



# Health e-Letter

## Letter from the Editor

The recently released National Family Health Survey is an alarming indicator of how only a small percentage of people around the country have really enjoyed the benefits of economic growth. Close to 50 per cent of children under five remain stunted and seven in ten remain anaemic. In fact, health and nutrition status of over half the population of women and children in India remains as poor as it was a decade or so ago.

Take a look at some of the bleak scenario that emerges from NFHS III data: Discrimination against women and girl children remains as pervasive. But with growth and better money power, technological tools are available even in villages to facilitate the removal of a girl child from the womb itself. So NFHS III finds sex ratio has dipped to 918 girls per 1000 boys from 927 recorded by 2001 Census.

But sex ratio in urban areas is the same. It is in the rural areas that it has dropped to 921, as compared to 934 in the Census - a dangerous trend showing clearly the availability of technology in villages. Our story from Satara in Maharashtra says it all by pointing out that ultrasound clinics are as easy to find as a pay phone in villages.

While infant mortality rates are showing a steady decline, the number of girls who survive until the age of four is considerably less than boys. The NFHS III shows while more girls manage to survive at birth, their risk of dying until the age of five is more as compared to boys. Girls have 36 per cent higher mortality than boys in the post neonatal period. Between one to four years girls have a 61 per cent

higher risk of dying compared to boys!

Do adult women fare any better? Not at all. Fifty five per cent of women whose blood samples were tested by the NFHS team were found to be anaemic.

Comparison between this NFHS and the previous one makes it evident that women's health indices have deteriorated. In NFHS II 52 percent of married women were found to be anaemic whereas in NFHS III 56 percent have been found to be anaemic.

Perhaps we need to look beyond the rising GDP. The poor health status of half the population of women and children in India clearly shows that something is seriously amiss. Such data should have sent alarm bells ringing all over. But sadly, such reports occupy memory space only for a few hours. Not surprisingly then, the same trend gets reflected in subsequent reports as well. Public health issues, beyond lip service, have never been seen as critical to sustained growth.

So in this issue we salute those who have dared to care. We bring the story of a woman lawyer, who is taking on the powerful lobby of doctors who help perpetuate female foeticide as also that of a physician in UP who wants to inculcate healthy habits in children.

Read on and let us know.

**Kalpana Jain**  
Editor  
Health e-Letter

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## Dare to Bare: Exposing the serial killers

By Shekhar Deshmukh

*Satara (Maharashtra):* It's not journalists alone who are using sting operations to uncover the otherwise difficult-to-prove stories. Social activists too seem to be making use of the hidden camera to check brutal practices such as female foeticide. One such person is Varsha Deshpande, a lone woman crusader in the Maratha heartland of Satara, who has been single-handedly capturing the practice of female foeticide on her camera so as to get the guilty punished.

Secretary of Dalit Mahila Vikas Mandal and a lawyer by profession, Deshpande has conducted 17 such sting operations against doctors who help in aborting a female foetus. Till date, she has managed to report 25 doctors to the authorities. Her campaign covers the Maratha dominated prosperous districts of Kolhapur, Sangli, Satara, Jalgaon and Nashik.

These districts are reporting some of the lowest female to male sex ratios, says

### THE MISSING GIRLS

The all-India sex ratio is 927 girls for 1,000 boys, which puts the country right at the bottom of the global charts, worse off than countries like Nigeria (965) and neighbouring Pakistan (958). Only China with 832 girls per 1,000 boys ranks below India.

Prosperous Punjab is the worst offender -- the ratio dropped from 875 in 1991 to 798 girls for every 1,000 boys in 2001. Haryana, which recorded a sharp 60-point drop, from 879 girls in 1991 to 819 in 2001, is a close second. Chandigarh, Himachal Pradesh and Uttaranchal, all in north India, are other states where girl-children are largely unwanted.

Delhi, the nation's capital, witnessed a 47-point drop, from 915 girls to 868 in 2001. Even in 'globalised' Bangalore, the ratio of girls to boys is just 811 to 1,000. In Arunachal Pradesh too sex ratio dropped from 982 girls to 964, from 1991 to 2001.

