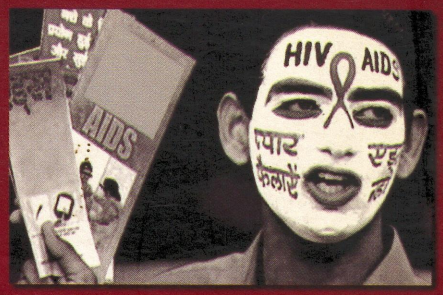
POSITIVE LIVES



they radiate the confidence of winners in the battle against the AIDS virus. Each of these members of the Positive Women to tell. **Neelam Sharma** catches up with 10 courageous young women, who share their experiences of living with the much-blame game. Rather than being stricken with trauma, they have chosen to overcome the handicap.

Reach out

She believes: Positive people need to come together to fight for their rights and spread information about HIV and its spread.

There's hope

believes: HIV does not mean the end of the d. It is the beginning of another journey.

proactive

Resist bias

She believes: Information alone is the strongest tool to stop discrimination meted out to HIV- positive people.

Uphill task

She believes: Do not run after quacks who promise a cure for every ailment; live life to the fullest each day, with no worries about tomorrow.

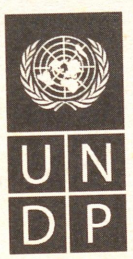
ight for

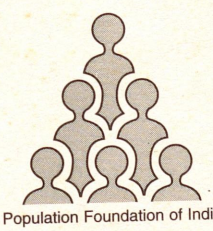
She believes: HIV infects both rich and poo high-society women should also come out the open and fight for their rights.

Heal thyself

HIV/AIDS in News – Journalists as Catalysts

HIV/AIDS in News – Journalists as Catalysts





Population Foundation of India

POPULATION FOUNDATION OF INDIA
B-28, Qutub Institutional Area, New Delhi - 110 016
email: popfound@sify.com
Phone: 91-11-52899770

Support Team
Usha Rai
Rimjhim Jain
Swapna Majumdar

© United Nations Development Programme 2005.

All rights are reserved. The document may, however, be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged. The document may not be sold or used in conjunction with commercial purposes without prior written approval from UNDP. The analysis and policy recommendations of this report do not necessarily represent the views of the United Nations Development Programme.

Designed & Printed by
Dharana, Tel.: +91-11-24317735, 24318328
email: studiodharana@gmail.com

Cover photograph by The Servants of the People Society, Chandigarh

Contents

Foreword VII

SECTION 1 – The Media Study

HIV/AIDS in News
- An Overview 3
- Karnataka 17
- Punjab 28
- Uttar Pradesh 36
- Review of TV News Coverage 46

SECTION 2 – The Many Dimensions of HIV/AIDS

Tracking Changes in the HIV/AIDS Epidemic 53
Removing the HIV Stigma 54
India's Response to the HIV Epidemic 61
The Cost of the HIV Epidemic 69
Time For Women to be Seen and Heard 77
Finding the Way out of the Needle Maze 86
Children Show the Way 88
Seeking the Right Prescription 95
Standing Up for Their Rights 103
Positive Voices 110

SECTION 3 – Useful Information

Do's and Don'ts – the Ethics of Reporting on HIV/AIDS 123
Media Guidelines from Consultations 129
Quiz 131
Facts & Myths 133
Frequently Asked Questions 139
Appropriate Terminology 150
List of Contacts/Websites 151
Helpline Assistance 155
Newspaper Clippings 158
Media Workshop Structure 162

Message

To fight the HIV/AIDS epidemic which has become a major health issue in the country a larger alliance encompassing all sections of society is needed. No one can afford to just sit back, everyone has to be proactive. The media is an important partner in creating awareness about the infection and its management. With the HIV/AIDS epidemic now spreading into remote corners of the country and affecting all sections of society, the fourth estate has to be at the forefront of the fight against the infection and has a special responsibility in informing the public.

I compliment the Population Foundation of India for undertaking a media survey of HIV/AIDS stories in newspapers and TV channels and analysing its impact on stigma and discrimination of those affected. It will help the government and our national and international partners in working better with the media in the fight against the epidemic.

Despite India's deeply religious moorings and a culture that believes that sexuality is a sacred relationship enshrined by wedlock, we now know that it does break the barrier in certain cases. A large number of those infected are extremely young and in the most productive years of their lives.

The awareness generated by media goes beyond the normal official publicity on health issues. Therefore, this endeavour and the manual, is of special value.

Prasanna Hota
Secretary, Health and Family Welfare
Government of India

Message

UNDP
India

The United Nations Development Programme is committed to supporting the national response to the HIV epidemic. The focus of our approach is on supporting Government in advocating for policies that are inclusive and address HIV/AIDS as a development issue.

We believe that HIV/AIDS is not just a health issue; it is a development issue as it affects the economic and social fabric of our society. It is therefore important to build a multistakeholder partnership to address the issue and UNDP plays a lead role in supporting efforts to mainstream HIV into development work of various stakeholders.

The media is an influential and far reaching stakeholder. Not only is it a powerful medium of communication and awareness generation, but it is also a key behaviour change medium as it can influence people's opinions. Journalists can stimulate open and vibrant public debate about issues that underpin the HIV/AIDS pandemic, such as unequal gender relations, social inequalities, stigma and cultural norms, and they are uniquely placed to help break the silence.

To facilitate responsible media reporting with a view to reducing Stigma and Discrimination within societies UNDP has supported the development of researchbased manuals with a state level focus. These manuals build upon the analysis of HIV/AIDS reportage in the print and electronic media in six select states.

The aim is to use these manuals to strengthen media capacity on HIV/AIDS. Two complementary manuals have been developed in partnership with the Population Foundation of India & FAITH Health care Private Ltd with support from UNDP. The Resource book includes information on the various dimensions of HIV/AIDS; the ethics of reporting, appropriate language and guidelines for responsible reporting. The Training Manual is a hands on guide for training journalists.

I would like to thank everyone who has contributed to the development of the resource book and the training manual.

I hope that these manuals will be used effectively for media advocacy.

Maxine Olson
Resident Representative UNDP

Foreword

Would the number of HIV positive people in India have increased from just one in 1986 to 5.1 million in 2005 if the media had played a more pro-active role in the early years of the infection? The media, like others monitoring the epidemic, underestimated its gravity and seriousness.

Would HIV positive people have been thrown into isolation wards as happened with Dominic D'Souza in Goa in 1989 and ten years later with Dhiren Sarkar of West Bengal if the media had presented a more realistic picture of the infection? When Dhiren's wife and family discovered he was HIV positive they walked out on him. Some villagers even bolted the door to his house and tried to set him on fire. The police rescued him and moved him to a hospital in Katwa where he was left in an abandoned room. He was then transfered to Burdwan district hospital. Sarkar died a couple of days later in a dark little corner of the hospital unwanted, deprived of his basic rights as a human being. Afraid of stigma and discrimination, even today a large number of infected people commit suicide.

In most parts of the country there is still an ominous silence around HIV/AIDS. At the intellectual level there is still a debate on why so much money and importance is given to this comparatively new infection as against tuberculosis, malaria and a spate of other ailments.

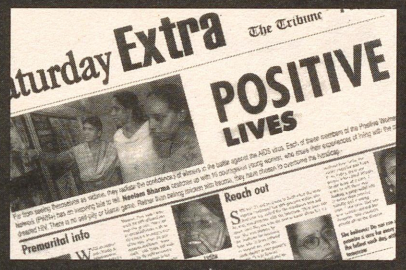
In May 2005 under a UNDP-funded project, the Population Foundation of India appointed veteran journalist Usha Rai to examine the role of the media in relation to stigma and discrimination faced by HIV affected people. She was supported by journalists Rimjhim Jain and Swapna Majumdar. Research was conducted on media coverage of HIV/AIDS in newspapers in Karnataka, Punjab and Uttar Pradesh and in seven national television news channels.

The six-month survey shows that there is a big gap in what the media has been writing on HIV/AIDS and the expectations of HIV positive people on what they perceive should be the media's role in reporting on the issue. Though there is considerable coverage of HIV/AIDS most of it is often superficial – reporting of events or statements by celebrities.

This manual is an attempt to bridge the communication gap between the media, positive people, NGOs working on the issue and the State AIDS Control Societies. ■

A R Nanda

Executive Director, Population Foundation of India


Saturday Extra The Tribune

POSITIVE LIVES

Premarital info

Reach out

Section I

The Media Study

HIV/AIDS in News: An Overview



While the media has started taking active note of the issue and the visibility of HIV/AIDS stories has gone up, there was a general feeling that reporting on it was often insensitive and caused further stigma and discrimination against affected persons

The news media is a powerful agent of social and political change and in a country like India where 50% of the population is illiterate or neo-literate, the printed word is taken as gospel truth and the images on television can excite viewers. Both leave a lasting impression. Even an innocuous news story can mould public perceptions and sensibilities.

This is particularly so while addressing a health concern like HIV/AIDS that is comparatively new despite the epidemic being in its 25th year. It is a virus that has many dimensions and inbuilt prejudices associated with it. Its mode of transmission makes it susceptible to be associated with deviant behaviors that have negative perceptions in the public mind. Thus, reporting on HIV/AIDS issues needs to be extremely responsible. Ill-informed reporting can cause repercussions including stigma and discrimination against people affected by HIV/AIDS. It can lead to people losing jobs and being thrown out of homes. On the other hand, stories written with empathy can have them being feted as the champions of a brave new world.

Since this is an epidemic whose dynamics are constantly changing, those covering the issue need to keep themselves abreast of the latest developments. Changes associated with HIV/AIDS are happening not only in medical research but also in the spread of the virus to every section of society.

