

News You Can Use HIV/AIDS

November - 2001

For Private Circulation Only

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

Update on African anti-AIDS drugs

Nigeria is buying the first order of 10,000 patients per annum and the order is worth \$3 million. The order is to commence in 2002.

Cipla is in talks with Zimbabwe, Cameroon, and is also in discussion with the American's South Africa for treatment of 20,000 patients per annum.

Zydus Cadila has put up its support its cocktails to Kenya, DRC, Africa. According to the company, application has been registered in the DRC and clinical trials are on. There are some negotiations taking place on the part of Zydus.

Petero Drugs is in talks to supply drugs to Kenya and Congo and its registration is processed in Colombia and West Asia. It is offered to supply its triple drug cocktail at \$347 per patient per annum.

Pharmacia is in talks with the Nigerian and Zim- bawians and expects a more formal order to emerge in the next few months. Pharmacia has stated that it will supply its triple drug cocktail at \$347 per patient per annum.

The triple drug 'cocktail' regimen consists of two nucleoside reverse transcriptase inhibitors (NRTIs) in combination with a protease inhibitor (PI) or a nucleoside reverse transcriptase inhibitor.

Compounds Zidovudine, Lamivudine, Zalcitabine, Stavudine are NRTIs which form the backbone of triple therapy. Either Zidovudine or Stavudine is used in combination with Zalcitabine.

Now with the introduction of Didanosine, options have widened and patients can respond to the earlier mentioned regimen. Patients can switch to a Stavudine-Didanosine combination.

Didanosine belongs to the class of nucleoside reverse transcriptase inhibitors. It is a NRTI. It is used in combination with other NRTIs to form a triple drug cocktail against HIV.

domestic market for HIV/AIDS drugs on the basis of sales. It is expected to be around Rs. 100 crore.

Owing to the steep rise in the numbers of HIV/AIDS cases, the demand for anti-AIDS drugs is expected to be around Rs. 100 crore.

"Most of the drugs available are pre-1995 patents. The demand for all medication is only increasing with the progress of HIV/AIDS."

Unfortunately, the drugs are working only on the basis of sales and not on the basis of need.

Cipla last year reduced its price cuts for the basic drugs, Lamivudine, Zalcitabine, and Zidovudine, to 100%.

Consequently, the cost of the triple drug cocktail, of Rs. 100 per patient per month, has increased to Rs. 200 per patient per month.

Ranbaxy Laboratories, Lamivudine, Nevirapine, and Zalcitabine products in the Indian market. The combination of Lamivudine and Zalcitabine has been priced at Rs. 500 per month. Its Zidovudine tablets have been priced at Rs. 200 per 10 strip. The drugs are marketed through its division - Ranbaxy.

Arubindo Pharma has set up a division to offer HIV/AIDS drugs. It last week launched five options for the treatment of HIV and plans to offer more options in this financial year.

The options include Zidovudine, Zalcitabine, and Zidovudine. The drugs are produced by the company and are marketed through its division - Arubindo.

The drugs are produced by the company and are marketed through its division - Arubindo. The drugs are produced by the company and are marketed through its division - Arubindo.

Let's continue to fight against AIDS 41

Student raise AIDS awareness 37

IGNOU starts course on AIDS 38

In-vitro baby from HIV-cleared sperm 20

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 grassroots 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.

Team:

Shangon Das Gupta
Iji Abraham
Shobha C
Surekha P.K.

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

This publication is supported by PLAN International and Madhyam.



PLAN
INTERNATIONAL



MADHYAM

This edition has been compiled from

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

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



Communication for Development and Learning

11/A, 7th Cross, 17th Main, Koramangala
 6th Block, Bangalore 560 095
 Ph: (080) 5524192
 e-mail: cdlblr@bgl.vsnl.net.in
 URL: www.cdlblr.org



EDITORIAL

AIDS - Acquired Immune Deficiency Syndrome is surely the greatest scourge of the 20th century. The epidemic, with an exponential rate of spread and devastating outcome, makes the "Great Plagues" pale by comparison. Today AIDS is an emergency. In spite of this startling epidemic, science responded quickly. In the 1983, a new virus - the Human Immunodeficiency Virus (HIV) was isolated and shown to cause the syndrome.

It has been more than two decades since the HIV epidemic began; today it has crossed many boundaries. Following its initial burst, progress has been steady, albeit slower, yet in some respects, the virus has outpaced science. No cure or vaccine is yet available, and the epidemic continues to spread; disease-causing retroviruses will be among the human population for a long time. In the absence of a vaccine or a cure, the only way to stem the HIV epidemic is by breaking the chain of viral transmission. Because the virus is transmitted by behaviors, prevention efforts must focus on encouraging behavior change that would reduce transmission of the virus through sexual contact or shared use of needles.

At the end of year 2000, the UNAIDS and WHO estimated that the number of people living with HIV or AIDS were over 36 million. This is 50% higher than the figures projected by WHO's Global Programme on AIDS in 1991 on the basis of the data then available. The challenges thrown up by HIV vary enormously from place to place. The core of the HIV/AIDS numbers belongs to developing countries, where 90% of new HIV infections are bound to happen. This undeniably foretells the dangers to development, economic and psychological fabrics of our societies.

To the common man the problem may seem non-existent; Non-appearance of a problem does not necessarily mean non-existence of it. Unfortunately, HIV infection often goes unrecognized and untreated as most young people who are HIV-infected do not get tested. There are millions who are unaware that they are HIV-infected, many of whom are young people. Confronted by poverty, illiteracy, racism, sexism, homophobia, and a lack of targeted prevention education programs, young people are particularly vulnerable to HIV infection. The media have, to a large extent, ignored or under-reported on the epidemic in our country, and it is this, which has contributed largely to the silence. Sometimes the print and visual media have been blamed for its perception of bias and ineptitude. So the lack of prominence to critical public health issues is not new nor is the tendency to glamorize the trivial.

HIV has grown from a mere pandemic to epidemic proportions: it now threatens to engulf the very foundations of human kind - "Our Children". According to recent United Nation's estimates, more than 50% of the 16000 new HIV infections occur among children and young adults under the age group of 15 to 24. An additional 10% of new infections occur among children under age 15. Since its beginning in 1981 AIDS has claimed nearly 22 million deaths, of which women accounted for 9 million and 4.3 million children. By the year 2010, it is predicted that as many as 40 million children in developing countries will have lost one or



both parents to HIV/AIDS. In some countries this is equivalent to 1 in every 4 to 6 children. The effects of HIV and AIDS on children who are orphaned or in families where parents are living with the virus, not only include these calculable losses, but also the immeasurable effects of altered roles and relationships within families.

As AIDS mortality rises, growing numbers of children will be orphaned by the syndrome. The resulting impact on these surviving children is enormous, even if we set aside the immeasurable grief and the psychological pain; the measurable declines in nutritional status and reductions in schooling can cause profound and lasting damage to a child. Ironically, AIDS orphans are themselves at high risk of HIV infection because of early sexual activity, unsafe sexual practices, and experimentation with drugs. Many of these children will not only experience the loss of a parent from AIDS, but will also witness the illness and death of one or more infected siblings. Sadly children are the most vulnerable, poorly empowered to make safe choice. This often puts them at risk of being sexually and physically abused. There is an increasing number of children in sex work, fuelled by misconceptions; adult men seek them with the belief that children are virgins or remain uninfected with HIV or sexually transmitted infections. This evidently states that children whether they are neglected or taken by AIDS, are victims of ignorance and apathy.

Ultimately, majority of HIV-affected children will end up in formal or informal foster care or adoptive care. Model rehabilitation programs designed to augment early intervention and planning are urgently needed. Such programs could provide formal and informal education, skills development, supervision, psychological support, and address other identified needs of each child. The ultimate legacy of the AIDS epidemic is a deafening silence. Clearly HIV infection has its greatest impact on the children.

The saying goes that "children are the center of the universe". It is in this regard that, from time immemorial, the birth of a child has always been a moment of joy and great celebration among families, communities, nations and humanity at large. The devastating impact of HIV/AIDS on many countries, especially on our country, is threatening to erode this tradition.

"Every time a child dies of AIDS, human rights are violated. "

From: Children & AIDS: An Imminent Calamity, UNICEF.

If we as individuals take care of our children we will have gone a long way in not only giving meaning to humanity, but most importantly, in securing our future. Our children are everybody's business.

Renu Appachu

JAGRUTHI

NOVEMBER - 2001

	Analysis		News
Waiting for a magic pill	11	City stands up for Lucknow HIV workers	
UNPF tends to agree with Indian thought	13	in jail	01
Filing stomachs and souls	17	A long way to go for counselling centres	
Newborn care key to infant's future health	28	in city	06
		HIV spurs murder spree	06
	Comment	AIDS awareness	06
Let's continue to fight against AIDS	41	Thai beauties to take AIDS test	07
		National panel to monitor sex tests	08
	Data	Viagra in Malaysia coping with AIDS	11
1% pregnant women are HIV positive	05	Coping with AIDS	11
Population to reach 9.3b by 2050: UN	10	Forget gender ratio. Akalis want sons	12
Shifting towards eves, kids	12	AIDS scare	13
Cipla to launch 3-drug combo for		AP hospital turns away AIDS patients	14
HIV-infected	15	Women lifeline of a nation, says Amartya	16
Let girls see the light of day	18	Symposium on problems of newborns held	16
54 AIDS cases in Punjab	30	'At risk' deliveries lead to babies with	
Maharashtra tops in AIDS	35	hearing problem, ...	19
'World' second highest HIV cases in India'	38	Doctor Erwann Loret, Director of	
Grim toll: the latest survey says 18 to 21 ...	42	Structuria Biology ...	19
		Sex workers stage protest against	
	Drugs / Industry	rehabilitation	20
Aurobindo's prescription for AIDS treatment	08	Taiwan to have condom hotels	20
HIV drug prices may go up soon	11	Vasectomy has men 'nicked'	20
		Compensation to AIDS victim: SC stays HC	
	Editorial	order	24
Without Women	08	Week devoted to little bundles of joy	27
She brings life to the hillside	33	SC notice to State on HC fiat on AIDS	
		treatment	27
	Feature	Newborns die for lack of care	27
A childhood lost	21	SC stays High Court order on	
The healing touch	25	compensation to AIDS ...	29
Where have all the women gone?	32	Vaid gives sex dines run for their money	30
		Bolangir: Mother exchanges child for saree	31
	Global	Indo-US project	31
Afflunet Asians new AIDS risk group,		Sex ratio declining	35
says UN	15	Man hacks son, kills wife and self over AIDS	
Contraceptives used as fertilisers	19	'scare'	35
		Sister comes to the aid of sexually confused	
	Information	youth	35
Breast health & feeding	09	Don't stop loving a person who has AIDS	36
Importance of Iodine	14	Sex determination	36
Pregnancy problem increase heart		Celebrate World AIDS Day with	
disease risk	35	Indiatimes, MTV!	36
Let it not be just another day	40	Sex makes US superpower	36

Imagine to help AIDS-hit children	37
Student raise AIDS awareness	37
'A quarter of Indians not worried about contracting AIDS	37
IGNOU starts course on AIDS	38
AIDS is most devastating disease, says UN	40
March to mark World AIDS Day	41

Programme

Revised TB control programme has few takers	02
Born with a whimper	39

Question and Answer

Which are the high-risk groups for HIV infection?	26
---	----

Research

US scientists shed light on global HIV vaccine	04
New AIDS vaccine trials	07

In-vitro baby born from HIV-cleared sperm	20
Baby from HIV cleared sperm	23
Baby delivered from HIV-infected sperm	24
FDA approves contraceptive patch for women	31

Study

On an empty stomach	03
Sex-selective abortions lead to decreased fertility	05
Big pills, small warning	07
Pain during childbirth	10
Infertility not linked solely to sperm count: study	13
A nine-month break from illness	16
HIV cholesterol-friendly: study	30
Bangalore among Indian cities facing AIDS threat	38
AIDS in a "state of flux" in Asia, says UN report	42

City stands up for Lucknow HIV workers in jail

EXPRESS NEWS SERVICE
AUGUST 18

SEVERAL non-government organisations (NGOs) have decided to organise meetings accompanied by street plays to draw the support of the general public for the four members of the NGO Bharosa, who were arrested by the Lucknow Police about a month ago. Bharosa works for HIV and AIDS awareness. Only one activist was granted bail while the rest have been in jail for over 40 days now. The activists from Bharosa were charged under Section 377 of the Indian Penal Code (IPC) for unnatural offence, Section 120 B for abetment, Section 392 for selling obscene books, Sections 3 and 4 of the Indecent Representation of Women Act and Section 60 of the Copyright Act. NGOs from Mumbai and Pune have come together to lend support to the cause. Justice

Suresh said Section 377 of the IPC, under which the activists have been mainly charged, is a re-

dundant Act. It was framed by the British in 1860 and has since been repealed in Britain too. The section prohibits specific sexual acts, whether between men or between men and women. The criminalising of sexual acts between mutually consenting adults violates a range of basic fundamental rights, he said. The Law Commission of India had recommended repeal of Section 377; he said, adding it is reprehensible that the police misuse this law to harass HIV activists and citizens whose sexual preferences are non-heterosexual.

Noted human rights activist Pushpa Bhave said, "Society will have to respect individual choice. It cannot put pressure just because people do not gel with the norms of society. And from what I have heard, bail was not granted to the activists by the Legislative and Ses-

sions Court on grounds that the activists are a 'curse to society'. This is sad."

Another human rights activist Anand Grover said the Government of India, through the National AIDS Control Organisation, has adopted a targeted intervention approach in the second phase of the National AIDS Control Policy. This includes identifying groups that are more vulnerable to HIV. Men who have sex with men are one such group that has been specifically identified for intervention.

Organisations around the country have to use sexually explicit material for educative purposes. For a uniformed police force to seize such materials as obscene and to seize mailing lists, thereby exposing gay people to harassment, is a blot on India's democratic polity, he said.

The NGOs have planned to meet again on August 25 at Bajaj Bhavan, Nariman Point.

The New Indian Express
19 August 2001



Revised TB control programme has few takers

By Rupa Chinai
Times News Network

MUMBAI: It has not been easy for Raju, a 40-year-old pavement dweller in Mumbai, to live with the dual attack of AIDS and tuberculosis (TB) on his emaciated frame. Specially since he did not know until very recently that he could get some relief—at no cost—by enrolling for the revised national TB control programme (RNTCP).

Raju is not the only ignorant patient, thousands suffering from the onslaught of AIDS-TB are unaware about the Indian government's free programme, which has been acknowledged for its therapeutic quality.

This lack of information is, perhaps, the biggest drawback of the RNTCP. Even though it covers 40 per cent of the country, not many patients, especially those who are poor and needy, know about it. In Mumbai, thanks to a Rs 65-crore loan from the World Bank three years ago, RNTCP operates through 300 Direct Observed Treatment (DOT) centres.

Apart from the lack of awareness, the RNTCP also suffers from another problem. "It continues to take second place to the AIDS programme even though the need of the hour is to present an integrated approach to the two diseases," say health experts.

Evidence shows that TB is the main opportunistic infection killing AIDS patients in India. And though it is well known that RNTCP can reduce death due to both TB and AIDS, no joint efforts have been made so far to combat this scourge.

According to the ministry of health there are a total 12 to 14 million cases of TB in India, with around 2.5 million additional cases every year. The rising presence of AIDS will cause the country's TB burden to increase 20-fold, they say.

The problems plaguing the system are best reflected in Raju's experience. Raju's quest for a cure began a year ago when he started losing weight and couldn't shake off a persistent cough. He first turned to the state-run JJ Hospital, and then to the BMC-

run Nair Hospital. At both the places, he was diagnosed as suffering from TB and AIDS. But at JJ, he was not even counselled about the gravity of his condition or asked if an HIV test could be conducted on him.

At both hospitals, he had to wait for several hours to register himself as a patient. All he received after the wait was insensitive treatment, a packet of biscuits and an inadequate supply of pills. Shockingly, no attention was paid at either of the institutions to the RNTCP regimen.

"The doctor at JJ Hospital told me that I would die, that the TB drugs were very expensive and could not be given to me. However, I was told that I could return if I had difficulties," recalls Raju.

Miserable and severely debilitated, Raju turned to Sankalp, an NGO who he had heard helped poor patients to overcome drug addiction. Convinced that it was drugs and alcohol addiction that had brought about his ruin, Raju enrolled for Sankalp's deaddiction programme. The doctor at Sankalp then referred Raju to the Sewri TB Hospital, where he got some relief after the fluid accumulated in his ribs was removed.

After his discharge, Raju was referred to a 'DOT centre' in his locality, a facility he had not known about before. DOT requires a patient to consume a standardised regimen of four drugs in the presence of a health worker or a designated authority who can ensure compliance without a break. This approach promises a time-bound and effective cure for TB, according to the WHO. Mumbai's DOT centres are now housed in public dispensaries, health posts and some corporation hospitals.

Raju's experience at the DOT centre, however, shows that the lack of an integrated approach between the AIDS and TB programme is undermining its impact. Raju's treatment, for instance, included a course of 60 injections, but the cash-strapped TB programme does not offer free syringes. The AIDS programme

will not offer Raju even this small, tangible benefit, despite its greater access to funds. Raju thus faced the additional financial burden of buying a disposable syringe every day.

"I stopped going to that centre because of a combination of reasons—the waiting, the indifferent staff, their irregular hours. Also I could not afford to buy those syringes. And although they never said anything, I felt the staff did not like me because I had AIDS, and because I am poor and lived on the pavement," says Raju.

However, the doctor at Sankalp persuaded Raju to resume treatment at another DOT centre closer to the NGO's office. The one-month break in treatment meant that it had to be repeated all over again. At present, Sankalp monitors Raju's treatment, counsels him daily, and lets him use its day-care centre. But the indifference of the health staff at the DOT centre continues to bother Raju.

Raju also needs social support during the course of his treatment. He works as a masseur, and his entire energy is focussed on earning money to buy food so that the medicines can flush TB out from his system. Unfortunately, the only food he invariably gets to eat is sub-standard grains and rotting vegetables. In the absence of good nutrition, the high potency TB drugs he now consumes produce severe side-effects, ranging from weakness, giddiness, nausea and fever.

The National AIDS Control Organisation says, "The rapid spread of HIV/AIDS will increase tuberculosis cases in the country, and the disease could become uncontrollable for at least a generation. Unless tuberculosis control services are rapidly strengthened, HIV could fuel a doubling or even tripling of TB cases."

This message has not translated into reality. In Mumbai a warring AIDS and TB control programme continue to work at cross-purposes, undermining this important national effort.

The Times of India
31 August 2001



ON AN EMPTY STOMACH

Chronic hunger is defined mainly in terms of the calorie intake — whether people consume less than the 1,710 to 1,960 kilocalories needed each day to meet the basic requirements for a healthy and active life. Many people facing hunger on a daily basis have to live on 400 kilocalories less.

The report deals with chronic hunger rather than famine, although many of the causes of both are similar. "Once primarily the result of crop failure in isolated areas, famine today is increasingly caused by the marginalisation and impoverishment of rural populations, a result of inadequate institutions and policies," says the FAO.

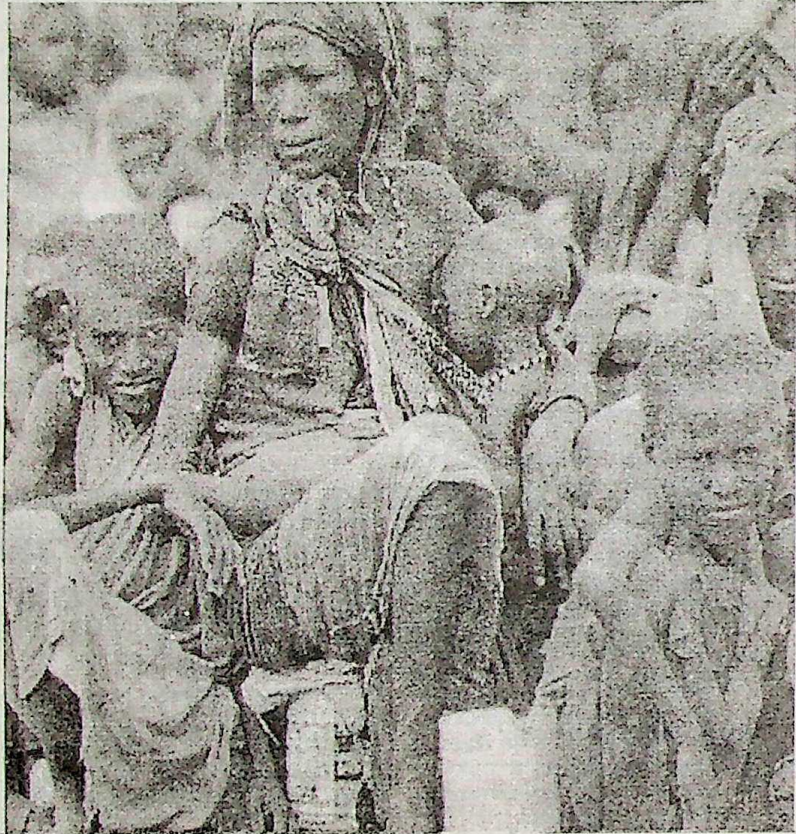
Chronic hunger dulls intellects, thwarts productivity and leads to ill-health, keeping people and communities from realising their potential. Over 20,000 people a day are estimated to be dying from hunger-related diseases. Hunger and micronutrient deficiencies are estimated to decrease children's learning capacity by up to 10 per cent. For poor families in developing countries, hunger related illness adds to household costs and increases the burden of care for healthy family members. HIV and AIDS have added to this burden — those living with HIV are not only unable to work on the land but they need a more nutritious diet which their families may be unable to provide. And the number of AIDS deaths has meant fewer people to farm — since 1985 some seven million agricultural workers have died from AIDS-related diseases in 27 severely affected African countries.

"In Ethiopia, AIDS-affected families spend 50 to 60 per cent less time on agriculture. In many of the hardest-hit areas, locally produced food is the only item available. So AIDS has a huge impact on both food production and consumption," the report says.

The main reason for hunger is poverty. People go hungry because they lack the means to procure or purchase food. Urban and landless poor often spend 50 per cent or more of their incomes on food, and even those with land need some cash income and generally purchase some of their food needs. People can go hungry in villages where local markets are brimming over with food. In most rural areas, wages are low and there are few jobs outside agriculture. Even when poor rural families are helped to produce a greater variety of foods on their household plots, they will often sell these items rather than consume them because of their high market value.

There are more chronically hungry people

A recently released report by the London based Panos Institute looks at the barriers to providing enough food for each person in the world. An excerpt



in Asia, but 18 of the 23 countries facing the most severe problems are African. Afghanistan, Bangladesh, Haiti, Mongolia and North Korea make up the list. A total of 792 million people in developing countries remain chronically hungry. Around three-quarters of them live in rural areas.

Women and food security: "Without women, we all go hungry," goes an African proverb. The United Nations Development Fund for Women estimates women make up nearly 60 per cent of the rural poor.

Female-headed households are more likely to be poor than male-headed ones. In Ethiopia for example, a household study in North Wollo found that 93 per cent of female headed households fell into the poor and

very poor categories, compared to 33 per cent of male headed households.

But realising the potential of female farmers is vital if food security is to be achieved. Women grow 60 to 80 per cent of the food crops in sub-Saharan Africa and the Caribbean; in Asia they do up to 90 per cent of work in the rice fields. They are the main producers of rice, wheat and maize, legumes and vegetables — all the major crops. They also provide most of the labour for post-harvest activities.

Furthermore, the role of women in food-crop agriculture is increasing. In 1950, women performed 40 per cent agricultural work; today they perform close to half.

