News You Can Use HIV/AIDS

December - 2001

For Private Circulation Only

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

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

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

This publication is supported by PLAN International and Madhyam.

PLAN INTERNATIONAL

MADHYAM

This edition has been compiled from

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

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cdl

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EDITORIAL

Lets Beat AIDS Together

PLAN International is a humanitarian, child focused development organisation without religious, political or governmental affiliation. PLAN's vision is of a world in which all children realise their full potential in societies, which respect people's rights and dignities. PLAN works in five critical interrelated areas called Domains that most impact a child's all-round growth. These are – Growing up Healthy, Learning, Habitat, Livelihood and Building Relationships

While PLAN focuses on maternal and child health programs, the 'Growing Up Healthy Domain' also emphasises on HIV/AIDS. PLAN is working in partnership with 14 NGOs in the rural and urban areas across the country. One such initiative on Awareness Building on HIV/AIDS has been undertaken in partnership with Madhyam, a Bangalore based development communication organisation.

The programme is in the form of a mass campaign and seeks to influence and sensitise the general population in Karnataka on the HIV/AIDS pandemic. Looking at the gravity of the situation, a two pronged strategy has been adopted:

- Urban communications campaign through mainstream media like press, outdoor publicity, TV spot, radio etc. Specific programmes include sensitizing slum dwellers, targeting student groups, street children and adolescents.
- Rural communications campaign through street theatre and fairs comprising a mix of education and entertainment.

The activities undertaken are:

Outdoor Publicity

Advertisement through colourful hoardings with sensitive messages have been erected to catch the attention of passerby's, on the importance of protection in HIV/AIDS.

Bus Hoardings have been used to display information on different modes of HIV transmission and highlight the AIDS services. Messages on protection have been displayed behind bus seats on 15 buses in Bangalore. This new medium of communication promises high visibility and mobility whereby thousands of people are able to imbibe the message every day. Autoboards with similar messages have been displayed on autos in Kannada and in English across the city.

Electronic Media

The Commercial Broadcasting Service Station of the All India Radio aired messages on HIV/AIDS protection with the AIDS Forum Karnataka (AFK) helpline number. In the second phase, the message was changed to include a popular Kannada folk song. Prevention and protective messages on HIV/AIDS were integrated in the announcements on Radiocity, a Bangalore city based FM channel. A TV Spot of 1 min 30 sec duration features a popular Kannada Actor speaks of protection from HIV/AIDS. It also announces the AFK helpline number. Doordarshan, Siti Channel, Anjali Cable, TMG and USN cable network are some channels airing these spots. In the website www.madhyam.org issues related to HIV/AIDS occupies 10 pages. It covers vote poll, Activities, Services, Campus Initiative, Resources, AIDS Blackboard and FAQ's. A hotline service has been set up at Bangalore Medical Services Trust (BMST) and all the campaign highlights the phone number of this service.

Print Media

Free space in 60 newspapers in 23 districts of Karnataka has been received for publishing an AIDS story *'Re Ondhnimisha'* (ExcuseMe, One Minute) in Kannada every month. A journal titled "AIDS: Men make a Difference" was coordinated, designed and produced with 13 articles from experts in different areas of HIV/AIDS related work. 1200 copies were printed and distributed by Madhyam.

Tech Mail, an IT newspaper by Technology Media Group, Bangalore carried advertisements on AIDS awareness. A sticker with an AIDS message designed, produced and printed in English was distributed at stores across the city. To publicise and promote the use of the helpline, all incoming letters to Bangalore have HIV/AIDS messages stamped on it.

Plays and events

Street Shows are instrumental in raising general awareness in creating an environment where intervention for behavior change can yield desired results. A questionnaire was administered to 25 people before and after the show to get an opinion of the level of HIV/AIDS awareness. A play on HIV/AIDS was performed in the City Central Jail during the occasion of 134th year of the jail. An exhibition in collaboration with various NGOs was also held. A musical event titled ' War of the DJs,' targeting young people was organised with a view to integrate AIDS awareness and sensitisation messages.

CDL Collaboration

Madhyam and CDL are collaborating to publish 'News You Can Use – HIV/AIDS' which is compiled and produced by CDL. News You Can Use – HIV/AIDS is a journal aimed at disseminating news and information to NGOs and persons working with the issue of HIV/AIDS.

Under the new international legal regime i.e. Trade Related Aspects of Intellectual Property Rights (TRIPS), by 2005 India will have to recognise the monopolistic rights of foreign pharmaceutical companies over the manufacture of any new medicine invented after 1995. Drugs may be sold at unaffordable and highly inflated price, and drug access may become impossible. Lawyers Collective HIV/AIDS Unit organised city meetings to raise public awareness about the issue in Bombay and Delhi. NGOs working in the field of health in general and HIV/AIDS in particular, doctors, lawyers, people living with HIV/AIDS, students and others were brought together at a common platform.

Each of these attempts is directed at reaching a large number of people with public service messages. It also serves to give visibility to PLAN International whose name is associated with every message.

There has been no empirical research to understand behavioral change in HIV/AIDS, as no yardsticks exists to measure both attitudinal and behavioral change. However with such a wide range of communication tools, it is hoped that PLAN's role in spreading the message of HIV/AIDS awareness will have impact.

Sandhya Nair
PLAN International

Dec 2001.

TABLE OF CONTENTS

DECEMBER - 2001

Death to the girl child!

HOW much does a girl cost a middle-class household? Perhaps a couple of lakhs of rupees, taking into account her marriage ad dowry. How much does it cost to kill a girl at birth? A couple of hundred rupees. So which is a better preposition?

For an answer to that, one you would have to see *Atmajaa*, a stunning telefilm on the girl child that underlines the fact that of a multitude of evils prevalent in society, the most revolting is female foeticide, the singular cause for the alarming drop in the country's sex ratio that stands at 927 females per 1,000 males.

Atmajaa, based on an Oriya poem on the girl child and directed by Nilamadhab Panda, has been given the format of a soap opera so that it does not look like a propaganda film. It discusses the serious issue of aborting the female foetus as a girl. In many parts of the country a girl is considered a perennial expense with no returns. It is believed that her soul can achieve salvation only if a male performs the last rites and she never comes back in the form of a female.

Atmajaa: born from the soul

Such abominable views and beliefs are particularly prevalent in some parts of Haryana, Punjab and Rajasthan, where the social structure is based on the patriarchal system and women have very little role to play except look after the household and produce babies, and male ones at that.

So how does a woman keep producing male children? The answer is simple. A pregnant woman undergoes a sex determination test and if the child she's carrying happens to be a female the next logical step is abortion. Which explains the reasons for the extremely low sex ratio in these states. Punjab has 793 females per thousand males, Haryana has 820 while Rajasthan has 831 girls for every 1,000 boys.

Though the government has passed stringent laws to curb this practice, success still eludes them. After an Act of Parliament that bans sex-determination tests and prescribes strict action against those clinics and doctors who indulge in this crime, the government is now planning to bring a new law which will have more stringent provisions against offending doctors as well as ban sperm manipulation which is another way of having a boy.

However, the problem does not persist among the poor and illiterate alone, but has its untroubled adherents among the rich and educated for whom a boy is a gift from heaven and a girl, a curse. Contributing to the crime are doctors who conduct sex-determination tests illegally and, under the garb of genuine abortions, undertake selective killing of female foetuses.

Atmajaa is a powerful tale revolving around Dr Suranya Kumar, the independent and outgoing daughter of a rich Munjal family. She is also the government appointed 'appropriate authority' to check sex-determination tests in her city, a task which she does with missionary zeal.

The film tries to understand the reasons why both educated people as well as the underprivileged sections of society continue to prefer boys to girls. Ruchi, the sister-in-law of Dr Suranya Kumar, gets pregnant around the same time as her maid Urmila. Both are forced by the male members of their family to undergo sex determination tests.

When it is found that both of them have female babies, their families force them to go for abortion. But the timely intervention of Dr Kumar helps avoid the killing of two girls still in their respective mothers' wombs.

There are no clearly defined villains in the film and everybody gets redeemed except for the unscrupulous doctor, a pillar of society who continues to misuse technology for snuffing out lives.

The film consciously takes a cue from mainstream entertainment, using the rhetoric of popular soap operas. This has been done to present hard-hitting matter in a palatable form in order to have a broad mass appeal.

Says director, Nilamadhab Panda, "The format of a soap opera has been adopted to increase the appeal of the film. We did not want anyone to think that we were making a propaganda film".

The powerful film has already been aired on Doordarshan's National Network. The producers are now approaching private channels that have a large presence in north India. Already Tara Punjabi and Alpha Punjabi have shown interest. Made on a shoestring budget of mere Rs 10 lakh, the film has been funded by PLAN India, an international NGO working in the field of women and child welfare in addition to the Ministry of Health and Family Welfare.

Though *Atmajaa* may be a small-budget film, it carries a very relevant message and in no maner looks less in presentation or content than any of the soap operas that are being aired on TV. It has the punch to create awareness about the prevalence of female foeticide.

As Union Minister for Health and Family Welfare Dr CP Thakur who was present at the special screening of the film, put it, "Female foeticide is a not a single evil, it is a combination of many factors like dowry, girl's education and family system. Only a sustained awareness campaigns along with strict legal measures can root out this evil from Indian society. *Atmajaa* is a step in the right direction".

Gyan Marwah
The Statesman
01 December 2001

Aurobindo eyes 50% mkt share in anti-HIV products

Our Hyderabad Bureau
30 NOVEMBER

THE RS 1,000-crore Aurobindo Pharma, which has forayed into the AIDS segment by launching anti-HIV products in May this year, has ambitious plans to corner 50 per cent of the anti-HIV products market, which is currently dominated by pharma major Cipla.

The company, which has so far launched 10 of its 'options' in the anti-HIV segment, is contemplating to launch four more in a phased manner during the year 2002, according to Mr S Hariharan, vice-president of Aurobindo.

"We would eventually launch Sequonavir, Ritonavir, Delaviradine, and Abacavari," Mr Hariharan said. Over the last seven months, Aurobindo has marketed Rs 2 crore worth of anti-HIV products. "But we have plans to corner 50 per cent of the market share," he said. The country-wide market size is presently estimated at Rs 25 crore.

Aurobindo is looking at states like Maharashtra, Gujarat, Karnataka, Tamil Nadu, and Andhra Pradesh, he said. "We would look at Kerala, West Bengal, and Punjab in the second phase," he said.

The company, which manufactures almost all the varieties of anti-HIV drugs in the bulk category, made a foray into the formulations segment with the launch of Imunus division in May this year. Imunus is a separate formulation division for antiretrovirals, he said. Exports from this segment alone, in the bulk category, was to the tune of Rs 100 crore during the last fiscal year ended March 2000.

"We were prompted to get into domestic formulations, as we are confident of giving other companies a run for their money. We have priced our products at least 15 per cent less than that of the competitors prices," Mr Hariharan said. "We are committed to offer wider and economical product options for treatment of AIDS. Imunus division is working in tandem with GOs and NGOs to increase awareness and motivate AIDS patients to take treatment, he said

The Economic Times
01 December 2001

Gribbles, DRL to open labs

Shalini Singh
NEW DELHI 30 NOVEMBER

THE $220-million Gribbles Group, one of the largest private pathology firms in Australia, has entered a 51:49 joint venture with Dr Reddy's Laboratories to open a chain of 28 laboratories with a network of 300 collection centres in different cities across India.

Pathnet India, the joint venture firm, intends to be India's largest private pathology operator within 4 years.

Radio City to help nail a killer

RADIO CITY FM 91, Bangalore's and India's first FM private station, will mark International AIDS Day on Saturday with a range of programmes aimed at spreading awareness about the killer scourge.

Popular RJ Vera Mascarenhas talks to Dr. K.S. Satish, consultant at Wockhardt Hospital and Heart Institute, between 8 a.m. and noon. Dr. Satish is Advisor to NACO India, set up by the President for the treatment of HIV/AIDS, and is also Advisor- Consultant to the Karnataka AIDS Forum.

This will be followed by an interview with Ashok Rau, co-founder of the Freedom Foundation (which has been dealing compassionately with HIV/AIDS afflicted as well as substance addicts) on RJ Gita Modgil's show between noon and 3 p.m. Apart from being recognised by NACO as a model care-and-support unit, Freedom Foundation has also been declared by UNAIDS as the "best practice in care and support for HIV/AIDS".

Further, Radio City will air short periodic capsules on the myths and fallacies associated with the syndrome, along with messages from celebrities from various walks of life, to raise the awareness level among Bangaloreans. Especially the young who are most vulnerable.

Sonali Thakker, Head and Vice-President, Radio City Station, says: "As a prominent media entity, we would like to use our ability to reach out to people not only to entertain but also to educate and inform them about this deadly epidemic. Today, AIDS is a global concern, and there is an urgent need to address issues pertaining to its prevention, care and support of the afflicted, and reduce the social stigma associated with it. The need of the hour is collective response. We see this as an important part of our mandate as an infotainment medium."

Before we forget, the Police Commissioner, H.T. Sangliana, will be interviewed on Suresh Venkat's Super Sunday show from 4 p.m. to 7 p.m.

By K. Satyamurty

The Hindu
01 December 2001

Anti-AIDS campaign to focus on men: WHO

Manila, Nov. 30: The World Health Organisation said on Friday that anti-AIDS campaign in Asia and the Pacific must focus on men, who account for at least 80 per cent of all infections in the region, to help contain the epidemic.

"Men are driving the AIDS epidemic in Asia and the Pacific," who said in a statement on the eve of world AIDS day. "Everywhere in the region, men's sexual behaviour and habits have determined the epidemic's course and extent. It is from men that the virus spreads to women, their wives and partners, and then to children," it added. WHO noted that more men than women engage in high-risk behaviour that leads to infection with HIV, which causes AIDS, such as having multiple sex partners and illegal drugs abuse.

"Men need to be part of the solution, not just part of the problem," said Mr Shigeru Omi, director of WHO's western Pacific region. "It is men who can change the direction of the epidemic."

Mr Omi cited statistics showing that more than 92 per cent of those infected with HIV in Australia, New Zealand and the eastern Pacific area are men. In much of Asia, there are often three times as many men infected than women. Another key factor in the region's epidemic is illegal drugs injection — a largely male habit — which is the "major route of HIV transmission in Malaysia, Nepal, Vietnam and Yunnan." *(DPA)*

The Asian Age
01 December 2001

Campaign for affordable medicines for Aids

By Michael Patrao
DH News Service

BANGALORE, Nov 30

On the occasion of World Aids Day on December 1, a group of individuals and organisations have come together to launch a nationwide campaign for making available affordable medicines and treatment for all.

In Bangalore the campaign will be launched by Freedom Foundation and Samraksha, NGOs engaged in the field of Hiv/Aids, Alternative Law Forum and Karnataka Network of Positive People (KNP+), at Vidhana Soudha during a Aids rally at 3 pm.

This campaign plans to lay special emphasis on access to Hiv/Aids medicines for opportunistic infections (OIs) and Anti-Retroviral Therapy-(ART). People with Hiv/Aids can prolong their lives with the help of these medicines, which are already very expensive (minimum of Rs 1,800 per month for ART). New medicines for the treatment of HIV/AIDS are going to be even more expensive.

According to Mr Ashok K Rau, co-founder of Freedom Foundation, Bangalore-based NGO engaged in the area of Hiv/Aids if we do not stand up against Trade Related Intellectual Property (Trips) now, many more lives will be lost to this epidemic.

Indian law will soon undergo change because India is a signatory to the international agreement on Trips. This change will have a huge impact on the Indian patent law, which protects the invention of new products.

The 'process patent' system used in India so far will be replaced by a more restrictive 'product patent' system. Foreign pharmaceutical companies will have sole rights to determine the production, distribution and pricing and, therefore, availability of new medicines. It is feared that such a situation will raise the prices of new medicines to amounts that are unaffordable to most Indians, he said.

Mr Rau says that the campaign is launched since the Indian government has not responded to this urgent issue.

More and more people are getting affected or are dying and the government has to take a proactive stand, he adds.

Elsewhere in the country many individuals and organisations working in the areas of Hiv/Aids will campaign for affordable medicines.

They include Delhi Network of Positive People, Lawyers Collective Hiv/Aids unit (Delhi), Manipur Network of People Living with Hiv/Aids, Care Foundation (Manipur), Maharashtra Network of Positive People (MNP+), Mumbai, Network of Maharashtra for Positive People (Pune), Positive People Goa, Indian Network of Positive People (Chennai).

Mr Rau says that the prevention activity of the Government doesn't seem to make a major impact as more people are testing positive with a conservative official estimate of four million people in the country and nearly 10,000 reported cases in Karnataka. These figures, however, are a gross underestimate and the figure could be as high as eight to 10 million positive people in the country, he adds.

He says in Karnataka, Udupi and Mangalore are emerging as centres were highest incidence of HIV positive cases are reported. Until recently Bellary, where Freedom Foundation has set up a centre, reported the highest incidence.

As many as 412 people have reported positive in Udupi and Mangalore area, but the actual figures could be as high as 1,000. The Foundation is planning to set up an Hiv/Aids treatment centre very soon.

Deccan Herald
01 December 2001

3.5 lakh HIV cases in State: Minister

FROM OUR BUREAU

Deccan Chronicle
01 December 2001

Hyderabad, Nov. 30: Health Minister N Janardhan Reddy on Friday said the State had 3.5 lakh suspected HIV positive cases.

Speaking to mediapersons, he said Guntur, East Godavari, Anantapur and Chittoor had a large number of HIV positive cases compared to other districts of the State.

"According to a survey conducted recently by an independent agency, the four districts account for majority of HIV positive cases. We have increased surveillance in these districts," he said.

The State government will observe the World AIDS Day at Ravindra Bharati on Saturday at 5.30 pm. A rally would be taken out from Nizam College grounds to Ravindra Bharati, Reddy said.

Cost-effective medicines for HIV patients

FROM OUR BUREAU

Hyderabad, Nov. 30: Aurobindo Pharma, a growing pharma company in the country, has introduced Stavex 30 L and Stavex 30 LN, a cost-effective fixed dose combination medicines for HIV positive patients. Announcing the launch of the two medicines, Imunus vice-president S Hariharan the monthly dose of Stavex 30 L comprising 60 tablets was priced at Rs 8,00. The price of monthly dose of Stavex 30 LN is Rs 1,500.

Deccan Chronicle
01 December 2001

The New Indian Express
01 December 2001

AIDS picture black and bleak in Gujarat

EXPRESS NEWS SERVICE

Ahmedabad, Nov 30: On the eve of World AIDS Day, there can't be more frightening statistics. The first case of AIDS was detected in Gujarat in 1986. Fifteen years down the line, the number has multiplied to 1,600.

Want to hear more? In just one year (1999-2000), the number of HIV-infected cases doubled – from 176 to 350. Nine months later, the number touched 493 – an addition of 150 cases.

This was revealed by the Gujarat State AIDS Control Society, a Gujarat Government undertaking, which has been working on HIV and AIDS in all districts of the State since several years.

As far as the district-wise break-up goes, Ahmedabad leads the list – 483 cases till September-2001. After Ahmedabad, come Surat with 226 cases and Rajkot with 113 cases. Ninety-six cases have been detected in Jamnagar while Vadodara has 86 cases HIV-infected cases.

Interestingly, Gandhinagar has only one case till date while the Dangs has two. Junagadh has 79, Kheda 62, Mehsana 47, Kutch 46, Bharuch has 42, Sabarkantha has 38 and Amreli has 37 HIV-infected cases, the statistics reveal.

Focus on the role of men

"I care...Do you?"

Is the slogan for the second year of a two-year campaign intended to create a sustained focus on the role of men in the AIDS epidemic. This slogan was chosen since it is capable of encapsulating discussions about the role of leaders and the needs of young men while being broad enough to discuss other issues relevant to prevention and care to both genders and to different age groups. The new campaign aims to involve men, particularly young men, more fully in the effort against AIDS, to bring about a much-needed focus on men in national responses to the epidemic and to involve leaders both as politicians and in their personal lives in the response to the HIV epidemic.

All over the world, women find themselves at a special risk of HIV infection because of their lack of power to determine where, when and how sex takes place. What is less recognised, however, is that the cultural beliefs and expectations that make this the case also heighten men's own vulnerability. HIV infections and AIDS deaths outnumber those in women on every continent except sub-Saharan Africa. Young men are more at risk than older ones: about one in four people with HIV is a young man under the age of 25.

Part of the effort to curb the AIDS epidemic must include challenging harmful concepts of masculinity and changing many commonly-held attitudes including the way men view risk and how boys are socialised to become men. Broadly speaking, men are expected to be physically strong, emotionally robust, daring and virile. Some of these expectations translate into ways of thinking and behaving that endanger the health and well-being of men and their sex partners. Other behaviours and attitudes on the contrary represent valuable potential that can be tapped by AIDS programmes.

Focussing the campaign on men also acknowledges the fact that men are often less likely to seek health care than women. Except in a handful of countries, men have a lower life expectancy at birth and higher death rates during adulthood than women. But boys who are brought up to believe that "real men don't get sick" often see themselves as invulnerable to illness or risk. This is reflected in the under-use of health services by men. Greater attention must be given to the health needs of men including those living with HIV and AIDS.

There are sound reasons why men should become more fully involved in the fight against AIDS. All over the world, men tend to have more sex partners than women including more extra-marital partners, thereby increasing their own and their primary partners' risk of contacting HIV. Over 7 per cent of HIV infections worldwide occur through sex between men and women and a further 10 per cent through sex between men. Another 5 per cent or so take place among people who inject drugs, four-fifths of whom are men. Secrecy, stigma and shame surrounding HIV compound the effects of all these risk behaviours. The stigma surrounding HIV may prevent many men and women from acknowledging that they have become infected.

A number of special circumstances place men at particularly high risk of contracting HIV. Men who migrate for work and live away from their families may pay for sex and use substances, particularly alcohol, as a way to cope with the stress and loneliness of living away from home.

Male violence further drives the spread of HIV -- through wars and the migration they cause, as well as through forced sex. Millions of men a year are sexually violent towards women, girls, and other men, sometimes in their own family or household. UNICEF released a report in 2000 stating that worldwide at least one in three women has been beaten, coerced into sex or otherwise abused in her lifetime.

Part of our task is to convince leaders to speak out as a friend, parent and concerned world citizen. The World AIDS Campaign focusing on men offers an opportunity for world leaders to renew their commitment to HIV/AIDS. It provides a platform to voice concerns on the rapid spread of the epidemic and the need for unified action. It also gives world leaders the opportunity not just to speak in their official capacity but also to use their personal equity and reputation to support HIV prevention and care for those infected. All this does not mean an end to prevention programes for women and girls. Rather, the campaign aims to complement such programmes. Work that enhances gender awareness and sensitivity should focus on the needs of both sexes. The campaign is designed to provide material for national and organisations to create their own campaign based on "I care....Do you?" while responding to local priorities.

For more information on the World AIDS campaign please contact: Andrew Doupe, World AIDS Campaign Coordinator, UNAIDS, Geneva. You may also visit the UNAIDS Home Page on the Internet for more information (http://www.unaids.org)

The New Indian Express
01 December 2001

GSK to cut prices of 2 AIDS drugs in S Africa

Johannesburg: Europe's biggest drugmaker GlaxoSmithKline (GSK) will slash 20 per cent off the price of two key antiretroviral AIDS drugs in South Africa from next year, the company said on Friday. The discount on its 3TC (lamivudine) and Combivir, a combination of lamivudine and zidovudine, drugs was announced to mark World AIDS Day on Saturday, in a country which has five million people estimated to be living with the deadly disease. Under GSK's latest price offer, a month's treatment of Combivir would fall to 800 rand ($77.22) from 1,000 rand. The price of the leading AZT treatment will remain unchanged at around 650 rand for a month's treatment. The price reduction is the latest in a series of offers by the world's biggest drug firms in an attempt to make AIDS drugs more affordable in Africa, where more than 28 million people are living with the disease.

The Economic Times
01 December 2001

AIDS in the workplace! Indian cos waking up

Vikram Doctor
MUMBAI 30 NOVEMBER

"We don't have AIDS in our company." "We have never thought about this issue." These are just a sample of responses from companies contacted by ET to check their policies on employees with HIV/AIDS.

Now consider Ms Mati Ahluwalia, manager, welfare, of Mahindra & Mahindra (M&M). "Of course we have employees who are HIV positive," she says as a matter of fact. "My estimate would put them at around 5 per cent of our workforce." Nor is this anything particularly recent. The company has been aware of cases since 1995. Then, as now, the company got to know when employees went to hospitals for treatment. "We have a strict policy of not requiring HIV tests as a precondition for requirement," says Mrs Ahluwalia. "But the hospital has a policy of requiring tests when someone goes there for treatment and that is when they get to know."

When those first cases were detected, the company was quick to respond with a policy and an awareness programme.

Today when a worker tests HIV positive, a set procedure is immediately invoked. "First of all we ensure complete confidentiality," says Mrs Ahluwalia. "The doctors have even been told not to write the fact on the patient's case sheet. They inform our medical officer here, who informs me personally. No one else gets to know."

The employee is offered counselling and, assuming they are fully able to come back to work, they are put back on the job with no change. "As long as the employees can perform their jobs, their HIV positive status will not be an issue," says Mrs Ahluwalia. As of now she says the company has at least six cases of employees who are HIV positive who have been working satisfactorily for the last 4 to 5 years. She adds that the company's efforts at awareness and support are not limited to just factory employees. The company has had cases among white collar workers as well. "Again, we would only get to know about it if its reported to us from the hospital, but we have had two cases," she says. The company extends its awareness creation and support services to the managerial level as well.

The extent of HIV/AIDS in India is a subject of intense debate. Current figures put the number of cases of people living with HIV/AIDS between the three million to four million range. NGOs accuse the Indian government of under estimating cases, the government accuses NGOs of over estimating them. It is an issue.

Yet, the response from Indian business has been mixed. The good news of sorts is that companies like M&M seem to be increasing. Along with M&M, several other top Indian companies like Larsen & Toubro (L&T), Telco, TISCO, Bajaj Auto, Glaxo and SAIL have all set, or are in the process of setting out clear policies on HIV/AIDS in the workplace. L&T was one of the first companies to get involved, starting as far back as 1985. Using this early expertise, its personnel department was also one of the first to start spreading the message outside the company.

Telco, which also first detected positive employees in 1995, and subsequently instituted a company programme, has now taken up the task of spreading the message to a population that is both particularly vulnerable and also important to the company — the truck drivers. Modicare, the network marketer, is using the company's own structure to spread HIV/AIDS awareness. It is looking at spreading awareness first among the seven lakh consultants who make up its network, and using volunteers among them to spread awareness among the communities they come from.

Several multinational companies have also taken steps to address HIV/AIDS issues among their employees. Both MTV and Levi Strauss, which have strong corporate commitments to spreading HIV/AIDS awareness among the young consumers who are their primary target market, have also formulated policies for their employees. These essentially lay down commitments to non-discrimination of HIV positive employees, guaranteeing them confidentiality and normal career paths as long as they are able to carry out their work normally. "The exact policies may differ somewhat between countries depending on local customs, but the overall commitment to non discrimination is constant," says Ms Kalai Natarajan, corporate communications manager, Levi Strauss Asia-Pacific.

The Confederation of Indian Industry (CII) has also set down guidelines for Indian industry on HIV/AIDS and Dr Sandhya Bhalla, consultant to CII, is confidant that the members are following this policy. "There is definitely awareness on this issue and efforts are being made," she says, although she admits that not everyone has written policies on HIV/AIDS. "About 50% of our members have not set out such clear policies and our current aim is to get them to do so," she says. In persuading companies to take HIV/AIDS seriously, Dr Bhalla says her pitch is simple. "HIV is one disease that attacks workers when they are at their most productive age," she says.

Because the disease is mainly being spread in India through sexual transmission the most likely targets are young men, who contract it and pass it on to their wives. "We talk about the loss of skilled workers and the economic impact this has," she says.

There are no clear figures for HIV/AIDS in the workplace, but organisations like the International Labour Organisation (ILO) suggest that based on international trends these will not be small. "As ILO India Project has begun just a few months ago, we do not have India specific data at the moment," says Mr S M Afsar, ILO's national project co-ordinator in India on their Prevention of HIV/AIDS in the World Of Work project. The ILO estimates that at least 23 million workers in prime labour force (15-49 years) are living with HIV/AIDS. It is estimated that the size of labour force in high HIV prevalence countries will be between 10 to 30% smaller by 2020 than it would have been without AIDS. ILO studies in several sub-Saharan African countries indicate that HIV/AIDs may reduce the rate of economic growth by as much as 25% over a 20 year period.

Similar trends may be developing in India. "The fact that a majority of reported AIDS cases (89%) are in the age group of 15-44 years shows the threat that HIV/AIDS poses to the most productive segment of the society, the working class," says Mr Afsar. In addition he says 14 million children will have lost one or both parents to AIDS and many of them will be forced out of school on to the job market, exacerbating the problem of child labour.

But the threat of the epidemic spreading is just part of the problem HIV/AIDS poses for companies. Companies are faced not just with the issue of employees being infected, but with how to reintegrate them into the workforce if they are able.

M&M, for instance, has a policy that is able to deal with that situation. But the problem with HIV/AIDS is that the issues never stop. At M&M for example, the company now faces the question of treatment. The company currently picks up the cost of treatment for all the usual opportunistic infections that HIV positive people become vulnerable to.

The Economic Times
01 December 2001

Concern over rise in Sikkim AIDS cases

STATESMAN NEWS SERVICE

GANGTOK, Dec. 1. – There's a growing concern among health department officials here over the detection of eight HIV positive cases in the state since 1998.

There were no reports of such cases in the entire state till 1996. In 1998, the figure was seven. Sikkim now has a record of 15 HIV positive cases with four of them of full-blown proportions.

An AIDS cell of the health department had been set up in 1992 and till four years later no HIV positive cases were detected. It was only after 1996 that the first HIV positive case was detected.

Dr R L Sharma, project director of the State AIDS Project Society, said that Sikkim's close proximity to north Bengal, specially Siliguri, home to a flourishing flesh market, is a major cause of concern.

The Statesman
02 December 2001

Is Karnataka still the model state in combating AIDS?