While the media has started taking active note of the issue and the visibility of HIV/AIDS stories has increased, there is a general feeling that reporting is often insensitive and causes further stigma and discrimination against affected persons. To explore this, a print media review was undertaken in Punjab, Karnataka and Uttar Pradesh with the support of several partner organisations. Seven national television news channels were also reviewed in Delhi. The purpose was to investigate how the news media was handling HIV/AIDS. The study is also a comparative analysis of the differences in qualitative and quantitative coverage between a high HIV/AIDS-prevalence state like Karnataka and low-visibility states such as Uttar Pradesh and Punjab, where the epidemic is in its nascent stage. The study also looked at the differences in approach between the language media and the English press in these states. Basically meant as a resource handbook for journalists, it is hoped that the information in this Manual will also feed into the State AIDS Control Societies



What emerged from the study was quite different from the common perception. Most reports were found to be fairly accurate and well informed. But a few bad stories did cause enough damage

strategic planning for information, education and communication (IEC) in the next phase of the NACO country programme.

What emerged from the study was quite different from the common perception. There are many more stories appearing on HIV/AIDS today and most reports were found to be accurate and well informed. But a few bad stories did cause enough damage.

The impact of a story can be gauged from the feeling it leaves readers with. For example, the stories of a beauty pageant for HIV positive women in Kathmandu, Nepal as well as one in Botswana for crowning Ms HIV Stigma-free were inspiring. Eight and twelve women respectively participated in the contests. Newspapers across the country also carried a heartwarming story on positive people putting out matrimonial advertisements and receiving responses. On the other hand, an irresponsible report from Uttaranchal stigmatised HIV positive women by negatively terming them *vish kanyas* (poison women) and alleging they were sent by the enemy to infect the armed forces. Some newspaper headlines also branded a whole community - "Safai karamcharis found HIV positive," and "HIV infection more among non-literate, pregnant women."

Looking at the difference in reporting between three states, the coverage in Karnataka reflected its high prevalence status. Not only did the state have the largest number of stories, the regional language and English press were better informed. The fact that there has been a lot of intervention in Karnataka on HIV/AIDS by NACO, the state government and a range of NGOs and activists is probably why there was more responsible reporting. A cause for concern here was the number of advertisements and stories about 'miracle cures.'

In UP where the regional press covered the issue extensively, the reportage was of poor quality. There were more sensational stories, in Hindi in particular. In Punjab the English press, especially *The Tribune*, the state's leading newspaper, carried some excellent reports on HIV/AIDS. But the stories were of a national and not regional character. The language press in Punjabi, Hindi and Urdu carried fewer stories on the issue. The language press in both states needs a lot more sensitisation on the issue. In both the Punjab and UP press few voices of affected people were heard. The only voices reflected were those of HIV positive persons from other states like Tamil Nadu and Delhi from where the stories emanated.

While journalists need to highlight the HIV/AIDS situation and methods to tackle it, the manner in which it is done should not heighten the fear and stigma associated with the virus.

HIV/AIDS IN NEWS: THE STUDY

A detailed media tracking and content analysis was carried out for a greater understanding of the issue. Newspapers in English and the regional languages in each of the three selected states were monitored intensively for one month in May/June 2005, with two of the regional language papers in each state being scrutinised for a longer period from January onwards. This was done to bring out clearly the state of the language press that is considered more influential and has greater local readership. National television channels were analysed for coverage on HIV/AIDS for one month in May/June 2005.

The primary objective was to examine whether reportage was enhancing stigma and discrimination.


6 लखनऊ, 19 मई, 2005

अस्सी गांवों में होंगे एड्स जागरूकता कार्यक्रम

संवाद सूत्र

लखनऊ, 18 मई। एड्स के खिलाफ जागरूकता फैलाने के लिए रेड रिबन एक्सप्रेस जून माह के अंत तक लखनऊ भी आयेगी। केन्द्र सरकार की इस परियोजना के लिए लखनऊ में तैयारी चल रही है। लखनऊ के चार क्षेत्रों के अस्सी गांवों में इस 'एक्सप्रेस' के स्वयंसेवक एड्स के बारे में जानकारी देंगे, बचाव के तरीके बतायेंगे।

जून में लखनऊ आयेगी रिबन एक्सप्रेस

राष्ट्रीय एड्स नियंत्रण केन्द्र राजीव गांधी फाउंडेशन और नेहरू युवा केन्द्र काउंसिलंग सेंटर व पूछताछ केन्द्र होगा। यह ट्रेन प्रत्येक निर्धारित स्टेशन पर दो दिन रुकेगी। स्टेशनों का निर्धारण संबंधित जिलों के नेहरू युवा केन्द्र से होगा। यहां लखनऊ में भी यह ट्रेन जून के अन्तिम दिनों में दो दिन रुकेगी। इस दौरान इस ट्रेन में मौजूद साठ स्वयंसेवक बस्ती का तालाब, चिनहट, काकोरी और मलिहाबाद के अस्सी गांवों में जाकर लोगों को एड्स के प्रति जागरूक करेंगे। जागरूकता कार्यक्रम के तहत गांवों में सांस्कृतिक कार्यक्रम, रंगोली प्रदर्शनी आदि के जरिये एड्स के

There was a special look at the language press that is considered more influential and has greater readership

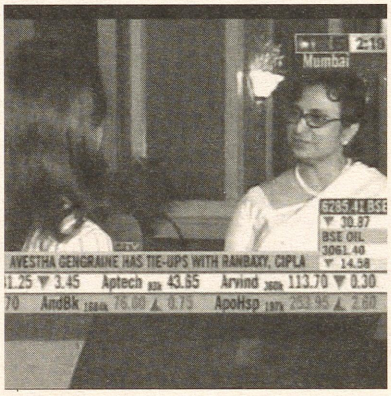
Table 1a: Newspapers Analysed

Punjab			
English	**Punjabi**	**Urdu**	**Hindi**
The Tribune	Jagbani	Hind Samachar	Punjab Kesri*
The Indian Express	Ajit		Dainik Ajit
Hindustan Times	Punjabi Tribune*		Dainik Bhaskar
The Times of India	Desh Sewak		Amar Ujala
Total: 13 Publications			

Karnataka	
English	**Kannada**
The Deccan Herald	Kannada Prabha
The Times of India	Prajavani
The Hindu	Vijaya Karnataka*
The New Indian Express	Udayavani*
Vijay Times	Samyuktha Karnataka
The Economic Times	Suryodaya
	Sudha (magazine)
	Taranga (magazine)
Total: 14 Publications	

Uttar Pradesh		
English	**Hindi**	**Urdu**
Hindustan Times	Dainik Jagran*	Apna Akhbar
The Pioneer	Rashtriya Sahara	
The Times of India	Hindustan*	
The Indian Express	Swatantra Bharat	
	Jansatta Express	
	Amar Ujala	
	Aaj	
	Rashtriya Swarup	
	Sahara Samay (magazine)	
Total: 14 Publications		

* These were covered for the period from January to June 2005 while the rest were covered for one month in May/June 2005



A total of 443 articles were found on the subject in 42 newspapers and magazines surveyed in the three states. Sixteen television news stories on HIV/AIDS appeared during one month

Table 1b: Television News Channels Analysed

Hindi	English
Aaj Tak	NDTV 24x7
DD News	
NDTV India	
Sahara Samay	
Star News	
Zee News	

These were covered for one month in May/June 2005

A total of 443 articles were found on the subject in 42 newspapers and magazines surveyed in the three states. Sixteen television news stories on HIV/AIDS appeared during the period.

Table 2a: Language-wise Breakup of HIV/AIDS Related Articles

Punjab				
English	Punjabi*	Urdu	Hindi	Total
79	9	3	20	111
Karnataka				
English	Kannada*			
85	82			167
Uttar Pradesh				
English	Hindi*	Urdu		
36	126	3		165
				443

* Includes two newspapers covered for the period from January to June 2005 while the rest were covered for one month in May/June 2005

SUMMARY OF STUDY FINDINGS

Nature of stories and numbers

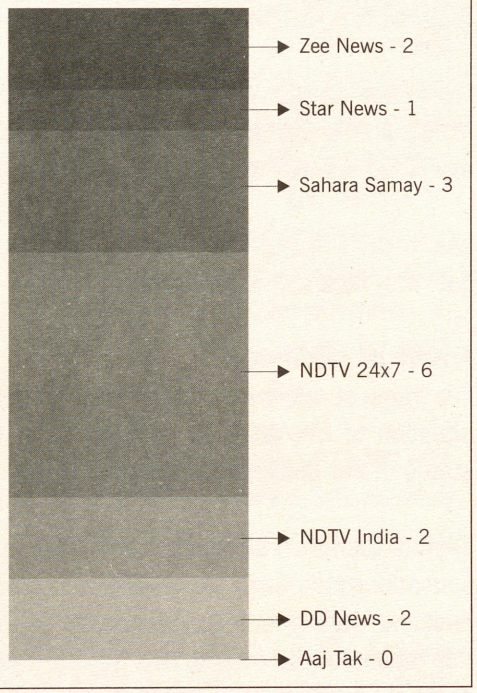
On the whole the number of stories on HIV/AIDS has gone up in recent years. This was brought out by a study in Karnataka indicating a 48% increase in HIV/AIDS stories in three years since 2002 and another by the Centre for Media Studies in Delhi (November 2004

to February 2005) which indicates that within the health sector reporting, half the stories were on HIV/AIDS.

The survey showed that most coverage on HIV/AIDS was in the form of news stories (70%), that is, event-based spot reports. The rest comprised features (15%), photographs (5%) and editorials (3%).

