



Health e-Letter

Letter from the Editor

Five years ago, while traveling through a village in Namakkal, a district about eight hours drive from Chennai, I stopped to watch a street theatre's performance on HIV/AIDS issues. An entire village had congregated: curious youngsters, housewives, farmers, truck drivers, the elderly were all part of this enthusiastic group of onlookers.

Namakkal was amongst the first few districts to report unusually high rates of HIV infection. The main reason for this quick spread of the infection here was the fact that Namakkal is one of India's biggest transportation hubs and a large number of people in and around this district are employed as truck drivers. Many truckers are known to indulge in high risk sexual behaviour when they are away from home for extended periods of time.

Awareness was urgently needed. And this is what a group of young actors was trying to do as they took village folks through a story of a village youth and how he contracted HIV. They then explained how it could have been prevented and gave a demonstration on the correct use of a condom as the crowd watched in rapt attention. No one objected to the explicit descriptions even with children present. It was a matter of life and death and they all wanted to know.

The content relating to sexual education and HIV/AIDS in school text-books could not have been as explicit. Yet, recent furore over the subject was so intense that several states gave in to pressure from moralists and banned sex education. It is hard to understand how school text books could make the content too explicit. Perhaps, the greater issue is the lack of

training that makes it difficult for teachers to explain or address questions on sex.

Our story from Lucknow does indicate that teachers have not been trained adequately in taking up a subject as delicate as this. And hence they regard student queries as embarrassing. Some teachers believe that condom use cannot be taught to girls in a conservative village setting.

There may be some initial resistance but sex education is doable. Namakkal is no less conservative than most of Uttar Pradesh, yet I witnessed people accept it during the street theatre performance. We don't need to wait for areas in UP or elsewhere to turn as bad as Namakkal before creating awareness among them. And yes, it is that young village girl who not only needs to know about HIV but also needs to know how to protect herself. We know it is this girl from the village who would be most at risk of contracting HIV once she is married.

Continuing with our focus on public health issues, we highlight in this issue some of the new trends in public health - that of handing over hospitals to Trusts, NGOs and now even corporate houses. Will it really benefit people in the long run or is it a clever ploy of the government to hand over its responsibilities? We'd like to know your reactions.

Kalpana Jain
Editor
Health e-Letter

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UP text books say yoga can cure HIV

By Sudhir Mishra

Lucknow: While school books on sex education in UP were withdrawn recently following a furore over their "explicit" content what went largely unnoticed was the fact that some of the text was factually inaccurate, misleading and propagated prevailing myths.

Some of the books assured youngsters that yoga had a cure for HIV. For instance, books meant for 14 year olds informed them that regular practice of yogic breathing exercises could get rid of HIV and that AIDS claimed "lives only of young men and women but not children and the elderly." A text book published by Bharat Prakashan Mandir said if "young people practice breathing exercises for fifteen minutes in the morning, fresh air will cleanse their cells of HIV."

Moralists protesting over the content only saw the language and graphics which they considered as "too explicit." Some of them protested on details in the books on various ways of intercourse and educating children on safe sexual practices. No one pointed out that factually inaccurate information being given out to young, impressionable minds could cause far more damage.

The government is reworking the content and no one is quite sure when sex education would be reintroduced in schools. These books had been introduced two years ago across five thousand schools in UP.

HIV/AIDS cases are showing a sharp increase in the state and as prevention is the only way to check the spread, there is an urgent need to reintroduce sex education. In the past 18 months alone some 5,000 new cases have been detected, says president of the UP network of positive people Naresh Yadav.

Director of Uttar Pradesh secondary education board, Sanjay Mohan, who has been associated with it since the time the government decided to incorporate sex education in school syllabi, refused to give any comments. "The state government will provide the answers in the Assembly," he brusquely told reporters.

Many believe that much of this could have been checked if officials in the education department had scrutinised the content of the text books and not left it to publishers. Sources say that officials also ignored national guidelines to provide sensitively written material.