Times News Network

BANGALORE: Facts and figures surrounding AIDS are always sketchy and depressing. But nothing more saddening than this fact. The National AIDS Control Organisation identified Karnataka as a model state in AIDS care, in fact an example to be followed world over in 2000. But a year down the line, on Dec. 1, 2001, Karnataka is looking at others to learn how to grapple with the HIV problem.

The lack of proper count on the number of AIDS cases in the state (reported or otherwise), inadequate number of testing centres and the lack of a proper national or state policy to co-ordinate the sparse efforts in the direction is the gist of the problem.

Consider the following:

Number of HIV-positive cases in Karnataka: Last year it was 4,000, this year it is 9,029. A more than 100 per cent increase. But the figures are not to be believed. It is only a central agency that is entitled to surveillance of figures, and this organisation has not collected cases from a world-renowned organisation called Freedom Foundation, which itself had 5,000 reported cases. At the state level, statistics are collected from state government hospitals like Victoria, Bowring and Lady Curzon, KC General Hospital and Nimhans. There is no statistics relating to the growing number of children being inflicted with the virus, however.

Number of voluntary organisations working with AIDS victims: Unofficial numbers say that 26 NGOs in the state work for this cause. But some among these could have closed shop for lack of funds to support the function for which they started work. Others have shifted to other issues like the cause of women and children, for instance.

Treatment: It will take 15 to 20 years of research to get ready for human usage. Vaccine initiatives have been successful in the West. In India and in Karnataka in particular, the anti-retrovial treatment is far from the reach of many because of the high costs involved.

What the state government is doing: It is still working out a strategy to have effective partnership with the voluntary organisations, to cash in on the latter's success stories.

Model state: None so far. Each state is grappling with its own problems. Tamil Nadu, which till recently had made some headway in the direction of treatment and care, is now being questioned on various fronts.

Model country: Brazil, where treatment is made affordable for AIDS victims through government policies.

The message for this World AIDS Day: Treatment Access Campaign. The message emphasises on accessible and affordable treatment for those afflicted.

The Times of India
01 December 2001

Millions face death in Asia

HONG KONG: Asia will mark World AIDS Day on Saturday with cases soaring into the multi-millions and experts warning countries such as China, India and Cambodia are sitting on a time-bomb.

With the virus reaching epidemic proportions, millions more are being plunged into poverty as sufferers are forced to sell their homes and put their children out to work to pay for expensive drugs and treatment.

The AIDS situation is particularly grave in Cambodia, where doctors warn another generation faces being wiped out by the rampant virus.

China's cases are estimated at up to a staggering 1.5 million following the disastrous actions of unlicensed donation centres which spread contaminated blood.

India's problem is even worse, with experts putting the number of infections at anything up to four million. AIDS specialist Dr Nadeem Nag said India was home to 10 per cent of the world's HIV-positive patients. (AFP)

- **The UN has declared AIDS as "the most devastating disease" in human history. And the equally devastating tragedy: Preventive efforts are failing in parts of the developed world.**
- **Asia is not doing enough to promote safe sex, especially among prostitutes and their clients, and among bisexual men.**
- **In Andhra Pradesh, infection rate among pregnant women who attended ante-natal clinics was more than 2 per cent, and the figure was at least one per cent in Karnataka, Maharashtra, Manipur, Nagaland and Chennai.**
- **Seventy-five per cent of those afflicted with AIDS in Singapore cannot afford the drugs; less than 10 per cent affords the optimum treatment.**

The Times of India
01 December 2001

600 infected by AIDS every hour: WHO

By Our Special Correspondent

NEW DELHI, DEC. 1. Every hour almost 600 persons are getting infected by the deadly HIV virus and more than 60 children are dying because of the disease in the world, according to the latest figures released by the WHO on the occasion of the World AIDS Day today.

Given the grim situation, the U.N. agency has decided to focus on men as the medium for fighting the scourge this year and has coined the slogan 'I care....do you?' for a world-wide campaign. The campaign which began today would stress on the need for men to care for themselves as well as their partners and children. It particularly focuses on youngsters and suggests ways and means by which they can prevent the AIDS menace.

The Hindu
02 December 2001

Rajasthan to circulate books on sex in schools

Jaipur, Dec. 1: The Rajasthan government will soon distribute books on sex education in 850 senior secondary schools of the state, minister of state for education Rajendra Singh said on Saturday.

A helpline has already been started for HIV patients in the state. Information about the disease could be received on telephone No. 1097, he said at a function organised by the State AIDS Control Society in Jaipur.

State revenue board chairman Sudhir Verma and the director health services, Mr R. K. Garg, also spoke at the function, organised in the Birla Auditorium.

Street plays and songs were organised in other parts of the city as well to mark the World AIDS Day on Saturday.

Aur tera kya hoga, kaalia — a mock Gabbar Singh asked outside the Albert Hall Museum, adapting a scene from the superhit Hindi film *Sholay*. Kaalia had no hope this time, even a pardon from the sardar was useless, as he had contracted AIDS.

A small crowd had assembled to watch *AIDS: A Truth*, a street-play directed by Mr Amitabh Zibbu for the Jeevan Asha Project of World Vision.

It used images from *Sholay* and stories like Laila-Majnu and Bikram-Betal to spread the message of AIDS prevention. *(UNI)*

The Asian Age
02 December 2001

Nigeria defends Indian AIDS drugs

LAGOS, DEC. 1. The Nigerian Government today rose in defence of cheap generic AIDS drugs imported from India, saying that they had the same quality as the branded ones.

"India is advanced in the manufacture of quality drugs and is technically far advanced in the field," said Sani Gwarzo, the coordinator of Nigeria's AIDS programme. "We are buying these AIDS drugs but (they) have the same quality as those with branded names," Sani Gwarzo said in a phone-in programme on Radio Nigeria to mark World AIDS Day. — AFP

The Hindu
02 December 2001

AIDS Day: Where does the buck stop? NGOs, Govt shrug

By M Radhika

Bangalore, Nov 30

THE world celebrates the AIDS Day on Saturday. And, true to form, the City's various agencies concerned -- NGOs, hospitals, Government and so on -- are slated to come out with a few, pious humanitarian gestures.

In fact, a group of youngsters have already been going around the City staging street plays and talking to adolescent school children. And, NGOs and the Karnataka AIDS Prevention Society will hold a march from the Vidhana Soudha. There's another rally slotted from Mayo Hall. As usual, there will also be the usual flood of speeches.

Meanwhile, many AIDS patients here continue to live and die quietly.

According to NGOs, Bangalore, Bellary and Udupi has of late seen many full-blown cases of AIDS. Independent health workers find the rise in infections alarming, especially in the City.

In the event, the State Government's statistics for HIV/AIDS cases seem to be far from realistic. The number of reported cases of HIV infection in the State was 10,067 till Sept 30, 2001. Karnataka has the third largest number of HIV infected persons. And, Karnataka, along with Tamil Nadu and Maharashtra, are in the top red category of the National AIDS Control Organisation (NACO).

Experts say the real number could be easily three-fold. According to NACO, there are 3.86 million HIV-infected persons in India. Unofficial figures put the figure at over 8 million.

Most of the cases go unreported at the State Government's AIDS prevention cell, thanks to the confidentiality tag attached by doctors, the stigma the disease carries and sheer ignorance of citizens.

"People do not take tests to check AIDS/HIV voluntarily. Unless the stigma vanishes, they will not," says Dr Raghuveer Samartha, a former official at the Government Isolation Hospital, meant for epidemic treatment. "The co-operation of all is necessary for this. A single organisation or an individual will not be able to help." After the high-voltage publicity blitz, burning crores of rupees, many HIV-infected people and AIDS patients do not even know their infection status, experts like Dr Samartha say.

Dr H Sudarshan, Chairman of Task Force on Health and Family Welfare, feels that AIDS awareness programmes are talked about, but awareness has not percolated down to the masses. "AIDS has to be dealt with by everybody. The programme on AIDS cannot be integrated into district health programmes," he says.

"With NGOs, the problem is that their number is limited," says Dr Sudarshan. "And, most NGOs are concentrated in cities. Very few work in villages. The Task Force has charted out an awareness programme that is different from the Government's approach."

The Task Force's programme includes mapping of the State, marking out hot spots of infection. "It is sensitive and difficult, but has to be done. We will do it soon," adds Dr Sudarshan.

"There has to be a concerted effort," says Dr Latha Jagannathan, Managing Trustee and Medical Director of Rotary TTK Blood Bank. She feels that while dealing with hot spots, often the larger picture is missed. She admits that the approach to the whole programme lacks the attention it needs.

"There is no dearth of ideas," Dr Latha explains. "But follow-up is lacking in most programmes. NGOs unfortunately can't do as much as the government can. And, the government relies too much on NGOs."

In short, what we see here is a simple game of passing the buck.

When the National AIDS Control Organisation (NACO) laid down certain guidelines on the issue, States banked too much on NACO while shrugging off their own responsibility, Dr Latha says.

This year's theme for the World AIDS Day is: I care, do you? Ironically, it is tough for State agencies and NGOs to give a sincere and positive answer.

Hindustan Times
02 December 2001

The New Indian Express
01 December 2001

Pune registers rise in HIV cases among infants

Sisir Mishra
Pune, December 1

THE FACTS speak for themselves. On World AIDS Day on Saturday, the message seems to have been lost on India.

Pune became the third in the country, next to neighbouring Mumbai and Sangli, to record the highest number of HIV-infected pregnancy cases of two per cent.

The city has over 5,000 commercial sex workers, out of whom 40 per cent are HIV positive. With the city recording an alarming two per cent in paediatric HIV-infection, experts are panicking. They say, if not tackled, the figures are likely to increase manifold in the next couple of years.

Though these findings do not reflect the general trend, experts are worried about infants contracting the deadly virus.

Dr Sanjay Mehendale of the National AIDS Research Institute says the prevalence of HIV infection among pregnant women in the city has crossed two per cent compared to over-one-per-cent in Chennai, Bangalore and Hyderabad.

Let's talk the issue

Times News Network

BANGALORE: The fact that it is hard to get even basic figures like the number of HIV patients in the city, is a measure of how well the government is doing on the AIDS front. However, conservative as they may be, the figures are scary enough.

They prove beyond doubt that the disease continues to spiral. According to estimates, there has been a 30 per cent jump in the number of AIDS patients in the state in the last one year. Bangalore urban tops the list. Another survey, involving a sample size of 4,44,696 persons who were tested in two phases, showed a 100 per cent growth in the number of positives from the first to the second phase. Among the districts, Udupi is the worst hit after Bangalore.

Says a source at the health department: "Nothing serious is being done by the government to contain the epidemic. Prevention programmes will fail unless we have adequate testing centres." Karnataka has just eight testing centres for its five-crore population.

Despite government-sponsored "prevention programmes", the fear of AIDS continues to be pervasive and results in a fear of the AIDS-afflicted. AIDS campaigns would have us believe that you are safe unless belong to the high-risk category of female sex workers, truck drivers and drug users.

This is unfortunately not the full truth. Says Ashok Rau of Freedom Foundation, an HIV/AIDS rehabilitation centre in Bangalore: "The awareness strategies talk in principle and most don't address the cultural factors that dominate mindsets."

Over these two decades of AIDS, as a nation we have moved from denouncing AIDS as a "foreign disease" that could never touch us given our culture of monogamy and sexual prudery to a clinical acceptance of the disease itself. Now we say the disease is still in its early stages here. As a nation we are ashamed of AIDS and shun its victims. Our governments avoid talking about it and pretend that it does not exist. This is no way to fight AIDS.

The Times of India
01 December 2001

But do they care? Do they know?

STATESMAN NEWS SERVICE

KOLKATA, Dec. 1. — For those living in the high risk zone, campaigns and rallies mean little.

"I care – do you ?" – read a placard carried by a child at an AIDS awareness rally at Esplanade.

Somewhere in a city hospital, a 28-year-old man couldn't care less. He was wondering when he could go back to work. He hadn't heard doctors discussing in hushed voices the imminence of his death.

Ranjit Maiti (not his real name) lies in his hospital bed, his emaciated body barely discernible under the blanket. His face and head are covered with scabs.

While the world celebrates AIDS Day, Ranjit, a father of two, doesn't know he has the disease. Doctors have told him his body has become "poisoned". His bed head-ticket reads "sporiatic arthritis."

While talking to this correspondent, he removes the blanket to reveal a body disfigured by sores. "The doctors said the poison entered my body through the skin. In the beginning the sores used to itch and I scratched them with my nails."

His wife Sampa (not her real name) has a more clear idea about what lead to the "infection".

"Before our marriage, he had once been to a redlight area influenced by his friends. Doctors say that could be the reason. But how can that be? It was so long ago."

She has been asked to get a blood test done and is awaiting the report. Her daughters are 4 and 7 years old. "Doctors say depending on the report, they will decide whether my daughters have to undergo a test too."

In the nurses' presence, she speaks volumes about the goodness of hospital authorities. In a whisper, she adds, not all doctors and nurses are nice.

Speaking on conditions of anonymity, one nurse said: "If it's a full-blown case, doctors often say, 'what's the use of treating him, he'll die anyway.' Often they don't even prescribe saline administration."

Ranjit was as a construction worker. He hasn't worked for nearly one-and-half years now. He says: "I have taken loans from every person I know to keep the treatment going. I've to get back to work fast to repay them."

Business makes sense, not big talk

Married off at 14 in Bongaon, Mita (not her real name) came to Kolkata after her husband deserted her and her infant son.

Now she solicits customers in Sonagachi. Attending to four customers on an average everyday, she charges between Rs 30 to Rs 50. She is ignorant of the week long AIDS awareness campaign in her area.

Asked whether she used precautions, she was evasive, while admitting that eight of 10 customers refuse to use condoms and more often than not, she has to give in.

"The competition is huge. I may refuse but another girl will promptly agree and the customer will never come back to me."

Mita has vaguely heard of the local medical centre where blood and other tests are conducted, but has never gone there for a check-up.

Her neighbour, Shabana was more dismissive "Why would men come here if they wanted to take precautions ?"

Mita is not bothered as she hasn't known illness yet. Possibly since she has been in Sonagachi for only eight months.

During festivals business is slack. "There are days when there's only one customer and sometimes none", Shabana said.

The women become desperate as they have to pay their daily expenses irrespective of business done. "I am saving to visit my son and parents next year. I pay a room-rent of Rs 70 a day... money is hard to cling onto", she said.

Meanwhile, at the local Durbar Mahila Samanaya Committee office, Pepsi and *pulao* were being served to a visiting delegation of Brazilian sex-workers. The program director of STD/HIV Intervention Programme (Sonagachi Project), Mr Mrinal Kanti Dutta couldn't spare time to talk. "Come to the Press Club in the afternoon. The visiting team will interact with you regarding these matters", he said.

The Statesman
02 December 2001

'Spread awareness on AIDS'

By Our Staff Reporter

BANGALORE, DEC. 1. The Minister for Health and Family Welfare, Dr. A.B. Maalakaraddy on Saturday asked officials of the Health Department to launch a massive awareness movement on prevention of AIDS.

Speaking after inaugurating a "World AIDS Awareness Day" function organised by the Bangalore Medical College here, he said only awareness could prevent the spread of the disease.

He said prevention programmes should be taken up on the lines of those in Thailand. "Condoms should be distributed in fair-price shops, bus-stands and all public places. The same approach was adopted in Thailand and there was a drastic fall in the rate of HIV positive cases," he said.

He wanted the officials to hold talks with office- bearers of the Truck Drivers' Association and Taxi Drivers' Association on the prevention of AIDS.

Referring to this year's theme of "World AIDS Awareness Day" — 'I care, do you?', he said the theme was more powerful than last year's 'Men can make a change'.

Deccan Herald
02 December 2001

Now, Biman on Poca, Poto (and AIDS)

STATESMAN NEWS SERVICE

KOLKATA, Dec. 1. — Mr Biman Bose, Left Front chairman, today blamed the media for the prevailing confusion over Poto and Poca.

"The confusion rests on the media, not on the government spokesmen, including the chief minister," Mr Bose said, when asked to clarify whether Poto and Poca were the same or different.

He said he hadn't read the draft of the state legislation on Poca, but asserted it was different from the proposed Central ordinance.

He said a Left Front meeting had discussed Poca.

He refused to comment on the Forward Block accusing the CPI-M of a "big-brotherly attitude."

On AIDS: Mr Bose today said AIDS awareness had to be increased because prevention is better than cure. He attended a number of programmes on the occasion of World AIDS Day.

Mr Bose said the situation in India wasn't yet alarming, but the number of HIV-positive people had increased. There were now nearly 3.9 million AIDS patients in the country.

In West Bengal, AIDS patients had increased from 695 to 725 in two years. He said he was not aware of the number of HIV-positive people, which is several times the number of AIDS cases.

The Statesman
02 December 2001

Condoms! They are for death control

By Sadhna Mohan

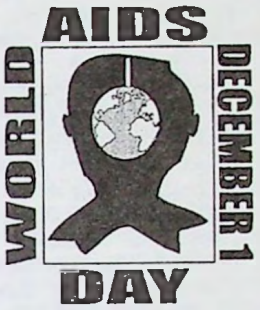
NEW DELHI: To fight AIDS, India needs someone like Thailand's "Mr Condom."

Mechai's one-liners and astute communication strategy on condoms can put advertising agencies to shame. "Condoms are a girl's best friend - not diamonds," advocates Mechai with a large smile on his face. "People dismiss condoms as an ineffective birth control measure. They are actually for 'DEATH' control." he says.

Recently, at the sixth International Congress on AIDS in Asia and the Pacific in Melbourne, I met Mechai Viravaidya, the single force responsible for Thailand's success in arresting the HIV epidemic. He is Bangkok's senator and Chairman, Population and Community Development Association.

"Very few in Asia Pacific have done enough in the area of HIV/AIDS. We have to make sure every politician and business leader understands the problem. UNAIDS has to work a lot more to engage politicians on this issue," said Mechai.

Coke still advertises-why? This is because things remain in people's memory for only 48-hours. You have to change the music, the tune of a campaign to be up with the trend, he advocated. "AIDS is



not a medical problem, it is a societal problem. We have to talk about prevention, about changing behaviour."

"We do not need a World AIDS Day. I would like a World Condom Day," he said. "Get a condom and give it away. It may make people angry, but they will come around. The important thing is that their attention would be engaged."

"Let us run a total war against AIDS. Talk to hotel chains, convince them to have condoms in bars where people drink and move towards unsafe behaviour," he said commenting, "we have lost the race if we talk only to doctors and nurses."

"Let us have a special cops and rubber day. Every cop should give out a condom," he suggested observing that, incidentally, cops and the military are among the population that are widely affected by HIV.

"At petrol pumps, let us give out AIDS information and condoms. Use the transport network. Have an AIDS week for teachers next year," he has suggested to UNAIDS.

"We have to start young. In Thailand, we start AIDS education in primary schools at the age of eight. We give parents a choice. They can either attend their child's graduation with flowers when he is 25 or his funeral," said Mechai.

Taxi drivers in Bangkok have cassettes on AIDS. Cassettes with questions and answers on the issue are run during the drive for interested passengers.

Radio and TV are important tools in a war. As in-charge of broadcasting, Mechai did away with censorship. Every hour, a half-minute advertisement on AIDS was aired. Producers were given a half-minute extra to air these advertisements. They earned more money and were happy.

Film producers and directors were given a subsidy if their movies devoted a few minutes to HIV. Indian filmmakers can follow suit as a step in a "total war against AIDS."

The Times of India
02 December 2001

'Distribute condoms at public places'

Bangalore, Dec 1: AIDS, the lethal disease, has brought with it debate, stigma, social banishment, and a reason for those who wish to show they care.

While the rest of the country goes on debating about the various methods, approaches and measures that are more talked of than implemented, there was a straight solution the State Health Minister suggested on Saturday.

The Minister was speaking at a function in aid of AIDS awareness, organised by the Karnataka Aids Prevention Society and National Service Scheme.

He said condoms must be distributed to the public at fair price shops, bus-stands, railway stations and other such public places to curtail the spread of AIDS.

He said this would help in two ways. "It will help people protect themselves against the dreaded disease and also aid family planning programmes that is the need of the hour." The minister gave the example of Thailand, where he said the number of people affected by the disease was about 20-30 per cent of the population but had come down to 10 per cent because of rigorous AIDS prevention measures implemented there.

He said the World Health Organisation theme for World AIDS Day this year is better. "Last year, it was said that men make a difference. This year's theme emphasises on everyone accepting responsibility," he said.

Deccan Herald
02 December 2001

Citizens offer aids for campaign

Times News Network

BANGALORE: More than 1,000 citizens participated in the AIDS awareness walk organised by the Rotary Club of Bangalore from Mayo Hall to Gandhi Park near KSCA as part of World AIDS Awareness Day in Bangalore on Saturday.

MLA Alexander and classical dancer Vani Ganapathi flagged off the walk, which was preceded by a street play on AIDS by 'Samraksha'. Voluntary organisations — AIDS Forum in Action, TTK, Blood Bank and others participated.

The Bangalore branch of Family Planning Association of India and the Department of State Education Research and Training, Bangalore, organised a programme 'I care...Do you?' for teacher trainees at Nehru Smaraka Vidya Kendra.

It was inaugurated by Dr B.T. Tukol, retired Professor and Head of the Department of Medicine, Bangalore Medical College. Shanti R. Baliga president of FAMPLAN, Bangalore, presided.

The Apollo Hospital organised a conference in association with National AIDS Control Organisation (NACO) to mark the occasion.

The Times of India
02 December 2001

For patients, ostracism is worse than the disease

By Praveen Bose
Times News Network

BANGALORE: Twenty years after HIV claimed its first human victim, the disease is now the world's fourth biggest killer, says WHO. In India alone, there are 3.9 million HIV-positive cases, and unless controlled the epidemic threatens to engulf the nation in what could be a huge human and economic disaster.

However, no statistic, scary as it is, can quite explain the terror on the face of an AIDS patient, who is at once preyed by a remorseless killer and social abuse, born of wide-spread ignorance. "Ignorance is worse than the disease itself," laments a victim in Bangalore, who along with his friends counsels the afflicted and their families.

In the absence of any cure, the best comfort AIDS patients can expect is a society that lets them live their truncated lives in dignity. This, in fact, is the endeavour of a Bangalore-based NGO, KNP+. However, at times the task is beyond help. Says Raju Mathew, a counsellor at an NGO called Accept: "The wife of a man who died of AIDS a few days ago has been ostracised, although she is perfectly healthy." She has been left to die with no means of livelihood.

Shockingly, even now a number of doctors and hospitals turn away AIDS patients owing purely to irrational, ignorant fear. Medical help is virtually non-existent in the districts outside Bangalore. Worse, in a state with at least 35,000 reported cases of AIDS there are just 150 beds for the patients. Treated like pariahs by the society and with apathy by the governments, patients pray for death rather than life.

The Times of India
01 December 2001

AIDS control: Focus now on low risk areas

New Delhi, Dec 2: From the first case detected in 1986 to four million HIV positive cases till today - the frightening and explosive growth of AIDS in the country has prompted government authorities to take a fresh look at the strategies used in the initial phase of the fight against the disease besides bringing into focus the 'low risk' groups, the new credo being 'keep the green states green'.

Of the four million HIV positive cases in the country, 90 per cent fall in the most economically productive age group of 15-44, one in four cases is a woman and there is a four per cent prevalence among ante-natal mothers.

National AIDS Control Organisation's (NACO) sentinel surveillance data from ante-natal clinics in the seven metro cities across the country shows that while the infection rate has crossed two per cent in Mumbai, it is more than one per cent in Hyderabad, Bangalore, Chennai, and below one per cent in Kolkata, Ahmedabad and Delhi. NACO considers this to be evidence of the HIV infection fast moving from high-risk groups to the low-risk population. • PTI

The New Indian Express
03 December 2001

AIIMS team closer to HIV vaccine

Poornima Joshi
New Delhi, December 1

DR PRADEEP Seth drops his usual nonchalance at the mere mention of his favourite topic — a vaccine for HIV. The head of Microbiology in the All India Institute of Medical Sciences (AIIMS) says a vaccine for Subtype C of Human Immunodeficiency Virus (HIV) Type I is well and truly under way. Which means there's some good news to convey on World Aids Day.

Of the two main types of HIV, the most commonly found virus is HIV-1. HIV-2 is less easily transmitted, and has a longer gestation period between the initial infection and illness.

At least 10 genetically distinct subtypes of HIV-1 are known. They have been categorised from A to J. In addition, group O (Outliers) contains a distinct group of very heterogeneous viruses. These subtypes are unevenly distributed throughout the world. In India, HIV I Subtype C is the cause of infection in 80 per cent of cases.

According to experts, the major difference between these subtypes is their genetic composition. "Certain subtypes may be associated with specific modes of transmission. For instance, Subtype B is known to be associated with homosexual contact and intravenous drug use (essentially via blood) and subtypes E and C, with heterosexual transmission," says a researcher.

This is where Dr Seth and his team of researchers steps in. Work on this project started over three years back, but it wasn't until the experiments on mice started that they realised that they were on the right track. "We figured there was light at the end of the tunnel," says a researcher.

AIDS DAY RESOLVE

- Every hour of every day almost 600 people are infected by HIV and every hour more than 60 children die of the dreaded virus
- Member countries in the World Health Organisation have decided to focus on men in the context of AIDS.
- World AIDS Day this year has the slogan: "I care ...Do you?"

The Department of Biotechnology (DBT) funding Dr Seth's study under the Jai Vigyan Mission is satisfied that Dr Seth has elicited favourable immune responses from his specimens.

"There is no way to fight AIDS except strengthening the immune system. The first part of my study is over successfully, with responses that are more than encouraging. The second phase has to start with primates, mainly monkeys. The moment that is approved, we can start with the second phase. To tell you the truth, I have never been so excited," Dr Seth exclaims.

"It is very important that India develops a vaccine to fight the strain common here. After all, foreigners will not do that for us," he says.

Hindustan Times
02 December 2001

AIDS bomb is ticking: Expert

FROM OUR BUREAU

Hyderabad, Dec. 1: About ten Indians are infected with HIV virus every minute leading to AIDS, said V K Bhargava, consultant physician, Apollo Hospital.

Bhargava was delivering a lecture on 'Recent Trends in Management of HIV Infection' on the occasion of World AIDS Day organised by the Indian Medical Association here on Saturday. He said that more than one per cent of women who go to an ante-natal clinic for checkup test as HIV positive. Similarly, 80 per cent of AIDS patients in India are in the age group of 18 to 40 and more than 50 per cent AIDS patients are less than 25 years.

Despite the grim scenario, Indians are ill informed about AIDS and do not take adequate care to prevent the disease, he said.

Bhargava said that the general public has to be made aware that there is no cure for AIDS. He said that diseases like oral cancer, TB, dermatome and pneumonia are associated with AIDS patients.

"There is an increase in viral multiplication in AIDS patients and the doctor has to prescribe the best medicine," Bhargava added.

Awareness programmes, free-check-up camps and rallies marked the observation of World AIDS Day in the twin cities on Saturday.

The Citizen's Council of Andhra Pradesh organised an awareness campaign on AIDS at Falaknuma near Jangamet. Lions Club of Twin Cities president J Rama Raju told that serum therapy would become an effective method to eradicate AIDS. The National Service Scheme of Osmania University organised an AIDS awareness rally by involving NSS volunteers of 46 colleges. Over 1,600 students participated in the rally which started from B R Ambedkar College and culminated into a meeting at A V College. The volunteers of NSS, speaking on the occasion stressed the need for prevention of the dreaded disease and briefed about the preventive steps to be taken. Prizes were also given to the students who bagged first, second and third slots in the various competitions like quiz, elocution, debate and slogan writing in connection with the theme of AIDS, held earlier.

The Evergreen Friends Association organised an AIDS awareness programme at its office in Ghansi Bazaar at Old City. It educated the gathering on prevention of the disease and on the care to be taken on the AIDS patients.

Deccan Chronicle
02 December 2001

SCR takes out AIDS awareness rally

The South Central Railway on Saturday observed World AIDS Day by taking out a rally in the colonies of South and North Lallaguda, Mettuguda and Sitaphalmandi. Students from Railway Mixed High School, Railway Boys High School and Railway Junior College participated in the rally. The students held placards and banners and raised slogans on prevention of AIDS. The rally was flagged off by medical director of Railway Hospital, Lallaguda.

Deccan Chronicle
03 December 2001

DRESSING FOR THE OCCASION

Bangalore: 'Love is...dressing for the occasion. Protect Yourself against AIDS,' reads the T-shirt. The friendly cartoon of a condom invites you to look at the T-shirt. A unique way of telling people: Use condoms.

Condoms and pamphlets were distributed to hundreds of passers-by on the way. A sensible way of asking you to be careful. Alas! The truck-driver out there on a highway did not get to see it, and protect himself against AIDS.

Saturday was World AIDS Day. Organisations in and around the City and the State organised various programmes to show they cared. Three rallies and a great many skits on awareness, messages, appeals: These marked the observance of World AIDS Day in the City. Hundreds of students gathered at Town Hall on Saturday morning, to go on a rally to Bangalore Medical College. Chief Minister S M Krishna flagged off the rally, organised by Karnataka Aids Prevention Society and NSS (National Service Scheme) of various colleges. More than 20 organisations got together in the morning to participate.

Despite all this, there is no news of blood testing camps in the City. An irony, when everyone is talking of voluntary blood testing if any one suspects he or she is HIV positive. ENS

The New Indian Express
02 December 2001

Zydus slashes price of anti-HIV drugs

Zydus Cadila Healthcare has slashed the prices of its anti-HIV drugs by around 20 to 40 per cent. Besides the price cuts to push sales, the Rs 510 crore company has also decided to launch three more drugs in this segment, providing the entire gamut of anti-retroviral regimen.

The price cut has come at a time when a fierce price war is raging in the anti-HIV drugs segment. Market leaders like Cipla and Aurobindo Pharma have already cut prices of their antiretroviral drugs in recent months. "We want to provide drugs to the HIV-affected persons at a realistic price," Zydus Group official has said.