Farmers are still generally perceived as

Contd...



Contd...

"male" by policy makers, development planners and agricultural service deliverers. Women find it more difficult than men to gain access to resources such as land, water, credit, agricultural inputs, technology, extension, training and services that would enhance their productive capacity. They have less time than men to undertake such training and they face cultural barriers within their own communities.

Discrimination against women in education is detrimental to food security. A World Bank study found that if women received the same education as men, farm yields would rise as much as 22 per cent. In Kenya, a national information campaign targetted at women increased yields of maize by 28 per cent, beans by 80 per cent and potatoes by 84 per cent. In countries where females have similar educational opportunities, for example in Burkina Faso, they farm land more productively than males. "Giving women one year of education can lead to an estimated 24 per cent increase in yields."

Conflict and hunger: Some of the most severe hunger is found in war-torn countries. At the end of the 20th century, between 30 and 40 countries were affected and hundreds of millions of people involved. The vast majority were in the rural areas of low-income

countries where food insecurity is common even without warfare.

Armed conflict causes farmers to flee their land, leaving crops unharvested and livestock abandoned. It can turn large areas of fertile land into no-go areas as far as food production is concerned. Farm equipment is often destroyed and livestock and foodstocks pillaged, often as part of a deliberate policy of disrupting food supplies as an adjunct to war.

Armed conflict and civil strife caused agricultural output losses in developing countries estimated at \$121 billion over the 28 years from 1970 to 1997— an average of \$4.3 billion a year. In seriously affected countries the losses have been catastrophic.

In Angola, for example, it has been estimated that agricultural output at the end of the 1990s was well below half what it would have been in the absence of war.

When conflict is over, agriculture can take years to get back to normal. Many of those who would farm the land are dead, others have to start again from scratch. Sometimes people cannot return because landmines in the soil prevent people from returning and starting to grow food again — there are estimated to be some 60 to 100 million landmines left in at least 70 countries.

The Pioneer
01 November 2001

US SCIENTISTS SHED LIGHT ON GLOBAL HIV VACCINE

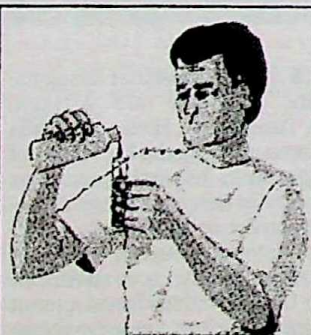
New York: A global HIV vaccine that generates antibodies to protect against a wide range of subtypes of the virus is now a step closer, says an international team of researchers.

Anthony Fauci of the US National Institutes of Health and his colleagues have identified a pool of small protein segments common to six major genetically different subtypes of HIV.

When rhesus macaque monkeys were injected with these proteins, they were protected from developing the simian form of AIDS.

"This technique raises the prospect of a vaccine that not only works against HIV-1 B —

THE BREAKING STORY



which is found mostly in western Europe and the US — but also against strains in Africa, India and China," says NIH researcher Giuseppe Scala.

"This is the first hopeful approach for induction of neutralising antibodies. Previously, the accessibility of any antibodies to the HIV protein envelope has been a problem," says Tomas Hanke, who works at Clinical Immunology Unit in Oxford.

Hanke's team is in the early stages of testing an HIV vaccine on people in the UK and Nairobi, Kenya. Another 16 vaccines are ready to enter clinical trials. (*New Scientist*)

Deccan Chronicle
02 November 2001



Sex-selective abortions lead to decreased fertility

By RAJEEV KHANNA

New Delhi, Nov. 1: The two contiguous north Indian states of Punjab and Haryana are witnessing a massive fertility decline and an enormous increase in sex-selective abortions.

A recent report "Sex-Selective Abortions and Fertility Decline — The case of Haryana and Punjab" brought out by the United Nations Population Fund points out that the total fertility rate per female in the age group of 15 — 49 years in Haryana which was four during 1990 — 92 witnessed a fall of 28 per cent and was recorded at 2.9 during 1996-98. The figures for Punjab were 2.9 and 2.2 representing a decline of 24 per cent.

The relative decline was higher among women in the 30 plus age group.

The declines in total fertility rates in rural and urban Haryana and urban Punjab were almost similar at about 28 per cent. The rural areas of Punjab showed a decline of 28 per cent.

The study has brought out the fact that Haryana and Punjab are among the states showing the greatest preference for sons and sex selection

at birth and it is stronger in urban areas and among literate women.

Sex selection at birth is substantial at lower levels of fertility and its magnitude has become substantial in 1990s. The high level of sex selection at birth is linked to the wide prevalence of sex-selective abortions. The preference for a son generally rises with the number of children born and the age of wife.

However, the preference to have the first son is stronger in Punjab.

The study states that preference for a son following the birth of a daughter is strong in both the states but in Haryana the desire of a son remains high following the birth of a son.

An interesting fact brought out in the report is that "Abortion is more widespread among contraceptive users than

among women who have never practised family planning. The reason probably lies in the fact that women who use contraception other than sterilisation do not want to become pregnant and are more likely than non-contraceptive users to terminate a pregnancy. The incidence of induced abortion, however, is inversely related to the extent of use of sterilisation."

"Induced abortion has played an important role in fertility decline in urban areas of Haryana and rural as well as urban areas of Punjab. In urban areas of Haryana, it accounted for about one third of decline in total fertility rate whereas in rural and urban areas of Punjab it accounted for 50 and 80 per cent of fertility decline respectively," the study reveals.

The study also points out "the availability of technology for sex detection of the unborn child and the motivation of couples to have sons within the frame of small family norm appears to have affected substantially the incidence of sex-selective abortions in Haryana and Punjab."

SPOTLIGHT

1% pregnant women are HIV positive

Staff Reporter

New Delhi

ONE PER cent of all the pregnant women in the Capital are HIV positive with chances that 30 per cent of the children from these births would get infected with the virus, Indian Academy of Pediatrics (IAP) said on Thursday.

"Of 27 million deliveries every year in India, 1.3 lakhs occur in HIV positive mothers. Hence to

prevent transmission of HIV from mother to child it is important that all pregnant women be counselled for HIV testing," chairman of the academy Dr Panna Choudhury told reporters, quoting statistics from a survey by national AIDS control organisation (NACO).

To warn the pediatricians about the dangers of childhood and adolescent HIV/AIDS and to build consensus for care of pediatric AIDS, Indian academy of pediatrics is organising a two-day national conference on pediatrics HIV/AIDS.

Experts from WHO, UNICEF, NACO and UNAIDS and about 300 doctors from India and abroad are expected to participate in the conference which will begin on November 3.

The Pioneer
02 November 2001

The Asian Age
02 November 2001



A long way to go for counselling centres in city

FROM OUR BUREAU

Hyderabad, Nov. 2: Hitech Hyderabad has turned into a breeding ground for maladies like depression, suicides, increasing alienation, marital problems and sexual abuse of children. Lack of counselling centres in the city has aggravated this problem. The government-supported counselling centres focus mainly on AIDS/HIV and not on psychological problems. There is no directory which lists counselling centres in

the city, leave alone the districts. The very few centres in Hyderabad do not provide help when it is most needed. One such centre, Roshni, was set up to provide confidential support to people with suicidal tendencies, but the centre seems to be non-functional most of the time, with none to lift the phone. Dr Purnima Nagaraj, a leading psychiatrist who is associated with societies and schools as a counsellor, confirms the pathetic state of affairs of counselling centres. She says,

"In the past, there was more emphasis on socialising but now people have drifted apart." Purnima deals with at least two to three cases of suicidal tendencies a day. "The middle-classes generally approach with marital/relationship problems, the lower classes' problems generally concern lifestyle while the upper classes have problems of alcohol and drug abuse. Schoolchildren go through a trying time as well and most

schools in the city do not have child counsellors. They are pressurised at school, and lack attention at home. There is no place for people to vent their frustrations," she said.

WOES UNHEARD

Samson Gandhi, executive director,

Person-to-Person says, "We get two categories of people here. Students, immediately before and after exams, and IT professionals, especially in the last few months, depressed about the current job scene. A majority of the women approach us with marital problems. We also had three cases of AIDS." Their telephonic helpline, Aadharana, gives confidential counselling to such people. "Due to paucity of funds we are unable to advertise in a major way. We got only 15 calls in six months. The other general helpline, Anchor, receives 200 to 300 calls a month."

Pragati is perhaps the only organisation that provides counselling for streetchildren and school dropouts, with its members paying personal visits. Yoganand from Pragati says, "We began counselling two years ago and we get many cases of child sexual abuse. Children open up slowly. There are some of those who tend to get suicidal but we refer them to counsellors since it requires thorough guidance." Dr Purnima plans to start 'self-help groups' in neighbourhoods where volunteers can "listen" to people in need of "listeners", to begin with. But more needs to be done.

Deccan Chronicle
04 November 2001

HIV spurs murder spree

RAJAHMUNDRY (AP): A person, who tested HIV positive, hacked to death five of his family members before attempting suicide at Peravaram in West Godavari on Saturday.

Fearing disastrous consequences, Peravali Seenu (32), a casual factory labourer decided to kill his parents, wife, three-year-old son and two sisters, police said. Seenu, who

lost his job last week, hacked to death his father Muthyalu (60), mother Nagaratnam (55), wife Parvathi (22), son Babu and sister Ravana (30), while they were asleep. Another sister, who tried to stop him was injured in the attack.

After killing the family members, he rushed out of the house and climbed an electric pole in a bid to electrocute himself. He, however, slipped and fell down, police said adding he has been taken into custody. (PTI)

The Times of India
04 November 2001

AIDS awareness

DELHI STATE AIDS Control Society on Thursday launched a week long special awareness drive on STD/AIDS in cooperation with NGO's. Inaugurating a function at Azadpur Transport Centre, Health Minister Dr A K Walia said that there were 22,400 estimated HIV cases in Delhi out of which 625 cases have been found to be positive. He said that special health camps to focus on the disease were being organised in different areas.

The Pioneer
03 November 2001



Big pills, small warning

A recent study warns pregnant women against high doses of steroids to stall premature birth. Jane E Brody reports

DOCTORS are raising serious questions about a practice that has become commonplace — giving weekly doses of steroids to pregnant women who are at risk of starting labour too early and having premature babies. The problem is not steroids per se. Research has shown that the drugs can decrease the risk of life-threatening complications in premature babies. But many obstetricians have been giving their patients higher amounts than have been studied, and evidence is mounting that drug overuse can sometimes cause serious consequences in mothers and their babies, with little or no benefit.

Five years ago, a survey of doctors specialising in maternal-fetal medicine revealed that 92 per cent of them gave several courses of steroid

treatment when women went into labour before 34 weeks of gestation, and 60 per cent of the doctors continued to give women the drugs even when pre-term labour was halted. The usual length of a full-term pregnancy is 40 weeks and, for twin pregnancies, 38 weeks. Dr Robert L Goldenberg, an obstetrical specialist at the University of Alabama at Birmingham, noted that it took more than 20 years and 15 random trials showing the benefit of one course of steroids for American obstetricians to adopt the practice. Studies had indicated that the steroid therapy was most effective between one and seven days after it was administered. That finding gave rise to the practice of repeating the treatment weekly until the baby was born, or until a woman had completed 34

weeks of gestation, at which point, the risk of respiratory distress is greatly reduced.

Last year, the same expert panel that had endorsed steroids sounded caution. Noting that most doctors now give the mother steroids weekly and sometimes even give them to the baby after birth, the panel — again convened by the health institutes — concluded that while a single course of therapy could improve a premature baby's health and survival chances, more treatment was not necessarily better. Among the possible complications are growth retardation, neurological deficits and infections. Some studies also found that more babies died after multiple courses of steroid treatments than after just one round of therapy. Now, in the first well-designed study of single versus multiple weekly

treatments involving 502 women giving birth between 24 and 32 weeks of gestation, researchers from 13 major medical centres have advised against the routine use of weekly treatments in cases of premature birth.

The panel noted that considerable evidence in both animals and people suggested that repeated doses of steroids could endanger the mother and her child by impairing the baby's lung growth and the lining of part of the brain, disrupting development of the fetal retina and retarding overall fetal growth, as well as suppressing the mother's adrenal function. In one study of more than 600 mothers who received up to 12 courses of steroid treatments, more mothers developed uterine infections and their babies were born with significantly smaller heads.

The New Indian Express
04 November 2001

Thai beauties to take AIDS test

Bangkok: A beauty contest in Thailand has banned prostitutes and is requiring women to take an AIDS test. A spokesman says they want to ensure a better quality of woman enters the competition. Annual celebrations in the northern town of Lampang include a singing competition and beauty queen parade. A prize of 100,000 baht (£1,533) has been offered to the winner of the competition during the Yeepeing Hangchat celebrations. Kanchart Tunsatein, a district officer in Lampang said the rules are designed to improve the quality of women who enter. (Ananova)

Deccan Chronicle
06 November 2001

New AIDS vaccine trials

NEW DELHI, Nov 4 (PTI)

● Researchers in the US have started clinical trials of a new AIDS vaccine, which rather than using weakened or killed forms of the virus, contains portions of virus' genetic material. The trials bring hope to the grim AIDS scenario — 7000 deaths every day and another 15,000 becoming infected daily.

Deccan Herald
05 November 2001



Aurobindo's prescription for AIDS treatment

By Our Staff Correspondent

MUMBAI, NOV. 6. The Hyderabad-based Aurobindo Pharma, through its division Imunus, is launching two fixed dose combinations for the treatment of Acquired Immuno Deficiency Syndrome (AIDS). The company will be launching Stavex-L and Stavex-LN in the Indian market next week.

Stavex-LN is a combination of Stavudine 30 mg, Lamivudine 150 mg and Nevirapine 200 mg while Stavex-L is a combination of Stavudine 30 mg and Lamivudine 150 mg. Stavex-LN has been priced at Rs. 29 per tablet (Rs. 870 per strip of 30 tablets) and Stavex-L at Rs. 14.5 per tablet (Rs. 870 per strip of 60 tablets). The dosage for both tablets is one tablet twice a day.

Speaking to *The Hindu*, Mr. S. Hariharan, vice president, marketing, Imunus Aurobindo, said, "The introduction of fixed dose combinations will definitely simplify the pill burden for AIDS patients. It will also bring down the monthly cost of treatment by around 20 per cent. The monthly treatment with these products would work out to Rs. 1,740 against Rs. 2,000 if each of the formulations — Lamivudine, Nevirapine and Stavudine — are taken as individual tablets."

The treatment, according to Mr. Hariharan, for the first two weeks would be a single tablet of Nevirapine with one tablet of Stavex-L. "This is to see if the patient develops any reaction. If there is no reaction, the treatment, after these two weeks, would switch to Stavex-LN."

A fortnight ago, the company had launched two brands — Viranz (compound Efavirenz) and Nelvex (compound Nelfinavir) priced at Rs. 40 per capsule and tablet respectively.

Aurobindo's anti-AIDS drug basket includes three NRTIs (nucleoside reverse transcriptase inhibitors) including zidovudine, stavudine and lamivudine, two NNRTIs (non nucleoside reverse transcriptase inhibitors) including nevirapine and efavirenz and two PIs (protease inhibitors) including indinavir and nelfinavir. Mr. Hariharan said the company was working on different combinations of PIs and NNRTIs.

Without Women

When the Taliban indulges in gross human rights violations against women, we are rightly appalled. Still, we expect no better from a medieval bunch of fanatics who seek to hide their excesses against women under the cloak of religion. But when a vibrant democracy committed to upholding legal safeguards for all its citizens looks away while these are consistently undermined, there is cause for alarm. A recent report from the United Nations Population Fund (UNFPA) brings out some startling facts on the recent fertility decline in the states of Haryana and Punjab. This decline does not correspond with any substantial increase in contraceptive use; it is in fact as a result of selective sex abortions. The report is based on census 2001 which shows a decline in the sex ratio in the age group zero to six across India, particularly in the northern states. The worrying trend is that this is far stronger in urban areas than in rural areas and among literate rather than illiterate women. This explodes the myth that with increasing levels of affluence and education, gender biases get eroded gradually. Obviously, economic considerations are no longer the main cause of son preference. A study in Punjab shows that religious and social factors count far more in sex selection. In business families, the son is the natural heir and also the custodian of religious rites. The girl child, in contrast, is from birth expected to play no role in the decision-making and, therefore, is not seen as being of any value to her parents at any stage. Of course, as with all other forms of social evils, there is no dearth of laws to combat sex selection.

The Medical Termination of Pregnancy Act (1972) and Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act (1994) were especially designed to deter selective foeticide, but these are implemented in an extremely haphazard fashion. Unscrupulous doctors have no compunction about performing abortions on women past their first trimester of pregnancy, still others use technology to ascertain the sex of the foetus literally at conception in order to do away with the girl child. The most worrying aspect is that this trend is spreading even to other parts of the country which have traditionally shunned such practices. Only an attitudinal shift can reverse this trend and this task cannot be left to NGOs and social workers alone. The Sikh community has taken a welcome step in this regard with its highest religious body threatening to excommunicate anyone found guilty of female foeticide. But, a real change will come about only when women acquire a stake in the powers and privileges that have traditionally been the preserve of men. The fate of the women's reservation Bill is proof that any hint of a more equitable power-sharing arrangement sets off alarm bells in the patriarchal political class. The contempt for women and their worth was recently witnessed in the unseemly exchange between Pakistani president Pervez Musharraf and prime minister Vajpayee on the wearing of *chudiyan* and *kadas*. Femininity as exemplified by wearing bangles was viewed as a sign of weakness and masculinity as denoted by the wearing of a *kada* was seen as a sign of strength and power. Surely, a totally undesirable message from leaders of two nations where the sex ratio is becoming increasingly skewed against women.

The Times of India
06 November 2001

National panel to monitor sex tests

PRESS TRUST OF INDIA

New Delhi, Nov 7: The Centre on Wednesday informed an anguished Supreme Court that to overcome the lack of efforts on the part of the State Governments to implement the law prohib-

iting sex-determination tests done by clinics it has decided to set up a National Monitoring Committee.

The information was given by Central Government counsel Krishan Mahajan when a bench comprising Justice M B and had given them six weeks

Shah and Justice B N Agrawal was considering making all State Health Secretaries responsible for implementation of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.

The Court, taking exception to the declining male-female ratio had deplored the slackness of States and Union Territories in implementing the Act to check high incidents of foeticide

time to file reports on implementation of the Act.

The New Indian Express
08 November 2001



Breast health & FEEDING

Dr Jolly Thomson

WHENEVER the health professionals discuss breast feeding, the emphasis is on the importance of breast milk to the children and how to breast feed. The advantages and disadvantages of breast-feeding on mother's health are mostly forgotten. Commonest of doubts about breast feeding are

- 1) Relation between breast-feeding and breast-sagging
- 2) Effect of breast-feeding on health
- 3) How long to breast feed

These queries in the mind of women play the most important role in discontinuing breast-feeding within two or three months, especially among urban, educated, employed women.

Preventing breast sagging: If women follow the following instructions during pregnancy and lactation, breast sagging can be prevented to a great extent.

- While feeding, take the breast above and medially from the brassiers and feed, rather than feeding the baby below the brassiers. Feeding is the time, which requires maximum support for the breast to prevent sagging. If we feed the baby after loosening the brassiers, there won't be any support to the breast at this crucial time. Instead if we take the breast up without loosening the brassiers, support of the brassiers and probably the support of blouse will be there to keep the heavy breasts in position. This will be more convenient to the mother as it avoids loosening and retightening of the brassiers before and after feeding. In this posture, the nipple being more prominent, it is easier to place it properly in the mouth without fear of pressure on the baby's nose and it's more comfortable for the child to suck at.

- Use supportive brassiers which have strong straps and cups during

pregnancy and lactation.

- Avoid elastic strapped brassiers during pregnancy and breast-feeding years.

Breast feeding and mothers health: Breast-feeding will not affect the health of the mother adversely, provided an increase in food intake of about 25% is made considering lactation. During breast-feeding years, additional nourishment is needed for the lady to compensate for the loss of calories, proteins, vitamins and minerals through the breast milk. If she is doubtful about the well-balanced nature of her food, she can have food supplements in the form of multivitamins and minerals.

It is good to have additional calcium intake throughout the breast-feeding years, as the breast milk is rich in calcium content and there is a tendency for the mother to lose bone calcium if the dietary intake is insufficient.

How long to breast feed?: The paediatrician will ask you to breast feed up to two years considering the health of the child. But a gynaecologist will advise you to breast feed 5-6 years, considering the benefits of feeding on breast health and body shape.

- Increase in number of years of breast-feeding will reduce the possibility of developing breast cancer in the future. As the reduction in the number of children from an average of 6-8 in olden days to 1-2 has reduced the pregnancy and breast feeding years in a woman from 15-20 years to 3-5 years. This may be one of the major reasons for the alarming increase in the incidence of breast cancer in India in the last few decades. To compensate for not feeding too many children women have to prolong the feeding years for the one or two children, if she has to protect her breast from the risk of cancer.

- Long years of breast feeding will help the woman regain her body contours by burning out the excess fat deposited on her waist and tummy during pregnancy as nature's protection for the pregnant woman to have enough stock to meet the excess demands of lactation.

3) Long years of breast-feeding will definitely improve the bond between mother and the child and if breast-fed up to 5 years or more, the child will remember the taste of breast milk throughout life.

Breast Cancer: Breast cancer is the most common cause of cancer death among women in developed countries. The poor have certain amount of protection from it due to their food habits (more plant products and less meat and fat) and more lengthy period of pregnancy/lactation.

Breast cancer can be prevented to a certain extent

- By avoiding refined food and taking food more of plant origin rather than animal origin. Vegetarian food items like fruits, vegetables, pulses and roots contain phytohormones and antioxidants which have a protective effect against cancer and heart disease.

- Prolonged years of breast-feeding (5-6 years) to compensate for the less number of children in modern families.

- Early detection of breast cancer is possible by regular self-examination, yearly medical checkup and mammography.

If detected early, breast cancer is a curable disease. Key step in early detection is by self-examination every month immediately after periods in menstruating women and first week of each month in post-menopausal woman. The Indian women should understand the fact that we get breast cancer 10 years earlier than our western counterparts.

There is a sharp increase in the Contd...



Pain during CHILDBIRTH

WOMEN in the throes of childbirth have tried everything from drugs to lying on tennis balls to lessen labour pain. But which methods work best? It's a question health psychologists are hoping to answer with a new study of pain in childbirth.

The researchers involved with this Internet-based project (www.laborpain.org or www.labourpain.org) are hoping to enroll thousands of women who've given birth or women who are pregnant.

"The beauty of this procedure is that there are no limits on how many people can participate," says lead researcher Christopher France, a professor of health psychology at Ohio University. France is collaborating on the project with William Schmidt, an assistant professor of psychology at SUNY-Buffalo, and Janis France, an assistant research professor at Ohio University.

While this study isn't the first to explore pain during childbirth, it is the first that will enroll women from around the globe via the Internet. The research project is open to women of any age who have given birth or who currently are pregnant.

An online survey queries mothers and mothers-to-be about various pain control techniques, including breathing exercises, epidurals and other pain-relieving medications, distraction techniques, meditation and a host of other mechanisms often used to control pain during labour and delivery.

Participants also will be asked about their anxiety over labour pain and how much pain they experienced (or, in the case of pregnant women, how much they think they'll feel).

Researchers will follow up later with pregnant women who volunteer their e-mail addresses and due dates to find out which methods they ended up using during labour and whether they were effective to tackle pain.

"Every woman who goes through pregnancy gets a lot of info without knowing how much of it is accurate and how much is personal experience," said Janis France.