Kerala, where the sex ratio increased marginally from 958 girls in 1991 to 960, Pondicherry and Lakshadweep are the only exceptions to this dismal rule.

Source: State of the World's Children 2007

been worsening. The 1991 census in Palus village of Sangli showed that for every 1,000 male children there were 930 female children. In 2001, this ratio came down to 896. The census of 2011 may show a further drop, says Deshpande.

The Union government introduced the PNDT Act in 1996 to prevent misuse of medical technology for pre-natal sex determination and abortion of the female foetus. Because of inadequacies and practical difficulties in the implementation of the Act, it was amended in 2003 and thereafter called Pre-Conception and Pre-Natal Techniques (Prohibition of Sex Selection) Act. However, the practice continues in several parts of the country, as implementation of the Act is difficult without the cooperation of doctors.

Deshpande's first step is to warn the doctor against continuing the practice. However, if the doctor does not stop, she swings into action. A healthy pregnant woman of the locality who is willing to go for an ultrasound examination for sex determination is identified. Deshpande is cautious here. Before going for the test, this pregnant woman has to sign a statement that she would not go for an abortion whatever may be the result.

A person posing as her relative accompanies her. This person carries the hidden camera



Varsha Deshpande

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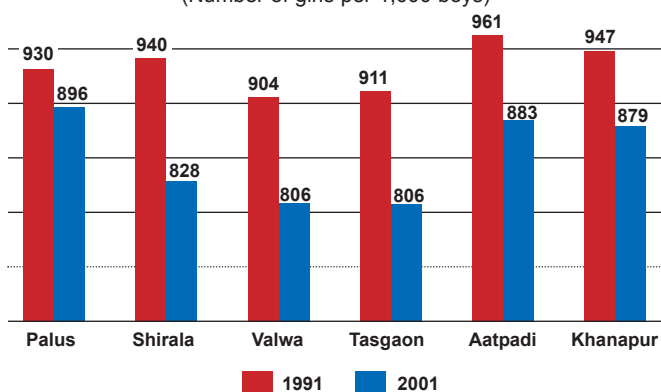
## DISTRICTS WITH LOWEST FEMALE SEX RATIO

(Number of girls per 1,000 boys in 2001)

IN INDIA		IN MAHARASHTRA	
Fatehgarh Sahib (Punjab)	754	Kolhapur	839
Patiala (Punjab)	770	Sangli	859
Kurukshetra (Haryana)	770	Satara	878
Gurdaspur (Punjab)	775	Jalgaon	880
Kapurthala (Punjab)	775	Ahmednagar	774

## WORSENING SEX RATIO IN TEHSILS OF SANGLI

(Number of girls per 1,000 boys)



Deshpande says it is difficult to bring the guilty to book; many a time those responsible for taking action let the culprits free. Be it the civil surgeon, medical officer of a village or bureaucrats, they all work in tandem to save each other's skin. "Despite all this, we are trying our best to make people aware. Foeticide figures are unable to sensitise people. Numbers do not move people. And when an unborn girl is killed there is no proof or witness for this death."

Deshpande is now working to sensitise the sonography machines' companies. These companies are giving attractive offers to capture more market. The Dalit Mahila Vikas Mandal did put in a proposal to meet the top management of the companies along with leading doctors and state health minister Dr. Vimul Mundada, but till date they have not heard anything.

It is unfortunate that Sangli leads Maharashtra statistics on female foeticide and HIV/AIDS cases, she adds.

to tape the conversations between the patient and the doctor. Subsequently this information is shown to authorities who are compelled into action. The fact that Deshpande herself is a member of the Central supervisory board for the PNDT Act helps the case.

The fear of sting operations has not checked the crime completely although doctors have hiked their fee several times over. Earlier, the fee for a test was anywhere between 2,500 rupees to Rs 5,000. Now, it has gone up to Rs 15,000. For announcing the results too, code words are used. In one such case she found that Friday was the code word for a boy and Sunday for a girl. The doctor or a public relations firm who refer the couple to the doctor explain the results later.