At present, Zydus makes three drugs: Ladiwin (Lamivudine), which has been synthesised through in-house R&D efforts; Zydowin (Zidovudine), which is available in 100 mg and 300 mg tablets; and Lamuzid, which is a combination of Zidovudine and Lamivudine.

While the price of a 10-tablet strip of Zydowin (300 mg) has been slashed to Rs 230, that of Ladiwin (150 mg) has been cut from Rs 380 to Rs 230 for 10 tablets. There is no change in the price of Lamuzid, which costs Rs 470.

Moreover, the company is also planning to launch three more anti-HIV drugs to provide a full array of antiretroviral drugs. On the cards are launches of Didanosine and Efavirenz.

Besides, Zydus is planning to launch a third drug called Nelfinavir, which is categorised under protease inhibitor class. Nelfinavir has potent advantages due to its compatibility in combinations and lesser side-effects in the long-term therapy.

Besides, Zydus has successfully registered its anti-HIV drugs in Cambodia and Zambia, and is shortly going to start the exports. Besides, it has submitted its product dossiers for registration to Kenya and Uganda, Myanmar, Sri Lanka, and Vietnam, Russia and Ukraine. The company is in the process of filing registration in Sudan, Namibia, Kazakistan, Zimbabwe, Ethiopia, Nigeria, Ghana and Tanzania.

The company is also talking to some non-governmental organisations (NGOs) to market its anti-HIV drugs in African countries.

Deccan Herald
03 December 2001

Diagnosis: Patient rights need boost

Sanchita Sharma
New Delhi, December 2

A BOOK on patients' rights is the last thing you'd expect from a practising surgeon. But then, Dr A. Sampathkumar is different -- he is biting in his criticism of doctors who put profit before patients.

"Patients are treated very casually in this country and a wrong diagnosis, an incomplete operation, a procedural mishap or other examples of incompetence get buried with the victim," says Sampathkumar, professor, cardiothoracic and vascular surgery at the All India Institute of Medical Sciences, whose book, Patient's Rights, will be released next week.

The good doctor wants to put Indian patients' plight in a global perspective.

"Unlike in the United States and Europe, patients here have no legislative and legal support," he says.

PILL OF RIGHTS

All patients have a right to:

- Know the complications and consequences of treatment
- Know doctor's or hospital's treatment record -- success rate, death rate, complication rate, costs, etc
- Obtain a copy of medical records
- Secrecy
- Receive treatment in an emergency
- Die or assisted suicide of terminally ill patients

Even under the Consumer Protection Act, the onus of providing evidence of negligence is with the patient.

"So, unless the mistake is very blatant, like operating on the wrong leg or leaving the scalpel inside, it is difficult for patients to provide evidence to clinch a conviction," says Sampathkumar.

Mechanisms to bring errant doctors to book exist within the medical fraternity, but are seldom exercised.

"The Indian Medical Council and Indian Medical Association can take disciplinary steps but medical licences are rarely cancelled and a doctor gets to practise for life once he gets a licence," says the 55-year-old Sampathkumar.

Though the Ministry of Health began considering making it mandatory for doctors to renew licences every five years after the Kumaramangalam botch-up last year, the decision is yet to translate into practice.

Meanwhile, hospitals and doctors continue to play havoc with limbs and lives. "In an emergency, it's mandatory for doctors and hospitals to give immediate treatment to save life, irrespective of training or the victim's ability to pay for treatment, but many doctors and nursing homes just refer patients to big hospitals," says Sampathkumar.

Sampathkumar does not fight shy of dealing with highly-sensitive issues like the right to die, arguing that countries like the United States have legalised assisted suicides of terminally ill patients.

Doctors may think they know best, but it's their definition of best that needs to be challenged. Considering that the efforts to put together a charter of patients' rights is sporadic at best, the only option patients have is to become more discerning about the doctor they choose and demand services that are well within their rights.

Hindustan Times
03 December 2001

Aid with information

Another World AIDS Day has been observed internationally with government and non-government organisations pledging to tackle the problem seriously in the coming year. A study released by UNAIDS and the World Health Organisation (WHO) reveals that HIV/AIDS struck an estimated 3.86 million by the end of last year. While India accounts for below 1 per cent of the global AIDS cases, it has more cases than any other country, except for South Africa. Among the states that show an increasing incidence of the disease in the country is Karnataka. Bangalore figures among the major cities that are coming under the HIV/AIDS threat. The incidence of AIDS has registered a worrying increase in towns like Udupi and Mangalore. According to official Indian estimates, there are around 10,000 positive cases in Karnataka. It was only in 1988, that the first full-blown AIDS case was diagnosed in Karnataka. The mounting numbers are indeed cause for worry. The Human Development Report says that since the figures are limited to data gathered from surveillance centres only, the actual number with HIV infection in Karnataka could exceed a lakh.

According to UNAIDS and WHO, the spread of AIDS in our part of the world has been rapid primarily because of unprotected sex and needle sharing. This means that the spread of AIDS can be arrested significantly with a little bit of effort. It is clear that the spread of AIDS has been compounded by ignorance and prejudice. Millions of people have still not heard about the disease. Many do not know how HIV is transmitted and how it can be prevented. It is unfortunate that, despite the launching of innumerable programmes on creation of AIDS awareness, the message has clearly not reached the masses. Half the battle against the disease would be won if people were told how to prevent it. The secrecy and shame that shrouds the disease must be removed. People, especially the younger generation, must be empowered with information on safe sex. The battle against AIDS can be won only if the general health infrastructure in the country is improved. In the absence of health centres in villages or equipment to test for AIDS, even identifying the disease becomes a problem. Besides, the treatment of AIDS is still far beyond the reach of the common man. The battle against AIDS can be won. But that will be possible only when information and treatment are easily accessible to the masses. The Karnataka government and NGOs working in the field should focus attention on AIDS prevention and awareness programmes so that the situation does not worsen any further.

Deccan Herald
03 December 2001

Conference on AIDS from today

Chennai: The third International Conference on Aids India would be held here from Saturday. Dr MGR Medical University vice-chancellor K Ananda Kannan said more than 1,000 participants, including those from abroad, were expected to attend the five-day conference organised by the university department of experimental medicine.

The New Indian Express
01 December 2001

Banking On Safety And Numbers

SANCHITA SHARMA

WHEN was the last time you donated blood? Very likely, it happened when someone you knew needed blood for an operation, if at all. That's the reason why Delhi faces an annual shortage of 1,50,000 units of blood every year. "Unfortunately, this shortage is being met by professional donors who are at a higher risk of infections like HIV/AIDS and Hepatitis B," says Sudarshan Aggarwal, President, Rotary Foundation, and the head of the Rotary Blood Bank project. "To cut down on professional donations and make donated blood completely safe, we plan to discourage replenishment donations by collecting blood only through voluntary donations and maintaining a database of regular donors," says Aggarwal, also a former secretary general of the Rajya Sabha and a member of the National Human Rights Commission. The Rotary Blood Bank is expected to become operational by the end of this year.

All blood banks require you to replenish blood you take from them to ensure there is no shortage. Simply put, if you take two units of blood, you have to donate two units to replace it. "Most people don't want to donate or cannot get enough people to donate blood when the need arises, so they simply pay professional donors to donate for them," says Aggarwal. Though all the blood donated is tested for HIV, a person who is infected but still in the "window period" — a period when the infected status does not show up in tests — will not test positive. Since a window period usually lasts for three month after exposure to HIV, infected blood can unknowingly be given to a person. "In India, 0.3 per cent donors are HIV positive, so voluntary donors who are screened regularly should be encouraged to donate to ensure blood safety," says Dr R. N. Makroo, Hon. Director, Rotary Blood Bank.

"It is safe, in fact, healthy to donate blood regularly and a person who donates blood every three months is at one-third the risk of a heart attack than a person who doesn't," says Aggarwal. "Donating blood just takes 10 minutes, and that's all you need to save a life," he adds. All blood is tested for venereal diseases, jaundice and HIV/AIDS.

Rational use of blood also figures high on Aggarwal's priorities. "We're going for 100 per cent blood component use, where two to three patients can benefit from a single unit of blood," he says. Each unit is divided into red blood cells (for anaemia), platelets (thrombocytopemia) and fresh frozen plasma (for coagulation disorders) so that all its components are used. "While blood donors can donate four times a years, people donating platelets through the cell separator can donate every two weeks," says Aggarwal. While Rotary is targeting building a base of 30,000 units within a year, it plans to increase collections to 100,000 units in four years.

Soon, its base of 75,000 members and 1,800 clubs across the country will ensure that for service charges between Rs 500 to Rs 600, you'll blood that can't get safer. And the poor needn't despair: they will get blood absolutely free, with no charges for processing it as well. ✦

Hindustan Times
03 December 2001

DOS & DON'TS OF BLOOD DONATION

YOU CAN DONATE BLOOD IF:

- You are between 18 and 60 years.
- Your weigh over 45 kg.
- Your haemoglobin is over 12.5 gms.
- Your last blood donation was three months earlier.

YOU CANNOT DONATE BLOOD IF:

- You've had a major surgery in the last six months.
- You are a heart patient
- You are a hypertensive, epileptic or diabetic.
- You have a history of TB, cancer, kidney disease, bleeding tendencies, anaemia, venereal disease, malaria, mumps or measles.
- You've had cold/fever in the past one week.
- You are on antibiotics or other medication.
- You've been vaccinated in the last 24 hours.
- You've had a miscarriage or have been pregnant or lactating in the past one yeat.
- You have a history of alcoholism, drug addiction or have had unsafe sex with unknown partners.
- You had fainting attacks during the last blood donation.

Aids treatment

SYMPTOM-FREE HIV patients can safely hold off taking AIDS drugs longer than previously thought, two new studies suggest. When anti-retroviral drugs were first available in the mid-1990s, their dramatic effects prompted many doctors to recommend immediate treatment for all HIV patients to keep the virus in check. But the drugs are costly, must be switched often to remain effective, and can cause serious side effects, so doctors have sought to delay treatment when possible.

Recently revised guidelines indicate the drugs could be started when levels of disease-fighting CD4 white blood cells drop to 350 per cubic millimetre instead of the previously recommended 500.

USA Today

Hindustan Times
04 December 2001

Transsexuals and left-handedness

Left-handedness may be more common among transsexuals, suggesting that the two conditions might share a common developmental origin, say UK researchers. "Male and female transsexuals were more often non-right-handed," according to Dr Richard Green and Robert Young, London, Soma researchers believe that handedness may be determined by pre-natal exposure to androgens. One theory is that this hormonal exposure influences the brain's structural development, which later helps determine which hand a person favours. Many experts speculate that homosexuality is linked to androgen exposure during foetal development. Past research has suggested that structural differences between the brains of men and women may occur early in brain development.

fitnessfadsbreak

The Times of India
02 December 2001

'AIDSUCATE' YOURSELF

TEENS SPEAK

T Madhuri
The word sex immediately reminds me of AIDS. I think teenagers, especially girls should take great care to avoid premarital sexual encounters. Unless you are totally in love with somebody, sex isn't worth risking your lige. If are going to do it anyway, make sure the guy uses a condom. I don't think I'd experiment without it!

C Rebecca Lily
Sex before marriage is not the only way you can express your feeling. If you are in a relationship, there are so many you have to consider. You have be in love with someone before you can think of going all the way with him. But come on! Is the risk of contracting AIDS worth a few moments of physical pleasure?

Varuna Verma
I think sex before marriage shouldn't be considered taboo. We aren't that prudish! Sex is natural and it is the most beautiful thing that can happen between two individuals. But one should keep in mind that both the gal and the bguy should have just one partner. You can't be too careful, with the threat of AIDS looming large.

Fauzan Khan
It's okay to be involved with someone and share a physical relationship with them even before you are comitted to each other. I wouldn't mind doing it. In fact, I would go as far as to say that it is happening right under our noses. So it shouldn't be considered taboo. All of us have physicsl needs. You know that a condom will protect you from AIDS, so arm yourself with one wherever you go.

NIVEDITA SOUTHEKAL

Your good sense... it deserts you at the time when you need it the most doesn't it? Sonia discovered this fact of life, minutes after she had experimented with the other facts of life.
Things had happened too quickly. It was her first month in college, and she had become instantly popular. Nikhil flirted with her at every opportunity, and she had enjoyed every minute of it. When he asked her out to a movie and a pizza, she said 'yes'... after all she had been waiting for weeks for this. When it started raining they decided to skip the pizza and hang out at Nikhil's place. One thing led to another and they ended up having sex...
"How could I have had sex without even thinking of protection or birth control!" rued Sonia, on her way home.
But the worst was yet to come. The news of the night before had spread all over college, courtesy Nikhil, and she learnt that she wasn't the first girl who he had been involved with. That's when the icy finger of fear gripped her heart... fear of AIDS. Images of her life were flashing before her eyes. A picture of her mom, to whom she had promised that she would never hide anything; her father who trusted her more than anyone else and her loving family. Lucky for Sonia, her HIV test turned out to be negative. But she lost most of her self-confidence and all of the trust that her parents had placed in her after that incident.

It isn't just Sonia, it is a whole brood of teenagers today who want to experiment with sex. It is a natural feeling. But awareness is the key.
Teens don't have to worry about a source of information these days. So what if you aren't comfortable discussing sex and STDs with your parents? Check out the telly. They are doing everything short of screaming out from the rooftops. Talk about it with your friends. Don't worry, you are not going to be frowned upon. Just make sure you are know what you are doing before you rush headlong into the act.
Sex is a very sensitive issue even for Generation X, who are believed to be a lot bolder than their progenitors were. But you can clearly see that they are beginning to realise that talking about sex is one way that they can learn. The fear of AIDS is there in everyone's minds. All it takes is protection to save two lives. A physical relationship is a ig responsibility and requires a great deal of thought. Just remember that you live in India, and that no amount of *Friends*, *Temptation Island* or *Central Park West* is going to change Indian mindsets. So act according to the encironment you live in.
Until a cure is found, AIDS, you can't afford to be casual about it. Sonia was lucky, but many others may not be so fortunate. Remember it's safe sex or no sex.

DEEPA SWAMINATHAN

PARENT SPEAK

Shefali Narang
(Mother of two teenagers)
Initially I didn't know how to explain to my kids what AIDS was, but then I knew that I had to make my kids get rid of the idea of birds and bees concept. I had to tell them about the real world. I knew that it is better for their minds to be filled with knowledge than their bodies filled with virus. I explained every detail to them, as simply as I could and today I am sure I haven't left anything out. They can be trusted. And today's teenagers are pretty smart and are very well informed, compared to what we were at their age.

Rajiv Bhalla
(Father of one teen)
When my son reached his teens, the fact that I had to have a talk with him left me feeling a little uncomfortable. But it was a problem that couldn't be simply left so I decided to first give him a small booklet on AIDS and then talked to him. It helped. He understood my awkwardness and I understood his. But then I knew that I didn't want him landing up in some sort of trouble which he would have to regret for the rest of his life.

Manohar Ahuja
(Father of two teenagers)
I understand teenagers when they say that they want to experiment with sex. With media playing an important role in spreading AIDS awareness, parents just need to provide subtle hints. I don't see why it should be an awkward issue. A parent would be able to inform his teenager better than a friend. You just have to remember, ignorance is NOT bliss, at least when it comes to AIDS.

ANSHUJITA SARANGI

Deccan Chronicle
05 December 2001

MEN ARE A TIRED LOT, EVEN IN WOMB

London: Scientists believe men may be naturally more inclined to suffer from stress, even before birth. Research carried out at the University of Cambridge suggests men may be predisposed to stress because they release more of the stress hormone cortisol than women.

Scientists examined levels of the hormone in unborn lambs and found that males released twice as much cortisol as females. They believe the findings, presented to the Society for Endocrinology's annual meeting, can also be applied to humans and may explain why the two sexes respond differently to stress.

"We have known for a long time that men and women respond differently to stressful conditions," said Dino Giussani, of University of Cambridge who led the study. "It has been thought that this was due to environmental factors but we have shown that these differences between men and women may be pre-determined from birth," he said.

The study on unborn lambs found little variation between males and identified a significant difference compared with females. "The males released twice as much cortisol and there was little variation between them," Dr Giussani said.

"This is a new idea, which may have direct clinical and agricultural implications. However, this work also suggests that males may be more predisposed than females to overreact to stressful conditions later in life."

He added: "Our results show that there may already be differences between men and women's ability to deal with stress even before birth."

Giussani said his research team would now look at continuing the study on human foetuses. A recent study suggested that every day around 270,000 people take time off work for stress-related illness. Absenteeism is estimated to have cost the UK £10.2bn last year.

Earlier studies had proved that women cope better with stress than men because they possess a special "anti-stress" hormone.

Oliver Wolf, of the University of Dusseldorf, said tests had shown differences in the way male and female college students coped with a memory test after they had experienced stress.

He tested 58 students aged 20 to 30. They were asked to memorise a list of words, then required to speak for five minutes before what Wolf called a "grim-looking committee", before being asked to count backwards from 2,043 in steps of 17. They were then tested on how well they remembered the words.

Men who had higher levels of the hormone cortisol, which is produced during stress, could recall fewer words than those who had lower levels. *(BBC)*

Deccan Chronicle
05 December 2001

Rural Karnataka still has no idea about AIDS

NEW DELHI, Dec 4 (DHNS)

Villagers in Karnataka, particularly women have fairy tale ideas about AIDS, as almost 95 per cent of them believe that it is a disease that could be transmitted through mosquito bite or by sharing a meal with an AIDS-infected person.

These revealing facts on Karnataka which has acquired a place in the global AIDS map, have been brought out by a National AIDS Control Organisation (NACO) study that shows that though about 76 per cent people of the country are aware about AIDS, only ten per cent know what the disease is and how it could be prevented. The study was released by Health Minister Dr C P Thakur at a function here last night. Based on a survey of 85,000 people across the length and breadth of the country, the NACO behavioural study shows that overall 76 per cent people have heard of the HIV or AIDS though there are individual states where the awareness is poor. Based on a few indicators the study gives a broad-spectrum picture about the awareness level about AIDS in Indian society. One of the indicators was related to probing the spread of incorrect ideas about the disease and it has been found that Bihar, Uttar Pradesh, Gujarat, Madhya Pradesh, Orissa, Karnataka, Tamil Nadu and Assam are the states where only about five per cent of the population knows about the true nature of AIDS, says the study.

In Karnataka, only 5.9 per cent of females in rural areas know that AIDS cannot be transmitted through mosquito bites or sharing meals and less than ten per cent respondents have correct knowledge about these facts. But NACO and the Health Ministry are happy about the 76 per cent figure and have decided to go ahead with two television shows on AIDS. While, the Hindi show hosted by Neena Gupta will be aired on DD from tonight at 10 P.M., the English one, anchored by danseuse Malliaka Sarabhai, will be aired on Zee TV from March next year. NACO has also agreed to extend its mother-to-child AIDS prevention programme which is based on anti-retroviral drug AZT, throughout the country after the success in the feasibility studies conducted in 11 hospitals in five states. Administering the drug during pregnancy has brought down the mother to child transmission rate to eight per cent at birth and ten per cent at the age of two months from the normal rate of 25-45 per cent respectively.

NACO chief Dr J V R Prasad Rao said that in the first phase all medical colleges in the hi-prevalence states — Karnataka, Manipur, Maharashtra, Tamil Nadu and Andhra Pradesh — would be covered by the programme by February.

Deccan Herald
05 December 2001

$100 m for AIDS moms

A NEW collaborative project has pledged 100 million US dollars for the next five years for the treatment of mothers infected with aids in Asia and Sub-Saharan Africa. The pledge for the funds on Friday came from Bill and Melinda Gates Foundation, William and Flora Hewlett, the Robert Wood Johnson Foundation, the henry J. Kaiser family, John and Catherine Macarthur Foundation.

PTI, United Nations

Hindustan Times
09 December 2001

DON'T REPEAT AFRICA

HIV/AIDS was late coming to Asia. Until the late 90s, no country in the region had experienced a major epidemic and, in 1999, only Cambodia, Myanmar and Thailand ad documented significant nationwide epidemics. This situation is now rapidly changing. In 2001, 1.07 million adults and children were newly infected in Asia and the Pacific, bringing to 117. 1 million the total number of people living with HIV/AIDS in this region. Of particular concern are the marked increases registered in some of the world's most heavily populated countries.

Surveillance data on China's huge population are sketchy, but the country's health ministry estimates that about 600,000 Chinese were living with HIV/AIDS in 2000. Given the recently observed rises in reported HIV infections and infection rates in many sub-populations in several parts of the country, the total number of people living with HIV/AIDS in China could well have exceeded one million by late 2001. Reported HIV infections rose by 67.4 per cent in the first six months of 2001, compared with the previous year, according to the country's ministry of health. Increasing evidence has emerged of serious epidemics in Henan Province in central China, where many tens of thousands (and possibly more) of rural villagers have become infected since the early 90s by selling their blood to collecting centres that did not follow basic blood donation safety procedures.

HIV levels in specific groups are known to be rising in several other areas. Seven Chinese provinces were experiencing serious local HIV epidemics in 2001, with prevalence higher than 70 per cent among injecting drug users in a number of areas, such as Yili Prefecture in Xinjiang and Ruili county in Yunnan. Another nine provinces are possibly on the brink of HIV epidemics among injecting drug users because or of very high rates of needle sharing. There are also signs of heterosexually transmitted HIV epidemics in at least three provinces (Yunnan, Guangxi and Guangdong), with HIV rates reaching 4.6 per cent (up from 1.60 per cent in 99) in Yunnan and 10.7 per cent in Guangxi (up from six per cent) among sentinel sex worker populations in 2000.

India faces similar challenges. At the end of 2000, the national adult HIV prevalence rate was under one per cent, yet this meant that an estimated 3.86 million indians were living with HIV/AIDS — more than in any other country besides South Africa. Indeed, median HIV prevalence among women attending ante-natal clinics was higher than 1o per cent in Andhra Pradesh and exceeded one per cent in five other stares (Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu) and in several major cities (including Bangalore, Chennai, Hyderabad and Mumbai).

Indonesia — the world's fourth-most populous country—offers an example of how suddenly a HIV/AIDS epidemic can emerge. After more than a decade of negligible rates of HIV, the country is now seeing infection rates increase rapidly among injecting drug users and sex workers, in some places, along with an exponential rise in infection among blood donors (an indication of HIV spread in the population at large). HIV infection in injecting drug users was not considered worth measuring until 1999/2000, when it had already reached 15 per cent. Within another year, 40 per cent of injectors in treatment in Jakarta were already infected. In Bogor, in West Java Province, 25 per cent of injecting drug users rested were HIV-infected, while among drug-using prisoners tested in Bali, prevalence was 53 percent. Behaviours that bring the highest risk of infection in Asia and the Pacific are unprotected sex between clients and sex workers, needle sharing and unprotected sex between men. But infections do not remain confined to those with higher risk behaviour.

Many countries have seen major epidemics grow out of initially relatively contained rates of infection in these populations. Northern Thailand's epidemic in the late 80s and early 90s was primed in this way. Over 10 per cent of young men became infected before strong national and local prevention efforts, including the 100 per cent condom programme, reduced high-risk behaviour, encouraged safer sex and lowered HIV prevalence.

Commercial sex provides the virus with considerable scope for growth. The limited national behavioural data collected in the region to date show that, over the past decade, the percentage of surveyed adult men who reported having visited a sex worker in a given year ranged from five per cent in some countries to 20 per cent in others. India and Vietnam are countries where levels of infection among clients and sex workers are rising. In Ho Chi Minh City, the percentage of sex workers with HIV has reached over 20 per cent by 2000.

Few countries are acting vigorously enough to protect sex workers and clients from the HIV virus. Yet, it is from the comparatively small pool of sex workers first infected by their clients that HIV steadily enters the larger pool of still-uninfected clients who eventually transmit the virus to their wives and partners. Although recent behaviour surveillance surveys show that in 11 of 15 Asian countries and Indian states, over two-thirds of sex workers report using a condom with their last client, the need to boost condom use remains. In Bangladesh,

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Indonesia, Nepal and the Philippines, for instance, fewer than half of sex workers report using condoms with every client. Sharing injecting equipment is a very efficient way of spreading HIV, making prevention programmes among injecting drug user populations another top priority. Upwards of 50 per cent of injecting drug users have acquired the virus in Myanmar, Nepal, Thailand, China's Yunnan Province and Manipur in India. Recent surveys show that a third of injecting drug users in Vietnam said they recently shared needles with other users, while 55 per cent of male injecting drug users in northern Bangladesh and 75 per cent in the central region reported sharing injecting equipment at least once in the week prior to being questioned.

Extensive harm reduction programmes can and do work. By the late 1980s, Australia had prevented a major epidemic from occurring among injecting drug users and, quite likely, from spreading beyond them. Such example are being followed by several other countries, but in an isolated fashion. The project in Dhaka, Bangladesh, offers injecting drug users needle exchange, safer injecting options and safer sex education, as well as condoms. IKHLAS, in the Malaysian capital of Kuala Lumpur, provides peer support services, but the estimated 5000 injecting drug users reached are only a fraction of the country's drug-injecting population.

The need to expand such programmes nationally is patent if these concentrated epidemics are to be brought under control before they spill into the wider population. Many injecting drug users are sexually active young men. Many have steady partners; others buy sex. The overlap between injecting drug use and buying sex is striking. In some Vietnamese cities, 17 per cent of male injecting drug users reported having recently bought unprotected sex. Between half and three-quarters of male injecting drug users in several cities of Bangladesh have reported buying sex from women during the past year, with fewer than one-quarter of them saying they had used a condom the last time they paid for sex. There also is increasing evidence of female sex workers taking up injecting drug use in Vietnam.

Some self-identified 'gay' communities exist throughout the region but, in most of Asia, many additional categories of men engage in same-sex intercourse. Many men who prefer sex with men also have sex with women. Indeed, many marry and raise families. This creates a huge potential for men who have unprotected sex with men to act as 'bridges' for the virus in the wider population. In Cambodia, 40 per cent of men who have sex with men reported also having had sex with women in the month prior to being surveyed.

There is ample evidence that early, large-scale and focused prevention programmes, which include efforts directed at those with higher-risk behaviour can keep infection rates lower and reduce the risk of extensive HIV spread among the wider population. Cambodia's prevention measures, which began in earnest in 1994-95, saw high-risk behaviour among men fall and condom use rise consistently in the late 1990s. As a consequence, HIV prevalence among pregnant women declined from 3.2 per cent in 1997 to 2.3 per cent at the end of 2000, suggesting that the country is beginning to bring its epidemic under control.

Thailand's well-funded, politically supported prevention programmes, which accelerated in the early 90s, have trimmed annual new HIV infections to about 30,000, from a high of 1,40,000 a decade ago. Although an estimated 7,00,000 Thais are living with HIV today, its prevention efforts probably averted millions of HIV infections. Nonetheless, one in-60 Thais in the country of 62 million population is infected with HIV, and AIDS has become the leading cause of death, despite the country's prevention successes. Transmission between spouses is now responsible for more than half of new infection. Mainly targeting high-risk groups is inadequate and countries need to carefully track patterns of HIV spread and adapt their responses accordingly.

In large parts of Asia and the Pacific, prevention programmes are poorly funded and resourced. Typically, small projects are scattered across countries and do not acquire the scale or coherence that is needed to halt the epidemic's spread. Because many high-risk practices are frowned upon and even criminalised, there are serious political hurdles to prevention.

The Pioneer
06 December 2001

'TB killing more people than AIDS'

By Our Staff Reporter

BANGALORE, DEC. 5. The Health Minister, Dr. A.B.-Maalakaraddy, said here on Wednesday that it was ironical that tuberculosis continued to remain a major health concern in India and other developing countries, and there was one TB-caused death every minute.

Speaking at the launch of the 52nd Annual TB Seal Sale Campaign, he said that nearly 40 per cent of the population was affected, and TB killed more people than AIDS or malaria.

However, Karnataka was one of the first States to implement the National TB Control Programme (NTBCP), and since 1997, the revised programme was going on apace, with a target to detect 70 per cent of the estimated cases, and achieve 85 per cent cure rate among them, Dr. Maalakaraddy said. He urged government agencies, NGOs, and the media to help create awareness about prevention and the importance of following the strict regimen for cure, as it was vital in the treatment of the debilitating disease.

The Governor, Ms. V.S. Rama Devi, who inaugurated the campaign, regretted that the TB menace persisted despite many developments in science. The rural areas were particularly vulnerable, she said, and expressed concern over pregnant women and new mothers being particularly susceptible. Lack of nutrition and basic hygiene was the main cause, she added. She wanted the managers of the TB control programme to examine whether the dry sanitation and open toilets prevalent in rural areas could be increasing chances of infection and spread of the disease. Dr. G. Visweswaraiah, Honorary Secretary, Karnataka State Tuberculosis Association, gave details of the programmes and activities of the association.

The Hindu
06 December 2001

Half of Russia's population could fall victim to AIDS

Fred Weir
Moscow, December 5

THE FORMER Soviet Union has the fastest-growing rates of AIDS infection on earth, and experts fear half of all Russians could be sick within a decade if present trends continue.

"This epidemic is a creeping catastrophe, and almost nothing is being done to stop it," says Vadim Pokrovsky, head of the Russian government's anti-AIDS programme. "Most of those who are infected probably don't even know yet that they are ill".

Official figures show the rate of AIDS infection in Russia is doubling annually. In 1995 just 200 cases were reported. Last year the number was 56,000 and medical experts are projecting more than 100,000 new cases by the end of 2001.

The actual figures are far higher, Pokrovsky says. Due to a dilapidated medical system and poor reporting procedures, the real number of newly-infected Russians is closer to 1 million, he says.

If true, Russia's rate of contagion is equal to that of the entire continent of Asia, and would see half of the country's population infected by 2010.

According to a report issued this week by the joint UN Programme on HIV/AIDS, the worst situation is in the former Soviet republic of Ukraine, where one per cent of the population is already infected with the HIV virus.

Experts say the AIDS epidemic was slow to start in the ex-USSR because the Communist system barred most contact with foreigners and cracked down hard on drug abuse and other behaviour known to facilitate the spread of HIV.

But since the demise of the Soviet Unio, AIDS has exploded among young Russians due to widespread unprotected sex and a wave of intravenous drug taking - which includes mass sharing of hard-to-obtain hypodermic needles.