The findings indicate certain differences and some similarities in the coverage between the regional media and the English press. For instance, the English press in Punjab had more articles related to HIV/AIDS. In UP, however, the Hindi newspapers carried a significantly higher number of HIV/AIDS-related stories. In Karnataka the Kannada and English papers carried an almost equal number of stories.

Table 2b: Total Number of Television Stories on HIV/AIDS




پنجاب میں نیٹ ورک قائم کرنے کیلئے کوششیں جاری

The Urdu press in Punjab and UP accorded low priority to the subject. In the two states, journalists of the region did not see it as a "prevailing disease"

The Urdu press in Punjab and UP accorded low priority to the subject. In the two states, Urdu newspapers carried just three news items each. The Punjabi press too had just nine stories during the six-month survey. This in itself may be considered as a case of discrimination. A discussion with journalists of the region shows they did not see it as a "prevailing disease." It was not considered an issue big enough to merit attention at this stage even though they acknowledged the high degree of risk factors, such as endemic drug addiction, a huge migrant workforce and a large number of people involved in the interstate transport sector. There also seemed to be a mental block in Punjab in talking about a virus that is associated with socially taboo subjects such as safe sex, differing sexual orientations and extra-marital relations.

Space and positioning

Apart from the number of stories, their length and positioning was also analysed. Almost 60% of the stories were single or double column. Most stories in the UP and Karnataka press were single column (40%). In Punjab, however, 60% of stories were spread over 2-3 columns. More specifically, the state's English newspapers devoted more space (over 4 cols). This was a trend noted in the other states too. In UP, almost 30% of the English stories were carried across four columns.



Several television stories too associate the virus with death and ruin. Stories repeatedly hammer in that the 'victims' are at death's door, though the visuals may show them as healthy, active individuals

Not only did the English press give more space for HIV/AIDS stories, but in all three states it also carried a greater number of editorials (5.5% of total HIV/AIDS stories) as compared to the regional press (1.2%). It also had a marginally larger number of features (18.5%) in relation to the regional press (12.8%).

Front-page stories were few (5.4%). Most coverage appeared on the inside pages (88%). A little over five per cent were in supplements. The English press had a marginally larger number of stories on the front page.

The majority of stories - over 90%, were stand-alone, one-time items. They do not form part of a series or campaign by the press.

Frame of reference

The frame of reference of most articles has been the national and respective state-level situation of HIV/AIDS. In addition, almost 20% of the stories referred to the global status of the epidemic. Community and individual responses were insufficient.

Several television stories too associate the virus with death and ruin. For example, a sensationalised story on a woman in Mumbai who contracted the infection from her husband/partner who abandoned her was described as 'roaming free.' Stories such as this repeatedly hammer in that the 'victims' are at death's door, though the visuals may show them as healthy, active individuals. This association of HIV with 'living death' heightens the despair of those infected and the fear of those around, causing infected people to be isolated and rejected.

Issues taken up

The two major concerns of most stories in the survey have been:

- Raising awareness to prevent spread of the epidemic.
- Stories relating to people affected by HIV/AIDS.

Nearly 40% of the coverage in Karnataka comprised awareness efforts by celebrities and others to control the epidemic. Across the country, the page three culture of glamourising events has been used for sending out messages on HIV/AIDS. Both the print and electronic media have extensively carried photos and statements of celebrities. Even bold pictures of beauty contest winners made a mention about their concern for HIV/AIDS. At the same time the media needs to be careful not to trivialise the issue. A lot of space in the three states was taken up by the release of a music album on the theme of HIV/AIDS within marriage, featuring TV personalities Mandira Bedi and Samir Soni. While some stories were entirely celebrity-focussed, others used it as an opportunity to explore how the virus spreads. Other important political personages like Bill

Stigma and Discrimination

The primary purpose of this analysis being to look at stigma and discrimination of those affected, certain parameters were devised to be able to cull this from the reports. Articles and TV coverage were analysed to see if they projected a single point of view or had multiple perspectives, if the news item specifically associated the epidemic to certain behaviour or groups of people, and whether the spread of the disease to the general population was adequately addressed. Terminology that could cause panic, accuracy of the information and the confidentiality concerns of infected persons were also examined. The analysis of news stories through these filters brought out the explicit and implicit stigma and discrimination components. It revealed that identification of stigma and discrimination in reportage is often subtle and difficult to pinpoint, yet it does influence the readers/viewers' perceptions on HIV/AIDS.

While the survey showed that 95% of the print articles did not contain any overt stigma and discrimination against people affected by HIV/AIDS, a closer examination of the orientation and slant of stories made it evident that at times the wrong message was being sent out.

For instance, the story titled, "Tamil Nadu school slams doors on HIV positive orphans, says it's risky," is a front-page anchor story in a national daily. An excellent human interest story, the subtitle projects the school's argument that if the children fall on or bump against others they will pass on the infection. This discrimination (refusing them admission) is given the stamp of credibility by the non-committal reporting. It was important to counter the argument of the principal, a person of public stature, by getting a quote from a medical expert or NGO that HIV/AIDS is not transmitted by these means. This is not brought out even in the statement of a medical field worker who says, "An insensitive society and system can kill them sooner." In any case this appeared only in the run-over of the article in an inside page. The news report thus reinforces stigma and discrimination in the reader's mind.

Many good stories are marred by terminology commonly used by the media to describe HIV/AIDS – scourge, dreaded/draconian/deadliest disease/single biggest killer/viral tsunami/even deadlier than the enemy/pestilence/ugly truth. Infected persons are called victims/patients/cases. In Punjabi the word *kauda*, used for those affected by leprosy, is applied in a derogatory manner for the HIV infected. In Kannada, the word *naraka yatane* (deadly disease) is used for describing HIV/AIDS. ■



Is India sitting on AIDS time bomb?

By Vineeta Pandey/TNN

New Delhi: Is India on the threshold of an AIDS disaster? The debate triggered last month by Richard Feacham — executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria — refuses to die down.

Indian NGOs and experts have joined issue with the state-run National AIDS Control Organisation (NACO), which had quickly dismissed Feacham's warning as "misleading".

According to Feacham, India has outstripped South Africa and has more people living with AIDS than any other country. While UNAIDS puts the Indian figure at 5.1 million, Feacham said that, with the speed at which the disease was spreading, the figure in India must by now exceed the South African figure of 5.3 million.

WHO DO WE BELIEVE?

While the controversy over the number of HIV-positive cases continues, experts say the sources of data are themselves suspect.

- NACO figures based on reports of 700 voluntary counselling and testing centres and govt labs. NACO does not acknowledge numbers reported by hundreds of NGO labs, unlicensed blood banks
- On the other hand, one person may get tested at four private labs – each test will register as a separate case in non-NACO records
- States may not give correct data to NACO
- NACO may be claiming lower figures to prove success, prevent panic, which could affect business, tourism

distorted. His clarification was "almost in an apologetic tone", one official said.

Even as NACO director-general S Y Quraishi asserts that 5.1 million is the correct figure, certified by WHO, UNAIDS and Indian Council of Medical Research, some experts put the

"Even if we take the average of the range, it comes to approximately 5 million," Quraishi said. "That is 0.9% of the total adult population and 0.5% of the total Indian population. South Africa's 5.3 million cases form 20%of their population while Botswana has 38%, Swaziland 33% affected."

Many good stories are marred by terminology commonly used by the media to describe HIV/AIDS – scourge, dreaded/draconian/deadliest disease/single biggest killer/viral tsunami


ਦੇਸ਼ ਸੇਵਕ

ਕਾਬੂ ਨਹੀਂ ਆ ਰਿਹਾ ਜ਼ਾਨਲੇਵਾ ਬਿਮਾਰੀ ਏਡਜ਼ ਫੈਲਾਉਣ

In Punjab, 65% of the articles dealt with people living with HIV/AIDS. Despite the large number of stories, their major concern of facing stigma and discrimination has hardly been addressed directly

Clinton and Kofi Annan added their clout to the concern on the issue in the media.

In Punjab, 65% of the articles dealt with people living with HIV/AIDS. However, further analysis revealed that despite the large number of stories, their major concern of facing stigma and discrimination has hardly been addressed directly. The stories played up 'catchy' themes or those with an unusual human interest angle. The crime aspect is invariably hyped. For instance, several newspapers in Punjab wrote about the acid attack on a woman who left her husband soon after marriage on finding out he was infected. While the media highlighted the criminal charges that both filed against each other, it did not take up other vital issues related to living with the virus. These could have included the woman's right to know of her husband's positive status before marriage and her right for protection.

The other HIV/AIDS issues covered were initiatives by the government and various agencies to tackle the virus, medical research and treatment, and HIV/AIDS impacting the social fabric.

Absence of multiple perspectives

As many as 70% of the articles did not have multiple perspectives of various parties involved. This implies that they were one-sided or 'biased.' The voices of people living with HIV/AIDS, caregivers, experts and NGOs were not heard, probably because most stories comprised straightforward reportage.

Accuracy of information

About six per cent of the overall coverage was factually incorrect. Some stories were exaggerated and totally false. A story in an Urdu newspaper in Punjab alleged that a new type of condom with a microchip had been developed to prevent HIV/AIDS! Another misleading story in the UP papers says, "*Tamatar khao, AIDS bhagao*" or 'eat tomatoes - drive away AIDS.' Newspapers also need to take a decision whether items promoting 'cures' for HIV/AIDS should be carried or not. Articles like the use of cow urine as therapy and healing by a 'swami', frequently appearing in the Kannada papers, need to be verified and crosschecked.