Deshpande says that killing an unborn child is like an organized crime and highly qualified doctors are part of it. In India, every year at least 10 lakh girl children are killed in the womb itself. The doctors' earning from this brutal massacre is over Rs five crore. About 13,000 people are involved in this whole business.

The practice is no longer limited to cities. The technology has gone down to the villages as well. Recently Deshpande nabbed a qualified ayurvedic practitioner in Sangamner (Nashik District). In Parola village of Jalgaon district, seven doctors were caught misusing sonography machines. In the prosperous Jalgaon district sonography machines are as common as an STD/PCO booth, she says.

## In UP no one keen to implement PNDT Act

By Sudhir Mishra

**Lucknow:** It is possible that the next census may show a further drop in the female to male sex ratio. Ultrasound centres testing the sex of the foetus in U.P. are being let off without penal action. Five such centres here, which were sealed recently, were allowed to reopen the next day.

Chief medical officer A K Shukla says the National Inspection and Monitoring Committee, which had asked for their closure, later reconsidered the matter and thought a warning would be sufficient.

However, it's not just these five, another 134 registered centres are not following the norms of detailed filing of patient profile as laid down under the Pre-Conception and Pre-Natal Diagnostic Detection Techniques Act (PNDT).

## UTTAR PRADESH'S SEX RATIO OVER THE YEARS

CensusYears (Overall)										CensusYears (0-6 years)			
1901	938	1911	916	1921	908	1931	903	1941	907	1951	908	1991	927
1961	907	1971	876	1981	882	1991	876	2001	898			2001	916

Several notices have been issued to these centres but they have paid no heed. Shukla was unable to answer why no penal action had been initiated against these centres as well.

The chief medical officer's own report puts on record these irregularities when it states that "134 out of 297 registered ultrasound centers have not filed form F and several other details of

### DISRICTS BELOW 875

Districts	Sex Ratio
Mathura	873
Bulandshahar	868
Shahjahanpur	866
KanpurNagar	865
Muzaffarnagar	857
Gautam Buddha Nagar	856
Meerut	854
Ghaziabad	851
Agra	849
Baghpat	847

patients." The chief medical officer can directly take action against those who violate the PNDT act. But no such step has been taken.

The details required under the Act would make it very clear to the health department whether the ultrasound test was done for sex detection or for any other problem. The centers need to give details such as how many children (stating the number of boys and girls) the woman has, how many times has she conceived among others.

In June this year, members of NIMC inspected several ultrasound centers and found several were violating the PNDT Act. The Centres were shut down. But soon enough they were allowed to reopen after a mere warning. Experts say this was a gross violation of the penal actions under the Act.

However, it's not just these five, another 134 registered centres are not following the norms of detailed filing of patient profile as laid down under the Pre-Conception and Pre-Natal Diagnostic Detection Techniques Act (PNDT). Several notices have been issued to these centres but they have paid no heed. Shukla was unable to answer why no penal action had been initiated against these centres as well.

## Now drinking water will kill the poor in Bihar

By Manoj Pratap

**Patna:** Here's a new finding to add to Bihar's woes: Much of the water in Bihar may be unfit for human consumption. A recent report released by the state Public Health and Engineering Department shows that 27 out of 38 districts in Bihar have high levels of arsenic, fluoride or iron in their water sources.

So far only eleven districts with higher arsenic content in their water were believed to be the main problem areas. The new report, however, raises concerns that not only these districts but several others could also be posing serious health hazards to people. The report has identified twelve districts with high level of arsenic, nine with high level of iron and six with high level of fluoride in drinking water. Fluoride is present in the water in Jamui, Munger, Gaya, Nawada, Rohtas and Bhagalpur. While iron has been found in the water in Purnia, Kishanganj, Saharsa, Supaul, Madhepura, Khagaria, Katihar, Araria and Begusarai.

Arsenic, an odourless and tasteless semi-metal element, occurs naturally in the environment and sometimes as a by-product of agricultural and industrial activities. The presence of arsenic in Bihar was first noticed in 2002. Extensive testing has since then been carried out, especially along the river Ganges.

