MEDICAL SERVICE

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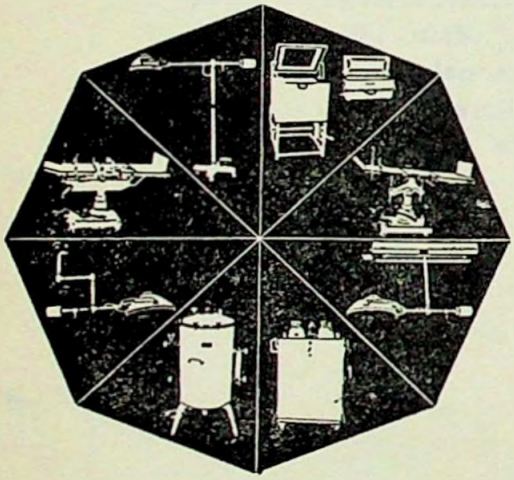

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contents

Editorial

Values in medical practice

"The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic". These were the words with which Ivan Illich started the introduction to his book "Limits to Medicine". Sounds a bit strange. But it points out to a certain reality that we face today. With sickness care (not health care) taking a new dimension of an 'industry' opening new vistas to business men to make more money, there seems to be a divorce between medicine and morality. And this is under the pretext that medical categories, unlike others, rest on scientific foundations thereby exempt from moral evaluation. It seems, for example, and I wish it were not true, that there are hospitals where the hospital authorities give incentives to the doctors who prescribe investigations even though they are certain that such investigations are not always necessary. The reason for doing so is to add a bit more income to the institutions.

Over prescription and use of a number of drugs are other practices by medical profession especially by private general practitioners. The reason for doing this is usually for quick results and 'efficiency'. It was Hipocrates who said "For the sick, the least is best". What are the modern followers of Hipocrates doing instead ? I only hope that our member institutions do not encourage the above mentioned type of unethical practices.

WHO and its member countries are bent upon achieving the goal of "Health for All by the Year 2000 AD". Whether they will succeed or not will depend greatly on how much of political will the decision makers in this field have and the courage to implement the various policies. "Health for all" can not be achieved by flooding the market with any number of drugs. This will not be achieved by increasing number of well equiped hospitals with ever increasing bed strength and specialities. This dream can be realised only by conscious effort by the concerned decision makers with sufficient political will, courage and determination keeping the over-all good of the persons, their families and their communities in mind. It can be achieved only when due respect is given to human persons based on sound and undiluted ethical principles. Will the dawn of twentifirst century see medical sciences and practice giving due importance for ethical values and respect for human being ? My very optimistic answer is YES, provided we want it and work for it.

The Transmission of Life

Monsignor Carlo Caffarra

[*Paper presented at the training course for the Ovulation Method at the Centre for study and research on natural fertility regulation of the Catholic University of the Sacred Heart, Rome 1983.*]

In the first part of my address, I shall try to describe for you the thinking of *Familiaris Consortio* concerning the transmission of human life. In the second part, which is of a more practical nature, I shall attempt to identify and describe some of the more immediately operative and orientating consequences of your commitment.

1. The Teaching of *Familiaris Consortio* on Responsible Procreation

I think that the point of departure for understanding what the Church has taught and is still teaching concerning the transmission of human life is the following : every human being who comes into existence is intended and willed, i.e. created directly by God Himself. No human being is the fruit and result, casual or necessary, of certain biological mechanisms; no-one exists by chance or by necessity from the moment when every person, every one of us, is individually known, intended and willed by God Himself. At the origin, at the root of each one's being, there stands this absolutely free and unconditional decision.

In the clear and dazzling light which emanates from this truth, *the ultimate meaning and the intimate truth of the procreative faculty which is inscribed in human sexuality* is revealed in its entirety to our intelligence.

We see clearly that the conception of a human being is the consequence of a decision, usually freely made, by a man and a woman, to exercise a faculty which is inscribed in their sexuality for precisely that purpose. And it is the task of several scientific disciplines to describe what happens when that faculty of the man and the woman is activated. But there is a much deeper insight than that of the sciences : an insight in the light of which the procreative faculty is seen by us to be the *capacity to co-operate with God Himself* in originating a new person; it is a *co-creative* rather than a procreative faculty. Thus, in every human conception, two powers are conjoined mysteriously but truly —the creative power of God and the co-creative power of the man and the woman.

The *dignity* of the fertile sexual-conjugal act is that it is the combination of the creativity of the Love of God and of conjugal love. The holy temple *in* which takes place the act which is *only* of God : the creative act which *elevates* the procreative act, making it a sharer of the divine Power.

Only one other act can be equated with this : the eucharistic consecration. Because in it also, the divine act transubstantiating the bread and wine into the Body and Blood of Christ takes place through human action. Paragraph 28 of *Familiaris Consortio* initiates reflection of the transmission of life precisely by recalling this truth which I have now tried to explain synthetically.

The actual text is :

"With the creation of man and woman in His own image and likeness, God crowns

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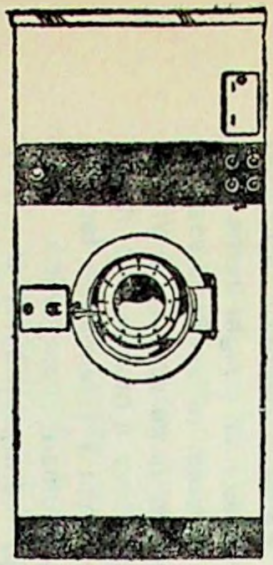

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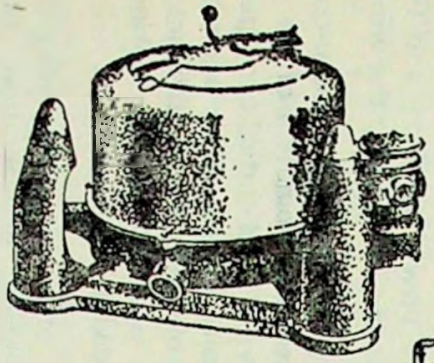

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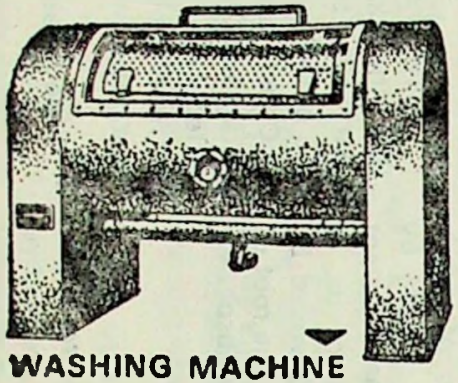

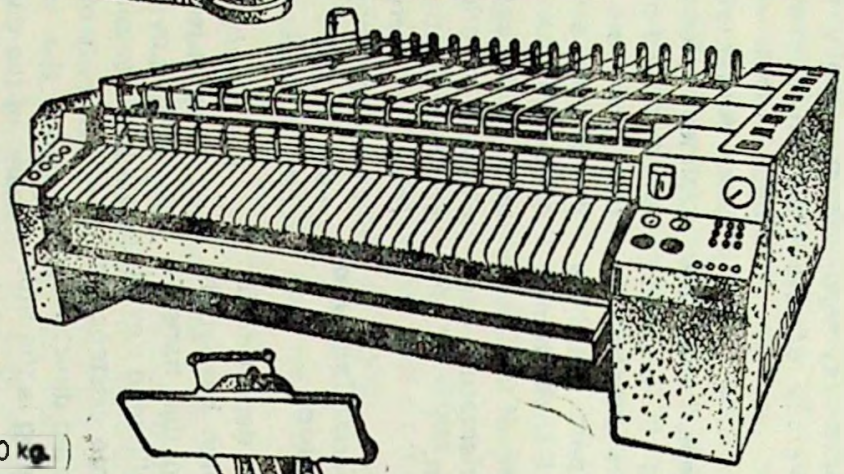

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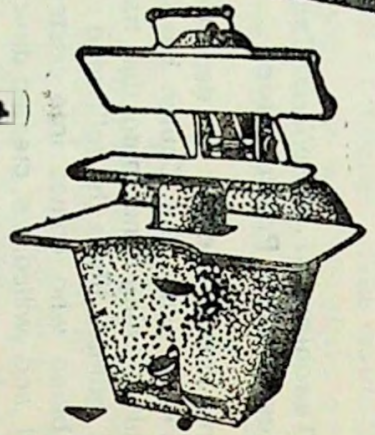

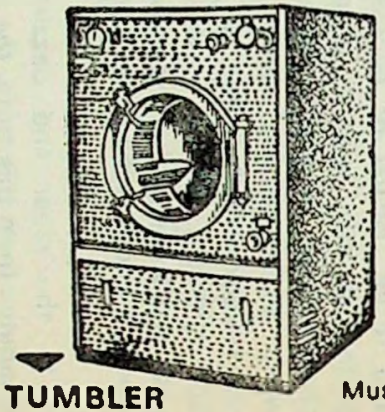

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and brings to perfection the work of His hands. He calls them to a special sharing in His love and in His power as Creator and Father, through their free and responsible co-operation in transmitting the gift of human life."