A story that raised dubious concerns was a full-page feature in *Hindustan Times* on the theory that the HIV virus does not in fact lead to AIDS. It quoted international scientific authorities to buttress its claim that "AIDS is a non-contagious lifestyle epidemic caused by anti-HIV drugs." Several Indian experts are livid that such a story was carried so prominently even though the page did have a section on dissenting opinions. They say that at this juncture of the epidemic such an article could do extensive harm. This debate has, for instance, set back the response to the epidemic in South Africa.

Headlines

Of the stories analysed, 11 .5% (51 articles) had overtly stigmatising or panic-creating headlines. Seventeen per cent had headlines that did not match the stories. Titles in the Hindi and English newspapers in UP such as, "AIDS being spread by wives who have been bought like goods," and "247 AIDS patients in the hills and 800 sex workers," as well as, "From dance bars to prostitution and HIV" make harmful and stigmatising associations. Even headlines like, "India sitting on AIDS Time Bomb?" in major national dailies, are alarmist.

A workshop in Lucknow on medical care-givers was headlined in one English newspaper as, 'AIDS - paramedics, be careful.' The story focussed only on "the high danger zone for those who are in charge of patients... for this dreaded, incurable ailment." It warned that even simple accidents caused immediate infections. Nowhere did it mention that HIV positive patients deserve equal care and treatment or raise the problems they face. The same workshop was reported with greater responsibility by other newspapers.

Is the copy alarmist?

The news stories were analysed for alarmist or panic creating innuendos. It was felt that more English news (15.5%) was alarmist/panic creating as compared to the regional press (7.5%). Overall, 12% of the articles, or 51 items, did contain HIV/AIDS news in a manner that could invoke fear. For instance, a story in a Karnataka English newspaper says, "HIV/AIDS spreading at an alarming rate in State." Another English article reads, "The pestilence of HIV/AIDS looms large over mankind... the family is under immediate threat from the scourge."

It may be that the media felt the situation was grave and alarming and adopted this tone. But keeping in view the need to be sensitive to people living with HIV, who might face the backlash of such reporting, greater sensitivity and the proper use of terminology becomes important.

Photographs/ Illustrations

Almost 30% of all HIV/AIDS stories across the states had an accompanying photograph or illustration. There were also some photo-only items with captions. Of these 142 photos and illustrations, seven were found alarmist. For instance, a supposedly well-meaning awareness campaign by an artist in Orissa displayed a sand sculpture of skulls. This photo was carried by newspapers across the country. There was also a photo caption saying, "*AIDS ka danav*" or 'the demon of AIDS.' The message sent out was of death and doom. There was no attempt to contradict this negative portrayal.

Projecting the virus in this manner is likely to lead not so much to preventive measures against contracting it, but transference of the fear evoked against HIV/AIDS to rejection of



A well-meaning awareness campaign by an artist in Orissa displayed a sand sculpture of skulls, reinforcing the misconception that the HIV infection spells death



A photograph of Sharmila Tagore hugging an HIV positive woman was the best way of sending the right message that the virus was not infectious

the persons infected. Instead, a photograph of Sharmila Tagore hugging an HIV positive woman was the best way of sending the right message that the virus was not infectious.

Tone of story

The overall tone of most stories was neutral (45%) and a few were positive (37%). Seventeen per cent, however, were negative. Positive stories included tales of courage and determination as well as those that expanded the scope of coverage to actively examine the dimensions of the epidemic. For instance, a number of Hindi stories in UP investigated the changing nature of the spread of the epidemic in different regions as well as the treatment of infected persons there in medical and social terms.

Stories that could be termed negative in tone were those that dealt with the virus in sensational or judgemental ways. For instance, a story from Ludhiana by a national TV news channel on a woman and her baby acquiring the infection during her pregnancy merely reported the incident in a dramatised and bleeding heart tone. It did not take up obviously important connected issues such as safeguards to blood transfusion and other legal and medical concerns.

Maintaining confidentiality

Confidentiality is an important right of those affected by HIV/AIDS, particularly in view of the repercussions invited by its violation. Sixty-three news items have not maintained it. It is likely this occurred because a greater number of positive people are coming forward and being open about their status in the media. *The Tribune* carried an entire page of interviews and photographs of ten HIV positive women from across the country. They radiated confidence, speaking of their struggles without self-pity or blame. The Sunday supplement of *The Hindu* also carried a lead story on the voices of Gomathy and Meenakshi, two HIV positive women who travel to villages around Chennai, spreading the message of hope and life beyond the virus. The story was accompanied by a large photograph of the smiling women. Meenakshi did not want TV channels to mask her face when she began her new career as a counselor on HIV/AIDS. *The Sunday Express* too carried the story and photograph of an HIV/AIDS 'survivour', Veena Dhari who has been running the Karavali Positive Women and Children Network in Karnataka since 2000. However, certain stories, particularly those in television, need to be more careful that the identity of those infected is not given away.

Blaming high-risk and vulnerable groups

Fifty-eight news items, or 13% of the articles, laid blame on certain groups considered high risk and vulnerable such as women, sex workers, men having sex with men, blood donors, injecting drug users or truck drivers for spreading the infection. For instance, damning portrayals of women infected with HIV/AIDS, dubbed '*vish kanyas*' and

accused of deliberately infecting men, seem to be a recurring thread in some language media. There was also a laudatory curtain raiser in a Hindi newspaper on a movie titled '*Vish-Kanya*' being shot in UP. The film is reportedly about "a woman deliberately infecting men with the sole purpose of giving them a ghastly death." Another story from Dehradun in Uttaranchal accuses an HIV positive woman of engaging in prostitution to spread the infection and makes a case for her not to be allowed to roam free. A similar story, based on hardly any facts, was broadcast by a national Hindi news channel some time earlier. The story claimed to investigate rumours about a woman who would arrive in a village and indulge in sex with the men there without taking any money. At the end, she would inform her "victims" - "Welcome to the world of AIDS." The story ends with the question, "Who is this woman?"


e bars to prostitution and HIV

Fifty-eight news items laid blame on certain groups considered high risk and vulnerable such as women, sex workers, men having sex with men, blood donors, injecting drug users or truck drivers for spreading the infection

Association with specific behaviours

Eleven per cent of the stories link behaviour such as extra-marital sex, multiple partners, different sexual orientations and crime with HIV/AIDS. For instance, a story in a Hindi newspaper on the death of a dreaded dacoit says he experienced an agonising end because of HIV/AIDS, a just punishment for his crimes. The news item also mentioned that the police had found local girls and virility enhancing drugs in his hideout during raids.

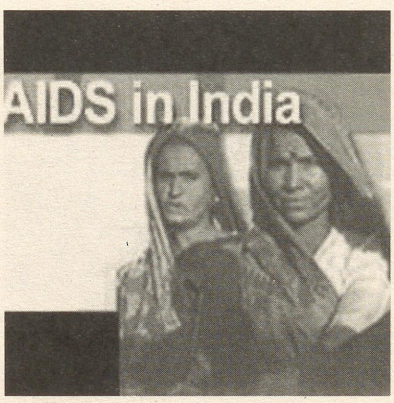
Another story carried in an English newspaper in UP traced the life of a bar girl in Mumbai who was said to be infected because her profession brought her in contact with multiple partners. When these girls return to their home state, it was claimed, they passed on the infection to men. Stories like this pass moralistic judgment projecting a certain section as having contracted the virus in well-deserved punishment for doing 'wrong.' The condemnation implicit in these associations with the virus drives the epidemic underground. It also creates false complacency about its spread among those who may consider themselves free from such behaviour.

Spread of epidemic into general population

In the English media, 38.5% stories reflected the spread of the epidemic in the general population, whereas 30% of the regional media reflected it. This implies a larger number of journalists still have preconceived notions that HIV is spread only among certain 'high risk groups'. It gives the wrong notion that those who are not part of these groups are 'safe.' These are personal biases more than facts. The reality is that married women, for instance, with a single partner are equally vulnerable.

Linkages with other issues related to HIV/AIDS

Very few stories - just 17% - dealt with the association of HIV/AIDS with other issues such as gender, trafficking, migration and poverty. Just 10% of stories discuss gender concerns, while 6% analysed its impact on poverty and 4.5% linked it to migration. For



"Newspapers are already focussing extensively on emerging national issues and HIV/AIDS is seen as important not just from the point of view of health but as a social issue"

instance, a story in Karnataka's *Vijay Times titled*, "Strange bedfellows: Drought and AIDS," explored the relationship between the two. However, with most news items being spot stories, such deeper views were evidently lacking. Nevertheless, as HIV has direct and indirect consequences on society, it is important for these perspectives to be reflected in the stories to give an overall understanding of a complicated issue.

CONCLUSION

The study found few stories actually stigmatised or victimised affected people or gave factually incorrect information. This could be because most stories were 'passive' spot news or events or celebrity statements. At the same time, many experts maintain there is a sea change in media reporting since the first incidence of the virus was reported in India in 1986.

In the last couple of years in particular, more stories are being written and they are not all alarmist. As Mr C H Kiron, managing editor of the Telugu daily *Eenadu*, says: "Newspapers are already focussing extensively on emerging national issues and HIV/AIDS is seen as important not just from the point of view of health but as a social issue."

The fear created by reporting that was not well-informed is being replaced not only by more extensive coverage, but by more sensitive reporting. The fact that positive people are speaking up and many of them don't mind being photographed has added to the committed journalists' understanding of HIV/AIDS.

Celina D'Costa, one of the more articulate, public faces of those who are HIV positive, said that 12 years ago when her infected husband died and doctors in Goa told her she was positive, the media carried her picture and story. She was still coping with the death of her husband when her in-laws threw her out. Their excuse ranged from, "Your brother-in-law will not be able to get married if you are in this house," to "Mosquito bites and shared toilets will lead to others in the family contracting the virus."