Of the 70,000 samples lifted randomly from areas within 10 km from river Ganges, 10 per cent were found to be

## FLOODS, INFECTIONS AND NOW LIFESTYLE DISEASES

*Patna:* None in a family of eight living in Ashiana Nagar here can boast of good health: The head of the family, the father, is a patient of diabetes and arthritis. The mother, who looks after the entire household, also has diabetes. Their two sons are not in good health either -one has a recurring problem of sinusitis and migraine, while the other suffers from a backache. Their wives are anaemic as well as showing early symptoms of arthritis. The two children in this household are also not well -one has an eye infection and the other has come down with flu.

A similar story is seen with another family in Kankadbagh area. For this family of nine, the health issues are too many. Two in this family of nine are suffering from arthritis and cataract. The two women in this household suffer from eosinophilia and cannot tolerate the cold air in the morning. Another is a chronic patient of high blood pressure. And one suffers from spondylitis.

Doctors in the state admit that 80 percent of Bihar's

population is suffering from one ailment or another. Not a single family can call itself fit. During the past three months all government and private hospitals, including the PMCH in the capital, have registered a record admission of patients. About 5,00,000 patients came to the PMCH this year. In 2006, the number of patients was 3,95,000 and in 2005, 3,38,000 from January until December.

Patients coming to the out-patients department too have increased. The government believes much of this is related to infections following receding of floodwaters and the usual change of season ailments. Changing lifestyle is contributing towards an increase in non-communicable diseases.

One out of five is suffering from diabetes. Many of them also suffer from heart ailments. State President of the Indian Medical Association Dr. Basant Singh says changed lifestyle has promoted intake of high calorie fast foods and colas, which lead to obesity. This is one of the chief reasons for heart ailments.

**-Jitendra Jyoti**

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above 50 parts per billion (ppb), while 26 per cent had some arsenic (10-50 ppb). The World Health Organisation says that levels above 10 ppb present health hazards although the Indian government has kept this limit at 50 ppb.

Bhojpur, Buxar, Bhagalpur, Begusarai, Katihar and Khagaria districts that are on the banks of the Ganges have been seriously affected by arsenic contamination. Head of department of physiology at the Patna Medical College Hospital Dr. Rajeev Ranjan Prasad said drinking arsenic contaminated water could lead to kidney failure. It could also lead to crippled limbs, kidney problems, heart problems and many related diseases.

Drinking water with high levels of fluoride could lead to fluorosis. This could cause crippling, weakening of teeth and bones and eventually damage to the liver. Six districts had been found to have fluoride content above the permissible limit of 1mg per litre. The six districts are Gaya, Nawada, Munger, Rohtas, Jamui and Bhagalpur. Long-term excessive exposure to iron has been associated with a

lung condition known as siderosis. Executive engineer in the PHED D S Mishra says the state government plans to survey another 280,000 water resources. Mishra, who is among the group of experts who drafted the plan for availability of safe drinking water in Bihar, says all contaminated water sources will be identified. The government has already allocated Rs 16.05 billion to provide safe drinking water.

Chief Engineer in the PHED Madan Kumar said 879 places within 10 kilometers on both sides of the Ganges were found to have high levels of arsenic. In each of these places special wells would be dug for providing safe water to 39 villages. The government is working on plans for supply of safe water in areas with high levels of fluoride.

## Learning to say no to pizzas, burgers and coke

**By Sudhir Mishra**

*Lucknow:* During a class, he asks: "Which book did Bill Clinton author?"

"My Life," replies a Class X girl student of La Martinier College.

Next question: "Which disease was Clinton suffering from?"



To which a reply follows: "Heart disease."

He again asks: "How did he get this disease?"

This time, without waiting for an answer, he says, "Clinton liked McDonald's hamburger a lot. But the trans fatty acids in it gave him a heart problem. The level of this acid increases when somebody eats food cooked in an oil which has been used for frying several times."

These unique lessons to school children are being imparted by head of gastroenterology department at the Sanjay Gandhi Medical Science Institute Dr G Chaudhary who is working actively to promote prevention of lifestyle disease with the help of school children. He has launched a campaign called HOPE (Health Oriented programmes and Education) Initiative.