The guidelines for sex education in schools were prepared after a joint consultation between the National Council of Educational Research and Training (NCERT), the National AIDS Control Organisation (NACO), UNICEF and UNESCO. This syllabus was termed 'Family life education'. It also cautioned that some parents may raise objections to some of the material. However, it said this should be discussed within a parent-teacher association.

GETTING THE FACTS WRONG

Regular practice of yogic breathing exercises can get rid of HIV.



AIDS claims lives only of young men and women but not children and the elderly.



CONTENT IN LIFE SCIENCES BOOKS MORE EXPLICIT

Even as moralists raise objections to the content in text books on sex education, other subject books continue to use even more explicit material and details. For instance, the Class X text book of biology discusses experiences during an orgasm, among other things. A biology book approved by the Secondary school education board, in its chapter on Reproduction gives graphic and explicit details.

Professor of biology at the DAV College in Lucknow, Sunil Srivastava, says this book has illustrations of male and female reproductive parts, which is unnecessary for the age group using this curriculum. Publishers mostly do this to increase the sales of the books. The same chapter has been published by some others but by using scientific language, which does not make it pornographic.

UP board of secondary school education provides the details of the curriculum to publishers, who then get it written for students. Secretary of the board, Amarnath Verma, says they have no control over the final content. The board cannot look into the publication of 3.2 million books. If a book does not meet the required standards it moves out of the syllabus, he says.

The publisher sends a copy of the book with a statement that the contents of the book are as per the syllabus provided. The board, however, makes no effort to get these books checked before releasing them to schools. As a result, last year, a chapter in a Home Science book, which listed the recipe for a beef pickle, led to massive protests.

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Private publishers modified some of the content. The published content discussed the "various ways of intercourse" by using explicit language. The original material explained to students that the best prevention against HIV is not indulging in sex until marriage but the published content modified this to say remain firm and say no to sex.

These guidelines explained changes during adolescence in a scientific manner, discussed sexual misconceptions and suggested that teachers form separate groups for boys and girls.

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Educationists are shocked not only that such books were not printed without any objections but also that they reached schools without any kind of screening. Principal of Queen's College, Dr R.P.Misra, while objecting to such thoughtless use of expressions and language says teachers could find themselves in an embarrassing situation if students wanted more discussions and

details on the various kinds of intercourse and safe sex.

Principal of Jubilee College, Dr P.C Yadav, says sex education - when taught adequately - is the best way to provide young people with proper, scientific information. In this college, he says, they have started a slip system. Any student who wants to ask a question related to sexual issues can leave a slip in a box marked for the purpose. Teachers read the questions and address the issues with them.

There are several others in the state who do not agree with such education. For instance, district president of UP secondary education teachers association, R P Misra says they were not even consulted before including sex education in school syllabus. For the past 30 years the UP board has not had a representative from their forum. The teachers represented by him do not support such education, he says. The course, according to him is ill designed. No one has ever questioned how girls in conservative village schools can ever be taught the correct use of condoms, he says.

The Indian Network of Positive People says in UP alone there are around three to four lakh people living with HIV. And in nuclear families, with both parents working, there is no one to provide young people with adequate guidance. Schools then have to step in to fill this void, say experts.

2.5 m children in Bihar's flood-hit areas go without polio drops

By Manoj Pratap and Kumar Jitendra Jyoti

Patna: Pulse polio programme has been put on hold in 12 districts of North Bihar following the devastation by flood waters in these areas. As a result 2.5 million children living in these districts may skip the polio dose this season amidst concerns that some may become easy victims to the virus.

Districts where the polio campaign has been put off indefinitely are those that have been worst-hit by the flood. These are North Champaran, South Champaran, Shivhar, Sitamarhi, Khagaria, Darbhanga and Madhubani , Muzaffarpur, Samastipur, Supol, Begusari and Munger districts.