You see : in the pontifical text, this is the start of the entire reflection on this theme. From this derives a *first and fundamental consequence* of exhaustible practical import which, for the moment, I shall merely refer to and then deal with at greater length in the second part of my address.

The consequence is this : the procreative faculty inscribed in human sexuality is possessed of a quite unique preciousness and value by comparison with other faculties inherent in the human organism. This preciousness, this value, consists precisely in the fact that the procreative faculty is intended to produce a human being. The absolutely unique preciousness of this faculty inscribed in the male and female being, the unique value borne by this faculty resides precisely in this fact.

The reflection must now be completed substantially with meditation on another aspect of this singular event which is the conception of a new human life. One of the subjects to which the Magisterium of the Church most frequently address itself these days and to which *Familiaris Consortio* keeps reverting is that human sexuality has, inscribed within itself, the capacity to express and realise that gift of love which is conjugal communion and which brings to completion the sacramental content of marriage itself (*consummatio matrimonii*).

Here we find ourselves once again face to face with a matter of great and practical importance which I shall now attempt to deal with in greater depth, albeit briefly.

When we speak of the capacity to "express and realise the gift of love", we mean that human sexuality is so deeply and so internally *integrated* with the human person that, in it and through it, the married man and woman are enabled to realise that gift, *of themselves*, which brings their conjugal communion to perfection. They are enabled and called to realise this communion.

This indicates, then, that sexuality belongs to the *being* of a person and is not a mere attribute. That is to say, sexuality expresses the actual mode of *being* of the human person, both in the way of being a man and being a woman : the gift of being. And the expression of this *truth* of the person is, at the same time, a *vocation* and an *imperative* to realise the truth of the gift.

The Christian intuition of the deepest truth of man as a being who realises himself in the giving of himself, already taught by Vatican II (cf. *Gaudium et Spes* 24) is resumed and examined in greater depth in Paragraph II of *Familiaris Consortio*.

The actual text reads :

"God created man in His own image and likeness : calling him to existence *through* love, He called him at the same time *for love*. God is love and, in Himself, He lives a mystery of personal loving communion. Creating the human race in His own image and continually keeping it in being, God inscribed in the humanity of man and woman the vocation, and thus the capacity and responsibility of love and communion. Love is therefore the fundamental and innate vocation of every human being."

A little further on, a very important consequence is deduced for our theme :

"Consequently, sexuality, by means of which man and woman give themselves

to one another through the acts which are proper and exclusive to spouses, is by no means something purely biological, but concerns the innermost being of the human person as such. It is realised in a truly human way only if it is an integral part of the love by which a man and a woman commit themselves totally to one another until death."

At this point, we must ask ourselves a very important question. It is this : is the fact that these faculties, the *procreative* and the *unitive* are inscribed in human sexuality itself *a pure 'datum'*, or does it express something more than a mere *'given fact'* ? Is the co-presence in human sexuality *itself* of these two faculties a casual fact and meaningless in itself, or is it more than this ?

We can observe in nature, in the universe, many links between facts which are in themselves different. For instance : the passage which conveys oxygen to the lungs is very close to that which conveys food to the stomach and, over a certain section, they are even identical. Another example : there is a link between faith and freedom of man in that the act of faith—as such and as far as faith is concerned—implies the exercise of freedom.

These two examples show that there are *two types* of links, one which we may call *de facto* and another we may call *de iure*. The former, considered as itself, does not imply any particular 'value', whereas the latter does imply a 'necessity', a 'value'.

As we have already seen, the procreative faculty is, in its deepest truth, co-operation with the creative act of God—that creative act the outcome of which is precisely a human person.

Now the human person is a being absolutely unique in the whole universe. We shall never meditate sufficiently on this absolute uniqueness of every human being. This uniqueness consists in the fact that the human being is the only being among all those of which we have any experience which is of value in itself and for itself and not in relation to any other thing. The human being is the sole value in the whole universe of which we have experience, the sole good which does not belong to the category of useful or instrumental values and goods.

It follows, then, that there is only one *right* attitude to the human person, one that is appropriate to its own preciousness : the attitude whereby the human person is willed, acknowledged in itself and wanted for itself. This is an imperative inscribed in the very order of being, a metaphysical rather than ethical imperative : if God decides to create a *person*, that person *must* be wanted for himself or herself.

This is precisely the actual definition of love. In fact, love wants and acknowledges the other in the other's self and not because the other serves anything or anyone, not because the other is useful for anything. Love loves without any aim other than love itself : it is totally unconditional. The human person can only be willed in this manner, only through an activity which is at the same time an act of pure and of unconditional love. I said "at the same time" in order to stress the fact that the co-creative act, the exercise of this faculty which is in human sexuality, must be, *in itself, substantially*, an act of unconditional love, of love which is pure love and nothing other than that.

We therefore discover that it is not by chance that the selfsame sexual capacity to procreate is identically the selfsame sexual capacity for mutual self-giving. This is not a pure and simple *de facto link, but a de*

jure link. A link necessitated by the very truth of being and which, therefore, establishes an *ethical necessity*. And the ethical necessity admits no exceptions.

We have daily experience of many kinds of necessities. If I place a metal in fire, it *necessarily* expands : this is a physical necessity, one inherent in the laws of science. Each of us also experiences another type of necessity which is much more stringent than the one I have just described : this is the necessity whereby our intelligence is forced to recognise a truth when it is seen to be evident. We are able to utter the words "two plus two makes five", but we cannot think it. It is not thinkable because intelligence is not free, but constrained, before the bright light of truth : this is the necessity proper to the laws of thought.

Finally, there is an ethical necessity which we experience daily. This is a very unique necessity because, from a certain viewpoint, it is the most fragile; it can, in fact, be constantly objected to; but looking at it another way, it is the most stringent of all. Well, what is the ethical necessity ? We experience this ethical necessity when we experience certain imperatives which emerge from the truth and from the dignity of the human person. It is the necessity whereby the truth of being is expressed in so far as this truth is a normative force as regards freedom.

The ethical imperative is unconditional, it is absolute, but at the same time, it is an imperative which, in so far as it addresses itself to freedom, can be ignored and actually destroyed. The necessity of the link between the procreative faculty and the unitive faculty, inscribed in human sexuality, is not a necessity of the logical type, nor of the physical type : it is an ethical necessity and hence an imperative which issues vehemently from the truth of the human person. One arrives at this same conclusion even if one proceeds from the another viewpoint, complementary to the one we have now discussed. What I mean is that, if it is not pure chance that the procreative capacity is rooted in the capacity to love, then the reciprocal affirmation is also true : it is not a matter of chance that the unitive capacity inscribed in human sexuality is rooted in the procreative faculty.

At this point, we may claim to have substantially described the entire truth of the event which is the transmission of human life. An event which has, at its origin, the conjunction of two freedoms, the human and the divine. The divine freedom which calls for the co-operation of the man and the woman and the human freedom which answers that call. An event, moreover, which finds its ultimate explanation in the unconditional love of God and in unconditional conjugal love.

2. Practical Consequences

Let us now pass on to the second part of our reflection, that is, to the practical consequences of what we have said.

The *first consequence* is this : there is an *essential* difference of an *ethical* nature, and not merely of a technical nature, between natural methods of fertility regulation and contraception.

Technique involves the use of a series of instruments with a view to achieving a particular end. The basic concern or criterion which guides the technician is efficiency. Technique belongs in the area of practice and it therefore involves *dominion*, the exercising of a *mastery* both of the instrument used and of the reality to which I apply the instrument. This is the technical mentality : the exercise of power.

On the other hand, ethics is knowledge of the truth of the human being, of the impera-

tives which this truth puts forward in the face of freedom. Hence, ethics does not strive for efficiency but for what is good. It is goodness, the criterian of which is good. What is it that realises man as such, what is it that realises the truth of the human being as such, as a person ? This is the ethical question *par excellence*; because ethics excludes from itself all utilitarian criteria, because ethics excludes from itself very idea of dominion. But the basic concept of ethics is that of responsibility, and responsibility means that my freedom finds itself having to realise a value whose preciousness is so singular, so unique, that it demands absolute and unconditional respect: the value of my person and that of others. I have no power, no dominion over this value: I am only responsible for it.

The difference between natural methods and contraception resides in the fact that the former begin by acknowledging in the procreative faculty inscribed in human sexuality a preciousness such as to demand absotule and unconditional respect. That is to say, they acknowledge therein the presence of a moral value in the strict sense. The natural methods permit knowledge and recognition of this moral value. There is a recognition when that attitude of respect which is the only suitable attitude wells up from the knowledge.