The incidence of obesity and other lifestyle related diseases is increasing sharply in UP, a state which has a population size of the sixth most populous country. Changing lifestyle is promoting an increased consumption of fast food and cold drinks, says Dr Chaudhary. This programme has been started to encourage people to adopt a healthy life style and eating habits.

With the help of school children Dr Chaudhary wants to spread the message to every family. He has organized lectures in 65 schools and five colleges in Lucknow so far. During his lectures, health related information is given in a very interesting way. Students do not get bored during lectures, audio-video presentations and interactive sessions.

He organizes quiz competitions based on celebrities' lives. During these competitions, health related questions are asked in an interesting manner so that students do not lose interest. Such as, what problem did John Abraham face for fast driving? And how did Wasim Akram manage to play cricket for so long despite being a diabetic?

His presentations have proved highly successful in Lucknow's IT Girls' College, Awadh Girls' College, Karamat Girls' College, Unity Degree College and Amity College. For primary class students, he uses cartoon characters to keep them engaged.

His method of teaching is different for rural and urban areas. In rural schools, examples of Indian celebrities are used to spread the message. Most of his lecture focuses on sanitation and use of clean drinking water.

'HOPE Initiative' started soon after Dr Chaudhary received a fellowship from the World Health Organisation in 2004 on "Information, education and communication" for health promotion. He lived in Australia for the month-long duration of his training. During this period he noticed that developed countries concentrate more on prevention than on cure. On his return and the completion of the fellowship, he decided to spread health awareness messages through a school health programme.

He says children have a lot more voice in the family nowadays. If they are encouraged to adopt a healthy lifestyle, it would have an impact on the immediate family and on the society. He says his campaign has started showing results. In Lucknow, Sitapur, Lalitpur and Varanasi school children are refraining from consuming fast foods and soft drinks. Now they know what 'eating disorder' means and are teaching their elders the same.

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## **MBAs to manage hospitals in UP**

**By Manish Srivastava**

*Lucknow:* Government doctors in Uttar Pradesh will be able to concentrate on their practice of medicine, as they are all set to be relieved of non-medical duties such as keeping an account of the budget, purchases and sales. The health department will soon appoint about 2,000 professionals including MBAs, managers, finance and IT experts for these additional jobs.

The proposal has already received the nod of the Union government. The proposed project is expected to improve the functioning of the health departments from blocks to state head quarters. The health department is keen to

**UP Chief Secretary A K Mishra said with the establishment of the UP Medical Corporation, doctors would not have to worry about sale and purchase of medicines, germicides, equipments and other medical paraphernalia. This will also benefit the family welfare department, state medical colleges as well as ayurvedic and homoeopathic colleges and hospitals.**

implement the plan in the current financial year itself and is looking at ways to come up with a least cumbersome selection process. This system will be known as the UP Medical Corporation.

UP Chief Secretary A K Mishra said with the establishment of the UP Medical Corporation, doctors would not have to worry about sale and purchase of medicines, germicides, equipments and other medical paraphernalia. This will also benefit the family welfare department, state medical colleges as well as ayurvedic and homoeopathic colleges and hospitals.

The plan proposes that all sale and purchase for related departments would be done by the Corporation so that uniform standards would be maintained for

medicines, machines and other materials. The corporation would also take up the responsibility of transporting all purchases to the medical units.

At every level of governance there would be two to three officials. For instance, every block head quarters would be assisted by two officials-- one computer programmer and one financial assistant. The district and zonal headquarter would have three officials -- one MBA, a computer programmer and a financial assistant. At the state head quarter, eight professionals from the fields of management, finance, audit, and IT would be appointed.

The plan is expected to improve budget distribution, management of data and use of IT facilities while allowing doctors to give complete attention to their patients.

There is already a countrywide shortage of qualified doctors. And in understaffed institutions doctors are required to look after the management at PHC and CHC levels. Even at the district, zonal and state levels a fair number of doctors are engaged in non-medical works.

## **Need to get judges to learn the ABC of HIV**

**By Manoj Ojha**

- In February 2007, a woman suspected of having contracted AIDS was beaten to death by her in-laws in Orissa.
- In March 2007, a woman in Gujarat set herself and her two-year-old son on fire after finding out that her husband was HIV- positive.
- Now, a HIV positive mother in Rajasthan is fighting tooth and nail to get custody of her nine-year-old daughter after a lower court ordered separation of the two.