Public health experts here say that this could seriously affect the polio eradication programme as new cases of polio were detected from some of these areas just last June. Interim director of the Centre for Human Action and Management, Dr Shakeel, says polio virus spreads through fecal waste. Flood waters contaminated with such waste may help the virus find new victims.

State immunization officer, Gopal Krishna, assures that the government will organize a special round in affected



areas once the flood waters recede. Secretary of the Indian Medical Association's Bihar branch, Dr Arun Kumar Thakur, says the polio programme would be affected only if this round of immunization is not carried out.

Nineteen districts in Bihar are flooded. In some areas flood waters are receding but the situation is way beyond control. Aid has been difficult to reach and in some areas people are being forced to live amidst the stench of rotting bodies. Food and water is not free from contamination, raising concerns of various disease outbreaks.

Ganges, Gandak and Kosi, the three rivers that criss-cross through Bihar have wreaked havoc this year. Dr B K Prasad from Darbhanga says an increase in water-borne infections is already being seen. In Begusarai district, people also suffer because of the industrial effluents that come in with the flood waters. Dr R.N. Jha who has worked in Begusarai and Khagaria says following the floods, skin ailments show a sharp increase.

Second only to Bihar, UP is also showing an increase in the number of reported polio cases. This year, 18 new cases have been reported from Bihar. UP so far has added 100, Andhra Pradesh four, Uttaranchal three and Gujarat, Haryana Maharashtra and Rajasthan have reported one case each taking the total to 129 new cases. In Bihar, until June, Madhepura district had reported six cases, Muzaffarpur three, Darbhanga two Saharsa two, Begusaria, North Champaran, Khagaria, Samastipur and Supol reported one case each.

National president of IMA, Dr Ajay Kumar, says Bihar gets flooded every year. NGOs have to be more alert and also keep their mobile vans ready for reaching districts and remote areas.

Peoples' health goes into private hands

By Kalpana Jain

Ahmedabad: An increasing number of public health facilities are being contracted to private trusts or corporate houses as state governments find they are unable to manage them. The Gujarat government has recently signed an agreement with Wockhardt Hospitals Group (WHG), a leading supplier of hospital pharmaceutical products, to manage the 275-bed Palanpur Civil General Hospital in the state.

Some believe that this public-private partnership will benefit people by improving health services while several others are of the view that this is an "insidious way of privatizing a government facility." "It would eventually increase costs and make treatment that much more inaccessible for the poor," they say.

Gujarat and Bihar have the fewest people using the public health services. Only 25 per cent people in Gujarat use the public health facilities. Few doctors are available in these facilities. Government data shows that 65 per cent of the posts for gynecologists are vacant in community health centres in Gujarat. In district hospitals, 30 per cent of the posts need to be filled up. There is an acute shortage of pediatricians as well in the state district hospitals. Some 67 per cent of those posts are vacant.

With this new agreement, the charitable Palanpur Civil General Hospital may no longer provide free treatment to most people. A statement by Wockhardt promises to run it "efficiently within the allocated annual budget, besides providing to patients medical treatment and facilities at tariffs fixed by the Government of Gujarat."

The government has said that 'Rogi Kalyan Samiti', or Patient welfare committees, will be set up to oversee the functioning of the hospital. The committee will have three nominees from the state government.

Non government organizations in Ahmedabad are apprehensive about the move. "The person paying the highest donation usually becomes the patron of the committee. Eventually expensive technology starts coming in and costs go up. Diagnostic tests and services become expensive," says Sejal Dand at NGO, Anandi.

Health experts at the Indian Institute of Management are asking for transparency. "The government should circulate the contract with Wockhardt. These projects should also be independently monitored," says Professor

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Dileep Mavalankar at IIM. The agreement with Wockhardt is for ten years. After the completion of ten years, it will be reviewed again for extension.