France used distraction, imaging techniques, pain medications and a combination of other techniques during the labour and delivery of her own two children.

"But I would have been interested to know how these things had worked for other women," she said. "If we can get a large enough sample in this study, it will allow us to take the best of the personal experience and get a better sense, overall, of how effective the techniques were for women who've used them."

Demographic information collected via the survey, age, race, income, educational level, etc. will also offer new information about childbirth among a diverse group of women.

The team hopes to enroll thousands of women in the study, with data being reported as early as late next year.

incidence of breast cancer in women over 35 years and the average age at which women get breast cancer is 42 years compared to 53 years in the west.

Remember, start monthly self-examination at least from the age of 35 and do it regularly immediately after each monthly period to protect you from the lethal effects of breast cancer.

(The writer is consultant gynaecologist & fertility specialist at GFMC, Thevara, Kochi-13. Ph-0484-312190/317346)

The New Indian Express
06 November 2001

Population to reach 9.3b by 2050: UN

London, Nov. 7: The world's population could skyrocket to 10.9 billion people by 2050 if women do not gain better access to education and health care, a United Nations report said on Wednesday.

Women must receive equal status with men, adequate reproductive health and the right to plan the size of their families if the planet is to rein in a population already expected to grow by 50 per cent over the next half century, the UN Population Fund said.

All of the projected growth — from a current 6.1 billion to 9.3 billion — will take place in develop-

ing countries, intensifying their battle against poverty and straining the environment worldwide.

Increasing population and consumption will continue to alter the planet on an "unprecedented scale," degrading soil, polluting air and water, melting ice caps and destroying natural habits, the "state of the World Population 2001" report said. The world's 49 least-developed countries — already the most severely challenged by soil and water degradation and food shortages — will nearly triple in size, from 668 million to 1.86 billion. (AP)

Deccan Chronicle
08 November 2001



Waiting for a magic pill

CELINA D'COSTA has been living with HIV for eight years. She has been an active worker with the Indian Network for People Living with HIV/AIDS for as many years. Though she's fluent on issues like discrimination against people living with HIV/AIDS, she falters when asked about treatment using antiretrovirals. "It's too expensive, so expensive that I have never even seen the medicines people say would help us live longer," she says.

Neither have most of the 3.86 million people living with HIV/AIDS in India, who cannot afford even the cheap generic versions of the life-saving drug cocktails, which, in certain combinations, cost as little as Rs 2,000 per month.

While there is no data available on how many take antiretrovirals in India, most estimates put the numbers at less than one per cent. "The biggest discrimination people living with HIV face is being deprived access to cheap drugs because patent-holding companies make them too expensive for us," she told the sixth International Congress on AIDS in Asia and the Pacific (ICAAP) in Melbourne last month.

With antiretrovirals improving the quality of life of HIV-infected people by bringing down opportunistic infections, making drugs available cheaper has become the overriding concern. Developing countries fear that the enforcement of the intellectual property rights regime in 2005 will make HIV drugs more inaccessible for the poor.

Though the draft declaration for the summit in Doha reaffirms a country's right to circumvent patent rules in case of health emergencies such as AIDS, developing countries want the draft to allow countries to ignore patents altogether in the face of health emergencies. Even the concessions proposed by the US on the eve of the world trade summit discount the epidemic outside Africa.

The cost of the triple-dose antiretroviral therapy came down drastically from \$ 1,400 per month to \$ 350 per month when the Indian generic drug manufacturer Cipla offered its generic version to some African countries last year. But even at the generic costs, the drugs remain out of reach for most. "Given the numbers of people infected in India, even the reduced price of drugs is too high for us to distribute it free, though it is being done in some developing countries like Brazil," says J.V.R. Prasada Rao, director, National AIDS Control Organisation (NACO). NACO has, however, committed to give single-dose drug, Nevirapine, free to both mother and child to stop mother-to-child transmission of HIV by the end of this year.

Lack of funds is most often cited as the hurdle that prevents governments from launching a sustained attack against the disease. A major fraction of the global flow of aid for HIV/AIDS has so far been channelled to Africa. Though South and South-east Asia has an adult prevalence rate of 0.56 per cent, 5.8 million people are infected and 470,000 died of the disease in 2000. Still, although India accounts for 11 per cent of the world's HIV infected people, it gets just 1 per cent of the global resources for HIV/AIDS.

That's why Asian countries are regarding the UN General Assembly Special Session on HIV/AIDS (UNGASS) with caution. Already a controversy exists on who would control the \$ 1.5 billion fund set up to fight the disease globally — a fraction of the projected target of \$ 7-10 billion required annually to control HIV/AIDS. There is also no guarantee of future commitments from developed countries.

The recent terrorist attacks in the United States have also caused trepidation in the health sector. There are fears that HIV/AIDS may move down in the priority list of a broader international agenda. As it is, many activists are critical of the global fund and feel that little of the money will reach the people who actually need it.

With most national governments waiting for the global fund to make HIV/AIDS disappear, people like D'Costa may continue to wait a long time for her magic pill.

India has 11 per cent of the world's HIV infected, but it gets just 1 per cent of the global resources for HIV/AIDS

Hindustan Times
09 November 2001

Viagra in Malaysia

MALAYSIAN MEN are the world's highest per capita users of the anti-impotence drug Viagra, not a statistic to be proud of, according to Health Minister Chua Jui Meng.

"This is alarming and definitely a cause for concern, not a cause for celebration," Chua was quoted as saying by *The Sun* daily newspaper on Monday.

About 40,000 Malaysians have taken the treatment regularly since its local launch two and a half years ago.

Reuters, Kuala Lumpur

Hindustan Times
06 November 2001

The Asian Age
08 November 2001

HIV drug prices may go up soon

By PAMELA D'MELLO

Panaji: India's 3.86 million estimated HIV positive patients have one more worry, as they look at a quantum price leap in already expensive drug protocols.

"Today HIV positive people can live healthily using anti-retrovirals but they cost a minimum of Rs 5,000 per month. By 2005, the WTO regime decrees that India must protect product patents as well. The resultant inventor-producer monopolies could see the price of new drugs sky-rocket," says Anand Grover of the Mumbai and Delhi based Lawyers Collective HIV/AIDS unit.

The collective has begun a campaign to fuel protest against escalating medicine prices expected to follow with the new patent regime in 2005.

Currently medicine prices in India are cheaper due to the existing Patents Act and the Drug Price Control Order.

While HIV/AIDS drugs are among the most expensive medicines and therefore likely to be impacted most, the campaign is also drawing in other health NGOs to target broad spectrum medicines across the pharmaceutical industry.

"Today Zantac, an acidity medicine, costs you only Rs 7.16. In Pakistan, Zantac costs Rs 122.16 because of their patent laws," says advocate Grover, pointing out that India will also have to make the same changes. Most worrying for HIV/AIDS activists is that the government of India has taken a decision not to supply ARVs free, as in Brazil.

COPING WITH AIDS

A CENTRAL registry has been set up at the Armed Forces Medical College, Pune, for monitoring all cases of AIDS in the three defence services. Official figures for the incidence of full-blown AIDS cases in the armed forces is .02 per cent.

While insisting that the occurrence is "much less in the armed forces than among civilians" on account of "regimental discipline", the defence establishment has nevertheless recognised the seriousness of the problem by setting up the central registry, which is also a premier research centre for AIDS.

But the treatment guidelines are not clear. AIDS patients are referred to six notified focal centres across the country. These function out of the Skin and VD Departments of the respective Military Hospitals. Funds are a problem. "It takes Rs 3 to 4 lakh per patient per year for the rest of his life. We don't have that kind of budget. And there are no policy guidelines from the Union Health Ministry," shrugged a senior Defence officer. Good luck. AIDS victims!

Hindustan Times
12 November 2001

India has had a sharp increase in the estimated number of HIV infections, from a few thousand in the early 1990s to a working estimate of about 3.8 million children and adults living with HIV/AIDS in 2001.

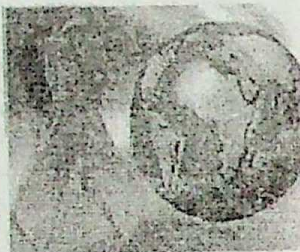
The National AIDS Control Organization (NACO) was established in 1992. NACO carries out India's National AIDS Programme, which includes the formulation of policy, prevention and control programmes. In Tamil Nadu, infection rates among pregnant women were rising, tripling to 1.25 per cent between 1995 and 1997.

Although HIV prevalence rate is low (0.7 per cent),

Shifting towards eves, kids

AIDS in India has reached alarming proportions.
Some facts about this dark killer

the overall number of people with HIV infection is high, according to estimates by UNAIDS. Given India's large population, a mere 0.1 percent increase in the prevalence rate would increase the num-



ber of adults living with HIV/AIDS by over half a million people.

HIV infection in India is currently concentrated among poor, marginalised groups, including commercial sex workers, truck drivers, and migrant labourers, men who have sex with men and injecting drug users. The epidemic continues to shift towards women and young people with about 25 per cent of all HIV infections occurring in women. This also adds to mother to child HIV transmis-

sion and paediatric HIV.

About 90 per cent of the total reported AIDS cases occur in the sexually active and economically productive 15 to 44 age group. Men account for 79 per cent of HIV infections in India. In 2001, the HIV infection rate went above one per cent in six states.

Three states, (Maharashtra, Tamil Nadu and Manipur), account for 75 per cent of the country's estimated HIV cases. In the most affected state of Maharashtra, HIV has reached 60 per cent in Mumbai's sex workers, 14 to 16 per cent in STD clinics, and over 2 per cent among women attending ante-natal clinics.

The New Indian Express
09 November 2001

Forget gender ratio, Akalis want sons

By S P SINGH

Chandigarh, Nov 8: Any doubts lingering over the hows and whys of Punjab's plunging sex ratio, as shown in Census 2001, can now be swept away once and for all. When the State's political leadership has a son-fixation, can ordinary folk be blamed for thinking differently?

Last month, a son was born to Sukhbir Badal, a former union minister and the Chief Minister's son. Ever since, a section of the Press in the State has carried a large number of advertisements placed by Akali Dal leaders putting on record — in typically blunt Punjabi fashion — their ecstasy over the "gift of a son" to Sukhbir. (Incidentally, such messages were conspicuous

by their absence when Sukhbir's daughters were born.) Sample these:

► "We extend lakhs and lakhs of congratulations to the Badal family at the son, who is like a shining moon"

► "He is the *waaris* (heir) of the Akali Dal"

► "*Puttar mithhre meve, rab sabhna nu deve*" (Sons are like sweet fruits, may God bless everyone with sons)

► In many places, Akali leaders are busy organising *Akh-and Path* in thanksgiving for the "great gift".

No one would have a problem with this except those already worried by the ever-declining sex ratio, now pegged at 874:1000 in favour of males. And the significant decline in the number of children between the ages 0-6 was a pointer,

experts say, to the fact that a large number of people were indulging in female foeticide. In fact, several villages recorded not a single girl child.

The statistics raised an out-



Sukhbir Badal

cry, following which the Akal Takht issued a directive to Sikhs saying the status of a woman in Sikh society was equivalent to a man.

The supreme Sikh temporal body also said the practice of killing an unborn child was against the Gurus' teachings and threatened those found guilty of female foeticide with excommunication.

Significantly, the message was not endorsed at the political level either by the Akalis or the Congress which, say experts, would have helped change public perception of the girl child.

Former Akal Takht Jathedar Bhai Ranjit Singh said not just Badal but many Akalis hold such views about sons being a preferred gender, in clear violation of Sikh tenets.

The New Indian Express
09 November 2001

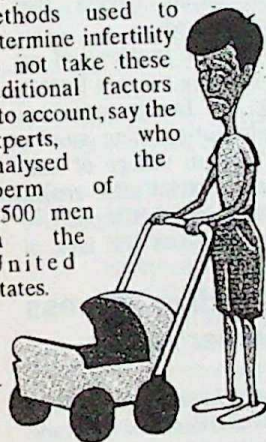


Infertility not linked solely to sperm count: study

Sperm count is not the only factor to be considered when diagnosing male infertility, according to a study to be published in the *New England Journal of Medicine*.

Researchers say several other factors can lead to infertility, such as the size and structure of sperm cells, in a study that calls into question World Health Organisation (WHO) standards for defining infertility.

Current laboratory methods used to determine infertility do not take these additional factors into account, say the experts, who analysed the sperm of 1,500 men in the United States.



"Up until now, we've just been using guidelines without rigorously testing them," said David Guzick, who conducted the study along with a team of experts from the University of Rochester in New York State.

"We hope specialists will use these revisions in their counselling of infertile couples and in tailoring treatments to individual patient circumstances."

The study is the first to use modern technology to compare the sperm of fertile and infertile men, as previous studies had only compared the sperm of those men under fertility treatment, the experts write.

According to the WHO, the "normal" sperm count is 20 million cells per millilitre, at least 50 per cent of which are in motion, with any lower count considered to be "abnormal". (A/p)

UNPF tends to agree with Indian thought

Pioneer News Service

New Delhi

EVEN AS the Doha round of WTO fails to see convergence of the interests of the North and South, resource use is highly inequitable across the globe. The world's richest countries, with 20 per cent of global population, account for 86 per cent of consumption. Whereas the poorest 20 per cent account for just 1.3 per cent of consumption of resources.

The poorest countries are among the most severely challenged by soil and water degradation and food deficits. The vast bulk of consumption is in the industrialised countries, but it is rising fast elsewhere as incomes grow.

Despite these inequities, Western population scientists perceive population as the biggest polluter. Some of them conveniently forget the West's capacity to consume natural resources beyond sustainable limits.

Indian population scientists and environmentalists have long argued that poor environment means scarce resources, on which the poor depend for food, fuel, fodder and habitat. And poverty ensures they are deprived of better health care. Lack of basic reproductive care in turn sees population rising.

The West, including many in-

ternational donors, believed, and many still do, that higher population leads to poverty. Further still, they argue that it is the poor who degrade the environment by chopping off trees or putting severe stress on health and sanitation facilities.

The Western notion of population explosion having a direct bearing on environmental degradation is being reworked and the Indian contention that an de-

trees for petty benefit.

"Community forestry (management programmes) have been more successful in poorer areas of Jharkhand and Orissa," he adds to emphasise the point that poor are willing to look after their community resources and keep environmental degradation at bay.

The poor are victims of environmental degradation and collapse of health services. "Fertility is the highest in the poorest countries and among the

POPULATION & ENVIRONMENT

poorest people in these countries. Failures in health, education and other services, especially for women, contribute to poverty in these countries," the report notes.

Reproductive health services cannot meet even the existing needs of women who want to prevent or delay pregnancy, and demand is expected to increase rapidly in the next 20 years, the report adds. This was reinstated by Mr Saxena who pointed out that in India too, there is a direct correlation between poverty and high fertility rates.

The 2001 population report lays a great emphasis on linkages between population and environmental change. The report centres around themes such as environmental trends, women and environment, health and environment and action for sustainable development.

The UN Population Fund in the State of World Population 2001 notes that: "Generalisation about the negative effects of population growth on the environment are often misleading. Population scientists long ago abandoned such an approach, yet policy in some cases still proceeds as if it were a reality."

Planning Commission Secretary N C Saxena further emphasised the point that it is the rich (mostly in industrialised country) who consume beyond sustainable limits. The poor, on the contrary, live off natural resources around them, collecting firewood, food and fodder. They have a stake in the environment around them and are not willing to blindly chop off

The Pioneer
12 November 2001

AIDS scare

■ AIDS virus has been detected in the blood samples of 25 people in places in and around the Ghatal subdivision, sources at the Tamluk blood bank said. One person died of AIDS at Ghatal town in September this year and another death was reported from Daspur in 1996.

The Statesman
15 November 2001

The Times of India
09 November 2001



AP hospital turns away AIDS patients

By VL SRINIVASAN

Hyderabad, Nov 9: Three HIV patients went to a Gandhi hospital in the city a few weeks ago only to be turned away without being given any treatment. They required surgical intervention for treatment of piles.

The victims then met Health Minister S Aruna who wrote a letter to the hospital authorities directing them to admit the patients.

The authorities promptly obliged but allegedly dumped the three in an unused room, far away from other patients.

Unable to withstand the unhygienic conditions, they left the hospital within hours. They later underwent surgery in a Bangalore hospital.

It may be recalled that in May this year, doctors at the Nizam's Institute of Medical Sciences (NIMS) refused to treat a 25-year-old accident victim after he tested HIV positive.

for the killer virus. The delay in providing treatment cost the youth his leg, which had to be amputated as gangrene had set in.

Disregarding Government's directives, many hospitals are showing the door to HIV patients and leaving them to fend for themselves.

Some such victims are now inmates of the home being run by city-based Freedom Foundation, one of the five voluntary organisations in the State engaged in tending, caring, counselling and supporting AIDS patients.

At least half a dozen patients in the Foundation need surgical interventions (biopsies) for final diagnosis of tuberculosis but no doctor is willing to take up the work.

The story of 20-year-old Rajitha (name changed), a resident of Erragadda, is no different. She contracted the virus through her husband after their marriage five years ago.

When she tested positive in a government hospital, the hospital staff behaved rudely with her. She was not even allowed to sleep on the bed. "I was aware about my fate but the ill-treatment by the staff hurt me the most," she told ENS.

She took ayurvedic medicines from a doctor in Kerala for sometime and was under the impression that she was cured. When she tested positive again, she was shocked. She is presently undergoing counselling.

Though Andhra Pradesh is

ranked second in the country with an estimated 3.5 million HIV cases, there are only 26 AIDS testing centres in the state. With no proper guidance, even doctors are refusing to treat the HIV patients.

Dr Troy, who works with the Foundation, said that there should be more awareness among the doctors about the disease.

The government should open more rehabilitation centres for counselling and treating the patients, he suggested.

While it takes 10 to 15 years for the HIV patients to become full blown AIDS cases, it is the social stigma that hastens the end.

The recent incident of an employee of a private factory killing his family members and later attempting suicide in Peravaram village of East Godavari district after realising that he tested HIV positive is an example of the lack of awareness.

The New Indian Express
10 November 2001

Importance of Iodine

AS India is all set to develop a knowledge-based economy, medical experts estimate that about 50 per cent of its new borns are at a risk of permanent mental retardation. Reason — their mothers do not have adequate intake of iodine. The deficiency of this essential component of the thyroid hormones in a mother's body can hinder the healthy growth of the foetus and the child becomes a cretin, unable to walk, talk or think normally.

About 12 million new borns out of 27 million are not protected from possible iodine deficiency disorder (IDD) including stunted physical and mental growth, says child nutrition expert of the UNICEF, Dr Abdullah Dustagheer. He notes that with the lifting of central ban on the sale of non-iodized salt, the number is going to rise.

However, all the States except Kerala, Orissa and Gujarat have

maintained the ban. While China can boast of more than 90 per cent of iodized salt coverage, only 49 per cent of the population in India is getting adequate supply of this essential micronutrient.

Ironically, India exports iodized salt to a number of countries in Asia and Africa. Indian scientists have shown that not a single state is free from iodine deficiency as a public health problem, with more and more new pockets of IDD being identified in the country.

Dr Chandra Kant Pandav of the All India Institute of Medical Sciences in New Delhi says that the human brain begins to develop from the 12th week or in the third month of pregnancy. By the time the child reaches three years of age, about 90 per cent of the development of an adult human brain is complete. So this period is very crucial in the life of the child and if he/she is deprived of his quota,

an irreversible damage is done to the brain.

A woman needs 200 micrograms of iodine daily during her pregnancy. Citing studies by medical experts in the US, Dr Pranav says that children, who are born to mothers deficient in thyroid hormones, were compared with those of normal mothers and the former revealed a difference of 10 IQ points.

According to a World Health Organisation study in a Kerala village, only 15 per cent of the children of iodine-deficient mothers have normal IQ compared with 50 per cent children born to healthy mothers.

The IDD involves a spectrum of disorders including abortion of the foetus, still birth and increased infant mortality. Deficiency of iodine in the mother also causes congenital anomalies like deaf-mutism, dwarfism, squintness, spastic diplegia and

psychomotor defects in the child as the foetus is deprived of an adequate supply.

The foetus is affected even if the mother's deficiency is minor. The child may look normal, but the damage caused to his brain usually shows up in later years of life, as in poor school performance.

The child can also suffer from goitre and juvenile hypothyroidism and as adolescent his physical development is retarded and mental function impaired. He develops speech and hearing disorders and inability to coordinate different movements.

Hypothyroidism implies slowing of the metabolic rate due to deficiency in the production of thyroid hormones. Children suffering from it become lethargic and apathetic, says child specialist Dr A Shukla, who is working with the IDD patients. "Most of them have a dazed expression on their faces and even their eyes look glassy. Majority of the children are drop-outs as they have no will to learn."

Contd...



Affluent Asians new AIDS risk group, says UN

Beijing, Nov 15: The rapidly changing sexual behaviour of newly affluent Asians has made them the latest high-risk group for HIV/AIDS, the head of the United Nations HIV/AIDS programme said.

The spread of HIV/AIDS among middle classes in several Asian countries reflects the shifting nature of the epidemic, as "people change and the conditions for the spread of HIV change", UNAIDS Executive Director Peter Piot said on Wednesday.

"We see this all over Asia, and China provides compelling evidence of the speed with which social conditions can change and, along with them, the conditions for the spread of HIV," Piot said in a copy of

a speech prepared for delivery at China's first National conference on HIV/AIDS.

"There is evidence that more and more young people are sexually active, the rate of sexually transmitted infections has been rapidly increasing, commercial sexual encounters seem to be more frequent and there is a considerable amount of injectable drug use."

The epidemic is spreading to the general population across Asia, with at least seven million people infected with HIV, Piot said.

"In three Asian countries -

Thailand, Cambodia and Myanmar - more than two per cent of the total population is HIV infected," he said.

In China, as in other Asian countries like Vietnam and

large cities, where the many migrants are always more vulnerable to HIV infection, Piot said.

The online diary of a Shanghai AIDS victim has raised

public awareness of the spread of the disease among middle class Chinese. The man, who uses the pseudonym Li Jiaming, said he

was infected with HIV by having unprotected sex with a prostitute during a drunken night out with colleagues.

Experts estimate that some 15-20 per cent of China's HIV infections are sexually transmitted, with the rate already reaching 50 per cent in the economically vibrant southern city of Shenzhen, which borders Hong Kong, China's *Life Week* magazine said this week.

But both Cambodia and Thailand are reporting fewer new infections overall than five years ago, making the two countries "shining examples of the power of society wide mobilisation against AIDS", Piot said in his speech.

China, where private shame and public silence still surround HIV/AIDS, needs a "full-scale response... That more than matches the scale of the epidemic".

It must be a "response where every city, town and village prepares itself". DPA

The New Indian Express
16 November 2001

'There is evidence that more and more young people are sexually active, commercial sexual encounters seem to be more frequent and there is a considerable amount of injectable drug use'

Cambodia, there is a "new mentality" towards sex, Piot said at a press conference on Tuesday.

Emerging middle classes in these countries believe they can buy everything, including sex, he said.

The trend especially affects

Contd...

The only way to avert this catastrophe (cretinism can take the shape of an epidemic) is to continue and spread awareness programmes on IDD and to carry on universal salt iodisation (USI). Women's diets are usually neglected in our country. Special attention should be given to pregnant and lactating mothers' diet to ensure it has enough iodine.

"It should be a long-drawn and sustained battle as experience in India and elsewhere has shown that withdrawal of USI leads to re-occurrence of IDD and brain damage in children," said Dr Dustagheer. "There is also a mis-

taken notion that iodized salt is more expensive and that is why people do not ask for it. But the cost of iodisation per person per year is only 50 paise, less than the price of a cup of tea." In fact, a person consumes about half a kilogram of salt a month, which costs one-rupee twenty-five paise. Is it a very high price to pay to save a child from permanent mental disability?