Hindustan Times
06 December 2001

I CARE, DO YOU?

I care ...do you?" is the slogan of the World AIDS Campaign 2001. In line with the *Men Make a Difference* theme of 2000, it spotlights the many ways in which men contribute to the AIDS epidemic and the powerful roles they can play in tackling it. This year's campaign challenges men everywhere to make a difference in the struggle against AIDS.

World over, women find themselves at special risk of HIV infection because they lack the power to determine where, when and how sex takes place. But the same expectations, cultural beliefs and social customs of men that so disempower women also heighten men's own vulnerability. HIV infections and AIDS deaths among men outnumber those of women on every continent except sub-Saharan Africa. The younger the men are, the more they are at risk: men under 25 years of age make up a quarter of the 40 million people currently living with HIV/AIDS.

Harmful notions of masculinity need to be reshaped, along with the common attitudes that shape how boys are socialised to become men and how men regard risk. Research shows that people generally maintain behavioural patterns that they learn at an early age. It is easier to achieve the goal of 100 per cent condom use if young men do so as soon as they become sexually active. Given the information and life skills, young men can be empowered to make healthy choices that include abstinence and delayed sexual activity and safer sex.

The World AIDS Campaign's emphasis on men also shows that men are less likely to seek health care than women. In all but a handful of countries, men have a lower life expectancy at birth and experience higher death rates during adulthood than women. Yet, boys are often brought up to think of themselves as impervious to illness or risk. The Campaign sets out to ensure that the health needs of men (including those living with HIV and AIDS) get the attention they deserve—not least from men themselves.

Men have to become more involved in the fight against AIDS. Over 70 per cent of HIV infections worldwide occur through sex between men and women, and 10 per cent through sex between men. Approximately five per cent of infections occur among people who inject drugs—four-fifths of them men. All over the world, men tend to have more sex partners (extramarital partners) than women, thereby increasing their own and their primary partners' risk of contracting HIV. The stigma associated with HIV discourages men and women from acknowledging their HIV-positive status.

Men who migrate for work and are separated from their families may pay for sex and use substances like alcohol to cope with stress and solitude. That combination increases their risk of infection. So does the culture of risk-taking that tends to characterise predominantly male environments like the military. In all-male institutions such as prisons, men who otherwise prefer women as sex partners may have unsafe sex with other men.

Male violence is an important factor in the spread of HIV through the displacement of communities by wars and civil conflict, as well as through coerced sex. Each year, millions of men commit sexual violence against women, girls and other males —often in their own family. According to a UNICEF report worldwide at least one in three women will, in their lifetime, be beaten, sexually assaulted or abused.

Men — those who lead countries, communities and businesses — need to speak out as friends, partners and citizens. They should lead by example.

By focussing on men, the World AIDS Campaign challenges leaders and role models—from politicians to sports stars and entertainers to affirm and demonstrate their commitment to fight AIDS. It offers them a platform and provides avenues for supporting prevention and care programmes. But a balance must be struck between recognising how men's behaviour contributes to the epidemic and building on their potential to make a difference. As politicians, entertainers, pioneers, frontline workers, fathers, sons, brothers, partners and friends, men have much to give. They need to be prompted to take a much stronger hand in caring for their partners and families [illegible] signified by an AIDS epidemic that has robbed over 13 million children of their parents. None of this suggests an end to prevention programmes for women and girls. The campaign complements those endeavours by recognising that until men everywhere dare to care, the struggle against HIV/AIDS will only be half-won.

Deccan Herald
06 December 2001

The Pioneer
06 December 2001

Sentinel Surveillance for HIV spread in India

DH News Service

CHANDIGARH, Dec 5

The next report on HIV prevalence and spread of HIV in India based on the 8th round of the Sentinel Surveillance carried out in over 320 sites from August 1 to October 31, 2001 shall be available in March 2002. As per the previous rounds carried out during last year there were an estimated 3.22 million people in the country in the age group of 15 to 49 years who were carrying the HIV virus.

This was disclosed by Dr Shaukat, Deputy Director, National AIDS Control Organisation, while presiding over the Regional Meeting on HIV Sentinel Surveillance for Northern Region, here on Tuesday. Representatives from Uttar Pradesh, Bihar, Jharkhand, Uttaranchal, Himachal Pradesh, Punjab, Haryana, Jammu & Kashmir, Delhi and Chandigarh participated at the meeting.

He added that the regional meeting of the Southern and North-Eastern States had been held and the reports of the States comprising these regions had been sent to National Institute for Health and Family Welfare which is the nodal agency for compiling, analysis and interpretation of data and for preparing the All India Report.

HIV Sentinel Surveillance means carrying out cross-sectional studies of HIV prevalence rates at regular intervals among selected groups in the population known as "Sentinel groups." In other words, with HIV Sentinel Surveillance, trends in HIV infection are monitored over time, by group and by place. HIV Sentinel Surveillance can be either community-based or clinic/health facility — based; the latter is much more convenient and is always preferred. As many as 45 districts mostly in high prevalent states had shown high prevalence of HIV among STD patients and Antenatal Women during this round.

Based on Sentinel Surveillance data of the last round, the HIV prevalence in adult population can be broadly classified into three groups of states and UTs in the country.

The first group includes states like Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland where HIV infection has crossed 1 one per cent or more in antenatal women. The second group includes states like Gujarat, Goa and Pondicherry where HIV infection has crossed 5 per cent or more among high risk groups but the infection is below 1 one per cent in antenatal women.

The third group includes remaining states where the HIV infection in any of the high risk groups is still less than 5 per cent and is less than 1 per cent among antenatal women.

A new generation: Teenagers living with HIV

ON THE surface, Alora Gale of Boulder Colorado, is an average teenager. A sophomore at Boulder High School, she likes school and for the most part does well. She volunteers as a peer counsellor at school, hopes to get her driver's license next month when she turns 16 and is looking for a part-time job to help finance frequent trips to the mall. But unlike most teenagers, Alora seems cautious, wary and fragile. She has good reason. In 1993, her mother, Linda, was found to have AIDS. Tests showed that Alora and her younger brother had also been infected, almost certainly while in their mother's womb. In 1995, at age 10, Alora watched her mother's slow, painful decline and death. "Losing my mom was really hard," she said. "But the hardest part may have been that this disease that was killing her was also in my body."

Still, Alora insists that she is an ordinary teenager and wants to be looked at that way. She takes several antiretroviral medications twice a day, keeps track of her viral load and T-cell count and endures frequent coughs, colds and doctor visits, with little complaint. She is happy to be alive. "I have the same life as any other teenager except that AIDS is part of it," she said. Alora is part of the first generation of children born with HIV to reach adolescence. In the past, most babies born with the virus had little hope of living long enough to enter high school.

According to data from the Centres for Disease Control and Prevention, before the mid-1990s children with HIV lived to an average age of nine. But thanks to breakthroughs in antiretroviral medication, since 1996 the average age has risen to 13 to 15 and is going up. There are now 2,400 adolescents who were born with HIV infection, and thousands more who will turn 13 over the next five years.

Experts say the prognosis for these teenagers looks hopeful. "As long as they take their medication, the vast majority should live," said Dr Edwin Simpser, chief medical officer for St Mary's Healthcare System for Children in Bayside, New York, which provides care for nearly 400 children with HIV or AIDS. "How long they are going to live, we don't know." Dr Donna Futterman, the director of the Adolescent AIDS Program at Montefiore Medical Centre in the Bronx says, "When I first started working in AIDS in the early '80s, it was clear that in children, this was only a pediatric disease. But now there are so many children living longer than we ever thought possible, and even becoming adults."

Despite their resilience, many of these children have problems similar to those of other children living with chronic illnesses. Some are sick all the time, often with side effects from their medications. This can lead to missed days — or years — of school, and restricted social lives. Some have emotional or neurological problems related to the disease.

"The medications will always be there for these kids," said Dr Joseph A Church, director of the Children's AIDS Centre at Children's Hospital in Los Angeles. "So what we have to do is spend time talking about dating and relationships and the futures they didn't think they were going to have," he adds. Many infected teenagers have had extremely difficult, fractured lives. Futterman calls this group particularly vulnerable. "Many have lost their mothers, so they have to deal with that tremendous sadness," she said. "They may have also lost other friends who were HIV-positive. The roots of trauma are deep in their lives." Church says, "Well over 50 per cent of the children we see are cognitively impaired, sometimes with significant learning disorders or emotional disturbance. It's not always the result of the virus doing brain damage. Many of these children are products pregnancies that weren't optimal. The brain can take hits when there is prematurity or exposure to drugs in uterus."

Hydeia Broadbent, 17, of Las Vegas is an accomplished public speaker who has won numerous awards and accolades for her AIDS activism. She even has a foundation in her name. But privately, she struggles with a fickle short-term memory, a result of HIV-related brain damage. Hydeia was also very ill as a child, and did not attend school until the seventh grade. She is now in a special program at Odyssey High School, which allows her to do most of her schoolwork at home via the computer. "My daughter didn't have a formal education because of her illness," said Hydeia's mother, Patricia. "My priority was not school, but keeping her healthy in the time she had. I truly didn't believe she'd even be here, so I didn't think anything she'd learn would be important," she adds.

Some of the teenagers were so sheltered by worried, well-meaning familjes that they now find it difficult to cope with independence. Dr Robert Johnson, director of adolescent and young adult medicine at the New Jersey Medical School in Newark, said, "Many of these kids have been so overprotected, often by grandparents that are now raising them, that they don't know how to act independently in the world." Gary Gale, Alora's father, said he had struggled to strike a balance between caring for his children and turning them into spoiled brats. "When I thought my kids were going to die, I tried to make every birthday, every holiday, every minute of their lives special," said Gale, who is director of the National Pediatric AIDS Network, a nonprofit support and information

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Fighting for gay men's rights

STAFF REPORTER

The Naz Foundation, a non government organisation working on creating awareness about HIV and AIDS among "men who have sex with men" (MSM) for the last seven years has filed a writ petition challenging Section 377 (making "unnatural" sexual acts an offence) in the Delhi High Court. It says the section has become an instrument of harassment by the police.

The petitioners add that the section is violative of the fundamental rights (Articles 14, 15, 19 and 21 of the Constitution of India) of gays, bisexual and trans-gender men. "It criminalises same sex behaviour irrespective of the consent of the adults involved. It has led to much harassment and extortion by the police. Our outreach workers and the MSM community, for whom we are working, have to live under constant fear of police action," says gay activist Shaleen Rakesh.

The respondents to the petition are the Government of National Capital Territory of Delhi, Commissioner of Police, Delhi, National AIDS Control Organisation (NACO) and the Union of India through the Ministry of Home, Health and Social Welfare.

According to activists, Section 377 of the Indian Penal Code, 1860, has become an absurdity in modern times when people have come to accept homosexual tendencies as natural human behaviour.

A portion of the section defines "unnatural offences" as "whoever, voluntarily, has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment of either description for a term which may extend up to 10 years and shall be liable to be fined." The term "unnatural offences" has been interpreted to include sodomy and oral sex.

Says Shaleen, "It basically refuses to recognise any sexual act that does not lead to procreation as legal. It has been culturally accepted now that sex is not for procreation alone."

The writ petition argues: "Section 377 creates an arbitrary and unreasonable classification between natural (penile-vaginal) and unnatural (penile-non vaginal) sexual acts that is violative of Article 14's guarantee of equal protection before and under the law. Socio-scientific evidence also suggests that the prohibited acts are indeed not 'unnatural'."

According to Naz, the social effects generated as a result of these provisions drives gay men underground with a devastating impact upon HIV/AIDS prevention efforts.

Once underground, it becomes difficult for them to negotiate safe sexual behaviour. The petition says, "These dire social impacts of section 377 render it violative of the fundamental rights to life as guaranteed under Article 21."

According to Lawyers Collective who have drafted the petition on behalf of Naz, though section 377 has been successful in penalising child sex abuse and complementing the lacunae of the rape law, it fails miserably in providing legal protection to sexual minorities who are harassed and blackmailed by the police.

Adds Shaleen, "Isn't it ironical that Britain, who introduced the law in all their colonies, have repealed it, while it continues to be followed in India."

The Pioneer
10 December 2001

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organisation. "But now that they're teenagers, I'm more careful. I don't want the things I did early on, that I thought were necessary, to make them into rotten adults."

Secrecy is also a big issue for these children. A 17-year-old Brpoklyn girl said she was so afraid to tell her boyfriend of her disease that she wrote a note to him. "But he ripped up the paper and hugged me and said that it wouldn't change the way he thought of me as a person." Arlo, a 15-year-old from Oak Park, Illinois, who asked that his last name not be used, said he felt relieved that he revealed his HIV status to a girl he was beginning to date. "We were just talking, and I said, 'I have something to tell you. I have AIDS.' She just said, 'Okay.' Now that we are starting to go out, I'm happy that she already knows and accepts it."

Linda Villarosa

The New Indian Express
09 December 2001

'Moral code of conduct can save you from AIDS'

FROM OUR BUREAU

Hyderabad, Dec. 8: The AP Study Circle for Backward Classes organised an AIDS awareness programme here on Saturday.

Addressing a gathering of students on the occasion, AP AIDS Control Society director Damayanti said "Youth can play an important role by sensitising people about the steps to be taken to prevent AIDS."

She said that since AIDS has no cure it is imperative on all of us to strive towards preventing it from spreading further.

Commenting on the degrading moral values in the society, she said, AIDS can be prevented by following a moral code of conduct. The present generation is blindly aping the Western culture, she said.

"We have to evolve a strategy whereby each one of us becomes a guide for the other. Innocent people should be stopped from becoming the victims of AIDS," she said.

More than 100 students from the study circle participated in the awareness programme.

The programme included discussion on AIDS, posters to explain its prevention, AIDS related quiz, seminar and talk by experts. The AP Study Circle for Backward Classes offers coaching to backward class students in preparing for civil service exams.

Deccan Chronicle
09 December 2001

Countering AIDS

Sir: Even as December 1 is observed as AIDS Day to create awareness about AIDS, it is disheartening to note that affluent Asians are now the deadly disease's new risk group (NIE, Nov 16). The spread of HIV/AIDS among the middle class in several Asian countries reflects the changing social conditions. Sadly, many migrants to larger cities are more vulnerable to HIV infections. It is a matter of grave concern that the sexually transmitted infections have been increasing at an alarming rate due to, largely, frequent commercial sexual encounters. Unfortunately, despite an orchestrated awareness campaign, quite a sizable section of the younger generation is falling prey to AIDS. The statistics provided by the head of the United Nations HIV/AIDS programme are distressing, to say the least. An estimated seven million people across Asia have been infected with HIV. Against this dismal backdrop, there is an imperative need to wage a battle against the AIDS that is getting to sear the civilised community.

—B H SHANMUKHAPPA
Davangere

The New Indian Express
08 December 2001

AIDS 'awareness campaign' flounders in rural India

Yoga Rangatia
New Delhi

FIRST THE good news: Roughly two-thirds of India's population is aware of HIV/AIDS. But that may not be a sufficient reason to cheer. After a decade-long HIV/AIDS awareness campaign funded by at least Rs 1,000 crore of public money, most rural women are still ignorant of the infection.

The findings of a survey commissioned by the National AIDS Control Organisation (NACO) reveal that a vast majority of rural women in several states are unaware of the danger posed by AIDS. These women are highly vulnerable to HIV infection, and their lack of awareness can potentially thwart efforts to contain a possible epidemic.

Union Health and Family Welfare Minister C P Thakur admits to complacency on part of the central and state AIDS Societies. "There is a problem of coordination between NACO and State Governments. The current pattern of decentralisation does not seem to be working," Dr Thakur told The Pioneer.

Since the Phase-I of National AIDS Control Programme in 1992, the accent has been on prevention of HIV infection by creating awareness among high (AIDS) prevalence States – Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland – where HIV infection has affected one per cent or more of the population.

But in the process, disadvantaged sections in the low prevalence states (HIV infection less than five per cent in high risk group) seems to have lost out. Awareness among rural women is low in Bihar (21.5 per cent), Gujarat (25 per cent), Uttar Pradesh (27.6 per cent), Madhya Pradesh (32.3 per cent) and West Bengal (38.6 per cent).

The first ever National Baseline General Population Behavioural Surveillance Survey 2001 highlights that only eight to 16 per cent of rural women across these States were aware that use of condoms and sexual relationship with an uninfected partner can save them from contracting the infection.

This new information has set alarm bells ringing in the Health Ministry, even as it ponders newer strategies to rope in the disadvantaged rural section. "This is serious. We do not want the epidemic to spread even to low prevalence states," Dr Thakur said. AIDS has been known to spread from high-risk groups like sex workers, drug addicts, homosexual, to the general population, mainly through unsafe sex. This is the primary route for women also to contract the infection.

UNAIDS recognises gender inequalities as a major driving force behind the AIDS epidemic. "Women face heavier risk of HIV infection than men because their diminished economic and social status compromises their ability to choose safer and healthier life strategies," UN IDS says.

NACO's HIV/AIDS combating strategy draws from information provided by the annual sentinel survey, which charts the prevalence rate in high risk groups and general population (represented by ante-natal women). But if meaningful intervention has to be effected, there should be behavioural and attitude change in the society, feel experts. In this respect, the latest behavioural surveillance survey will throw more light towards the Central Government's strategy.

The veil of secrecy around infected persons and social stigma associated with the disease adds to policy planners' woes. "AIDS/HIV victims are hidden from everyone. People do not see real risk in their neighbourhood. This does not encourage behavioural change," says Professor Jacob John at the Christian Medical College, Vellore. The survey confirms that nearly one out of 10 people in the country knew or heard of somebody suffering or having died from HIV/AIDS.

Success of AIDS awareness control programme depends on the State Government. But there are deficiencies in effective implementation, says Dr Thakur. "AIDS (programme implementation) officials insist upon regular monitoring," he adds. The Union Health Minister is also keen that Prime Minister call a meeting of Chief Ministers from low prevalance states and sensitise them to the issue.

The behavioural survey also notes that nearly half the respondents residing in rural areas had poor access to condoms. Lowest condom use was observed in Orissa. Only 10.4 per cent people in the State were aware of an HIV/AIDS testing facility in their vicinity.

The Pioneer
10 December 2001

Breast cancer on the rise among urban women

Thrissur, Dec 10: Compared to their rural counterparts, the incidence of breast cancer in Kerala is higher by 25 per cent among urban women, said Dr K Ramadas, associate professor of Regional Cancer Centre, Thiruvananthapuram. Delivering the keynote address at a seminar on "Breast cancer – diagnosis and treatment" organised by the radiology department of the Jubilee Mission Hospital here on Sunday, he said the main reason for this is the city lifestyle – fast food, lack of exercise, etc. Till recently, it was cervical cancer which topped the list. As per statistics, every year 2,300 new cases of breast cancer are reported from Kerala.

It is unfortunate that 70 per cent of the cases coming for treatment are always in an advanced stage.

Ramadas said that women who have not given birth are at higher risk. At the same time, those with more children are spared. Women with late menopause and those on hormone-mixed drugs are more prone to the disease.

Women who consume fatty food and lack exercise have to be more cautious, he added. Self examination of breasts is even now the best way of screening, said the doctor. • ENS.

The New Indian Express
11 December 2001

HIV in 2% pregnant women

New Delhi, Dec. 8: A recent survey conducted by National AIDS Control Organisation in the major HIV-infested States in the country have found 1.7 per cent of pregnant women to be HIV positive, a member of Parliament said.

"The survey was conducted in major HIV-infected States of Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh and Manipur. In all 1,03,681 women in 11 medical colleges/hospitals were either screened or blood tested for HIV," a release quoting the MP, Kirit Somaiya, said on Saturday.

Out of the total affected pregnant woman, 1,724 or 1.7 per cent of them were found to be HIV positive, he said, adding, "this is a very dangerous signal."

He said in Maharashtra, particularly Mumbai, Pune and Sangli, were the most dangerous areas as per the survey, adding 3.51 per cent of the women were found HIV positive in Mumbai alone while Pune and Sangli accounted for 4.2 per cent. Somaiya said the socio-economic impact of the problem of AIDS would be disastrous and appealed to the various social, business and religious leaders to study and understand the problems arising out of the disease. *(PTI)*

Deccan Chronicle
09 December 2001

Killer virus eating into vulnerable group — mothers-to-be

The New Indian Express
10 December 2001

Express News Service

Bangalore, Dec 9

WHILE AIDS experts and officials in India continue to debate over statistics and their authenticity, the killer disease is now rearing its head in a very vulnerable group – mothers-to-be. Especially in Bangalore.

With over one per cent of the population infected, Bangalore shows a high prevalence of HIV infection in ante-natal clinics. In other words, more women are getting affected here. The City stands just behind six other cities where HIV infection has crossed two per cent of the population. Mumbai, Hyderabad, Chennai, Kolkata, Ahmedabad and Delhi are the other hot zones.

National Aids Control Organisation, through its Sentinel Surveillance Survey, has found that as many as 45 districts in the country have shown a high prevalence of HIV among patients of sexually transmitted diseases and ante-natal women. The survey is conducted every year between August and October among selected groups in the population known as 'sentinel groups'.

However, the survey was stopped after June this year, said sources, "because of controversy over figures." Added an NGO member, "That led to a political fallout."

The total population in India with HIV-positive infections stands at 3.86 million, and these are only the reported cases.

Unfortunately, Karnataka – with a top-ranking Chief Minister and the Silicon Plateau of India as its Capital – is in the 'high risk' group of States. Bangalore Urban tops its HIV charts. "It is because many people from the districts and other places get tested here," a health worker explained. It is true that the number of pregnant women testing HIV positive is rising alarmingly. Director of Samraksha – an NGO working with AIDS patients – Sanghamitra Iyengar said, "In 94-95, our clients were about one woman for every four men. Now, the ratio 1:2.5 (women:men)."

Samraksha has recorded about 3,260 cases since 1993. Of these, there have been 89 women in the last three years who tested HIV positive. The figures pertaining to this, before then, have not been released "to keep the victims' identity confidential".

"The number of AIDS cases is rising at a high rate. As the number of HIV cases rises, it is natural that the number of women testing HIV positive will also rise in proportion. There is no such thing like a high risk group any longer," said Dr Satish, consultant to Wockhardt Hospital and Samraksha.

The State Government has reported that there are 10,067 cases in the State, with 1,253 reported by voluntary testing centres. Among these, 75 per cent involve men, while 25 per cent of women tested HIV-positive. But AIDS prevention workers feel "the trends are changing."

"The number of housewives testing HIV positive has risen dramatically. At least 81 pregnant women have tested HIV positive in Freedom Foundation," said Ashok Ram of Freedom Foundation. "We are in touch with 152 HIV positive children in Bangalore. All people who get tested do not get reflected in national statistics," he added.

"The Government figures were 8,354 reported cases from 1987 to 2001 February, and the officials deducted 500 saying these belonged to other States. But in Freedom Foundation alone, we have received 5,000 HIV positive cases since 1996. If we could record so many cases, imagine the numbers that so many other testing centres would have recorded in the past 15 years," said Ashok Ram.

"Whether the increase is because more centres are available for testing or because people have become more aware, is debatable," said Sanghamitra. "The same patient may go to two or three different centres, and the case may have to be recorded thrice," she added.

AIIMS to organise symposium on HIV

Staff Reporter

New Delhi

THE HUMAN Nutrition Unit of All India Institute of Medical Sciences (AIIMS) with the support of the UNICEF is organising a National Symposium on "HIV and Infant Feeding" from December 9 to disseminate guidelines for HIV and infant feeding.

According to a press release, the Symposium is expected to be attended by medical scientists, nutritionists, dieticians, planners, administrators, faculty members of medical and home science colleges and representatives of national institutions of the country. In all, more than 200 eminent scientists from all over the country are expected to participate in the Symposium.

It has been estimated that instances of HIV cases in pregnant women in India have been on a rise. It has been further estimated that about 25% HIV infected mothers transmit the virus to their new born babies.

Hence, it is feared that if this epidemic is not put under control then in another 5 years HIV positive children will occupy 10% beds in paediatic wards in hospitals.

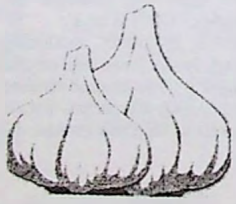
It has been observed that mainly the breast feeding transmits the virus from a HIV positive mother to her baby.

Various important issues, which are expected to be discussed during the Symposium, are the HIV status in India, policy guidelines to be observed during breast feeding by HIV positive mothers and the current status of the Mother-to-Child Transmission (MTCT) of HIV along with many other issues.

The Pioneer
08 December 2001

Garlic impairs AIDS drugs

• GARLIC supplements, often taken in hopes of lowering cholesterol, can seriously interfere with drugs used to treat the AIDS virus, a new federal study concludes.



The study makes garlic the second popular herbal remedy found to interact dangerously with prescription drugs. Experts already warn that St. John's Wort, which claims to ease depression, can block the effectiveness of several drugs, including AIDS treatments and medicine vital for organ transplant recipients.

"Doctors and patients should not assume that dietary supplements are benign therapies," wrote Dr. Judith Falloon of the National Institutes of Health in the United States, co-author of the garlic study.

The Hindu
16 December 2001

Fund for Aids treatment

A new collaborative project has pledged $100 million for the next five years for the treatment of mothers infected with AIDS in Asia and Sub-Saharan Africa, PTI reports from United Nations.

The pledge for the funds on Friday came from Bill and Melinda Gates Foundation, William and Flora Hewlett, the Robert Wood Johnson Foundation, the Henry J Kaiser Family, John and Catherine MacArthur Foundation, David and Lucile Packard, the Rockefeller Foundation and UN foundations.

Deccan Herald
09 December 2001

Firefight against Aids wrapped in red tape

YUMNAM RUPACHANDRA
In Imphal

Manipur observed World Aids Day on 1 December with fanfare but ground action to combat Aids is in jeopardy. According to data collected till August, Aids-related deaths stand at 186 and confirmed cases at 997 with 1,2000 people testing HIV positive in the state.

The first Aids case was reported in Manipur in 1986. The authorities, however, are yet to evolve a system free from bureaucratic and political interference to combat the dreaded virus. Funds are not being released by the Manipur Aids Control Society (MACS), the state' apex body to combat Aids. This has affected the functioning of NGOs which run hospitals for Aids patients, organise rapid intervention and other programmes.

Funds were frozen after a blanket ban that followed a Union home ministry report which alleged: "Funds have been siphoned off to underground elements through NGOs." This dealt a blow to about 100 NGOs empanelled with MACS.

According to a report, the National AIDS Control Organisation (NACO), the nodal Aids-fighting agency in India, had approved Rs 681.53 lakh for 2001-2002 for MACS under its action plan for Manipur where the disease is spreading fast because of its proximity to the "Golden Triangle".

The amount approved initially was Rs 480.53 lakh but was increased on MACS' request. Of the allocation, Rs 240 lakh is in MACS' kitty. MACS' executive committee and governing body had approved the action plan and the funds had been disbursed.

However, after the imposition of Central rule in Manipur in June, funds were frozen on instruction from the Union home ministry vide GoI letter no 8/17/200-NE dated 6/12/2000 which sought the blanket ban. Earlier, the state government continued to disburse funds in violation of the order on the premise that MACS was an autonomous body and directly monitored by NACO. Usage of funds were approved by its governing and executive bodies of which the chief minister was the chairman and the commissioner (Health) was president, respectively.

But after the imposition of Central rule, the Governor- in-Council, with the Governor as its head, took over the task. The council felt the ministry's clearance was needed before releasing funds.

According to MACS, nearly Rs 100 lakh of the Rs 240 lakh released as first installment had been used up – before the restriction came into effect – under the NACO representative's supervision.

MACS project director, Khomdon Lisam, said: "We have written to NACO and the Union home ministry for direction. We have apprised them of the situation and critical nature of the work. A public interest litigation has been filed by a journalist.

"The joint secretary of the Union home ministry, Surinder Kumar, told us over telephone to get clearance for all NGOs working with MACS from the district commissioner before disbursing funds. We have written to the DC for clearance certificates for all NGOs working with us."

The Commissioner (Health), Henry K Henny, had written to NACO on 30 October that the matter was "top priority". Mr Henny had highlighted that "all activities" of MACS had been grounded in the past three months.

The government drew media criticism. "We cannot treat this at par with other issues as the situation is critical and lives are at stake," said Dr Khomdon.

"We understand the Union home ministry's concern but HIV\Aids is an epidemic and should be treated as such," he said. This cannot be put on hold.

"People are dying. The virus is spreading rapidly and the least we can do is to continue with the fire-fighting. All NGOs must not be made to suffer for the handiwork of some," Dr Khomdon said.

"If there is information on specific NGOs having a nexus with insurgents, these must be blacklisted soon so that we can get on with the work."

The Governor's adviser, Mr Kipgen, who handles the health portfolio, said the funds were blocked after an official memorandum from the home ministry.

MACS had been blacklisted in January. In March, senior officials of NACO were asked to conduct a probe into alleged irregularities into MACS' functioning. The team did not find any discrepancy. So, the funds had been disbursed to it. "We have also found out that the allegation that MACS had a nexus with underground organisations is not true. Dr Khomdon will be sent to New Delhi soon," Mr Kipgen said. Mr Kumar has been asked to conduct a probe into the NGOs activities in Manipur.

"The present instruction is that funds to existing NGOs be disbursed after verification by senior officers of the department concerned at the Centre and any new NGOs seeking funds need to be cleared." But the problem is that officials concerned are unwilling to visit Manipur, he said. A senior official, who did not want to be named, said the blanket ban should be extended to all insurgency-prone areas like Assam and Nagaland and not be restricted to Manipur. On the black list are names of NGOs which have not received any funds. Aids/HIV statistics are shooting, though. Of the 3,456 blood samples tested up to September, at least 948 were found HIV positive, while 249 were confirmed Aids cases.