Says Celina: "I wish the media had said something about where I could get medical and legal assistance." She did not know that she had the right to live in her house or that she had the right to confidentiality. The right to information on HIV/AIDS, she says, should be extended not only to infected people, but to the public at large and in particular the media.

In Kerala, where there was a similar protest against those infected with HIV/AIDS being buried in the church graveyard, the media reported with greater responsibility. The report prominently quoted Sister Dolores who founded the Cancer and AIDS Shelter Society to fight for the rights of infected people. The story also carried a statement of a representative of the Catholic Bishops Conference of India quoting Mother Teresa: "A

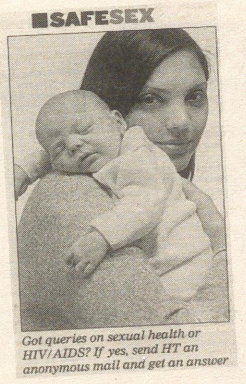
person infected or affected with HIV is Jesus among us. The Church won't discriminate on the basis of this as it would go against our faith." It also points out that the Bishops were finalising a policy on HIV/AIDS that would address the issue of stigma and discrimination. The report says Sister Dolores and others broke down the wall that separated the condemned graveyard from the rest of the cemetery.

With more people like Celina speaking up, stories such as the one in *The Tribune* on HIV positive people teaching school children about the infection, are doing much to dispel the negative associations with the virus. An accompanying box item in the story has messages for the children from positive women - "I have absolutely normal children, don't be scared", "I would encourage safe sex or no premarital sex", "HIV people lead a healthy life, they do not simply die" "I was detected with HIV at the age of 19, that is the time for enjoying youth, please take good care."

There are comprehensive websites on HIV/AIDS such as www.youandaids.org, www.heroesprojectindia.org and www.indianngo's.com. The regional as well as national media have devoted a section of their websites to HIV/AIDS - for instance those of the Women's Feature Service and *Hindustan Times*. In addition there are regular columns in newspapers give expert advice on HIV/AIDS. Readers can write in to them to clarify their doubts on the infection. The weekly column in *The Hindustan Times* devoted to HIV/AIDS is called 'safesex' while a column named 'Jagadgala' written by A V Balakrishna Holla in the Kannada paper *Udayavani* frequently takes up HIV among other issues discussed. A Kannada newspaper also reported on a phone-in helpline for those affected. The Government of India's National AIDS Control programme is also quite informative (www.naconline.com) and active at the state and district levels. Also, special media programmes and interactions are regularly held across the country by the government agencies and their partners.

However, there is definitely scope for improvement in coverage by going beyond the spot stories and seeing more than the immediate news. The media can use its influence to demystify or break myths associated with HIV/AIDS. For instance, a Hindi newspaper carried a small story about villagers in Orissa preventing the cremation of an infected couple. The report said they were worried that smoke from the pyre would infect the village. The media should have debunked this belief, as in the story of two infected children in Tamil Nadu denied school admission. Even while reporting about misconceptions among the people about HIV/AIDS, the opinions of experts can be taken to give the correct picture. These provide good opportunities to the media to tell the public how HIV/AIDS actually spreads. Sensitisation of the media on these issues can facilitate recognition of such reporting opportunities. ■

Usha Rai



Got queries on sexual health or HIV/AIDS? If yes, send HT an anonymous mail and get an answer

There are regular columns in newspapers giving expert advice on HIV/AIDS. Readers can write in to them to clarify their doubts on the infection

PAGE 1 ANCHOR **Argues if the children fall on or bump against others, they will pass the infection; but the real worry is about other children leaving**

Tamil Nadu school slams doors on HIV positive orphans, says it's risky

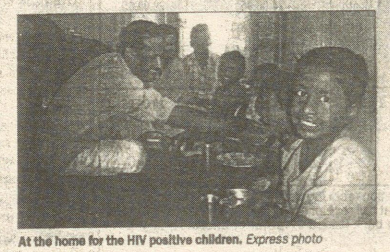
JAYA MENON
DINDIGUL (TAMIL NADU), JUNE 17

A SCHOOL in Dindigul, Tamil Nadu, has refused admission to four HIV positive children, aged between five and 15 years. According to the head of Gandhiji Memorial Middle School, S Padmanabhan, the children would "fall or bump against other kids in the school bus and pass their infection to them."

"I am sure if the parents come to know that HIV positive children are travelling with their wards in the school bus, they will object," Padmanabhan told this reporter. "I do not want to risk parents pulling their children out of my school. I will deal with the admission of these children later."

Ironically, according to local residents, Padmanabhan has helped in organising AIDS awareness programmes for Rotary Club. He has been running the school in the town for several years.

The four boys — Manikandan (8), Savadamuthu (10), Mohan (5) and Pugazhendi (4) — are among 15 HIV orphans who live at 'Anbagam', a special home set up for them. "With schools located at least 2-3 km away, it seemed sensible to put them in a school which had a bus facility," pointed out A C Thangachan, president of the Dindigul District HIV Positive Society, who started 'Anbagam', moved by the plight of the orphans who were turned away by other homes. 'Anbagam' is housed in a small one-storeyed building in David Nagar colony, about 3 km outside the town.



At the home for the HIV positive children. *Express photo*

Walking even a kilometre was a difficult task for the HIV positive children. When Thangachan pleaded with Gandhiji Memorial School's Padmanabhan, he was firm. Even if the children were admitted, he won't allow them to use the school bus, he said, asking him to make his own arrangements. Thangachan was finally forced to put two of the boys in another school two kilometres away. "Now I take them on my motorbike," he said.

With the news of what happened at the school spreading in David Nagar Colony, with its 30-odd hutments, the 'Anbagam' inmates are likely to be thrown out of their home. "Now the colony residents want us to leave," says Thangachan. "When a school head himself

CONTINUED ON PAGE 2

IE 18/1/05/2

Beauty pageant of HIV positive persons

KATHMANDU, JUNE 6

A beauty pageant of HIV positive persons, claimed to be the first such event in Asia, was held in southern Nepal.

Twentythree-year-old Dikshya Rimal won the contest which was organised by the Nepal Family Planning Association in Chitawan town yesterday.

"Try to help an HIV patient like me instead of showing mercy for us, so that we may gain courage to do something", was Rimal's answer in the final round which won her the title of 'Mrs HIV Stigma Free 2005', the Kantipur Daily reported.

Twentythree-year-old Nirmala Poudyal was the first runner-up while Mala Tamang (24) came third in the competition in which eight HIV positive persons took part.

Rimal, who got the infection from her husband four years ago, advised people to get a blood test of the person done before marriage.

Poudyal, who lost her husband at the age of 17 due to AIDS said, "The attitude towards HIV patients must be changed." — PTI

In Kerala, not even a grave for AIDS-hit

Churches Refuse Burial Rites

by T S Sreenivasan
/Payyanur/TNN

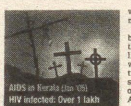
Kottayam: The disease kills and the stigma follows beyond death. AIDS patients in Kerala, who live in fear of being discovered and ostracised, are being turned back even after death by the Church. For, they are being refused burial rites or space in the cemetery by God's own men.

Although the full extent of this story of bias and ignorance is yet to unfold, it has become shocking enough for NGOs to campaign for giving AIDS victims a dignified burial and persuade the Catholic Church — the very faith that propagates tolerance, humanity and 'dignity in life and death' — not to shun them.

"Local churches in Kerala are denying customary burial to AIDS victims," said Sister Dolores, founder of the Cancer and AIDS Shelter Society (CASS).

"In Kottayam, where there has been a spurt of AIDS cases in the last three years, once the church comes to know that AIDS is the cause of death, the body is not allowed into the cemetery," she told *TOI*.

"Priests don't visit my house for customary prayers. They visit my neighbours, but they don't come to my house. When my child asks me why, I have no answer," says a 30-year-old woman whose husband died recently of AIDS. She preferred to remain unnamed. Even when they are alive, AIDS patients face social ostracism.



AIDS in Kerala (Jan '05)
HIV infected: Over 1 lakh
AIDS patients: 2,003
AIDS deaths so far: 670
(Maximum deaths reported from Trichur district)
In India (Mar '04)
Males: 74,020
Females: 29,837

Confronted by a stubborn church, CASS proposed that bodies of Catholics dying of AIDS be cremated, although the faith doesn't permit it. It has approached the Kottayam municipality for permission to cremate AIDS victims in the electric crematorium. "After two years of fighting, we finally got permission for the crematorium. But now, the crematorium machinery has broken down," said another CASS member.

Sister Dolores, the founder of the Cancer and AIDS Shelter Society (CASS), feels cremation is the best way to deal with the problem of AIDS patients being refused burial rites. "I tell my people there is nothing wrong in it. Even I would like to be cremated after my death," she added.

"When an AIDS victim's body is brought to the church, there's pressure from the public not to bury his body along with the graves of their relatives. This in turn puts pressure on the priests," said an official of the Kerala State AIDS Control Society.

The Catholic Bishops Conference of India (CBCI) — the apex administrative body of the Catholic Church in India — appeared embarrassed by the Kerala church's attitude. Said CBCI health commission secretary Father Alex Vadakkumthala: "The Catholic Church has a very clear policy on this. To quote Mother Teresa, 'A person infected or affected with HIV is Jesus among us.' The church won't discriminate on the basis of this as it would go against our faith." CBCI has formulated a policy on HIV-AIDS which is being finalised, said Vadakkumthala. "The policy that focuses on prevention, care and support also addresses stigma and discrimination. It will help raise awareness among the people and the priests," he added.

