one of its recently held meetings the university admission committee decided to take 11 foreign students in various courses. The decision was taken in the wake of the Indian Council of Cultural Relations' recommendation. No foreign students have applied for admission so far. Incidentally, no foreign student had enrolled in the last academic session.

Russian students used to enroll in the university to learn Hindi. There were students even from Iran, Afghanistan and Africa.

Officials said that the health certificate was needed as per the Lucknow University Rules and Regulation, 1989, which was amended in 1997. It has been made effective now in view of the increased threat of AIDS.

Some officials said if Indians could be subjected to all sorts of tests elsewhere in the world then "some tests" could be carried out on foreign students.

The measure was criticised for being discriminatory. Senior professors including former vice chancellor, Dr Roop Rekha Verma, said that it appears to be a case of "jingoism apart from being totally discriminatory. If at all such a certificate is needed then it should cover all the students of the University", Dr Verma said.

The chief provost, Dr R Singh, said similar certificates could be asked from local students only after amendments were made in the rules.

The Statesman
08 September 2001

Viagra linked to 616 deaths worldwide

Berlin, September 8

GERMANY'S HEALTH ministry said on Friday 616 people worldwide had died after using Viagra but cautioned against attributing blame for the deaths on the anti-impotence drug.

In a response to a request by a member of parliament, the ministry said the data bank of the Swedish-based Uppsala Monitoring Centre (UMC) had recorded 616 cases of people who had died after using Viagra. Pfizer was not available for comment.

The German Institute for Pharmaceutical and Medical Products has recorded 77 deaths in the European Union and 30 in Germany, the ministry said.

A spokeswoman for the health ministry said in the German cases existing health problems rather than Viagra appeared to be the main cause of death.

Reuters

Hindustan Times
09 September 2001

Excise duty, sales tax on AIDS drugs to go

MUMBAI: Central excise duty on anti-AIDS drugs would be scrapped shortly, reducing the price of the expensive drugs by almost 50 per cent, Union Minister of Health and Family Welfare Dr C.P. Thakur said on Friday.

Thakur told reporters here his ministry had written to Union Finance Ministry and also to all the state governments requesting them to totally remove the central excise duty and sales tax on the anti-AIDS drugs to make them reasonably affordable to the patients.

The ministry has taken the decision after it was observed that in South Africa the demand for Indian AIDS drug was increasing following the introduction of the drug by the Indian pharmaceutical company Cipla, he said.

"This created a ripple in the international market and we thought that Indian patients also should get maximum benefit from the drug," the minister said.

The health ministry will bring in legislations for all imported drugs and manufacturing units of the multinationals based in India, Thakur said adding the licence period for these companies has been extended from two to five years and licence charges would be collected in US dollars.

The final notification in this regard would come out next month, he said. (PTI)

The Times of India
08 September 2001

'AIDS therapist' accuses Minister of backtracking

EXPRESS NEWS SERVICE

Kochi, Sept 7: The Fair Pharma proprietor and self-proclaimed AIDS therapist T A Majeed on Wednesday termed the State Health Minister P Sankaran's reported statement, which allegedly threatened to initiate legal action against him, as a backtracking from his earlier promise on giving production licence for his drug.

Majeed said the Minister, while attending a function in Thiruvananthapuram on June 28, had assured that the Government would reconsider its decision to cancel the manufacturing license of 'Immunocure', the drug being produced by Majeed's Fair Pharma.

He has been prescribing the medicine for AIDS patients for the past nine years.

A powerful lobby of Multinational Pharmaceutical companies, with the help of a section of media, has been hunting him, Majeed alleged, and added the Health Minister had succumbed to the pressure tactics of this lobby. Hence the Minister backtracked on the assurance.

Majeed also alleged that the National Aids Control Organisation (NACO) had colluded with the MNCs to cancel his licence.

The Indian Express
08 September 2001

Human Rights and Wrongs

INDIA may present a progressive face to the international community but at home its moral brow frowns upon certain sections of people, and its iron heel continues to stamp upon them.

The latest evidence of practice being out of step with human rights rhetoric came recently with the arrests of four social activists in Lucknow, capital of the northern Indian State of Uttar Pradesh (UP). In June, adopting a politically correct stance, India had opposed a move to keep gays and lesbians out of the UN General Assembly on HIV/AIDS, and argued that homosexuals are "a crucial population whose needs have to be addressed in the context of HIV/AIDS".

Yet, barely a month later, the UP police invoked Section 377 of the Indian Penal Code against two non-governmental organisations (NGOs), Naz Foundation International (NFI) and Bharosa Trust working on HIV/AIDS awareness and prevention with men who have sex with men (MSM). Titled "Unnatural Offences", Section 377 is an archaic provision introduced by the British government in 1860 that outlaws "carnal intercourse against the order of nature" with any man, woman or animal, even if it is voluntary. The maximum punishment for this offence is a fine, and imprisonment for life.

The police claimed that these NGOs were distributing pornographic material and promoting promiscuity. Activists working on AIDS awareness, however, contend that educational material dealing with safe sex is bound to be sexually explicit.

The details of the arrest and raids on the offices of Bharosa Trust and Naz reveal several acts of the police that are patently illegal and violate human rights. After arresting an outreach worker of the Bharosa Trust, the police first invited the press and took them along to raid the offices of Bharosa and NFI. At the NFI office they chanced upon a dildo used to demonstrate the correct way to use condoms. The press went to town dubbing it a 'sex toy'. Similarly some films on sex education were labelled as pornographic, and the NGOs themselves began to be seen as 'sex clubs' by the media.

Explanations about the importance of these accessories in HIV/AIDS education fell on deaf ears, and the police charged all four activists, including the director of NFI, of criminal conspiracy to commit unnatural sexual offences under Section 377, sale of obscene books and the indecent representation of women.

> India doesn't seem to practise what it preaches. The conservative character of the State and the overall environment in society are both leading to greater repression of all marginalised and minority communities, writes **ANJALI DESHPANDE**

"Under Section 377, a specific act of sodomy is necessary to file a case. In this case there is no complaint of sodomy and nobody was 'caught in the act'. So they have said that these activists were 'conspiring to commit unnatural offences'. Watching films is not criminalised under 377, neither does it cover any so-called conspiracy to commit sodomy," says Tulika Srivastava, lawyer and secretary of the Lucknow-based Association for Advocacy and Legal Initiatives (AALI).

This clampdown comes even as there is a re-thinking about the relevance of Section 377. Years of campaigning by activists against this abhorrent law that polices consensual sex among adults, has led the Law Commission to recommend that Section 377 be erased from the code. Lawyer and activist Shobha Aggarwal points out that the Supreme Court has in recent cases reduced the sentences imposed under the Section.

Activists and legal experts have suggested that simultaneous amendments be effected in laws governing rape to cover homosexual rape. A petition in this regard filed by the Delhi-based AIDS Anti-Discrimination Movement (ABVA) is pending final arguments before the Delhi High Court.

The exquisite irony of arresting people who are working under the government's own guidelines as issued by the National AIDS Control Organisation (NACO) escaped the chief judicial magistrate and the sessions judge in Lucknow, who continued to refuse bail to the accused. The four activists of NFI and Bharosa Trust were only bailed out by the High Court after over a month in prison.

Apart from peeling off the mask of progressiveness from the face of an intolerant Indian state, the Lucknow episode acted as an impetus for the NGO community to mobilise themselves against the high-handedness of the state machinery.

Local groups in Lucknow were the first to stand up and be counted. The Women's Association for Mobilisation and Action (WAMA) of which AALI is a constituent, immediately countered the misinformation offensive launched by the police.

"NFI is only implementing the NACO guidelines and should not be harassed. The government has proved incapable of working among people to raise awareness on prevention of HIV/AIDS and now it won't let NGOs do it either," comments Pranita of WAMA. After a sustained campaign, the attitude of the media changed, and the local press began to approach the issue from a human rights angle.

Speaking at a demonstration in Delhi to highlight the human rights violations on sexuality minorities, Jaya Srivastava, director of Ankur, an NGO working on education in New Delhi, said, "Everyone of us should fight for the rights of sexuality minorities. It is not necessary to have only one way of life, there are many ways of living."

Shaleen Rakesh of the Naz Foundation (India) Trust's Milan Project which works with MSM said, "Our outreach workers are constantly harassed by the police on the pretext that we are 'promoting homosexuality'. How are we expected to prevent the spread of AIDS, which is transmitted primarily through sexual relations, without talking about sex? Moreover, MSMs have a right to health just like everybody else."

"The issue in Lucknow is not only that of homosexuality but of systematic attacks on NGOs working with marginalised sections of the people," says Pranita of WAMA.

In 1999, three activists of a women's group, Vanangana, were accused of kidnapping because they had dared raise the issue of incest, she points out. About a year later the police had used the draconian National Security Act against Sahayog, an NGO-based in the Kumaon hills, for chronicling sexual practices in that region.

Recently four activists of a group organising forest workers in Navgadh, UP, were rounded up and charged with treason for their alleged 'anti-national' activities. This crackdown on NGOs in a state infamous for its mafia and liquor lobbies, exposes the double standards of the Indian government, asserts Pranita.

The conservative character of the State and the overall environment in society are both leading to greater repression of all marginalised and minority communities. The pressure to abide by the 'normal' is so great that there seems to be a shrinking of democratic space. In this context, the assertion of basic human rights becomes all the more vital.

Women's Feature Service

Deccan Herald
09 September 2001

Healing angel of thered light rejects

In the choking, congested bylanes of Madipura, Kamatipura, Falkland Road, Kherwadi and parts of Ghatkopar, Worli and Sivree, the well-endowed and the frail selling their bodies for a pittance are not much of a big deal. Ditto for the cell-toting collegiates "in search of pocket money." What makes news here are sex-workers flashing their identity-cards at doctors and attendants in government hospitals and clamouring for their rights. They, after all, are no less human than the rest of us.

For the *sahelis*, *tais* and *bais* of these red-light areas, Dr IS Gilada stands for more than just silent hope. His name spells protection from the deadly HIV virus, with the help of free condoms minus any droning about morality and ethics.

"Brothel owners are cooperative because they know we do not stand on a moral pedestal and that we have no other political or monetary interests. Our job is to work towards their welfare and we have a clear-cut policy telling us how how to deal with sex workers," says Dr Gilada, Secretary General, *People's Health Organisation* (PHO).

"For every 25 sex workers, we have one *saheli*. For every 10 *sahelis*, we have one *tai* and for every 10 *tais*, we have one *bai*. Most girls involved in the flesh trade come from Karnataka, Andhra Pradesh, Tamil Nadu, Bangladesh and Nepal. Maharashtrians make up about 10 per cent. We distribute about five lakh condoms every month in the seven main red-light areas," says he.

"Most sex workers believe in the 'no condom, no sex' idiom. The I-cards we give them ensure that they are treated with dignity and respect. If not, then the sex-workers ask the doctor or attendant to hand over, in writing, their reasons for refusing treatment. This assertion for justice sees them through the ordeal," emphasises Dr Gilada.

A misinformed and misrepresented lot, the women involved in the flesh trade need to be counselled in order to help them develop a personal interest in their well-being; like the safety and betterment of their fatherless children. "Of course we are not pro-prostitution but that does not take away from our cause of informing and educating these women about the deadly virus. As it is, they are much too poor to afford treatment, if affected. In India, the cost of medicine needs to be pushed down, so as to push up their access," says Dr Gilada, who says he was involved with India's first AIDS awareness project in 1986.

"India has the second largest population and the highest HIV prevalence rate in the world. That work out to about 1/5th of all HIV infections and over 12 million people living with HIV/AIDS in the country. Though anti-retroviral (ARV) drugs have produced dramatic results in industrialised countries, the situation in resource-poor settings like India is grim because of the prohibitive costs. Not only is the cost of drugs and their availability a hurdle but patient follow-up protocol and the requisite investigation are also not up to the mark," says he.

"We don't lag behind when it comes to facilities for the management of HIV/AIDS. What we lack in is the preparedness of our minds and a bit of appropriate orientation/training for care-givers. In fact, we can offer treatment, of up to international standards, with an 80 per cent reduction in cost and a lot fewer side effects. Over here, we are more rational when it comes to using ARV therapy, as compared to most other developed countries. There, on the other hand, costs are paid by a third party — medicare, insurance, government subsidies etc — and physicians tend to over treat patients," says the doctor, also the UNISON Managing Director in India.

UNISON Medicare is one such centre involved in the treatment of HIV/AIDS patients with honour and dignity while using a rational approach. It provides comprehensive medical care under one roof — counselling, testing and care etc — on the lines of Whitman Walker Clinic, Washington DC and KIS, Munich. At the moment, over 3,500 patients are being cared for by UNISON, set up in 1995.

In India, close to 90 per cent of HIV-infected people aren't even aware of their condition. The most important task today is to provide proper counselling and simple, non-expensive follow-up investigations for these people. The once AIDS capital of India, Mumbai now also happens to be the country's AIDS care capital. While a rare breed of care-givers treat HIV/AIDS patients with the utmost respect and some with the utmost contempt, a few are simply not bothered.

Recently, Maharashtra Governor PC Alexander endorsed the PHO perspective of HIV-control in Mumbai and the fact that HIV was under control in Maharashtra in general and Mumbai in particular.

While the current HIV prevalence in anti-natal clinic (ANC) cases in Mumbai is less than two per cent, the state average stands at over 2.5 per cent, meaning a higher HIV prevalence in the rest of the state. PHO pegs the figure at over 2,50,000 HIV and

Contd...

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40,000 AIDS cases in Mumbai. The five states with the highest rates of HIV prevalence in India are at present Maharashtra (2.5%), Andhra Pradesh (2.4%), Karnataka (2.1%), Tamil Nadu (2%) and Manipur (1.8%). AP and Karnataka have come neck to neck with Maharashtra in a short span of three years, though they stood far behind earlier, and are likely to overtake Maharashtra by the turn of 2001. On a random basis, India has a more than one per cent prevalence rate; with the potential for greater increase, suggests a PHO study.

"What is now required is the concentration of our efforts towards counselling and managing patients living with HIV and AIDS, in addition to continuing science-based education, awareness and intervention programmes. The prevention campaigns must reach rural areas without wasting any more time," concludes Dr Gilada.

We hope that the scenario changes rapidly for the better. After all, sex pots or not, we are all human.

—Priti Sharma

The Pioneer
09 September 2001

Boy bias: Indians in US are opting for sex selection tests

New York, Sept. 9: Sex selection tests have become a cause for concern among Indian Americans, with several community leaders warning that the bias for male children has spread from India to American shores.

Mr Dayan Naik, associate professor of cardiology at New York Medical College, has spoken out strongly against sex determination tests carried out by the Indian community in the US.

"It is unethical, I condemn it. I would even go as far as to say that if sex selection continues, we as a community are doomed," said Mr Naik, also the immediate past president of the American Association of Physicians of India Origin.

He said the clout held by Indians in American society would vanish if they continued "this kind of voodoo" — referring to sex determination and abortion.

There are 1.5 million people of Indian origin living in the US.

Like abortion, sex selection is an issue that raises emotional responses. Although it is not widespread in the US, it is reason enough for the Indian community to worry about. The issue was raised after a few publications discontinued advertisements of companies offering to conduct sex-determination tests that they claim are for innocent purposes. Ms Naima Sultana, a child psychiatrist from India, said that advertisements by sex determination clinics was an abuse of the right to freedom of speech. *(IANS)*

The Asian Age
10 September 2001

Global meet to discuss AIDS, laws and ethics

By Paawana Poonacha
Times News Network

BANGALORE: A research programme on 'HIV/AIDS: Laws, Ethics and Human Rights Concerns' is on the agenda of the Sixth International Congress on AIDS in Asia and the Pacific (ICAAP) to be held in Melbourne from October 5 to 10.

The programme is conducted by The Institute of Legal Ethics and Medicine (TILEM), which is part of the National Law School of India University, and the unit of HIV and Development (for South and South-West Asia) of United Nations Development Programme.

The project has been envisaged to trigger region-specific legal and ethical debates to structure possible initiatives that aim at arresting the further spread of HIV. The project has in its jurisdiction neighbouring countries like Nepal, Sri Lanka, Bangladesh and India.

Speaking to *The Times of India*, project coordinator Prof. S.V. Joga Rao of TILEM, who will launch the research programme in Melbourne, said: "The problem of HIV/AIDS is accentuated by the dual aspects of incurability of the disease as coupled with societal response towards the person who is tested positive. The solution to the problems should be applied in the cultural context and the social reality that prevails in the respective jurisdiction." The timing of the research project and the consequent discussions in this regard were marked with relevance owing to the introduction of AIDS Prevention Bills in Karnataka and Maharashtra legislatures.

According to Joga Rao, TILEM and UNDP recognised that it was a significant moment to undertake a research project that has an outcome that shall prevent the reproduction of western models of HIV/AIDS regulation in the specific cultural context prevailing in India.

TILEM responded to this challenge through the adoption of the following three research processes as being fundamental for granting legitimacy to the research outcomes. They include consultations with doctors, nurses, students, media, NGOs, commercial sex workers, hospital administrators, policy makers, judicial officers, police and prison officials, trade unions, dentists, sexual minorities, women and child activists.

TILEM will also be assisting Karnataka and any other interested state on structuring and firming up of policy.

TILEM hopes to get a positive nod from government, particularly in view of the fact that Chief Minister S.M. Krishna heads the Karnataka State AIDS Prevention Society.

The Times of India
10 September 2001

Booster Dose for Health

After a gap of 18 years a new health policy has been announced with promises of energising the public health system. It offers to strengthen the basic healthcare services at the level of primary care while suggesting regulatory mechanisms for the private sector. But the main question is how serious is the government about improving the health system? Union minister for health and family welfare ***Dr C P Thakur*** *answers this and other questions in an interview with* ***Kalpana Jain****:*

You have recently announced the health policy. But the functioning of health systems has been so poor over the years that people have lost faith in it. The policy of 1983 also laid emphasis on primary health care, but it did not achieve anything. How do you think the new policy will make any difference?

We have thought about its implementation. Some of it needs to be done at the central level and some at the level of states. We will need to energise state governments through frequent interactions as also regular monitoring. We have already started a process whereby some districts have been allocated to officials for implementation of the family welfare programme. The 36 officials, deputed for the monitoring, will regularly visit these districts and review the programme, instead of just conducting an annual review. The same process will be followed for health policy implementation.

Udai Shankar

"At AIIMS we are going to implement schemes worth Rs 120 crore. Similarly, for PGI Chandigarh also, we are going to implement schemes worth Rs 120 crore"

In this policy we are also emphasising that some drugs and consumables should be made available at the level of PHCs. We are asking for the setting up of a medical grants commission, to help medical institutions.