Manipur has recorded 1,010 HIV positive cases since 1986 from blood samples of 54,232. The unofficial figure is much higher. Many Aids-related deaths are not reported because of the stigma

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DRUGS FOR AIDS

THERE IS ONE thing common to South Africa and India which neither country can be proud of. The two lead the rest of the world in the number of people infected by HIV/AIDS, accounting for 20 per cent of the global population of 40 million that is now afflicted by this pandemic. Yet, the two countries also share a singular unwillingness to take care of their HIV/AIDS citizens. Since there is no cure for the disease, the best treatment is its prevention. But for those who have been struck by HIV, medicines are available — at rapidly falling prices — which can enable them to lead productive and long lives. Still, there is no widespread public health care available for South Africa's HIV/AIDS population partly because the President, Mr. Thabo Mbeki, has publicly questioned the link between HIV and AIDS. And in India, whose pharmaceutical industry has led the world in producing AIDS-care drugs at a fraction of global prices, the only treatment that is available is for those who can afford private treatment, because the Central and State Governments do not think this is a priority.

However, the situation is going to change in South Africa and that could possibly hold lessons for India as well. A South African court, acting on a petition filed by AIDS activists and paediatricians, has ruled that it is "an ineluctable obligation" of the state to provide treatment that will reduce the chances of HIV transmission from infected mothers to their children. In a country where 2.3 million women in the reproductive age are infected by HIV/AIDS and where up to 100,000 babies every year are born with the virus, the court order should make a difference to the spread of the scourge. A variety of treatment regimes, in which drug intake is only one element, are available to control what is called "mother to child transmission" of HIV. The most effective, spread over the last three months of pregnancy, is also the most expensive and possibly beyond the capacity of either South African or Indian society. However, field trials have also shown that the administration of a single dose of the drug, nevirapine, just before childbirth, followed by similar treatment to the new-born baby, can bring down the likelihood of HIV transmission from 30 per cent to 12 per cent. The Government of South Africa has now been directed to provide nevirapine in all public hospitals and to take nation-wide measures to control transmission of HIV from infected mothers to their children. This is possibly the first step in South Africa providing a larger public health care programme.

In India, a UNICEF scheme did experiment with nevirapine and Indian drug companies have offered to provide, at no cost, the drug for administration in public hospitals. For the poorer pregnant women who are infected by HIV, a one-time nevirapine-based treatment at a public hospital is possibly the best option. Since it is relatively inexpensive, it is also the only feasible option in India for the cash-strapped public health system. However, it is a measure of the lack of public concern in India that even such a basic programme has not been initiated. The Indian AIDS programme, financed by large loans from the World Bank, is more focussed on what it feels is the priority of prevention. But in spite of the expenditure of huge sums, the Indian record in prevention is nothing to be proud about. As in South Africa, it will probably take a combination of pressure from civil society and intervention by the Judiciary for the Central and State Governments to wake up to their responsibility in AIDS care. Nevirapine is a drug under patent in the developed countries. But it is not illegal, under Indian law, to produce and use it in public health programmes. In any case, as the recent WTO Declaration on TRIPS and Public Health has made clear, Governments do have the power to over-ride patents when public health concerns so demand it. But will the two countries exercise this power?

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attached to the disease. The good news is that there is a decline in the HIV seroprevalence rate from 80.7 per cent in 1997 to 60 per cent in 2001.

The bad news is that the rate among pregnant women is on the rise. The latest epidemiological analysis of HIV/Aids in Manipur conducted by MACS estimated there are about 1,000 afflicted children in Manipur.

The trend is shifting from intravenous drug users to sexual transmission, according to field workers.

After Maharashtra and Tamil Nadu, Manipur is the third-highest HIV/Aids infected state in India.

The Statesman
12 December 2001

The Hindu
19 December 2001

HIV-infected child ostracised

FROM OUR BUREAU

Huzurabad (Karimnagar), Dec. 13: A heart-rending case of a young Dalit couple succumbing to AIDS disease caused by an infected syringe and their 18-month-old child being banished by the villagers has come to light.

According to the villagers of Ippala Narsingapur in the mandal, Boragala Sammaiah, 30, was a daily-wage earner, who had no bad habits. When he was suffering from fever, he approached a local doctor who administered an injection. But the fever aggravated and he was found to have contracted the dreaded AIDS disease.

Shocked over the revelation and fearing that his wife too might have contracted the disease through him, Sammaiah got his pregnant wife Manemma, 25, examined by doctors who confirmed his suspicion. Later, Manemma delivered a male child. There was no improvement in their health even after Sammaiah disposing of his half-an-acre land and spending the amount on treatment.

Sammaiah lost his wife in September, eight months after the child was born. After her death, Sammaiah got his child examined by doctors who confirmed that the child had inherited the disease from his parents. Heart broken with the unforeseen developments, Sammaiah died on December 8 leaving the child to his fate. The villagers and relatives of Sammaiah shifted the child to the village outskirts fearing that they might contract the disease if the child remained amidst them. Though the villagers were giving food to the child every day, the tiny-tot was deprived of parental love and care due to the negligence of doctors and cruel hand of fate.

Sammaiah's relatives claimed that he was a victim of an infected needle used by the doctors.

Deccan Chronicle
14 December 2001

Increased importance

By P H REDDY

THE Planning Commission has released the Approach Paper to the Tenth Five Year Plan (2002-07). The paper consists of five chapters, each dealing with (1) objectives, targets and strategy, (2) resources and other measures, (3) sectoral policy issues, (4) design of programmes, governance and the industrial framework for development and (5) conclusions. The Approach Paper to the Ninth Five Year Plan (1997-2002) clubbed together the sectors of population, family welfare and health and included them in the fourth chapter. But the Approach Paper to the Tenth Plan separated the population sector from that of health and included in the very first chapter, the health sector is included in the third chapter. This perhaps indicates increased importance given to the population programme.

The section on population in the Approach Paper to the Tenth Plan does not give details about population growth, causes of population growth, strategies to bring it down, etc. Instead, it urges the readers to refer to the National Population Policy 2000 (NPP 2000) issued in February 2000, for these details. But it does say that "During the Tenth Plan, the major focus of the family welfare programme will be on ensuring that families will have improved access to health care facilities providing appropriate high quality of health care to enable them to achieve their reproductive goals".

A brief review of population growth in India since the beginning of the 20th century reveals four patterns: near stagnant population during 1901-21, steady growth during 1921-51, rapid high growth during 1951-81 and high growth with definite signs of slowing down during 1981-2001.

Observations

A few observations can be made on high growth of population with definite signs of slowing down during 1981-2091. India's population increased from 686 million in 1981 to 843 million in 1991, registering a decadal growth rate of 23.9 per cent, marginally lower than 24.7 per cent during 1971-81. In 2001, India's population was 1,027 million and decadal growth rate was 21.3 per cent, almost 3 percentage points less than that during 1981-91. It must, however, be noted that although population growth rates during 1981-91 and 1991-2001 were lower than those during their respective preceding decades, the absolute numbers of people added to India's population were more.

Factors of high growth

The NPP 2000 has identified three factors that contribute to high population growth in India and estimated the contribution of each of the three factors. These are (1) large size of the population in the reproductive age and its contribution to population growth is estimated to be 58 per cent, (2) higher fertility due to unmet need for contraception and its estimated contribution to population growth is 20 per cent and (3) high wanted fertility due to high Infant mortality rate (IMR) and its contribution to population growth is estimated to be 20 per cent.

A cursory glance at the currently married women (CMW) in the reproductive age of 15-44 years in 1961, 1971, 1981, 1991 and 2000 reveals a substantial increase in their numbers. For example, the number of CMW increased by a whopping 90 million from 78 million in 1961 to 168 million in 2000. The reason for this increase is high fertility in the past. This is sometimes called "echo effect". Further examination reveals that the proportion of CMW age 15-19 years in the total number of CMW age 15-44 years gradually declined from 15 per cent in 1961 to 8 per cent in 2000. This is due to increase in the age at marriage of girls. However, it is estimated that about 50 per cent of girls in India still marry below the age of 18, the minimum legal age of marriage. There is also some decline in the proportion of CMW age 20-24 years. Thus, the NPP 2000 is right in assuming increase in size of population in the reproductive age as one of the factors that contribute to high population growth in India. But how the NPP 2000 estimated its contribution to population growth to be 58 per cent is far from clear.

Unmet need for contraception is identified as one of the three factors that contribute to high population growth in India and its contribution is estimated to be 20 per cent. The estimate of contribution is as unfear as that of the large size of population in the reproductive age. The NPP 2000 has rightly identified high IMR as one of the factors that contribute to high population growth. It is true that unless couples are reasonably certain that two or three children born to them will survive to adulthood, they will not accept the idea and some method or the other of family planning.

A quick examination of the decline in the crude death rate (CDR) and IMR reveals that the former has declined by about 42 per cent from about 16 per 1,000 population in 1975 to a little less than 9 in 1999, while the latter has declined by 50 per cent from 140 per 1,000 five births in 1975 to 70 in 1999. Although infants have benefitted slightly more than adults from the improvement in living conditions, IMR is so high that It cannot create confidence in the minds of couples to accept a family planning method, especially a terminal method. The NPP 2000 has estimated the contribution of high wanted fertility due to the high IMR also at 20 per cent. It is not clear how the estimate is made by the NPP 2000.

Apart from the three factors identified by the NPP 2000, there could be other factors that contribute to high population growth. Large-scale surveys conducted in different States, including Karnataka, have revealed that the reasons for non-acceptance of family planning, as given by CMW in the reproductive age, included desire for son, desire for daughter, objections from elders/spouse, family planning against religion, etc.

NPP assumption

Does the contribution of all these factors account for only 2 per cent to the population growth, unaccounted for by the three factors identified by the NPP 2000? Thus the assumption of the NPP 2000 that only three factors contribute to high population growth does not seem to be correct.

The NPP 2000 has set for itself three objectives. The immediate objective is to meet the unmet need not only for contraception but also for health care infrastructure and health personnel. The medium-term objective is to bring down the Total Fertility Rate to replacement level by 2010. The long-term objective is to achieve a stable population by 2045.The NPP 2000 has identified 14 socio-demographic goals to be achieved by 2010. Mention must be made of four socio-demographic goals: address the unmet needs for basic reproductive and child health service, supplies and infrastructure; reduce IMR to below 30 per 1,000 live births; promote delayed marriage for girls preferably after 20 years of age and achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons.

Strategic themes

The NPP 2000 has identified 12 strategic themes in order to achieve the national socio-demographic goals. Three strategies may be singled out for comment: first, meeting the unmet need for contraception. Thus, the concern for meeting the unmet need runs through the objectives, socio-demographic coats and strategies of the 25 NPP 2000. Second, concentrate on undeserved population groups of slum dwellers, tribal communities, hill area populations, displaced and migrant populations and adolescents. And third, promote increased participation of men in planned parenthood. This is as it should be.

The time-frame for achieving the medium-term objective and the 14 socio-demographic goals of the NPP 2000 is 2000-10. But the time-frame of the Tenth Plan is 2002-07. A simple exercise should have been undertaken by the Planning Commission and the medium-term objective of reducing the Total Fertility Rate to a particular level and the degree of achieving the socio-demographic goals during the time-frame of the Tenth Plan specified.

Deccan Herald
15 December 2001

Red Cross calls for trade in generic AIDS drugs

Bangkok, Dec. 17: The International Federation of Red Cross and Red Crescent Societies called on Monday for a change in global trade rules to allow producers of cheap generic drugs to export to countries with HIV/AIDS epidemics.

A World Trade Organisation ministerial meeting last month in Doha, Qatar, allowed countries to produce cheap generic drugs to combat a "national emergency". But the world's least developed countries, without the money or technical capacity to produce their own generic drugs, complain that WTO rules still prevent them from importing the drugs.

Alvaro Bermejo, head of the International Federation's health department, said countries such as India, Thailand, Brazil and South Africa should be allowed to supply poor countries with cheap drugs.

"This is one solution and one of the most realistic solutions," he said before the start of a conference on home care for HIV/AIDS patients.

"This has to be true for HIV and AIDS (drugs), but countries are also facing problems in multi-resistant tuberculosis and malaria," he said.

A WTO committee working on trade-related aspects of intellectual property rights is due to propose ways of helping poor countries

COMBATING HIV

obtain generic drugs by the end of next year.

Drug firms say last month's WTO ruling leaves them with no profit incentive to carry out vital research into new drugs. Trade in generic drugs would further marginalise them, they say.

But Bermejo said pharmaceutical giants had little to lose. The firms were making little money in developing countries because their products were too expensive, he said. "Sales of these drugs to developing countries represent a minute percentage of their total sales," he said.

"Making drugs more affordable will not make much difference to companies with record earnings and healthy balance sheets."

Bermejo said government schemes to provide generic drugs cheaply or completely free made economic sense. "Providing treatment free is cost effective, in terms of hospital beds and absenteeism — keeping breadwinners in the family," he said. Thailand said this month it would include anti-retroviral drugs, used to strengthen the immune system of HIV/AIDS patients, in a wider health scheme charging just 30 baht ($0.68) per hospital visit from next year.

Indian companies like Cipla, Aurobindo, Ranbaxy and others could benefit from the exports of cheap generic AIDS drugs and could bring relief to the suffering poor nations. *(Reuters)*

Deccan Chroncile
18 December 2001

The tube's day to talk AIDS

GARGI GUPTA

It's almost 20 years now since the disease we now know as AIDS was first defined for the world. Since then, the acronym has become something of a global bugbear.

It is to spread awareness about AIDS and dispel false notions about the disease that the IEC (information, education and communication) cell of NACO (National AIDS Control Organisation) – the central body that works with the government and NGOs to control the spread of the epidemic in India, has produced two chat shows on HIV/AIDS titled *Khamoshi Kyon* in Hindi and *Talking Positive* in English.

The Hindi version, which began airing on December 5 at 10 pm on Doordarshan, is anchored by well-known television personality and actress Neena Gupta. The English show, anchored by danseuse and social activist Mallika Sarabhai, will be first aired on Zee News on December 15. It has been assigned the prime Saturday 2 pm slot. NACO had petitioned other Hindi language channels to broadcast the shows but were turned away as such shows were perceived not to sell, despite the "K" factor, considered lucky after the popularity of a spate of serials whose names start with that particular letter.

For Neena Gupta, the entire exercise was educative. For example, she didn't know that the exposed virus is delicate and can only last 53 seconds, and can be transmitted only if uninfected blood comes into contact with it during those 53 seconds. It was a challenge for her, since the conversation frequently and explicitly dealt with sexual mores. "We had to be very careful not to offend," she says. "The issue of when to start sex education for a child raised a lot of hackles. One expert said it should be at age six but many in the audience felt that was too soon."

At present, there are about 34.4 million people affected worldwide with the HIV/AIDS virus. Ten per cent of these — around 3.5-4 million — live in India alone. No other country, except South Africa, has a larger population of HIV/AIDS patients.

Largescale poverty, a general lack of awareness about sexual health, a repressive society and general apathy on the part of the government make matters worse.

Along with measures to make the latest treatments available to the HIV affected at affordable rates, an extensive awareness drive is imperative. Most Indians have heard of AIDS, of course, but know little about how it spreads and preventive measures. As a result, a number of myths have gained ground. AIDS continues to carry a lot of social stigma, patients are refused treatment by doctors, and even ostracised by their families.

Says Neelam Kapur, joint director of the IEC, "Television, especially Doordarshan, is a good way of reaching out to the semi-urban and rural populace. The two anchors were chosen because they had mass appeal and had at some point in their life stood up for human rights or the independence of women."

The concept for the shows has been put together by NACO's own set of experts. In order to set the conversational ball rolling, there is a short film of a case study. Audiences are then asked what they think of the medical and social issues brought up in the film. The anchor and panel of experts, comprising doctors and counsellors, then answer the questions raised by the audience.

The chat shows also revealed the necessity of proper education for counsellors. Mallika Sarabhai recounted an incident near Surat where a counsellor advised truck drivers not to visit prostitutes because of the danger of contracting the virus. The truck drivers instead took to sodomising a young boy in their midst, which was not only equally unsafe but also traumatic for the youth. Some of the revelations are funny as well. "One woman recalled how she always thought babies were born if two people touch their lips with the other, as in the movies when two birds are seen touching beaks," says Gupta.

Given this degree of ignorance about the birds and bees, the two chat shows are indeed creditable ventures.

The Pioneer
10 December 2001

A new struggle for HIV-infected patients

By Jeff Stryker
New York Times Service

It would not be like him to lie down and die quietly. Larry Kramer, the 66-year-old novelist and playwright, AIDS activist and agitator, is fighting again.

Last spring, doctors told Kramer he had as little as a year to live. His liver was failing, a consequence of Hepatitis B infection complicated by HIV. His weight had dropped from 160 to 120 pounds, and fluid was accumulating in his abdomen. Doctors repeatedly punctured his belly with long needles, draining 12 litres of fluid at a time.

This autumn, Mr Kramer said he was feeling better. An experimental drug, Adefovir, seems to be helping keep his liver disease in check. The death sentence has not been lifted, but a liver transplant may offer a stay. Mr Kramer has joined the 18,646 patients on the national liver transplant waiting list, maintained by the United Network for Organ Sharing, which operates under contract to the US government. Like Mr Kramer, a significant number of people with HIV are also infected with Hepatitis B or C, or both viruses. Overall, 15 per cent of the people with HIV are estimated to have Hepatitis C; among gay men with HIV, 40 per cent are thought to have.Hepatitis B. A few years ago, organ transplants for people with HIV were unthinkable. They were not expected to live long enough to justify receiving a scarce donor organ; in addition to the perils of AIDS alone, they were thought to be especially vulnerable to the risks of the immune-suppressing drugs used to prevent organ rejection.

But things have changed. The prognosis for people with HIV has improved markedly since 1996, when combination drug therapy, the famous AIDS cocktails, came into widespread use. Surgeons began trying transplants in people with HIV, and initial results suggested that they tolerated immune-suppressing drugs better than doctors had anticipated. As a result, many surgeons say it is not ethically acceptable to deny transplants to HIV patients. But at the same time, some doctors say such transplants should be done only as part of rigorously designed studies to determine whether the procedure is truly effective.

John Fung, a transplant surgeon at the University of Pittsburgh, said: "No one group should bear the brunt of the organ shortage. People with HIV should not be singled out. The fact is, these are life-saving procedures." In the last four years, Dr Fung said, 14 liver transplants have been done in HIV-positive patients at Pittsburgh and the University of Miami. Twelve are still alive; one-year survival rates approach 90 per cent, comparable to that for recipients without HIV. Dr Fung, who will perform Mr Kramer's transplant if a liver becomes available, said, "Cardiovascularly and neurologically, Larry is in as good shape as any of our other candidates."

Mr Kramer is following an exacting diet and exercise regimen to get in shape for what could be a 10-hour operation. "I feel better," he said. "I work. I drive. I go to the gym. I travel. And I kvetch when I have a cold," he added, sniffling and coughing.

Dr Fung's sentiments are echoed in UNOS policy guidelines, which state that an HIV-positive, asymptomatic patient "should not necessarily be excluded from candidacy for organ transplantation, but should be advised that he or she may be at increased risk of morbidity and mortality because of immunosuppressive therapy."

Not many transplants have been done in patients with HIV disease. UNOS counts 94 between 1988 and 2000, including 33 liver transplants. (The numbers may be incomplete because of state confidentiality laws prohibiting reporting of information about patients' HIV status.) Eleven of the 33 liver transplants in HIV-positive recipients were performed just last year, a small fraction of the 4,954 liver transplant surgeries nationwide in 2000. Only 17 of 122 medical centres that perform liver transplants have performed them on HIV-positive recipients.

Mr Kramer counts himself as fortunate, merely to have a chance to navigate the transplant allocation system, which he calls "American medical bureaucracy at its worst." Mr Kramer passed what is perhaps the most exacting transplant screening test, what some call the wallet biopsy. After initial denials, Medicare and his private insurer, Empire Blue Cross and Blue Shield, agreed to cover the costs of the transplant, allowing him to travel "out of network" to Pittsburgh for the procedure. Not everyone fares as well. Belynda Dunn of Boston, 50, had trouble with the wallet biopsy. Her HIV infection was diagnosed in 1991; she has had Hepatitis C for 30 years, since receiving a blood transfusion during the birth of her son. She said that her HMO, Boston's Neighbourhood Health Plan, had denied her application and an appeal for coverage for a liver transplant. She filed a further appeal to the Office of Patient Protection, part of the Massachusetts department of public health.

The Asian Age
20 December 2001

Indo-U.S. project on maternal, child health

By Our Special Correspondent

NEW DELHI, DEC. 15. India and the United States have launched a collaborative research programme in the area of maternal and child health and human development.

The programme was launched at a two-day meeting of senior scientists of the two countries, which concluded here on Friday.

Under the programme, Indian and U.S. biomedical researchers' team would study the major causes of illness and disability in mothers and children in both the countries.

It would focus on understanding the causes and treatment of malnutrition, reduction of childhood death and development problems, and prevention of mother to child HIV/ AIDS prevention.

Addressing a joint press conference, the two co- chairpersons of the programme - Dr. N.K. Ganguly and Dr. Robert L. Goldenberg, said the work on at least three projects would begin in the next six months.

At the two-day meeting, the experts examined about 38 joint research proposals and shortlisted 11 for further examination.

Dr. Ganguly is the director-general of ICMR, and Dr. Goldenberg chairman of Department of Obstetrics and Gynaecolgy, University of Albalama at Birmingham.

The Hindu
16 December 2001

'How do you make love?'

HONG KONG: Hong Kong teenagers know so little about sex that one wanted to know whether plastic wrap could be used in place of condoms. The most commonly asked questions found by a concern group which surveyed 2,000 teenagers in 50 schools were basic ones such as "What is making love?" and "How do you catch AIDS?". Many youths in the territory pick up false information about sex from comics and movies while sex education in schools is inadequate and irrelevant, the group teen aids complained. "Many schools have started opening up but their pace is far behind the demand from students," the group's director, Atty Ching said, told today's south china morning post. "I came across a teenager telling me that he was going to have sex with his girlfriend and was already saving up for her to have an abortion" because he knew so little about birth control. The group called on Hong Kong's education department to improve sex education in schools. A spokesman for the department said it would study the survey's findings.

The Pioneer
19 December 2001

TRIBALS VALUE THEIR WOMEN

South Sikkim has the highest sex ratio in the zero to six age group in the country. The 2001 census shows that it has 1,036 females per 1,000 males. Not far behind, Upper Slang of Jammu and Kashmir has 1,018 females per 1,000 males in the same age group. Then comes Rajnandangaon, a district of the newly formed tribal state of Chattisgarh. The sex ratio of this district is 990. In Gumla district, in the other newly formed tribal state of Jharkhand, the sex ratio is a respectable 977.

What do these districts have in common? What is so special about them? And in what respect are they different from the other so called prosperous states and districts?

Well, all these places fall in the tribal belts of the country. They are among the top 20 districts that have a very fair sex ratio, above the national average of 927. These tribal areas are different from the prosperous states of Punjab, Haryana, Gujarat, Himachal Pradesh, Tamil Nadu and Delhi, which have an adverse sex ratio in the zero to six age group.

The reason for the large number of girls among the tribals is they don't practice female infanticide or foeticide. In the rest of the country, female foeticide and infanticide are widely practiced. But with so called civilisation seeping into the tribal belts there is great danger of preference for a son and foeticide catching up. Sylvina, a tribal from Ulathia, Raigarh district of Madhya Pradesh, has four sisters and a brother. "We never felt inferior to boys," she says. But in the neighbouring Ambikapur where sonography and ultra-sound facilities are available, some tribals do go for tests and drop the foetus if it is a girl, she admits.

Well-known demographer Ashish Bose says the dowry system of tribals living in the Northeast is different from that of those in other parts of India. In fact, daughters are at a premium. They bring in dowry and are assets. Among the tribals it is the women who do most of the work. They work in the fields, do the marketing in addition to their household chores. The men, particularly in the Northeast, migrate in search of jobs. The women are left behind to bring up the children.

The tribals don't have a prejudice against the girl child. Women enjoy superior status and are respected. In fact, in the Northeast women have a greater say in family matters and other issues. The drastic fall in the sex ratio in the decade from 1991 to 2001 in the states of Punjab, Haryana and Himachal Pradesh indicates near hatred for girls. With TV channels propagating consumerism 24 hours a day, the greed for the good things of life has increased. People are abusing the dowry system to satisfy their greed for luxuries. The girl's parents become the cash cows for the groom and his family.

The tribal belts seem to be untouched by this rat race of consumerism. They have neither information about markets nor the money to meet their minimum needs.

Prof Bose says easy access to technology like ultra sound and amniocentesis is another important reason for the fall in the sex ratio in the states of Punjab, Haryana and Himachal Pradesh. In spite of the law, which prohibits misuse of the new technologies, unscrupulous doctors have learnt how to dodge it. But the technology and professional services to abort are not available with the tribals.

The post-Green Revolution trend among the wealthy farmers to settle abroad is also responsible for the male preference. The conservative Punjabis find it easier to send sons abroad for studies or business. They then follow them and settle there, says Prof Bose. Girls are considered to be vulnerable in foreign lands and so they don't want girls.

If tribals obtain technology and the capacity to indulge in luxuries would they continue to be averse to selective sex abortions? "Only time can tell," says Prof Bose. Bad practices seem to be infectious! In the Kangra district of Himachal Pradesh, the sex ratio plummeted from 939 to 836 in 2001 because of the influence from the neighbouring Punjab with its strong son preference.

However, Muslim terrorists in Baramulla, Jammu and Kashmir, have warned doctors against practising female foeticide because killing the unborn child is against their religion. Professor Bose says the Muslims probably fear that abortions could adversely affect their population growth. In Punjab, religious leaders are stepping in to curb foeticide. The Akal Takht jathedar, Toginder Singh were against Sikh tenets and of female offenders foeticide would be ex-communicated.

But do other states have religious leaders with mass following who would condemn this evil practice of foeticide?

Dibyajyoti Chatterjee
The Pioneer
18 December 2001

Hindustan Times
20 December 2001

Drug-resistant HIV spreading

DRUG-RESISTANT STRAINS of HIV, the AIDS virus, have spread widely since the first effective drugs were introduced five years ago, making the deadly disease far tougher to treat, researchers reported yesterday in the first large-scale study of the extent of HIV resistance.

The study, which focussed on patients treated between 1996 and 1999, found that 78 per cent harboured virus that was resistant to one class of drugs, 51 per cent had virus that was resistant to two classes of drugs, and 18 per cent had virus that was resistant to all three classes of drugs.

"The prevalence of resistance is much higher than we thought," says lead author Douglas Richman of the VA San Diego Healthcare System.

The ease with which HIV changes to protect itself against the most lethal drugs available represents evolution in action. Only the fittest viruses survive to multiply, quickly filling the void left by their more vulnerable ancestors. Moreover, the more resistant HIV there is, the more it will spread from person to person, Richman says. "I think this indicates why we're seeing much more transmission of drug-resistant virus."

Prior studies have shown that 10-20 per cent of people newly infected with HIV carry drug-resistant strains.

The new study relied on blood samples taken from 1,083 patients who were no longer benefiting much from their treatment. This population was statistically representative of 132,442 people treated between 1996 and 1999, says Richman, who collaborated with experts at the Rand Corp.

Jose Zuniga, director of the International Association of Physicians in AIDS Care, says doctors should test their HIV patients for drug-resistant virus after the drugs' benefits fade, so they can tailor therapy to the patient.

This isn't a simple matter, because current resistance tests measure resistance only in the most common AIDS strains. Resistance in up to half of the less common strains may be missed, and the results can be difficult to interpret. But newer, better tests are in the works.

USA Today

BODY TALK

Lab cheers red wine

THE POPULAR belief that a glass of red wine protects the heart has been validated in the laboratory. Red wine, health researchers report, is rich in polyphenols. These helpful molecules inhibit a peptide called endothelin-1, which causes blood vessels to constrict and has been fingered as a major villain in heart disease.

AFP, Paris

Condoms get a new look at Chennai institute

By P Sudhakar

Chennai, Dec 20: For couples who find it tough to handle the age-old copper 'T' and various varieties of condom, here's good news.

The Central Institute of Plastics Engineering and Technology (CIPET), an apex body under the Union Ministry of Chemicals and Fertilizers, is evaluating sophisticated and highly sensitive prototypes of these two family planning devices.

These new products are likely to hit the stands soon, after receiving the mandatory green signal from CIPET and the Ministry of Family Welfare.

Speaking to *The New Indian Express*, CIPET director general, Dr Sushil K Verma, disclosed that final tests on these products and evaluation was in full swing.

"We have to carefully test and evaluate their quality so that safety and sensitivity which are the prime objectives of these products, are not lost. More importantly, we have to guarantee and satisfy the consumers that the new products will be user-friendly," said Verma.

CIPET is also actively engaged in preparing high performance polymer components for the Indian Space Research Organisation (ISRO) and the Department of Material Science Research Development and Engineering at Kanpur, a research institution under the Ministry of Defence.

Refusing to divulge more details about these prestigious and challenging assignments, Verma only said that CIPET had become one of the major contributors to various key departments including defence, space research, packaging, water management and automobile industry.

"All our products – being used by these departments – are performing well since we prepare the polymer components with the exact technical specification required by users.

"We don't compromise at any point in ensuring the superior characteristics of the output," Verma said.

About the ongoing campaign against the use of plastic, Verma said the carcinogenic material emanating during the tar-laying process was highly hazardous.

"The burning of tar spews out highly poisonous carcinogenic material and the only way to take the campaign forward is getting an ISO 14001 certification for companies that are eco-friendly," said Verma.

CIPET, with its ultra-modern equipment in five centres, has turned its attention towards computer aided design, computer aided manufacturing and computer aided engineering in recent times in a bid to give the products here the much needed techno-commercial competitiveness to be able to take on the international market.

The New Indian Express
21 December 2001

S African govt loses lawsuit on AIDS drug

Johannesburg
15 DECEMBER

SOUTH African government on Friday lost a crucial case on AIDS treatment when a high court ruled that it should provide anti-retroviral drugs for HIV positive pregnant women and babies.

The Pretoria High Court ruled in a landmark case, brought by the Treatment Action Campaign (TAC), an AIDS NGO, that the government must make available the AIDS drug, nevirapine, to infected pregnant women who give birth in public hospitals.

Judge Chris Botha also said the government should institute a programme to reduce transmission from mother to child which will include counselling and HIV testing in addition to follow-up treatment.