SHRUBA

MUKHERJEE

Deccan Herald

10 November 2001

Cipla to launch 3-drug combo for HIV-infected

Mumbai: India's third largest drugmaker, Cipla, said it had secured government approval to launch a three-drug combination for the HIV-infected. The three drugs are zidovudine (300 mg), lamivudine (150 mg) and nevirapine (200 mg) in one tablet. Cipla said its three-drug combination, branded Duovir-N, was the first of its kind in the world and would ensure better patient compliance since it had a simple regimen of one tablet twice daily. The three-drug combination it will launch comprises drugs patented to different multinationals (which is the reason why any one of them has not been able to launch such a combination yet), and can be sold in India which does not recognise product patents.

The Economic Times
16 November 2001



Women lifeline of a nation, says Amartya

PRESS TRUST OF INDIA

NEW DELHI, Nov. 14. - Nobel laureate, Prof Amartya Sen, stressed today that empowerment of women would remain a dream until the girl child is given equal opportunity in education and treated indifferently in relation to the male child.

"Lack of education among girls is directly linked to gender inequality. Female literacy has helped in reducing the gap between men and women," said the professor while delivering the 7th Justice Sunanda Bhadare Memorial Lecture on "Consequences of Gender Inequality" here.

"There is an urgency in rectifying the inequality, enhancing their power and status in society, which cannot be achieved by involving the women agencies alone but with common efforts by all," Prof Sen said.

The role of women in economic growth couldn't be confined to household activities as they have to play a major part in the economic growth outside the family, Prof Sen said.

Expressing concern over female foeticide in Asia and Africa, Prof Sen said "The excess mortality of women there is mainly due to the gender bias" and linked it to women's illiteracy.

The fall in female ratio was recorded more in the north and west of the country in the past decade, he pointed out. In the north and west, it fell from 95 to 93.7 females to 100 males as per the 2001 census, which is surely a matter of concern, he said.

This phenomenon was not confined to India alone as a similar sharp decline was recorded in Korea and China, reflecting the global gender bias against women.

Endorsing Prof Sen's views, Supreme Court judge, Justice B N Kirpal, who presided over the function, said "full opportunity of education and not early marriage should be the motto for women's empowerment."

The Statesman
15 November 2001

Symposium on problems of newborns held

Times News Network

BANGALORE: The Karnataka chapter of the National Neonatology Forum of India held a symposium on 'common problems in newborns' in Bangalore on Sunday. The symposium was part of the National Neonatology Week that is on till November 21.

The symposium was attended by David Harvey from UK and V.K. Paul from WHO, Geneva. The chapter also organised a continuing medical education for doctors and nurses to emphasise on basic care of new borns, according to Dr N. Karthik Nagesh, president of the Karnataka chapter.

The National Neonatology Forum of India, established in 1981, is an organisation committed to improving the status of health of neonates in India. The organisation comprises nearly 3,000 medical and nursing professionals committed to the care of sick neonates.

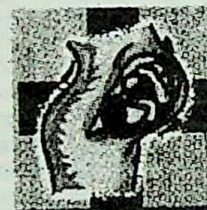
This year, the Newborn Week celebrations were launched all over the state. At towns and districts and headquarters week-long activities to focus on training of medical students doctors, nurses and paramedics on various aspects of neonatal care and preventive medicine are being undertaken by senior neonatologists and paediatricians.

The emphasis is on promoting safe delivery services and the theme is "Ensuring that each delivery in the state takes place in the hands of trained persons."

The Times of India
20 November 2001

A nine-month break from illness

SOME women with diseases related to immune system malfunctions find that their symptoms subside during pregnancy, then rebound after childbirth. A recent study, published in *The Journal of Clinical Endocrinology and Metabolism*, suggests that the cycle may be caused by steps the pregnant woman's body takes to regulate stress and protect the foetus from being rejected by the mother's body. The study looked for clues about why illnesses like rheumatoid arthritis and multiple sclerosis subsided in pregnancy, then returned with



increased force. Both are, supposedly, caused by the immune system attacking the host body. On tracking hormone levels in 18 healthy women during and after pregnancy, researchers found that hormones which trigger immune system responses were significantly lower in the third trimester than after birth. Also, the levels of hormones produced to help the body react to stress were two to three times as high after birth as they were during pregnancy.

The New Indian Express
18 November 2001



Filling stomachs and souls

WITH the passage of October, one more International Day for the Eradication of Poverty has come and gone, a global *Garibi Hatao* that has been hardly more effective than the national one. Nearly half the population of India lives below a poverty line that has, to put it mildly, been drawn just this side of the funeral pyre. To be poor in India is to be unable to manage the basic elements of human subsistence. No per capita income figures, no indices of calorie consumption can capture the wretchedness that is the lot of the Indian poor, whether destitute amidst the dust of rural India or begging on the sidewalks of its teeming cities. To be poor is to be born of a malnourished mother in conditions where your survival is uncertain; to survive with inadequate food, clothing and shelter, without the stimulation of learning or play; to grow unequipped intellectually or physically to be a productive member of a striving society. That such conditions still afflict 450 million Indians is worse than a tragedy: it is a shame.

As a United Nations official, I have often had to address the question of poverty and persistent underdevelopment, which are high among the principal challenges facing the organisation. And the U.N. has begun to argue, I think compellingly, that poverty is no longer inevitable. For the first time, long-cherished hopes of eradicating poverty seem attainable, because the world has the material, natural and technological resources to do so within a generation — provided that concerted political will and sufficient resources are brought to the task.

This is not just rhetoric: over the last three decades, more than 20 industrial states, and more encouragingly, more than a dozen developing countries, have eliminated absolute poverty. Others can do it too.

The wealth of nations has increased seven-fold since 1945. The astonishing proliferation of billionaires is not the only indication of that. Overall, the proportion of people living in poverty has declined; yet, thanks to population increases, the number of poor has risen considerably. Almost one-quarter of the world's population still lives in poverty. Income disparities between the richest 20 per cent and the

poorest 20 per cent of the world's population have doubled since 1960, from 30:1 to 61:1. The statistics point to the increasing number of people (1.5 billion today) with incomes of less than \$1 a day; about three billion people, half the world's population, live on less than \$2 a day.

There are 750 million people unemployed and another 750 million underemployed. Some 160 million children are moderately or severely malnourished. About 110 million do not attend school. Another 1.5 billion are without clean drinking water; 800 million have no health services whatsoever; 35 million people suffer from HIV/AIDS. And poverty in old age remains the most common human experience around the world.

Technology offers both a hope and a danger. The worldwide web is bringing us all closer together with rapid and inexpensive communications; it is helping farmers in developing countries tap into market opportunities in the developed world. But the gap between the technological haves and have-nots is widening, both between countries and within them. The Information Revolution, like the French Revolution, is a revolution with a lot of *liberti*, some *fraterniti*, and no *egaliti*. So the poverty line is not the only line about which we have to think; there is also the high-speed digital line, the fibre optic line — all the lines that are transforming so many lives but leaving so many more others out. There are still too many who are literally not plugged in to the possibilities of our brave new world.

It is necessary, too, to tackle poverty on a broad front. After all, what is the use of providing a farmer with high-yielding varieties if his crop cannot fetch a fair price? What is the point of providing development aid when poor countries lose more to trade barriers and declining commodity prices? What could be more cruel than immunising a child only to see it die of starvation? What is the use of education if unemployment is the only reward awaiting the educated?

Indeed, there are broader questions, too, that the U.N. tends to ask whenever poverty is discussed — questions of sustainable development and of good governance — what is the merit of economic growth if it benefits only the rich? Who can sustain creative energy under conditions of instability or corrupt institutions?

There are no simple answers to these complex questions, but the world is rising to the challenge they pose. In doing so, I feel we should not ignore a different set of issues — and I say this not as a U.N. official, but as an author whose *The Great Indian Novel* begins with the proposition that India is not an underdeveloped country, but rather, in the context of its history and cultural heritage, a highly developed one in an advanced state of decay.

Such sentiments are, of course, the privilege of the satirist; but, the notion of decay apart, I relish reminding readers that there is more than one way to look at the question of poverty. When my cantankerous old narrator declares, at the beginning of the novel, that "everything in India is overdeveloped", he is deliberately provoking his readers to forget their usual view of an underdeveloped country as one devoid of everything the world values. In telling the story of India, I try to evoke an idea of development that transcends — but does not deny — the conventional socio-economic indices.

I do this because we all know that "man does not live by bread alone". Of course we must end poverty, and give men and women enough bread to live on. But music, dance, art and the telling of stories are indispensable to humanity's ability to cope with the human condition. After all, why does man need bread? To survive. But why survive, if it is only to eat more bread? To live is more than just to sustain life — it is to find meaning in life. And the poorest men and women in the developing world feel the throb of culture on their pulse, for they tell stories to their children as their fires are lit at dusk and the shadows fall — stories of their land and its heroes, stories of the earth and its mysteries, stories that have gone into making them what they are.

For whom, after all, is development? It is not an abstract endeavour of states, a set of figures on GNP tables. Development is about people — human beings with needs and rights. Without culture, development becomes mere materialism, a subject for economists and planners rather than a matter of people. And if people are to develop, it is unthinkable that they would develop without culture, without song, and dance, and music, and myth, without stories about themselves, and in turn, without expressing their views on their present lot and

Contd...



LET GIRLS SEE THE LIGHT OF DAY

SANJAY BHATTACHARYA

The urban areas of Haryana and Punjab have registered an increase in female foeticide, according to a recent United Nations Population Fund (UNFPA) report. Unfortunately, induced abortion has played an important role in declining fertility rates. Easily available sex detection tests and the preference for the male child in our society have substantially affected the incidence of sex-selective abortions.

The UNFPA study shows how communities achieve fertility decline and points out its social and human costs. The decline in fertility rate between 1992 to 1998 was partly due to sex-selective abortion.

As per the analysis, sex-selective abortions in Haryana in 1990-92 were 69,000 (68 per cent of the total 1,01,000 induced abortions) and that in Punjab stood at 57,000 (42 per cent of 1,37,000 induced abortions). The estimated number of sex-selective abortions in 1996-98 in Haryana was

62,000 (81 per cent of total 77,000 induced abortions) and that in Punjab at 51,000 (26 per cent of total 1,94,000 induced abortions). During 1990-92 and 1996-98, rural areas of each state registered a decline in the number of sex-selective abortions whereas the urban sector registered the opposite. The increase in Haryana was almost five times as compared to an increase of only 18 per cent in Punjab.

The Total Fertility Rate (TFR) dropped during the relevant period in the two states in terms of the number of children a woman would have produced by the end of her reproductive life, the report said. The TFR per female aged 15-49 years in Haryana was 4.0 during 1990-92 and declined to 2.9 during 1996-98, a fall of 28 per cent. The relative figures for Punjab were 2.9 and 2.2 representing a decline of 24 per cent. Had there been no such abortions, the overall TFR in Haryana between 1996-98 would have been 3.2 instead of 2.9 and that in Punjab, 2.4 instead of 2.2. The decline in TFR in rural and urban areas of Punjab was similar — about 28 per cent. The rural areas

of Punjab showed a decline of about 22 per cent. The two states show the greatest preference for sons and sex-selection at birth. The sex ratio at birth is defined as the number of males per 100 female births. More literates opt for it than illiterates. Sex selection at birth has been observed since 1971, when data from the Sample Registration System (SRS) became available. Data for 1996 and 1997 show a deficiency of about eight to 10 per cent in female births.

The study shows that the preference for a son rises with the number of children born and the age of a woman. The desire for the first child to be a male is stronger in Punjab (sex ratio at birth or SRB being 131) than in Haryana where it is 109. Preference for a son following the birth of a daughter is strong in both Haryana (SRB 151) and Punjab (154). But the desire for a second son remains high. In Haryana, the SRB is 120 while in Punjab it's 98. Norms like the cremation of the father outweigh the effect of economic

utility of sons.

An analysis of the imbalance in sex ratio of children given by 1991 Population Census revealed that Haryana showed the highest female mortality disadvantage in India for children aged up to five years. Punjab showed the highest female mortality disadvantage for children aged between one to four years.

The Medical Termination of Pregnancy (MTP) Act passed in April 1972 liberalised the option of abortion. It is legal in instances when pregnancy carries the risk of grave injury to a woman's physical or mental health, endangers her life or when it is result of contraceptive failure or rape. The Act intended to reduce maternal mortality due to illegal abortions. There is no agreement among scholars on the number of abortions carried out by the unregistered service providers, non-allopathic practitioners, paramedics and others.

The study makes a number of policy recommendations — strong advocacy and health communication strategies highlighting the importance of a girl child, gender equality, the hazards of unsafe abortions and the illegality of pre-selection of sex followed by abortion.

The study also recommends a strict enforcement of the Prenatal Diagnostic Technique Act (PNDT Act-1994) and the existing loopholes to be plugged in the light of new technological advancements. Professional associations need to exert peer pressure on those violating provisions of the Act.

The Pioneer
16 November 2001

Contd...

their future hopes. Development implies dynamism; dynamism requires freedom — the freedom to create.

Let us not forget that there exist, around us, many societies whose richness lies in their soul and not in their soil, whose past may offer more wealth than their present, whose culture is more valuable than their technology. We must strive to eradicate poverty, but we must also ensure that we end that poverty of the spirit that ultimately is as harmful to humanity as a lack of food or medicine. Let us work for a world in which we can fill both stomachs and souls at the same time. ●

SHASHI THAROOR

The Hindu

11 November 2001



'At risk' deliveries lead to babies with hearing problems, says expert

HT Correspondent
Lucknow, November 12

A NUMBER of babies born as a result of 'at risk' deliveries suffer from hearing defect and if not detected at an early stage, they are unable to develop even their ability to speak.

Though no work has been done in India, according to a study conducted in the western countries, it is believed that two out of every 1000 babies suffer from hearing defect, said Dr Anirban Biswas, a consultant in neurotological diseases and the editor of Indian Journal of Otolaryngology & Head and Neck Surgery on Sunday.

Dr Biswas was speaking on 'Assessment of the deaf child' on the concluding day of the ongoing VII Annual North Zone Con-

ference 'NZAOTI Con-2001' of the Association of Otolaryngologists of India at the King George Medical College (KGMC).

The conference has been organized to commemorate the Golden Jubilee year of the Department of Oto-Rhinolaryngology and Head & Neck Surgery of the KGMC.

Speaking on the occasion, Dr Biswas said that it is important that any hearing imparity or deafness should be detected at an early stage so as to make a hearing aid or a cochlear implant available to the child and provide him with an ample opportunity to develop his ability to speak.

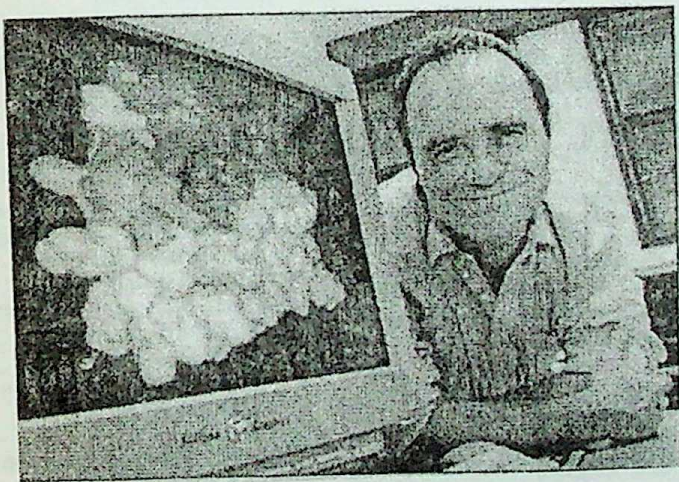
"Though the government has a social welfare department which distributes hearing aid free of cost, many children never get it due to the failure in identifying

their needs.

The government should make instrument like Brainstem Evoke Response Audiometry (BERA) machine and Oto-Acoustic Emission Machines available at the government hospitals to enable early detection of deafness among the newborns. At present there are only two BERA machines available in the whole state - one at Allahabad Medical College and the other at Sanjay Gandhi Post Graduate Institute of Medical Sciences," he said.

Dr Shamishta Bandopadhyay, an MS student of Allahabad Medical College, who presented her study on assessment of hearing imparity among the at-risk delivery babies, was given the Best Paper Award on the occasion.

Hindustan Times
13 November 2001



Doctor Erwann Loret, Director of Structural Biology and Microbiology at the Marselle Institute, poses next to a computer screen featuring a molecule christened TDS (triphenyl dimethyl succinimide) able to tackle TAT protein generated by the AIDS virus, in Marselle, on Thursday. The Marselle team will receive a \$ 75,000 prize from American pharmaceutical laboratory Glaxo Smithkline. — Reuters

The New Indian Express
17 November 2001

Contraceptives used as fertilisers

Ankara: The State Family Planning officials in the eastern Turkey town of Siverek have discovered one reason why their efforts to bring the size of village families down has failed: women have been using their contraceptive pills as fertiliser for growing flowers. Many villagers prefer to have large families in order to strengthen their own clans numbers as well as the traditional desire to have sons to look after them in their old age. The number of men using condoms had increased but those of women using contraceptive implants had fallen. Women who had been given contraceptive pills believed that they worked well as fertiliser for the growing flowers. (DPA)

Deccan Chronicle
14 November 2001



In-vitro baby born from HIV-cleared sperm

AGENCE FRANCE-PRESSE

TOKYO, Nov. 16. - A Japanese woman has given birth to an infection-free baby after the HIV virus was removed from her husband's sperm before the in-vitro fertilisation process, a doctor said today.

The birth of the healthy boy, born in late October to a woman in her 30s, is a world first for in-vitro fertilisation using sperm stripped of the HIV virus, the doctor said.

"Both the baby and the mother were confirmed (HIV) infection-free," said Dr Hideji Hanabusa, with Ogikubo hospital in Tokyo, who performed the revolutionary procedure with doctors from Niigata University Faculty of Medicine, north of Tokyo.

"It was the first case ever in the world where the HIV virus had been eradicated 100 per cent, and just sperm was extracted for in-vitro fertilisation," Dr Hanabusa said.

The Statesman
17 November 2001

Taiwan to have condom hotels

Taipei: Taiwan, following the example of Thailand, will open three condom restaurants to raise public awareness of AIDS. "We have visited Thailand several times to learn from Thailand its experience in fighting AIDS, including how they run Cabbages & Condoms Restaurant," a government official said. Mechai Viravaidya, the pioneer in Thailand's AIDS-prevention campaign, has opened four Condom & Cabbages restaurants in Thailand. Taiwan's first condom restaurant - The Banana & Condom restaurant - will open in Taichung, Taiwan, on December 5. (DPA)

Deccan Chronicle
18 November 2001

Sex workers stage protest against rehabilitation programme

HT Correspondent
Varanasi, November 17

SEX WORKERS of Shivdaspur on Friday protested against the administration's decision to ban flesh trade as part of a rehabilitation programme. They formed a human chain to protest the decision.

The demonstration started eight days after cops were deployed to check entry of customers into the city's red-light area in Shivdaspur.

"We were told about optional business. But even after eight days of unemployment there was no one from the administration to provide us with sewing machines or money. With our savings ending there is little left to eat," said Bina, a sex worker.

The ban has left the sex workers with no other means to earn their livelihood. "Rehabilitation too requires a timely package.

An immediate ban will certainly give an economical jerk, as women cannot learn sewing in one day. Such a ban can only pressurise sex workers to leave the place and settle elsewhere, turning the entire operation a failure," said Ajit Singh the founder of 'Guria' - a city based non-government organisation.

'Guria's' spokesperson, Harish Kumar said despite suggestions by the National Human Rights Commission (NHRC), the police was violating Illegal Trafficking of People's Act, 1986. "They should focus on those criminals involved in bringing fresh girls into the trade instead of targeting only commercial sex workers," he pointed.

Kumar along with Women In Prostitution (WIP) of Shivdaspur expressed dissatisfaction, as the rehabilitation package announced by the administration did not come into force even

after banning the trade that brought them on the verge of starvation.

Referring to the administration's announcement of providing buffaloes, sewing machines and residence to sex workers as a part of rehabilitation project, he said that the area was sealed since November 9, without any alternative.

Rehabilitation meant a package in which the WIP would undergo a training programme for a period of one year before becoming economically self-reliant, said Ajit Singh.

"The Shivdaspur red light area came into existence after the pressure in the city's Dalmandi area. The unplanned pressure will only force WIP to find another settlement," he said.

"We will uphold our protest till we are given proper arrangements," said Mumtaz, another sex worker of Shivdaspur.

Hindustan Times
18 November 2001

Vasectomy has men 'nicked'

Fear sexual debility, shy away from *nasbandi*

FROM OUR BUREAU

Hyderabad, Nov. 17: Nothing can entice males of the State when you ask them to undergo *nasbandi*.

They simply shy away and rather force their women to go for sterilisation.

Out of every 10 sterilisation operations done in the State, nine were women. As many as 93 per cent of women underwent tubectomy, according to sources.

This despite the government paying Rs 500 cash incentive plus medicines and other items worth Rs 80 to every person undergoing the operation.

Males fear vasectomy may lead to sexual debility; failure of the operation could result in pregnancies. Only in Warangal and Karimnagar would more males muster courage

by opting for vasectomy (50-60 per cent), followed by Visakhapatnam and East Godavari districts (10 per cent to 15 per cent). "Before 1975, when the Emergency was imposed, vasectomy was popular, with 70 to 80 per cent of males opting for it. But the trend changed because of the failure of the FP operations during

OPERATION BLUES

Emergency. The repercussions seem to haunt males even today," says B Brahmanandam, deputy director of Medical and Health Services (Demography), Commissionerate of Family Welfare.

There is only 0.2 per cent chances of sterilisation failure, but the very

word *nasbandi* sends shivers down their spine. "It's like this. The husband undergoes vasectomy. For some reasons if it fails and the wife conceives, there will be chaos in the household. The man suspects the fidelity of his wife and this leads to social stigma in society," explains a Family Welfare official.

Of the total 8.14-lakh sterilisation operations done last year by the Family Welfare Department, only 63,000 males underwent vasectomy.

The government has set a target of eight lakh sterilisation during 2001-02. Only 2.19 lakh people had undergone sterilisation till September. Though figures are not readily available, it's the same old story of women outnumbering men, says an official.

Deccan Chronicle
18 November 2001



A childhood lost

TEN-year-old Reema loved the secret games she and her six-year-old sister played with their father while the mother was at work. It was their secret and they were not to let anyone know. No one would have, if her grandfather hadn't come by unexpectedly and looked through the window when no one answered the door. The father ran away and hasn't been heard of since.

Sixteen-year-old Seema had an abortion and her mother knew nothing about it. In fact, she wouldn't believe anyone who told her this because she knew her shy daughter had no boyfriends. What she didn't know was that this was the teenager's third abortion and every time the father of the child had been her husband - Seema's father. Now 23 and married, Seema is unable to have children, thanks to her repeated abuse and abortions which has traumatized her body, mind and spirit forever.

Sweta loved being treated special by her uncle, she was the only girl in that joint family where everyone had only sons. And though her own parents wished they had a son instead of a daughter, her uncle seemed glad she was a girl. He was the one who bought her special gifts, defended her when someone scolded her. He was the one who hugged her the most. He was also the one who did and made her do things she didn't like - but since he was the one who was otherwise the most loving, she dared not refuse to play these secret games. Often her grandfather played secret games too, but neither the uncle nor the grandfather knew about the other's abuse, because Sweta kept secrets well.