Contraception begins from a precise and objective knowledge of human sexuality, but this knowledge does not generate a recognition of the inherent and specific value of its procreative capacity. It preserves it as a useful possession to be used when wanted and to be dispensed with when unwanted. It is not an attitude of respect but of dominion. "Nature" can and must be *dominated* but not the person; sexuality is *of the person* and *in the person*.

The second consequence then is that the natural method and contraception express ultimately two essentially different ways of placing oneself in a relationship with God Himself.

The *third consequence* is that teaching the natural methods is correct, not only when it is taught from the technical viewpoint but, above all, if it is inserted coherently into a vision of the person, of human sexuality. Otherwise, it drops to the level of technique, it departs from the world of ethics. This is the answer to an error into which it is possible to fall: the presentation of the natural method as one of the methods of *not having* children by saying that the method fails if a child arrives. This is a serious error. The natural method derives *from the responsibility* which the man and the woman must have in relation to their procreative faculty, and responsibility is a much vaster and deeper concept than the fact of not wanting children. In other words : whereas contraception expresses the desire not to have children, the choice of the natural method expresses the desire to realise the moral value of responsible procreation. Now the concept of responsible procreation is totally different from the desire not to have children, even though the realisation of responsible procreation may require the renunciation of procreation.

Passing now from this immediate perception to identify that which this dual behaviour *deeply* involve *at its very source*, we can observe that what is involved is our own relationship with God. In fact, the contraceptive act means wishing to exclude the *very possibility* of the creation of human life when this possibility is inscribed in human sexuality. In other words : the exclusion of the very possibility of a *creative* decision of God. Indeed, when human sexuality is capable of procreating, the man and the woman are *by this very fact* placed in a position of cooperation with God the Creator as such. Contraception destroys this relationship.

The destruction of this relationship means that the man and the woman, while being capable of generating a new human person, arrogate to themselves the right to be the supreme arbiters of the *coming into being* of a human person; they reject their role as 'co-operators' and appoint themselves 'authors' of human life. In a word ; they arrogate to themselves that which belongs *properly* and *exclusively* to God.

Herein lies the intrinsic evil of the contraceptive act : an act in which God is no longer considered as God, that is as Creator. The contraceptive act has within it the evil of impiety, of blasphemy. It is therefore impossible to hypothesize any circumstance in which the contraceptive act might become objectively licit. For the simple reason that it is impossible to hypothesize any circumstance in which it would be licit not to acknowledge God as God.

3. Conclusion

The clash between the Catholic Church and the world of today on this point is significant. It is, in fact, a clash between two opposite concepts of man. It is the fidelity of the Church to its service of the salvation of mankind. To withdraw from this clash is to align oneself with him who, in reply to the Witness of the Truth ("For this I have come into the word, to bear witness to the truth") could say nothing but : "What is truth ?"

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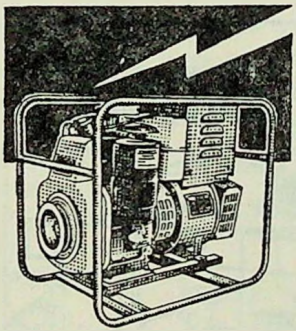

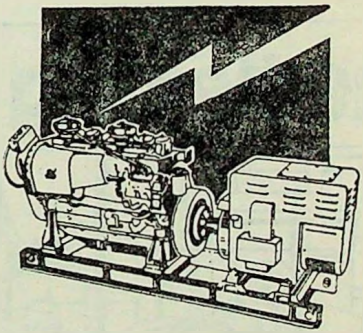

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Health Education : The Need for Indian Children

Dr. P.K. Pande, M.D., J.S. Naruka, M.P.E.

India is a developing country, and still has a fairly high infant mortality rate, although there has been a steady decline, since 1920, when the rate was 200 per thousand live births. Among the health services which need to be developed are domiciliary midwifery teaching units and midwifery schools, mother and child welfare centres, school health services etc. Another great problem is care of the handicapped. Department of physiotherapy and occupational therapy are needed in institutions for the handicapped. These services at most of the places either do not have qualified staff or are in a position to render token services only. The large scale production and standard, good appliances for the handicapped is also a great requirement.

Nutritional surveys are to be done in the fields and districts to assess the standard of child nutrition in a particular part of the country and according to habits, customs, availability, the food stuff should be supplied. Meanwhile, the production of special, cheap protein-rich food stuffs like, Indian multipurpose food, Balahar etc. should be encouraged and popularised.

Indian Multipurpose Food

This is the cheap supplementary food prepared from groundnut flour, and bengal gram which is fortified with essential minerals and vitamins. The composition of 100 grams of the I.M.F. is as follows. Proteins : 42.9 grams; Fats : 8.5 grams; Iron : 5.1 mg; Thiamine : 1.3 mg; Niacin : 14.3 mg; Riboflavin : 3.0 mg: Vitamin A : 3,000 I.U.; Vitamin D : 300 I.U. and of Energy Value 387 Kcal.

Balahar —The government of India has taken up the production of food supplement known as balahar for school feeding programmes. It consists of 70 per cent wheat, 25 per cent defatted groundunt meal and 5 per cent skimmed milk. A modified version of it contains 75 per cent wheat and 22 percent defatted groundnut meal.

Mid-day meal programme should be intensified not in urban areas but rural areas also where children in economicallly and socially backard areas could be helped. A specimen menu for a mid-day meal may consist of foodstuff as shown in the chart below.

If available,it is desirable to include a protein rich supplement such as soya bean (15 grams) or skimmed milk reconstituted (120 grams) or IMF 15 grams in place of 15 gram of pulses.

Foodstuffs	*grams* (in a
Cereals and millets	75 day
Pulses	30 per
Oils and Fats	8 child)
Leafy Vegetables	30
Non-leafy vegetables	30

In our country degree of illiteracy varies considerably from one part of the country to another. The second five-year plan, which ended in the year 1960-61 and provided for 3,00,000 new primary schools, but it was

not anticipated that more than 60 percent of children between the age of 11 to 14 years would be enrolled in schools till 1961. Though so many plans have come, the 44 percent of total population (70 crores of people have 44 percent children below the age of 15 years) is not getting even the minimum requirement of primary school education. The main problem of financial resources, shortage of building and trained teachers at all levels of instructions is very evident. Another problem is of the shortage of text-books and equipment in secondary schools. Women teachers are of a great need for Girl's schools of remote areas.

Rural families are largely ignorant of the essential elements of physical care of children or the basic principles underlying child development. When these families migrate to industrial towns, they often move into squalid slums where vice flourishes; traditional family customs and practices are forgotten; and parents have neither the time nor the means to attend to the needs of their children. There is a need to train social workers to cope up with growing problems of delinquency and emotional disturbance among children in these urban areas.

Health Education

This very important aspect is mentioned in relation to the conditions at Home. Because of the child's close dependence on its immediate environment, it is extremely important that the parents should be given as much education as possible in matters of health and nutrition. Little can be done to improve the standards of child welfare at home, unless the parents are well educated to follow the advice they may be given at at the MCH centre or a Health Clinic. It is difficult, however, to eliminate prejudices, superstitions, and traditional prohibitions having an adverse effect on the child's health in the time to come. It is an uneasy task, as in many parts of India, methods of child care are prescribed, not by the mother but by the grandmother, whose moral authority often dominates the family unit, in spite of her very poor literacy status. The hold of the traditional beliefs and practices may therefore be broken in future, the essentials of health and nutrition must be made not only a part of the basic elementary school curriculum, but should be explained, and taught with a practical approach. In brief it could be said that a child must get the health, nutrition personal-hygiene, family and sex education at the school level. The child will need to be a good parent when he or she come of age.

Courtesy : HERALD OF HEALTH

LEGAL EDUCATION—7

Rape

P.D. Mathew

Women have been idolised in India and yet they have also been exploited and denied social justice. This is seen in the increasing violence on women and, more specifically, of rape.

Rape is a forcible ravishment of a woman by a man. It is one of the manifestations of her oppression and an expression of male chauvinism. Men still persist in treating women or female children as a sex objects for satisfying their lust. The crime of rape not only damages the dignity of a woman as a person and darkens her entire future but also undermines the dignity of all women.

Cases of rape and sexual offences are common in rural and tribal areas. Many poor women workers belonging to the Scheduled Castes and Scheduled Tribes are raped by elite groups, landlords and policemen. Mass rape of womenfolk of the rural poor is often used as a part of the repression to crush the movement to assert themselves in sharecropping disputes or in reclaiming lost land or in demanding the payment of minimum wages.