He also ordered that the government should, by the end of March, report on the progress of the programme.

The TAC argued that anti-retrovirals had a scientific track record of preventing the spread of the virus from mothers to children by about 50 per cent.

Despite an offer by the German pharmaceutical firm Boehringer Ingelheim to provide nevarapine free of cost, the government distributes the drug at a handful of research sites reaching about 10 per cent of HIV-infected women.

Marumo Moerane, representative of the health department, said there were insufficient resources to expand the government's present programme. He also said the long-term efficacy of nevirapine had yet to be proved. About 200 babies are born HIV-positive every day in South Africa. —PTI

The Economic Times
16 December 2001

High Court notice to maker of AIDS 'drug'

Kochi, Dec 20: A Division Bench of the Kerala High Court on Wednesday ordered notice by special messenger to T A Majeed, proprietor of Fair Pharma, Ernakulam, in response to a public interest writ petition seeking to restrain him from manufacturing, marketing and selling any self-developed drug until after it had been clinically tested by expert bodies.

The petitioner, the State unit of the People's Union for Civil Liberties, sought that Majeed's drugs be subjected to required protocols and tests by the National Institute of Communicable Diseases in New Delhi, the National Institute of Virology in Pune or the Centre for Advanced Research in Virology in Vellore.

Majeed, who is not a registered medical practitioner under any system of medicine, has been manufacturing, prescribing and selling a drug claiming to be of Ayurvedic prescription, for treatment of AIDS since 1989. The drug, called Immuno-QR, is dispensed in the form of syrup and tablets. One course of the drug costs Rs 8,400 and he does not give any receipt or bill to the patients.

Since the scientific world has not developed any known cure for AIDS and no Government has recognised any suitable drug, patients have been queuing up to buy Immuno-QR as a last resort.

With the concerned authorities unable to deal suitably with the situation, the petitioner has sought an investigation, pending which Majeed be kept away from advertising his find. • ENS

The New Indian Express
21 December 2001

Whose womb is it anyway?

MRINAL PANDE

Abortion is an issue that has always generated a somewhat heated debate because it involves the rights of the individual and the rights of the unborn. In India, too, abortions were deemed illegal till the early 1970s. Interestingly the demand for safe and legal abortions came, when it did, not from women's groups, but from the demographers and doctors guided by professional interests and ideologies. The demographers saw legalised abortion as an effective method of population control. The doctors, who were aware of the widespread incidence of unsafe, backroom abortions and the threat it posed to the lives of millions of women, demanded legalised abortions as a way of accepting reality and saving lives.

The Medical Termination of Pregnancy Act of 1972 (MTP) liberalised and regularised "the termination of certain pregnancies by registered Medical Practitioners" but it did not encompass access to safe abortion as a fundamental right for women. Today the liberalised law has little meaning for most Indian women, especially the rural and urban poor. They find it extremely hard to access a developed network of abortion facilities in approved government run hospitals and the 22,441 Primary Health Centres (PHCs). As a result, the proportion of registered to non-registered abortion service centres is estimated at 1: 5 and the private sector dominates the abortion scenario. The private health sector in India is by and large an unregulated sector, and apart from Delhi and Maharashtra, none of the other states and Union Territories have rules, acts regulatory and monitoring mechanisms to keep tabs over this sector. Only 25 per cent of the several hundred private nursing homes in the capital city of Delhi, for example, are registered!

Another hurdle is that an overwhelming number of the private sector hospitals is located in urban areas. Abortion-seekers in rural areas find that most PHCs there do not have the facilities. Very often, rural women have to wait for the doctor to visit the PHC. The government's financial input per induced abortion is Rs 15. Delay means grave complications and danger for the mother, so poor women have no choice but to seek out untrained abortionists who may be dais, herbalists or even a village barber who can mix potions that will abort a foetus!

In 1990, Chhabra & Nuna estimated that 11-12 per cent of the maternal deaths were due to bad abortions. Another community based survey of 10,000 women and 1200 providers (ICMR, 1989) showed that most women in rural areas were unaware that the PHC was supposed to provide them with safe and legal abortions. Most of the induced abortions (1:11) were performed by quacks and other unauthorised persons.

All women carry a tremendous burden of guilt when they opt for an abortion and are extremely discreet about it. This inhibits them from going to government hospitals. A woman's secondary position in society, her economic dependence and her ignorance about her rights further aggravate her access to safe abortion care. In government hospitals, the ambiguity in the registration forms which often call for husband's approval and procedural delays dissuade all those who wish to seek abortion and confidentiality about it.

An exploratory study done by CEHAT, (Gupte, Bandewar and Pisal 1996) Mumbai, to understand the issue from the women's perspective, uncovered an unsettling scenario. Most of the women surveyed had no say in choosing a husband, in sexual partnership or spacing between children. These vital issues were decided by the husband and the in-laws. In some cases, where women had clandestine abortions and were found out, they were thrown out of the husband's house.

We all know about the son-preference in most families in India. Most of the urban families surveyed showed they sought abortions on a selective level. They did not hesitate to suggest or even insist on an abortion, when the new and expensive pre-natal medico-diagnostic techniques showed the sex of the foetus as female. Even difficult pregnancies, repeated and dangerous abortions and high expenses did not deter these families (most of them urban and middle class) from opting for female foeticide. These families were not worried about the mother's health. Although most couples surveyed cited failed contraception as the official reason for demanding abortion, studies showed that none of them were using contraceptives.

The first results of Census 2001 show that the situation is not very different in other prosperous states—Haryana, Punjab, Gujarat and Tamil Nadu, all of them have registered a frightening decline in the number of girls in the 0-4 age group. The government has now issued stern guidelines against sex-selective abortions and misuse of the tests.

> The question that arises is if the public sector is cash strapped and the private sector functions only on money ethics, are we doomed to suffer from the ratio of one safe abortion to 11 unsafe ones? And is the urban healthcare system going to continue aborting girls clandestinely?

If we are committed to safeguarding women's rights over their bodies as inalienable human rights, and at the same time, are eager to prevent the misuse of abortion facilities, we have to enforce strict regulatory control over the private sector while recognising the need for safe abortions.

To this end, non-sex selective and safe abortion services must be made widely available and easily accessible. For the poor in the rural areas, the facilities at the PHCs have to be upgraded and a woman-friendly environment provided in hospitals where the urban women from slums go for abortions.

Increasing the space within families for women to access their sexual and reproductive rights and enhancing their role in decision making is equally important. For that we must consider building women's support groups and counselling services especially in slums and rural areas. NGOs such as Cehat (Mumbai), Search (Gadhchiroli) and Masum (Pune) have done excellent pioneering work in Maharashtra.

The Pioneer
21 December 2001

Anjali Rai to head panel on female foeticide

CHAIRPERSON OF the Delhi Commission for Women Anjali Rai will head a committee to suggest ways of checking female foeticide by creating social awareness.

Replying to a discussion initiated by Rai in the Delhi Assembly, Health Minister A K Walia said the committee can have two MLAs as members, apart from experts from the medical field.

Walia said he would ask the Centre to increase the amount in Balika Samriddhi Yojna. At present, Rs 500 is deposited in the bank after birth of a girl child. She also gets Rs 300 per annum till class III, Rs 500 for class IV, Rs 600 for class V, Rs 700 for class VI and VII, Rs 800 for class VIII and Rs 1,000 for classes above VIII.

The government has proposed free education to girl students till senior secondary level, free transport in rural areas and free textbooks upto class V. It has also been proposed that SC/ST children of class VI get Rs 120 extra per annum, class VII Rs 180 and class VIII Rs 240. They will also get free uniforms and textbooks.

Walia suggested reservation for women in state Assemblies and the Parliament.

Hindsutan Times
21 December 2001

Do new reproductive technologies empower women?

Though many of her conclusions are out of line with current feminist thinking, the most notorious radical feminist analysis of reproduction remains Shulamith Firestone's *The Dialectic of Sex* (1970). In this, Firestone argues that it is their role as reproducers that has handicapped women over the centuries and made possible men's patriarchal power: "The heart of women's oppression is her childbearing and child-rearing role".

It is, she says, this biological reality rather than economic structures that forms the material basis for the most fundamental division in society – that between men and women. She, therefore, attempts to rewrite the Marxist theory of history, combining it with what she sees as the positive aspects of Freudian analysis and substituting "reproduction" for "production" and "sex class" for "economic class".

The sexual-reproductive organisation of society always furnishes the real basis starting from which we can alone work out the ultimate explanation of the whole superstructure of economic, judicial and political institutions as well as of the religious, philosophical and other ideas of a given period. Although rooted in nature, the biological basis is not unchanging. With the development of effective contraception and new reproductive technology, the possibility exists for the first time of breaking the link with biology and freeing women from their reproductive role, and she sees future artificial reproduction outside the womb as the basis for women's liberation.

Such liberation will not, however, be the automatic consequence of the new technologies, for men's interest in maintaining patriarchy will continue, and the new technology, especially fertility control, may be used against women to reinforce the entrenched system of exploitation.

Women, therefore, constitute an oppressed class which must rise and seize control of the means of reproduction (which includes the social institutions of child-bearing and child-rearing as well as the new technologies, with the ultimate goal of eliminating not just male privilege but the sex distinction itself so that "genital differences between human beings would no longer matter culturally".

She assumes that this will be accompanied by a proletarian revolution which will eliminate social class and, through the use of cybernetics, make possible the elimination of labour itself; it is, however, the women's revolution that she sees as the ultimate human revolution, for this will end not just a particular form of power, but the psychology of power itself.

As a political programme, such sweeping and grandiose proposals are clearly inadequate, and Firestone offers no suggestions as to how or when her revolutions are to occur, how they interact with each other and how feminists should start organising. She also fails to disentangle the biological and social aspects of childbirth, and child-rearing, and her whole theoretical framework has been attacked as confused and simplistic.

Indeed, Firestone's analysis has been criticised as a blueprint for women's further enslavement. Her critics such as Andrea Dworkin and Gena Corea argue that women's oppression is not caused by "female biology," in and of itself, but rather by man's control of that biology – a control that could become total, depending on how reproductive technology is developed.

All of these writers believe that reproductive technology poses an enormous threat to whatever powers women still possess and that biological motherhood ought to be forsaken in favour of artificial motherhood.

As Andrea Dworkin pointed out, technologies such as artificial insemination, in vitro fertilisation, sex pre-selection, embryo transplantation, foetal monitoring, and eventual cloning make the womb not the province of women, but of scientists and doctors who wish to control it.

For women to worry about whether these technologies are moral or immoral, good or bad, then, is to worry about the wrong issue. Instead, women should be worrying whether these technologies are going to be used to further consolidate male power, to create a society in which women are not whole persons but mere functions: domestics, sex prostitutes, and reproductive prostitutes.

Like Dworkin, Gena Corea is also suspicious of what the new reproductive technologies and their concomitant social arrangements promise women. Corea is convinced that because men currently control them, the new reproductive technologies will be used not to empower women but to further consolidate male power. Corea drew implicit analogies between Count Dracula and Dr Robert Edwards, one of the co-developers of in vitro fertilisation. Just as Dracula never had enough blood to drink, Dr Edwards never had enough ova upon which to experiment.

As a result, he would routinely appear at the hysterectomies his colleagues were performing so that he could secure enough ova for his experiments (*The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*, 1985). Toward the end of her essay, entitled "Egg Snatchers," Corea asked: Why are men focusing all this technology on woman's generative organs – the source of her procreative power? Why are they collecting our eggs? Why do they seek to freeze them?

Why do men want to control the production of human beings? Why do they talk so often about producing "perfect" babies? Why are they splitting the functions of motherhood into smaller parts? Does that reduce the power of the

Contd...

Contd...

mother and her claim to the child? ("I only gave the egg. I am not the real mother." "I only loaned my uterus. I am not the real mother." "I only raised the child. I am not the real mother.")

Nevertheless, the central idea that a feminist theory of women's history and oppression must start with human reproduction and that modern technology may be the basis of liberation, is shared by other writers. For example, Mary O'Brien in *The Politics of Reproduction* (1981) argues that reproduction is not an unchanging biological fact, but a process related to human consciousness and the basis of human society.

From this perspective, the two key moments of human history are the first early discovery of paternity, and the modern contraceptive technology which has for the first time made possible the rational control of reproduction.

Both of these are "world historical events", which "create a transformation in human consciousness of human relations with the natural world" and change the whole structure of society.

Most of human history has occurred between these events, and has been characterised by a male supremacy that is in fact based on men's failure to establish absolute control over reproduction.

"The social relations of reproduction are relations of dominance precisely because at the heart of the doctrine of potency lies the intransigent impotency of uncertainty....." Now, however, "The institutions of patriarchy are vulnerable because the Age of Contraception has changed the process of reproduction, and the social relations of reproduction must therefore undergo transformation."

E Badinter, too, sees contraceptive technology as of extraordinary importance. Though she argues that patriarchy has been in gradual decline for the last two centuries, she says that in the last 20 years, women have won the right to control their fertility and this has dealt the *coup de grace* to male power, making possible the creation of a whole new world order in which men and women increasingly come to resemble each other, and in which the age-old sexual division of labour is being abandoned for the first time in the whole of human history (*Man/ Woman. The One is the Other*, 1989).

Clearly, modern contraception and reproductive technology have had a major effect on the lives of many women. The ability to plan and control fertility has a potentially liberating effect, and has made possible a kind of freedom undreamed of by earlier generations.

However, the real choices available to women are also constrained by economic, social and political circumstances and by prevailing ideologies and moralities, and in patriarchal society new developments are more likely to be used to control rather than to liberate women; they are also particularly likely to be abused in relation to poor, black or third world women, who may face forced sterilisation or be the unwitting guinea pigs for contraceptive experiments.

Therefore, although feminists have increasingly come to see free access to contraception and abortion as key feminist demands, some have also come to understand their potential dangers, arguing that they can endanger women's health and lead to an increase in sexual exploitation, and that they may be used to limit the reproductive capacities of women deemed "unfit" to become mothers (blacks, the poor, the single, lesbians, the mentally abnormal...).

Similarly, though modern medicine can greatly decrease the risks involved in pregnancy and childbirth, it can also become unnecessarily interventionist, and involve a transfer of power from female friends, relations and midwives to male doctors, while the mother herself may be unable to participate actively in the birth of her own child. Recent developments in reproductive technology have also, it is argued, been used against women to consolidate male power and make patriarchy for the first time absolute: "Here is man's control of the awesome power of woman; the last stronghold of nature which he can finally dominate" (R.Arditti, *Test-Tube Women*, 1984).

Thus, access to AID (artificial insemination by donor) or IVF (in vitro fertilisation) programmes may be limited to those the authorities consider "respectable" and all forms of surrogate motherhood are likely to involve the exploitation of poor or third world women, while the social conditions that may drive women to see pregnancy as their only source of worth or fulfilment remain unexamined. Even more sinister, pre-birth diagnosis of sex has led in some circumstances to selective abortion of female foetuses, and some writers fear this and other developments mean that women may ultimately become dispensable, or that "there will be a new kind of holocaust, as unimaginable now as the Nazi one before it happened....men will finally have the means to create and control the kind of women they want...they will be domestics, sex prostitutes, and reproductive prostitutes (Andrea Dworkin, *Right-Wing Women*, 1983).

All this is a far cry from Firestone's belief in the liberating possibilities of artificial wombs, and suggests that in a patriarchal society "seizing the means of reproduction" might be a reformulation of Marx, and that it can have little practical meaning.

Once again, the issue must be related to other areas of patriarchal control, and the struggle over reproductive rights must be fought in this context, rather than isolated as a simple cause of oppression or key to liberation.

This means that the whole area of contraception, childbirth and the new reproductive technologies can be seen as yet another site in which power is exercised but in which it can also be resisted. The outcome of such a struggle is crucially important, but it cannot be simply determined, for it is tied in with power relations elsewhere.

As we have seen earlier, reproductive technology raises profound questions about motherhood – about the importance of genetic and gestational links to the children one rears. It also raises troubling questions about power – about who controls reproduction in societies such as ours.

Refusing to reproduce and to mother may be the safest course of action for women who wish to escape the snares of patriarchy; but because any such refusal represents, for many women at least, an act of self-denial, there may also be good reason to lay claim to those dimensions of reproduction and mothering that have not been distorted by patriarchal socialisation.

The main problem, of course, is to determine precisely what it is about reproduction and mothering that is, from women's point of view, both power giving and pleasure giving. Whatever the difficulties that may accompany this search, the woman who completes it successfully is unlikely to be disappointed. Rather, she is likely to discover why it is that she wants to mother – and how much.

The Statesman
22 December 2001

Baby, it's time to do something!

EVERY hour, India witnesses the birth of four HIV+ children. In a year, of about 25 million births, that's about 1,25,000 children born with HIV. And in another five years, if the present rate of mother-to-child transmission (MTCT) — the largest source of HIV infection in children — is not controlled, pediatric AIDS will be responsible for about 10 per cent of childhood illnesses.

The figures, courtesy the National Aids Control Organisation (NACO), are scary enough to send the government as well as international organisations and public health institutes into a tizzy. Recently, NACO established the key findings of a feasibility study of administering short-term AZT intervention to HIV+ mothers to reduce chances of MTCT. AZT, or zidovudine, is an antiretroviral drug; used as a 'cocktail' with two or three other drugs, it reduces multiplication of infected cells. In the 11 districts selected for the study, 1.7 per cent of women attending antenatal clinics who agreed to HIV testing, were found positive.

"The MTCT risk in developing countries ranges between 25-40 per cent, while it is much lower in developed countries. However, we found that by administering AZT at the appropriate time, the MTCT rate fell from 36 per cent to 8.4 per cent in the 11 districts," says J V R Prasada Rao, Director, NACO. The Central government now plans to extend the pilot project across the country beginning February 2002.

While AZT intervention does reduce MTCT significantly, the high transmission risk in developing countries is largely due to infant feeding practices. Twenty five per cent of all women who are HIV+ transmit the virus to their children through breastfeeding. The option, obviously, is not to breastfeed, but in a country like India, where commercial breast milk substitutes are hard to come by and adequate knowledge, literacy and healthcare delivery are low, "it's a very tough choice",,admitted Dr Anne Vincent of the UNICEF, while addressing a one-day National Consultation on HIV and Infant Feeding, organised recently by Delhi's All India Institute of Medical Sciences (AIIMS).

According to the WHO/UNICEF/UNAIDS guidelines on HIV and infant feeding, the breastfeeding substitute has to meet five criteria: Acceptability, feasibility, affordability, safety and sustainability. However, new research from South Africa also indicates that the risks of not breastfeeding are far greater than the risk of MTCT through breastfeeding. In fact, exclusive breastfeeding till the baby is six months old is now considered the best way to prevent MTCT, because antibodies developed in the mother's body are passed on to her baby.

"It is very tough to tell an HIV+ mother that while breastfeeding carries a risk of transmission, exclusive breastfeeding is better than mixed feeding, which includes breastfeeding and substitute feeding," agrees Vincent. The natural tendency for an HIV+ mother, especially in India, is towards mixed feeding. Cultural dictates ensure that a new mother must breastfeed, but because of her HIV+ status, she will also feed her baby home prepared substitutes (modified animal milk) or commercial formula milk.

According to the findings of a South Africa study carried out by Dr Michael Latham, a professor of international nutrition at Cornell University, USA, 20 per cent of babies who were given mixed feeding became infected with HIV and 13 per cent of those fed only formula milk got the virus, while only 8 per cent of babies weaned exclusively on breast milk for the first three months were infected. "Mixed feeding," explains Vincent, "is dangerous because formula milk may damage the walls of the baby's gut, making the baby more susceptible to developing HIV infection from the breast milk of an HIV+ mother."

While exclusive breastfeeding carries the least risk of MTCT, it has a high opportunity cost — especially for working mothers; the alternative is to make commercial formula milk easily available and cheap. This, however, must be accompanied by education in preparing formula milk, as well as hygienic practices. "It also represents a huge window of opportunity for manufacturers of conunercial infant formula, and there is a need for strong monitoring of breast milk substitute marketing," warns Vincent.

— Anupreeta Das

The New Indian Express
23 December 2001

HC bans drug touted as cure for AIDS

Kochi, Dec 21: A division bench of the Kerala High Court on Friday restrained M/S Fair Pharma of Kochi from manufacturing, marketing and advertising the medicinal product named 'Immuna oqr' — which the firm claims can cure AIDS and other dreaded diseases.

The bench, comprising Chief Justice B N Srikrishna and Justice M Ramachandran, suspended an interim stay order against the cancellation of licence obtained by the company for manufacture of the ayurvedic formulation.

The court issued the interim order on a PIL filed by the Kerala unit of the People's Union for Civil Liberties (PUCL), seeking a CBI probe into the manufacture and marketing of Immunoqr.

The court ordered issuance of notice to Centre, Director of the CBI, Director of National Institute of Virology, National AIDS Control Organisation and the Kerala State AIDS Control Society. • UNI

The New Indian Express
22 December 2001

1 daughter = 10 sons

'Dasa putra sama kanya, dasa putran prabardhayan
Yatphalam labhate mattya, tallavyam kanyaiekaya."
(Skandapurana)

(A daughter is equivalent to ten sons. The benefits which one may acquire by bringing up ten sons, can match with that of a single daughter.)

THIS is not an exception, but one of the many slokas that specify the benefits of having a daughter over that of a son and the divine rewards for '*kanyadaan*' (giving a daughter for marriage). Much to the heart burning of the son-aspirants, our scriptures bear ample testimony to the fact that the '*punya*' of *kanyadaan* far outshines that of performing vedic sacrifices, pilgrimage to holy places, feeding the Brahmins and arranging charity for them. Scriptures also suggest that one should adopt daughters, if he does not have one, to acquire mental peace and well-being of both the *pitri* and *martri kulas*.

According to the Parashara school of astrology, which is the oldest and the most authentic one, the problems caused by Mercury (Budha) and Venus (Shukra) can be solved by performing *kanyadaan*. While Mercury usually affects mental peace, Venus contributes to material well-being.

"Mercury can play havoc with the nervous system and you will suffer from anxiety, irritation and lack of concentration,' said Pandit Biharilal Sharma, a faculty member of Lal Bahadur Shastri Sanskrit Vidyapith in New Delhi. 'It can cause skin diseases also.'

And if one follows Parashar, only a daughter can provide the necessary succour. She can nullify the evil effects of Venus and bring in a happy married life for the members of her family.

According to eminent astrologer Pandit Shukdev Chaturvedi, Dharmashastras prescribe *kanyadaan* for a person, who wants to acquire three-times the benefit of performing sacrifices and satisfying his forefathers.

'Since *kanya* or a girl is considered to be a form of shakti who, according to the scriptures, is the prime moving force in this universe, nurturing her ensures happiness in this world and the next," said Pandit Sharma.

"A man without a daughter is doomed just like *shiva* without *shakti*. Both are incapable of offering any service to the universe," he explained.

And when a father gives his daughter for marriage, he is bound to get divine blessings, as he is not expecting any thing in return. Ishopanishad specifies that one can only savour the fruits of his 'daan' or offering, when he performs it without any expectations.

A number of couples, who do not have any daughter of their own, are even going for adoption for the sake of *kanyadaan*.

"After all, the daughter is a Lakshmi and what better gift you can offer than the goddess of wealth and prosperity?" asked Sujji Srinivas who, inspite of being a father of two sons, has adopted an orphan girl child.

Srinivas' message has been promptly taken up by Sumitra Bhalla, a widow, who opted for a girl child from the adoption center. 'A son is only for one's own family. But a daughter is like a flower. Her fragrance knows no boundaries,' Sumitra said.

This assumes significance in view of the fact that social compulsions and the so-called urge to fulfil religious duties (lighting the pyre for example), the aspiration to have a son has reached a level of insanity in our society. Introduction of new technologies in the patriarchal society have worsened the situation with the practice of female foeticide spreading like wild fire. The sex ratio of the population in the 0-6 age group has declined from 945 females per 1000 males in 1991 to 927 per 1000 in 2001. Though the 2001 census has counted 531 million males and 496 million females giving rise to an overall sex ratio of 933 females per 1,000 males compared to 927 per 1,000 in 1991, the sex ratio at birth has become more favourable to males. Though Uttar Pradesh and Uttaranchal, both have registered an improvement in overall sex ratio between 1991 and 2001, the child sex ratio has declined. Interestingly, all the States that have shown large declines in child sex ratio between 1991 and 2001 - Punjab, Haryana, Himachal Pradesh, Gujarat, Maharashtra, Chandigarh and Delhi - are economically well-developed and have recorded a fairly high literacy rate.

Identifying the decline in the child sex ratio as the crux of the population problem, noted demographer and one of the authors of the national population policy, Dr Ashish Bose said the son-complex coupled with new technology, money power and mindless consumerism that has jacked up the dowry, have wreaked havoc. That is why the decline in child sex ratio is more alarming in relatively prosperous states of Punjab and Haryana with 793 and 820 females per 1000 male respectively. In 1991 the figure for Punjab was 875 and Haryana 879.

"Even the medical fraternity is worried about the possible imbalance that the missing girl child can create," said Dr Sanjiv Malik, General Secretary of the Indian Medical Association, which had recently organized a conference of the religious leaders to condemn female foeticide.

True, religion cannot provide a solution to each and every issue. But isn't the end more important than the means?

SHRUBA MUKHERJEE
Deccan Herald
23 December 2001

Research indicates that a cheap and widely available anti-malarial drug may be used to reduce mother-to-child transmission of HIV. The anti-malarial drug chloroquine, which was recently shown to slow the replication of HIV, accumulates in high concentrations in breast milk, researchers report. Breast-feeding may account for up to a half of all cases of mother-to-child transmission of HIV. This research suggests that women may be able to reduce the risk of transmitting HIV to their children via breast milk by taking chloroquine. The research is preliminary, but it "warrants further study," they point out. The authors note that chloroquine is cheap, widely available and causes few side effects at low doses. Researchers are planning a study to see the effect of chloroquine on HIV levels in the breast-milk of HIV-positive women.

The Times of India
23 December 2001

Population growth — boon or bane?

MALTHUS AND HIS GHOST: Dr. Girish Mishra; Manak Publications Pvt. Ltd., G-19, Vijay Chowk, Laxmi Nagar, New Delhi-110092. **Rs. 750.**

THE BOOK under review puts human population and its size and growth in proper perspective and looks into Malthus' theory, its historical background, the birth and implications of neo-Malthusianism after the Second World War and the recent Neo-Malthusian remedy of Zero Population Growth. It questions the general perception that population is responsible for declining quality of life, inflation, ethnic frictions, communal riots and terrorism and examines whether shortages of space, food and non-renewable resources are really due to growing population. The book concludes that both Malthus and his ideas have terrorised the world too long and the time has come to bury them deep. It has tried to prove that population is a boon rather than a curse.

With the help of extensive research and literature survey, it has been shown that Malthus' theory of population was in no way original or based on observations of demographic changes. As observed by Karl Marx, it was a superficial plagiarism of the pre-Malthusian writings on population of De Foe, James Stuart, Townsend, Franklin, Wallace, etc. Malthus attempted to shift the blame for misery and suffering of the people at large onto the laws of nature and exonerated social institutions and property relations.

In simple words, according to Malthus, population, when unchecked, increases in a geometrical ratio. Subsistence increases in an arithmetical ratio. This imbalance could not go so forever and had to be corrected by nature and correction was very painful. According to him, poor themselves were responsible for their misery and destitution because they bred thoughtlessly and there was no justification compelling others to pay for their welfare. Malthus helped the propertied classes in two ways. First, their conscience was cleared of any sense of guilt and they were told not to be unduly perturbed at the suffering of the poor because they were just paying for their sins. Second, they were provided with arguments to fight successfully the attempts by the then British Prime Minister, Pit, to raise the levies on them to finance the relief for the poor.

The author has analysed the reasons for the phenomenal success of the book, *Malthus' Essay*, which was the book of the hour. There were several factors, which facilitated a warm reception to the book in 1798. The two great political events in the 18th century, the American War of Independence in 1776 and the French Revolution in 1789, aroused a new consciousness. This frightened propertied class in Britain and Europe. Across the Channel property was threatened. Malthus was the apostle of private property. The Malthusian Theory of Population was put forward as an ideological weapon in the hands of the propertied to rationalise and justify existing exploitation, misery and sufferings of the labouring masses and oppose progressive ideas of equality and exploitation-free society and to frustrate all attempts at institutional reforms and changes.

While it was hailed by the propertied classes and their protagonists, its validity was thoroughly scrutinised by radical intellectuals. Marx and Engles and their followers subjected it to a thorough autopsy, investigating all its postulates, factual basis and conclusions and policy implications. He was found guilty of the logical fallacy of illicit generalisation. The introduction of moral restraints and emphasis on preventative checks in the later editions of the *Essay* brought in a number of contradictions in his theoretical design. His theory was reactionary and inhumane and it was an excuse to oppose all progressive reforms. Malthus absolved the existing institutional arrangement of all responsibility for prevailing misery and sufferings of the people at large. He ignored the role of science, technical knowledge and institutional reforms in bringing about a tremendous increase by the supply of the means of subsistence.

Influenced by Malthusian ideas, population growth is seen as the major cause of under-development of today. Poverty in Africa, Asia and Latin America is often blamed on what is called over-population. The popular media in particular tends to associate scarcity and famine with a surfeit of mouth to feed. Dr. Mishra has argued very cogently that frightful prophecy of Malthus and his followers, all the so-called facts and scientific data marshalled by them, have proved to be utterly false. Except for a few pockets, per capita average availability of food has increased and the incidence of malnutrition has gone down. There is no ground to think that foodgrains production will not go up in future. All the available indicators point out that the world will support a much larger population than the present one, both quantitatively and qualitatively, at a higher level of consumption because science and technology have unlimited potential.

Dr. Mishra has shown with the help of recent studies, the size and the growth of population had both beneficial as well as harmful consequences. Had there been slower growth of population, their economic growth could have been definitely facilitated, yet there was no need to take an alarming view. There is no causal connection between the size and the growth of population and high rates of inflation, unemployment crimes and traffic accidents and culture of violence. At best population may be an aggravating factor. The increasing number of children may be a problem to the State exchequer and country as to bear the burden of providing certain services, etc., to them but in the long run they turn out to be a boon provided they are properly brought up and equipped with skills.