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The government worked out a detailed arrangement for paying these private practitioners. It empanelled private

HEALTH MESS IN GUJARAT

Declining sex ratio for the 0 to 6 age group from 928 in 1991 to 878 in 2001

Percentage of severely stunted children is the highest in the country

46.3 per cent women suffer from anemia and more than one-third of the women are undernourished

Allocation of resources to health has declined from 4.81 per cent to 2.87 per cent of the state health budget

Unregulated growth of the private sector

Growing Rural-Urban divide in services

Only 25 per cent of the population uses public health services - women use much lesser than men due to the problem of accessibility and affordability

50 per cent vacancies in community health centres

Only 30 per cent of the population is aware of HIV/AIDS.

doctors, who were reimbursed at a fixed rate for each delivery carried out by them. The payments were made for a batch of 100 deliveries and each enrolled private doctor was given a fixed sum as deposit in advance to conduct the deliveries and meet expenses. The health workers in these districts identified families living below the poverty line and advised them where they could go for a delivery without having to pay any fee. In fact, the government provided them free medicines and transport facilities, explains Professor Ramesh Bhatt at the Indian Institute of Management, who has studied the scheme in detail.

Each doctor received Rs 179,000 for these 100 deliveries. The government fixed Rs 800 for normal deliveries and Rs 5,000 for caesareans. It assumed that 15 per cent of deliveries would be complicated. Charges for pre-delivery consultation, sonography, transport and a traditional birth attendant were also included. From this amount doctors were asked to reimburse Rs 200 as transport cost and Rs 50 to the attendant.

The scheme started functioning in December 2005. Going by official statistics it has been a success. It enrolled 73 per cent of total specialists in the five pilot districts. Around 34 per cent of child births for women living below the poverty line took place in the scheme. No maternal deaths were reported in the five pilot districts.

However, no one is quite sure whether it is sustainable in the long run. Moreover, says Sejal Dand, these women are not receiving any ante-natal care. Transport too continues to be a problem for the women. And there have been cases where gynecologists have referred complicated cases to hospitals run by Trusts.

Professor Bhatt too agrees that the scheme has some flaws. It

"lacks quality control," he says. People have to travel long distances and they continue to go to local quacks and traditional birth attendants despite these services. Professor Bhatt says the other challenge is upscaling it as conditions are not the same all over.

Whether this will be sustainable in the long run or if it short-term building of a political constituency is an answer few are willing to give. But yes, gradually the government is finding the easier option of entrusting public health to corporate houses, private trusts and non government organizations.

AWARD WINNING STORY

Can life begin after HIV? Ask Kousalya

By Shekhar Deshmukh

In Namakkal, a small village in Tamil Nadu, a young bride, P Kousalya, had barely settled into her marital home when her husband started showing symptoms of full-blown AIDS. She was tested immediately. But by then it was too late. She, too, had acquired the virus. Quite unlike many others in her situation, Kousalya did not weep or

wallow in self-pity. She was determined to live. Gradually she moved from this quiet, sleepy village to the bustling metropolis of Chennai, about 150 km away and formed the first 'Positive Women's Network'. This was in May 1994.

On March 2, 2006: 'Positive Women's Network (PWN), Shanti Apartment, Avenue Road, Nangabakkam, Chennai is a place of hope in this middle-class locality. Group discussions, seminars and public awareness programmes go on side by side in this office. You may find one member of this organization counseling another. Some narrate their stories on the phone; some others brief international visitors on the organization's work. In short, all have a common goal -- to live life positively. Kousalya is the president of this group.

Kousalya is a typical south Indian girl with a dusky complexion and sharp features. She is in her late twenties and has been living with HIV for the past 13 years. That has not daunted her. Her grit and determination shine through her eyes as she continues to provide hope and strength to countless positive women around the country.

She is an example of how one can turn obstacles into opportunities. Her upbringing had infused her with self-belief. She says: "I lost my parents at an early age. My maternal grandparents took care of me. My grandpa looked after my upbringing and was very affectionate towards me. My environment taught me self-belief and self-discipline. Knowingly or unknowingly good habits were nurtured during my childhood. I learnt to stand on my own without expecting anybody's support..."