Very few women report the cirme of rape to the police because of embarassment. Even when they do report police often do not record the case. In case of trial, most of the accused go scotfree due to lack of adequate evidence. Loop-holes in the law and dilatory procedures have encouraged other criminals that they can also escape the consequence of their misdeeds.

Most women are not aware of the laws relating to rape and other sexual offences and the legal means available to them to punish the guilty. Their ignorance is also exploited by police, lawyers and their opponents.

The problem of rape is essentially social and only a strong protest movement by women's organisation, civil rights groups, social activists and the public can eradicate this type of oppression and protest the human dignity of women of our country.

This booklet attempts to explain the varions aspects of the present law on sexual offences against women and highlights the recommendations of the Law Commission for the renovation of the law on rape to make it more sensitive and responsive today to the cry for justice of the women of our country.

What constitutes the crime of rape ?

Section 375 of the Indian Penal Code defined rape. According to this definition rape is committed when a man has sexual inter-course with a women :

1. against her will, or
2. without her consent, or
3. with her consent, when her consent has been obtained by putting her in fear of death, or of hurt, or
4. with her consent, when he by deception, make her believe that he is her lawful husband, or
5. with or without her consent, when she is under 16 years of age.

What constitutes sexual intercourse ?

Some penetration, however, slight, is sufficient to constitute the sexual intercourse necessary to the offence of rape. The degree of penetration is immaterial. It is not essential that the hymen should be ruptured, or that there should be emission of semen. Without some penetration there can be no rape, though the act may amount to an attempt to rape.

Explanation

'Against her will'—An act is done against a woman's will when she is fully conscious and capable of consenting and is aware of what is being done and resists or objects the act. 'Without her consent'—When she is insensible and incapable of rational consent, due to fear, shock or intoxication or any other cause.

Note

* Consent of the woman should have been obtained before the sexual intercourse and not after.
* Consent obtained by threat of death or hurt of herself or of any other person in whom she is interested, or by deception, is not considered valid.
* A sleeping woman is not able to give consent. Hence any sexual intercourse by a man with a sleeping women, who is not his wife is rape.
* Sexual intercourse with a woman of unsound mind is also rape because she is incapable of giving consent due to her incapacity to understand.
* Consent given by an intoxicated woman is also not a valid consent.
* Consent given by a girl below 16 is not considered as valid consent because the law presumes that the young girl is incapable of consenting due to her lack of understanding of the implications of her consent.
* If a woman does not resist sexual intercourse due to her misapprehension, it cannot be concluded that she has given consent.
* An act of helpless resignation and submission of body under the influence of fear or terror is no consent.

Note

* The absence of any mark or any injury on the accused goes against the commission of the crime.
* On the other hand, the existence of the injury to the vagina does not justify the conclusion that rape has been committed.

When does sexual intercourse by a man with his own wife considered rape ?

According to Section 375 of Indian Penal Code, sexual intercourse by a man with his wife below 15 years of age is considered rape. Here the policy of the law is to protect children of immature age against sexual intercourse.

Can an impotent man (person physically incapable of sexual intercourse with a woman) be convicted for rape ?

Being incapable of sexual intercourse, such a person cannot be considered guilty of its attempt. But he may be found guilty uuder Section 354 for indecent assault.

Can a husband abet rape on his own wife ?

A husband has a right to have sexual intercourse with his wife and he cannot be charged with forcible sexual intercourse, but

he has no right to invite others to ravish her. If he does so, he can be said to abet the offence and can be punished.

What must be proved by the prosecution in a case of rape ?

The prosecution must prove that

1. the accused had sexual intercourse with the woman;
2. the man accused of rape was the one who committed the offence;
3. the act of sexual intercourse was done without her consent or the consent obtained by threat, fraud, deception, intoxication, etc.
4. the accused had sexual intercourse with a girl below 16 years of age;
5. the husband who has accused of rape, had sexual intercourse with his wife below 15 years of age;
6. there was penetration.

What are the possible defence in the trial ?

The defence may argue that

1. the woman did consent;
2. she was a woman of loose morals;
3. she had previous sexual relations with other people;
4. her age ascertained by the prosecution was wrong;
5. she has cooked up the story of the rape to take revenge on the accused against whom she had grudge;
6. the F.I.R. was not filed promptly:
7. she had not shouted for help to the people staying nearby.
8. no injuries were found on the person of the woman or the accused indicating thereby that she did not resist the act of sexual intercourse.

Note

* In Mathura's case, Tukaram v. State of Maharashtra, (1979) 2 SCC 143, the Supreme Court had acquitted the two accused police men who were alleged to have raped Mathura, a Harijan girl of 15, in their police station.

The reasons given for the acquittal of the accused are :

* that there was no marks of resistance on her body.
* that she did not shout for help.
* that she had previous sexual relations with her lover.
* that the prosecution succeeded only in proving that the girl had passively submitted to sexual intercourse, but it did not prove beyond doubt that she did not consent.

Several women's organisations demanded re-opening of Mathura's case. But the Supreme Court dismissed the review petition on the technical ground of delay.

What must you do, if you are a victim of rape ?

1. Immediately rush to the nearest doctor (any registered medical practitioner) and get yourself examined. The doctor does not have to be a doctor of a government hospital.
2. File an FIR in the nearest police station as early as possible. Make sure that the F.I.R. is recorded. Ask for a copy of the statement recorded. (You have a legal right to get a copy

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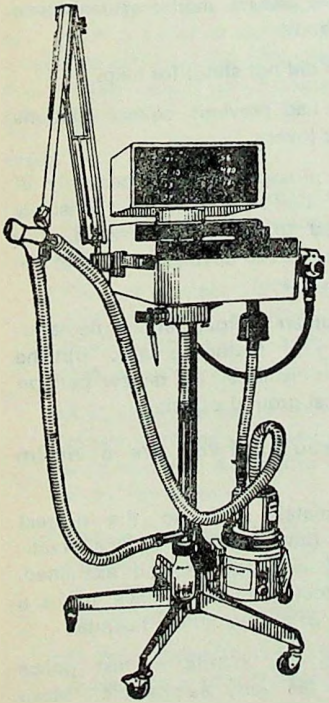

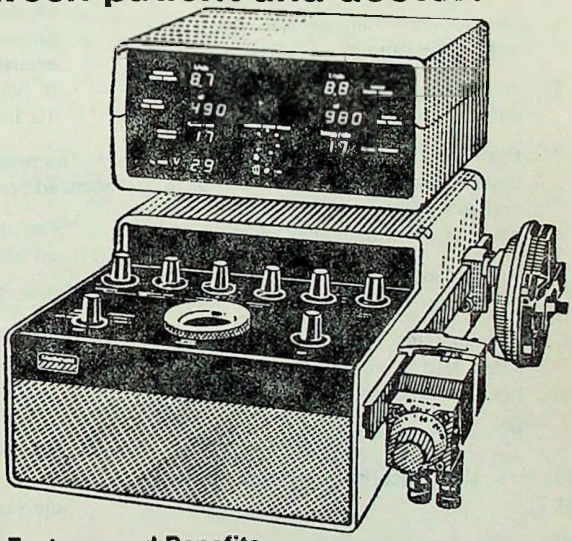

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of the F.I R. recorded free of cost Section 154 (2) Criminal Procedure Code.)

3. If necessary, ask your lawyer to accompany you to the police station. Yon have a Fundamental Right to consult a lawyer of your choice.

4. Demand that the person who has raped you be medically examined immediately. This will help to find evidence on the person of the accused

5. Do not change clothes or take a bath till the completion of the medical examination.

6. Keep the articles (clothes, slippers, spectacles etc.) obtained from the accused in the custody of the police.

7. Preserve the condition of the place where the offence has taken place, till the police officer prepares the report of the spot. The report made after the inspection of the place can provide circumstantial evidence regarding the commitment of the offence.

8. Go to the police station accompanied by a male relative or friend.

Note

* Delay in reporting the offence to the police officer would cast doubt on the story of the victim, while promptness on her part would lend credibility.

* Delay can also lead to dissappearance of medical evidence.

* If the police officer does not record the FIR. or take any action on your complaint, you have a right to inform the superior police officer or to make a private complaint in a Magistrate's Court.

* The complaint and the F.I.R. can be lodged by anyone who has the knowledge of the offence.

EVIDENCE

1. Evidence regarding the age of a woman

The best legal evidence to ascertain the age of a woman is her Birth Certificate obtained from her school, or panchayat office or Birth Registration Office. In case the certificate cannot be obtained, the opinion of a doctor is taken to assess the age. The statement of a doctor is only an expert's opinion and not a legal proof, especially when his opinion is not based on scientific tests.