Till the common man sees any results, these would seem like plans on paper. Take the central government's own hospitals, functioning right here in Delhi, which have been deteriorating over the years. If people don't see an improvement in Delhi hospitals, how are they to believe you when you say the government will improve things right upto the PHCs?

Very true. But I can tell you there are only three government hospitals under me. At AIIMS we are going to implement schemes worth Rs 120 crore which have been pending for years. For example, a trauma centre, pending for 15 years, or a dental college, pending since the inception of AIIMS. Similarly, for PGI Chandigarh also, we are going to implement schemes worth Rs 120 crore. We propose to turn Safdarjung hospital into Kargil Vijay Smriti Medical College. The quality of care goes up with the setting up of a medical college. We are going to improve Ram Manohar Lohia hospital as also Lady Hardinge and Kalawati Saran hospital.

What about your own state, Bihar...

That is a big question. We will establish the first hospital for tropical diseases in Bihar, Samrat Ashok hospital. But you are correct, medical colleges are in a bad shape. We will take up some of them under our scheme so that their functioning improves. Not only Bihar, we will do that for other medical colleges in different parts of the country.

If you agree that quality of medical colleges is poor in Bihar, do you accept the surveillance data on AIDS coming from the state. After all, it influences the national figures?

There is no good centre to do the surveillance work in Bihar. One ICMR centre is there in Patna. Everyone goes there. Naturally, data will be biased. Under a new scheme, we will provide one diagnostic centre for HIV and AIDS in each district and medical college. then the data will improve. Under this policy, we are also going to link all the districts for disease surveillance. There will be monthly reviews and we will know what is happening where.

There is fear that HIV prevalence in Bihar may be very high and by the time it becomes visible, it may be too late to start prevention?

Certainly. Bihar is now the poorest state in the country, although it was the fourth when India became independent. The more poor people you have, the more go for work outside, especially to the richer states. Unfortunately, richer states are the centres for HIV and AIDS, such as Maharashtra, Karnataka, Tamil Nadu, Andhra Pradesh.

What is your experience of HIV prevalence in kala-azar patients.

Some years ago I could not detect a single patient. Three years back, I got an average of one in 100. But in an ongoing study, in about 90 kala-azar patients, we have two HIV patients. There is a rise. In the control group also there were four out of 240. This is high. HIV incidence is increasing in Bihar.

There is a feeling that private healthcare is growing at the expense of public health. Even CGHS reimbursement is easier for those seeking private care...

That applies to major towns. But in rural areas, it is only the inefficiency of the primary health centres. We have thought of doing something about that in this policy.

What you have suggested is getting licentiate medical practitioners and paramedics to go to far-flung areas. Are you promoting a two-tier system, with different healthcare for the poor?

No. We are thinking of penalising doctors who don't attend duties. If there are complaints against them twice or thrice, their names should be removed from the register. We plan to bring community care as a specialised area. These doctors could go to rural areas. We are also thinking of making two to three years service in PHCs compulsory for medical graduates. Some states are already working on it. Rajasthan and Orissa have already agreed to implement it.

How to you propose to restore AIIMS as the centre of excellence, especially when bureaucratic delays hamper progress, while smart marketing gimmicks give an edge to private players?

First of all, I don't want to compound bureaucratic delays. We are giving adequate funds. We are also thinking that a modern annexe of AIIMS should be constructed where people can get services on payment.

A revision of pay scales of AIIMS doctors will be done. A committee under the expenditure secretary is already looking into the pay scales of all centres of excellence such as IITs, BARC and others in the country. Some incentive has to be there for excellence in research.

You have stated only plans. We would want to know what has been done?

We have pushed most of the pending schemes. They will fructify soon. A cabinet meeting is being held on starting the trauma centre; we have already passed the schemes for PGI Chandigarh; finance ministry is finalising proposals for Safdarjung hospital; we have formulated an empowered action group for family welfare programmes. We have also taken action when we found that the mosquito nets purchased for Assam were not up to the mark. We sent it for CBI examination. When we heard that drugs for kala-azar in Bihar were not of good quality, we ordered their withdrawal and sent them for testing in three reputed labs. We are awaiting the reports. We are clearing a lot of debris.

Mbeki Questions Govt's Cost To Fight AIDS

AGENCE FRANCE-PRESSE

JOHANNESBURG, Sept. 10. — President, Mr Thabo Mbeki, who questions the link between HIV and AIDS, has cited World Health Organisation's 1995 statistics to challenge South Africa's spending on programmes to combat the pandemic, according to a report today.

Mr Mbeki said in a letter to health minister Manto Tshabalala-Msimang, a copy of which was published in *Business Day* newspaper, that government's allocation to health services should be re-examined in the light of the statistics.

The WHO figures back up Mr Mbeki's assertion that AIDS is not the leading cause of death in the country, accounting for just 2.2 per cent of deaths — way behind external causes such as homicides, accidents and suicides. *Business Day*, however, says that a South African Medical Research Council (MRC) report to be published soon is expected to show that AIDS has indeed become the leading cause of death in the country.

The daily said the MRC report will clearly show that the pattern of AIDS deaths has shifted significantly since the mid-1990s, the period from which Mr Mbeki's statistics come. Mr Mbeki in his letter warns the health minister that the figures will "provoke a howl of displeasure and a concerted propaganda campaign from those who have convinced themselves that HIV/AIDS is the single biggest cause of death" in South Africa.

The South African leader has been criticised internationally for having said in 2000 that AIDS might not be directly caused by HIV.

The Statesman
11 September 2001

The Times of India
10 September 2001

Breakthrough in vaccine against AIDS

Steve Sternberg

SCIENTISTS REPORTED on Sunday that they have for the first time crafted a vaccine that strikes the AIDS virus, HIV, at the one time it is fully exposed and vulnerable.

The vaccine's most remarkable feature, one that distinguishes it from the earlier experimental vaccines, is that it apparently can produce powerful antibodies that cripple AIDS strains from around the world. AIDS mutates so quickly that researchers have long feared that no one vaccine could break the back of the epidemic.

Although scientists have succeeded in producing experimental vaccines that prime the immune system to clear HIV-infected cells from the blood, no one has managed to stimulate it to create antibodies that can clear the virus itself from the bloodstream, until now.

"While we're hesitant to get too excited, or overstate our findings, what we've seen so far is very, very promising," says Robert Gallo, co-discoverer of HIV and director of the University of Maryland Institute of Human Virology.

The vaccine was conceived by Anthony DeVico, 44, a biochemist at Gallo's institute. A decade ago, DeVico proposed to exploit new findings about the way HIV guards itself from recognition and eradication by the immune system.

The AIDS virus does this by masking its surface protein, called GP 120, so it is exposed to the immune system for only about half an hour, when it is attempting to invade a white blood cell.

During that period, GP 120 unfolds so that it can lock on to the human receptor called CD4, which serves as a gateway into the human cell.

DeVico decided to create a vaccine by permanently fusing the exposed portion of GP120 with CD4, stimulating the immune system to create potent antibodies that could disable HIV when it was most vulnerable.

DeVico and his colleagues have since injected several monkeys with the GP120-CD4 vaccine and tested their blood against HIV in a test tube. To their delight, they found the monkeys' blood contained antibodies capable of attacking widely divergent HIV strains from Africa, North America and elsewhere.

DeVico reported the results on Sunday at a meeting sponsored by the virology institute.

The next crucial test will involve injecting the monkeys with HIV, to see whether their vaccine-primed immune systems can eradicate hoards of virus circulating in their blood. Researchers also hope to ratchet up the vaccine's potency so that it will provoke the immune system to overwhelm the virus with deadly antibodies. And they must prove the vaccine is safe and effective in humans.

USA Today

Hindustan Times
11 September 2001

Ray of hope for jaundice-struck newborns

By Sriranjan Chaudhuri
Times News Network

BANGALORE: Severe jaundice in newborns can cause brain damage. This is often tackled by exchange transfusion during which blood from the baby is replaced with blood from a healthy person.

Doctors at the city's Manipal Hospital have now successfully used reconstituted blood in over 20 infants with severe jaundice which they say has shown better results.

Explains consultant neonatologist at Manipal Hospital Dr Arvind Shenoy: "Reconstituted blood contains red cells which carry no antigen (O red cells) suspended in plasma with no antibodies (AB plasma). This ensures that the transfused red cells are from the mother's antibodies. Since the plasma has no antibodies, the baby's red cells have no additional threat. This is one of the boons of modern blood banking and helps many babies, particularly with ABO incompatibility."

Almost all newborns develop jaundice. In most cases this is an innocuous event and requires no treatment. "Jaundice in newborns is caused by destruction of red blood cells. This decreases by the time the baby is two weeks old and the jaundice disappears," Dr Shenoy says.

Severe jaundice in newborns can cause brain damage. This is often tackled by exchange transfusion during which blood from the baby is replaced with blood from a healthy person. Manipal Hospital has now successfully used reconstituted blood in over 20 such infants, which they say has shown better results.

A severe degree of jaundice can, however, lead to brain damage if left untreated. There are many reasons for developing severe jaundice in the newborn, the commonest being the baby inheriting a different blood group than that of the mother. In such an event the antibodies in the mother's blood can cross over to the baby through the placenta and cause destruction of the baby's red cells.

Explains Dr Shenoy: "This is especially so if the mother is Rhesus antigen (Rh) negative and the baby is Rh positive. Another common cause is when the mother has O blood group and the baby has A or B blood group (ABO incompatibility). This is because O group individuals have anti-A and anti-B antibodies in the blood. These can cross from the mother to the baby and destroy its red blood cells causing jaundice."

This is usually treated with phototherapy or exchange transfusion. "Exchange transfusion is done by removing a little blood from the baby and replacing it with an equal volume of blood from the donor. Previously, this was done using whole blood from a donor."

The logic was that if the donor was of O group, his blood would have anti-A and anti-B antibodies. If he was of A or B blood group, his red cells would have A or B antigen. But there was always a dilemma. "Which blood were we to use? Using O group blood caused further destruction of the baby's red cells, whereas using the the donor blood of the same group as the baby's caused maternal antibodies." With reconstituted blood that problem has been solved. And with that, the chances of survival of babies with severe jaundice have made a quantum leap.

The Times of India
15 September 2001

Access to drugs and the Patents Bill

The 1970 Patents Act has put India in an enviable position among developing countries. India now boasts a strong drug producing sector and comparatively cheap medicines. The Patents Bill proposes to undo the legal regime which supports these achievements, says **Philippe Cullet.**

ACCESS TO drugs is of fundamental importance. It is partly conditioned by the price of medicines which in turn is influenced by the (non)availability of product patents. The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement) and the spread of HIV/AIDS have contributed to making access to drugs an issue widely debated in many countries. In India, the Patents (Second Amendment) Bill which seeks to put the 1970 Patents Act in conformity with TRIPS is of great importance with regard to the issue of fostering access to drugs for all.

From the 1970 Patents Act to the Amendment Bill

The 1970 Patents Act generally adopted the western model of intellectual property. However, a number of safeguards were introduced to prevent abuse of patent rights and to make sure that patents would not unduly threaten the fulfilment of basic needs. In the case of health, specific measures were provided, in particular to provide better access to drugs. These included a much shorter duration of the rights granted (7 instead of 14 years), the prohibition of product patents on all medicines and a strong compulsory licensing regime.

Some of the main impacts of the 1970 Patents Act in the health sector have been to promote the rapid development of a domestic pharmaceutical sector producing mainly generic drugs. Indeed, the domestic pharmaceutical industry, which accounted for about 25 per cent of the domestic market by 1970 has increased its share to 70 per cent of bulk drugs and meets nearly all the demand for formulations. Further, it has contributed to improving access to drugs by fostering the availability of comparatively cheap drugs.

TRIPS imposes significant changes to this arrangement. First, it requires the availability of product patents in all fields of technology. Second, it imposes a uniform duration of 20 years for patent rights. Third, compulsory licensing is only allowed within specific limits. This will foster major changes in the health sector: Indian companies will not be able to legally produce generic versions of drugs now protected by patents. From the consumer point of view, some of the main impacts will be the unavailability of cheap generic drugs before the 20-year period of protection elapses. Even though the 1970 Patents Act has fostered better access to drugs, access remains far from universal. In these circumstances, one would expect the bill to preserve as much of the present system as possible.

The Patents Bill is a direct response to TRIPS obligations and must be understood in this context. The current draft clearly reflects the drafters' intention to avoid further confrontation with other WTO member states on the question of TRIPS implementation. In the process, the bill does not make full use of the flexibility offered in TRIPS even though the patents act is being modified because of TRIPS and not because it has been found to be otherwise defective.

The Bill generally provides stronger protection to patent holders. This implies that the balance of interests between inventors and the general public is being shifted in favour of the former. More specifically, the Bill includes the main TRIPS requirements such as a 20-year uniform duration and a narrower framework for compulsory licensing. It also provides for the deletion of some important sections such as the provision seeking to oblige patentees to manufacture their inventions in India and the section concerning licences of right. It does not yet introduce product patents because India benefits from a further delay until 2005 in this field.

The Bill takes advantage of some of the exceptions allowed by TRIPS itself. For instance, it incorporates the environmental and health exceptions in Sec. 3 of the Patents Act which determines the scope of patentability. The bill now specifically rules out the patentability of living things or non-living substances occurring in nature and further rejects the patentability of plants and animals.

Towards a revised Bill

The present Bill is tame in its response to TRIPS. A number of arguments can be made for redrafting the bill. First, the bill does not even make use of all the exceptions allowed in TRIPS.

This is surprising not only because of the substantial opposition to TRIPS in general but also because the Government's own stance is that TRIPS provisions recognising the need to balance the rights and obligations of patent holders are overarching provisions that should qualify other provisions of the agreement. Second, the recent controversies in South Africa and Brazil have shown that the interpretation of TRIPS is an evolving matter.

The failed challenges to these two countries' legislations indicate that provisions limiting patent rights in cases of national health crises are unlikely to be challenged again. Third, TRIPS does not arise in a vacuum. India has other international commitments which must be borne in mind while amending the Patents Act.

As a member state of the Covenant on economic, social and cultural rights, India recognises the right to health as a fundamental human right. Under the Covenant, India is to progressively improve access to drugs. The current bill amounts to partly dismantling the 1970 Patents Act regime and may thus amount to a violation of India's human rights commitments.

The 1970 Patents Act has put India in an enviable position among developing countries. India now boasts a strong drug manufacturing sector and comparatively cheap medicines. The Patents Bill proposes to undo the legal regime which supports these achievements. While part of the changes are unavoidable [illegible] as India decides to remain a member of the WTO, the drafters of the Bill have not made full use of the existing and potential flexibility under TRIPS. The Bill could, for instance, be redrafted to incorporate more specific provisions for compulsory licensing in the case of health, nutrition or environment related crises.

It could also provide like in the South African legislation that patent rights can be curtailed to foster the availability of more affordable medicines. Further, TRIPS recognises the need for the introduction of patents to also foster effective technology transfer. In some cases, the implementation of this article without providing for local working of the patent may not be possible and the 1970 Patents Act clauses providing for local working could be taken as a model in this context.

In general, the 1970 Patents Act was progressive from the perspective of balancing the interests of patent holders against those of society at large. Most of the changes that are required by TRIPS will be losses from the point of view of this compromise since TRIPS generally reinforces the rights of patent holders.

The most progressive stance from the point of view of access to drugs would thus be to stick to the current legal framework which should be taken as a model rather than as a liability. This is also in accordance with India's own obligations under human rights treaties to foster better access to drugs over time.

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The Hindu
13 September 2001

SOLI J. SORABJEE

Terrorism, HIV & female power

Over 2,000 US personnel died when Japanese aircraft bombed Pearl Harbour on December 7, 1941, the day of infamy. Over 50,000 people are estimated to have been killed or injured on account of terrorist air strikes on September 11, 2001, America's Doomsday. International public opinion has rightly condemned these barbaric acts of terrorism as a war on civilisation, attack on democracy, et al.

There has been a sense of shock and intense grief at the loss of numerous innocent lives throughout the world with the exception of President Saddam Hussein, the Palestinians and, of course, Osama bin Laden because they consider the US to be their arch enemy. Apparently, according to them means, however brutal, however indiscriminate, are legitimate for fanatics convinced of their mission.

These perverted minds would not blink at germ or biological warfare to achieve their holy cause.

It is ironical that the most powerful and wealthy nation which during World War II was not bombed by the then powerful military nation Japan, should reel under the effects of bombing by a group of resourceful and unscrupulous terrorists. Strategic offices and top officials were evacuated, financial centres came to a standstill, air traffic was disrupted, health services were paralysed, even Hollywood closed.

How do we fight these faceless 'enemies'? Despite heightened and strictsecurity, what is the effective protection against those who are glad to sacrifice their lives to achieve their aim? No easy answers. The real problem is that seeds of hatred have been planted and nurtured in the hearts and minds of these people, their minds have been poisoned. These terrorists are glorified in the community as crusaders and martyrs.

Wars begin in the minds of people and ultimately it is to be fought there. In the meantime the international community must ensure that there is no safe haven for terrorists in any country. There is need to guard against over-reaction. In its determination to root out terrorism and hunt down uncivilised terrorists, civilised nations should not have recourse to uncivilised means which are in violation of international law and principle.

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Equality is regarded as the core of constitutional values. Our Constitution extends the guarantee of equality to citizens and non-citizens alike. Discrimination practised on grounds of sex, religion, race or caste is the worst of the seven deadly sins. Unfortunately, it is not generally realised that actual or potential victims of AIDS are subject to severe discrimination which in some cases infringes their basic human rights.

The subject was discussed during the recent Durban Racism Conference. According to UNAIDS, a UN agency, fear of discrimination prevents people from seeking treatment for AIDS or from acknowledging their HIV status publicly. In many countries, people with, or suspected of having HIV, are shunned by their friends and colleagues and also by their family members who even evicted them from their homes. In some cases they are divorced by their spouses.

The worst part is that some doctors refuse to treat them and nurses avoid attending on them. The main factors for this phenomenon are prejudice and intolerance on which HIV thrives. The regrettable consequence is that people deny that HIV exists in their communities.

Social taboos about sexuality prevents open discussion and effective prevention education. Many people do not know they are HIV-positive and are afraid to be tested because of the stigma attached to seropositivity. Aggressive educational measures are the need of the hour to combat and control the prevalence of this pan-endemic. Unfortunately there is no sense of urgency in our country to tackle the problem on a war footing.

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For months, the women of Sirt, a small village in Turkey, were forced to line up in front of a trickling village fountain for water that they carried home in large containers, a walk that for some could be a few kilometres whilst their menfolk idly watched the scene. The women would have no more of this nonsense. They designed a novel method to combat this form of gender discrimination and male chauvinism. They banished their menfolk from their bedrooms, refusing sex until the men provided running water to the village. Realising the gravity of the situation government agreed to provide the men with enough pipes to build a water system on condition that the men would have to lay the pipes themselves. Three cheers for the women of Sirt.