A woman who got married in 1995 contracted HIV infection from her husband, a soldier in the army. When he died in 2003, her in-laws threw her out of the house because she was HIV positive and refused to let her daughter go with her.

Hoping that the legal system of the country would empathise with her and be less discriminatory, the woman filed an application in the court of an additional civil judge seeking custody of her daughter. But the court wrenched away her nine-year-old daughter saying she was unfit to be a mother.

On September 17, civil judge and judicial magistrate Madhusudan Roy observed that she should not be given the child custody as she was HIV positive. "As the woman herself is HIV positive, she will be unable to look after her daughter; it is also not in the latter's interest

**"This case has exposed the insensitivity of the state government towards the issues of those living HIV/AIDS. Not only has the judiciary but also the legislature tackled the issue carelessly," says Brajesh Upadhyaya of Rajasthan Network of Positive People.**

and welfare. The young girl also does not have any problem living with her grandparents, where she is studying," the lower court said.

However, on September 28 with the help of women rights' activists and lawyers, she appealed against this judgement. Additional sessions judge Prithvi Raj stayed the lower court's order. Sadly, when she went to get her daughter she was beaten up and thrown out of the house by her in-laws.

"I even filed a police complaint, but they never let me see my daughter, they also refused to bring her before a magistrate," she added.

"This case has exposed the insensitivity of the state government towards the issues of those living HIV/AIDS. Not only has the judiciary but also the legislature tackled the issue carelessly," says Brajesh Upadhyaya of Rajasthan Network of Positive People.

### WHEN SC SUSPENDED RIGHT TO MARRIAGE

**In November 1998, the Supreme Court suspended the right of a person living with HIV to marry. It ruled that the marriage of a person with HIV/AIDS patient would be an offence under Sections 269 and 270 of the Indian Penal Code, which relate respectively to negligent and malignant acts likely to spread a disease dangerous to life. A violation could invite a jail sentence up to two years.**

**The judgment said while patients suffering from HIV "deserve full sympathy and are entitled to all respect as human beings, but sex with them or the possibility thereof has to be avoided as otherwise they would infect and communicate the dreadful disease to others"**

"The most important thing is to sensitise the judiciary of the country. This case shows that a section of judiciary is not sensitised enough to deal with such kind of cases," says Anand Grover of the Lawyer's Collective. A law drafted two years ago, which seeks to protect the rights of those with HIV, has been lying with the government. "It is time the government tables the law in Parliament and passes it at its earliest," he says. "This would help minimise the discrimination against those living with HIV," he adds.

Upadhyaya feels judiciary needs to be more sensitive while dealing with such sensitive issues. "They need to understand the social stigma attached to it and also need to be aware that they need to maintain confidentiality of the patient," he says. Else, the consequences of insensitivity towards those living with HIV could compel them to take drastic steps.

Recalling an incident in which a young man from Rajasthan committed suicide after his HIV status was disclosed, Upadhyaya said that it is only God's grace that this mother did not commit suicide after the court disclosed her identity and she was humiliated by the court and civil society.

Grover says, "The September 17 order of court order was very unfortunate. A mother who is HIV positive and asymptomatic and healthy should not be denied the right to have custody of her child." This judgement and some others in the past do raise the issue whether the judiciary understands the sensitivity of these cases. Upadhyaya, for instance, is also fighting a case against the state government that has made it mandatory for the commuters to reveal their HIV status before getting a bus pass.

The Lawyers' Collective has also ensured that courts do not unwittingly disclose the identity of a positive person. In 1997 the Bombay High Court had to make a provision under which one can file an application requesting non-disclosure of his/her identity by the court. This, however, is not applicable to Rajasthan, says Grover.

According to Grover several workshops also need to be organized across the country to sensitise the judiciary about this issue. "For the last 10 years, the Lawyers' Collective has been conducting workshops and training programs to sensitise the judiciary about the issues around HIV and the sensibility associated with it," he said. The organisation has not conducted any workshop in Rajasthan so far.