2. Medical evidence

Result of the medical examination of the victim of the rape and the accused, is considered to be among the most important evidence to prove or disprove the commission of the offence of rape. Medical examination will certify :

1. injury to the private parts of the woman, and the accused;

2. injury to the other parts of her/his body, which may have resulted from a struggle;

3. seminal and blood stains in her clothes or the clothes of the accused;

4. the presence of hairs of the victim or tne accused on the body of the other person;

5. the probable age of the woman and the man by studying the physical development of organs and the growth pattern of teeth etc.

Note

* The prosecution has the responsibility of conducting the medical examination of the accused if that would give sufficient evidence to prove his guilt.

* The accused is also entitled to demand his medical examination if he is of the opinion that it would disprove the possibility of his guilt.

* Absence of injury on the accused person and particularly his penis, cannot be the sole ground for discarding prosecution evidence.

* Medical examination must be conducted by a registered Medical Practitioner.

* It must be conducted as early as possible. Delay in examination can cause the disappearance of several evidences.

* In a rape case the Supreme Court recently ruled that production of medical evidence concerning rape of a poor woman living in remote areas is not necessary for conviction.

3. Chemical examination

In a rape case the police officer should send the lower garments worn by a woman assaulted for chemical examination.

Note

* A victim of rape who goes to the police station to file a complaint should carry a set of clothes to change. The clothes worn by the woman at the time of rape may contain evidence like the presence of semen, blood, hair etc. Hence the police officer may ask the woman to keep the clothes in his custody for the purpose of chemical examination and other tests.

4. Statement of the victim

It is unusual for any self-respecting woman to go to court to make a humiliating statement against her honour, of having been raped unless it is absolutely true. Hence in most cases her statement must be accepted as the conclusive evidence to prove the guilt of the accused.

5. Is the dying declaration of the victim accepted as an evidence ?

A dying declaration of a deceased person is admissible in evidence on a charge of rape.

6. Is corroboration (independent evidence) essential for conviction of the accused ?

In the past it was a well established practice (not law) that in cases of rape the evidence of the complaint must be corroborated. The nature of the corroboration depended on the facts of each particular case.

In practice, a conviction for rape almost entirely depends on the credibility of the woman.

The Supreme Court has held that the Evidence Act nowhere specifies that corroboration is essential for the purpose of conviction. All that is required is that there must be some additional evidence rendering it probable that the story of the complainant is true and that it is reasonably safe to act upon it.

Landmark judgements

In a case (Harijibhai v. the State of Gujarat) concerning a government servant's conviction for assaulting two minor girls and raping one of them the Supreme Court in its judgement on 24 May, 1983, reaffirmed that corroboration is not essential for conviction of rape.

The Court has stated that in India it is rare for a woman to make false accusations of rape because in reporting the crime of rape she has to suffer several types of embarrassment and humiliation, especially through the cross examinations, medical examination and the publicity given by the newspapers. In these circumstances the Court held that her testimony should not be viewed with suspicion or disbelief.

Note

* In this case, a Government employee in Gandhinagar, Gujarat, assaulted two girls aged 10 and 12 years. One girl escaped, but the other, according to medical evidence, was assaulted. The local women's organisations took up the matter and filed a criminal case against him. He was convicted by the Sessions Court. The High Court confirmed the conviction. The accused appealed to the Supreme Court, which confirmed the decision of the Sesssion's Court and the High Court but reduced the sentence.

* Since corroboration is not essential in case of rape the Court may accept the uncorroborated evidence of the woman, but it must be prudent in accepting it.

* In many cases of rape it would be unsafe to convict an individual merely on the accusation of the woman who has been raped.

* Insistence of corroboration is advisable, though it is not compulsory in the eye of law.

* As a rule of prudence the Court must normally seek same corroboration of her testimony so as to satisfy that she is telling the truth and the accused is not falsely implicated.

Is rape a cognisable offence ?

Yes, it is a cognisable offence and hence a police officer can arrest the accused without a warrant issued by the Court.

Is rape a bailable offence ?

It is a non-bailable offence and hence granting of bail depends on the discretion of the Court. The accused has to make a petition to the Court to grant bail.

In which Court the charges of rape is triable ?

The charge of rape is triable exclusively by the Court of Sessions.

Note

* The offence of making a false charge of rape is also triable exclusively by the Court of Sessions.

* The offence of rape under Section 375 includes the lesser offence of indecent assault of a woman under section 354 of I.P.C.

A Specimen form of the charge of rape

I (name and office of the Magistrate) hereby charge you (name of the accused) as follows :

That you, on or about the..... day of..... at..... committed rape on Miss X or Mrs. Y and thereby committed an offence punishable under Section 376 of the Indian Penal Code and within the cognisance of the Court of Sessions.

And I hereby direct that you be tried by the said Court on the said charge.

What is the punishment for rape ?

The punishment for rape :

1. Imprisonment for life (minimum of 14 years), or
2. Imprisonment for a term which may extend to 10 years and fine.

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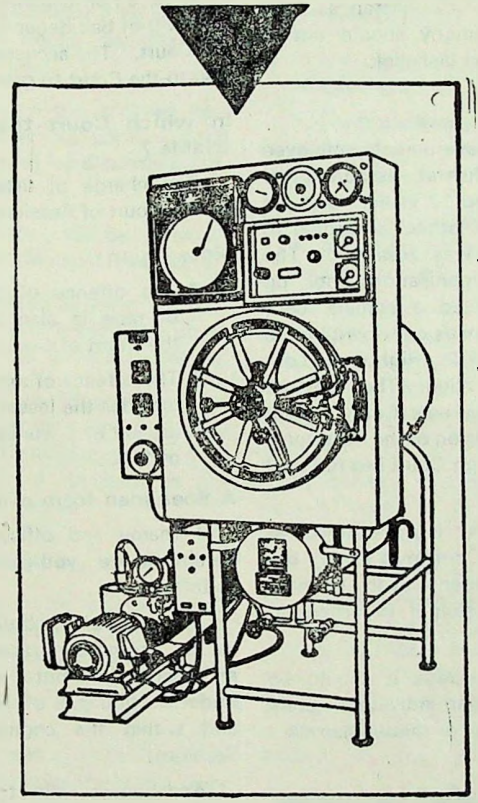

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For raping one's own wife below 15 years of age, the punishment is imprisonment upto 2 years, or fine or both.

Note

The measure of punishment in a case of rape should not depend on the social status of the party injured, but on the greater or less atrocity of the crime, the conduct of the criminal and the defenceless and unprotected state of the victim of the rape.

Attempt to commit rape

Attempt to commit rape is also an offence under Section 511 of Indian Penal Code.

Punishment

Imprisonment for a term which may extend to one-half of the imprisonment for life and fine.

Note

* In a case of rape (Prem Pal v. Union of India, Delhi Administration) the accused, a 23 year old junk dealer of West Patel Nagar, West Delhi had been convicted, on 14 July, 1983, by Justice S.M. Aggarwal, Additional Sessions Judge of Delhi, under Section 376. He was accused of raping a 4 year old girl of his neighbourhood in a public latrine, while she was returning from school. Rejecting the plea for probation advanced by the defence the Judge has sentenced him to *life imprisonment*.

This is the first case of its kind in the country where a rapist has been awarded life imprisonment, the maximum punishment prescribed under the law.

Has a woman right to kill the assailant who assaults her with the intention of committing rape ?

Section 100 (iii) of the Indian Penal Code gives full authority to a woman to kill her assailant, if he assaults her with the intention of committing rape.

Note

* This is a substantive right given to a woman by the Code under 'the right of private defence of the body.'
* During the trial the woman has to show the Court that she had no other alternative but to skill the assailant to escape from the commission of rape.

Outraging the Modesty of a woman (Section 354 of I.P.C.)

Another heinous offence committed on woman is indecent assault committed with the intention of outraging her modesty.

What constitutes the offence of outraging the modesty of a woman ?

What constitutes an outrage of female modesty is not defined, it depends upon the country, the religion and the culture to which one belongs.

The Supreme Court of India has held (State v. Major Singh, AIR 1967, SC. 63) that any act done to or in the presence of a woman is clearly suggestive of sex according to the common notions of mankind. That act can be considered as an offence under Section 354 of I.P.C.

Knowledge that the modesty of the woman is likely to be outraged by a particular act is sufficient to constitute the offence.

Note

* The culpable intention of the accused is the crux of the matter.
* An offence under this Section is less serious than one of rape under Section 376.
* An assault or criminal force committed with the intention of committing rape is not contemplated by this Section.

* Here 'woman' includes a female person of any age.

* There can be no outrage of a woman's modesty where she is a willing party.

* Under this section both man and woman can be guilty of the offence.

Examples of the offence

1. Pulling a woman by her arm with a request for sexual intercourse.
2. Molesting a woman.
3. Forcing a woman to remove her clothes.
4. Fingering the private part of a woman.
5. Raising the skirt of a girl and sitting on her person.
6. Steathly touching, with a corrupt mind, the body of any woman whether she is a child or mentally retarded or is sleeping or under the effect of an intoxicant.