The Times of India
16 September 2001

Obstacles to children's rights

NEW YORK: The United nations Children's Fund (Unicef) on Thursday released its state of the world's children 2002 report, which identifies conflict, HIV/AIDS and poverty as the main obstacles on the road to ensuring children's rights.

According to the report, many of the goals of the 1990 world summit for children have not been met and much work remains to be done. Although significant progress has been made in reducing the mortality rate for children under five, the target to reduce such rates by one third was met in only 60 countries.

The Times of India
16 September 2001

Bihar wakes up to possible AIDS epidemic

NAVIN UPADHYAY

Almost every fourth person who walked in for an AIDS check up at a voluntary counselling and testing centre (VCTC) at a central research institute in Patna tested HIV-positive. The results from the first four months of the ongoing survey, undertaken by the Bihar AIDS Control Society, has sent shock waves through the state's medical fraternity. The assistant director of the Rajendra Medical Research Institute (RMRI), Patna, Prabhat Kumar, told *The Pioneer* that so far, out of 276 people, 79 had tested HIV-positive.

HIV-positive results were found to be common amongst migrant labourers and truck drivers. The results have shown that 52 per cent of migrant labourers and 46 per cent of truck drivers tested HIV-positive. In addition, three jawans from paramilitary forces, who offered themselves for testing, were also found to be infected. "Labour migrating to Mumbai and Calcutta were more prone to catching the virus than those working in Delhi, Punjab and Haryana," said Mr Kumar.

Migrant labour in Bihar can indeed get to be a serious threat, when it comes to AIDS, because each year, thousands of unemployed youth leave the state for the more promising lands of Mumbai, Calcutta, Punjab, Delhi, Haryana and elsewhere. In most cases, they do not take their families with them and tend to look for "cheap amusement" in red light areas, most of them rife with the HIV virus.

Truck drivers are another carrier group. Health minister Shakuni Chaudhary has said the state government is considering certain comprehensive steps which would include the conducting of HIV tests on truck drivers, while they're driving down national highways. A non governmental organisation (NGO) has been entrusted with the task of carrying out the tests.

Mr Chaudhary said the situation on the AIDS front was grim and disclosed that of the total number of HIV-positive cases, more than half were women. In a majority of the cases, the women were infected by their husbands who, in turn, had contracted the virus from outside the state. The minister said the results had turned out to be an eye opener for the state government, which will now launch schemes to bring about awareness of the danger posed by AIDS. "We are going to work on a two-pronged strategy to contain the spread of the killer disease," said he. The high percentage of HIV-positive cases shows that a nascent AIDS epidemic looms large over the state. "If urgent steps are not taken to contain the scourge, AIDS could turn out to be the single largest killer in Bihar over the next decade," said Mr Kumar.

The results of the tests show that HIV-positive cases have risen many times over during the last 12 months. Bihar had only 90 reported HIV-positive cases till last year. However, experts are sceptical about the authenticity of the previous records which, they think, did not reflect on the true size of the calamity. Says Mr Kumar, "If we go by the results of the ongoing test, it is obvious that AIDS has made far deeper inroads into Bihar than previously thought."

It is now obvious that a clear picture of the extent of the menace will only emerge after it is made mandatory for blood testing labs, statewide, to provide accurate counts of all HIV-positive cases to the State Drug Control Society. If such an exercise were to be undertaken, Bihar, statistically, might easily catch up with states like Manipur, Nagaland, Maharashtra, Punjab, Pondicherry, Goa and Delhi, who themselves are struggling to cope with their potential AIDS explosions.

A study last year by the National Aids Control Organisation (NACO) had placed Manipur atop the pack of states in the grip of AIDS. Manipur had registered a sero-positive rate of 162 per thousand; Maharashtra 114.33; Nagaland 51.22; Punjab 42.68; Pondicherry 37.45; Goa 35.34 and Tamil Nadu 20.24. Bihar was placed well below with only four persons for every 1,000 testing sero-positive. However, the latest figures show that Bihar may even have left the north eastern states well behind and a serious AIDS epidemic could break out in the state in the not too distant future. The absence of any statewide drive to detect HIV-positive cases is the main reason why the threat of AIDS has gone unnoticed so far. In addition, state-run AIDS control measures suffer from typical lethargy and ineptitude.

A recent review report from the State AIDS Control Society had recommended action against 32 doctors, for negligence in implementation of the AIDS awareness programme and detection of HIV-positive cases. The report says that publicity campaigns, highlighting the danger of AIDS, have been carried out in only five of Bihar's 33 districts. And that in these five districts, only cosmetic steps were taken in place of recommended measures. For example, according to the report, AIDS awareness posters were symbolically put up outside health centres and no attempts were made to take the drive into residential pockets. At the same time, except for Madhepura, AIDS control and awareness measures have remained a non starter in all north Bihar districts; which provide a staggering majority of Bihar's migrant labour community.

The result of the ongoing survey has thrown up some other startling facts. For example, the study has revealed that apart from one single case of a blood transfusion, sexual practice was the main reason for the AIDS spread. The NACO study has also disclosed that in close to 80 per cent of the cases, unsafe sex practices were the main reasons for the AIDS transmission.

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Screening pregnant women for diabetes

SCREENING PREGNANT women for gestational diabetes has become all the more compelling with the results of such an exercise done at an antenatal clinic in Chennai this year. Nearly 25 per cent of the 1018 pregnant women screened were diagnosed as diabetic with either fasting plasma glucose and/or post glucose level above 90 mgs and 120 mgs respectively.

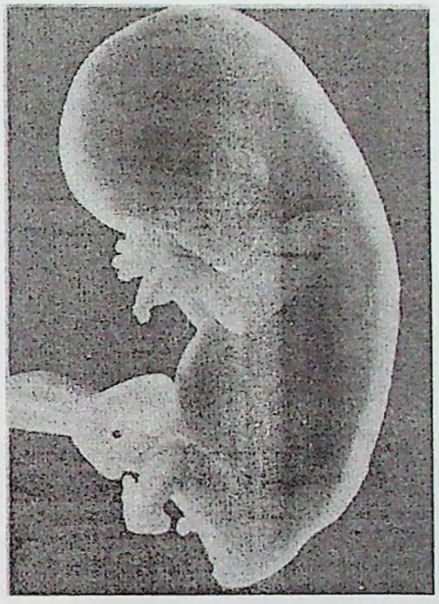
(However, the number of the screened women already being diabetic but were never diagnostic earlier is not known). The fallout of gestational diabetes in pregnant women is the possibility of offspring becoming diabetic at a later stage, said Dr. V. Seshaiah, Medical Director (Diabetes Unit) at Apollo Hospital, Chennai who did the screening.

"Foetal Beta cells are programmed to produce more insulin to handle the increased levels of glucose made available to the foetus by the mother. Once programmed, the possibility of developing diabetics at a later stage becomes real," said Dr. Seshaiah.

The good news is that simple screening of pregnant women for fasting blood sugar level and post glucose level during the 28-32 week and necessary modification of the mother's diet and/or insulin injection to control the sugar level can help prevent the offspring from becoming diabetic at a later stage. However, gestational control of sugar in the mother cannot guarantee a disease free state in the offspring if other triggers like genetic factors exists.

"Gestational diabetes in the mother is one of the factors which can cause diabetes in the offspring and is a easily preventable one if screening and necessary steps are taken," Dr. Seshaiah stressed. The number of diabetics in India is very huge and such a simple step will go a long way in bringing down the number.

Controlling gestational diabetes has other advantages too. Outcome of pregnancy is one of it. But the most important benefit is preventing the mother from continuing to be a diabetic even after delivery. According to Dr. A. Ramachandran, Managing Director of M.V. Hospital for Diabetes, Chennai, the percentage of Indian women who continue to remain diabetic after delivery is fairly high compared to the US. This drives home the importance of a simple yet effective step in preventing more Indians from becoming diabetic.



Chances of offspring developing diabetes at a later stage exist if increased level of glucose is made available to the foetus

• **R. Prasad**
in Chennai

The Hindu
13 September 2001

Usefulness of natural micronised progesterone

By Our Staff Reporter

BANGALORE, SEPT. 16. Eminent obstetricians and gynecologists from Bangalore City, deliberated on the management of various conditions in women, who had deficiency of progesterone (hormone), in a scientific session on "Menarche to menopause and the role of Progesterone" here on Sunday.

The session was organised by Walter Bushnell as part of the ongoing Continuing Medical Education (CME) of their new product, Microgest, a natural micronised progesterone formulation.

Speaking at the session, Dr. Sulochana Gunasheela, head of the Sulochana Gunasheela Maternity and Surgical Home in Bangalore, and former Chairperson (South Zone), of the All-India Co-ordination Committee of RCOG (London), spoke on the current trends in the management of infertility in women. Dr. Mohini Prasad, consultant obstetrician and gynecologist, P.R.Desai Hospital, here talked on "Hormone replacement therapy", and explained the usefulness of natural micronised progesterone in women over 40-45 years of age.

Dr. Krishnendu Gupta from Kolkata spoke about the important role that natural micronised progesterone played in the control of threatened and habitual abortion that occurred due to deficiency of progesterone.

The other speakers were Dr. Vidyamani Lingegowda, consultant obstretician and gynecologist of the Lalbagh Nursing and Maternity Home, Jayanagar, and Mr. P.V.V.Sathynarayana, Regional Sales Manager, Walter Bushnell.

The Hindu
17 September 2001

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Mr Chaudhary said that AIDS awareness programmes would be accelerated and voluntary counselling and testing centres would be set up at the Kurji Holy Family Hospital in Patna and the Duncan Hospital in Raxaul, on the Indo-Nepal border. The health minister said the situation was grim because close to 2.3 lakh people had contracted the virus, sexually, in Bihar. "It shows how widespread the practice of unsafe sex is, which is also the main cause for the spread of AIDS."

The Pioneer
13 September 2001

An Anti-AIDS awareness campaign in Bhubaneswar on Friday. — The Statesman

The Statesman
16 September 2001

STATE AIDS CELL ORISSA

INVITES LETTER OF INTEREST FOR DEVELOPMENT OF IEC MATERIAL

57-E: The State AIDS Cell is engaged in control and prevention of HIV/AIDS in Orissa. In this regard, the Cell invites letters of interest from NGOs, noted advertisement agencies, individual consultants for developing of IEC material for different AIDS Control Activities. The interested parties should have prior experience in designing, developing and pre-testing materials in Oriya, should be aware about local and cultural issues, should possess capacity in developing IEC material in print like leaflets, posters, flip charts, booklets etc, and should possess sound technical knowledge. The parties confirming to the above conditions should come prepared with the above material and make a presentation on 28.9.01 at 11.00 am in the State AIDS Cell. Project Director, State AIDS Cell, 2nd Floor, Oil Orissa Building, F-Nayapalli, Bhubaneswar.

The Times of India
17 September 2001

The Indian Express
18 September 2001

Living with AIDS: cities change their fabric

By Kalpana Jain
Times News Network

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

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

Several widow groups, as they are called, have come up in Manipur in recent times, teaching women how to face life — whether it is learning a vocational skill or coping with the mother-in-law.

Most of all, they check women from indulging in self-pity while ensuring that they take better care of their health. Indira Devi is the president of one such group, called HOPE, Horizon of Prosperity and Education.

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

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

So, the only way in which Manipur is different from other states is that it has accepted the reality of the epidemic and found ways to live with it. Other states are either struggling in their efforts or refusing the accept the problem even though there is heavy concentration of cases coming from not just sections of society seen to be indulging in high-risk behaviour.

Africa is dying

THE International AIDS conference in Durban, South Africa, held last year reminds us that Africa is dying. The HIV epidemic that is raging across Africa is now taking some 6,300 lives each day, the equivalent of 15 fully loaded jumbo jets crashing – with no survivors. This number – climbing higher each year – is expected to double during this decade.

Public attention has initially focussed on the dramatic rise in adult mortality and the precipitous drop in life expectancy. But we need now to look at the longer term economic consequences – falling food production, deteriorating health care and disintegrating educational systems. Effectively dealing with this epidemic and the heavy loss of adults will make the rebuilding of Europe after World War II seem like child's play by comparison.

While industrial countries have held the HIV infection rate among the adult population to less than one per cent, in some 16 African countries it is over 10 per cent. In South Africa, it is 20 per cent. In Zimbabwe and Swaziland, it is 25 per cent. And in Botswana, which has the highest infection rate, 36 per cent of adults are HIV positive. Barring a medical miracle, these latter countries will lose one-fifth to one-third of their adults by the end of this decade.

As deaths multiply, life expectancy falls. Without AIDS, countries with high infection rates, like Botswana, Zimbabwe and South Africa would have a life expectancy of some 70 years or more. With the virus continuing to spread, life expectancy could drop to 30 – more like a medieval than a modern life span.

Whereas infectious diseases typically take their heaviest toll among the eldest and the very young who have weaker immune systems, HIV claims mostly adults, depriving countries of their most productive workers. In the epidemic's early stages, the virus typically spreads most rapidly among the better educated, more socially mobile segment of society. It takes the agronomists, engineers, and teachers on whom economic development depends.

The HIV epidemic is affecting every segment of society, every sector of the economy, and every facet of life. For example, close to half of Zimbabwe's health care budget is used to treat AIDS patients. In some hospitals in Burundi and South Africa, AIDS patients occupy 60 per cent of the beds. Health care workers are worked to exhaustion.

This epidemic, now producing thousands of orphans each day, could easily produce 20 million by 2010, a number that could overwhelm the resources of extended families.

Education is also suffering. In Zambia, the number of teachers dying of AIDS each year approaches the number of new teachers being trained. In the Central African Republic, a shortage of teachers closed 107 primary schools, leaving only 66 open. At the college level, the damage is equally devastating. At the University of Durban-Westville in South Africa, 25 per cent of the student body is HIV positive.

In addition to the continuing handicaps of a lack of infrastructure and trained personnel, Africa must now contend with the adverse economic effects of the epidemic. AIDS dramatically increases the dependency ratio, the number of young and elderly who depend on productive adults. This in turn makes it much more difficult for a society to save. Reduced savings means reduced investment and slower economic growth or even decline.

At the corporate level, firms in countries with high infection rates are seeing their employee health care insurance costs double, triple, or quadruple. Companies that were until recently comfortably in the black now find themselves in the red. Under these circumstances, investment inflows from abroad are declining and could dry up entirely.

In a largely rural society, food security declines as the epidemic progresses. At the family level, food supplies drop precipitously when the first adult develops full-blown AIDS. This deprives the family not only of a worker in the fields, but also of the work time of the adult caring for the AIDS victim. A survey in Tanzania found that a woman whose husband was sick with AIDS spent 60 per cent less time tending the crops.

Sub-Saharan Africa, a region of 600 million people, is moving into uncharted territory. There are historical precedents for epidemics on this scale, such as the smallpox epidemic that decimated New World Indian populations in the 16th Century or the bubonic plague in Europe in the 14th Century, but there is no precedent for such a concentrated loss of adults.

The good news is that some countries are halting the spread of the virus. The key is strong leadership from the top. In Uganda, where the epidemic first took root, the active personal leadership of President Yoweri Museveni over the last dozen years has succeeded in reducing the share of adults infected with the virus from a peak of 14 per cent to eight per cent. In effect, the number of new infections has dropped well below the number of deaths from AIDS.

Senegal alone in Africa responded early to threat from the virus. As a result, it prevented the epidemic from gaining momentum and held the infection rate to two per cent of its adults, a number only slightly higher than that of the industrial countries.

Saving Africa depends on a Marshall Plan-scale effort on two fronts: one to curb the spread of the virus and the other to restore economic progress. Winning the former depends directly on Africa's national political leaders. Unless they personally lead, the effort will fail.

Once the leader outlines the behavioural changes needed to contain the virus – such as young people delaying first intercourse, reducing the number of sexual partners and using condoms – then others can contribute. This includes the medical establishment within the country, NGOs working in this area, and international health and family planning agencies. To compensate for the "missing generation", countries will need assistance across the board in education. This is an area where the U.S. Peace Corps and its equivalents in Europe can play a central role, particularly in supplying the teachers needed to keep schools open. Social

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Aids cases on the rise among TN male students: Survey

CHENNAI, Sep 16 (DHNS)
The AIDS Prevention and Control Project (APAC) of the Voluntary Health Service, a major non-Governmental organisation, has found in its latest survey in Tamil Nadu that the involvement of male students in multi-partner sex has almost doubled from three to 5.3 per cent and male youth in slums have reported higher involvement in regular sex. Seventeen per cent of the slum youths engage in non-regular sex and their condom usage is also low.

The APAC was set up in 1995 with financial assistance of US $10 million under a bilateral understanding between the Tamil Nadu Government and the VHS. The APAC has been collecting data on high-risk sexual behavour every year since1996.

The data has helped in identifying and prioritising groups for intervention and to make mid-course correction in the project activity. The population groups studied in the survey include commercial sex workers, truckers and helpers, male and female students, male youth in slums, etc.

The survey has found that knowledge of sexually transmitted diseases like AIDS is high among all of them, the awareness ranging from 90 to 99 per cent. But there are misconceptions too.

The involvement of truckers and helpers in multi-partner sexual behaviour has decreased from 48 to 25 per cent.

Their involvement in paid sex has fallen significantly from 38 to 18 per cent. Their condom usage has also increased from 44 to 70 per cent. The increase is significant with paid partners.

The condom usage of commercial sex workers has increased significantly from 56 to 91 per cent. In 1998, it was observed that the condom usage of sex workers with their regular clients was not very good.

This year, the usage behaviour with regular clients has also increased from 51 to 88 per cent.

The project has succeeded in increasing the perception of risk among non-users of condoms. The lessons learnt from the project have been replicated in other States.

The project collects data which helps the Government understand the burden of the disease. But it does not explain whether behaviour change is happening among vulnerable groups. Further, HIV prevalence may start showing a declining trend only after a few years of intensive intervention.

According to the APAC project, India has around three million people with HIV. The infection is spreading fast in States like Maharashtra, Tamil Nadu, Andhra Pradesh and Manipur. In Tamil Nadu, the main mode of transmission is through heterosexual intercourse.

Deccan Herald
17 September 2001

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workers are needed to work with orphans. A programme of financial assistance is necessary for the extended families trying to absorb the millions of orphans projected by 2010.

Given the high cost of doing business in an AIDS-ridden society, special incentives in the form of tax relief are needed to attract corporate investors, incentives that could be underwritten by international development agencies. And, debt relief is essential to the rebuilding of Africa.