The little girl was her father's favourite - she went everywhere with him. Mostly to the little hotel room where daddy and his friends put on dirty movies, drank alcohol and watched while the father did funny things to the tiny eight-year-old. Till the mother found out what kind of love the father had been demonstrating to his little doll and lodged a complaint.

Frightening tales of incest - happens only in broken, poor fam-

ilies? Wrong. Happens in all kinds of families - many just like yours and mine, across all social, economic, religious strata.

Incest, violation of one's body and sexuality by someone so close that it doesn't often even seem like trespass at all, must be the ultimate in crimes against children. Various studies have shown that at least one in five children has been sexually abused as a child and over 70 per cent of these have been committed by someone very close to the child - either family, close relatives, friends, teachers, servants or other employees. Sadly, most cases go unreported, so the full extent of this problem remains hidden.

The victims: Children too young, dependent, ignorant or helpless to protest or complain are the most vulnerable. Any weakness of the child is an easy bargaining point for an adult who has no qualms about abusing someone to who he should in fact be a care giver, a protector. We use 'he' since a majority of direct abusers are men. But in many cases women have been just as responsible, if not as the direct abusers themselves, as passive bystanders or accomplices.

Incest, reprehensible when it occurs among consenting adults, is unpardonable when the victim is a child who cannot give informed and free consent. In almost all cases of incest the child's silence is obtained through threats - physical, emotional, moral etc.

Physical force or severe threats are rarely needed. Children have a hundred needs, a thousand fears - an adult can draw on any of them. Even at 22, Sudha dare not tell anyone she was being raped by her father every day since she had been ten. Her mother worked as a telephone operator and her father who was jobless most of the time, made it a routine. Not once did Sudha open her mouth to complain - because her father had warned that if she did, he would leave them. He had once walked out on them and for months her mother had been a wreck. She did not want to see her go through that

again. As it is, he abused the woman often enough. But the first thing Sudha did when she got a job was look for a new house. The day she got her first salary, she shifted along with her mother to the new house. Never once did she look up her tormentor after that. "The memories are traumatic. I didn't tell my mother when I was young, because I didn't want him to leave us. But now she is old and helpless - telling her now will only give her more grief and make her feel guilty - it is so pointless," she says, determined to wipe off her scars.

But Ahalya and her brother did not even consider protesting or complaining. Their father was away on tours most times and it was left to their mother to play a dual role. Running a home, holding down a fulltime job and raising two kids single-handed in addition to looking after her parents-in-law was stressful. There were times when she lost her temper with the children. At times like these, it was dear old granddad who came to their rescue, either by calming down their mother or consoling them later. He also helped them with their homework, let them watch TV when they were not allowed, allowed them to break curfew. In return they allowed him to play with their genitals and played with his. They also played with each other while he watched. It stopped partly when the grandfather died and completely when Arun joined a hostel.

"It was difficult to hate my grandfather, so it was easy to keep his secret. Without his intervention, we would never have escaped all those punishments. We felt it was a small price. But today, I am so paranoid about sending my children to my parents house, lest my father do the same to my daughter. It hurts my parents that their grandchildren are never left with them but I cannot express my fears to them," says Ahalya, who realizes now that she had been abused, but mercifully spared the trauma of it when he was a child. The sense of violation came only after she grew up and felt able to deal with it.

Often, the insecurities and biases of other families ensure that the child gets neither justice nor protection. "When I informed my mother that my brother was molesting me at night, she simply refused to believe me. What was worse, she said even if something like that was happening, it would pass - since I would soon be getting married. I felt betrayed - that was the moment my love for her turned to complete hate," recalls Madhavi who was raped by her brother for as long as she can remember.

Incest is much, much more than the violation of a child's body. It's the ultimate betrayal of their trust in the very people who are

supposed to be their guardians, protectors, comforters, and closest friends. If it is not deep fear, very often their loyalty and love for their abuser makes it nearly impossible for them to speak up. The abuser, in the child's eyes might be an ogre, so frightening that protesting, complaining or even offering any kind of resistance might be unthinkable, for fear of worse consequences - real, imagined or painted by the abuser. On the other hand, the abuser might otherwise be extremely good and loving, and the child might not even consider his acts as anything unnatural or abusive. "I thought all daddies had special secrets - that's what papa told me, even though I wondered why he said never ever to talk about it" recalls Medha, who had not only been abused by her father, but by all his brothers too at different times. It was only when she went into deep depression after the birth of her daughter that her psychiatrist discovered the dark secret she had been carrying with in her.

Rita, now a sex worker who hits the high society circuit does not need to do it for money. She comes from a well-off family and is married into an equally rich one. "By the time I was 17 I was on a course

Contd...



Contd...

of self-destruction. Drugs, alcohol, thoughts of suicide, and yes, sex, were all that I thought of. Since my father said I was his favourite and since he abused me since I was seven, I believed the two went together. My childhood left me with some warped concepts of life in general, including the firm conviction that the only way to be loved, approved of, and accepted by men was through my body. I was convinced that men only wanted "one thing." It was my ammunition to survive."

Worse than the abuse is the shame, guilt, revulsion and insecurities that most abuse victims struggle to overcome long after the abuse has stopped, if it has. Some manage to get on with life, others suffer in other ways. Some others destroy other promising relationships through distrust or feelings of revenge.

Some victims find the memories of the abuse so disturbing and terrifying that they subconsciously force themselves to forget that they were abused. It is not until years later, often in adulthood, that the victim remembers the incest, maybe when being treated for something else. And in many cases the memories are a complicated weave of fact, fiction, fantasy and wishful thinking - so complex that not even the victim is able to churn out the truth.

Sexual abuse of a family member is difficult to accept. Thanks to social and cultural conditioning, many of us take for granted that our families, friends and parents are always our well-wishers. But for thousands of children this is not so. The home, which should be a fortress of security becomes worse than a prison from which there is no escape. In the end, the child has lost her most prized possession - the sense of security that a family can offer. She has lost her childhood, and probably most of her adulthood too.

Your role as a guardian

The first best measure, as always is PREVENTION. How?

As early as possible encourage children to talk to you and share their feelings with you. Many children instinctively dislike being hugged or kissed by certain people. Never ever force the little moppet to 'come on kiss uncle - be a good girl' Let her feel confident that being a good girl does not mean displaying or accepting physical demonstrations of affection when one is not comfortable with it.

As the child grows older teach her the difference between a good touch and an abusive one. Often the child recognizes the difference. Her difficulty is in handling it.

Give her the courage to say no - it is her body and no one can touch her if she does not want it. Also give her the confidence that no matter what anyone says, you will believe her. Often abusive adults threaten to turn the story on the children.

The parent's first reaction could be disbelief, shock, confusion, distress, rage or guilt. And this first reaction has a tremendous bearing on how the child is going to deal with her private hell. For no matter how much support the child gets, in the end, she or he has to deal with the feelings alone, exorcise the guilt and horror and carry on with life. And an adult's attitude can go a long way in lending critical support.

Apart from the criminal and legal procedures that may be initiated, there are other steps to be taken. For several reasons, the law may not be the best or easiest option. Either way, the following measures are first priorities. "Is it true? Are you telling the truth? Are you absolutely sure" is in most cases the first reaction. It unfortunately indicates to the child that it has not been believed and effectively snuffs out any further communication on the subject.

What is important is to assure the child that he or she is not suspected of lying, that he or she is not guilty in any way, he or she is not responsible for the adult's irresponsible action, and most important, he or she is not any less lovable because of the inci-

dent.

Having gained the child's confidence, it is important for the parent to identify the atmosphere that has been conducive to such abusive, and ensure that the child is removed from it as soon as possible or that the situation is not allowed to be created again. If it has been happening in the house, ensure that the child is NOT left alone with the adult in question. If the adult can be removed from the child's immediate environment, that would be ideal. If he is a tutor, a family friend, a servant or neighbour, it might be possible to discourage any further contact with the child. If it happens to be the father or a close relative who cannot be wished away, the mother and the child should be constantly on alert and preempt any further incident. For example ensure that the child is never, repeat never, alone in a potentially oppressive situation. But children may not always report such instances of abuse, either because they are too young or because of real or imagined fears.

It is up to the parents to know their children well enough and take serious cognizance of the following symptoms. It must be remembered that not all these necessarily point to sexual abuse, but still warrant serious concern and action.

- Bed-wetting
- Sore or swollen genital areas
- Bleeding or discharge from rectum or vagina
- Stained underpants
- Pain on urination
- Sexually transmitted diseases
- Significant change in school performances
- Excessive masturbation
- Fears and phobias
- Reluctance to be left alone with a particular person
- Acting infantile
- Knowledge of sexual matters inappropriate to age
- Running away
- Self-destructive behaviour

Parents should use a judicious combination of preventive education and careful monitoring of relationships in addition to a healthy nurturing of free commination to protect the children from such brutal vandalism of innocence.

Survivors Speak

Seedy hotels. Semen stained bed-sheets. Sex kits. Furtive one-night stands. Deception, lies and humiliation. When I think about my abuse and how much it has affected my life, this is what I think of....My sexuality became a source of pain and destruction...with every lover I would feel triumph...every breakup would hurt badly...I hated myself for it but didn't know how to stop.

As was the custom of those times, the abuser would place his shoes outside the door and scrub his feet on the mat before entering the room.. The twisted irony of that gesture haunts me even today.

I have washed and washed and washed, but the stink really surrounds me, the dirt and shit have entered in my skin, under my nails, in the corner of my eyes...I think this is the time I can wash it off, shit...it out of my body, pass it out in my menstrual blood and through the blood that flows out of my injuries; but I still stink. It is eight years, but I still stink.

Extracts from a pornographic 'diary'?
Far from it. Extracts from the revelations of five women, who had been, like a thousand others, through the trauma of incest, but had survived the trauma to look ahead through a personal process of catharsis.

The stories of five survivors of childhood incest has been documented through a study by RAHI (Recovery and Healing from Incest) a support centre in New Delhi for survivors of incest in their book "The House I Grew Up In".

It is an eye-opener. Not to the fact that incest is a fact of life and no longer be dismissed as a mere myth. But, as Anuja Gupta, director of Rahi, pointed out at the recently launching of the book at the British Council in Calcutta, that despite the trauma that the victim suffers, it is possible to survive the effects of it. It is possible to confront the issue and perhaps heal oneself slowly. It breaks open for public view one of the best kept secrets of middle class families, where putting up an appearance of decency is paramount.

The five women survivors range in age from 19 years to 67 - student, entrepreneurs, housewives. Each one has found her own best method. And each one has taken her own time to deal with her personal ghosts.

Incest does different things to different people, as the accounts in the book disclose. Each survivor, during and soon after these phases of abuse recalls reacting in her own different way. While one completely hated the nearness of men, another thrived on an overdose of sex - the seedier the better. Yet another blamed herself for being a willing conspirator.

Contd...

Contd...

The book narrates only five of the several cases documented by Rahi. None of these narrations are a 'best practice' suggestion — a formula of how to handle matter and survived the horror.

incest. They are the first steps in a process of recovery — allowing the memory that is often buried so deep in the psyche that it manifests as other disorders (the obsessive hand washer or the sex-hungry entrepreneur) — the ability to talk that happened in spite of oneself.

The realization that at six or seven one was not responsible for the abuse even if one enjoyed what happened but didn't understand. That one could learn to function

as a whole person, leaving the hurt behind. And transforming the memory to something positive — perhaps to prevent it happening in one's own circle. "Just talking it out is a beginning" says Anuja Gupta.

In an exclusive interview, Anuja, who has transcribed most of the accounts based on interviews and written the first person accounts, recalled that the five protagonists as well as other survivors who had disclosed at length their experiences, had undergone tremendous upheavals during the 'flushing out' of feelings that had remained pent up for so long.

More than the agony of recalling the

I need to feel the pain and grieve for what has happened. I believe that before change, before the awakening and the rebirth, one has to experience pain.

I know I have it in me to become a solid and stable person. That's my hope for me: this new life, this new me.

-- a feeling that sums up far more than has been said.

ANNAM SURESH

The law

The Indian Penal Code does not recognise child abuse. Only rape or sodomy can lead to criminal conviction. Anything less than rape, as defined by the law, amounts to 'outraging the modesty'. Besides, if a child is being abused by a parent, there are no legal provisions for a 'third person' to rescue the child from the 'legal guardian'.

The entire exercise of giving the child back her childhood in fact completes the process of destruction initiated by the abuser. The initial shock turns to embarrassment, shame and guilt before a child can bring herself to confide in someone. This is often followed by detailed questioning. Once the well-wisher is convinced that the child has indeed been abused, there begins a series of questioning by men in uniform asking a complete recap of the incidents which the child wishes to forget., before a case can be registered. Often the child has to repeat the details several times before the police is convinced. And then the medical examination which adds to the discomfort, since the law requires proof.

Then the tug of war of how much abuse is in fact abuse. Finally the questioning in court, where she is treated like a scheming adult and she and her family feel extremely intimidated and humiliated. While the procedural norms are necessary to avoid false implication of an adult, perhaps it can be made more child-sensitive.

Deccan Herald
18 November 2001

Baby from HIV cleared sperm

Tokyo: A Japanese woman has given birth to an infection-free baby after the HIV virus was removed from her husband's sperm before the in-vitro fertilisation process, a doctor said on Friday.

The birth of the healthy boy, who was born in late October to a

woman in her 30s, is a world first for in-vitro fertilisation using sperm stripped of the HIV virus, according to the doctor.

"Both the baby and the mother were confirmed (HIV) infection-free," said Hideji Hanabusa, a doctor at Ogikubo hospital in Tokyo, who performed the revolu-

tionary procedure with doctors from Niigata university faculty of medicine, north of Tokyo.

"It was the first case ever in the world where the HIV virus had been eradicated 100 per cent, and just sperm was extracted for in-vitro fertilisation," Hanabusa said. (Reuters)

Deccan Chronicle
17 November 2001



Compensation to AIDS victim: SC stays HC order

New Delhi, Nov 19: The Supreme Court on Monday stayed an Andhra Pradesh High Court order directing Singareni Collieries Company Ltd (SCCL) to pay Rs one lakh as compensation to the wife of a worker who allegedly contracted AIDS during her treatment in a hospital run by the company.

The stay order was passed by a bench comprising Justice B N Kirpal and Justice K G Balakrishnan on a petition filed by SCCL challenging the August 29 order of the High Court which had also asked the Andhra Pradesh Govern-

ment to consider the "desirability of introducing a Bill granting Sales Tax exemption to imported medicines for treatment of AIDS."

The five-judge bench of the High Court headed by the Chief Justice, treating a letter from the worker's wife as a public interest litigation, had also directed the State Government to issue necessary circulars to public sector undertakings and other private sector companies "to see that the persons suffering from HIV-AIDS are identified and/or given proper treatment."

Appearing for SCCL, senior

advocate P P Rao with advocate B Parthasarathi, contended that the High Court erred by treating the letter as PIL

part of the medical and paramedical staff and then leaving it open to parties to seek appropriate remedies before a

The petitioner contended that the High Court erred by treating the letter as PIL when the claim was of personal nature and not on behalf of the public

when the claim was of personal nature and not on behalf of the public. The petitioner said that the High Court also was not correct in recording a categorical finding that the victim had suffered on account of the negligence on the

civil court.

After hearing the counsel briefly, the apex court issued notice to the respondents including the claimant and admitted the petition of SCCL.

The High Court had ordered payment of compensation to an AIDS victim, who was infected with HIV virus while undergoing treatment at a hospital in Karimnagar district. A five-judge bench of the court, headed by Chief Justice Satyabrata Sinha, directed the management of the State-owned SCCL to pay Rs one lakh compensation to a worker's wife who was infected with HIV virus while undergoing treatment at the company hospital in the district.

The court's order followed a letter written by the victim who alleged that his wife had contracted the disease due to negligence of the hospital staff who did not screen the donated blood for HIV virus.

The court treated the letter as a writ petition and in a 32-page order said the State Government should be made responsible for negligence on the part of health service system.

The bench directed that sufficient HIV test kits and other equipment be provided to all institutions and licensed blood banks be made to buy fool-proof equipment. All the Government hospitals should compulsorily use disposal needles for injections, it had directed. PTI

Baby delivered from HIV-infected sperm

Tokyo, Nov 16: A Japanese woman has given birth to an infection-free baby after the Human Immuno-deficiency Virus was removed from her ailing husband's sperm before the in-vitro fertilisation process, a doctor said Friday.

The birth of the healthy boy, born in late October to a woman in her 30s, is a world first for in-vitro fertilisation using sperm stripped of the HIV virus, according to the doctor.

"Both the baby and the mother were confirmed (HIV) infection-free," said Hideji Hanabusa, a doctor at Ogikubo Hospital in Tokyo, who performed the revolutionary procedure with doctors from Niigata University's Faculty of Medicine. The varsity is situated

north of Tokyo.

"It was the first case ever in the world where the HIV virus had been eradicated 100 per cent, and just sperm was extracted for in-vitro fertilisation," Hanabusa said.

The baby's father, who is also in his 30s, became infected with the killer virus after receiving contaminated blood.

"It had been very difficult to remove all the HIV virus up till now because some part of it tends to attach to the sperm," he said. "But we developed a new method that will separate the virus from sperm by using a special solution."

The medical team is to report on the case to the Japan Aids Society, which will hold a regular conference in Tokyo late November. AFP

**The New Indian Express
17 November 2001**

**The New Indian Express
20 November 2001**



THE HEALING TOUCH

Sonabai uses the bark of the *kutaj* (*Holarrhena antidysenterica*) tree to make tablets which can cure diarrhoea. When a family member suffers from malaria, she uses 'buhinim', a locally available plant, for quick treatment. "I use these medicines as they are cheap and effective cures," Sonabai says. At Mohogaon in Korchi taluka of Gadchiroli district in Maharashtra, women who are part of a self-help group were trained a year ago in making simple home remedies. They can prepare *adulsa* mixture for cough, apart from an excellent tonic from the tuber of *shatavari* (*Asparagus racemosus*). Also popular is 'bhuinmla', a small plant used to prepare a common herbal remedy for jaundice. At Kurkheda, Dr Satish Gogulwar and Shubada Deshmukh, founders of the NGO, Amhi Amchya Arogyasathi, have for the last 17 years been working with tribal communities to increase their self-sufficiency. As part of this, training programmes were held for tribal women to prepare medicines from forest produce.

Gadchiroli is a densely forested area and most of the ingredients are available in the vicinity. Surveys showed that women saved Rs 600 to Rs 1000 per annum after they started using herbal medicine. Products like honey, *amla supari*, *shatavari kalp*, hair oil, oil for arthritis, burn ointments, aloe vera cream and *shikakai* powder, prepared by the women, are sold under the brand name Aranyak at select outlets at Nagpur, Kurkheda, Yerandi and Chandrapur. About 150 women, mostly agricultural labourers from Kurkheda, Dhanora and Korchi talukas, were trained in identifying plants and making medicines, according to Dr Gogulwar. The NGO is also encouraging medicinal plant gardens.

In Jambhli village, Brijbai, who has developed a keen interest in medicinal plants, is famous for her treatment of rheumatism and gout. From a metal box she takes out the various ingredients she uses to treat ailments like diarrhoea, worms, malaria, jaundice or even cirrhosis. "No one pays me for my work. I have a list of people who owe me money," she says. Most people here have a small garden at the back of their houses and Brijbai has used hers to grow medicinal plants and even label them with the help of Dr

Gogulwar.

"Health issues cannot be solved by doctors but by the people themselves. In the villages, the *vaidus* or 'medicine men' were part of a complete healthcare system with human values. However, these knowledge systems are dying and we are trying to revive them. The *vaidus* did not demand money — competition from allopathic doctors and an impressive array of medicines and injections almost finished them," explains Dr Gogulwar, who has documented the history of the local *vaidus*. Allopathic medicine is above the reach of a large number of people, specially in the developing countries, and the World Health Organisation, recognising this, had recommended that herbal medicines be part of health care programmes.

At Basantpur, 20 km from Zaheerabad, in Andhra Pradesh's Medak district, Santoshamma presides over a five-acre plantation of medicinal plants. There are over 40 varieties of medicinal plants and she knows each one of them by name and their use. There is *karka*, *usiri*, *triphal*, *kanuga* — leaves of which can be boiled and used to heal wounds and the *medi* tree — the sap of which can cure dysentery and of course, the ubiquitous *neem*. The medicinal plants project is part of a plan by the Deccan Development Society (DDS), an NGO working in Zaheerabad. The women have formed village level groups and they can access the medicinal plants free of cost. Santoshamma, like many other women in this area, has been formally trained in the identification and use of medicinal plants. "The stem of the tamarind tree can be boiled to treat burns, cashew nuts are eaten for cough and there are plants to cure cough, diarrhoea, white discharge and the leaves of *pedda gurja* are used to treat snake bites," she says.

In areas like Bastar, the Forest Department is a little reluctant to let women take control over forest produce and often indulges in tokenism. At Asna village near Jagdalpur, women sort out large quantities of a root known for its contraceptive properties, under the keen eyes of a forest guard. They are part of the Mahila Sanjivani Samiti which was formed a year-and-a-half ago. According to Haravati, president of the Samiti, forest land was given to them to grow medicinal

plants and then sell them to generate income. There are 11 women from Asna who are part of the Samiti, but the secretary is the forest guard. "We women know very little about medicinal plants and we rely on the guard to help us. He knows all the plants and can identify them," she says. The forest guard keeps the accounts and exercises strict control over the proceedings and the women are really quite helpless. They did oppose the appointment of the guard but their protests went unheard.

Often, the forest produce collected by women is sold for a pittance to middlemen who make a killing in the large markets in Madhya Pradesh. A major concern is the over-exploitation of certain plants and illegal trade in plants. In 400 BC, Punarvasu Atreya founded the first Ayurvedic medical school. *Charaka Samhita* records the use of 2000 vegetable remedies and had identified 341 plants of medical use as well as medicines of animal and mineral origin. *Susruta Samhita* has documented surgery, specially plastic surgery. *Sarpagandha* (*Rawoulfia serpentina*) was well known in India as a remedy for mental illnesses and now, one of its constituents, reserpine, is a wonder drug for curing mental ailments, say AA Farooqi and A S Sreeram in their book, *Cultivation of Medicinal and Aromatic Crops*.

Dr Pundarikakshudu Tetali, head of research at the Naoroji Godrej Centre for Plant Research at Shindewadi in Satara district in Maharashtra, has been trying to document healing practices in the communities nearby. The centre was set up by Lawkim Limited in 1991 to tap the biodiversity of India in medicinal and aromatic plants, wild edible plants, ornamental plants and rare species. Some local healers that Dr Tetali has identified near Shirwal are two women who clean out iron filings, sand particles or any dust or dirt in people's eyes with their tongues. Leela Narayan Chavan of Palsi village is one of them. "If we lose our eyes, we can't work, and so my work is very important. I use my tongue to clean eyes and I do get patients very often," she says. She learnt this unique art about 20 years ago and treats about 8-10 people every month for which she charges a nominal Rs 10 per head. At Shindewadi, an illiter-

Contd...



Contd...

ate farmer, Pandurang Dagdu Jadhav, in his 60s, has a secret recipe to cure herpes. He dispenses this medicine only on Saturday mornings and has a steady stream of patients with the painful disease. Jadhav refuses to show anyone the plant which grows near his farm, and goes alone to gather the leaves. The leaves are crushed and made into small balls which the patients have to apply on the affected part for three days. "No one ever returns with the disease," proudly smiles Jadhav.