She has no complaints with her life. She does get upset when she recalls the time she was diagnosed. She was ostracized by her neighbours and others. Doctors would not treat her opportunistic infections once they learnt she was HIV-positive. When her husband died, she was pregnant. Her child was her hope. But another tragedy awaited her. Her baby girl, too, died within a few months.

She had nothing more to lose. Gradually, she got in touch with several women who had been similarly infected in Namakkal. She met people from a self help group. This group transformed Kousalya's life. For the first time, she was educated on HIV - how it spreads, how it can be prevented and about antiretroviral drugs. She too formed such a group. She gathered enough strength to be able to narrate her life's story to the media. After this interview, the Tamil Nadu Network Of Positive People contacted her.

She decided to leave Namakkal and move to her uncle's place in Chennai. She was introduced to TNP Plus and INP Plus, organisations formed by people living with HIV. She set up the first 'Positive Women's Network' in October 1998 with 20 HIV positive women and their children. She had to fight against all odds. She was refused a place for her organization. Even when she managed to find a place, due to the social stigma attached with HIV, she could not put up a board of her organization.

Today more than 5,000 women across the country are members of this organization. In Tamil Nadu members work through a well coordinated network to provide medicines, nutritious food and counseling.

They take up issues and come to the rescue if they find rights of positive people being violated. About eight months ago, four patients died in the district hospital in Namakkal, allegedly due to negligence. Kousalya took up the issue. Initially the authorities did not pay any attention but eventually they had to replace the doctor and restart the medical care unit.

Kousalya now travels extensively, educating people across world about the issues of positive women. Earlier she could speak only in Tamil, but now she has learnt English as well. A beaming Kousalya and her members occupy



PICTURE PERFECT: Kousalya

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centre-stage in posters in several institutions and organization working for positive people. "I feel I have miles to go. The main challenge is to create a positive environment for positive people. What they require most is the support that will boost their confidence. But unfortunately this is what they lack. I am very lucky that I met good people and found a positive environment. Our aim is to create an environment of hope for these psychologically and physically shattered people."

Kousalya likes to work at the AIDS ward at the Tambaram sanatorium near Chennai. Several projects are undertaken through PWN to impart education to these women about AIDS, give them support and provide nutritious food to them and their children. Kousalya visits them regularly.

When I ask her if she ever thought that her life would take such a dramatic turn one day, she answers, "I wanted to buy a bicycle in my childhood but could not get it because of poverty. Now, my efforts prompted my uncle to gift me a scooter. When I am in Chennai, I use this scooter to commute to my office. All this gives me immense joy and a much needed urge to live my life as what I am." Kousalya has left her past behind as she concentrates on the future.

Mr Shekhar Deshmukh received the Ramnath Goenka Excellence Award in Reporting on HIV and AIDS for the year 2006. His reports were published in Daily Loksatta between August 2005 and March 2006. Mr Shekhar Deshmukh was awarded a mini fellowship by the Kaiser Family Foundation's International Health Journalism Programme to enable him to travel and research on issues related to HIV/AIDS. This report was published on 18.3.06 in Chaturang, the women's supplement of Daily Loksatta. It has been translated from Marathi.

For just Rs 30,000 get the look you want

By Manish Srivastava

Lucknow: Beauty is skin deep and cosmetic surgeons are demonstrating just how simple and affordable it is for those willing to go under their knife to get a dimple or two, remove some untimely wrinkles or just create a beauty spot of your liking.

An entire package for a face lift surgery that promises removal of wrinkles, straightening of a crooked nose, giving fuller lips among other corrections that your face may require is no more than Rs 30,000. And for those looking for minor corrections such as creation of a beauty spot or a few dimples, the desired results can be achieved for just a thousand rupees or so.