What is to be proved in the court ?

1. That the person assaulted was a female.
2. That the accused assaulted or used criminal force to her.
3. That he intended thereby to outrage her modesty.

Note

* A charge under this Section is very easy to make but very difficult to prove.

* When such charge is made the court will look for independent evidence from other witnesses and other circumstances.

What is the nature of this offence

* It is a cognizable offence.

* It is bailable.

* It is not compoundable.

* It is triable by a Magistrate of the first class or second class.

What is the punishment for this offence ?

Imprisonment for a term which may extend two years or with fine or with both.

Need for reform in the law on rape

The existing law on rape was found to be inadequate to punish the culprits, who have violated the dignity of a woman. The legal provisions, regarding the burden of proof, evidence, the manner of trial etc. were very cumbersome and humiliating for women. The presumptions in law were more in favour of the accused than the victim of rape. This situation has instigated more and more men, and especially the police, to indulge in committing rape. The case of 16 years old Mathura, who was raped by two policemen in a police station in Maharashtra has clearly revealed the inadequacies of the existing law on rape and desturbed socially conscious persons. This has led women's organisations to start a national compaign for reform of laws relating to rape. The popular demand for new laws to protect the dignity of women has lead to the appointment of a Commission. After thorough study of the matter, it put forward the following suggestions.

Suggestions for changes in the law on rape recommended by the Law Commission

1. The present definition of rape given under Section 375 I.P.C. must be amended to include 'fear of injury,

either to body, mind, reputation or property as a reason for submitting to sexual intercourse. Consent obtained by creating such a fear in the woman is not a legal consent.

2. Age of consent by a woman must be raised from 16 to 18 keeping in line with the minimum age of her marriage. Sexual intercourse of husband with his wife below 18 years of age must be considered as rape.

3. A woman should have the right to be accompanied by her relative or friend when she goes to the police station.

4. Except in unavoidable circumstances a woman should not be arrested after sunset and before sunrise. In case of urgent need of arrest between sunset and sunrise, the police officer must inform his superior officer and get his permission.

5. An arrested woman should not be detained except in a place of custody meant exclusively for the detention of women. In the absence of such place, she must be detained in an Institute meant for the welfare of women.

6. An officer in charge of a police station, who refuses to record the commission of a cognizable offence reported to him must be punished with imprisonment up to one year, or with fine, or with both.

7. A public servant who knowingly disobeys the law regarding the attendance of women for investigation must be punished with imprisonment up to one year, or with fine or with both.

8. A public servant (police, superintendent or women's welfare institutions etc.) who had illicit sexual intercourse with a woman in his custody must be punished with imprisonment up to two years or with fine or with both.

9. Except in exceptional cases, the investigation or trial of rape or other sexual offences must be conducted in camera (privately).

10. Printing and publication of any matter related with a rape case conducted in a court in camera must be declared unlawful. Any person who prints or publishes such matter without the permission of the court must be punished with fine up to Rs. 1000.

11. Any person who assaults a minor girl under 16 years of age in an obscence manner must be punished with imprisonment up to 3 years, or with fine or with both.

12. A woman living separately from her husband under a decree of judicial separation or by mutual agreement should not be considered as wife under Section 375. If the man from whom she was separated forces her to have sexual intercourse with him he must be punished for the commission of rape.

13. A male police officer, while arresting a woman must not touch her body. If touching or catching the woman is required, it must be done by a female police officer.

14. The person accused of rape and the victim must be referred to a registered medical practitioner for medical examination without delay.

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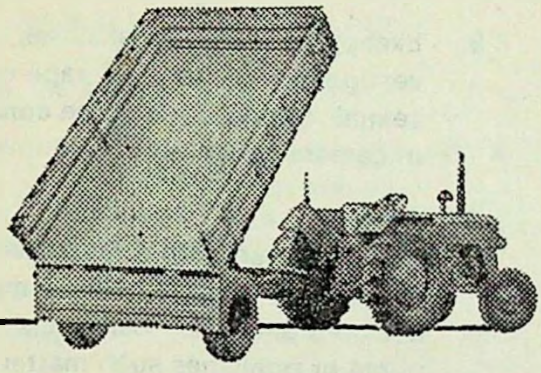

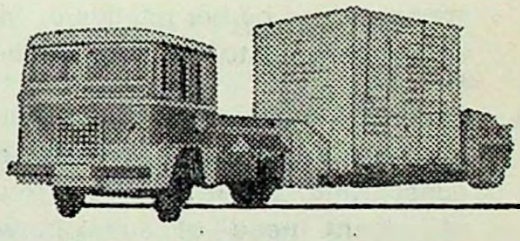

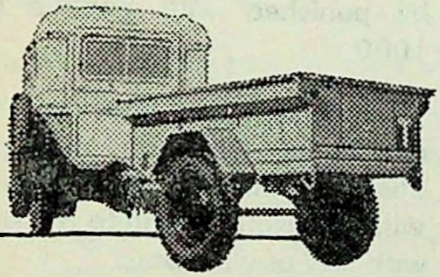

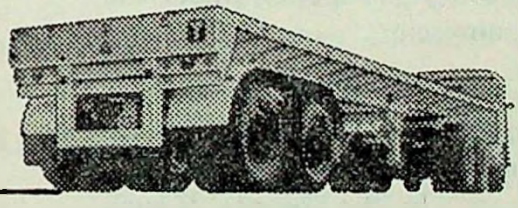

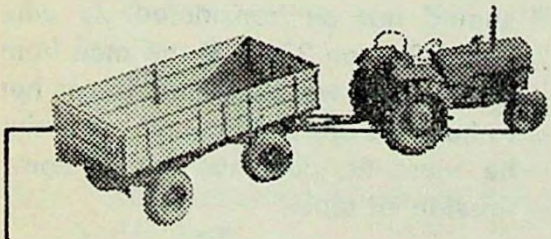

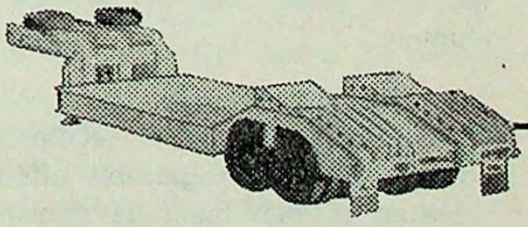

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15. The medical practitioner, without delay, must examine the accused/ victim and give a report of the examination with the reasons for the conclusions he arrived at. This report must contain the following information.

* The name and address of the accused/ victim and of the person by whom he/ she has been brought to the medical practitioner.
* The age of the accused/the victim.
* Marks of injury, if any, on the person of the accused/the victim.
* The exact time of the commencement and completion of the examination.
* Any other relevant information available to establish or disprove the guilt of the accused.

Note

In case of the examination of the victim of rape the report must also include the following :

* Whether the victim of rape was previously used to sexual intercourse.
* General mental condition of the woman.
* Whether consent of the woman or her guardian was obtained for the examination or not.
* This report must be sent as early as possible by the medical practitioner to the investigating police officer who must forward the same to the concerned Magistrate without undue delay.

16. If a statemenf of a girl under 12 years of age, against whom a sexual offence is alleged to have committed, is to be recorded, it must be done by a female police officer, and, in her absence, by an authorised woman representative of an organisation engaged in the welfare services for woman.

17. When a statement made by a woman is recorded by a male officer, her relative or friend or a representative of a women's organisation must be allowed to remain present.

18. Except in rare case, where the woman is of bad reputation, the victim of rape must not be questioned in cross-examination regarding her past sexual experience or relations and evidence produced by the accused about her past sexual relations with other people must not be admitted in evidence.

19. In a prosecution for rape, where sexual intercourse is proved and if she states in her evidence before the court that she did not consent, then the court shall presume that she did not consent.

The Criminal Law (Amendment) Bill 1980

In order to give effect to the recommendations of the Law Commission the government of India has framed a Bill in 1980.

The Bill ignores almost all the major recommendations of the Law commission. For instance, the Bill does not consider rape under economic duress. It is vague about the age of consent even though the Law Commission raised it to 18 years. The Bill is silent on the need of immediate medical check up. It has not accepted the recommendation that the victim should be interrogated at home by a police woman. This attitude of the Government has created ill-feelings and frustration among women's organisations

and women activists. They feel that the proposed Bill is only an eye-wash and it will protect only the interests of the police and male chauvinists and not the safety and dignity of women in India and they fear that the Bill, as it stand, today, if passed, will do considerable harm to the cause of women.