It is not possible to outline a detailed rescue effort here. The bottom line is that there is no precedent in international development for the challenge the world now faces in Africa. The question is whether we can respond to it. We can. We have the resources to do so. If we fail to respond to Africa's pain, we will forfeit the right to call ourselves a civilised society. ●

Lester R. Brown is Chairman and Senior Fellow, Worldwatch Institute, Washington D.C., and Chairman and founder President of the Earth Policy Institute, Washington.

For additional information and data go to the Issue Alerts page at http://www.worldwatch.org/chairman

LESTER R. BROWN

The Hindu
16 September 2001

Minimise socio-economic fallout of AIDS, says PM

By Our Special Correspondent

NEW DELHI, SEPT. 18. The Prime Minister, Mr. A.B. Vajpayee, has called for urgent measures to minimise the economic and social fallout of the HIV/AIDS epidemic and urged the industry to play a more significant role in this regard.

Launching an Industry Business Trust for HIV/AIDS formed by the Confederation of Indian Industry (CII) at a function at his residence here today, Mr. Vajpayee said the worst affected by the HIV/AIDS were people in the economically-productive age group of 15 to 49 years.

He said this was affecting the social and economic fabric, leading to not only reduced individual earnings, but also declining productivity and loss of skill and experience.

Nearly four million people were afflicted by it and the epidemic was growing rapidly in Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Meghalaya.

"Many of these States are also among the most industrialised and economically-advanced.

Urgent action is, therefore, required to minimise the economic and social fallout of the epidemic not only on the labour force, but also on the general population," he said.

The Times of India
16 September 2001

The Hindu
19 September 2001

Succour to the scourge of AIDS in Bellary

By Michael R Patrao
DH News Service

BANGALORE Sept 18

Bellary is constantly in the news for various reasons, but another serious side of Bellary which does not make news or hit the headlines is the fact that Bellary has the highest incidence of HIV positive cases in the State only after Bangalore Urban district.

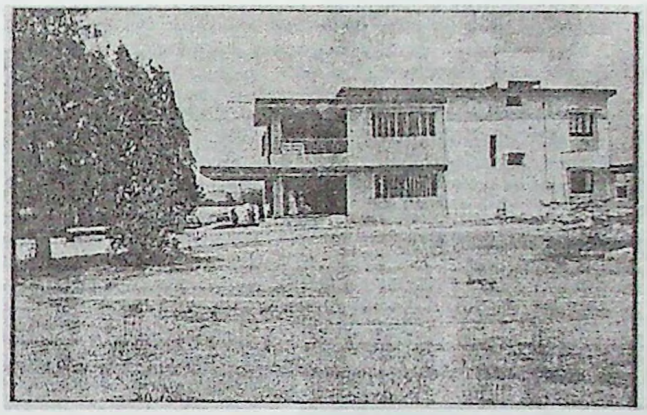
According to the monthly update on HIV infection in Karnataka received by the Karnataka State Aids Prevention Society (KSAPS), a State-Government initiative, Bellary recorded 798 HIV positive cases from 1987 to April 2001. During May this year 49 cases were tested positive, the highest in the state for the month.

When the Bangalore-based Freedom Foundation wanted to decentralise their basic Care and Support services to HIV Postive patients, it was decided that Bellary would be ideal place to set up their Centre as it had the highest incedence of such persons besides the existing government facilities were also poor.

According to the Foundation's Executive Trustee Ashok K Rau the cultural, demographic and societal structures have collectively contributed to the the high rate of incidence. Despite Government's willingness to address the problem and the general awareness of HIV and AIDS, there is a need for some structured service and, therefore, the Foundation identified a place in Bellary City, he added.

The HIV and AIDS Centre in Bellary is located on Infantry Road, close to the TB Sanitorium in the Cantonment area in a spacious rented building. It was formally set up in February this year with a 30-bedded facility and the Government responded by way of grant for 10 people and making the Centre a nodal facility for Bellary and surrounding areas. Every day there are three to four outpatients who come to the Centre and the number keeps increasing.

The Centre has a staff of 11 including a full time doctor, a project co-ordinator, three counsellors, support staff, three nurses, two doctors (physicians) who visit once or twice a day for specialised consultancy. It has also been decided to include the healthy members of the positive community as support staff.



The HIV/AIDS Centre in the Cantonment area of Bellary.

Anti-retroviral (ARV) treatment of 140 children, who have been tested positive has been undertaken at the Centre. ARV treament enhances the life-span of the HIV positive individual.

Mr Rau, who is a member of the National AIDS Committee Organisation, the appointment for which is made by the President of India, said that a month-and-a-half ago there was a *jatha* on the awarness of HIV/AIDS during which Health Minister A B Malaka Raddy visited Bellary. AIDS awareness programmes have been conducted for truck drivers in Bellary, sex-workers of Siruguppa and D C Nagar on the outskirts of Bellary.

He says prevention activity cannot be taken in isolation and there is a need for care and support which encompasses awareness, prevention, medical treatment, psychological counselling, rehabilitation, legal services (fighting for the rights of HIV positive patients) and advocacy.

Deccan Herald
19 September 2001

Census shatters shanty myths

TIRTHANKAR MITRA
STATESMAN NEWS SERVICE

KOLKATA, Sept. 18. – The first ever census of slum dwellers has shattered many myths about them.

Against popular beliefs, males don't outnumber females in slums nor is the literacy rate lower than urban areas.

Females outnumber males in the slums in Siliguri, Jalpaiguri, Berhampore, Kanchrapara, Halishahar, Habra, Barrackpore, Titagarh, Rajarhat-Gopalpur along with all the municipalities of Burdwan. However, the population pattern available from these municipalities dispel the idea. Officials believe that selective foeticide being low in the slums, females outnumber males in slum population in several municipalities.

The cost of foeticide deters slum residents from indulging in female foeticide, officials said. Besides, a significant portion of the female population of slums joining the workforce after a certain age and becoming the family's bread earners, explains their sizeable presence.

If the slum population figures are anything to go by, then urban development and civic facilities aren't keeping pace with the growth of slums.

In Kolkata alone, 32.55 per cent of the population live in slums.

There is no initiative to house the slum population in Kolkata either on part of the government or the CMC. The slum population is likely to rise in keeping with the increasing demand for unorganised labour in the city.

The population percentage is high in several municipal towns where slum dwellers comprise more than 50 per cent of the populace.

These are Titagarh, Bhadreshwar, Champdani and Uluberia. People come here from the neighbouring states for jobs.

The municipal towns where the literacy rate of slum population is higher than other residents are Kulti Halishahar and New Barrackpore.

The slum dwellers of these areas seem to be utilising the primary education facilities in greater percentage than the general residents.

The Statesman
19 September 2001

Apex court bashes States for female foeticide

Pioneer News Service
New Delhi

FEMALE FOETICIDE has become rampant in the country. As a result, male-female sex ratio in the age group 0-6 years has fallen sharply in the country as shown by the latest census. Despite the Pre-Natal Diagnostic Test (Regulation and Prevention of Misuse) Act, 1994, State Governments are yet to take the law seriously.

The Supreme Court on Wednesday strongly reprimanded State Governments for not doing enough to prevent the scourge of female foeticide. Even simple measures like registration of ultrasound machines in the State have not been fully implemented since five years that the Act has been put in place.

The apex court came down heavily on the State Governments for their poor initiative in this regard. In one of the worst-affected-States in terms of adverse sex ratio, the court even said if officials fail to impart their duty, they should be removed from the office.

The PNDT Act requires State Governments to register all ultrasound machines, appoint appropriate authorities at district and sub-district level to monitor the implementation of the Act, and set up advisory boards of experts.

For effective monitoring by the Central Government, States are also required to submit quarterly reports of action taken by them.

Despite direction in this regard in May 2001, the Supreme Court found that most State Governments are lagging behind. The Court has further given them a time of six weeks to put their act in order.

"We make it clear that there is total slackness on part of the administration in implementing the Act," a bench comprising Justice M B Shah and Justice R P Sethi said in its order directing the States to implement the Act and prosecute those clinics, centres and laboratories which aid and abet identification of sex of foetus illegally.

This direction was given by the bench after counsel for petitioner Centre for Enquiry Into Health And Allied Themes (CEHAT), Ms Indira Jaising, pointed out that despite the court's May 4 order in this regard, little has been done by the States and Union Territories to implement the Act.

When some counsel for certain States said that the authorities have issued warnings to several such unregistered centres having ultrasound facilities, the court expressed surprise and wondered "whether the implementing authorities are aware of the law?"

"The Act provides for prosecution and not warning. Authorities under the provisions of the Act are not empowered to issue warnings and allow these centres to continue their activities," it said.

The Census 2001 reveals that the situation is worse in respect of child population in the age group 0-6, particularly in the 'affluent' regions of Punjab (793), Haryana (820), Chandigarh (845), Himachal Pradesh (897) and Delhi (865).

The Act prohibits pre-natal sex determination in any form and use of ultra-sonography for the purpose of sex-determination. It also prohibits advertising relating to sex determination of foetus. The person who contravenes the provisions of the Act is punishable with imprisonment of a term which may extend to five years with fine.

The Union Health and Family Welfare Ministry admits that despite the law, only a handful of cases have been reported.

The implementation of the PNDT Act hinges on interest shown by district authorities, who in most cases is the chief medical officer of the district. They have been vested with powers to investigate and take action against clinical malpractice of sex-determination. What irked the apex court is that some States are yet to appoint these authorities. The quarterly report to be submitted by State Governments asks them to detail registration of laboratories/clinics, inspection and action taken, and awareness programmes carried out.

The Pioneer
20 September 2001

CIPLA

The Cipla stock is in limelight as it rose handsomely on Wednesday. Most institutional investors favour the stock due to its strongly developing fundamentals. Analysts expect the exemption of exemption of excise duty and sales tax on the anti-AIDS medicines. Cipla being a pharmaceutical major could be one of the biggest beneficiary for this move.

The Asian Age
20 September 2001

FAMILY PLANNING

By KB SAHAY

Present Programmes Inadequate And Ineffective

OF all the main causes of poverty, ill health, illiteracy, unemployment, malnutrition, all-round decay and misery which blight the life of millions and millions of people in India, excessive population growth is the most dominant one. Also, of all the problems and tasks facing India, none is more urgent for the nation than that of reducing the birth rate as the very first step towards saving present and future generations from disaster.

It is therefore most appropriate that in the 14 point reform agenda unveiled by the Prime Minister at the recently held national development council meeting, one of the agenda items is to redouble efforts to control the country's population growth. But for doing this it is necessary — first of all — to analyse and evaluate the performance of family planning programmes going on in India for about five decades. This evaluation has now also become essential because the Census 2001 report published recently highlights that population growth in several major states comprising about 50 per cent of India's population is not showing perceptible signs of abatement making it difficult for the country to achieve a stable population by 2045 as stipulated in our National Population Policy announced in 2000.

MAINSTAY

Since use of contraceptives (including sterilisation) is the only effective and legitimate way to bring down the birth rate analysis of the rate and effectiveness of contraceptive use i.e. Contraceptive Prevalence Rate in the country would be the best and perhaps the only way to evaluate the performance and achievements of India's five decade old family planning programmes. It is well known that CPR is directly associated with the national level of fertility and contraceptive prevalence is the single most determinant of fertility decline in any country. To analyse the CPR in India, we shall employ the data provided by the National Family Health Surveys.

In 1992-93 and again in 1998-99, the Ministry of Health and Family Welfare conducted NFHS-I and NFHS-II respectively which provides — along with other useful information — the CPR amongst the married couples in India. According to NFHS-I India's CPR in 1992-93 was only 40.6 per cent out of which only 36.3 per cent couples used a modern method of contraception and the rest depended on traditional methods which are known to have high failure rates.

There again, out of the 36.3 per cent of couples using modern contraceptives, 30.7 per cent couples adopted sterilisation for birth control.

The CPR in 1998-99, according to NFHS-II data, increased to 48.2 per cent out of which only 42.8 per cent couples used any modern contraceptive. Here again 36.1 per cent of couples underwent sterilisation. Thus according to both NFHS-I and II about 85 per cent of the couples using any modern method of contraception in India adopted sterilisation which is clearly the mainstay of our family planning programmes.

Now, to evaluate the real effectiveness of the family planning programmes in India, it is necessary to know the average number of children the sterilised couples had before undergoing sterilisation. Because, if couples adopted sterilisation but only after having say three, four or more children and if this syndrome persisted then it is obvious that even with very high CPR albeit with sterilisation as the main component — as it is the case in India — the family planning programmes cannot be effective in controlling population growth as required.

Hence to get a true picture of our family planning programmes which have predominantly been sterilisation based, NFHS — I and II ought to have cared to find out not only the CPR but also the average number of children the sterilised couples have. But surprisingly this critical information and data are not provided in both the survey reports.

I am afraid this may be a deliberate ploy to hide the poor performance of our family planning programmes because it is common knowledge that most of the people in our country undergo sterilisation but only after having at least two sons which on an average implies at least three to four children.

DEPLORABLE

Several United Nation studies highlight that if fertility rates are to decline to levels associated with the UN's medium variant population projections, the CPR will have to be above 65 per cent for the Indian subcontinent. So this total CPR of 48.2 per cent in 1998-99 consisting of 5 per cent traditional methods and 36.1 per cent sterilisation of extremely doubtful kind is miserable both in quantity and quality and, if at all, highlights the wastage of funds and resources in the name of family planning going on for the past five decades in our country.

India was the first amongst the developing countries to set up a Ministry of Family Planning way back in the fifties and yet our CPR is today less than those of Thailand (72 per cent), China (85 per cent), Iran (73 per cent), Indonesia (57 per cent) and Bangladesh (49 per cent). India's performance in family planning is thus nothing but deplorable.

It is not only that the rate of use of modern contraceptives in India is quite inadequate at 42.8 per cent, even the rate of increase in CPR is abysmally slow. The use of modern contraceptives has been growing at a decimal rate of only about one percentage point per year since 1992-93. At this slow rate we shall take another about three decades to raise our CPR (excluding traditional methods) to over 70 per cent so as to be able to bring down our total fertility rate below the replacement level as is the case in most of the developed countries. But for this to happen the use of contraceptives has also got to be effective unlike in the present scenario in India. Or else even with a very high CPR we may not be able to bring down our TFR to the replacement level even in three decades. According to the National Population Policy, 2000 we must bring down our TFR to the replacement level by 2010 so as to stabilise our population by 2045. For this to happen we must therefore accelerate our CPR by about 3.5 percentage points per year, that is, three and half times faster than what is happening now.

IRONY

In 1996, the Government of India set up an expert committee under the chairmanship of the Registrar General and Census Commissioner of India to project India's population scenario from 1996 to 2016. According to the committee, India's population on 31 March 2001 should have been 1,012 million. But as per the Census 2001 we counted 1,027 million

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on that date. We celebrated the birth of the billionth child in May 2000 whereas according to the Census 2001 figures we had crossed the billionth mark sometime in September 1999 itself.

Hence the Prime Minister's call to redouble efforts to control population growth is indeed most significant. However it should be obvious from the above analysis that simply increasing the percentage of contraceptive prevalence may not be of much help unless efforts are also made to increase the effectiveness of the sterilisation programmes which happen to be the mainstay of our family planning programmes as explained earlier.

Accelerating the rate of decline in birth rate can not be achieved by simply continuing with our present system of family planning programmes that are totally voluntary in nature beside being inadequate and ineffective.

It is indeed ironical that while the government is ready to take and is indeed taking hard and unpopular measures on the economic front but chickens out from taking any hard measure on the demographic front.

The Statesman
20 September 2001

SC deplores states' failure to check female foeticide

DH News Service

NEW DELHI, Sept 19

Deploring the states for their slackness to implement the Pre-Natal Diagnostic Techniques Act to check female foeticide, the Supreme Court today asked them to prosecute and not issue warning to medical centres which are still continuing illegal activities.

Giving six weeks time to the states and Union territories to file status report on implementation of the Act, a division bench comprising Justice M B Shah and Justice R P Sethi directed them to prosecute those clinics, centres and laboratories which aid and abet identification of sex foetus illegally.

The apex court direction came after counsel for petitioner CEHAT, Indira Jaising pointed out that despite the court's May 4 order in this regard, little has been done by the states and Union territories to implement the Act.

When counsels of certain states said that the authorities have issued warnings to such unregistered centres having ultrasound facilities, the court expressed surprise and wondered whether the implementing authorities were aware of the law. "The Act provides for prosecution and not warning. Authorities under the provisions of the Act are not empowered to issue warnings and allow these centres to continue their illegal activities," the bench said.

Expressing concern that the Centre has taken more than five years and yet not been able to establish the appropriate authority for the implementation of the Act in several Union territories, the court said: "We make it clear that there is total slackness on the part of administration in implementing the Act."

Counsel for the Centre Krishan Mahajan conceded that "everybody slept on the implementation of the Act and woke up only after the Supreme Court took up the case." However, he provided a list of states to the court which have not yet notified the Appropriate Authority in state as well as district and sub-district level, Advisory Authority at the state level and publish the list of such authorities in the media for public knowledge.

Mr Mahajan said the Union government has appointed the Central Supervisory Board but lamented that the states have failed to do their statutory duty of providing it with quarterly reports on the implementation of the Act.

He said the quarterly reports should contain survey conducted of clinics, labs and centres with sex determination facility, whether they were registered, action against non-registration including search and seizure of documents, records, etc. and the number of awareness campaigns launched by the state. "It is only when such reports were sent that the Centre could monitor the implementation of the Act," he said, adding that the response had been very poor.

Deccan Herald
20 September 2001

Designated centres asked to follow HIV test guidelines

By Our Staff Correspondent

HASSAN, SEPT. 19. For a country suffering from the scourge of AIDS, the Union Health Ministry's move to notify the names of the patients could not have come at a worse time. This despite the fact that many designated testing centres do not follow guidelines for conducting HIV tests.

The Project Director, Karnataka State AIDS Prevention Society, and Commissioner, Health and Family Welfare Service, has in an official communique to deputy commissioners, directed all concerned to strictly follow guidelines on conducting HIV tests. The official has said that the policy had been taken up with the objective of monitoring trends of HIV infection.

The policy had been mooted with the idea of voluntary, confidential testing done at voluntary testing and counselling centres by giving prior and post-test counselling for individuals who wanted to undergo HIV tests.

Mr. B.P.Kaniram, Deputy Commissioner, told *The Hindu* that many private laboratories did not report the results correctly, let alone offer counselling. He said the Society hoped to set up voluntary testing and counselling centres in all district headquarters. The individuals would have to undergo one test by simple rapid test or ELISA at these centres. If the person tested positive, the sample would be subjected to another test with a different antigen, and if found positive again, the patient would be confirmed as HIV sero-positive.