Conservation of medicinal plants is also in focus as part of the ongoing process of formulating the National Biodiversity Strategy and Action Plan (NBSAP), a Ministry of Environment project funded by UNDP. The NBSAP process is being facilitated by Kalpavriksh, an environment action group, with experts from all over the country and the involvement of people. Under NBSAP, the major areas which need attention are protection of medicinal plants, apart from education and awareness about them, according to Dr Gogulwar, who is coordinator, Chandrapur Gadchiroli sub-State region for NBSAP. He feels that joint forest management must also have a medicinal plant conservation aspect, and there must be training sessions for people in local health traditions and preparing medicines. The Forest Department also needs to be sensitised about the need to protect medicinal plants.

In Bastar, for instance, there are herbal farms which supply raw material abroad for medicines or cosmetics. There are people growing *swetha musti* (*Chlorophytum borivilianum*) and lemon grass on a commercial basis, but are reluctant to say where their produce is being exported. In one instance, even the Forest Department has been helping in the commercial farming of such plants. V L Bharati, a former range forest officer and an expert on medicinal plants from Jagdalpur, is all for their commercial exploitation. He has set up many nurseries of medicinal plants and helps in commercial ventures. He feels farmers are exploited by middlemen for medicinal plants and it was high time the government helped them by training them in growing and selling medicinal plant extracts.

Dr Tetali says that with new awareness of medicinal plants and their uses, over-exploitation is a major threat to plants growing in the wild. India ranks among the 10 top countries in terms of biodiversity, and herbal drugs meet the needs of a vast number of people. Of the 15,000-16,500 species of flowering plants, 7500 are reported to be used for herbal products. With a domestic market of Rs 4200

crore and annual exports of Rs 308 crore (1998-99), more than 28 countries import drugs from Indian systems of medicine. More than 75 pure compounds derived from flowering plants are in modern medicines. As the search for new wonder drugs increases, the proportionate threat to medicine plants in the wild will increase, Dr Tetali fears.

Over-exploitation has threatened many species. Nearly 90 percent of the threatened species are endemic. Many plants have medical properties. For instance, *Calophyllum*, of which there are six species in India, has been tested as having anti-AIDS properties at the laboratory level and its fruits yield an oil which is used as an ointment for cracks, Dr Tetali says. Other common plants which have medicinal properties are periwinkle, extracts from which are used to treat blood cancer, *Gloriosa superba* which has a chemical called colchicin used to treat goitre, *Asparagus officinalis*, used as an anti-oxidant (though the plant is not Indian). One of the trees facing a major threat in the Western Ghats is *Mappia* (*Mappia foetida*) also called *amrut*. Ever since an alkaloid extracted from the tree, campothecin, was found to have anti-cancer properties, the tree has been decimated in the wild, Dr Tetali says. *Mappia* is not even on the endangered list of plants. The tree is commercially exploited for its stem/bark in many parts of the country. The alkaloid is very costly and is a potential cure for ovarian cancer, he adds.

Forest departments and local communities have come together to document, protect and manage a network of 22 (14 in Maharashtra and eight in Andhra Pradesh) Medicinal Plants Conservation Areas (MPCAs) in forest habitats. The project is being assisted by the Foundation for Revitalisation of Local Health Traditions (FRLHT) and Rural Communes, both NGOs. FRLHT has been engaged in South India in a comprehensive pilot project for the conservation of medicinal plants in Tamil Nadu, Kerala and Karnataka, along with Forest Departments, NGOs and research institutes.

Darshan Shankar of FRLHT, who is a member of the technical and policy core group for the NBSAP process, and his colleague Utkarsh Ghate, also involved in NBSAP, suggested that *taluka-level ex situ* (domesticated) conservation centres and nurseries be set up, apart from enterprises for sustainable use and equitable benefit-sharing. More MPCAs need to be set up in all the States, as *in situ* field gene banks for conserving genetic diversity.

They said there are no laws in India governing medicinal plants being taken out of the country, though India is a signatory to the Convention on International Trade in Endangered Species of Wild

Fauna and Flora (CITES). There are two notifications which are operative for medicinal plants — a negative list of exports in India's export policy, and a list of 114 endangered species notified by the Ministry of Environment and Forests, that can be exported only after producing a certificate from the concerned Divisional Forest Officer about harvest source for export purpose.

Unfortunately, individual State laws or rules do not recognise these species. Forest officials do not provide procurement certificates for many of the 114 listed items as they do not fall in the list of non-timber forest produce that the State adheres to. However, such restrictions do not apply if the material is exported for research. Extracts have not been specifically mentioned (or precluded) in the notification. They say the only hope is the Biological Diversity Bill that awaits parliamentary approval, which does prohibit such exports, including extracts, unless permitted by the National Authority, provided sustainable use and equitable benefit sharing are ensured. The government needs to put in place a policy framework that will safeguard medicinal plants specially in the wild, and at the same time, ensure that communities have access to raw materials for their day to day needs.

MEENA MENON
Deccan Chronicle
18 November 2001

Which are the high-risk groups for HIV infection?

Imran
Hyderabad

The high-risk groups for HIV infection are:

- ☐ Male homosexuals.
- ☐ Individuals indulging in anal intercourse.
- ☐ Commercial sex workers (CSW, prostitutes).
- ☐ Promiscuous individuals with multiple sexual partners.
- ☐ IV (Intravenous, mainliner's) drug abusers who share needles.
- ☐ People in the health care industry.
- ☐ Patients requiring repeated blood transfusion.
- ☐ Patients receiving inadequately screened blood from professional donors.
- ☐ Haemodialysis and peritoneal dialysis patients.
- ☐ Patients undergoing organ transplants.
- ☐ Patients undergoing surgical procedures.
- ☐ Patients with sexually transmitted diseases (STDs)

Deccan Chronicle
18 November 2001



Newborn care key to infant's future health

By Roja Kandath
Times News Network

BANGALORE: It's time to learn and digest some startling facts about neonatal care in India with the National Neonatal Week being observed from November 15 to 21.

- The neonatal mortality rate per 1,000 live births is 43. While in Germany, it is 3.
- According to 1999 figures, the estimated births per year in India is 24,489,000.
- 33 per cent of infants are born with low-birth weight (less than 2.5 kilos).
- India witnesses 1 million 53 thousand neonatal deaths every year.
- In the human development index ranking, India is rated 128 out of 175 countries.

The above facts and figures have been given in the annual report 'State of the World's Newborns,' of international voluntary organisation Save the Children. And they heighten the need for focus on newborn health and care in India.

The National Neonatal Week, started from 2000 by the National Neonatology Forum of India, was flagged off by Prime Minister A.B. Vajpayee this year.

The Karnataka chapter of the forum has given every big hospital in the state one major function like conducting seminars, holding exhibitions and having awareness programmes in the districts.

Says Dr Ranjan Kumar Pejaver, consultant paediatrician and neonatologist: "The emphasis is on basic newborn care rather than on neonatal intensive care." Regionalising hi-tech neonatal care is enough but good antenatal care of the mother, adequate delivery facilities, good post-natal care and basic newborn care are more important.

The most important neonatal problems to be tackled are low-birth weight, premature delivery, birth asphyxia and neonatal infection.

Pejavar says the first 15 minutes of a baby's life determines its future health. "Ensuring normal breathing, providing adequate warmth and nutrition make a difference."

The Neonatal Week highlights the need to have trained personnel to handle deliveries and neonatal problems.

While the rate of deliveries attended by trained people in South Asian countries is 29 per cent, it is 99 per cent in industrialised countries.

What needs to be done is initiate health awareness programmes for the common man, particularly mothers. This, because the first priority of a mother is to check the neonatal care facilities available at the delivery centre.

**The Times of India
19 November 2001**

SC notice to State on HC fiat on AIDS treatment

FROM OUR BUREAU

New Delhi, Nov. 19: The Supreme Court on Monday issued notices to the Andhra Pradesh government in a special leave petition by the Singareni Collieries Company Limited challenging the High Court's directions on the control and treatment of AIDS. A bench of Justice B N Kirpal and Justice K G Balakrishnan issued notices on an application by the SCCL, seeking a stay of the High Court judgment on August 29. A five-judge constitution bench of the High Court had passed the directives on a letter written by the wife of an employee of the company, who alleged she was infected with HIV during blood transfusion on January 30, 1998 while undergoing a surgery for chronic cervicitis in the SCCL hospital. The High Court ordered she be paid a compensation of Rs 1 lakh after holding the hospital authorities negligent in not testing the donor's and the victim's blood before transfusion. It directed the hospitals of the State government to have blood banks along with sufficient equipment and HIV kits. It said there should be a compulsory mechanism to deal with cases of negligence on the part of the blood banks and hospitals. The High Court also allowed the petitioner to approach a civil court for damages in addition to the compensation granted.

**Deccan Chronicle
20 November 2001**

Week devoted to little bundles of joy

By Our Special Correspondent

BANGALORE, NOV. 18. Yes, there is a week all devoted to your little bundle of joy. The National Newborn Week celebrations end on November 21 with a series of events organised by the National Neonatology Forum (NNF).

The Forum was established in 1981 as an organisation committed to improving the health status of newborn babies across the country, according to Dr. N.Karthik Nagesh, President of the Karnataka Chapter and Head of the Department of Paediatrics at Manipal Hospital.

The NNF along with World Health Organisation (WHO) began celebrating the Newborn Week last year to focus attention on the health of newborn babies and to care for the sick ones.

Across Bangalore and other cities, activities during the week will aim at training medical students, doctors, nurses, and paramedics on various aspects of neo-natal care and preventive medicine. The emphasis will be on promoting safe deliveries by ensuring that each one takes place in the hands of trained persons.

The focus will be on teaching the correct procedures to be adopted and on the guidelines set for the care of babies at birth and their early days to prevent asphyxia and infections, which are major "killers" of infants.

**The Hindu
19 November 2001**



NEWBORNS DIE FOR LACK OF CARE

Nearly five million babies die every year throughout the world. Considering the excessive population growth in this part of the world, it would probably not come as a surprise that 24 per cent of the overall deaths are attributed to India. Though significant progress has been made over the last 50 years and the Infant Mortality Rate has dropped from 150 deaths per 1000 births in 1951 to 70 at present, the figures have plateaued in the last couple of years. India accounts for 12 lakh of the 50 lakh newborn deaths in the world annually. This is nearly a quarter of the total global burden of newborn deaths. Neonatal mortality is a major contributor to these deaths. Of approximately 250 lakh infants born in India every year, 12 lakh die in the first month of their life.

It is with the objective of bringing down this mortality rate further to the level of countries like USA (7), UK (6) and Japan (5) that the Ministry of Health and Family Welfare in collaboration with National Neonatal Forum (NNF) and UNICEF started the Newborn Week last year, celebrated from November 15 to 21.

Speaking at a press conference at the beginning of the event this year, president NNF, Dr A K Dutta said that while mortality rates in states like Kerala, Goa, Tamil Nadu and Maharashtra are comparable to the Western countries; states like Bihar, MP, Rajasthan and Orissa (also called Bimaru states) had very high rates. Elaborating on the causes of infant and neonatal deaths, Dr Dutta said, "Around 75-80 per cent of births take place at home due to untrained hands at the time of birth. More attention is given to the mother and the child gets neglected. Infection can occur at the time of birth which is the cause of 50 per cent of deaths."

Through the National Population Policy 2000, the government aims to bring down the IMR to under 30 by the year 2010. The policy also aims to achieve 80 per cent deliveries at institutions and 100 per cent deliveries by trained personnel.

The panel of assembled doctors also drew attention to the low birth weight among newborns.

The major causes of this are poor nutritional status of the mother, anaemia, pregnancy at a young age

and frequent pregnancies. Explaining the government's efforts in ensuring that proper nourishment reaches pregnant mothers, especially those from poor families,

Assistant Commissioner — Child Health Dr S Malhotra said, "The government is running a special programme to deal with anaemia in would-be mothers. We are providing them iron and folic acid tablets. The government is also running a programme to provide free foodgrains to families below the poverty line."

Another important cause of deaths among infants is bad transportation. "During transfer to the health centre, the baby should not become cold or fall ill. It must be held close to the body," said Dr Neelam

Kler, secretary NNF. According to Dr Malhotra, the government was also providing funds to panchayats in villages for arranging proper transportation of the child. The government, he said, was also running the TBA (Traditional Birth Attendants) training programme for *dais*, besides providing child care equipment and training to institutions across the country. This, he says, has been a resounding success. Contrary to the perception among many people that the first milk should not be given to the baby, mother's milk needs to be given to the infant from the first day for six months. Immunisation at the right age is also essential.

Newborn care has long been equated with hospital-based care of babies requiring incubators and other expensive equipment. This is not so. The principles of newborn care are simple and eminently achievable through primary health care. Basic components of newborn care, as pos-

tulated by the Ministry of Health and Family Welfare, are as follows: Universal ante-natal care including prophylaxis against anaemia and tetanus, toxoid immunisation, delivery in health facilities by trained personnel, care at birth including basic resuscitation, thermal protection, prevention of infection, early initiation of breastfeeding and exclusive breast milk feeding for 4-6 months, extra care of low birth weight babies,

assisted feeding of low birth weight and sick babies, orientation of the community for early detection of illness and care-seeking, home care of sick babies, referral of those sick newborns who cannot be managed at homes, care during transport

and care of sick newborns at health facilities.

ties.

There is sufficient evidence to show that most of these components can be delivered at homes through primary care workers in a highly cost-effective manner.

A vast network of primary health care facilities has been established in the country to ensure this. Basic maternal and child health care is provided through 1,37,271 sub-centres, 22,975 Primary Health Centres, 2,935 Community Health Centres and 1,748 First Referral Units. Besides these, district, general and teaching hospitals provide secondary and tertiary level

care. Essential Newborn Care was first included in a national programme when it became a part of the Child Survival and Safe Motherhood (CSSM) programme in 1992. It now continues to be an integral component of the Reproductive and Child Health programme since 1997.

To cater to the Reproductive and Child Health needs of people living in far-flung, inaccessible areas, the Ministry of Health and Family Welfare is operationalising several outreach schemes. Notable among these is the Border Districts Cluster Project. Under this scheme, selected backward districts are provided resources to innovate. The aim is to reduce the infant and maternal mortality rates by at least 50 per cent in the next three to four years.

The RCH Outreach Scheme is being implemented to improve the delivery of maternal and child health services in

Contd...



Contd...

remote areas and urban slums. Selected districts will be provided additional support for mobility of staff, improvement in quality of services and generation of demand for services. In the current year, the scheme has been implemented in 50 districts. It will be expanded to cover 150 additional districts in 2001-02. To improve the utilisation of services at the primary health centre level, a scheme for organising RCH camps has been introduced in 102 districts of 17 states. These districts have adverse Reproductive and Child Health indicators. During the camps, services of specialists (gynecologist and pediatrician) will also be made available to the beneficiaries. Since a large number of deliveries still take place at home, most often at the hands of an untrained friend or relative, a Dai Training Scheme has been initiated in districts reporting a safe delivery rate of less than 30 per cent. In the current year, 142 districts of 15 states will implement the scheme. All practising dais in these districts will be trained in essentials of care during pregnancy, childbirth and newborn care over the next two years.

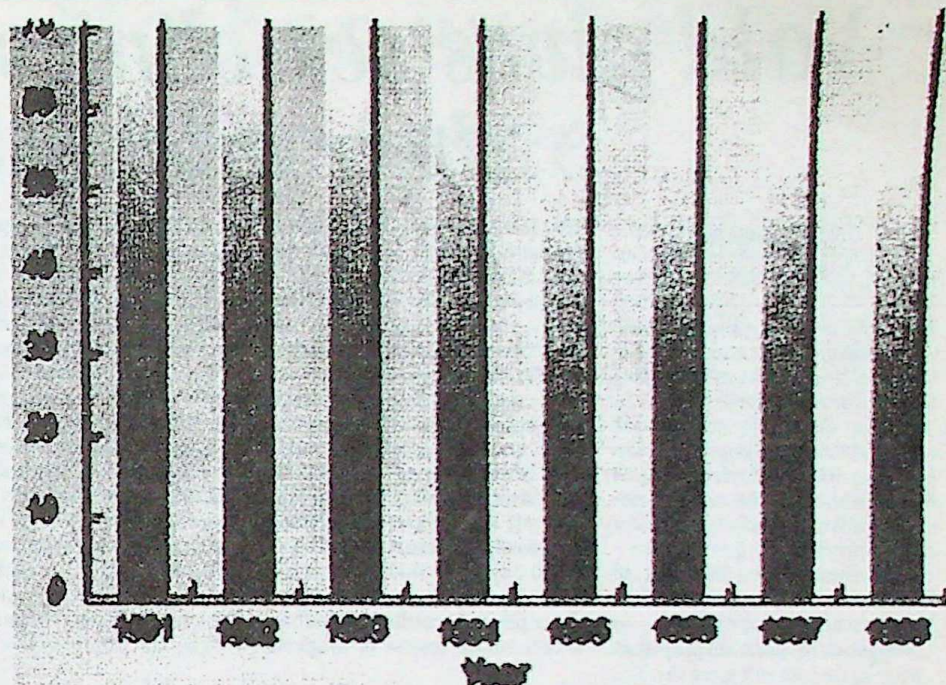
A meaningful transformation in the neonatal health scenario is possible only if the community behaviour changes.

The Department of Family Welfare will focus on issues like ante-natal care, promotion of safe deliveries either in institutions or by trained personnel, prevention of infections and hypothermia and promotion of early breastfeeding.

The following strategies are at the core of a mother's ability to cope better with pregnancy and newborn care.

- Nutrition during adolescence
- Marriage after the age of 18 years
- Birth spacing
- Nutrition during pregnancy and post-partum period
- Antenatal care: Three check-ups, two tetanus toxoid vaccines and at least 100 iron-folic acid tablets
- Skilled birth attendant at delivery, preferably at a hospital

The Pioneer
20 November 2001



Infant mortality rate (IMR) in recent years

SC stays High Court order on compensation to AIDS victim

New Delhi, November 19

THE SUPREME Court on Monday stayed an Andhra Pradesh High Court order directing Singareni Collieries Company Ltd (SCCL) to pay Rs one lakh as compensation to their employee's wife, who allegedly contracted AIDS during her treatment at the company's hospital.

A Bench comprising Justice B N Kirpal and Justice K G Balakrishnan passed the stay order on a petition filed by SCCL challenging the August 29 order of the High Court which had also asked the Andhra Pradesh Government to consider the "a bill granting sales tax exemption to imported medicines for treatment of AIDS."

The High Court had ordered compensation to an AIDS victim, who was infected with HIV virus while undergoing treatment at a hospital in Karimnagar district. The court's order followed a

The SCCL employee had alleged that his wife had contracted AIDS due to negligence of hospital staff who did not screen the donated the blood for HIV.

letter written by the employee who alleged that his wife had contracted the disease due to negligence of the hospital staff who did not screen the donated blood for HIV virus.

The court treated the letter as a writ petition and in a 32-page order said the state government should be made responsible for negligence on the part of health service system.

The Bench directed that suffi-

cient HIV test kits and other equipment be provided to all institutions and licensed blood banks be made to buy fool-proof equipment.

All the government hospitals should compulsorily use disposal needles for injections, it had directed.

SCCL's advocates contended that the High Court had erred by treating the letter as a PIL when the claim was of personal nature and not on behalf of the public.

They also said that the High Court was not correct in recording a categorical finding that the victim had suffered because of negligence on the part of the medical and paramedical staff and then leaving it open to parties to seek appropriate remedies before a civil court.

The apex court issued notices to the respondents including the claimant and admitted SCCL's petition.

PTI

Hindustan Times
20 November 2001



Vaid gives sex clinics run for their money

Staff Reporter

New Delhi

THE SHADY sex clinics in the Capital may go out of business if the man from Maharashtra is able to popularise his herbs.

Jadhav Guruji, from Pune has a stall in the tribal pavilion at the ongoing MTNL Prefect Health Mela, where tribal herbs with spectacular medicinal qualities are displayed.

Promoted by the Ministry of Tribal Affairs, the pavilion has been attracting huge crowd.

Bhojkola, a herb displayed is

the Indian viagra according to Jadhav. The herb is only for display. If one needs the medicine he can take it in the form of a powder.

Unlike the usual 'sex-healers' in the Capital the charges are quite nominal. A 100 gm packet of Bhojkola costs Rs 60 and is good enough to cure a person in two months time. "One should take two spoonfuls of Bhojkola and mix it in a glass of *chach* (butter milk). The results would show in 30 days," he said. The herb is also good for people suffering from piles. According to Jadhav, a two-month course of Bhojkola

would completely rid a person of piles.

Then, Jadhav has brought along with him *Davnichakend* which is for people with low sperm count. "This is one disease where people generally get confused. This is not an erectile dysfunction, it is a internal disease. The herb increases the sperm count of the person and the results that I have had with patients from Maharashtra are very encouraging," he said.

Another herb that is attracting lot of people here is *aryum chul*, which is for heart ailments.

Though reproductive health

and heart catches the eye of the visitor immediately, on a second look there are herbs that deal with smaller yet painful ailments. "Mouth ulcer, can be easily treated with *Tartichemul*. The powdered herb should be mixed with lemon juice and taken, the results show in a matter of few days," he added.

Jadhav Guruji is baffled at the high number of sex clinics in the Capital and the money that they charge. "I did not know that in the Capital of the country you still had such things happening. But hopefully people will come here and get proper treatment," he said.

Language is turning out to be another major hurdle for Jadhav. Since he does not understand Hindi or English and speaks in his native Marathi, the people visiting the stall have to be patient in understanding what each herb does.

The answers also do not come in the form of long explanations. They are spurts. "*Yeh bachha paida karne ke liye hain*," Jadhav said to an enthusiastic onlooker. However, the results are worth the confusion.

The Maharashtra Government in 1992 had honoured Jadhav Guruji with the Rajya Vaid Prize.

The Pioneer

21 November 2001

HIV cholesterol-friendly: study

HIV, the virus that causes AIDS, attaches itself to cholesterol-rich areas of cell membranes in order to access and proliferate inside the cell, according to a new study, reports AFP from Washington. The study led by Eric Freed confirms researchers' suspicions that an HIV protein, called Gag, sticks to cholesterol-rich patches known as rafts in the cell's outer membrane through which the HIV virus has to pass in order to enter.

Deccan Herald

21 November 2001

54 AIDS cases in Punjab

Hoshiarpur: An alarming number of 54 AIDS cases have been detected in Punjab this year, deputy commissioner Iqbal Singh Sidhu said on Tuesday. Four of them have died and the others were at a great risk, he said.

The Asian Age

21 November 2001



Bolangir: Mother exchanges child for saree

Ashutosh Mishra

Bhubaneswar

BOLANGIR, THE dark outback of Orissa, refuses to change. The district, notorious for grinding poverty and starvation deaths, has reported yet another case of a hapless mother having to part with her child owing to sheer penury.

One of the leading Oriya tailies of the State has come out

with a moving account of a young woman who, within hours of delivering a child at the Bolangir district hospital, decided to hand it over to a couple from the town who gifted her a saree in return.

The report said Shanti Meher, wallowing in abysmal poverty, gave away the baby boy as she could not bring it up on her own.

The deal was reportedly struck between Shanti and Sursuta and Cheru Bag soon af-

ter the delivery which was not assisted by any doctor or nurse.

The report implied that the woman, though at the hospital, was entirely at the mercy of the God. Shanti, married to Pour Meher of Patnagarh who disappeared about three months ago leaving her to fend for herself, eked out a living working as a domestic help alongwith her mother. He father is too old to work.

The report said that given the

circumstances of Shanti, she was in no position to bear the expenses of a new addition to the family.

The Bag couple, who have five daughters but no son, contacted her three days ago and she readily agreed to part with the child for nothing but a saree. The woman apparently is so poor that she cannot even buy a saree for herself. She left the hospital a day after the delivery.