For further information in Legal matters contact :

Director, Legal Aid
Indian Social Institute
Lodi Road, New Delhi 110 003.
Tel : 622379, 624760
Gram INSOCIN

Sending Girls to School

"Why should I send my daughter to school?" asked a farmer in Haryana. "She doesn't have to become a clerk!". No, she doesn't have to become a clerk, but she will become a mother, and if she is an educated mother then she will have a better idea of child care, nutrition, cleanliness, and a better awareness of the factors which affect the health of her family. After all, for almost all children, the most important primary health care worker is the mother. For it is usually the mother's level of education and access to information which will decide whether or not she will go for a tetanus shot when she is pregnant; whether a trained person will be present at the birth; whether she knows about the advantages of breast-feeding; whether her child will be weaned at the right time; whether the best available foods will be cooked in the best possible way; whether water will be boiled and hands washed; whether bouts of diarrhoea will be treated by administering food and fluids; whether a child will be weighed and vaccinated; and whether there will be an adequate interval between births.

A very good illustration of this truth is found in Kerala. The State of Kerala has the highest literacy rate among women in India, and the lowest infant mortality rate in the country. The State also has a very good status in the field of health, family planing, cleanliness, environmental sanitation, and of course, the reduction of infant mortality rate. All this points to the effect that the education of the mother has on the survival and healthy growth of her child.

There is still a resistance to the idea of female education in our country and as a result there is a significant difference between the enrolement and the school drop-out rates of boys and girls. The reasons for these are to be found more in the society than in the school itself. Even 'free' education is expensive when parents are too poor to easily afford books, clothes, shoes, etc. For girls—who are often wanted to help with household tasks and child care and for whom education is often not considered to be so necessary—this expense may prove to be too much. But the dividend that this investment will pay in the long run has to be understood by all parents. They have to understand that education is not meant for career training only. Whether the girl enters the work-force or not, investing in a minimum of four years of school for her is one of the most cost-effective investments which any parent can make for the future. Because any mother who is literate has both more opportunity to learn about new ideas and more confidence to put them into practice.

-Courtesy : A Small Voice

How to Turn Your Child into a Crook

1. Begin from infancy to give the child everything he wants. In this way he will grow up to believe that the world owes him a living.

2. When he picks up bad words, laugh at him. It will encourage him to pick up 'cuter phrases' that will blow the top of your head off later.

3. Never give him any spiritual training. Wait until he is twenty-one and then let him decide for himself.

4. Avoid the use of the word 'wrong'. It may develop a guilt complex. This will condition him to believe later when he is arrested for stealing a car that society is against him and he is being prosecuted.

5. Pick up everything he leaves lying around-books, shoes, and cloths. Do every thing for him so he will be experienced in throwing the responsibility on others.

6. Let him read any printed matter he can get his hands on. Be careful the silver-ware and drinking glasses are sterilized, but let his mind feed on garbage.

7. Quarrel frequently in the presence of the children. Then they won't be too shocked when the home is broken up.

8. Give the child all the spending money he wants. Never let him earn his own. Why should he have things as tough as you had them ?

9. Staisfy his every craving for food, drink, and comfort. See that every desire is gratified. Denial may lead to harmful frustration.

10. Take his part against the neighbours, teachers, and policemen. They are all prejudiced against your child.

11. When he gets into real trouble, apologize for yourself by saying, 'I never could do anything with him.'

12. Prepare for a life of grief—you will have it.

courtesy: *Herald of Health*

International Conference on Hospital and Primary Health Care—January 20-25, 1985

Objective :

— to provide an opportunity for the description and discussion of noteworthy innovations and developments that have taken place in different countries in relation to the role of hospitals in Primary Health Care.

Participants :

— doctors, nurses, administrators, community health workers etc.

Language :

—English

Registration fee :

— Delegates from India Rs. 500/-
Accompanying persons from India Rs. 300/-

For further details, please contact :

Dr. P.N. Ghei
Secretary General
Indian Hospital Association
C-II/72 Shahjahan Road
New Delhi 110011

What in Whooping Cough

Whooping cough is caused by a bacteria, and occurs mainly in infants and young children. The child is very infectious during the early stages of the disease.

Symptoms :

Five to eight days after contact with an infected person, the following symptoms appear :

1st Week–The child has a cold, a cough and a running nose.

2nd Week–The cough gets worse.

–The child struggles to cough.

–He cannot stop coughing. He is frightened. His eyes bulge.

–At last, he breathes in. The breath is a noisy 'whoop'.

–Day and night it is the same-cough-whoop-vomit. Infants under 6 months cough and vomit but may not 'whoop'. The severe coughing can cause bleeding in eyes and eyelids.

3rd Week and after–The cough slowly goes away.

Whooping cough can affect the lungs and the brain. It can also weaken the child.

Prevention :

All children must be immunised. Three separate doses of DPT are needed for the body to produce sufficient antibodies. These doses are given in the first year of a child's life, usually between 3 to 9 months, at an interval of one to two months. In order to maintain immunity, an additional 'booster' dose of the vaccine should be given when the child is 1½ to 2 years old. DPT protects the child against three disease—whooping cough, tetanus and diphtheria.

courtesy: A Small Voice

A Miraculous Cure

To those interested in a miraculous cure, I relate my story :

My name is Bhattacharya, and I am 24 years old. I was a driver in Calcutta with the State Transport. I fell in love with a girl of a lower caste. We wished to marry but difficulties arose because I was a Brahmin of a higher caste. So we married at a Registry Office. For about two months we lived happily. Then, my parents suggested that a reception be given to enable our respective parents and relatives to meet each other. My wife and I were happy to agree to this proposal. Sweet meals and other dishes were supplied and we partook of food offered to us but sad to relate my wife and I were suddenly taken ill and striken with paralysis on one side of the body. A doctor was called and we were treated for some time but without any cure. I was unable to pursue my work and due to mental and physical condition our condition deteriorated. We both were bedridden and thus developed deep bed-sores. Our parents did not come to see us after the reception. We felt we were given some evil thing to eat there, because how did it happen that two healthy persons were suddenly stricken with oneside paralysis after eating food prepared by some one unknown to us ?

We were almost at the point of death when a neighbour informed Sister Brigid belonging to St. Joseph's Convent, Chandannagore of our plight. She came immediatly to see us and heard our story. We accepted her kind offer to treat us. Incidentally she is the Sister-in-charge of the clinic run by the nuns of St. Joseph's Convent. Many of the hundreds of patients Sister Brigid treats claim she cured them of their serious ailments. Sister Brigid visited my wife and I regularly for about two months and cleaned our deep bed-sores. She treated us and also prayed for our speedy recovery. I am now able to write this true story of a miraculous recovery of two human beings. I have been reappointed with the State Transport and ready to start driving once again. My sincere and grateful thanks to the almighty Lord and His handmaid Sister Brigid of St. Joseph's Convent, Chandannagore.

WHO Seminar on Smoking and Health

26 March 1984 : The growing incidence of cigarette smoking, particularly among the young in developing countries, is assuming menacing proportions. In the process, it has become a major public health concern.

To examine the present situation and evolve suitable guidelines to implement various initiatives to curb this dangerous habit, which accounts for nearly 30% of all cancers, an inter-country seminar organized by the WHO South-East Asia Regional Office in collaboration with WHO/Headquarters and the Swedish International Development Agency opened in Kathmandu today.

Attended by senior health officials from six countries in the Region, the seminar will discuss and further develop national programmes aimed at smoking control. Considering the well-established, relationship between tobacco chewing and oral cancer and

cigarette smoking and lung cancer, the seminar will attempt, among other things, to examine the issue in a larger perspective as more than mere health intervention are required. For instance, the question of crop substitution, legislation, health education and introduction of other regulations which will prohibit the sale of cigarettes to the young, as in the case of alcohol, will need to be examined in the context of the economic issues involved.

As the WHO Regional Director South-East Asia, Dr. U Ko Ko, said in his message to the seminar, there was no longer any doubt that the tobacco habit, consisting of smoking or chewing tobacco, was directly related to serious health hazards. It was estimated that globally, about a million people die as a direct or indirect consequence of the tobacco habit. Eighty per cent of cases of lung cancer were associated with smoking. An equally high or perhaps a higher percentage of cases of oro-pharyngeal cancer, one of the commonest cancers in several countries of the South-East Asia Region, was associated with the chewing of tobacco. Chronic Bronchitis, ischaemic heart disease and also certain adverse effects on the foetus in pregnant women smokers were the other health consequences of the use of tobacco, the Regional Director said.

Stressing the need for effective action based on the appropriate education and information of the population, the seminar will urge the member countries to take stock of the situation in order to develop a sound programme against smoking.

The seminar will also focus attention on how to prevent children and adolescents from acquiring the habit of smoking, and simultaneously, to wean smokers from the habit. The need for research in finding ways of making tobacco less dangerous, both for smoking and chewing, will be stressed. The fact that precious forest resources are consumed in large quantities for the tobacco curing process will also be highlighted.