The communique said testing without the patient's consent could prove counter-productive in the long run. Such testing could drive people underground and make it difficult to launch surveillance methods to control the epidemic.

The voluntary counselling and testing centres are at the Department of Microbiology, Bangalore Medical College, Victoria Hospital, Bangalore, Kasturba Medical College, Manipal and Mangalore, Karnataka Institute of Medical Sciences, Hubli, Vijayanagara Institute of Medical Sciences, Bellary, and Department of Neuro-Virology, NIMHANS, Bangalore.

The Hindu
20 September 2001

Lighting hope

HIV/AIDS is a major concern indeed. We as parliamentarians can become the focal point in evolving a preventive strategy by guiding the governments and sensitizing the civil society. We can also be the nodal point for the dissemination of information and educating the public opinion. We can promote public awareness to establish an overall consensus on preventive strategies. Apart from allocating resources in the Budget to support the preventive measures and curative research, we as parliamentarians can persuade the governments to create technical and medical infrastructure.

The IPU in association with UNAIDS has published a Handbook for Legislatures on HIV/AIDS, Law and Human Rights which calls for the parliamentary action to combat HIV/AIDS and minimize its devastating human and social impact. It seeks parliamentary supervision of issues dealing with public health and the anti-discrimination laws.

Here I would like to mention the recent pioneer research by an Indian pharmaceutical company, CIPLA, which has developed an effective cocktail therapy against HIV infection, at a very affordable cost compared to the highly priced drugs available in the developed markets. Similarly, during my visit to Cuba, I was informed that Cuba has been able to develop a therapy that can prevent the communication of infection from an expectant mother to her child. These indeed are encouraging signs.

The most tragic aspect of HIV/AIDS is its effect on the most vulnerable sections of the society. Women and children are often the passive recipients of this infection. The situation is even worse in the developing countries, particularly in Africa where the incidence of HIV/AIDS is high. The worst sufferers of this infection are the young and the most productive sections of the society between the age group of 20 to 40 years. This has been further compounded by the lack of information and education.

In this context, IPU shares concerns expressed in the Declaration of Commitment on HIV/AIDS recently adopted by the UN General Assembly at its Special Session and that recognizes AIDS as a global crisis which calls for a global concerted action and special assistance to sub-Saharan Africa.

Protecting and caring for children must get our top priority, as they are the driving force of the future society. The future of the humankind depends on how we invest on our children. The children, all over the world, especially in the developing countries of Asia, Africa, and Latin America need our special attention.

There are millions of children in the world today who do not get two square meals a day. They do not get potable drinking water. They do not get even the basic medical care, let alone the access to education and knowledge. The world is becoming insensitive to their miseries and has no time to stop and listen to their voices. More money is spent world over on the purchase of arms and ammunition and cosmetics and other luxury items than on the necessities for the children. Moreover, in an armed conflict, they are used as weapons.

The world believes in democracy and teaches that violence breeds in the minds of people and should be eradicated therefrom. But on the other hand, the greedy manufacturers of the same world hard-sell war toys and computer games that teach children to kill. The violence, hatred and xenophobia taught from the childhood in the veil of war games and toys leads to the growth of a citizenry that seeks similar fulfillment in its adulthood. This is a glaring dichotomy to which I have no answer. On one hand we convene conferences for a culture of peace and on the other with the same elan we make and patent newer war games for the children. We have to pause and ponder that are we not deceiving ourselves.

In the recent years with spurt of ethnic and civil strife, children in several regions have become the soft target of violence. The most gruesome and tragic aspect is that the sectarian militia is recruiting these children. I come from the subcontinent that was divided on the basis of religion some half a century ago. Still some sectarian groups are recruiting young boys and training them in religious fanaticism to carry out terrorism and drug trafficking. In their most impressionable age racial and sectarian hatred is being inculcated among children by these terrorist groups. Religious and cultural bigots are misleading the future citizens of world into cult of hatred, intolerance and xenophobia.

Similar gruesome abuse of children has been reported from conflict-infested areas of Somalia, Rwanda-Burundi and from strife torn Bosnia-Herzegovina and Albania. What promise can the future hold for a child in Middle-East who has witnessed violence against his family. Children orphaned in the sectarian violence are not only isolated from the social mainstream but are more likely to indulge in juvenile crime and other forms of social strife. Even in a developed country like the US, children have shown deviant violent tendencies by opening indiscriminate firing on their own classmates.

Our recent meeting to provide the parliamentary input to the Third UN World Conference against Racism, Racial Discrimination, Xenophobia and related intolerance at Durban was a significant occasion. The presence of Mr Otunnu, the Special Representative of the United Nations Secretary General for Children and Armed Conflicts, today with us, is not only significant but also an evidence of the special concern of the United Nations to the growing misuse of children in the armed conflicts.

We need to eradicate these potential sources of violence. Only then shall we be able to inculcate a culture of peace. If the conflicts are born in the minds of a man, then the defences of peace too can be ensured by nurturing a culture of peace in minds of people. Wordsworth said: "Child is the father of man." A child today is the father of tomorrow. It is therefore essential that we impart value of peace and tolerance among our children. The time has come for the world to listen to the silent voices of the children and pledge "yes" to children.

The issue of children as the driving force for the future society has to be discussed. The outcome of our deliberations during this conference shall be further taken up during Parliamentarians Forum for Children that the IPU would convene as a parallel event to the forthcoming special session of the UN General Assembly on Children later. The conclusions of both these events would then be presented to the special session of the UN General Assembly as a parliamentary input to the occasion.

In view of public reactions to the globalization, I have always considered it imperative that as the world body of lawmakers, the IPU must make a significant intervention in new emerging global economic architecture. In last few years the Union has associated itself with other inter-governmental financial institutions like UNCTAD and WTO to create an informed consensus on the new global economy. In June this year the Union had convened a Parliamentary Meeting on international trade at Geneva with the WTO, where we discussed the issue of fair, equitable and just trading order. We propose to provide parliamentary dimension to international trade negotiations in order to make it more representative and responsive to popular aspirations. We, therefore, plan to hold a parliamentary meeting on the occasion of Fourth Ministerial Meeting of the WTO at Doha later this year.

Najma Heptullah

The Pioneer

20 September 2001

AIDS MESSAGE AT THE COUNTER

PRIYANKA BANYAL

Several agencies have undertaken initiatives to generate awareness about AIDS. The projects include interventions in target groups such as truckers, prostitutes, urban backward settlements and training them.

The Aids Prevention And Control Project (APAC) has done a good job all over Tamil Nadu. Creating awareness about AIDS and its preventive behaviour in the masses involved two stages — advertising and educating. Advertising served to spread knowledge and education to spread the "dos and don'ts."

An episodic study of the projects showed that the sale of condoms had to be promoted through non-traditional outlets such as petty shops and general merchants. "The stigma attached to the promotion of condoms restrained the retailers from stocking them," says one of the dealers who displays contraceptives like any other item.

The APAC officials then contacted NIS for a year long training of the retailers in condom promotion in August 1998. The purpose was to increase the retailers' knowledge about HIV-AIDS and to encourage them to promote condoms in a non-stigmatised manner. The "Win Customers For Life" training was initiated in six towns of Tamil Nadu. The issues raised included social responsibilities of the retailers. The methods comprised simulation exercises and small group discussions.

After a year, APAC reviewed its strategies. The recruitments of project executives and execution processes were also finalised by NIS. The trained people worked closely with the NGOs involved in HIV/AIDS prevention and representatives of condom manufacturers. "NIS was involved in designing all the material vital for the intervention, — video cassettes, courseware, banners, folders and stickers," says Asif, a chemist who was hesitant about stocking condoms.

Says Sanjeev Duggal, president of NIS Sparta Limited, "There has been a definite increase in the number of non-stocking outlets that are now stocking condoms." To supplement his statement, he cites the statistics of outlets stocking condoms in the year 1999-2000. It had risen by 46 per cent and surpassed the target of 30 per cent. An audit carried out to measure the variation in the stocking of the condom in the areas of intervention registered an increase of 24 per cent in 1998-1999. Says project coordinator, "The retailers have an attitudinal barrier in selling condoms and sale was found to be a major factor in the prevention of AIDS."

Another organisation, Rai Bahadur Gujarmal Modi Foundation(RBGM), has been conducting workshops to erase myths. "Modicare has over half a million distributors across India working towards this aim," says chairman Sameer Modi.

The team visits various schools and industries to conduct these workshops. In schools, the focus has been on peer pressure, assertive behaviour, abstinence and includes basics regarding modes of transmission and preventive measures.

Prior to working with students, the RBGM team has an orientation session with counsellors and principals. In the industrial segment, RBGM educates the workers about preventive measures. At present, they are conducting workshops with brand names like Nike and Hero Cycles.

The Pioneer
20 September 2001

5-yr sex ban for virgins upset Swazis

Mbabane, Sept. 19: Swaziland students warned of a nationwide strike should the small African kingdom's authorities enforce a five-year sex ban on all virgins as part of the revival a traditional rite intended to check the spread of AIDS.

King Mswati III recently reintroduced the "Umcwasho" rite after 20 years, whereby all virgins under the age of 19 are expected to wear a yellowish and green tassel around their necks.

Should the Umcwasho be enforced, virgins would be forbidden to have sex for five years, to shake hands or engage in romantic conversations with young men, wear trousers and talk about sex.

The head of the Swazi Young Women's Association, Lungile Ndlovu, last Sunday increased the ban from an initial two to five years.

Traditional leaders who have been entrusted with trying such cases would be expected to punish both men and women for breaches of the regulations with a fine of a cow, or about $160. Swaziland, which has a population of some one million, has been hit hard by the AIDS epidemic. *(DPA)*

The Asian Age
20 September 2001

Matter of concern

It is a matter of serious concern that state governments have been very indifferent to the implementation of the Pre-Natal Diagnostic Techniques Act which was formulated to check female foeticide which is a major social problem in many parts of the country. The Supreme Court has admonished the states for not taking active interest in proceeding against those who violate the provisions of the Act. Six weeks' time has been given to the states and union territories to report to the court on the status of implementation of the Act. It is unfortunate that many issues of social importance have to be taken to the judiciary for direction to the executive for suitable remedial action and courts often have to set deadlines and issue ultimatums to governments to enforce laws or to provide justice to those who are denied it. In the case of female foeticide, state governments told the court that medical centres which carried out sex determination illegally had been issued warnings while the law actually demanded that they should be prosecuted. The implementation of the Act has not been satisfactory in other respects also. The appropriate authority for its implementation has not been set up in some states and union territories and the central supervisory board is not being supplied the status reports from states as required by the law. Sex determination tests are openly advertised without inviting any punitive action and newer technologies are being used to destroy female foetuses.

Female infanticide and female foeticide are social problems which have their roots in the preference for male children and the discriminatory attitude against women. The latest census has brought out that the adverse male-female ratio only worsened in the last one decade in the zero-six age group. The deterioration in the sex ratio is more glaring in affluent states like Punjab and Haryana which have a strong tradition of social prejudice against female children. In this context it was a welcome step on the part of the Akal Takht, the supreme religious body of the Sikhs, to have issued an edict banning female foeticide. Increase in public awareness about gender equality and the danger posed by female foeticide is the best way to eradicate the practice. But governments have to enforce the law strictly to ensure prosecution and punishment of those who go in for female foeticide and the institutions which facilitate it. The Union Health Minister, Mr C P Thakur, stated last week at a health convention that the existing law is being made more stringent to prevent female foeticide. But how does the tightening of the law help if governments do not have the will to implement even the provisions of the present law?

Deccan Herald
21 September 2001

A TICKING TIME BOMB

Census report highlights infiltration problem

THERE is neither surprise nor shock in the latest census commission's report which puts West Bengal's four contiguous districts with Bangladesh among the first ten most populous ones in the country. Compared to other West Bengal districts, the decadal population growth in the border districts like North and South Dinajpur, Malda, Murshidabad and Nadia has been abnormally high. While the core areas of Kolkata have seen negative growth, because of shrinking job opportunities, those in the interior districts like Bankura and Purulia too have recorded much lower growth. But the districts with the most porous borders like North Dinajpur, Malda and Murshidabad have recorded a growth of 28.72 per cent, 24.77 per cent and 23. 70 per cent which is much higher than the state's decadal growth — 17.84 per cent. It is an open secret that infiltration from Bangladesh is solely responsible. This is the result of the indulgent policy pursued by the Jyoti Basu Government. Basu's line was that the migration was seasonal although the Press had been reporting in detail about large-scale migration throughout the year radically changing the demography of the border region. In fact we had more than once drawn the government's attention to the *lebensraum* doctrine being openly advocated by some Bangladeshi intellectuals almost demanding landless Bangladeshis be allowed to settle in Indian states. Actually it was the undeclared policy of the Jyoti Basu government to legitimise the stay of Bangladeshis by letting local bodies issue them ration cards and enroll them as voters. Denial of adequate infrastructure had made his government's mobile task force, whose job is to detect illegal immigrants, almost defunct. There was even diversion of funds that the Centre provided for building border roads.

Marxist ambivalence was guided by the electoral perception that the deprived, hapless Bangladeshis would be natural allies. That the illegal migrants could be a security risk was never taken seriously although the Centre had repeatedly warned about it. It was only when the infiltrators started voting for the BJP and after the New Jalpaiguri bomb blast that the Marxists began to revise their perception. The census report is a wake up call to realise the threat infiltration poses to the state's security, economy and social structure. Any further ambivalence will spell disaster.

The Statesman
19 September 2001

The silent killer

AMIDST all the hoopla about HIV and AIDS, we have forgotten an even more serious disease stalking India. Tuberculosis, according to some estimates, may have infected one in two Indians, though they may not show visible signs of having been infected. Health officials warn that TB could claim more than forty lakh lives in the next decade if we don't do anything. The increasing number of HIV cases and multi-drug resistant tuberculosis threatens to make the situation worse, they say.

The statistics are alarming. TB kills 4.21 lakh people every year; in contrast, tropical diseases and malaria take a toll of 30,000 and 20,000 respectively. More than 20,000 become infected with the tubercle bacillus, more than 5,000 develop the disease and more than 1,000 die of tuberculosis every day. The fact that India accounts for more than two-thirds of global TB fatalities every year is a clear indication of how the disease is spreading unchecked.

Can something be done to halt the spread of TB? Yes. The revised National Tuberculosis Control Programme is a step in the right direction. More than five lakh patients have been treated under the World Bank-funded programme, saving the lives of over 80,000, officials say. A third of the country now has access to the programme. Health authorities say the programme has expanded rapidly from covering 1.8 crore people in 1998 to 35 crore in March 2001. More than 1.5 lakh health workers have been trained and more than 1,400 supervisors deployed in the districts to administer to two crore people anti-tuberculosis treatment.

Effective implementation of the programme by 2005 would help save more than Rs 108,000 crore by 2020, according to experts. In cost-benefit terms, an investment of Rs 200 crore would yield more than Rs 18,000 crore a year. Health authorities must do everything to ensure that the programme is expanded and intensified to cover the whole of India. That is the least expected of them.

The Indian Express
23 September 2001

Corporates step into anti-AIDS campaign

Yoga Rangatia
New Delhi

TRUCK TYRES being sold with a booklet on HIV/AIDS prevention, manual of a jeep coming with information on HIV/AIDS and even petrol pumps offering condom-vending machines. Indian corporates have taken the plunge in the anti-HIV/AIDS campaign.

Indian industries will now look at how their marketing channel, which in many cases network remote areas of the country, can be used for spreading information on HIV/AIDS and supply of condoms.

To start with, Indian business houses have come together to set up a trust to fight HIV/AIDS. A Confederation of Indian Industry (CII)-led delegation called on Prime Minister Atal Bihari Vajpayee on Tuesday to extend support and draw out modalities of industry support to the cause. The Prime Minister formally launched the Indian Business Trust (IBT) to Fight HIV/AIDS.

The CII has taken the lead among industry associations and set up an AIDS trust for the campaign. The main focus will be prevention of the HIV infection and making an active public-private partnership in the area.

Among the prominent industrialists who have supported the initiative are Mr Ratan Tata, Mr Sanjiv Goenka, Mr Rahul Bajaj, Mr Jamshed Godrej, Mr K K Birla, Mr Narayan Murthy, Mr Anu Agha among others.

"We are initially focussing on home-based care for persons with HIV/AIDS. We will also initiate a micro-credit society exclusively for HIV positive people since they face difficulties in availing loan from banks," elaborates Sandhya Bhalla of CII.

The business delegation is understood to have assured the Prime Minister that funding will not be a constraint for the task they have taken up. They have adopted the motto: Prevention and Care, making it our business in the interest of our society and the next generation.

On the occasion, Union Health Minister C P Thakur stressed on the need for intensive monitoring of the Aids control programme and setting up screening and counselling centres at district-level. The Union Health Minister informed the Prime Minister that National AIDS Control Organisation (NACO) is launching an intensive monitoring of AIDS control programme. Officers of NACO will fang out to various districts, especially the ones worst-hit by the HIV/AIDS, and get first hand information on the implementation of the programme.

Surveillance of actual HIV cases has proved to be a problem due to lack of infrastructure. Whatever numbers the Government is handing out is based on a sentinel survey from a few surveillance centres across the country.

The Pioneer
20 September 2001

Plan to curb population growth, poverty

HT Correspondent
Mathura, September 19

THE UTTAR Pradesh government has initiated a plan to curb population growth and pave the way for eradicating poverty.

Talking to reporters late last evening Uttar Pradesh Minister for Child and Women Welfare Sardar Singh said the state government has decided to control population growth by the year 2020. Then the state would be able to not only free from diseases but to check poverty also. The efforts to eradicate poverty have yet to yield the desired result owing to population growth.

The government has decided to make thrust on literacy as well as health of mother and the child. In order to prevent attack of titanus, a kit would be supplied to every pregnant woman free of cost during pre-delivery period. ANM would look after the mother and the child for sometime during post-delivery period. The government has also decided take services of ANMs on contract basis. Service of one ANM on a population of 5,000 would be ensured, he said. To a question Singh said in order to provide services of specialised doctors it has been decided to take them on them on contract.

To another question he said the government has also decided to promote ayurveda, unani and homeopathy system. Growing of herbal drugs would now be promoted. The state government would check embryo termination and penal action would now be taken against the doctors engaged in embryo termination, he stated.

Hindustan Times
20 September 2001

'GB Virus C' slows progress of AIDS

By Our Staff Correspondent

MANIPAL, SEPT. 20. Prof. B.M. Hegde, Vice-Chancellor of the Manipal Academy of Higher Education (MAHE), has said that a harmless virus, the "GB Virus C" or "Hepatitis G Virus", which was discovered six years ago, is seen to allow patients of AIDS to live much longer by slowing the progress of the syndrome.