Following protests led by Sister Dolores and others, the wall that separated the 'condemned graves' from the rest of the cemetery was pulled down. "We still have a long way to go. If the church continues to behave in this manner, we will seek a court order to ensure a customary and decent burial to AIDS victims," she said.

ਪੰਜਾਬੀ ਟ੍ਰਿਬਿਊਨ

ਚੰਡੀਗੜ੍ਹ, ਸੋਮਵਾਰ, 10 ਜਨਵਰੀ, 2005

ਏਡਜ਼ ਰੋਕਣ ਦਾ ਨਵਾਂ ਢੰਗ

ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਵੱਲੋਂ ਜਨ-ਚੇਤਨਾ ਦਾ ਟੀਕਾ ਈਜਾਦ

ਏਡਜ਼ ਵਰਗੀ ਮਹਾਮਾਰੀ ਦ ਫਧ ਰਹੇ ਫੈਲਾਅ ਨੂੰ ਪ੍ਰਭਾਵੀ ਤਰੀਕੇ ਨਾਲ ਠੱਲ੍ਹ ਪਾਉਣ ਲਈ ਦੇਸ਼ ਦੇ ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਡਾ. ਮਨਮੋਹਨ ਸਿੰਘ ਵਲੋਂ ਦਿੱਤਾ ਗਿਆ ਇਹ ਮਸ਼ਵਰਾ ਬਹੁਤ ਦੂਰਅੰਦੇਸ਼ੀ ਵਾਲਾ ਹੈ ਕਿ ਆਰਥਿਕ ਵਿਕਾਸ ਵਿਚ ਰੋੜਾ ਬਣਨ ਵਾਲੀ ਇਸ ਬੀਮਾਰੀ ਨਾਲ ਨਿਪਟਣ ਲਈ ਜੇ ਕੋਈ ਟੀਕਾ ਈਜਾਦ ਕਰਨ ਵਿਚ ਵਿਗਿਆਨੀ ਅਜੇ ਤੱਕ ਸਫਲਤਾ ਨਹੀਂ ਹਾਸਲ ਕਰ ਸਕੇ ਤਾਂ ਲੋਕਾਂ ਨੂੰ ਹੀ ਚੇਤਨਾ ਦਾ ਟੀਕਾ ਲਗਾ ਕੇ, ਜਾਗਰੂਕ ਕਰਕੇ ਇਸ ਰੋਗ ਨਾਲ ਕਾਫ਼ੀ ਹੱਦ ਤੱਕ ਸਿੱਝਿਆ ਜਾ ਸਕਦਾ ਹੈ। ਵੇਖਣ ਵਿਚ ਆਇਆ ਹੈ ਕਿ ਭਾਵੇਂ ਗੈਰਸਰਕਾਰੀ ਸੰਗਠਨ ਤੇ ਹੋਰ ਸਮਾਜ ਸੇਵੀ ਜਥੇਬੰਦੀਆਂ ਕਿਸੇ ਵੀ ਮੁੱਦੇ 'ਤੇ ਜਨ-ਚੇਤਨਾ ਮੁਹਿੰਮ ਨੂੰ ਜ਼ੋਰਦਾਰ ਕਿਉਂ ਨਾ ਖੜਾ ਲੈਣ, ਇਹ ਓਨੀ ਦੇਰ ਵਿੱਢਣ ਸਿੱਟੇ ਨਹੀਂ ਦਿੰਦੀ ਜਿੰਨੀ ਦੇਰ ਤੱਕ ਇਸ ਨੂੰ ਸਿਆਸੀ ਸੱਤਾ ਦਾ ਥਾਪੜਾ ਨਾ ਹੋਵੇ। ਇਸ ਪੱਖੋਂ ਇਹ ਉਤਸ਼ਾਹ ਵਾਲੀ ਗੱਲ ਹੈ ਕਿ ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਡਾ. ਮਨਮੋਹਨ ਸਿੰਘ ਨੇ ਇਹ ਮੁੱਦਾ ਆਪ ਉਠਾਇਆ ਹੈ। ਇਸ ਲਈ ਯਕੀਨਨ ਇਸ ਦੇ ਚੰਗੇ ਤੇ ਪ੍ਰਭਾਵਸ਼ਾਲੀ ਸਿੱਟਿਆਂ ਦੀ ਤਵੱਕੋ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਚਾਈਲੈਂਡ ਵਰਗੇ ਮੁਲਕ, ਜਿਸ ਨੇ ਐਚ.ਆਈ.ਵੀ./ਏਡਜ਼ ਦੇ ਅੰਕੜੇ ਕਾਫ਼ੀ ਹੇਠਾਂ ਕਰ ਲਏ ਹਨ, ਨੇ ਇਹ ਨੁਕਤਾ ਸਾਫ ਕਰ ਦਿੱਤਾ ਹੈ ਕਿ ਦ੍ਰਿੜ੍ਹਤਾ ਵਾਲੀ ਸਿਆਸੀ ਲੀਡਰਸ਼ਿਪ ਹੋਵੇ, ਲੋਕਾਂ ਵਿਚ ਵਿਆਪਕ ਪੱਧਰ ਦੀ ਜਾਗਰੂਕਤਾ ਪੈਦਾ ਕੀਤੀ ਜਾਵੇ ਤੇ ਪ੍ਰਭਾਵਸ਼ਾਲੀ ਤਰੀਕੇ ਨਾਲ ਇਸ ਬੀਮਾਰੀ ਨਾਲ ਜੂਝ ਰਹੇ ਲੋਕਾਂ ਨੂੰ ਤਕੜਾ ਕੀਤਾ ਜਾਵੇ ਤਾਂ ਅਜਿਹੀ ਮਹਾਮਾਰੀ ਦੇ ਵਧਦੇ ਰੁਝਾਨਾਂ ਨੂੰ ਮੋੜਾ ਪਾ ਸਕਣਾ ਕੋਈ ਵੱਡੀ ਗੱਲ ਨਹੀਂ।

ਦਨੀਆਂ ਭਰ ਦੇ ਵਿਗਿਆਨੀ ਇਸ ਜੋਖੇ ਇਸ ਬੀਮਾਰੀ ਨਾਲ ਲੜਨ ਵਾਲਾ ਟੀਕਾ ਲੱਭਣ 'ਚ ਲੱਗੇ ਹੋਏ ਹਨ ਕਿਉਂਕਿ ਇਸ ਰੋਗ ਨੇ ਕਿਸੇ ਮੁਲਕ ਨੂੰ ਵੀ ਨਹੀਂ ਬਖਸ਼ਿਆ। ਸਵਾਲ ਇਹ ਹੈ ਕਿ ਕਿੰਨੀ ਦੇਰ ਤੱਕ ਚੁੱਪ ਧੀ ਨਹੀਂ ਹੁੰਦਾ, ਕੀ ਓਨੀ ਦੇਰ ਤੱਕ ਚੁੱਪ ਕਰਕੇ ਬੈਠਿਆ ਜਾਵੇ? ਚੁੱਪ ਬੈਠਣ ਦਾ ਮਤਲਬ ਸੈਂਕੜੇ ਲੋਕਾਂ ਨੂੰ ਇਸ ਰੋਗ ਦੇ ਮੂੰਹ ਖੁਹ ਵਿਚ ਡਿੱਗਣ ਦੇਣਾ ਹੋਵੇਗਾ। ਇਸ ਲਈ ਕਾਰਗਰ ਟੀਕਾ ਈਜਾਦ ਹੋਣ ਤੱਕ ਕਿਉਂ ਨਾ ਲੋਕ-ਚੇਤਨਾ ਦੇ ਟੀਕੇ ਦਾ ਲਾਭ ਉਠਾਇਆ ਜਾਵੇ ਜਿਸ ਲਈ ਆਮ ਲੋਕ ਗੈਰਸਰਕਾਰੀ ਸੰਗਠਨ, ਸਵੈ-ਸੇਵੀ ਜਥੇਬੰਦੀਆਂ ਤੇ ਸਭ ਤੋਂ ਵੱਧ ਮੀਡੀਆ ਆਪਣੀ ਕਾਰਗਰ ਭੂਮਿਕਾ ਨਿਭਾ ਸਕਦਾ ਹੈ। ਉਂਜ ਇੰਡੀਅਨ ਕਾਊਂਸਲ ਆਫ਼ ਮੈਡੀਕਲ ਰੀਸਰਚ (ਆਈ.ਸੀ.ਐਮ.ਆਰ.) ਪੁਣੇ ਵਲੋਂ ਚਾਰ ਸਾਲਾਂ ਦੀ ਮੁਸ਼ੱਕਤ ਤੋਂ ਬਾਅਦ ਇਕ ਏਡਜ਼-ਰੋਕੂ ਟੀਕਾ ਤਿਆਰ ਕਰਨ ਦਾ ਦਾਅਵਾ ਕੀਤਾ ਗਿਆ ਹੈ ਜਿਸ ਨੂੰ ਇਸੇ ਮਹੀਨੇ (ਜਨਵਰੀ) ਤੋਂ ਹੀ ਵਰਤੋਂ ਵਿਚ ਲਿਆਂਦੇ ਜਾਣ ਦੀ ਸੰਭਾਵਨਾ ਹੈ। ਵਿਗਿਆਨੀਆਂ ਨੂੰ ਉਮੀਦ ਹੈ ਕਿ ਇਹ ਟੀਕਾ ਜ਼ਿਆਦਾ ਨਹੀਂ ਤਾਂ ਐਚ.ਆਈ.ਵੀ. ਵਾਇਰਸ ਨੂੰ ਘੱਟੋ ਘੱਟ 50 ਫੀਸਦੀ ਫੈਲਣ ਤੋਂ ਰੋਕਣ ਦੇ ਸਮਰਥ ਜ਼ਰੂਰ ਹੋਵੇਗਾ।