Contacted over phone, Bolangir district collector Santosh Sarangi said that he had deputed an executive magistrate to inquire into the matter.

"I will have the correct picture within two hours," he said, adding that according to the preliminary reports received by him, the child was still with its mother and nobody had taken it away.

While details of the incident are awaited, there is little doubt that the report appearing in a prominent daily has further besmirched Bolangir's reputation as the most notorious hunger zone of the State where anything can be exchanged for a fistful of rice and a yard of cloth to cover the body.

In the last one-and-half years the district has reported at least three controversial cases of child sale, including that of Hema Tandi who was handed over to a money lender with her father signing out a deed.

The Pioneer

21 November 2001

FDA approves contraceptive patch for women

Vasantha Arora

WASHINGTON 22 NOVEMBER

AN AMERICAN company has got the green signal from the US Food and Drug Administration (FDA) to market the first ever contraceptive patch for women. The patch releases the same hormones as the contraceptive pill and is said to be 99 per cent effective.

Patches might be even more effective than the pill — because women are less likely to forget to use one, according to research trials. The patch would have to be changed once a week for three weeks. The woman wears no patch during her normal menstrual period before starting again.

It has been designed to stay on while bathing and swimming, and will be available on prescription in the US next year. The cost is expected to be approximately \$40 a month. However, the patch may not be a good option for every woman, the FDA said. Women who weigh more than 90 kg may not get a high enough contraceptive dose. — IANS

The Economic Times
23 November 2001

Indo-US project

NEW DELHI: India and the US are working on a joint project to produce vaccine against AIDS under which two vaccine candidates have already been made, Dr Pradeep Seth from AIIMS, who is part of the Indian team, said on Tuesday. The project involves two strains of HIV Type C, commonly found in India, Mr Seth told reporters here, talking about the five-day 25th national congress of Indian Association of Medical Microbiologists, which begins on Wednesday. The vaccine candidates have been made at AIIMS using genes of the virus.

The Pioneer

21 November 2001



WHERE HAVE ALL THE WOMEN GONE?

● *Mauti Dost Mohammad, the head of the Sharia jurisprudence court of Farah province, ruled in his sermon, "If a man kisses the hand of his mother-in-law in greeting and felicitation on Id, it means that his wife has been divorced."*

● *Nasima was living in Kabul. She was engaged. On the wedding day, while returning from a beauty parlour she was abducted by armed jihadis. After several days of being raped she was dropped near her house. She attempted suicide but was saved. Her family had to leave the city.*

● *Farzana, also a resident of Kabul, was pregnant. Her husband was a military officer. She was taking money to her parents and on the way was abducted by jihadis. She was never found. Her husband lives in Farah, suffering from psychological problems.*

● *Anargul, a young woman supporting four children and her sick mother, was returning home from a funeral service. She was kidnapped, raped and killed. Her body was found after four days.*

● *Parigull lost her three-year-old son in a rocket attack. Her husband was injured. While going to visit him in hospital she and her three children were kidnapped. She was gangraped. She and her children were released after 24 hours in captivity.*

● *A woman was hit by a Taliban vehicle. People went to the Herat*

governor for investigation. He said, "We keep telling you that women don't have the right to go outside their houses. If she was a man we could investigate the case. It is a good lesson to other women not to go outside their houses. Women should either be in their houses or in the grave."

The life of Afghan women in their war torn country is littered with rape, violence and death. The war, over the last 20 years, has left at least 40,000 widows in Kabul alone. Forced into beggary and prostitution, the women have no other means to survive. They have been the target of all sections of the Afghan militia, falling prey to the greed and lust of the men under Dostam, Burhanuddin Rabbani, Ahmad Shah Masood and finally the Taliban. Rape has become part of the Afghan woman's history, with the unrest and the violence within the country taking its toll.

The Taliban formalised the discrimination and the violence against women. They threw the women indoors, they closed all girls' educational institutions, they sacked all women employees from government jobs, they ensured through penal action and attacks that women were not able to work, they made life a living hell for women. Ironically while begging was frowned upon during the Taliban rule, prostitution continued. In fact hundreds of women who were trying to eke out a living through begging had no choice but to opt for prostitution. There was no other means left to live, as the Taliban had ensured that women stayed

indoors.

Women were the worst sufferers, with widows virtually starving to death. Prostitution was also monopolised by the Taliban as most of the clients included the Taliban and the police who did not pay for the services. The risk involved in visiting brothels kept most other customers away. Each of these has three to five women working and living there. Terms used are *kharabati* for prostitutes, *khalah kharabati* for the woman managing the brothel, *qala* for the brothel and *qala dar* for the pimps.

The Taliban banned women from travelling alone, so most prostitutes started taking young children with them who were often witness to the sexual acts. Incidents have been recorded where these young boys were raped. The women working in a brothel carry three sets of identity cards. One shows them as a widow with children to get some aid from the UN agencies. The second describes them as a married woman and comes in useful for renting houses. The third shows them as a single woman, and is brought out if the Taliban tries to arrest them. Being single prevents the women from being stoned to death, a common practice in the Taliban regime.

One of the women working in the brothel in an interview recorded, "Our lives are terrible, the brothel is unhygienic, the rooms are damp, all the women in the brothel have genital infections and are infected with physical and mental illnesses. We are all going towards destruction."

In the midst of the abuse, the violence, the complete subjugation of women the work done by the Revolutionary Association of the Women of Afghanistan (RAWA) stands out. This group that has considerable support from active and progressive women across the world, was

started in Kabul in 1977 by Meena amongst other women. She was assassinated in Quetta ten years later by agents of the KGB and followers of Gulbuddin Hekmatyar. A fiercely independent group, RAWA went underground but continued working with Afghan women, secretly recording their statements, running secret schools for girls, providing some relief and succour to victimised women, and even managing to get some footage out of Taliban infested Afghanistan on the plight of women living behind the veil.

RAWA has kept its independence. It has refused to break bread with the armed militia, the United States, Russia, Pakistan or any of the countries that have intervened in Afghanistan. It was targeted by the Northern Alliance, and in fact while totally opposed to the Taliban, RAWA was moved to issue a statement against the Alliance entry into Kabul. It sought to remind Afghan women and others of the past record of the Northern Alliance where its militia had raped women, attacked them, and done little to inspire confidence. In fact RAWA has urged the United Nations to send a peace keeping force to Afghanistan, disarm the militia, and supervise a Loya Jirga through which, finally, a democratic and secular government can emerge in their country.

This Afghan women's organisation has some firebrand members who have been travelling around the world, often under assumed names, to draw attention to the plight of the women at home. They have remained consistent in their demand for a democratic and secular order, giving full and equal rights to women. They have also come out strongly against the veil, pointing out that this represents the complete discrimination against and subjugation of women. Nationalistic and reflecting a certain pride which was always associated with the people of Afghanistan, RAWA has attacked the US for supporting fanatics in their country and for encouraging forces like the Taliban, in earlier statements.

Contd.:



Contd...

It has aroused the ire of all militia, including the Taliban which launched a systematic attack against RAWA. A Taliban *maulvi* declared, "This (women's) group is a flunky of the infidels and wants to corrupt Islamic society... the blackest day in the history of Afghanistan was the day on which women were granted freedom." A RAWA demonstration in neighbouring Pakistan had the Taliban spitting venom. "Islam does not allow women to demonstrate and shout slogans," screamed one *talib*. Another declared, "RAWA is not an Afghan women's organisation but an agent of America."

This did not discourage the gutsy women who have continued with their campaign for equality, democracy and secularism. More recently their representatives have met with UN special representative Lakhdar Brahimi. US secretary of state Colin Powell is on record as saying that women should be partners in the new government that the UN is now seeking to install through the Berlin process. Similar noises have been made by deposed king Zahir Shah who

has, however, referred to women's role as the "woman card". Or so the news report said.

RAWA is the organisation that should be invited to Berlin, if the government-makers are at all serious about the lip service they have been paying to the plight of women in Afghanistan, and the need to involve them in governance. The UN's seriousness of purpose will be reflected in one, whether Afghan women are invited to Berlin, two, how many women are invited and three, who are the women from Afghanistan actually selected to participate in the Berlin meet. There is a genuine apprehension that RAWA might not meet the requirements of those who are uneasy about its fierce independence, and would prefer to deal with women figureheads who can be controlled into playing a secondary role.

Afghan women have fought the occupying forces, their own militia, and all repressive elements of society with more tenacity, unison and a sense of purpose than the men. They have remained consistent in their vision of a democratic, pro-

gressive and secular Afghanistan. They have refused to allow the lure of power to corrupt their ideals, and have continued to struggle despite overwhelming odds, for what they believe. It will be a travesty of justice if only men, from all over the world and Afghanistan, now sit around the table at Berlin to work out their future. A government born out of such discrimination will not be able to take Afghanistan out of the cess pit, for it will continue to deny one half of its population dignity, respect and true freedom.

BY SEEMA MUSTAFA
The Asian Age
23 November 2001





as it is

ANEES JUNG

She looks older than her 45 years. She brings life into the world. In the villages she is known as the *dai*, in the cities she has acquired a more glamorous title of a birth attendant.

But Sita, in the isolated hill district of Rajgarh, continues to deliver babies with the skills that her grandmother and her mother knew instinctively. To do this important task she had no training nor did she go to a school or college to learn the rules of what was to become her livelihood.

Back in her village, in Jammu, as a young girl she would go around with the neighbourhood *dai* and watch her deliver babies. She would often help her and in the process learnt from the woman a few tricks of the trade — how to warm the mother by giving her milk with *soonth*, cloves and ghee; massage her to ease the delivery and give her food that will keep her warm for at least three days.

If the pregnant woman was given the wrong food, she saw that, she bled longer. The old *dai* told her what food to give, food that will warm her. Not *lassi* and *maccai roti* that will weaken her.

She knew about the food a woman should be given during pregnancy and after. She knew how to make it and warm her body after delivery. Little did she know, then, that she would be doing this work all by herself in her later years. When she arrived in Rajgarh with her husband, she worked with him on the land. If a woman in the village was having labour pains she would go out and help. Soon they all began flocking to her. There was no clinic or doctor or *dai* in the village.

Twenty five years later there still isn't any. Sita is the only *dai* who delivers babies in all the surrounding villages of Rajgarh district. She points to the distant hills where she has to walk on foot to reach the villages, sometimes in the dead of night, even when there is snow on the mountains. "If I don't go with them," she is afraid they will become her enemies. Even after 25 years in the area she sees herself as a *pardesi*, an outsider.

"When I delivered a dead baby after 10 hours of acute labour, I won the trust of the villagers," she tells me. But trust in itself, I gather, is not enough to give her a sense of fulfillment or a feeling of belonging to the



SHE BRINGS LIFE TO THE HILLSIDE

people whose lives she shares so intimately. They pay her little. She earns Rs 200 if the going is good. Those who are poor may give her a few rupees and some old clothes though the old tradition calls for a new suit to be given to the *dai*. "I am a *pardesi*," she repeats. "They have no love for me. They just use me when they need me. Sometimes they don't even have soap so that I can wash my hands. When there is no soap I wash my hands with mud or ash."

The women in the house won't even touch a pregnant woman. They consider her work to be dirty. She describes how gory at times the process can be. If she fears the baby is dead, she has to look in through the hole with her naked eye — see where its head and feet are; then massage the mother and pull it out gradually. She fears that if she will take it out dead they will complain and hold her responsible. No woman in the family will touch it. She is the one who has to carry the dead baby. "Then they call the pundit to perform *havan* and purify me," she says, showing me the red thread tied around her wrist that denotes she has been purified. "Even in my own house I do not enter the kitchen and cook for 20 days, after delivery, for I have to look after the pregnant woman. I don't even eat a meal till I have had a bath."

Rituals of cleanliness and inhibitions are rampant. Sita believes in them as much as

her patients. "I am illiterate," she says simply. She is as much a victim to the archaic beliefs and rituals as those she treats. "I am illiterate and can do no other work. And I am getting older and afraid to continue this work," she admits hounded by the fact that she is an outsider, not accepted by the community.

Her fears seem justified as I see her isolated at a village wedding. The women come out and dance, the men invite the old and the young into the courtyard. No one asks her. She sits, alone looking desolate. I don't get a feeling that she is part of the community, as much a friend to the women as one expects such a woman to be.

Even the women whose babies she has delivered don't fraternise her. Is it because she is a *harijan*? Yes, perhaps she mumbles. But she is a *suje lohar* from whose hands they do accept food. But she is a "*pardesi*," she repeats. She would like to become a nurse and work under the supervision of a medical doctor.

Why doesn't she train other women in her skills that are so natural to her? "I am teaching my daughter a little. But the women here don't want to learn my job for they consider it dirty, also dangerous."

Little do they know that it is a matter of life and death.

The Asian Age
25 November 2001



Pregnancy problem increases heart disease risk

WOMEN WHO suffer from dangerously high blood pressure during pregnancy and give birth early have a higher risk of dying from heart disease, according to research published on Friday. Norwegian scientists believe that genetic factors linked to cardiovascular disease, could also be associated with pre-eclampsia, a serious condition that occurs in about three to five per cent of pregnancies. Pre-eclampsia causes high blood pressure and protein in the urine of pregnant women and can develop into eclampsia — convulsions that account for up to one in 10 cases of pregnant women dying.

"Women who have pre-eclampsia during a pregnancy that ends in a pre-term delivery have an eight-fold higher risk of death from cardiovascular disease compared with women who do not have pre-eclampsia and whose pregnancy goes to term," said Professor Lorentz Irgens of Norway's University of Bergen.

Reuters, London

The Hindustan Times
24 November 2001

Sister comes to the aid of sexually confused youth

By Roja Kandath
Times News Network

BANGALORE: "Sex is what you are, not what you do." So declares Sr M. Annunciata of the Respect for Life, the organisation addresses issues that threaten the 'healthy existence' of individuals. For over 15 years, the sister has been counselling youth in India, and her experience tells her that sexuality is emerging as the biggest problem among youngsters today.

"Boys and girls who say they are trapped into homosexuality because it is seen as the in-thing, are the majority who seek help," feels Annunciata. She forwards most of the serious cases among adolescents to her doctor friends at St Martha's Hospital because the young ones have developed fissures "as a result of anal sex." She has obviously been at the ire-end of homosexuality activists, "who try to stop our conferences that address such key problems."

Sexual values in children who are constantly bombarded with messages by the media are many, according to Annunciata. Consider the following problems and queries she has received from students of Bangalore schools.

- A ninth standard girl who was reaching her delivery time and still managed to keep the matter away from her parents.
- A considerable number of male students who were abused by their servants and many female students, by their fathers.

- High school students who were convinced that nothing is wrong with infidelity and promiscuity, like they see it in television serials.

- An eighth standard girl who was abused when she was in the second standard by her uncle and wanted to know if others in society would ever find out.

- Children who were curious to know if test tube babies were better than normal ones.

Annunciata explains to parents and teachers that the best age to tell about sexual matters to children is when they start asking questions relating to the same.

"I illustrate to high school students that premarital sex is like giving out all your Christmas gifts in July. It may be fun at that time. But when the big day comes around, the presents have all been given out!"

She also explains to youth groups that there is nothing like safe sex. "It takes only once to get pregnant, get a venereal disease or die from AIDS." Through visuals she portrays the ill-effects of the contraceptive pill, condom and other modes of so-called safe sex.

Annunciata says she also faces problems from certain school managements "because they say they are unable to answer questions raised by students on sexuality after we have left."

(For problems to do with youth, particularly sexuality, contact Sr Annunciata at 2246806 or 2275081).

The Times of India
26 November 2001

Sex ratio declining

VISAKHAPATNAM: Liberalisation and globalisation have not only been responsible for increase in violence and devaluation of women but also declining sex ratio, according to a report presented at the conference on 'status of women' here. The All India Democratic Women's Association general secretary, Brinda Karat, said the decline in the sex ratio was particularly pronounced in states like Punjab, Haryana and Gujarat. Participants were of the view that exposure to sex determination tests had significantly contributed to this imbalance despite the ban. (PTI)

The Times of India
26 November 2001

Man hacks son, kills wife and self over AIDS 'scare'

Bangalore, Nov. 23: Fearing that he has contracted the dreaded AIDS virus, a 32-year-old man shot dead his wife and hacked his son with a sickle, before ending his life at Arehalli in Hassan district on Wednesday night.

According to reports received at the police headquarters here on Thursday, one Chennesh mistook jaundice, which he had contracted some days ago, for AIDS. Fearing that the virus might spread to his family members, he killed his wife Bharati (24) and hacked his seven-year-old son, Naveen, before shooting himself. The boy has been admitted to a hospital. (UNI)

The Asian Age
24 November 2001

Maharashtra tops in AIDS

• Maharashtra government has said that the state, with 10,492 AIDS patients, including 2,035 women, has become a "haven" for the dreaded disease. The worrying fact is that youth in the age group of 24 years comprise 75 per cent of the AIDS-affected population, it said in a statement, reports PTI from Mumbai.

Deccan Herald
28 November 2001



Don't stop loving a person who has AIDS

NANCY MATHEWS

Very soon, children will become the primary targets of the epidemic called AIDS, predict educationalists. Due to the social conditions prevalent in our society, there is a taboo about discussing sex related issues. Parents and teachers are not comfortable discussing these. As a result, children grow up groping in the dark, surrounded by myths, trying to satisfy their curiosity from the incorrect sources.

The Rai Bahadur Gufjhal Modi Foundation is conducting workshops in schools to spread AIDS awareness to adolescents. It conducted a workshop at the Air Force Golden Jubilee school for class IX students. The various means of transmission of the virus and methods of detecting the disease were discussed.

The team visited the school and conducted workshops on AIDS in separate sessions for boys and girls. At the end of the interactive session, to clarify myths associated with AIDS a question and answer round was conducted where students put their queries on slips of paper without disclosing their identity, answered by professionals.

Before conducting the workshop, the team had an orientation session with teachers to apprise them about the issues they'd take up with the students.

Says a volunteer, "We first talked about growing up and the physical changes that come about. Students are confused and often ask weird questions since no one has ever taken the trouble to clarify facts."

Another team member feels that, "There is a lot of difference between children of dif-

ferent schools. Modern school students were well informed about the way the disease gets transmitted. New Horizon school students were less well informed. Moreover, there is so much information that one can access on the internet." Students asked questions like "Who was the first person to contract AIDS." Boys wanted to know about menstrual cycle and pregnancy.

Why were different sessions were held for boys and girls? "Talking openly in front of the opposite sex is very embarrassing for most students, especially if they want to learn how the biological cycle works," says one teacher.

A student asked whether one should isolate the victim? Children were told how to deal with the victim and that it did not spread by touching or being near that person.

Volunteers have been trained and are well-equipped about "the way to work for AIDS awareness and related issues." There was also an orientation session with principals and counsellors.

The workshop also focussed on peer pressure, assertive behaviour, values and attitudes of students and discussed the HIV/AIDS modes of transmission and preventive measures. Ritika Kalra, a student says, "The session was really informative and a lot of our doubts were cleared."

"A healthy session was conducted at the Laxman Public School where children gave the reasons why a hypothetical member of a family has contracted AIDS. Children came up with a lot of good, practical reasons which showed that they were learning," says a volunteer.

The Pioneer
28 November 2001

Sex makes US Superpower

By RODNEY JOYCE

Wellington, Nov. 27: The United States remains the sexual superpower of the world with Americans making love more often and with more partners than any other nationality, according to a survey by a leading condom manufacturer. Durex SSL

International said on Tuesday that its annual poll of 18,500 people in 28 countries showed the world was having more sex and starting earlier than ever before, and the United States was leading the field in all departments. The survey, car-

ried out in May and published ahead of World AIDS Day on December 1, showed respondents averaging sex 97 times a year, up from 96 last year. But the Americans questioned averaged sex 124 times a year with over 14 different partners and were also starting earlier than anyone else, at an average age of 16.

The Greeks made love the second most frequently — 117 times a year on average. France's reputation as a nation of lovers took something of a hit with frequency dropping from 121 times a year to 110 and slumping from top of the number of partners table to second, with 13 compared to 17 a year ago. (Reuters)

The Asian Age
28 November 2001

Celebrate World AIDS Day with Indiatimes, MTV!

Indiatimes now endeavors to spread the message of AIDS awareness by tying with the MTV Music Summit for World AIDS Day.

The MTV Music Summit for AIDS presented by Sony Audio in association with Bajaj Pulsar and Lucky Star Entertainment will be held on World AIDS Day on December 1 in Mumbai. The concert aims at bringing young people together in the fight against HIV & AIDS. The daylong concert will have 18 leading artistes from the Indian music industry performing live to spread the message and not the virus.

Besides some great music and AIDS awareness, the summit also promises a lot of entertainment with games, contests, hair braiding, tattoos, face-painting, stilt walkers, mehndi art, caricatures, tarot card reading and jam sessions.

As part of the exclusive online tie-up, Indiatimes has hosted a micro-site where users can get information on the event and about AIDS and the facts, myths and preventive measures associated with the deadly disease. Indiatimes has also hosted a contest on its channel where winners can win passes to the Music Summit.

Sex determination

GANGTOK, Nov. 26. — The pre-natal sex determination test has been banned in Sikkim under the Diagnostics Technique (Regulation and Prevention of Misuse) Act with immediate effect. Defaulters will for three to five years and imposed fines ranging from Rs 10,000 to Rs 50,000. — PTI

The Statesman
27 November 2001

The Times of India
28 November 2001



'Imagine' to help AIDS-hit children

IMAGINE. THAT'S a musical extravaganza from a children's group at the Mallya Aditi School. Scheduled for November 30, to be precise. Thirty students are geared up to make a difference for the AIDS-hit children of the country.

With Explocity.Com, the City-centric portal, the children are out to make a collection for Freedom Foundation of Bangalore, an organisation working with AIDS-afflicted children.

"Imagine" involves bands from Mallya Aditi, a group of ex-Sophia students and the Chronic Blues, mainly playing contemporary rock with a dash of pop. Also on the cards is a solo blues perform-



'Imagine' concert to raise funds for AIDS-hit children.

ance. "We are trying to help the Freedom Foundation as we feel they must be recognised and commended for the work they are doing for children dying of AIDS-

," says Siddhant Kamath, a school student. "Imagine" is the result of the children's inspiration, a result of the overwhelming response they received last Au-

gust for a concert in aid of the "Dream a Dream Foundation".

The key is awareness mixed with entertainment. "We also want people to enjoy our music," says Kamath. "We hope that by playing our music we can get across to our audiences how serious a threat AIDS is to our society. The concert will provide people with a night of entertainment and will also indirectly make them donate money to charity."

For a reality check on the big project go to Guru Nanak Bhavan on November 30 at 6 p.m. Tickets priced at Rs. 70 and Rs. 50 are available. Catch Siddhant on ph: 8562980 or 9844207560.

By Rasheed Kappan

The Hindu
28 November 2001

Students raise AIDS awareness

Times News Network

WITH the AIDS virus having felled a staggering 3.5 million people in India alone, and the most affected age group being between 15 and 25 years, three youth organisations in the city have come together to spread the message of AIDS awareness. Through "Prayaas", a three-day awareness programme starting December 1 which is World AIDS day, they will stage street plays and presentations in urban and rural areas in and around Bangalore.

One of the organisations is JAAM or St Joseph's AIDS Awareness Movement which has been around since 1994. Apart from conducting awareness programmes, JAAM has also helped to sell handicraft products made by Freedom Foundation, a rehabilitation centre.

Rotaract Cantonment North has a number of committed individuals who have been doing innovative projects in community serv-

ice.