In a press release here on Friday, he said the studies — one at the University of Iowa School of Medicine with 363 AIDS patients, and another at the Hanover Medical School in Germany with 197 patients — had shown that concurrent infection with "GB Virus C", in those patients suffering from AIDS, reduced the virus load by nearly 99 per cent.

This was confirmed by "in vitro" (done outside the human body) studies where the peripheral blood of AIDS patients was studied for the infected mononuclear blood cells. Twentyfour hours after being inoculated with "GB Virus C", the mononuclear cells of AIDS patients cleared their load of virus to 99 per cent.

The "GB Virus C" was known to the researchers for a long time, he said and added that since it was not capable of producing any disease in man it was not studied.

When researchers get to know more about the exact mechanism of action of this new virus, the doctors would have many options for treating patients.

The information regarding the "GB Virus C" was available in the *New England Journal of Medicine*, 2001; 345: 707-724, the release said.

Meanwhile, doctors and patients have been advised not to take the injection of "GB Virus C".

The Hindu
21 September 2001

'Gender tests affecting sex ratio'

Times News Network

BANGALORE: Decrying the practise of female foeticide, Health Minister Dr A.B. Maalaka Raddy said that each foetus regardless of its sex is precious. He was speaking at a special programme on the girl child —Cynosure of All Eyes focussing on the Prenatal Diagnostic Techniques Act, 1994, organised by the Central Directorate of Field Publicity and St John's National Academy of Health Sciences on Friday.

He said that modern sex determination techniques was primarily meant for knowing the well-being of the baby in the mother's womb.

"Self realisation is the best tool for implementation of the Act since it has good intentions of checking the sex selective female foeticide. However, scientific techniques could be misused in the wrong hands with the connivance of parents harbouring desire for a male child," Raddy said.

Speaking on the occasion, Joint Director, Directorate of Field Publicity Archana Datta referred to the dwindling sex ratio in most states as has been revealed in the provisional figures of Census 2001.

"There is an urgent need to narrow down the gap between the provisions and actual implementation of the Act," Datta said.

Dr Kamini Rao, president of the Federation of Obstetric and Gynaecological Societies of India in her keynote address called for registering all ultrasound machines so that the actual intention behind the test is detected.

The Times of India
22 September 2001

AIDS high in Guntur

Health Minister S Aruna said that 132 cases of HIV positive were recorded at free AIDS testing centres across the State out of 365 tests recently and the incidence of HIV/AIDS was highest in Guntur.

Deccan Chronicle
23 September 2001

Gates-backed HIV helpline launched

FROM OUR BUREAU

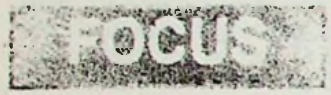
Hyderabad Sept. 21: A new programme on STD and HIV awareness, sponsored by the Bill and Belinda Gates Foundation, was launched by the Minister for Labour and Employment, Krishan Yadav, on Friday.
This novel concept utilises the benefits of telecommunication for common good.
The scheme is called Interactive Voice Response System and is doing very well in Tamil Nadu. People desirous of counselling support, but without any idea of whom to approach, can dial two numbers, one for a recorded message on STD and its causes and prevention, and the other for an interactive one-to-one counselling. The numbers, 7602535 and 7660966, will be operational with immediate effect. The Minister has promised unfailing and continuous power supply to all these call centres. In Chennai, the IVRS receives about 400 to 600 calls a day.
The non-governmental organisation Nrityanjali performed a play on HIV awareness on the occasion.
The IVRS has the active support of the Deepam Educational Society for Health which has been operating in many districts of Tamil Nadu since 1991, on the issue of reproductive and child health, HIV/AIDS, STDs and especially on the issue of awareness among adolescents and women's groups.
The Hyderabad chapter of DESH has working alongwith men, women and adolescent groups on the same issue.
They have targetted about 2,000 families, five schools, and two workplaces (industries) to work on the issue of reproductive and child health.
The Society also provides training and documentation for 50 non-governmental organisations around five States.

Deccan Chronicle
22 September 2001

Babes to come

AT the National Academy of Medical Science (India) Workshop on National Guidelines for Medically Assisted Reproductive Technologies (MART) in India, at the Indian Academy of Science, last Sunday, lots of issues were raised and while some were thrashed out, the others were left to the discretion of the practitioners. What are the techniques involved in MART? Are medical practices in accordance with the guidelines laid down and is it all hunky -dory with the latter?

In India, the inability to have a child bears a social stigma, in addition to the fact that almost every couple wants a child of their own. Failure to do so brings them to the infertility clinics some of which in the recent past have become famous for the illegal sex determination of foetuses. The couple is medically examined and then there are a variety of procedures. Procedures other than those prescribed in the guidelines must be subjected to the clinics ethical committee and need an informed consent by the patients. Generally, procedures such as artificial insemination with the husband or donor's sperm or in vitro fertilisation and embryo transfer, are advocated. The latter involves various sub - techniques. Semen, oocytes and embryos can be preserved in liquid nitrogen by a process known as cryopreservation. It is however necessary to screen donors and avoid those suffering from venereal diseases, hepatitis or infected with the HIV virus.



The question is - whether the government ought to play a role in all these bodies, and if not, who keeps a check on clinics and ensures an ethical practice? There are certain procedures to be observed, say, with a fresh semen sample from a donor. It has to be quarantined for a definite period and then undergo strict quality checks before it is injected into a recipient. The speakers cited cases where quality control was very poor. Another important issue were the drug companies that dominated the scene more than the clinical considerations for the necessary drugs. For example, 'recombinant gonadotrophins', (hormones) are being used for the ovarian stimulation of women patients. These drugs are far more expensive than 'urinary gonadotrophins' that may serve a similar purpose in most cases. Said Dr Pandiyan, from the Apollo Hospitals in Chennai that 'urinary gonadotrophins' have not been proved inferior to the former! This issue is reminiscent of the debate that raged on between international medical journals and drug companies. The journals claimed that these companies were dictating medical research! There have been instances where researchers have done drug trials and been forced to write positive responses in their papers! The debate continues, whether drug companies ought to have an upper hand or ethics? The issue was left unresolved and Dr B N Chakravarty from Calcutta and Dr T C Anand Kumar from the local organising committee suggested that the decision had best be left to the ethical committee of the clinics.

The most important question of the day - about what should be done with unused embryos raised a number of questions. Examples were cited from other countries where thousands of embryos were thrown into the sea because their parents (owners) could not be traced and without their permission nothing could be done with them! Ought embryos to be used for subsequent transfers to other recipients or for research?

With the permission of the parents who are the owners of the embryo, one could use them for subsequent transfers or research, said both Dr Chakravarty and Dr Anand Kumar. Stem cells from human embryos are caught in a controversy at the moment, if they could be harvested and use to regenerate tissue? However, one can really study cell development and differentiation in human embryos, study the kind of genes that may be turned on and off at different developmental stages and finally can they be used for organ harvesting and replacement. Most interesting was the discussion on what was the cut off limit for a woman to receive embryo transplants? While Dr Chakravarty insisted that it should be around forty, the others came to the conclusion that as long as she was medically and physically fit to have a child, she could go ahead and have one! Some womanpower, this!

PAPIYA BHATTACHARYA

Deccan Herald
25 September 2001

Committee to tackle AIDS

By Our Staff Correspondent

UDUPI, SEPT. 20. Dr. Sudarshan, Head of State Task Force on Health, said on Thursday that the State Government was giving top priority to tackling AIDS in Udupi District, which had the highest number of AIDS patients in the State.

He was speaking at a programme on AIDS awareness organised by the Udupi City Municipal Council (CMC) at the Town Hall, here.

He said that a report on AIDS in the district had been submitted to the Government, and an implementation committee had been formed. The Chief Minister, Mr. S.M. Krishna, would discuss the issue at a meeting in Mangalore on September 28. A district action plan and an AIDS Society had been formed to tackle the disease. A Voluntary AIDS Testing and Counseling Centre would be opened at the Government District Hospital in October, he added.

Dr. Sudarshan said the Government would identify the taluks in the district with a high number of AIDS patients. Voluntary organisations would be included in the drive against AIDS. The World Bank would give financial assistance to tackle the disease, and the Government would seek a grant from the Bill Gates Foundation, he added.

Prof. B.M. Hegde, Vice-Chancellor of MAHE, said the AIDS virus had mutated 15 times in the last 20 years. The Oxford University was working on a vaccine for AIDS. People should not treat AIDS patients as untouchables.

The Hindu
21 September 2001

Clinics offer emergency PEP

The fact that condoms fail 14 per cent of the time has prompted clinics in the US to offer emergency postexposure prophylaxis (PEP) for people who fear the HIV virus. The drug regimen, first used by people jabbed with infected needles on the job, is a combination of virus-fighting drugs including Crixivan and Combivir. When taken for 30 days after exposure, PEP may reduce the risk of infection by 85 per cent. But the CDC doesn't endorse it for non- job related exposure. The drugs are expensive and must be taken within two hours of exposure.

The Pioneer
25 September 2001

PREGNANT BY CHOICE

A policy on menopausal pregnancies should be born out of informed debate, says MOHINDER SINGH

In November 1996, 63-year-old Arceli Keh gave birth after lying about her age to a California infertility specialist and obtaining eggs from a younger donor. Another woman, aged 62, chose IVF with donor eggs after her 19-year-old son was killed in a car accident.

An Italian pioneer in dealing with infertility cases, Dr Severino Antinori has helped 70 postmenopausal women become pregnant.

Yet there does operate a worldwide sentiment against postmenopausal pregnancy. It possibly flows from the idea that at some stage women should make peace with their biological clocks; be reconciled to having no more children once they reach menopause — the nature's halt to motherhood. With the technique of egg donation now available, women past menopause can question that closure.

In India, sentiment against older women bearing children is possibly stronger. For example, it is deemed somewhat embarrassing even for a menopausal woman to become pregnant when she already has a daughter with children. Dr. Zev Rosenwaks, director of the Centre for Reproductive Medicine at New York Hospital, is opposed to pregnancy of postmenopausal women. He argues that the situation is not comparable to actor Anthony Quin creating the eleventh child at age seventy-eight. "Since men do not undergo pregnancy, there is no chance their baby' s health will be compromised," says he. Since so few babies have been born of postmenopausal women, we don't really know what the risks will be for the baby or the mother," says he. To him, taking to trendy new techniques without an equal concern for the unknown risks is apparently inadvisable.

The American Society of Reproductive Medicine (ASRM) discourages egg donation to postmenopausal women. One reason is the scarcity of eggs — as compared to sperm. It also wants to protect older women against risks to their health by preventing them from getting pregnant: "The limit is not age; the limit is physical."

But then there are dissenting voices that decry any rationing of medical services by age; it's like setting a maximum age limit on who can receive a kidney. They favour a policy born out of informed social debate, not left to individual physicians to decide in an ad hoc fashion. With advances in IVF techniques, there is likelihood of more and more postmenopausal women going in for pregnancy.

The general health and longevity of women is improving, and so also their economic status. There would be the temptation to seek the satisfaction of pregnancy and the joys of child rearing, even though the baby comes of borrowed eggs. To some this would seem a more preferable option than adopting a child.

Dr Narendra Malhotra, India's leading IVF specialist, admits that the pressure and demand of postmenopausal pregnancy is "too much on the IVF clinics." In India the oldest woman who has achieved pregnancy by IVF is reported to have been 53. This was because the women gave their age wrongly, say the doctors.

According to Dr Malhotra, postmenopausal pregnancy should only be attempted in physically healthy women, and definitely of not more than 45 years of age. What about men fathering children later and later in life? Be warned, say some doctors—men have biological clocks, too.

Men, like Murdoch, are demonstratin their maleness by fathering childre at advanced age. But, frankly, scienc doesn't recommend it.

The older the father, the greate the chance of mental illness an disorders and diseases includin some cancers.

It's a sperm thing. The older th sperm-carrier, the mor chance there is of all kinc of mutations, deleter ous as well as neutra

Researchers i Columbi University, Ne York have recent established a cle link between p ternal age an mental illness. Th American College Medical Genetics pu the risk of producing genetic defect as "fo to five times greater f fathers aged 45 a above than for their 20- year old counterparts"

All but one of a woman's eggs a produced before her own birth — a they usually divide just 24 times. M produce sperm throughout their life at the rate of 17,610 (to the power 6 day. Also the cells keep dividing eve 16 days.

In a 20-year-old man, each cell w have divided 200 times. By the time h 40, it will be 660 times. Each new rep cation means both that mistakes ha more chance of occurring and th those mistakes are then perpetuat by constant replication. Also as m age, their testicles age with the Blood supply reduces and testo terone levels drop — both impo tant in the proofreading and rep of DNA. So mistakes are not likely to be fixed. The is the greater possibility of environmental dama from gene-damaging chemicals to older men. Wi the mutation rate per cell division increasing with a older men are heir to more problematic mutatio and other genetic abnormalities. And so older fath could mean more schizophrenics.

When asked what could be done, when there i worldwide trend for men to bear children in la years, the leading geneticist JF Crow of the Univers of Wisconsin replies, "Well, there is, of course, a s lution. Collect sperm at puberty and freeze it till nee ed."

The Pioneer
25 September 200

Cowing down CANCER

Breast & cervical cancers account for most of deaths in women, while calcium depletion due to osteoporosis causes major fractures

Sreedevi D

CANCER in any form is lethal. But in women, the most common cancers take away their femininity too. A seminar on breast and cervical cancers conducted at the Institute of Genetics of the Osmania University in Hyderabad succeeded in driving home the message that this disease is completely curable if detected and treated in time.

Breast and cervical cancers are the most common in women. In fact, by the time a woman reaches 50 years, one in fifty is at the risk of contracting breast cancer, said Dr Jayasree Reddy, well-known gynaecologist and executive director of CDR Hospitals here. It is the second commonest cancer in India.

Though it can be genetic also, 80% of cancer occurs at random with out the patient having a family history of the disease. Precautions against cancer have to be taken from the age of 20 years. Early detection and screening are the primary steps to tackle this disease.

While late marriage, early periods, excessive fat and absence of breast feeding are contributory factors to breast cancer, self-examination, examination by a professional and mammography are the ways to detect it. A cancer as small as a pea can be removed with out much ado, but as it becomes bigger, removal, keeping the breast intact, is more and more difficult. Self-examination (to be conducted within seven days of the periods) helps a long way in detecting the lump, and usually only one out of five turns out malignant.

Cervical cancer is more common among those not exercising sex hygiene. According to Dr Jayasree, 50% of women contract this. Those at risk are predominantly early-married women (marriage at the age of 14-16 years), those having many children and multiple sex partners.

The best way to detect this is the pap smear test where cells from the cervix swept off by a small instrument known as pap smear reveals the presence of human papilloma, the disease causing virus.

The test costs hardly Rs 100. Dr Jayasree says pap smear test is a must for pregnant women, though it is not practised so. "If found manageable during pregnancy period, the cancer can be removed along with delivery," she says.

Menopause and osteoporosis were the other hot subjects discussed at the seminar. With the longer life-span, thanks to the advances in the field of medicine, women live much longer than their predecessors and on an average one third of her life is spent in menopause. Deprivation of the female hormone estrogen makes life physiologically and psychologically difficult for the woman.

Onset of menopause comes with hot flushes, excessive sweating, giddiness, irregular bleeding, sudden chills, headache and insomnia. The psychological impact can result in depression, lack of concentration and decreased libido. Incontinence, loss of hair, brittle nails also are seen. Since estrogen has cardio protective ability, its loss or decrease makes the woman an ideal candidate for Ischemic heart disease.

This period is also marked by the loss of calcium which leads to decrease in bone density causing osteoporosis. This makes bones porous and easy to crack. Ageing, menopause and sedentary lifestyles contribute to developing this silent disease.

Osteoporosis can be tackled with appropriate intake of calcium and by avoiding excesses of tea, colas etc which take away calcium from the body. Feeding children on a rich diet of calcium from an early stage helps immensely in tackling this disease at a later stage.

Breast cancer symptoms

- Breast lump
- Bleeding from nipples
- Withdrawn nipple
- Change in the shape of the breast

Companions of menopause

- Hot flushes
- Excessive sweating
- Giddiness
- Irregular bleeding
- Sudden chills
- Headache
- Insomnia
- Depression
- Lack of concentration
- Decreased libido
- Incontinence.
- Loss of hair
- Brittle nails

Cervical cancer signs

- Bleeding in between periods
- Vaginal bleeding in post-menstrual stage
- Offensive vaginal discharge
- Lower abdominal pain

The Indian Express
25 September 2001

Addicted to life & freedom

JAYALAKSHMI V.G. meets psychologist Ashok K. Rau, who gave up a flourishing practice to start Freedom Foundation, a centre that helps addicts re-enter the mainstream of society

The walls of Freedom Foundation sport paintings of birds in flight. Says Ashok K. Rau, founder of Freedom Foundation, "We hope this represents freedom from addiction."

Psychologists Ashok K. Rau and Karl Sequiera shared a dream somewhere in the early Nineties — to open an organisation which could treat addicts and provide a healthy environment for them.

A dream that was realised in 1993, when the Freedom Foundation opened its doors. Now, in 2001, the organisation is set to receive the Commonwealth Award for its pioneering work in the field of HIV/AIDS.

It takes courage to go against the flow and give up a flourishing practice, but that's exactly what Ashok did. "When I spoke of starting this centre, the elders in my family thought it was a noble idea, but they felt I should have waited till I was 60, not start Freedom Foundation in the prime of my career."

But Ashok and Karl had made up their mind and wanted to bring in a more holistic view to de-addiction. "Back then, addiction was viewed and treated solely as a medical condition, the psycho-social aspect was totally ignored. We wanted to change that," says Ashok.

The organisation was (literally) built from scratch. "We bought land on the Hennur Main Road, because it was the only bit of real estate which was financially viable. We had to convert a run-down chicken shed into the centre. Back then, we 'founders' had to wear many hats — those of a mason, cook, accountant and psychotherapist, all rolled into one. When the first patient was brought in, we were working from a guest bedroom at home," Ashok recalls.

"All along, the objective of the centre has been to provide health care and a safe environment for addicts victimised by the social set-up. I have seen cases where the individual has been subject to physical and mental harassment, beaten up and even burnt."

What kind of substance abuse cases does Freedom Foundation have to grapple with? "Initially we were getting drug-abuse cases. But now, alcohol consumption is on the increase, courtesy the pub-culture. The youngest person recently treated for alcohol abuse at this facility was 14 years old, and the oldest, 72. People suffer from selective amnesia and denial, where a family member is concerned. They tend to ignore the obvious signs and bring the individual for treatment as a last resort."