Head of the department of plastic surgery, Chatrapati Shahuji Maharaj Medical University, Dr A.K. Singh, says cosmetic surgery has made enormous progress in India. Young women could now get dimpled cheeks like actress Preity Zinta. The plastic surgeon sutures a vein in the inner lining of the cheek such that a hollow appears on the outer side making it resemble a dimple. The surgery lasts about an hour. A beauty spot could also be created with the help of a tattoo machine by using zinc and titanium pigments. This tattoo will not wash off.

In obese people fat can be extracted from the body by liposuction, a process wherein fat is liquefied and hauled through tubes. In a much similar process called lipoelectrolysis the excess fat is removed by incision. An uneven nose can be corrected through rhinoplasty. Hair transplants involve plucking of hair from denser regions and implanting the strands in relatively less dense or no-hair regions. If the ear pinnae are disorderly shaped or flat, the desired contour can

ALL IT TAKES FOR A BEAUTIFUL FACE

Name of Surgical process	Price (in rupees)
Liposuction	5,000 - 7,000
Rhinoplasty	3,000 - 4,000
Hair transplantation	3,000 - 6,000
Ear pinnae modification	3,000 - 5,000
Blepharoplasty	2,500 - 3,000
Lip enhancement	1,500 - 2,000
Facelift	5,000 - 6,000
Dimple formation operation	1,000
Beauty spot formation	300

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Certain deformities may also occur - the dimple may be unequal or irregular removal of fat may happen during liposuction so the area may not give a smooth look. At times, after the fat is removed, blood can collect in the abdominal cavity. Or despite a surgery a person may regain the fat cautions Dr Singh.

be produced.

However, Dr Singh cautions, just like any other surgery, these too may carry some risks. For instance, says Dr Singh, the risk would increase several times over if the surgery is being done under general anesthesia. In this case, the entire body needs to be put to sleep and general anaesthesia does carry a risk of death in a few cases.

Certain deformities may also occur - the dimple may be unequal or irregular removal of fat may happen during liposuction so the area may not give a smooth look. At times, after the fat is removed, blood can collect in the abdominal cavity. Or despite a surgery a person may regain the fat cautions Dr Singh.

If you still wish to go and try the skills of the doctor's scalpel, the sag and the fat bulge under eyes, commonly known as baggy eyelids, can be removed by either use of drugs or blepharoplasty.

Surgery is also used for lip enhancement. Facelift surgery corrects

wrinkles on the face. Dr. Singh says a combination of all the various techniques would cost about Rs 25,000 to 30,000. And that is not too much for crafting a beautiful face.

Bihar makes a new beginning by setting up home for those with HIV

By Manoj Pratap

Patna: People coming to Patna from far-flung villages for treatment of HIV will no longer need to live on pavements or outside hospitals. The first-ever short stay home for people living with HIV has been set up here.

The home, which became functional as of July 1, has been made possible in collaboration with the United Nations Development Programme (UNDP). The Bihar Network of Positive People (BNP plus) had been asking the government to set up such a home for a long time.

In an earlier issue of the Health e-Letter we had reported how a person living with HIV had to spend several nights outside a hospital after doctors at the Patna Medical College Hospital refused to treat him. The home would help provide accommodation for such people. The home has been aptly named, 'Jagriti.' (Awakening)

Bihar is the only state across the country where this programme has been initiated by the name 'Short Stay Home'. The home is located in Saidpur, Patna.

President of BNP plus, Rajnish Singh, says, "People living with HIV can be accommodated in this short stay home while they undergo treatment at the ART centre of PMCH. A home such as this one was much needed after the ART centre was started at the PMCH. Poor people come to this centre from far flung villages. Often they have to extend their stay in the city. Often the poor, especially women, would spend their nights on the footpath near the hospital."

The home can accommodate up to twenty persons. People living with HIV/AIDS are provided counseling in addition to the facility of pathological investigation and treatment.

This 24-hour centre will be equipped with referral and other facilities. Mr. Singh has said that there is a provision of funds, though meager, for those in dire need. This monetary help will be in the form of rent and food. The centre will be run by six persons, each on a 24- hour duty.

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