ਇਸ ਵੇਲੇ ਹਜ਼ਾਰਾਂ ਲੋਕ ਇਸ ਰੋਗ ਦਾ ਸ਼ਿਕਾਰ ਬਣਦੇ ਚਲੇ ਜਾ ਰਹੇ ਹਨ। ਭਾਰਤ ਦੀ ਸਥਿਤੀ ਇਹ ਹੈ ਕਿ ਕੇਵਲ ਦੇਸ਼ ਦੀ ਰਾਜਧਾਨੀ ਨਵੀਂ ਦਿੱਲੀ ਵਿਚ ਇਕੱਤਰ ਕੀਤੇ ਗਏ ਅੰਕੜਿਆਂ ਮੁਤਾਬਿਕ ਏਡਜ਼ ਰੋਗੀਆਂ ਦੀ ਗਿਣਤੀ 25,000 ਹੈ। ਇਸੇ ਤਰ੍ਹਾਂ 1999 ਤੋਂ 2004 ਤੱਕ ਚੰਡੀਗੜ੍ਹ ਸ਼ਹਿਰ ਦੇ ਤਿੰਨ ਵੱਡੇ ਹਸਪਤਾਲਾਂ ਵਿਚ 1027 ਏਡਜ਼ ਰੋਗੀਆਂ ਨੂੰ ਜ਼ੇਰ-ਇਲਾਜ ਰੱਖਿਆ ਗਿਆ। ਇਨ੍ਹਾਂ ਵਿਚੋਂ 44 ਤਾਂ ਇਕੱਲੇ ਚੰਡੀਗੜ੍ਹ ਸ਼ਹਿਰ ਦੇ ਹੀ ਹਨ। ਇਹ ਤਾਂ ਹਨ ਸਰਕਾਰੀ ਅੰਕੜੇ ਪਰ ਗੈਰਸਰਕਾਰੀ ਸੰਗਠਨ ਦਾਅਵਾ ਕਰਦੇ ਹਨ ਕਿ ਏਡਜ਼ ਰੋਗੀਆਂ ਦੀ ਗਿਣਤੀ ਇਸ ਨਾਲੋਂ ਕਿਤੇ ਜ਼ਿਆਦਾ ਹੈ। ਇਸ ਰੋਗ ਦਾ ਸ਼ਿਕਾਰ ਹੋਣ ਵਾਲਿਆਂ ਵਿਚੋਂ 35 ਪ੍ਰਤੀਸ਼ਤ ਔਰਤਾਂ ਤੇ ਨੌਜਵਾਨ 15 ਤੋਂ 24 ਸਾਲ ਦੀ ਉਮਰ ਦੇ ਹਨ। ਪਰਿਵਾਰਾਂ ਦੀ ਸਮਾਜਿਕ ਵਿਤਕਰੇ ਦਾ ਸੰਤਾਪ ਭੋਗ ਰਹੀ ਔਰਤ ਦੀ ਇਸ ਰੋਗ ਤੋਂ ਪਿਛੋਂ ਵਧੇਰੇ ਦੁਰਗਤ ਹੁੰਦੀ ਹੈ। ਸਮਾਜਿਕ ਪਰਿਪ੍ਰੇਖ ਇਹ ਕਿ ਘਰ ਦੇ ਘਰ ਬਰਬਾਦ ਹੁੰਦੇ ਹਨ। ਸਰਕਾਰ ਬੇਸ਼ੱਕ ਅਜਿਹੇ ਰੋਗੀਆਂ ਨੂੰ ਦਵਾਈਆਂ ਤੇ ਹੋਰ ਲੋੜੀਂਦੀ ਮਦਦ ਦੇਣ ਲਈ ਤਿਆਰ ਹੁੰਦੀ ਹੈ ਪਰ ਸਮਾਜਿਕ ਨਮੋਸ਼ੀ ਦੇ ਮਾਰੇ ਇਹ ਮਰੀਜ਼ ਬੀਮਾਰੀ ਨਾਲ ਅੰਦਰੇ ਅੰਦਰ ਘੁਲਦੇ ਖਤਮ ਹੋ ਜਾਂਦੇ ਹਨ। ਹੁਣ ਜਦੋਂ ਕਿ ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਨੇ ਲੋਕ-ਚੇਤਨਾ ਦਾ ਟੀਕਾ ਈਜਾਦ ਕਰਕੇ ਇਸ ਦੇ ਸਮਲ ਲਈ ਦੇਸ਼ ਦੇ ਮੀਡੀਏ ਤੋਂ ਸਹਿਯੋਗ ਮੰਗਿਆ ਹੈ ਤਾਂ ਮੀਡੀਏ ਦਾ ਇਹ ਨੈਤਿਕ ਫਰਜ਼ ਬਣਦਾ ਹੈ ਕਿ ਉਹ ਦੇਸ਼ ਦੇ ਚੱਪੇ ਚੱਪੇ ਵਿੱਚ ਵਾਜਦੇ ਵਾਲੇ ਇਸ ਸੰਦੇਸ਼ ਨੂੰ ਲੋਕਾਂ ਤੱਕ ਪਹੁੰਚਾਵੇ ਤੇ ਇਸ ਬੀਮਾਰੀ ਦੀ ਦਲਦਲ ਵਿਚ ਧਸਦੇ ਜਾ ਰਹੇ ਲੋਕਾਂ ਨੂੰ ਹਿਲਾਸਾ ਦੇਵੇ ਕਿ ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਦੀ ਅਗਵਾਈ 'ਚ ਸਾਰਾ ਦੇਸ਼ ਇਸ ਰੋਗ ਦੇ ਖਾਤਮੇ ਲਈ ਜੁੱਟ ਜਾਵੇਗਾ।

ವಿಮ್ಸ್‌ನಲ್ಲಿ ಏಡ್ಸ್ ಪೀಡಿತರ ನರಕಯಾತನೆ

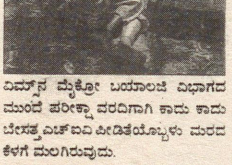
ವಿ.ಸಿ.ಪ್ರಸನ್ನ

ಬಳ್ಳಾರಿ: ದಿನೇ ದಿನೆ ಹದಗೆಡುತ್ತಿರುವ ವಿಮ್ಸ್ ಆಡಳಿತ ವ್ಯವಸ್ಥೆಯಿಂದ ರೋಗಿಗಳು ನರಕಯಾತನೆ ಅನುಭವಿಸುವಂತಾಗಿದೆ.

ವಿಟಿಟಿಸಿ(ವಾಲಂಟರಿಕೌನ್ಸೆಲಿಂಗ್ ಆಂಡ್ ಟೆಸ್ಟಿಂಗ್ ಸೆಂಟರ್) ವಿಭಾಗದ ಹಸ್ತಾಂತರ ಕುರಿತ ಪ್ರಭಾರಿ ನಿರ್ದೇಶಕ ಡಾ.ಆರ್.ಡಿ.ದೇಸಾಯಿ ಹೊರಡಿಸಿದ ಆದೇಶಕ್ಕೆ ಮೈಕ್ರೋ ಬಯಾಲಜಿ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು ಕವಡೆ ಕಿಮ್ಮತ್ತು ನೀಡದಿರುವುದು ಬೆಳಕಿಗೆ ಬಂದಿದೆ.

ವಿನಿಮಯ ವಿಟಿಟಿಸಿ: ಸ್ವಯಂಪ್ರೇರಿತ ಆಪ್ತ ಸಮಾಲೋಚನೆ ಮತ್ತು ಪರೀಕ್ಷಾ ಕೇಂದ್ರ(ವಿಟಿಟಿಸಿ) ವನ್ನು ಕಳೆದ 5 ವರ್ಷಗಳ ಹಿಂದೆ ರಾಜ್ಯ ಸರಕಾರ ಪ್ರತಿ ಜಿಲ್ಲೆಗೊಂದರಂತೆ ಆರಂಭಿಸಿತು.

ಆದರಂತೆ ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆಯಲ್ಲಿ ವಿಮ್ಸ್ ಅಧೀನದ ಆಸ್ಪತ್ರೆಯ ವಿಟಿಟಿಸಿ ಕೇಂದ್ರವನ್ನು ಹೊರ ರೋಗಿಗಳ ವಿಭಾಗದಿಂದ ಸುಮಾರು 1 ಕಿ.ಮೀ. ದೂರ ಇರುವ ಮೈಕ್ರೋ ಬಯಾಲಜಿ ವಿಭಾಗದಲ್ಲಿ ಆರಂಭಿಸಲಾಯಿತು. ಎಚ್‌ಐವಿ/ಏಡ್ಸ್ ರೋಗಿಗಳನ್ನು ಪರೀಕ್ಷೆಗೊಳಪಡಿಸಿ, ಅವರೊಂದಿಗೆ ಆಪ್ತ ಸಮಾಲೋಚನೆ ಸೈಟರ್ ಅಥವಾ ವೀಲ್ ಚೇರ್ ಮೂಲಕ ಸುದು ಬಿಟಿಸಿನಲ್ಲಿ ಕರೆತರುವುದನ್ನು ನಿಶ್ಚಯ ಕಾಣಬಹುದು. ಆಲ್ಲದೆ ರೋಗಿಗಳು ದಾದಿಯರಿಗೆ 10 ರಿಂದ 20 ರೂ. ದಕ್ಷಿಣೆ ನೀಡಬೇಕಿದ್ದು, ಪರಿಕ್ಷೆ ಹಾಗೂ ಆಪ್ತ ಸಮಾಲೋಚನೆಗಾಗಿ ದಿನವಿಡಿ ಕಾಯಬೇಕಾಗಿದೆ.