The study has cited several studies to underline the role population growth plays in technological development. Both of them have been inter-related. Population change indicates technological change and vice versa. A number of inventions and discoveries have influenced the size and distribution of human population. Likewise, many other inventions and discoveries have brought down mortality rate and helped population growth. Without technological changes, the rapid rise in human population would not have been possible. Almost all the inventions of today have been due to demand-induced or cost-induced motivation.

Radical changes in the relation between human and natural resources occur in areas in which population multiplies. Shrinking supplies of land and other natural resources would provide motivation to invest in better means of utilising scarce resources or to discover substitutes for them. Moreover, population increase would make it possible to use methods that are inapplicable when population increase would make it possible to use methods that are inapplicable when population is smaller. Once these motivations led to inventions or importation of technologies, the technological changes would then result in further population change, which in turn would induce still further technological change. In this way, an interlinked process of demographic and technological change would occur. Increased demand for

Contd...

Herbal aid saps the strength of HIV drug

SOME people with HIV turn to herbal medicines to supplement the mix of conventional drugs they take to keep their infections in check. But now, a study has found, garlic supplements, among the most popular of the products, may pose a special risk. The supplement appears to reduce sharply the effectiveness of the drug saquinavir, researchers report in the current online issue of *Clinical Infectious Diseases*. Volunteers who took garlic caplets twice a day for three weeks experienced a drop of about 50 per cent in the saquinavir levels in their blood. And the effect of the garlic supplements, often taken in the belief that they counteract the cholesterol-raising effect of some drugs, could still be seen 10 days after they stopped taking them. For the moment, the researchers are advising only those patients being treated solely with saquinavir to avoid the supplements. But the researchers say more work is needed to determine whether garlic supplements affected other drugs that treat HIV and AIDS. The study, however, says it was unclear what component of garlic played a role, so there was no way of knowing whether diets high in garlic also posed a risk.

The New Indian Express
23 December 2001

Nigerian arm bags AIDS drugs order

Reuters
MUMBAI, 20 DECEMBER

Ranbaxy Laboratories, India's top drugmaker by sales, said on Thursday that its Nigerian unit had received a $1.75 million order to supply anti-AIDS drugs to the African country.

Ranbaxy will supply lamivudine, stavudine and nevirapine, which form a three-drug anti-AIDS cocktail.

The patent for lamivudine is controlled by GlaxoSmithKline Plc, stavudine by Bristol-Myers Squibb and nevirapine by Germany's Boehringer Ingelheim.

Another Indian drugmaker, Cipla Ltd, has already agreed to supply $3.5 million worth of cheap anti-AIDS drugs to a Nigerian programme to treat 10,000 AIDS patients.

Indian law allows companies to make drugs under patent internationally provided their process differs from the patent-holder's.

The Economic Times
21 December 2001

New contraceptives for women to be launched

By Gargi Parsai

NEW DELHI, DEC. 24. The Government will launch two new contraceptives for women in the national family welfare programme. The new contraceptives — Emergency Contraceptive (EC) Pill and the Intra-Uterine Device (IUD) 380A — will be available on prescription from April next. This is happening after a gap of 15 years. Mala-D was the last contraceptive pill introduced for women in 1985 under the population stabilisation programme.

The Drug Controller of India has given permission to three firms for marketing the Emergency Contraceptive Pill, also known as the Morning After Pill. The Government-owned IDPL and V-Care Pharma Limited have been given the licence to manufacture and market the new pill, while Contech Devices Limited in Noida has been allowed to import and market the finished formulation of the pill.

Emergency Contraception is a hormonal method of contraception that can be used to prevent pregnancy after unprotected sex or sexual abuse, rather than resorting to (unsafe) abortion later on. It also gives a woman a second chance to avoid pregnancy if the traditional contraceptive method failed for some reason.

The prescribed dosage is two pills of levonorgestrel (.75 mg each) which should be taken within the first four days of unprotected sex. Multi-country and multi-centric clinical trials conducted by Prof. Suneeta Mittal at the All-India Institute of Medical Sciences have shown more than 85 per cent efficacy and an occasional nausea as a side-effect.

It is not well known that IUD is also a method of emergency contraception, and it is non-hormonal. It involves insertion in the woman of copper-releasing IUD within five days of unsafe sex. If placed well, it is a better method of preventing pregnancy and has more than 95 per cent efficacy. The IUD-380A that is being introduced will provide a 10-year protection to women as against the 3 to 4 years safety net of the existing IUD-200.

"The Government has decided to introduce these two methods of contraception to widen the basket of contraceptives available for women and to empower them. Statistics show that every time a new contraception is introduced, the fertility rate goes down," said Ms. Meenakshi Dutta Ghosh, joint-secretary in charge of the programme in the Ministry of Health and Family Welfare.

The reported abortion rate in India is said to be about 6 lakhs per year. It is estimated that four times more cases go unreported resulting in high maternal mortality and morbidity rate. Prof. Mittal said if by adopting these methods women can be saved the trauma of going through abortions it will do the country a lot of good. She will soon launch training and awareness campaign on EC amongst doctors and health workers.

The Hindu
25 December 2001

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commodities due to rising income and population may create scarcity in the short run but a higher price of that particular commodity induces people to solve the problem. This phenomenon has been observed throughout human history. If this scarcity does not arise, there will be no occasion for investors and entrepreneurs to demonstrate their spirit of venture and all scientific and technological research will come to a standstill. However, the author agrees with the pessimistic attitude of Malthusians regarding scarcity of resources. There is no finiteness either in agricultural land or in sources of energy. If we consider a long run view, the sources of energy as well as other natural resources are not finite.

Fertility is influenced by a variety of factors like levels of income, education of parents, mortality rate, the state and nature of social scarcity, the status of women in the society etc., that are inversely related to fertility. Economic growth itself is the best contraceptive because with increasing per capita income, faster urbanisation, spread of knowledge and better housing and medical facilities the fertility rate will certainly come down.

Dr. Mishra observes that the danger of Malthusian idea is that it diverts attention and resources from other problems and solutions to these problems may not be discovered if our thinking is cast in Malthusian terms. There are drastic costs to human freedom and dignity if many of the proposals for widespread population control are taken seriously and adopted. He sums up that the problem is not that mankind has propagated too many children but that it has failed to organise a world in which they can grow in peace and prosperity. The main conclusion of the book is not how many people can share the earth, but whether they can devise the means of sharing it all. The subject matter of the book is very topical and it will be useful to general reader, students and researchers interested in economic history, population studies and development issues.

B. K. PANDEY

The Hindu
25 December 2001

ATTENTION READERS.....

"New from US ..... Gender selection is now a reality" reads a small 9x6 cms. box advertisement in one of the leading newspapers. This advertisement appeared on four consecutive days in November 2001. Showcasing a chubby-cheeked, fair and cute baby, the advertisement highlights a new product Gen-Select, an American medical kit that enables couples to select the sex of the unborn child. The copy also proclaims 96% results in delivering a baby of a particular sex. Some critical concerns arise:

1. The advertisement is in direct violation of the Pre-Natal Diagnostic Technique (Regulation and Prevention of Mis-use) Act 1994 that prohibits advertising of information related to pre-natal sex determination tests. To quote, "No newspaper, hoarding or poster should carry advertisements regarding anything related to sex selection". The advertisement clearly violates the Act.
2. The census survey data shows a falling male-female ratio. The 2001 figures highlight that Punjab, for instance has 793:1000 and Haryana is 861:1000. Furthermore, the survey also indicates that the ratio of girls of six years of age and below per 1000 boys has declined from 945 in 1991 to 927 in 2001. Given the Indian penchant for a male child, the advertisement overtly and covertly suggests a gender selection, which reiterates the same value system.
3. By encouraging a selection of the sex of the child, the product and the company facilitate couples in making a choice. The implications of selection for a male child, (no one is actually naïve enough to assume that couples will use this product to opt for a girl child) will lead to and create a situation where the syndrome of the 'missing girl child' will increase manifold.
4. The advertisers stretch themselves further. In order to attract the Indian consumer, they offer a Toll-Free facility for callers from India. This effort at exploiting the Indian psyche for a male child has been cleverly converted into a commercial advantage – besides being covertly racist.

In a society where patriarchal values co-exist with exploitation such as female foeticide, malnourishment, dowry deaths and domestic violence, products such as these need to be viewed as not merely unwelcome, but more importantly, outrightly **dangerous.**

The lack of political will coupled with little endorsement from the medical fraternity has so far hindered the application of the law. The persistently strong societal bias against girls needs to be countered by education. However, till such time, it is essential that products such as these be kept out of the market. These products and its advertising are vehicles on the same road and direction, which opt to do away with our daughters.

We invite all our readers to join a nationwide signature campaign to protest this issue. Coordinated by Vimochana, we request you to inform, educate and collect as many signatures as possible from your area. These can be forwarded to:

Shri A. R. Nanda
Secretary
Room 346
Directorate of Health
Nirman Bhavan
New Delhi 110 011

Ms. Meenakshi Dutta Ghosh
Central Supervisory Board
PNDT Act
Nirman Bhavan
New Delhi 110 011

For readers in Karnataka
Dr. Murugendrappa
Project Director - RCH
State Appropriate Authority
Directorate of Family Health
Anand Rao Circle
Bangalore 560 009

Vimochana – No.40/1, 2nd floor, Richmond Road, Bangalore – 560 025. Ph: 556 5124

Condemn Gender Selection Technology

The editorial 'Sophie's Choice' (November 22) is interesting. Medically, there is no technique which can give 100 per cent choice of gender. The separation of X and Y chromatin-bearing sperms by certain methods is up to 60 per cent and not 90 per cent as some companies claim. These kits were being used even in some conservative countries like Saudi Arabia and Kuwait where I worked earlier.

India stands unique as far as gender selection controversies are concerned. Now we have a technique called 'pre-implantation genetic diagnosis' where the embryo can be screened for various genetic defects and the sex of the foetus. But this requires a hi-tech embryo laboratory and is highly expensive. But if the patient conceives (which is around 30-35 per cent), the sex selection is 100 per cent. In a recent international conference in an Indian city, one doctor from Mumbai justified this technique for gender selection as a parental choice. Anyway, it was condemned by the entire fraternity.

In clinical practice, many patients seek many whims and fancies ever since the media hype on this technology. But we live in a society and have certain norms and obligations towards the society. When the social structure is going to be affected by such anti-social technology, we can always refrain from it and ask the government to stop such practices.

The right for termination of pregnancy and pre-natal diagnosis are of high social and moral concerns and have to be rightly understood in the correct perspective. Why has such a situation come about? Do we allow euthanasia even in cases where it appears to be justified? Do we allow organ trading? Do we allow human cloning? Every technology has positive and negative aspects. If a concerned doctor/ scientist is crazy, can we allow him to do what he likes? The answer is big no. Let us be more rational and more human. Let us condemn such things right now.

Y. Ravindranath, Bangalore

The Times of India
14 November 2001

Sex tests remain a doc's choice

Majority of city's prenatal test institutes still unregistered

FROM OUR BUREAU

Hyderabad Nov. 25: The Supreme Court fiat banning medical institutions with prenatal diagnostic facilities from carrying out sex determination tests, seems to have fallen on deaf ears.

The district-level advisory committee on prenatal diagnostic tests had directed medical institutions in the city to register themselves with the District Medical and Health Office before November 30. Only 69 of the 345 institutes that possess ultrasound sonography machines have done so far. Carrying out tests to determine the sex of the child are banned under the new apex court law.

Radiologists who have not applied for registration argue that they do not carry out any sex determination tests and therefore there is no need for them to register themselves. However, medical authorities claim that under the Prenatal Diagnostic Techniques Act, registration is mandatory for every institute including State hospitals. The ultrasound machine is also used to diagnose genetic disorders, abdominal problems and foetal development. However, while diagnosing these problems, the sex of the child is also revealed. It is possible that doctors and technicians who handle the sonography machine may reveal the sex to parents.

GENDER BIAS

According to Dr Mukta Bai, additional DMHO, MCH, who is also the incharge of the advisory committee on PNDT Act, a meeting of doctors and medical experts will be held shortly to sensitise them about the need to get themselves registered. "Registered medical institutions have to file periodic returns on the tests done by them to the committee apart from sending records and the list of patients they have counselled," said Mukta Bai. Experts in the advisory committee feel that sex determination tests cannot be curbed just by enacting laws. "People, especially doctors, need to be sensitised on the issue and its social impact — female foeticide. An awareness campaign has to be taken up involving various NGOs and government authorities," said Ali Azghar of Cova, a city-based NGO. As per the latest statistics available with Cova, Punjab — which has a male/female ratio 1000:825 — tops the list of female foeticides. In Andhra Pradesh, the sex ratio is 1000:910. "It is difficult to say whether female foeticide is more prevalent in rural or urban areas. Sonography machines are portable and doctors can easily carry them anywhere. A separate study has to be carried district-wise to assess the facts," he added.

Deccan Chronicle
26 November 2001

Times have changed, gender bias hasn't

FROM OUR BUREAU

Hyderabad Nov. 22: *New from US. Gender selection is now a reality! Couples now able to choose gender of the next child with Genselect... Genselect was developed by top US physicians.. to be used in the privacy of your home.*

For the last few days, this press advertisement has been telling people about Genselect, a new product that promises "96 per cent" results in delivering a baby of a particular sex.

The product has a website, too, giving "select" details about the history of the product (not too informative as to how and why this product was developed), instructions on how to use this "integrated programme" for "96 per cent effectiveness" and a "retail" link that has columns for people to fill up their address and information to get the product delivered at their doorsteps.

The sex ratio in most States in India is nothing worth crowing about with the exception of Kerala and Pondicherry where the number of females outnumber the males.

In an official response to the advertisement, chairperson of the National Commission for Women, Vibha Parthasarathy, wrote to the chairperson of the leading daily. The letter, dated November 20, reads: "The NCW is deeply disappointed and very seriously concerned that the newspaper has chosen to publish such an advertisement. Even when we were aware of the tragic trend in the demographic profile (sex ratio), the latest census figures have jolted us. Our society seems to be heading for massive femicide. Advertisements such as the one referred to contribute hugely towards this."

It further states: "The NCW appeals to your sensitivity and concern for both the health of the girl child and health of our society." Parthasarathy also urged action from the concerned management. There are other aspects to this issue as well. How ethical and sensitive to women, is scientific research? Dr Mercy Joseph, head, PME Group, CCMB, said, "Sex tests have been going on for a long time now. Pathological labs sometimes withhold information of the sex of the baby, unless they unofficially reveal it."

"But inventions are mostly done with good intentions. So far as sex determination goes, the sex of the foetus is indirectly related to abortion. If the RH positive factor is present in the female foetus, the chances of abortion are less, while the same for the male foetus is more. But this is more a case of awareness at the social level. The dowry system makes this a big problem," she added.

P A Kamaleswari, a leading advocate, said, "These kinds of advertisements are unconstitutional. We had problems about prenatal diagnosis and its legality. This kind of an ad in a newspaper is a matter of concern. As per the CEDAW declaration at the human rights conference, gender bias in any form must be condemned. A public interest litigation can be filed against this."

Vasanth Kannabiran, founder president, Asmita Women's Resource Centre, says, "Sex selection is unconstitutional. We are already suffering from the consequences of gender bias. So far as the ad is concerned, we do not know if this new 'technology' is being used for money alone and how 'effective' it is."

"But how does a reputed newspaper with a national readership carry an ad like this, is what needs to be questioned. They are violating norms and restraints. Asmita is considering filing a written complaint to the Press Council of India on this regard."

Deccan Chronicle
23 November 2001

SON SET

Sophie's Choice

A recent advertisement in this paper on a 'new' gender selection technique marketed by a US company has raised comment, much of it critical. It raises a number of issues, ethical, legal and medical. On the legal front, the advertiser is in the clear. The Indian law does not prohibit a person from using any technique available to pre-determine the gender of her child before conception. The Pre-natal Diagnostics Techniques (Prevention of Misuse) Act, 1994 focuses on various medical techniques which enable a person to ascertain the sex of the child right from conception, whether or not the intent is to terminate the pregnancy. Technology has, however, always been a step ahead of the law and the need to legislate on pre-conception selection techniques is now being debated. On the medical front, doctors argue that techniques as the one advertised are dubious at best. An earlier technique which involved the separation of the chromosomes to ensure the sex of the child was proved unreliable. Doctors are now examining to what extent the law requires to be amended to obviate questionable gender selection techniques. This becomes imperative in the current socio-cultural context in India where a woman's worth is at a discount. The alarmingly skewed sex ratio is now a cause for serious concern, with some districts registering less than 700 women to 1,000 men. From cradle to grave, all too many Indian women are congenital victims of chronic malnutrition, dowry-related violence and other forms of oppression. So much so, that often women themselves are reluctant to have girl children who, they fear, will suffer the same sad fate as their mothers.

Indeed, this history of discrimination can colour our perceptions of ethics and morality. Many who were exercised by the recent advertisement would not disagree that a fundamental tenet of democracy — the freedom of choice, provided it is not at the cost of another person or in violation of the law — must be upheld. This raises the issue of a woman's right to have an abortion. While it is extreme to say that life begins at conception and that any termination would amount to the taking of a life, once the vital signs of a foetus become apparent, the procedure cannot be viewed purely clinically. Therefore, a woman's right to abortion ought to be conditional on her being in full knowledge of the import of her actions. But, while we can agree with the sentiment that any life or potential life must be protected by the law, can we abridge an individual's right to choose the gender of her child before conception? It can be argued that this is neither against the law nor in contravention of another person's right to life. After all, the law allows adoption procedures wherein an individual has the absolute right to adopt a child of a gender, and even physical attributes of her choosing. It would, however, be useful to educate the public on the fallibility of pre-conception gender selection techniques currently in vogue. Opposition to such techniques stems from the fact that they are nearly always aimed at eliminating the girl child, but that in itself should not create a situation where individual freedoms — including that of parental preference of their child's gender — are curtailed.

The Times of India
22 November 2001

Abort gender pre-selection

Yoga Rangatia

It is clearly shocking that an editorial in a leading national daily trivialised crime against the unborn girl child, by endorsing the choice of the mother to select the gender of child before conceiving. The editorial goes ahead and gives a clean chit to the advertiser of such a facility, whose covert intention seems to cash-in on the perverse preference among Indian families for a male child.

Is the editorial suggesting that falling male-female ratio is OK if the technique used for decimating the female population is preselection, and not abortion of female foetus? Is gender preselection guilt-free because it is seen not to amount to the terminating of a life? The proponents of gender preselection are flawed in their perception that women in India have rights over their womb. It is because women have little say in the family that the Supreme Court has made even disclosure of the sex of foetus by ultrasonologist a punishable offence, upon the presumption that the information will be used to discriminate against the unborn girl child.

The intent of the law is clear; that an unborn girl child has the right to arrive in the world. And it does not discriminate between the advertiser and publisher of such derogatory advertisements. The Supreme Court, which is hearing a PIL on implementation of the Pre-natal Diagnostic Test (Regulation and Prevention of Misuse) Act 1994, is asking for registration of each and every ultrasound machine in the country. Non-registration is an offence; so is advertising the facility for the determination of the gender of the foetus. The appropriate authorities have slapped a case against a weekly for carrying just such an advertisement.

It is true that criminals are always a step ahead of the law. The Union Health and Family Welfare Ministry is bringing in an amendment to include gender preselection under the ambit of the law. Just because the amendment has not yet been effected does not imply that gender preselection, and advertisements about it, are ethically correct. The Apex Court has taken cognisance of the fact that the woman has no real choice in rearing a daughter in the womb. Societal and family pressure forces the woman to abort the female foetus, often at the risk of her own life. Because ultrasound can detect a child's gender only after 12 weeks of gestation, aborting the foetus after this period is life-threatening for the mother.

The argument forwarded by the editorial is, not surprisingly, similar to that forwarded by unscrupulous doctors who have no qualms about 'giving in to the family's insistence to know the sex of the foetus'. In their race to make a quick buck, doctors too shift the blame to the mother who may decide to do away with the female foetus. If women are victims of oppression and violence, the solution is not avoiding the birth of a female child by presuming that she too will undergo the ill-treatment meted out to her mother. By conceding to such tactics as preselection and female foeticide, violence against women will only increase, sociologists feel.

The editorial obfuscates the issue by talking about a woman's right to abortion. The Medical Termination of Pregnancy Act 1971 grants the woman right to abort a foetus less than 12 weeks old, under special medical conditions. Abortion after the specified period is to be carried out after explicit approval of three doctors. Most cases of female foeticide flout this rule. The powerful PNDT Act lacks forceful implementation by appropriate authorities. The fact that no action has yet been initiated against the offensive advertisement is in itself an indication of the poor interest showed by the authorities. It is time the Central and State governments act on the directives of the Apex Court and show some grit. The Central Government should effect the amendments to the PNDT Act with urgency.

The Pioneer
28 November 2001

Protest against ad on pre-natal sex selection

BANGALORE, Nov 26 (DHNS)

About one hundred members of Vimochana, a forum for women's rights, today staged a peaceful demonstration outside the offices of an English newspaper in the City protesting against the publication of an advertisement on pre-natal sex selection in its pages.

According to Vimochana, the advertisements encouraged couples to choose the gender of their child by an 'integrated approach' called 'Gen-Select' which is being offered 'new from the United States'. "It is clear that this company wants to cash in on the Indian penchant for male babies", the protestors said.

The Forum said it was outrageous that the newspaper had thrown all social concerns to the winds and "allowed economic considerations and greed for revenue" to be the sole criteria of its media policy and carry the Gen-Select advertisements consistently over the last week, at a time when the Supreme Court has called for the launch of a vigorous media campaign against female foeticide and pre-natal sex determination aimed at eliminating the girl child.

The Forum demanded that the newspaper make a public retraction of the advertisement.

Deccan Herald
27 November 2001

Gender on sale

WE'RE supposed to believe this is the next best thing after sliced bread. But not everyone who has worked up a lather about the gender-selection issue would have felt this way had the two column print advertisement that promoted this kit not trivialised the issue the way it did.

You know that genius is bordering on the weird when you see an advertisement for a successful science experiment reading like the instructions on the pack of microwavable popcorn. "Call toll free to order your gender specific kit today."

Gender specific kids. After ready-to-drink milk in tetrapaks and heat-and-serve dal makhani in a tin, here comes a time when gender selection is as easy as calling up a number in the USA and choosing your preferred colour. Pink for girls and blue for boys.

Just like green shampoo for oily hair and pink for conditioner-enriched shampoos and yellow for normal hair.

Call me prude, old-fashioned or excessively moralistic, I'll wear all the labels proudly, but don't tell me that this kit and its makers have honourable intentions and are doing the human race a great favour. If it was so, and if gender selection was absolutely necessary to trick Nature's flaws, then do Man's attempts to play God need to be advertised in national dailies alongside cars and restaurants?

Wouldn't a medical journal be a more appropriate platform to create awareness among people who really need help with their progeny? If the target audience has been as narrowed down as say a group of parents who want to choose a specific gender to avoid transmission of genetic abnormalities passed on through a specific gender, then commercialising the breakthrough is hardly warranted.

Unless the intent of the advertisement IS to give couples a choice to select the gender of their child and to hell with things like maintaining a balance in the male-female ratio. Maybe it's a freak's way of providing a solution to the problem of subjugation of women.

When there are no women left in a society that yearns for male progeny, where's the question of subjugation, bride burning, female infanticide...

—By Anupama Bijur

The New Indian Express
03 December 2001

'Pre-natal diagnostic Act being enforced'

By Our Special Correspondent

BANGALORE, DEC. 1. The State Government has started enforcing the Pre-natal Diagnostic Act, 1994 and directed all the private hospitals and nursing homes in the State undertaking foetal sex-determination tests to register themselves.

The Minister for Health and Family Welfare, Dr. A.B. Maalakaraddy, told presspersons here on Friday that in a matter of two months, 600 private hospitals and nursing homes which were also genetic clinics or laboratories having ultrasonograph facility had registered themselves. The department had carried out a survey of such centres.

The minister said the punishment prescribed in the Act for carrying out sex-determination tests without registration was three years in jail or/and a fine of Rs. 10,000.

He was briefing the press in connection with the Pulse Polio immunisation programme to be undertaken on December 2 and 20 all over the State. Oral polio drops would be administered to children below the age of five years. All-out efforts were being made, and 27,063 administering booths would be set up to administer the vaccine to 70 lakh children. Dr. Maalakaraddy said 107 lakh doses of the vaccine had been supplied to the health centres and care had been taken to ensure that the vaccine was protected in the cold chain system. The services of personnel of his department, anganwadi workers and voluntary organisations would be enlisted.

The Hindu
02 December 2001

Govt bid to stop female foeticide

Statesman News Service

NEW DELHI, Dec. 3. – The government has decided to "immediately" cancel the registration of medical professionals with the Medical Council of India if found guilty of female foeticide.

The government has also made it mandatory for hospitals to maintain records of each and every indoor patient for at least three years. Hospital authorities have been asked to make the records "readily available" within 72-hours, if the patients, their relatives or any authorised person ask for them.

Sources said the government, on the recommendation of the MCI, has evolved a 22-point new code of conduct for medical professionals to be implemented after making suitable amendments in the existing Medical Council of India Act, 1954. The recommendations, after getting the nod from the Health ministry, have been sent to the Union Law ministry.

Sources said in 1994, the government had enacted the Prenatal Diagnostic (Regulation and Prevention of Misuse) Act, which became a law on 1 January, 1996. This prohibited the misuse of prenatal diagnostic techniques to determine the sex of a foetus.

But according to the new code of conduct, "if any medical professional defies the law, it will be treated as misconduct on his part and suitable disciplinary action will be taken against him."

According to census this year, some states suffer from the "missing girl child" problem. In Punjab, there are 793 girls for every 1,000 boys. In Haryana, the ratio is 861 to 1,000. The ratio of females to males overall in India has improved in the last 10 years, from 927 to 1,000 a decade ago to 933 to 1,000. But the ratio of girls of six years of age and below per 1,000 boys has declined from 945 in 1991 to 927 in 2001. Studies have shown out of every 1,000 foetuses aborted in India, 995 are female.

The Statesman
04 December 2001

Doing away with daughters

A RECENT newspaper advertisement for Gen-Select, an allegedly American medical kit that ostensibly permits couples to select the sex of their children to be, has kicked up a storm that has focussed attention once again on the persistent problem of "son preference" in India. Widespread criticism of the publication of the offending ad by at least one leading English newspaper prompted the daily to publish an editorial acknowledging the ethical questions involved but ultimately defending its decision to carry the ad.

A protest demonstration spearheaded by Vimochana, a women's organisation, was staged on November 26 in front of the Bangalore office of the newspaper. Letters to the editor deploring the publication of the ad were sent to both the concerned daily and others. In addition, the legality of the ad and its publication has apparently been challenged through writ petitions filed before courts in some parts of the country.

Meanwhile, encouraged by the positive response to the ad from couples wishing to try their luck with the kit, the manufacturers are reportedly planning to set up operations in India as soon as possible. They are no doubt pleased to have struck gold with the little ad that launched a big debate.

Not long ago, pre-natal sex determination and selection caused concern mainly among women's groups and progressive health professionals, as well as a few gender-conscious demographers and economists. However, the depletion of the country's female population has now been officially acknowledged as an impending national crisis, thanks largely to the alarming statistics thrown up by the Census of India 2001, which revealed a sharp decline in the sex ratio of children in the 0-6 age group in the 10 years since the last census (from 945 to 927 females per 1000 males).

Occurring as it did during a decade that witnessed a marginal improvement in the skewed ratio of females to males in the adult Indian population (from 927 to 933:1000), the sudden fall in the number of girls in the youngest age group is believed to be proof of the increased incidence of sex-selective abortion (or female foeticide) following sex determination through the abuse of medical technologies such as ultrasound scanning and amniocentesis.

The most dramatic drop in the child sex ratio seems to have taken place in Punjab, Haryana, Himachal Pradesh, Gujarat and Maharashtra, where clinics specialising in sex determination and sex-selective abortion are known to have been in existence for at least a couple of decades. However, it is now common knowledge that such clinics have since spread to most other parts of the country. In places where female infanticide was a customary practice, female foeticide has come in as a deadly substitute that is more convenient, less traumatic and equally effective. If amniocentesis was the first medical technology to be widely abused for the purpose, in recent years ultrasound scanning has emerged as a simpler and more popular alternative.

On a recent visit to Hospet, a small town in Karnataka whose main claim to fame is its proximity to the famous ruins of Hampi, a casual inquiry at the local government health office yielded a list of more than a dozen private nursing homes with ultrasound scan facilities.

In the absence of the officer in charge, who happened to be out of town, the administrative staff provided the information quite readily. They clearly had no idea that this could be sensitive information because of concern about the routine misuse of such facilities for sex determination, and because the government is legally responsible for ensuring that they are not used for this purpose and that, as a first step towards preventing misuse, all such machines are registered with the appropriate authority (the Directorate of Health and Family Welfare Services at the State level).

Similarly, local gynaecologists whose nursing homes offer ultrasound scan facilities seemed unaware of the renewed call for registration through advertisements issued by the State Government in June 2001. However, they were obviously more conscious of the illegality of sex determination and sex-selective abortion. Those interviewed said they recommended at least one scan in the course of a pregnancy in order to rule out foetal anomalies but never revealed the sex of the foetus. Some suggested that there was not much demand for such information in this part of the country; others said they did not accede to such requests. Almost all of them claimed that their machines could detect the sex only in the fourth or fifth month of pregnancy, when abortion is not as simple a procedure as it is in the first trimester.

Circumstantial evidence suggested otherwise. If scans were meant merely for routine screening, why was the service so prominently advertised outside many clinics? At least one had a huge sign painted on the side-wall of the building proclaiming: Ultrasound scan facilities available here. Few nursing homes announce the availability of HIV/AIDS testing so publicly, although most of the gynaecologists interviewed said they routinely screened pregnant women as well as all inpatients for HIV, mainly to protect themselves and their staff.