According to Ashok, the foundation aims at being "affordable and accessible." Payment is based on the financial status of the patient. "Since 1993, when we started, the quality of care and the recovery rate has improved," says Ashok.

The Freedom Foundation boasts of a recovery rate of 49 per cent, one of the highest in Bangalore. "Addiction is a condition which always carries the risk of relapse, even after the treatment has run its course. We at the Freedom Foundation have a stringent follow-up method, valid for a period of five years," he adds.

Chief councillor Basil Joseph remarks on the working atmosphere at Freedom Foundation, "Work can get stressful and difficult at times. Sometimes the cases can be very disturbing. Especially when the individual suffers a relapse."

Besides the chemical dependency treatment centre, Freedom Foundation runs a care and support unit for HIV/AIDS affected individuals at Hennur. A team of doctors and counsellors ensure the smooth functioning of the place. The de-addiction programme lasts for a period of four months. The treatment includes detoxification, psycho-therapy and extensive counselling.

Freedom Foundation has also been working along with the state and central government, on projects related to health care. The HIV centre is run free of cost. Ashok says, "When I suggested expanding the centre and providing medication for HIV patients free of cost, my senior accountant thought I was out of my mind. He told me I should be committed to a mental asylum. But we went ahead. The money comes in, there are several good samaritans in this world."

The hope of a new beginning is evident in the eyes of the patients assembled for their group sessions. Anubhav, a recovering addict says, "I try not to think of those crazy days of addiction, it is unnerving. At the centre, we follow a time-table of sorts. There is hardly any time to brood or waste over the past. I have already begun making plans for the future, which doesn't include drugs."

Freedom Foundation, De-addiction Centre, Hennur Cross, Bangalore: 560 043. Call: 5440134.

The Asian Age
25 September 2001

How AIDS virus blunts immune system

NEW, 3D images from researchers at Dana-Farber Cancer Institute provide picture yet of how AIDS virus blunts the immune system's ability to mount an attack against infections and cancer.

The images, according to the *Proceedings of the National Academy of Sciences*, provide a detailed, close-up look at one part of the meeting between infected cells and helper" T cells, which mobilise the body's defences against disease.

A comparison of those images with images of the meeting between helper T cells and HIV-1 (the virus that causes AIDS) shows how the HIV-1 mimics other enemy invaders and essentially blindfolds the T cells to the presence of infection and cancer.

This work enables us to piece together an exact picture of a key part of the process by which the immune system is alerted to the disease, and to understand how HIV subverts that process," says the study's lead author, Jia-huai Wang, of Dana-Farber.

It provides a pictorial explanation for immunodeficiency - the process by which HIV undermines the immune system's ability to resist invaders.

And it will help in development of therapies that target the vulnerable points of HIV infection adds the report.

The Hindu
27 September 2001

Justice may come too late for this AIDS victim

By Geetha Rao
Times News Network

SEXUALLY abused when only 14, pushed into prostitution, serving 40 men a day, escaping by hiding in the toilet of a train for a week subsisting on plain drinking water, Chitra (name changed), a stone cutter from Bhairathi Bande on the outskirts of Bangalore, has been through untold horrors in her 17 years of existence. As if things weren't bad enough, she is now HIV positive but both she and her parents don't understand the magnitude of the problem. And the good Samaritan trust that is trying to rehabilitate her has filed a PIL more than four months ago against the local police, but no action has been taken yet.

This reporter met Chitra, but she was so traumatised by her experiences that she was very reticent. The Diya Shanti Christian association put together the bits and pieces of her life.

According to Colleen Samuel, honorary director, Divya Shanti Trust on Hennur Road, when Chitra was 12, her mother (an alcoholic) sent her as a domestic worker to Mumbai, but called her back later as she felt she would soon attain puberty. It was then that her cousin began to frequent their house. Promising marriage, he raped her. She attained puberty after four months.

Chitra's brother then took her to his house in Tirupati to do the housework and look after his son. After a few weeks, Chitra wanted to come back to Bangalore, but her brother would not let her go and beat her up. His wife threatened to lock her up. Chitra happened to come into contact with a middle-aged man called Subramani who promised to take her to Bangalore.

Instead he took her to Rajkot, and she was handed over to another man, Santosh, who is said to have tied a thali around her neck. He too beat her up, and forced her into prostitution along with 40 other girls, some of who had babies.

Chitra stayed in Rajkot for eight months allegedly in a cage which was her lodging. Given two meals a day, all the girls including Chitra entertained nearly 40 customers a day. They would be on the job at 7 am and go on 12 in the night.

At Rajkot, she met Raniamma with whom she escaped from the brothel. At Pune station, Raniamma got down to drink water and was caught. Chitra escaped notice by hiding in the toilet of the train, subsisting only on water. An old woman brought her back to Bangalore.

Chitra's mother then brought her to the Divya Shanti Trust. According to Preethi Mathias, advocate, who helps at the trust, when Chitra complained of bleeding in the mouth and nose, she was sent to the Baptist Hospital for a checkup, and the doctor found she was HIV-positive. Today, she is infected with AIDS, but neither she nor her parents can comprehend the situation, and believe that all is fine with her.

The Divya Shanthi Trust has now offered her accommodation and work in its garments unit, where she is learning embroidery. It also provides her with nutritious food so she can fight AIDS.

According to one of the trustees, a PIL has been filed more than four months ago at the high court. When justice is finally meted out, it may be too late. For Chitra may not live to see the day.

The Times of India
27 September 2001

'Demand for boys skews sex ratio in Rajasthan'

JAIPUR, Sept 25 (DHNS)

Who says women's education and self-reliance have made them fully independent ? When it comes to issues related to motherhood, she still has to bow to family pressures, even to the extent of aborting a female foetus and risking her own life in the process. All this for giving the family a son!

A survey conducted by an NGO at the state capital has revealed glaring facts that even well educated and financially well-off women find it hard to ignore their families' persistent demand for a male child. Fulfilling their wishes often takes the toll of the female foetus in the womb again and again until the family is has a baby boy. Poor women even lose their lives while discharging their pious obligation of giving the family a "ghar ka chirag". The study was presented at a media workshop here recently during the "girl child week" being celebrated in the state.

A study carried out by the Indian Institute for Rural Development revealed that well educated couples in higly placed jobs such as civil servants, chartered accountants, multinational executives, central government officials, university teachers went for abortion as the sex determination test indicated the presence of a female foetus in the womb. In all the cases included in the survey, the women were well educated and working. They terminated pregnancies again and again, even risking their lives, unless they got a son. Needless to mention the rampant violation of sex determination test in the state in many private clinics, where the sex of the baby is revealed in code language. 'Start savings' is the common indicator predicting a girl child while 'offer sweets' is a clear signal of the storks delivering a baby, Mr Rambabu Bhatt of the IIRD said while presenting the report at the workshop organised in collaboration with the state women's commission and UNICEF. According to the latest census figures, the sex ratio is gradually declining in the state. There are two specific belts in Rajasthan where it is worst. In western and northern Rajasthan, the districts of Ganganagar, Hanumangarh, Kolayat block of Bikaner, Jaisalmer and Bharatpur district, the sex ratio is the worst.

Deccan Herald
26 September 2001

DDT likely to cause early puberty in girls

PESTICIDE RESIDUES may be affecting the reproductive system of children in developing countries, say researchers in Belgium.

A team led by Jean-Pierre Bourguignon from the University of Liege has found that children who had immigrated from countries such as India and Colombia are 80 times more likely to start puberty unusually young.

The researchers suspect that DDT may be to blame. Three-quarters of these immigrant children with "precocious puberty" had high levels of a chemical derivative of DDT in their blood. This chemical, called DDE, mimics the effects of the hormone oestrogen, which is important in controlling sexual development.

Children with precocious puberty start sexual development several years earlier than normal. The girls in Bourguignon's study started developing breasts before the age of eight, and started their periods before 10. Youngsters immigrating to European countries also have an increased tendency to begin puberty early.

This effect was thought to be because children who were undernourished in their home countries gain weight rapidly upon reaching the West. Belgian researchers found that this theory couldn't explain what they saw.

Some foreign children were not retarded by weight or growth when they arrived," says Bourguignon. And there was no particular home country affected, suggesting genetic factors weren't responsible either.

The team tested the children for a range of pesticides and found that 21 out of 26 immigrant children with precocious puberty had high levels of DDE in their blood. The chemical was only detectable in 2 out of 15 native-born Belgian children.

"Says endocrinologist Stuart Milligan of King's College London. "More studies are needed to confirm a link with pesticides." What's dangerous is to create a scare story from something that's not proven.

DDT has been banned in the European Union and the U.S. for decades, but it is still commonly used in many developing countries, mainly to control malaria.

Bourguignon and his team now plan to check whether immigrant children with early puberty have higher levels of pesticide than those who don't.

They're also studying the effects of DDE, in the lab. Preliminary results suggest that in rats DDE causes the brain to send out the biochemical signals that stimulate puberty.

He suggests that children in developing countries don't normally suffer from early puberty because they tend to be undernourished, and this slows their development down. But even if the effect on puberty is masked, their reproductive systems could still be harmed. New Scientist

Similar trends found in U.S. boys

U.S. BOYS appear to reach puberty earlier than in past decades, a new study suggests, but why that happens is not clear and neither are the health consequences.

Researchers say possible effects on health are more likely to be negative. "We analysed data from the third National Health and Nutrition Examination Survey, which were collected in two phases between 1988 and 1994 on 2,114 boys aged 8 to 19 in this country," said Dr. Marcia Herman-Giddens, a researcher affiliated with the University of North Carolina at Chapel Hill. '

'We found that all three groups white, African-American and Mexican- American boys were significantly taller and heavier for their age than boys in previous studies, which is consistent with earlier puberty."

A report on the findings appeared in the *Archives of Pediatric and Adolescent Medicine.*

Herman-Giddens had earlier indicated that U.S. girls of both white and black race appeared to enter puberty earlier than they did in years past.

For unknown reasons, black girls on average start maturing about a year before whites do, that study showed.

The study looked at the first signs of puberty in boys appearance of pubic hair and growth of testes.

The estimate is based on the onset of pubic hair growth assessment of which is less subjective than that of testicular growth. The difference could be greater if the genital findings are accurate.

Like genital growth, pubic hair development results from the natural, genetically programmed boost in production of male hormones, but environmental factors may play a role.

"Is this real, and is it healthy or not?" she said. "It's probably not healthy since earlier studies have shown that the sooner a boy starts puberty, the higher his risk is of developing testicular cancer, just as early-maturing girls are at greater risk of developing breast cancer.

Changes in age of maturity could reflect, in part, harmful environmental conditions such as exposure to chemical contaminants.

The Hindu
27 September 2001

'Include population issue in curriculum'

By Our Staff Reporter

BANGALORE, SEPT. 26. Experts at the regional seminar on "Population Education: Status and future directions" organised by the National Council of Educational Research and Training (NCERT) stressed the need to integrate population education in the school curriculum, with a thrust on adolescence.

Dr. J.L.Pandey, Head of the National Population Education Project (NPEP) of the Department of Education in Social Sciences and Humanities, NCERT, said the NPEP, which was being implemented in the country since 1980, had made efforts to integrate critical population concerns in the content and process of school education and teacher training. The aim was to make the learners aware of the relationship among population, resources, environment and quality of life so that they could take correct decisions on population and development issues by observing the small family norm.

Although efforts had been made to incorporate population education and adolescent reproductive health in school curriculum, much needed to be done. Education of girls was a major concern. Advocacy programmes for parents and the communities could bring about a change in mindset on educating girls, he said.

There was a need to create an awareness among various target groups at the primary and secondary stages of school education about issues concerning population. Teachers needed to be trained to deal with sensitive issues so that they could teach the prescribed curriculum effectively.

Dr. Saroj Yadav, Programme Co-ordinator, NCERT, said more than 600 titles on population education were published in 17 languages as part of the project. The aim should be to see that all the material on population education and related issues were used effectively in educating both students and teachers, he added.

The Hindu
27 September 2001

MEDICAL MILIEU

THE DIRECTIVE ISSUED by the Supreme Court last week to the States and Union Territories on the implementation of the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act of 1994 is yet again suggestive of the long road from legislation to executive action. While the rules relating to the enforcement of the Act were formulated in 1996, the Central Supervisory Board and corresponding bodies at the State level have hardly been functional. If the Supreme Court, while hearing the Public Interest Litigation, was constrained to call for an action taken report within six weeks after noting the lack of progress by a majority of States in identifying the authority that is to enforce the provisions of the Act as well as the number of unregistered laboratories in the country, it is because its previous order of last May went unheeded by all the States except Tamil Nadu and Kerala.

The medical profession has for sometime now been witnessing a proliferation of diagnostic laboratories accompanied by indiscriminate prescription of highly sophisticated scans with little regard to the actual need among patients for such techniques, with an underlying motive for hefty financial returns among physicians as well as laboratories. It was perhaps only a matter of time before prenatal diagnosis began to assume the kind of proportions it has in recent years. These are if anything symptomatic of the formidable ground realities underpinning a modernising society where the traditional framework is at once steadfastly resilient and readily absorptive. Thus, patriarchal prejudice resuscitates itself in the face of the onslaught from developmentalism by a selective recourse to technological know-how. A striking parallel perhaps is the renewal of caste identities after the expansion of industrialisation, urbanisation and other modern institutional arrangements, or the persistence of untouchability, despite its legal abolition more than half a century ago. Thus the whole gamut of issues relating to foeticide pose a challenge at various levels and the scope for judicial intervention is bound to be limited. Beyond legal remedies, any real progress would ultimately hinge on a range of attenuating circumstances such as women's education and employment, economic independence and decision making power. It is noteworthy, especially in the context of the comparison made, on the one hand, between the overall economic advances made by Punjab and Haryana and the contrasting adverse sex ratio among children in these States, on the other, that not all of these variables necessarily presuppose or follow one another. On the contrary, regions that are relatively less advanced economically but have made significant strides in each of the above indicators may well account for fewer instances of foeticide.

Against this general scenario, reading a direct correlation between sex determination of foetuses and the adverse sex ratio among children seen in the provisional results for the 2001 population census may be unwarranted. For besides the prevalence of foeticide, demographers have alluded to better reporting of age among boys and girls in the 0-6 category and higher female mortality among factors that contribute to an adverse sex ratio.

The Hindu
28 September 2001

Mumbai's sexual minorities visible 'n' gay

Times News Network

MUMBAI: Not often does one peep out of a BEST bus at Flora Fountain and see young women sporting 'We are lesbians' posters on their T-shirts. For that matter, not often does one see eunuchs talking sexual polemic with briefcase-wielding office-goers at a busy city square.

For the first time, the city's gays, lesbians, trans-sexuals and other so-called fringe groups broke the barrier of taboo and invisibility and staged a demonstration at Flora Fountain from 4-8 pm on Friday. Lawyers representing them also participated in the event held to protest the arrest of sexual health workers in Lucknow and Section 377 of the Indian Penal Code which criminalises homosexuality.

Surprisingly, the first tentative and curious bundle of onlookers and passersby soon gathered into a small crowds around the activists and people started asking direct, if sometimes a bit naive, questions to the protesters distributing pamphlets. Significantly, the absence of derision or hostility in the queries surprised the organisers. People were not even giggling.

"Why do you do it?"

"Are you married?"

"Are you unhappy in your marriage?"

These were some of the questions one heard being asked. The irrepressible Ashoke Row Kavi, chairperson of Humsafar Trust and the face of gay activism in Mumbai, was answering a swarm of queries in jeans and with a red scarf around his neck.

For the first time, the city's gays, lesbians, trans-sexuals and other so-called fringe groups broke the barrier of taboo and invisibility and staged a demonstration in Mumbai. The first tentative and curious crowd started asking direct, if sometimes a bit naive, questions to the protesters distributing pamphlets. People were not even giggling.

"This is a start," he says. "People are becoming fed up of all the harassment meted out just because you are in a sexual minority."

Geeta Kumana, project coordinator of Aanchal, a lesbian group, adds, "This is the first time that we are so visible. Besides protesting against the arrests and Section 377, which criminalises homosexuality, we're going to tell the world about our sexual identities."

On July 7, five outreach workers from Bharosa, an organisation working in the field of 'men having sex with men' (MSM), were arrested in Lucknow while they were distributing free condoms. The sexual minorities in the city have taken the issue up to highlight the misuse and abuse of Section 377, which defines "carnal knowledge against the course of nature".

"This Section forbids consensual same-sex activity and places it in the same category as bestiality or sex with animals," Kavi complained. "One needs to abolish Section 377 and strengthen Section 376 which deals with rape," he said.

According to Kumana, Section 377 is also abused by parents of homosexuals, who "blackmail them into marriage, threatening to hand them over to the police otherwise".

Anand Grover of the Lawyers Collective, who took part in the protest, pointed out that Sec 377 was introduced in India by the British, who, however, later repealed a similar law in their own country.

Besides, the fact that the number of cases booked under this section had increased considerably in the last decade was a cause for concern, he says. "Till 1990, there were 40 cases reported in the high courts across the country. But only in the last 10 years, 20 cases have been reported," he adds.

Organisers though are not just pressing for repealing Sec 377. Tejal Shah from Stree Sangam, a collective of lesbian and bisexual women, says the Indian Constitution should be amended to include guidelines banning any discrimination on the basis of sexual orientation.

The Times of India
29 September 2001

Ex-health official guilty in HIV case

Tokyo, Sept 28: A Japanese court on Friday found a former Health Ministry official guilty of negligence in connection with a scandal that exposed thousands to HIV through tainted blood products, but gave him a suspended sentence.

The high-profile scandal, which grabbed headlines in the mid-1990s, spread deep into the ministry and rocked the nation with allegations of a Government cover-up and unethical links between big business and bureaucrats.

The Tokyo District Court sentenced Akihito Matsumura, who headed the Health Ministry's Biologics and Antibiotics Division from 1984 to 1986, to a year in prison, suspended for two years, a spokesman for the court said. Matsumura had been charged with professional negligence resulting in the deaths of patients given blood products tainted with the human immunodeficiency virus that causes AIDS.

He was found guilty of negligence in the death of a patient with liver disease who contracted AIDS after being given unheated blood products in April 1986. But Matsumura was found not guilty in the death of another patient, who got AIDS after being given unheated blood products in May to June of 1985. Reuters.

The Indian Express
29 September 2001

Straight from the WOMB

Kamala Thiagarajan analyses the mother-child bond, which continues to baffle scientists

FOR a short span of time, mother and baby share one body. But do they share one mind? Some things in life remain an enigma, despite best efforts on the part of medical science to unravel their mysteries.