Visions Bangalore (VB) is a non-profit student organisation established in 1995. It has been working in this field through four main activities. Members of VB go on weekly visits to the Bowring Hospital to assist HIV/AIDS patients and guide them to organisations where they can avail counselling. Street plays are another medium they use to spread the message. These are staged specially at high risk areas, rural areas and urban slums. VB also conducts presentations in schools and colleges and provides necessary information packaged with games and skits for the youth. VB also works in tandem with various organisations. They believe that being the future of the nation, it is the responsibility of youth to enlighten torch bearers of the nation and create a responsible society.

Students who wish to be part of VB can call 349 6272 or contact shubu-s@rediffmail.com

The Times of India
28 November 2001

'A quarter of Indians not worried about contracting AIDS'

By Our Special Correspondent

CHENNAI, NOV. 27. Despite the widespread increase in HIV/AIDS incidence, almost half the world population is not worried about being infected, a global sex survey has revealed.

Commissioned by the world's leading condom brand, Durex, the survey covered 28 countries, including India. In India, the survey was undertaken in four metropolitan cities in May.

Addressing presspersons here today, Mr. T.T. Raghunathan, executive vice-chairman, TTK group, said that although many people were taking measures to protect themselves, it was

worrying that a large number still took risks. The survey found that more than a quarter of Indians (27 per cent) took no steps to prevent contracting HIV.

The 2001 Durex global sex survey, found that while 77 per cent of India's adults have only had one sexual partner ever, this was true for only 11 per cent Americans and 13 per cent British.

Mr. Raghunathan said that the survey was the largest ever undertaken by Durex and explored sexual attitudes and behaviour in the 28 countries. Answering questions, he said that the recent order of the police banning explicit sex scenes on condom covers was welcome. Explaining, he said that this was targeted at the cheap condoms which were imported from the South East Asian countries.

The Hindu
28 November 2001



Let's continue to fight against AIDS

By Kofi Annan

Every day, more than 8,000 people die of AIDS. Every hour, almost 600 people become infected. Every minute, a child dies of the virus. Just as life — and death — goes on after September 11, so must we continue our fight against the HIV/AIDS epidemic. Before the terrorist attacks two months ago, tremendous momentum had been achieved in that fight. To lose that momentum now would be to compound one tragedy with another.

HIV/AIDS is a disaster of global proportions. New figures, released in advance of World AIDS Day on December 1, show that more than 40 million people are now living with the virus. The vast majority of them are in sub-Saharan Africa, where the devastation is so acute that it has become one of the main obstacles to development, further impoverishing entire countries and limiting their ability to recover. But parts of the Caribbean and Asia are not far behind, and the pandemic is spreading at an alarming rate in eastern Europe too.

For too long, global progress in facing up to AIDS was painfully slow, and nowhere near commensurate with the challenge. But in the past year, for much of the international community, the magnitude of the crisis has finally begun to sink in. Never, in the two long decades that the world has faced this growing catastrophe, has there been such a sense of common resolve and collective possibility.

Public opinion has been mobilised, by the media, NGOs and activists, by doctors and economists, and by people living with the disease. Pharmaceutical companies have made their AIDS drugs more affordable in poor countries, and a growing number of corporations have created programmes to provide both prevention and treatment for employees

and the wider community. Foundations are making increasingly imaginative and generous contributions, both financial and intellectual — in prevention, in reducing mother-to-child transmission, in the search for a vaccine. In a growing number of countries, effective prevention campaigns have been launched, taking into account the local cultural context. There has been a growing recognition, among both donors and the most affected countries, of the inextricable link between prevention and treatment.

There has also been a new understanding of the particular toll that AIDS is taking on women and of the key role that women have

OPINION

in fighting the disease. The entire United Nations family is fully engaged on the front lines of this fight, working to a common strategic plan and supporting country, regional and global efforts through our joint programme, UNAIDS. Perhaps, most important of all, a new awareness and commitment has taken hold among Governments most notably in Africa — as more and more leaders are speaking out about AIDS in their own country.

Last June, the membership of the United Nations met in a Special Session of the General Assembly to devise a comprehensive and coordinated global response to the AIDS crisis. They adopted a powerful declaration of commitments, calling for a fundamental shift in our response to HIV/AIDS as a global economic, social and development challenge of the highest priority that must be addressed on all those fronts.

They reaffirmed the pledge, made by world leaders in their Millennium Declaration, to

halt, and begin to reverse the spread of AIDS, by 2015. And they set out a number of further ambitious but realistic time-bound targets and goals. Among them were commitments to reach, by 2005, an overall target of annual expenditure on AIDS of \$7-10 billion each year in low and middle-income countries; to ensure, by 2005, that a wide range of prevention programmes are available in all countries; and to support the establishment, on an urgent basis, of a Fund to help finance an urgent and expanded response to the epidemic.

Only seven months after I proposed this new international facility to support the global fight against AIDS and other infectious diseases, pledges to the Fund stand at more than \$1.5 billion. The Fund cannot be the only channel of resources for a full-scale global response to AIDS.

But what is most heartening is the range of pledges that have been made: from the worlds wealthiest nations — starting with the founding contribution from the United States last May — but also from some of its poorest; as well as from foundations, corporations and private individuals.

At the end of this eventful year, it is clear that we have the roadmap, the tools and the knowledge to fight AIDS. What we must sustain now is the political will. If anything, our task is more, not less, urgent than before. Life after September 11 has made us all think more deeply about the kind of world we want for our children. It is the same world we wanted on September 10 — a world in which a child does not die of AIDS every minute. That is why we must not compound one tragedy with another.

The Hindu
30 November 2001

March to mark World AIDS Day

BANGALORE, NOV. 29. Freedom Foundation, a voluntary organisation that works with HIV/AIDS patients is organising a "march" in the City on December 1 to observe the World AIDS Day.

The march will start from Vidhana Soudha and end at the Mahatma Gandhi statue on M.G. Road at 3 p.m.

The Hindu
30 November 2001



Born with a whimper



MISHA RAI

Population explosion is the worst of our many problems. One measure to counter the problem is encouraging the use of contraceptive pills. "Even countries like Bangladesh and Thailand have seen an increase in the number of pill-takers," says Prabhsharan Singh Kang, communication advisor of Commercial Market Strategies (CMS). "In Latin America, where most people are Catholics, these pills are popular. The fact that the pill and the aspirin are two most talked about and debated topics vouches for its popularity."

While the government has been carrying out campaigns re-

lated to safe sex and family planning, contraceptive pills continue to be ignored despite their being subsidised. "While condoms are being advertised greatly, the pill still remains on the back burner," says Kang. "India has the highest rate of sterilisation. Instead of taking the pill, people opt for that."

Kang works for the Goli Ke Hamjoli (GkH) programme, to promote the pill, that is run by CMS, New Strategies in Reproductive Health. "The GkH programme involves the private sector in expanding the promotion and distribution network of all commercially viable, new-generation, low-dose oral contraceptives," explains Kang. "The programme is oper-

ational in Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Jharkand, Chattisgarh and Delhi. This covers 42 per cent of India's population and has a high fertility and infant mortality rate."

How does the private sector contribute? "Since most Indian couples consult private doctors and chemists, the private sector is vital in involving Indian women in family planning."

The project spreads awareness by staging skits, giving lectures and advertising. Unlike other organisations, they do a lot of research before deciding on a particular advertisement. They pick 10 women from a particular bracket, usually the backward class and talk to them.

Don't take pills if...

You have high blood pressure or a heart problem

You smoke and are less than 35 years old

You suffer from breast cancer

You are diabetic

Sometimes, clips or promos are shown to them. Their purpose is to elicit a positive response — that these women may identify with the promos. If so, that particular promo is aired.

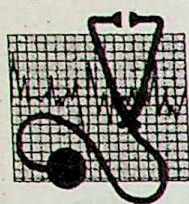
Kang and his team have a reason to smile. Since the time of GkH's inception, the usage of pills per year has increased by 12 to 13 per cent. Campaigns have been done at Udaipur, Bikaner and Indore. In fact, recently, in one project, men's responses were studied. "We did the same test as we do on women to find out how they felt since Indian homes are patriarchal," says Kang. GkH's popularity is such that many beauticians have chipped in. "Since many women going to beauty parlours enjoy a chat about their problems, it seemed appropriate to keep information and pills handy for distribution there," says Kang. Many private companies dealing in contraceptives have come forward to carry the label of GkH on their pills.

Despite their success, Kang and his team have come a long way. While the government applauds the GkH programme, they give no financial backing. "Their *Mala D* which costs Rs 2 benefits the most because of our work. We hope that some financial help comes our way and soon."

The Pioneer
30 November 2001



Let it not be just another day



A year later the day has arrived again. December 1 will be observed across the globe as World AIDS Day. This time with the theme, I Care, Do You? Something that experts say, should have been the focus of govern-

ments worldwide long ago, given that AIDS has almost divided mankind into a have and have-nots kind of situation.

Barring a few countries in the West, the situation in the rest of the world remains pathetic in terms of providing care and support to both individuals with the virus and to their families. Individual efforts have largely been the panacea but that is not a long-term solution.

VIRAL ATTACK

So what does the world look like these days? An estimated 40 million people live with HIV. Some 3 million have died of complications arising out of full-blown AIDS. The Indian situation is bleak. Almost 4 million HIV positive people live in the country. And that is only a conservative estimate.

And even as families are torn apart by the virus and human rights violations continue against HIV positive people, there is still no government initiative to provide care and support to the thousands of AIDS orphans and widows.

THE STUDY SAYS IT ALL

The findings of an UNAIDS-WHO study

HALE AND HEARTY

SRIRANJAN CHAUDHURI

makes for a sad story. It says that although India can claim credit that the prevalence rate of HIV/AIDS was under 1 per cent of the total global patients of 40 million last year, in absolute terms, those affected by this disease in India are 3.86 million—more than any other country besides South Africa.

In fact, it warns that several major cities of the country, sadly even Bangalore, are under a

spending enough on prevention programmes. The study takes note of the fact that while some desi pharma giants have announced that they will provide retroviral drugs to African nations, within the country no programme has been chalked out to provide these very drugs at an affordable cost.

The study also points out that Karnataka, Andhra Pradesh, Maharashtra, Tamil Nadu, Manipur and Nagaland have shown a rising incidence of HIV/AIDS.

EXPERT OPINION

Says Freedom Foundation's Ashok Rau: "It is high time that the approach became all encompassing. We have to address developmental issues, care and support models, an adoption process for AIDS orphans and create a full-fledged programme for women who are either living with AIDS or have been widowed by it." It may be recalled that Freedom Foundation was among the first in-patient facilities for HIV positive persons in the country. Set up on the outskirts of Bangalore it has now been recognised by the National AIDS Control Organisation as a model centre.

"The biggest challenge is that of finance. We are still looking at social funding as a means of warding off the virus. But there has to be a sound model of government and NGO partnership which can only deliver the goods," Rau says. Is that asking for too much?

src@indiatimes.com



major HIV/AIDS threat with the disease being strikingly diverse, both among and within states. Other cities mentioned include Chennai, Mumbai and Hyderabad.

India has also come in for stick for not

The Times of India
30 November 2001

AIDS is most devastating disease, says UN

Moscow

29 NOVEMBER

TWENTY years after it was first identified, acquired immune deficiency syndrome (AIDS) has emerged as

"the most devastating disease" in human history, the UN's top AIDS official has warned.

The disease is continuing to spread dramatically in some of the world's most populous countries and preventive efforts are clearly failing in parts of the developed world, UNAIDS Executive Director Peter Piot said on Wednesday while presenting the UNAIDS annual report ahead of World AIDS Day on Saturday. —AFP

The Economic Times
30 November 2001



Bangalore among Indian cities facing Aids threat

From D Ravi Kanth
DH News Service

GENEVA, Nov 27

India faces a daunting challenge to contain the killer disease HIV/Aids that has now struck "an estimated 3.86 million" people at the end of last year, with Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu showing a rising incidence of this worst disease, says a joint study released by the UNAIDS and World Health Organization today.

The study says "several major cities (including Bangalore, Chennai, Hyderabad and Mumbai)" are coming under the HIV/Aids threat, with the epidemic "being strikingly diverse, both among and within states."

Although India can claim credit that the prevalence rate of HIV/Aids was under 1 per cent of the total global patients of 40 million last year, in absolute terms those affected by this disease in India are 3.86 million, "more than in any other country besides South Africa."

In India and other Asian countries, a host of factors are being cited for the rapid spread of this disease. The UNAIDS and WHO argue that "unprotected sex between clients and sex workers, needle sharing and unprotected sex between men" are among major causes for spread of HIV/Aids in Asia. An estimated 7.1 million people are now living with HIV/Aids in Asia, with 435,000 people having died in the current year.

The study points an accusing finger at many countries in the region for not acting on a war

footing 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."

There is a crying need for "early, large-scale and focused prevention programs, which include efforts directed at both those with higher-risk behavior and the broader population, can keep infection rates lower in specific groups and reduce the risk of extensive HIV spread among the wider population," the study says.

However, India has come criticism for not spending adequately on the prevention program. "In large parts of Asia and the Pacific, prevention programs are poorly funded and resourced," says

UNAIDS/WHO.

In comparison to Brazil, which provides some US \$ 500 million annually to help its HIV/Aids victims, India's national funding programme for this disease correspond poorly with the magnitude of the problem.

Besides, India, which has a robust generic drug industry with the heavyweights like Cipla and Ranbaxy now preparing ground to supply retro-viral HIV/Aids drugs to many African countries, is yet to come out with an affordable drugs program to help its growing HIV/Aids patients.

Now that the trade ministers of the World Trade Organization have agreed on relaxing the tough patent provisions to fight HIV/Aids epidemics, India must use the new flexibilities to help patients, a western developmental NGO activist told Deccan Herald.

Deccan Herald
29 November 2001

'World's second
highest HIV
cases in India'

KOLKATA, Nov. 28. — India has the second largest HIV-positive population in the world, according to a policy brief published by the Brookings Institution based in Washington DC.

The paper puts the number at 3.7 million. South Africa has the largest number of HIV-positive people.

World AIDS Day is observed every year on 1 December. This year's theme, according to UNAIDS, the United Nations programme on HIV/Aids, is "I care ... Do you?" This refers to the critical role men can play in preventing the spread of HIV.

Quoting UNAIDS, the paper says that by 2000, 21.8 million people died of the infection.

Four-fifths of these deaths took place in sub-Saharan Africa. — SNS

The Statesman
29 November 2001

IGNOU starts course on AIDS

● Viewing AIDS as not just a biomedical phenomenon but a social reality rooted in human behaviour which can be controlled through educational interventions, IGNOU has launched a certificate course in HIV, the first of its kind in the country, reports PTI from New Delhi. "AIDS is a product of human actions in social contexts. Thus, to have a significant impact on the epidemic, education interventions must be rigorously designed according to the best practices and adapted to local needs," Programme Coordinator (HIV and Family Education), Gracious Thomas, said at New Delhi on Thursday at a seminar on AIDS.

Mr Thomas said the specific target learners for this programme of study would include teachers, NGOs, health care workers, newly-married couples, parents of adolescent children, religious leaders, legal officers, staff in de-addiction centres and journalists.

Deccan Herald
30 November 2001



AIDS in a "state of flux" in Asia, says UN report

Rohit Sharma *New Delhi*

HIV infection and AIDS are in a dynamic state of flux in Asia, and national average figures are no longer meaningful as epidemics have yet to mature, a new report has cautioned.

"In the last two years, the picture has changed dramatically," said the report by Monitoring the AIDS Pandemic, a group funded by the Joint United Nations Programme on HIV/AIDS and the US Agency for International Development.

"Indonesia, Iran, Japan, Nepal and Vietnam have all registered marked increases in HIV infection in recent years," said the report, released at the 6th international congress on AIDS in Asia and the Pacific, held in Melbourne last week.

China, Indonesia, and Vietnam are now experiencing explosive epidemics in different population groups, it said. Although the prevalence of HIV infection is still low in Bangladesh, Hong Kong, Laos, Philippines and South Korea, "there is no guarantee that HIV will remain low indefinitely," the report warned.

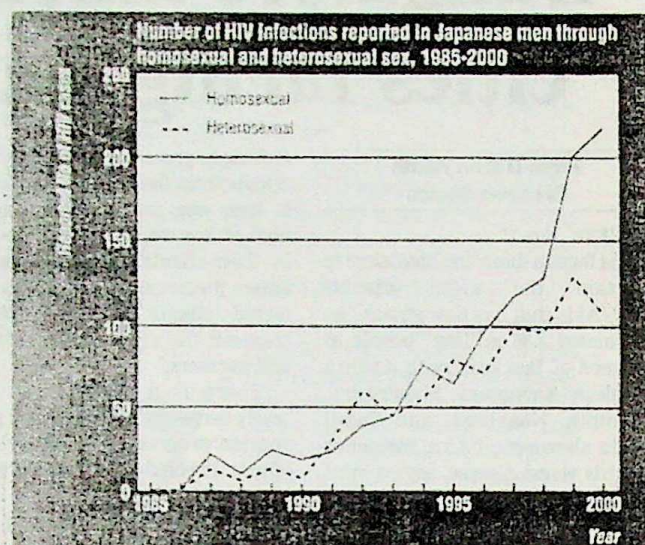
In India, HIV infection among pregnant women—an indicator of HIV's penetration in the population at large—is as

high as 2-6% in many surveillance sites. In Myanmar the prevalence among women has gone up to 5% in some parts, and in Thailand, which has had concerted intervention strategies, it is just over 2% nationally, said the report. Cambodia, Myanmar, and Thailand have each registered a national HIV prevalence among women of 1-2%.

Although the future spread of HIV cannot be predicted in the Asian region, the report said that there are two certainties. Firstly, the low rates today are no guarantee of low rates tomorrow, and, secondly, the current highest national infection levels in the region of 2-3% do not represent a "natural limit, imposed by behaviour pattern."

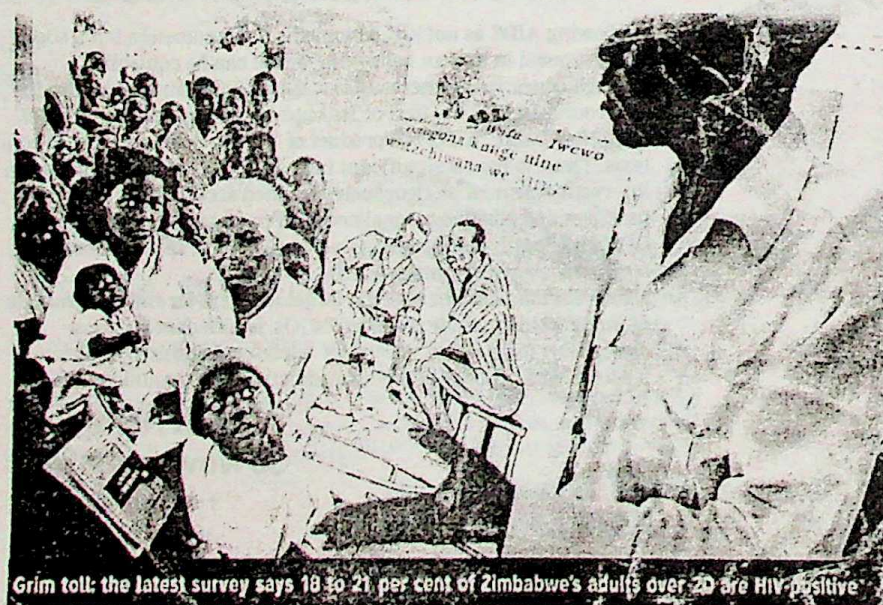
Infection rates may suddenly shoot up, due to changing sexual mores, after years of low levels, it said, citing examples of China and Japan. Although sexually transmitted infections increased slowly in China during the 1980s and '90s, they doubled from 430 000 in 1997 to 860 000 cases in 2000.

"This indicates that unprotected sex with non-monogamous partners is on the rise in China," said the report.



In Japan the prevalence of chlamydia among females and of gonorrhoea infection among males is rising, and abortions among teenage girls have nearly doubled in the past five years, in turn "increasing their vulnerability to HIV," the report said.

British Medical Journal
13 October 2001



Grim toll: the latest survey says 18 to 21 per cent of Zimbabwe's adults over 20 are HIV positive

New Scientist
20 October 2001



Communication for Development and Learning

11/A, 7th Cross, 17th Main,

Koramangala 6th Block, Bangalore-560095

e-mail : cdlblr@bgl.vsnl.net.in

Dear readers,

This publication News You Can Use- HIV/AIDS which is a specially formulated monthly mediascan, is compiled to meet the specific information needs of NGOs, to strengthen the ongoing efforts on the issue. The impact of this effort can be assessed from the feedback or suggestions from our readers. Please pen down your opinions and responses to the following questions, which would be of great benefit to us to improve our publication.

NYCU-AIDS/HIV Team

FEEDBACK FORM

1. Name :
2. Age :
3. Occupation / Profession :
4. Organisation:.....
5. Address:.....
.....
..... Tel:..... e-mail.....
6. Nature of work, if working on HIV/AIDS.
.....
.....
.....
.....
7. Is media coverage on HIV/AIDS adequate?
 - Yes
 - No
8. How would you describe media coverage of HIV/AIDS
 - Data based
 - Sensational
 - Human interest
 - News based
 - Analysis
9. Is the coverage appropriate?
 - Yes
 - No

10. What kind of coverage would you like to see in the media?

.....
.....
.....
.....

11. What do you use this information for:

- Research
- Advocacy
- Networking
- Documentation
- Information update
- Others(specify).....

12. Have you come across a news digest exclusively on HIV/AIDS ?

- Yes Source:.....
- No

13. Which kind of information is most relevant to your work . Specify

.....
.....
.....
.....

14. Related issues on Population, Reproductive and Child Health and sexuality have been covered in the publication. Are there any other issue that can be included. Specify.

.....
.....
.....
.....

15. Rate the use/news value of NYCU HIV/AIDS.

- Poor
- Average
- Good
- Excellent

16. Is this compilation useful to your work?

.....
.....
.....
.....

17. Do you want to be on our mailing list? If Yes, give full address.

.....
.....

18. Address of other NGOs that may benefit from NYCU HIV/AIDS.

.....
.....
.....

Thank you for your time

Charkha Training Programme

- *Do you have a story to tell?*
- *Are you interested in writing?*
- *Would you like to make your issue a media priority?*

If your answer is 'yes', then come be a part of the Charkha Training Programme.

Charkha training for grassroots activists takes the modular approach to impart basic journalistic and communication skills. Participants are exposed to various aspects of media and writing skills for the print media. The importance of packaging an article and writing for a non-development audience will be stressed and exercises will be integrated in the content.

Training in Writing Skills

Writing as a tool for change...

Objectives:

- To introduce and train activists in various aspects of writing skills and communication exercises in print media
- To empower activists to document and publish their experiences.
- To build capacity in activists to develop and sustain relationships with the media.

Content:

- Different kinds of writing
- Style, language, structure
- Writing a feature story
- Editing and language skills
- Marketing your write-up

Dates: January 23 - 25, 2002

Fees: Rs. 650/- (inclusive of boarding, lodging and training materials)

Participant Profile:

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

Language of Training:

Both training programmes will be in English, though assignments can also be done in vernacular language.

Accommodation: Boarding, lodging and material costs are included in the registration fee. The registration fee does not include travel costs for outstation participants.

Registrations: Participants for the training are limited to 20. Please contact us before 10 January, 2001

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

preventing a ... of women

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

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

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

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

S - News You

700 hours

- News You Can

u Can Use - Ne

u Can Use -

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

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

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

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

We welcome visitors!



Communication for Development and Learning
11/A, 7th Cross, 17th Main, Koramangala
6th Block, Bangalore 560 095
Ph: 5524192, email: cdlblr@bgl.vsnl.net.in