Tenth Session of WHO South-East Asia Advisory Committee on Medical Research

The tenth session of the WHO South-East Asia Advisory Committee on Medical Research (SEA/ACMR), was opened in Dhaka, Bangladesh by His Excellency Maj. Gen. M Shamsul Haq, Minister of Health and Population Control.

The session, chaired by Professor Prawase Wasi, Vice Rector, Mahidol University, Bangkok, was attended by eminent scientists and researchers from various health-related disciplines in the Region. Prof. V. Ramalingaswami, Director-General, Indian Council of Medical Research, also attended the session as a special invitee in his capacity as Chairman, WHO Global Advisory Committee on Medical Research.

Addressing the opening session, the WHO Regional Director for South-East Asia, Dr. U Ko Ko, said that research had placed in the hands of the medical profession a powerful instrument to relieve suffering and prolong life, but the results of research must be applied through health programmes within reasonable cost in order to significantly advance the health of the people in developing countries. To achieve this the research must be relevant to peoples needs.

The research policies of the Organisation stressed the optimal use of the existing resources and the need for mission-oriented research. The policies also dictate the need to rely and further develop a national research potential in all its aspects and to apply research findings, past and present, in solving health problems.

As a result of these policies a judicious mixture of basic and applied research had been instituted. Research was being conducted on priority health problems in the Region, such as malaria, filariasis, leprosy, diarrhoeal diseases, nutrition, maternal and child health, environmental health and health care systems.

Though the primary concern of health services research was the organization and management of health services, it was also concerned with the application of health technology to treat diseases, promote health and prolong life. Recognizing its relevance, the Member countries and WHO had embarked on health services research which would contribute very significantly to the attainment of the goal of health for all by the year 2000.

During its six-day session, the SEA/ACMR among other agenda items, including progress of medical research in the Region, reviewed the development of evaluation methodology for primary health care, research related to acute respiratory infections and the spiritual dimensions of health.

Short-Term Paediatric Nursing Course at Jawaharlal Institute of Post-Graduate Medical Education & Research, Pondicherry, with financial assistance from UNICEF

1. Date : 1st July to 31st October 1984.

2. Language : English

3. Candidates will be paid daily allowance of Rs. 20/- per day and a travel allowance of maximum Rs. 300/- per candidate by UNICEF, New Delhi.

4. The expenditure on Boarding and Lodging is to be met by the candidates.

5. The candidates selected for the course are required to wear their prescribed uniforms while undergoing the course.

6. The applications in the following proforma in duplicate for each candidate separately will have to reach

Directorate General of Health Services
(Nursing Section)
Nirman Bhavan
New Delhi 110011

Latest by the 21st May 1984 positively.

—Executive Director

Proforma for application

Statement showing the particulars of the candidates recommended

for _____ during

with the UNICEF Assistance.

Sl. No.	Name of the candidate in Block letters with full Address.	Age with date of birth in christian era.	Name of the training school with date where trained as Nurse & Midwife.	Course if any attended trained with name of place with dates e.g. post certificate	Professional experience submission in training State Place with course.	Post held at present	Position to be occupied after taking the course.	Remarks

Medical Ethics Forum-34

Fr. George Lobo sj

Impotence and Valid marriage

Case :

A girl know that her prospective partner is impotent. She is ready to accept a union without complete sexual act and without children. Can they enter into a valid marriage?

In the past when procreation was generaly regarded as the primary end of marriage, it was evident that one who was impotent could not validly marry. Now as the stress is on partnership and love, many are wondering whether impotence (Or inability to perform normal and complete marital act should be considered as a total barrier to marriage).

However, Canon Law is very clear on the matter : "Antecedent and perpetual impotence to have sexual intercourse, whether on the part of the man or on that of the woman, whether absolute or relative, by its very nature invalidates a marriage." (Can. 1084. 1).

This is because marriage is "partnership of the whole of life" which evidently includes the capacity to perform the marital act. Partial sexual stimulation by its nature is ordained to complete sexual activity which a person who is impotent cannot perform. So it is not sufficient for valid marriage that the couple intend to and are satisfied with in complete sexual activity.

The above argument is from the nature of marriage and its specific activity. But even from a practical point of view the marriage of a girl with a certainly impotent man in far from being advisable. Apart from the difficulty arising from want of children, a life long abstinence when it is not called forth from a rare spiritual motive or mutual sexual stimulation without the possibility of normal satisfaction would put too great a strain on the relationship.

Anyway the Church is categorical about excluding marriage of an impotent person. If there is a doubt about the condition, the Church would permit the marriage to take place (Can. 1084,2). If later the impotence becomes certain, the Church would grant an annualment with the possibility of the other partner entering into another union or grant a dissolution of the bond on the ground of non-consummation. Even when the impotence is doubtful, the girl should be coutious about entering into the union lest she may have to suffer a lot of frustration.

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3. A.N.M.s—Salary Scale—Rs. 250-7.50-280-10-360-15-510+D.A. 30% of basic salary and Uniform.

4. Community Health Worker—Matric Nurse—Midwife with one year post-graduate course in Community Health Nursing and experience. Salary—Negotiable.

5. Hostel Matron—An elderly lady ex-matric pass or a retired General Nurse without any incuberance. To look after the Nurses' Hostels training "A" grade nurses, both male and female students having a total of 50 students. Salary negotiable.

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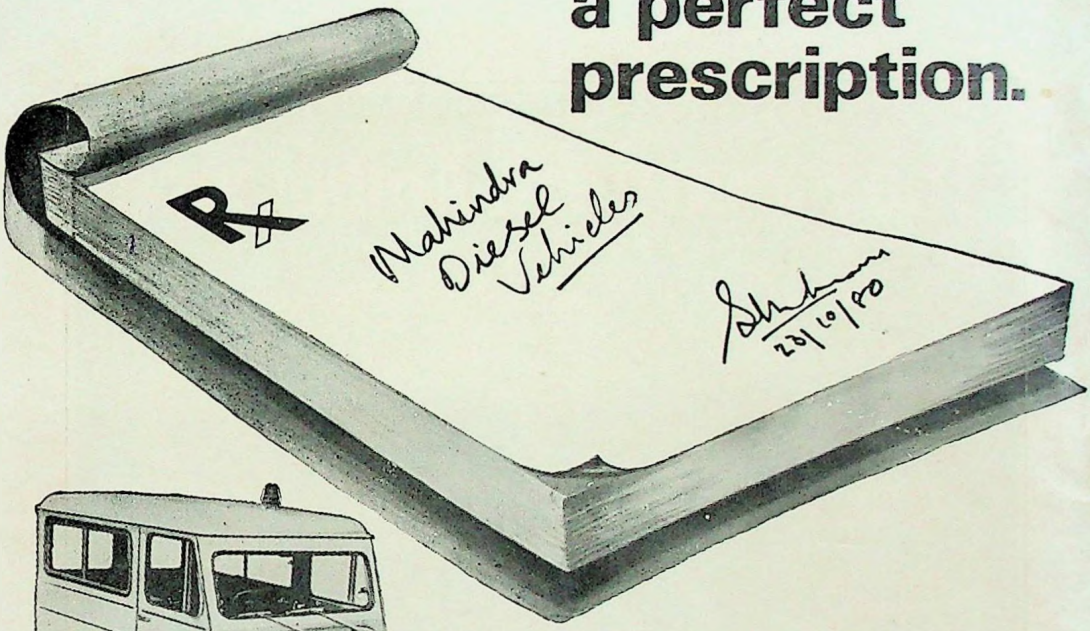

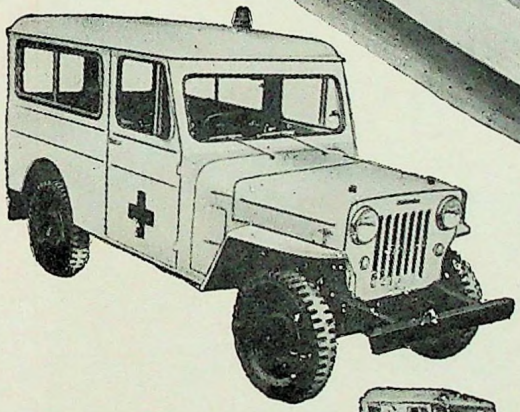

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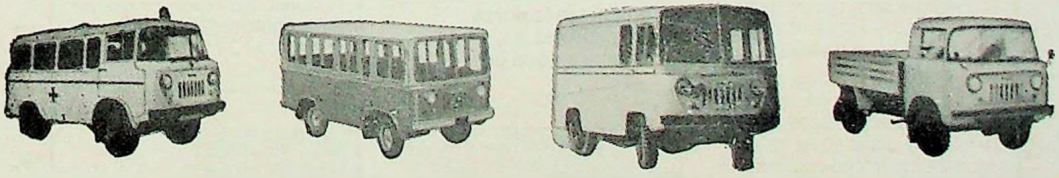

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