Quite a few mothers believe they have been in contact with their unborn children during pregnancy! Anita, a young mother with a three-month old baby, claims to have controlled her baby's physical appearance right from the womb! "I kept meditating on a poster of the cutest baby I'd ever seen when I was pregnant. The poster on my wall could very well be a photograph of my baby now!"

Many women talk and sing to their unborn children throughout pregnancy. Felicity lives in the Home Counties of England. Before her daughter was born, Felicity picked up information about the unborn child that even the most sophisticated scans today cannot record. As she talked to her unborn baby, she realized her baby was talking to her in her mind. "It was as if I heard the baby's voice," she says. "When I was about six months pregnant, I asked the baby if she was healthy and she said she was." The baby then 'told' her that it had an apple-shaped birthmark on its heel.

Right enough, when the baby was born, she was absolutely perfect except for an apple-shaped mark on one of her heels!

This unique mother-child relationship has been studied by Cassandra Eason, an expert on pyschic ties and mother-child bonding. The author of *The Mother Link*, Cassandra believes that these women's claims are not impossible. "As the mother's body expands, there seems to be a strong tie between the developing baby and the mother, which soon results in a sort of two-way communication."

Medical science may not be able to provide concrete proof. However, we do know that there are many barriers that buffer the foetus from the outside world — amniotic fluid, embroyonic membranes, the uterus and maternal abdomin. They allow the foetus to live in an atmosphere where sound, vibration and motion are believed to be muffled. And studies now prove that intonation patterns of pitch, stress, rhythm, as well as music, all reach the foetus without distortion. Dr David B Chamberlain, whose PhD thesis was on Fetal Listening and Hearing, says, "Sounds have a surprising impact upon the foetal heart rate: a five second stimulus can cause changes in heart rate and movement which last up to an hour. Some musical sounds can cause changes in metabolism".

'Brahm's Lullaby', for example, played six times a day for five minutes in a premature baby nursery produced faster weight gain than voice sounds played on the same schedule. Dr Benny Benjamin, consultant peadiatrician at Malar Hospitals, Chennai, confirms this, "Sometimes, while performing complicated surgical procedures on infants, the maternal heart beat is played during the operation. This soothes the infant".

It is also known for a fact today that the baby in the womb is quick to sense the mother's emotions. If pregnancy is cluttered with emotional stress (especially in the last three months) there is the possibility of having a child who is anxious and experiences difficulties falling asleep. Because mother and child share emotions this way, many doctors in the West are now setting up prenatal learning clinics!

According to Professor Peter Hepper of the School of Psychology, Belfast, the baby in the womb is capable of learning as early as 24 weeks. While he admits to a communication between mother and foetus, he rules out anything remotely psychic. One of his projects has also shown that babies just one hour old already prefer their mother's voice to that of another woman. Another project showed that newborns whose mothers had eaten garlic during the last weeks of pregnancy recognized the same smell on cotton wool.

In Caracas, Venezuela, psychologist Beatriz Manrique organized the largest program to date with 680 families divided into experimental and control groups. The idea was to instruct the baby in the womb, teaching it various skills by reading and singing. These sessions stretched over 13 weeks. When these children later grew up, a battery of tests proved that the prenataly stimulated babies were consistently superior in visual, auditory, language, memory, and motor skills when compared to other children their age.

All this just goes to prove that love can work in invisible ways, and that a mother's love is beyond the complete comprehension of even modern medical science. ■

The Indian Express
30 September 2001

Viagra helps scale greater heights

London: Viagra, the blockbuster anti-impotence drug, could help men scale ever greater heights.

Scientists at Hammersmith Hospital in west London have shown that the drug that gives a lift to flagging sex lives can also help people breathe more easily at high altitudes and on mountaineering expeditions where oxygen levels are low. *(Reuters)*

The Asian Age
29 September 2001

AIDS

Q. What is AIDS?

A. Acquired Immune Deficiency Syndrome (AIDS) is an infection caused by the human immunodeficiency virus (HIV) that slowly impairs and finally destroys the body's immune system (which fights infections), rendering an individual increasingly defenceless against otherwise non-life-threatening infections that can then become fatal.

Q. What is HIV infection?

A. It is the state of being infected with the HIV virus. One may or may not have any symptoms or manifestations of the diseases.

Q. What is the difference between AIDS and HIV?

A. HIV is a virus and AIDS is the group of diseases acquired when the immune system is unable to defend the body against infections. AIDS is an advanced stage of HIV infection.

Q. What is AIDS-related complex?

A. AIDS-related complex is the term used for the stage of HIV infection which is characterized by two or more of the following constitutional signs and symptoms in the absence of a super-added AIDS diagnosing condition:

1. Swelling of lymph nodes.
2. Night sweat.
3. Fatigue.
4. Weight loss of more than 10 per cent of body weight with no underlying cause.
5. Diarrhoea with no demonstrable underlying cause.
6. ENT problems such as chronic sinusitis and post-nasal drip.
7. Oral problems such as gingivitis, oral hairy leucoplakia, aphthous ulcers and oral candidiasis.
8. Skin problems; seborrhoeic dermatitis, impetigo, folliculitis, herpes simplex, molluscous contagiosum, viral warts, psoriasis and xeroderma

Q. Can HIV infection be asymptomatic?

A. Yes, in the early stages of HIV infection, infected individuals look and feel absolutely normal. In the very early stages, even blood investigations may be negative if seroconversion has not yet taken place. However, an individual can still be infective and transmit the infection to others unknowingly. This is a very dangerous stage of the disease from a public health standpoint as both the patient and the victim are unaware of the risk and cannot anticipate it or take protective measures to reduce the risk of transmission. Hence, it is advisable to always take precautions when indulging in behaviour considered high risk. Only in later stages of the disease, when the immune system becomes progressively impaired, do symptoms of illness appear. It is difficult to determine the HIV status of an individual by simply looking at him.

Q. Can HIV infection stay asymptomatic indefinitely, i.e. is it possible for an individual to stay HIV-positive for several years without developing AIDS and finally seroconvert to HIV-negative status?

A. No, Almost all known cases that were diagnosed as HIV-positive eventually did develop AIDS at some point though the intervals between a diagnosis of HIV-positive status and evidence of clinical AIDS were very long in some cases. The time between HIV infection and AIDS can take 2-10 years or even longer. HIV infection should be considered to be eventually fatal, though the course may be prolonged in some cases, until scientific data to the contrary is available.

Q. How is HIV infection transmitted?

A. HIV is transmitted by:

- Unprotected sexual contact (homosexual) and heterosexual contact involving vaginal, anal or oral intercourse, i.e., any exchange of body fluids
- Infected blood or blood products
- Use of contaminated needles or syringes
- Infected mother to the foetus during pregnancy
- Infected mother to the infant via breast milk
- Injections, ear-piercing, tattooing, acupuncture, etc.
- Organ transplants or surgeries
- Infected semen in cases of artificial insemination. Ideally, sperm banks should screen the HIV status of donors

Q. Which are the high-risk groups for HIV infection?

A. The high-risk groups for HIV infection are:

- Male homosexuals.
- Individuals indulging in anal intercourse.
- Commercial sex workers (CSW, prostitutes).
- Promiscuous individuals with multiple sexual partners.
- Individuals who indulge in

Contd...

who share needles.
- People in the health care industry.
- Patients requiring repeated blood transfusion.
- Patients receiving inadequately screened blood from professional donors.
- Hemodialysis and peritoneal dialysis patients.
- Patients undergoing organ transplants.
- Patients undergoing surgical procedures.
- Patients with sexually transmitted diseases (STDs).

Q. What are the patterns of sexual behaviours that increase the risk of HIV infection?

A. The patterns of sexual behaviour that are considered high risk for contracting HIV infection are:
- Male homosexual inter course.
- Bi-sexual intercourse.
- Anal intercourse.
- Sex with multiple partners.
- Sex with commercial sex workers (male, female or child prostitutes).
- Casual sex with strangers whose HIV status is unknown.
- Sexual intercourse with individuals known to be HIV-positive.

For each of the preceding categories the risk increases significantly with unprotected sexual intercourse.

Q. How can sexually active individuals modify patterns of behaviour to reduce the risk of HIV infection?

A. The risk of infection can be reduced by:
- Maintaining sexual relationships with known HIV negative people.
- Maintaining mutually monogamous sexual relationships.
- Always using a condom when indulging in sexual behaviour with strangers (homosexual) or anal intercourse) and with individuals known to be HIV-positive.
- Avoiding sex with commercial sex workers (male or female or child prostitutes).

Q. What is the protective effect of condoms for reducing the risk of transmission of AIDS?

A. Barrier contraceptives such as condoms provide more than 90 per cent protection against transmission of HIV infection and other sexually transmitted diseases. However, awareness about this protective effect of condoms in reducing the transmission of disease, over and above their contraceptive effect, is very poor.

Factors contributing to the transmission of disease, in spite of condom use, are:
- Lack of knowledge of proper method of use.
- Inability to use it at the right time.

If used properly, condoms provide 99.9 per cent protection against the risk of transmission of HIV infection.

Condoms coated with spermicidal agents such as nonoxynol-9 may offer additional protection due to its viricidal effects. Even a single unprotected intercourse can put you at risk of HIV infection. Ideally, it is best to have a mutually faithful sexual partner. If not, it is best to use a condom.

In India, almost 85-90 per cent of all HIV infections are transmitted through unprotected sexual intercourse. If condoms become more popular, this would not only reduce the incidence of new HIV infection, but would also be beneficial in reducing all other sexually transmitted diseases. Further, in countries like India or China, the popular use of condoms for any reason would also directly help from a populated control standpoint.

The preceding data refers to the use of male condoms. Female condoms have been developed a few years ago, though they have failed to achieve popularity. However, it is likely that the preceding statistics would also hold true for female condoms.

Youth Vision
15 August 2001

Taking HIV to court

The decision on how to treat people with HIV infection has never been a simple clinical matter alone. From the beginning of this epidemic each new treatment has been scrutinised, and criticised, as never before, by scientists, doctors, and people with AIDS. The litany of accusations is long: not making new medications available quickly enough; use of drugs without adequate safety testing; drugs being too expensive; and pharmaceutical companies keeping a monopoly on the production of drugs. Increasingly, dissatisfied individuals and groups are resorting to legal action. Two cases currently underway in South Africa illustrate the extremes of opinion.

The first case has been brought by a coalition of groups: the Treatment Action Campaign, an organisation that lobbies for affordable treatment for people with HIV infection; Haroon Saloojee, a paediatrician from Johannesburg on behalf of Save Our Babies—a group of paediatricians and maternal and child-health practitioners; and the Children's Rights Centre, which represents children with HIV. Together they have lodged a lawsuit against the South African health minister, Manto Tshabalala-Msimang, and the nine provincial health ministers protesting against the South African Government's management of mother-to-child transmission of HIV. They state that "the continued failure and refusal of the [health ministers] to make Nevirapine generally available in the public sector . . . and to plan and implement a nation-wide comprehensive programme to prevent mother-to-child transmission of HIV, is in conflict with the Constitution and unlawful".

In South Africa approximately 70 000 infections occur by mother-to-child transmission around birth each year. Two drugs, zidovudine and nevirapine, can prevent mother-to-child transmission and the manufacturer of nevirapine, Boehringer Ingelheim, has offered to supply the drug free of charge to governments for 5 years. However, the South African government says more studies are needed, and it has limited the use of nevirapine in the public sector to a few study sites. But in the private sector in South Africa doctors can, and do, prescribe nevirapine if indicated. The health minister justifies this situation by saying that the government has concerns about resistance to nevirapine, that despite using nevirapine transmission to the child can occur with breastfeeding, and that it is only appropriate to prescribe nevirapine in the setting of an overall plan for the care of women with HIV. The government is also known to be worried about the toxicity of anti-retroviral drugs. None of these reasons justifies the government's position. As the coalition states in their affidavit: "whether or not to prescribe Nevirapine is a matter of professional medical judgment . . . it is not a matter which is capable of rational or appropriate decision on a blanket basis." They accept the urgent need for an overall plan for the care of women with HIV, but waiting until this is in place will cause many children to be infected.

The second case, which echoes the concerns of the government over drug toxicity, is that being brought by Annet Hayman against Glaxo Wellcome SA, the importers of zidovudine. Her husband died in 1998 after having being diagnosed with HIV in 1997 and treated with zidovudine and lamivudine. He was apparently well before treatment. His widow claims in court papers served on the company that he "died as a direct result of the cellular toxicity of AZT [zidovudine]". The court papers give a detailed rationale that alleges that zidovudine "has no proven anti-HIV effects in vivo countervailing against its proven profound cellular toxicity for patients taking it". This case is not the first of such lawsuits alleging that people with HIV have died because of the treatment, not the HIV; a previous UK case was withdrawn before it came to court.

These cases tell us something interesting about the politics of HIV. This disease is a tragedy for every family that it affects, but in Africa there is no time to indulge the luxury of wondering about the side-effects of anti-retrovirals. HIV does not discriminate in who it kills. By refusing to allow doctors in the public sector the freedom to prescribe drugs to prevent mother-to-child transmission, the government of Thabo Mbeki is discriminating against African men, women, and children who rely on public care. Had this happened under apartheid governments they would—rightly—have been horrified. AIDS is already wiping out one generation of South Africans; if the government does not act quickly, another generation will be lost.

The Lancet
01 September 2001

Confession time

BEIJING

"A very serious epidemic"

AFTER failing for months, if not years, to come publicly to grips with a fast-growing problem of HIV and AIDS, Chinese health officials on August 23rd pulled their heads out of the sand, at least partially. Talking to reporters in Beijing, the vice-minister of health, Yin Dakui, acknowledged that China is "facing a very serious epidemic" and admitted that negligence by provincial and local-level officials had contributed to the spread of the disease.

This comes as no news to the health professionals, Chinese and foreign alike, who have been trying for years to study the problem despite official stonewalling. And it certainly is not news to the tens of thousands of people, possibly more, in Henan province who have been infected by selling their blood at $5 a go to shoddy collection centres using shared and unsterilised equipment.

According to Mr Yin, China had 600,000 people infected with HIV, which can lead to AIDS, at the end of last year, but he predicted that the country would meet its goal of keeping the number below 1.5m by 2010. However he also said that the number of infections reported had risen by 67% during the first six months of this year, compared with the same period last year. That trend, together with others, such as a rising percentage of HIV-positive drug users, will make it difficult for China to meet its target, according to other experts.

Singer Sun Yue gives blood safely

A recent report by the United Nations' AIDS office put the number of HIV sufferers in China at over 1m at the end of 2000, and predicted, far more gloomily, that the country might by 2010 have 20m victims to deal with. However overdue it may be, the high-level official attention given to the matter marks a vital turning point in China's struggle to deal with not only the spread of HIV, but also the interference of provincial officials in Henan, one of the country's hardest-hit areas.

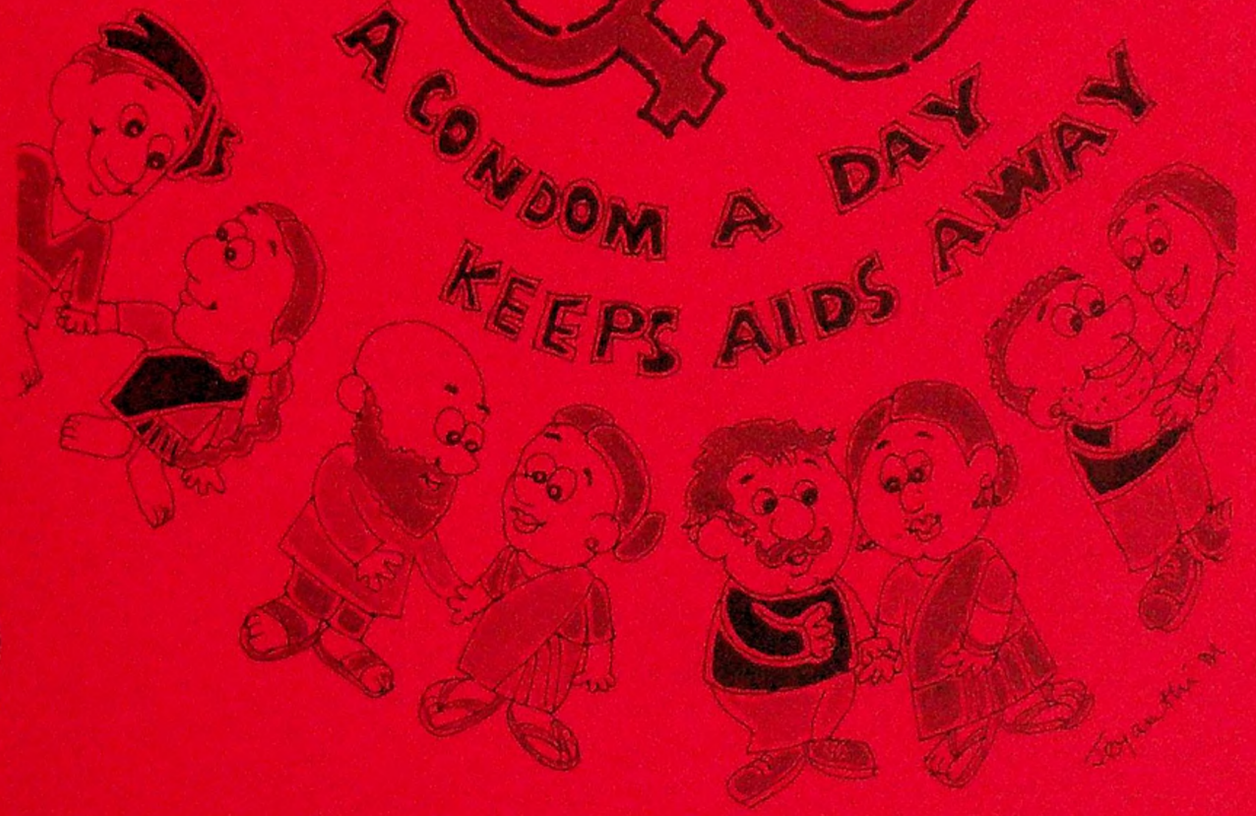
Beginning in the late 1980s, several rural counties in Henan had turned blood collection into something of an industry. Lacking other sources of income, many residents sold blood on a regular basis to government or army-run collection stations that failed to follow basic guidelines for sterilisation. As the virus spread, local officials tried to cover up the problem. Journalists and central-government investigators were kept out, and sometimes threatened with violence if they persisted. Community workers and AIDS sufferers who tried to get outside help ended up earning much attention from the police, and little from health agencies.

Attention now from Beijing will not include enough money to pay for the expensive life-prolonging medications that are available, but Mr Yin announced a plan to spend $23m on education programmes and on efforts to clean up the nation's blood-collection system. ■

The Economist
01 September 2001

Q+Q

A CONDOM A DAY KEEPS AIDS AWAY



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