Interestingly, the local 100-bed government hospital does not have scan facilities. Patients who want, need or are told to undergo ultrasound scanning have no option but to turn to the private sector. In fact, one gynaecologist attached to a public health facility also practices at a family-run nursing home that offers scanning.

The comments of a gynaecologist and a health official reinforce the suspicion that a small town like Hospet would not boast so many clinics with ultrasound scan facilities if all they were being used for was routine screening for possible foetal abnormalities.

A young woman, pregnant soon after a caesarean section delivery, who had come to the gynaecologist's clinic with a request for medication to induce abortion, was counselled instead to undergo tubectomy after the second baby was born. After the disappointed would-be patient had left, the doctor explained that she had taken a decision not to perform abortions, mainly because of her experience as a member of

Condt...

a team working on a World Health Organisation sponsored research project on abortion methods, which had put her off the procedure.

According to her, many of her colleagues do not bother to advise patients about contraception, even when pregnancy is medically inadvisable, at least partly because they stand to profit from every unwanted pregnancy. "Abortions are the bread and butter of most O&Gs," she pointed out.

Her remarks were echoed by a senior health officer who did not realise that he was speaking to a journalist. He implied that the proliferation of ultrasound scan machines in a small town like Hospet clearly pointed to the fact that they were being used for sex determination. He, too, spoke of the profitability of sex-selective abortion. Asked why he had not taken action against the illegal practice, he suggested that any such effort was futile because it was promptly and invariably stymied through political pressure. He claimed to be speaking from experience. He also confessed that it was awkward for him to take punitive action against fellow doctors, some of them former classmates or colleagues. According to him, he tried to advise them instead.

The gynaecologist also confirmed that the demand for sex determination was by no means confined to certain notorious areas in the country but was evident even in a place like Hospet.

The facts revealed by the census speak for themselves. While the adult sex ratio in Karnataka rose from 960 in 1991 to 964 in 2001, the child sex ratio fell from 960 in 1991 to 949 in 2001. In some districts the ratio of female to male children is far lower than the State average. The five worst districts for girls are Belgaum (924), Gulbarga (937), Koppal (938), Bagalkot (939) and Bangalore Urban (940). But Bangalore Rural (941), Dharwad (944) and Uttara Kannada (946) also fall below the state average, while Bellary and Davangere are up to par at 949. Interestingly, with the exception of Bagalkot, the six districts with the most severe girl child deficit have registered a slight increase in the ratio of women to men.

Hospet is located in Bellary district. Clearly the situation there and in other districts — and other parts of the country — with similar or lower child sex ratios needs to be investigated, monitored and corrected.

The identities of the doctors, health officials and nursing homes mentioned here are being withheld because it would be easy enough to make scapegoats of a few people without taking steps to change the situation in any real sense.

Arbitrary, sporadic and half-hearted action against stray individuals and institutions is unlikely to solve the problem, which is clearly endemic and requires sustained, systemic action on many fronts by the Government, the medical profession and civil society.

There is little doubt that the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, which came into being thanks mainly to pressure from gender and health activists, and is supposed to have come into force from January 1996, has not been very effective thus far. In fact, the evident non-implementation of the law had led last year to the filing of a writ petition by health policy expert and activist Sabu M. George, together with the Maharashtra-based organisations, Centre for Enquiry into Health and Allied Themes (CEHAT) and Mahila Sarvangeen Utkarsh Mandal (MASUM).

The Supreme Court's interim order on the petition, issued in May 2001, castigated the Central and State Governments — first for their inaction with regard to the law, and then for their tardiness in responding to the court's own notices following the admission of the petition.

The order, given by Justices M.B. Shah and S.N. Variava, includes specific directions to the Central Government, the Central Supervisory Board (provided for by the act) (CSB), State Governments and the administrations of union territories, as well as the appropriate authorities empowered to take action against violations of the act.

Among these is the instruction to the CSB to examine the need to amend the law "keeping in mind emerging technologies and difficulties encountered in implementation of the Act". A draft amendment suggested by the technical committee appointed by the government to consider required changes in the law, as directed by the Supreme Court, is currently before the union cabinet, awaiting approval prior to being tabled in Parliament. According to George, the draft covers all possible current and future technologies that aid and abet sex determination and/or selection — pre-natal, pre-conception et al.

The Supreme Court has also called upon the Central and State Governments, as well as associations and bodies comprising medical professionals to initiate campaigns to create public opinion against the practice of sex determination, selective abortion and pre-selection. For once the onus has not been placed solely on women's groups and non-governmental organisations. If all that the apex court has directed comes to pass, perhaps the manufacturers of Gen-Select and others hoping to follow suit, will not find fertile ground in this country for their claims and products, dubious or otherwise. ●

AMMU JOSEPH.

The Hindu
09 December 2001

It's No Choice At All

Refer to your edit 'Sophie's Choice' (November 22), while we appreciate your attempt to debate the issues raised by the publication of the advertisement regarding gender pre-selection technology, we are not convinced by your arguments.

To us, as mediapersons, the legality and veracity of the advertisement are less relevant than the ethics of publishing it. It is, of course, necessary for the media to investigate whether or not the advertisement contravenes the letter and/or spirit of the Pre-natal Diagnostics Techniques (prevention of Misuse) Act, 1994, and to urge steps to ensure that the purpose of the law is not defeated by semantic legalism.

It is also important to consult the medical and scientific community in order to educate the public on the claims made by the advertisement. But it is equally important for the media to think about its social responsibility given the unfortunate and persistent preference for male progeny that has led to the unnatural and dangerous depletion of India's female population.

If the claims made by the manufacturers of Gen-Select are dubious, so are the arguments advanced by the edit regarding advertisers' freedom of expression, women's right to abortion and parents' right to choose the sex of their child. It is absurd to make an issue about the need to uphold the freedom of expression of an entrepreneurial carpetbagger when the voices of large sections of the public regularly go unheard in the media. The argument about women's freedom of choice in this context is akin to the suggestion that women have a right to commit *sati* if they wish to.

It should not be necessary in this new millennium to point out that if women make such so-called choices they are not necessarily exercising their free will but conforming to the patriarchal order or yielding to familial and societal pressures.

This is obviously not a simple matter of women's right to seek abortion, which is in any case upheld by Indian law. As for parents' rights, we wish their right to feed and educate their children would be defended by the media with as much zeal.

Reya Acharya, C.K. Meena, Ammu Joseph, Janaki Murali and Tanushree Gangopadhyay.
Bangalore

The Times of India
07 December 2001

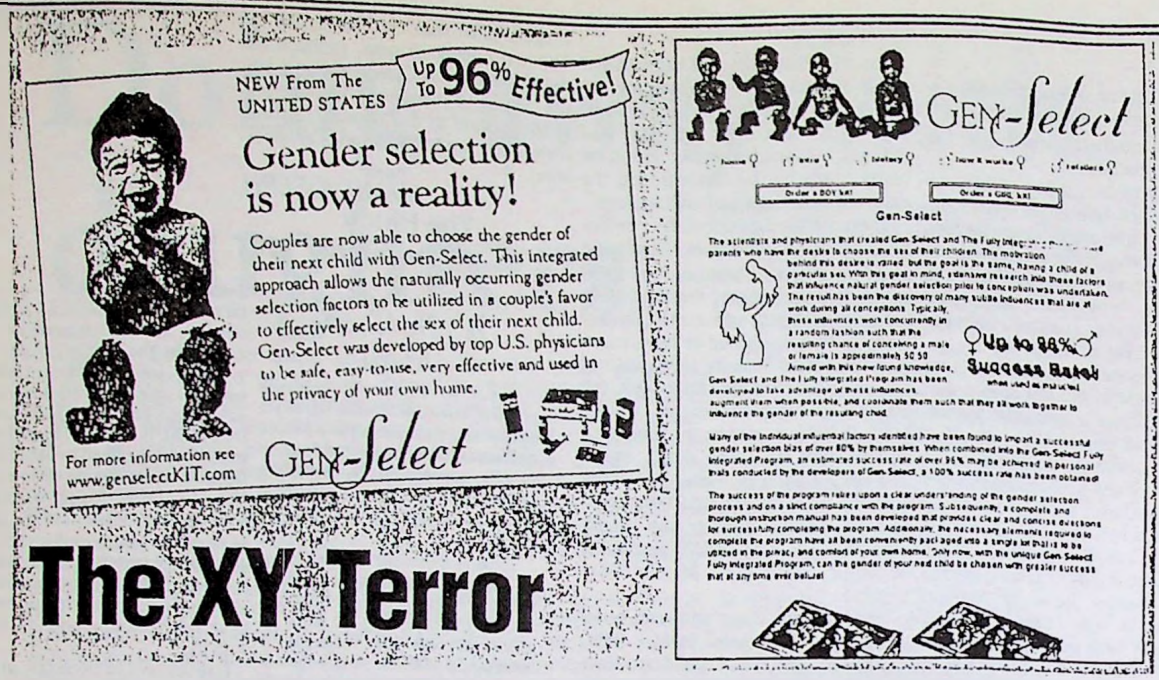
Anti-women ads

TWO ADVERTISEMENTS of a US group promoting safe and easy-to-use methods of determining the sex of the unborn child appeared in November in a national daily. The publication of such advertisements is a direct violation of the 1994 Pre-Natal Diagnostic Technique Act which prohibits advertisements related to pre-natal sex determination tests. Further, under the garb of offering choices, the advertisement negates women's rights. The 2001 census shows that the ratio of girls belonging to the 0-6 age group has dropped from 945 to 927 per 1,000 boys.

By publishing such anti-women advertisements, the media are abdicating their responsibility of being society's watchdog. We in ActionAid India protest against such anti-women advertisements.

HARSH MANDER
Delhi

Hindustan Times
05 December 2001



A son-biased India proves a fertile market for Gen-Select

The ad (left); a manual shows how it works

AT first glance, it seems like an innocuous spiel for baby-food. The advertisement, tucked away on the 19th page of *The Times of India*, shows a mop-haired and diapered toddler, gleefully clutching its hands. Then, you notice the disquieting catch phrase: "Gender Selection now a Reality." It goes on to offer Gen-Select—a pill-and-douche kit from a US firm—which claims to help couples choose the sex of their child. That too, before conception.

The product, which has been on offer for more than two weeks on the son-craving Indian shores, has sparked a wave of protest from women's rights groups and health activists. The foray made by the manufacturers of Gen-Select into the Indian market has also highlighted the urgency of plugging legal loopholes vis-a-vis the ban on sex determination tests. Currently, the law bans the use of genetic tests for identifying the sex of the foetus. But it doesn't address pre-conception sex determination tests.

Gen-Select—its claims have been dismissed by doctors in Mumbai—is the product of an Orangeberg, South Carolina, firm. That it has specifically targeted the Indian market, which reveres sons and despises daughters, is clear from its website. The only overseas toll-free number listed is for India. The product costs $119.95 (roughly Rs 6,000) and can be ordered online. When contacted by *Outlook*, the firm's managing director Scott M. Sweazy said he had received "tremendous response" in India, both from the public and distributors.

The manufacturers are vague on how Gen-Select works. They don't go beyond saying that the kit uses "uniquely formulated nutriceutical tablets and specially formulated douches". These, they claim, combine "into a fully integrated programme addressing all phases of conception". The programme, the manufacturers say, sways the "naturally occurring pre-conception gender selection factors in the couple's favour".

The National Commission for Women has written a condemnatory letter to *The Times of India* for carrying the advertisement. Its chairperson Vibha Parthasarthi is concerned about the support for sex selection in a country where the ratio of men to women has plummeted alarmingly. Over the last 50 years, the sex ratio has fallen from 946 women per 1,000 men to 933 women per 1,000 men. According to UNICEF estimates, nearly 50 lakh covert female foeticides take place in India each year.

Currently, the only legislation curbing discrimination against the unborn female child is the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. Maharashtra enacted the legislation in 1988, following a sustained campaign by women's groups. The act targets the misuse of tests, which are meant to detect foetal abnormality, for sex determination.

However, it doesn't address preconception sex determination techniques ranging from pills and potions to an assortment of new reproductive technologies. Among the technologies currently on offer is pre-implantation genetic diagnosis (PGD) which can identify male and female embryos during in vitro fertilisation. The embryo of the preferred sex is implanted into the womb.

"This typifies the transition of old patriarchal biases through the use of modern technology," says health researcher Ravi Duggal from the Centre for Enquiry into Health and Allied Themes (CEHAT). The organisation is one of the bodies which filed a public interest petition in the Supreme Court last year, demanding the inclusion of preconception sex discrimination techniques in the act.

Those opposing the CEHAT move include Infertility specialist Aniruddha Malpani, who promotes PGD as the "ultimate form of family planning". Better to have preconception sex selection rather than female foeticide or subject a girl child to a lifetime of discrimination, he argues. All his 60 PGD patients over the past two years asked to be implanted with a male embryo.

Women's groups dismiss this "self-defeating and circular" rhetoric. Says Ammu Abraham of the Mumbai-based Women's Centre: "Not even allowing the girl child the right to be born is the ultimate expression of hatred towards the female gender."

Legal wheels are turning to include preconception sex discrimination in the act. But the greater challenge is its implementation. The lack of political will and cooperation from the medical fraternity, coupled with the strong societal bias against girls, have hindered action. Until the government cracks its whip, thousands of unborn girls are destined to remain "missing". ■

Priyanka Kakodkar

Outlook 10 December 2001

Pre-natal test clinics in trouble

Chetan Chauhan
New Delhi, December 19

THE DELHI government has initiated criminal proceeding against two organisations for conducting pre-natal tests. A magazine and a leading daily have also landed in the dock for publishing advertisements for it.

Delhi was one of the states pulled up by the Supreme Court recently for its poor record in preventing female foeticide. Of the many diagnostic centres running in the Capital, only 200 centres are registered with the Directorate of Family Welfare. Officials say that 292 centres had applied for registration earlier. But only 200 were registered.

Delhi has 822 women against 1,000 men in Delhi. However, the female number in the 0-6 age group is higher at 865 as against 1,000 boys.

Health Minister A K Walia said that the government would launch a drive to register diagnostic centres, especially the ones having ultrasound machines, which are used for pre-natal sex determination. "The centres which fail to register with us will be booked under the relevant sections of Pre-Natal Diagnostic Technique (Regulation and Prevention of Misuse) Act, 1994," Walia said.

The first case this year was registered against Dr P D Gupta Clinic in Daryaganj on July 10. The case was registered under section 28 (a) of the Act for conducting sex determination test of the foetus following an inspection conducted by the directorate.

The Chief Metropolitan Magistrate is currently hearing the case. Gupta clinic had been conducting the test for the past several months.

On the complaint of National Medical Forum, the directorate got an inquiry conducted against Dham Diagnostic Centre, Karol Bagh. Dr Rekha Joshi and Dr Hem Chand submitted their report on September 5, finding evidence that the sex determination test was being conducted there.

The report stated that the test was being conducted and the centre was not registered with the government, a prerequisite for running an ultrasound diagnostic centre under the Act. The centre was found to be charging exorbitant amount for sex determination. The case was finally registered on September 26 by the Karol Bagh police.

The directorate also cracked the whip against the publications advertising sex determination test. The first case was registered against India Abroad weekly about two months ago following legal examination of the case by Director, Public Prosecution branch. The case under section 28 has been registered at R K Puram police station.

Under the same section, the directorate registered a case against an English daily for publishing an advertisement promoting the use of the test for detection of sex before birth.

Hindustan Times
20 December 2001

Health dept men raid 16 sex test centres

Aloke Sharma
Meerut

TEAMS OF health department raided 16 ultrasound centres on a complaint that they were conducting foetal sex determination tests. Many such centers were not registered with the Health Department.

Chief Medical Officer Dr Roshan Lal told The Pioneer that the department had received complaints that many doctors were running ultrasound centers in te city without registration. It was also alleged that some of these doctors were also conducting sex determination tests on pregnant women This test, according to the CMO, is banned.

CMO formed three teams of his department on Thursday to raid these centers. First team in the leadership of Dy CMO Y K Gupta, raided the ultrasound centers of Dr Savita Garg at Chippi Tank, Dr Ashutosh Tondon at City Center, Ajay Ultrasound Center at W K road, Dr Vinod Singh at W K Road, Suri Nursing Home at Prabhat Nagar and Dr Jindal Nursing Home at Eves Crossing.

The team met a couple at one of these centers, who told the team members that they had come to to center for a sex determination test on the recommendation of a lady doctor. This couple however went away without the test, when the team members tried to further inquire them. The team found that Dr Sunita Suri and Dr Ashutosh Tondon were not registered with the Health Department.

A second team lead by Dr R K Panwar raided the centers of Dr Manjula Lakhanpal at Hapur road, Dr Nisha Grover, Dr Amita Aggarwal and Dr Sucheta Kamboj at Garth road. All these doctors were also not registered with the Health Department.

This team also raided Tomar Ultrasound Center at Garh road and found that no record of patients were being kept there. The staff there used to keep paper slips for the patients and would later used destroy these slips. The management of this center was warned for stern action if they would not keep proper records in the future.

Third team in the leadership of Dr Madhu Aggarwal raided the Arora Ultrasond Center at Shivam Complex, Bhagwan Das Charitable Hospital at Eves Crossing, Jeevan Ultrasound at Baghpat road and Dr Renu Kamboj Ultrasound Center at Kesar Ganj. The team members found that Dr Renu Bhagat, Dr Renu Kamboj and Dr Godawari Goyal of Bhagwan Das Charitable Hospital were not registered with the health department. Dr Godawari Goyal's husband Dr Rajnish goyal allegedly manhandled the team members.

The CMO has asked officials to register a case against Dr Goyal for manhandling Government employees, who were on duty. Cases are being registered against all other doctors who were found conducting such tests without obtaining a registration.

The Pioneer
22 December 2001

Sex-test Act given teeth

Yoga Rangatia
New Delhi

WHEN GENDER preselection advertisements appeared on pages of a leading national daily, all the authorities could muster was to issue directives to the concerned departments under the Drug and Magic Remedies Act. The reason: the powerful Anti-Female Foeticide Law does not specify sex selection at pre-conceivement stage an offence, despite the implicit discrimination against the unborn girl child.

The Union Health and Family Welfare Ministry mindful of the glaring loophole in the Law has proposed amendment in the Pre-Natal Diagnostic Test, 1994. The note awaiting the Cabinet's nod brings under its ambit "sex selection/determination, before and after conception." The title will also be suitable amended to the Sex Selection and Pre-Natal Sex Determination (Prohibition and Regulation) Act. The Ministry is keen on bringing these amendment to Parliament during its Budget Session.

The amendment further cracks down on medicos for abetting female foeticide. The onus of maintaining patients' records and the purpose of using ultrasound machines rests with the doctor. Failure to comply will automatically invite punitive action. This is because ultrasound technique is largely misused to detect sex of the foetus as against for the purpose of detecting abnormalities in foetal growth.

The scope of the Appropriate Authority, who holds the key to implementation of the Act at district and state levels, will also be expanded to a three-membered body from a single person authority at present. The authority will now also consist of woman representative of a NGO, and also a legal expert.

Under the current provision of the Pre-Natal Diagnostic Tests (Prevention of Misuse) Act, 1994, Appropriate Authority is the investigative and enforcing agency and have been vested with vast powers. "The multi-membered body will ensure that in places where the chief medical officer is unable to perform his duty, other members can take the process forward," says Geetanjali Goel of the Human Rights Law Network, which gave its inputs in the drafting process of the amendment. This will also ensure support from women community workers and legal experts.

Even advertising gender preselection by quacks, herbal remedies and astrology has been brought under the ambit of the Law.

The authority has been given ample powers under the PNDT Act 1994. But funds were always a problem as no source was specified. Under the proposed amendment, the fees charged for registration of ultrasound with the authority may be used towards implementation of the Act.

The proposed amendment also mandates State governments to set up State Supervisory Board for review and monitoring of the Act. Currently, only a national body - Central Supervisory Board (CSB) - reviews the implementation of the Act by State governments. Only recently, State governments were pulled up by the Apex Court for tardy implementation of the Act. Further, the board has been mandated to meet atleast once in three months.

Definitions of methods of sex selection and pre-natal sex determination have been further fine tuned in keeping with the technological changes taking place. Ultrasound machines fitted in mobile vans, which reach remote areas, have been specifically brought under the ambit of the proposed Law.

The proposed amendments have undergone a round of deliberation within the Central Supervisory Board, Union Health Ministry and other departments of the Government. The ministry hopes that the Union Cabinet goes through the amendments after which it will be redrafted and tabled in Parliament.

It is said that criminals are always a step ahead of the Law. But in case of Anti-Female Foeticide Law, it is hoped, this will not be for long.

The Pioneer
27 December 2001

Hospitals warned against gender tests

EXPRESS NEWS SERVICE

Mysore, Dec 28: The Health and Family Welfare Department and members of the Prenatal Diagnostic Technic Act have warned hospitals against conducting gender discrimination tests.

Speaking to mediapersons here on Friday, Prenatal Diagnostic Technic (Regulation and Prevention of Misuse) Act 1994, Special Officer Kabir Ahmed said the committee constituted by the Government and the Health and Family Welfare department have launched a drive against gender tests being conducted.

He said the committee has served orders to 43 hospitals which have ultra-scan facility and has taken an undertaking from them to abide by the provisions of the Act.

As per the Act of 1994, which came into force in 1996 in the State, the Government has appointed Special Officers. This was based on a Supreme Court judgment on a public interest litigation filed charging the Government of apathy in implementing the Act.

He said the Committee will make surprise visits to hospitals which have ultra-scan facilities and would take an undertaking from patients, who undergo the test.

Hospitals violating the Act would attract a fine of Rs 10,000 and the doctor who violates the Act would be subjected to three years imprisonment. He said efforts would be made to create awareness among the public not to undergo gender tests and apprise them of the importance of the girl child.

He said the committee which would meet at regular intervals would look into cases and ensure that gender tests were stopped.

The Act also barred genetic counselling centres, genetic laboratories or genetic clinic unless registered under the Act to conduct or help in conducting activities relating to pre-natal diagnostic techniques.

The Government has appointed Family Planning Association of India president G S Bhatt as president of the Prenatal Diagnostic Technic Act. Other members include gynaecologist Ultaf Fatima, paediatrician M D Prashanth, medical geneticist K V Lakshmi Devi and public prosecutor H E Chinappa.

The New Indian Express
29 December 2001

Gender selection: Parental choice vs women

Bangalore, Dec 29: Do parents have the right to choose their baby's gender? Vimochana, a women's rights organisation held a seminar on 'Ethics of sex selection', on Saturday, that brought out a discussion on not just this subject, but how effective the Pre-Natal Diagnostic Techniques Act (PNDT) and law enforcement agencies are in punishing the guilty.

Vimochana was the first to raise the question on the media. "Newspapers use extensive material on empowerment of women and champion their cause. On the other hand, they talk of the right of parents to choose their baby's gender," said Shakun Mohini of Vimochana. She said though, India does not have a law to promote the practice, it should act on examples such as Norway and China where gender selection is prohibited.

World Health Organisation's National Professional Officer Dr Arvind Mathur said the medical code of ethics prohibits any one from advertising gender selection. "Advertising is gaining strength in the global world, especially in the West, in the name of freedom of expression. But any kind of advertising that goes against the interests of humanity is unethical," he said.

Project Director, Appropriate Authority of State Health Department Dr Murugendrappa said about 900 medical centres with ultra-sound sonographic equipment have registered themselves so far, and that the State Government has now empowered assistant directors of Women and Child Welfare Department and tahsildars to seize equipment from unregistered hospitals and clinics.

He said the Government has set programmes till March to promote awareness on PNDT Act. Editor of Frontline N Ram criticised the media for publishing advertisements with scientifically dubious claims, and "cold bloodedly championing the right to discriminate."

The New Indian Express
30 December 2001

Ads on sex determination decried

By Our Special Correspondent

Bangalore, Dec. 29: Avertisements which appeared in a section of the media recently on sex determination, came in for severe criticism at a meeting on "Ethics of sex selection" organised by Vimochana, a non governmental organisation on Saturday.

The tone was set with Ms Shakun Mohini of Vimochana unleashing a torrent of questions on the ethical responsibility of newspapers on such issues. "Why do we need a technology which is not neutral, which is only industry and profit driven, which thrives only in secrecy and which medicalises the natural process of birth," Ms Mohini asked.

On the issue of pre sex determination advertisement as well as an editorial on the same issue published in an English newspaper, Ms Mohini said that the editor of the paper had made the excuse that an editorial was a matter of individual right and that there was no law prohibiting gender selection. "Is the media so unquestionable," she asked.

Frontline editor N. Ram termed the editorial in the English newspaper as awful. "It is a case of appalling judgement when you can profess cold blooded championing of discrimination and say it is just an advertisement and people have the right to choose," he said of the newspaper. Mr Ram added that publishing such matter, whether an editorial or advertisement, was akin to racism and communalism.

GENDER DIVIDE

"It is definitely not acceptable for the media to advocate discrimination. Unfortunately, journalism is given no code of conduct. There is a moral dimension to journalism, which has to be upheld," he said.

Mr Ram conceded that the entire issue could not be solved with proper media coverage alone.

"The principle of being humane as a journalist as well understanding that social responsibility is part of ethical equipment of journalists is important," he said.

Strict implementation of laws as well as serious action by the Indian Medical Association against medical professionals indulging in such practises for unethical purposes are also required to fight against the problem, Mr Ram said.

Dr Arvind Mathur, national professional officer, WHO, spoke on Ethics of pre sex selection—a medical perspective.

He said the time had come to take a firm stand on the issue. Advertisements promoting discrimination and violence should be totally prohibited and the people concerned taken to task, he said.

The Asian Age
30 December 2001

'Sex-selective abortions deplorable'

By Our Staff Reporter

BANGALORE, DEC. 29. Newer technological innovations in the field of medicine are leading to increasing immoral practices, including pre-natal sex determination, and further, to gender inequality, said the experts who participated in a discussion organised by Vimochana, a women's rights organisation, here on Saturday.

At the panel discussion on "The ethics of sex selection", triggered by an advertisement for a clinic offering pre-natal sex determination tests, that appeared in a leading newspaper in the City, experts from various fields deliberated on the moral responsibilities involved in the issue of sex selection and the discrimination towards the girl child who has not even come into the world.

Ms. Shakun Mohini of Vimochana highlighted that these techniques for determination of the sex of the child which might lead to female foeticide thrive in secrecy and misinformation. The fact that sex-selection took away the right of the girl child and was an act of violence against the female foetus was a matter of concern.

She flayed the U.S.-based company for having put out an advertisement to lure people for sex-selection tests and the newspaper for its irresponsibility in publishing the advertisement and moreover justifying its stand through an editorial supporting the advertisement.

Speaking on the medical perspective of the ethics of pre-sex selection, Dr. Arvind Mathur, National Professional Officer, World Health Organisation (India), said there was a growing gap between technology and a humane approach to the profession. Techniques such as amniocentesis, ultrasonography, and other pre-natal tests were primarily developed for a

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Media urged to educate public against pre-natal sex selection

DH News Service

BANGALORE, Dec 29

Pre-natal sex selection which has become a hot topic of debate in the modern times raising many questions needs to be addressed through a holistic approach involving all those concerned, chorused the participants at a meeting on "the ethics of sex selection" jointly organised by Vimochana, a forum for women's rights and the Bangalore-based Network of Women Journalists, here today.

The speakers unanimously opined that the escalating sex selection being carried out by parents craving for male child could be effectively curtailed by stringent laws, creating awareness among parents and doctors and through the involvement of media and social organisations.

Questioning the very essence of the advent of sex determination techniques, Ms Shakun Mohini of Vimochana, asked "Who needs a economy-driven technological application which thrives in secrecy and disinformation."

Pointing at the lack of legislation prohibiting sex selection, Ms Shakun called upon people and the doctors who indulge in sex selection, not to hide themselves behind technicalities and continue the unethical practice of sex selection.

Speaking on "Media ethics and sex selection," Frontline Magazine Editor N Ram, said "the tendency to subvert good technologies to shocking uses such as sex selection was unethical." Stressing the role of activists and the media in combating sex selection, he said "though there are no codes for journalists, it is ethically unacceptable to advocate such issues."

Mr Ram said there was an increased awareness about the declining sex ratio after the announcement of recent census figures.

Dr Arvind Mathur, National Professional Officer, WHO, India, said woman who is subjected to sex selection during pregnancy and later to abortion undergoes a severe physical and psychological trauma.

Dr Mathur said it was unethical, immoral and in contravention of medical ethics on the part of the doctors to indulge in sex selection.

MEASURES: Dr Murugendrappa, project director, appropriate authority, RCH & PNDT Act, said they had inspected around 900 genetic laboratories and clinics and counselling centres and had made 644 of them register themselves with the government.

He said the district health officers were responsible for conducting inspections and making seizures. "We have formed district-level appropriate authorities in all the districts in the State," he added.

"However, as DHOs are already overburdened, I have authorised tahsildars, assistant commissioners and assistant directors of Women and Child Development Departments to carry out seizures in the genetic clinics which performed sex detection tests." Dr Murugendrappa added.

Referring to the health education programme undertaken by the government, he said Rs 26 lakh has been earmarked for the purpose and education materials including pamphlets and posters will also be distributed under the programme.

He said the sex selection by doctors attracted an imprisonment up to 3 years and a fine of Rs 10,000.

Tax Reforms Commission Member Secretary Dr Renuka Viswanathan chaired the meeting. Ms Donna Fernandes of Vimochana and freelance journalist Ammu Joseph also spoke on the occasion.

Deccan Herald
30 December 2001

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better purpose but were being abused and misused.

Pre-sex selection tests and female foeticide were the most extreme form of violence and discrimination.

Speaking on the role of the media Mr. N.Ram, Editor, *Frontline*, said it was deplorable that any agency could be a party to or promote pre-natal sex selection and therefore sex discrimination. "In this, we have to look into the bigger problem of sex-selective abortions," he said. Quoting Nobel laureate, Dr. Amartya Sen, he said of late there was a "transformation from mortality inequality to natality inequality".

Dr. Murugendrappa, Project Director, RCH, spoke about the role the State Government was playing in the implementation of the Pre-Natal Diagnostic Treatment Act in each district

The Hindu
30 December 2001