ವಿಮ್ಸ್‌ನ ಮೈಕ್ರೋ ಬಯಾಲಜಿ ವಿಭಾಗದ ಮುಂದೆ ಪರೀಕ್ಷಾ ವರದಿಗಾಗಿ ಕಾದು ಕಾದು ಬೇಸತ್ತ ಎಚ್‌ಐವಿ ಪೀಡಿತೆಯೊಬ್ಬಳು ಮರದ ಕೆಳಗೆ ಮಲಗಿರುವುದು.

ಪ್ರಸ್ತುತ ಲಭ್ಯವಿರುವ ತಂತ್ರಜ್ಞಾನದಡಿ ಎಚ್‌ಐವಿ/ ಏಡ್ಸ್‌ಪೀಡಿತರೋಗಿಯಿಂದ ಸಂಗ್ರಹಿಸಲಾದ ರಕ್ತವನ್ನು ಕೆಲವೇ ನಿಮಿಷಗಳಲ್ಲಿ ಪರೀಕ್ಷೆಗೊಳಪಡಿಸಿ, ವರದಿ ನೀಡಬಹುದಾಗಿದ್ದರೂ ರೋಗಿಗಳನ್ನು ಹಾಸುಗಟ್ಟಲೆ ಕಾಯಿಸುತ್ತಿರುವ ಬಗ್ಗೆ ಸಾಕಷ್ಟು ದೂರುಗಳಿವೆ.

ಅನುದಾನದಲ್ಲಿ ಕಣ್ಣು: ಮೈಕ್ರೋ ಬಯಾಲಜಿ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು ಕೇಂದ್ರ ಸ್ಥಳಾಂತರ ಕುರಿತಂತೆ ತಮಗೆ ಬಂದ ಆದೇಶ ಮತ್ತು ಸೂಚನೆಗೆ ಯಾವುದೇ ಬೆಲೆ ನೀಡದಿರುವುದಕ್ಕೆ ವಿಟಿಟಿಸಿಗೆ ಬರುವ ಲಕ್ಷಾಂತರ ರೂ. ವಾರ್ಷಿಕ ಅನುದಾನದ ಮೇಲೆ ಕಣ್ಣಿಟ್ಟಿರುವುದೇ ಕಾರಣ ಎನ್ನಲಾಗುತ್ತಿದೆ. ಆದೇ ರೀತಿ ವಿ.ಐ.ಪಿ.ರಂದು ವಿಮ್ಸ್ ಪ್ರಭಾರಿ ನಿರ್ದೇಶಕ ಡಾ.ಆರ್.ಡಿ.ದೇಸಾಯಿ ವಿಟಿಟಿಸಿಯನ್ನು ಒಪಿಡಿಯ ಅಧಿಕೃತರಿಗೆ ಹಸ್ತಾಂತರಿಸುವಂತೆ ಆದೇಶ ನೀಡಿದ್ದರೂ ಹಸ್ತಾಂತರದ ಯಾವುದೇ ಪ್ರಕ್ರಿಯೆ ನಡೆದಿಲ್ಲ

ಗೌಡ-ಯ

ದಾವಣಗೆರೆ,ಏ.22
ವಾಜ ಪ್ರಧಾನಿ ಎಚ್.
ಸಂಜೆ 25 ನಿಮಿಷ ರ
ಜೆಡಿಎಸ ಸಮ್ಮಿಶ್ರ
ಎಂದು ಯಡಿಯೂರ
ವಲಯದಲ್ಲಿ ಕುತೂಹ
ಹಿನ್ನೆಲೆ: ಗುರುವ
ಯಡಿಯೂರಪ್ಪ ಬೆಳ
ಹಗರಣ ಬಯಲಿಗೆಳ
ಆದೇ ದಿನ ಸಂಜೆ
ದೇವೇಗೌಡರು, ಯ
ಕಾರಣಕ್ಕೆ ಬೆಂಬಲ ನೀ
ದೇವೇಗೌಡರ ಪತ್ರಿ
ನಿಮಿಷಗಳ ನಂತರ ಆ
ದೇವೇಗೌಡರು 'ಏನ್
ಅದ್ದೇ ಕೇಳ್ದದ್ದು. ಬೆಂ
ಸಿಎಂ ಆಗ್ಬೆಕೆ ಬಿಡ್ಬಾರ್ದ
ನಂತರ ಇಬ್ಬರೂ
ಖಾಸಗಾದಿಯಾಗಿ ಎ
20 ನಿಮಿಷಗಳಗ್ಟೂ ಹ

HIV/AIDS in News: Karnataka



THE BACKDROP

Karnataka is one of the six HIV/AIDS high prevalence states in India. According to the Karnataka State AIDS Programme (KSAP), the prevalence of infection has been about 20% in the high risk group. The state is estimated to have a 1.5% adult infection rate, with over 5 lakh cases of HIV/AIDS in 2004. There have been 627 deaths reported in relation to HIV/AIDS since 1987. According to the latest estimates, there are 381 HIV positive children below 14 years and 418 between 15 and 19 years.

Karnataka has 78 VCCTC centres where 4062 people have been screened as of June 2005. Presently 1216 people are undergoing treatment. The infection has moved into the general population to the extent that 1.5% of women in antenatal clinics are HIV positive.

THE STUDY

A media analysis of the coverage and content of HIV/AIDS in Karnataka newspapers was carried out for the period January to June, 2005. It took place in two parts. For six months from January to June two Kannada newspapers were scanned - *Udayavani* and *Vijaya Karnataka*. In the final month from May 8 to June 7, a comprehensive scan of all print media in the state was carried out. This covered 12 daily newspapers in both English and Kannada and two Kannada magazines. All the papers have either originated in the state or are national level dailies editions from Bangalore.

During the overall study period of six months, 167 articles and photographs related to HIV/AIDS were identified. Interestingly, the English newspapers carried a far greater number of stories on the issue. This is evident from the fact that in the one month when six newspapers in each language were intensively reviewed, there were 85 articles in English and just 47 in Kannada. Another 35 articles were identified during the six-month scan of two Kannada papers.

Findings

With over 70% of the stories comprising spot reports like the launch of the Integrated Disease Surveillance Project in the state or awareness drives, the survey indicates there is scope for more in-depth and people-oriented reporting on HIV/AIDS. A growing number of HIV positive people are willing to declare their status publicly. While both the

During the overall study period of six months, 167 articles and photographs related to HIV/AIDS were identified. Interestingly, the English newspapers carried a greater number of stories on the issue



The largest number of stories was on awareness-raising efforts, particularly by celebrities. The other topic of media interest was spread of the epidemic, including statistics and data on the number of infections

Table 1: Number of Publications Tracked for the Study

English	Kannada
The Deccan Herald	Kannada Prabha
The Times of India	Prajavani
The Hindu	Vijaya Karnataka
The New Indian Express	Udayavani
Vijay Times	Samyuktha Karnataka
The Economic Times	Suryodaya
	Sudha (Magazine)
	Taranga (Magazine)
85 news items	**82 news items**

* These papers were scanned for a longer period from Jan-June 2005

English and Kannada press have projected them in the correct manner, actively hunting for more stories of this nature will help to erase the stigma and discrimination they face.

Positioning

Most news items on HIV/AIDS were published in the inside pages of the papers and 12 appeared in supplements. There were 13 items on the front page. These included a report on infections in the BSF and launch of the Integrated Disease Surveillance Project in Karnataka. The largest number of stories related to HIV/AIDS was on awareness-raising efforts, particularly by celebrities. The other topic of media interest was spread of the epidemic, including statistics and data on the number of infections. This was closely followed by human interest stories on people living with HIV/AIDS. They were inspirational personal accounts and articles on the rights of HIV positive people, like stamp scam kingpin Abdul Karim Telgi.

Frame of reference

While the frame of reference of 57% of the stories was national, 41% dealt with the state-level situation of HIV/AIDS, 38% with the global situation, and 16% and 15% stories respectively carried community and individual responses to the epidemic. It follows from this that just 12% of the stories included multiple perspectives of various parties involved, an indicator of subtle discrimination against those actually affected. In the Kannada press in particular people's voices were rarely heard. For instance, an otherwise well-researched feature in *Udayavani* examined the social, economic and legal impact of HIV/AIDS but was devoid of comments from people affected by the virus. The story was generated entirely through data and the author's own understand-

ing of the issue. This was the case with another story too in the newspaper that made a case for 'A healthy society making for a progressive nation'. It cited American efforts at handling the epidemic and included the controversy about HIV/AIDS figures but made no effort to get the perspective of infected persons.

Overt bias

Apart from this, the Karnataka press has very little overt stigma or victimisation of those affected by HIV/AIDS. Obvious elements of bias were seen in 2.4% of the stories in the survey. Also, almost all the stories were factually correct in their information on the virus. While the issue of maintaining confidentiality did not come up in 56% of the stories, 25% of the remaining proportion of stories did take care not to reveal publicly the identity of people affected by HIV/AIDS while 20% were quite lax in the matter.

Headline and story mismatch

In 16% of the cases the headline did not match the rest of the story, as in an article in *The New Indian Express* titled, "NCC cadets to work on HIV front," and another in *Vijay Times* headlined, "Kalam for joint venture to develop anti HIV/AIDS vaccine". In both cases news relating to the virus was little more than a one-line mention in the article while the headline gave it disproportionate attention. In one case, an article in *The Hindu* was titled misleadingly, "HIV infection is more among non-literate pregnant women." It made a judgemental association that was in fact not borne out by the copy. A headline in *Samyuktha Karnataka* titled, "AIDS making India afraid," was also misleading. It was an unnecessary inference, as the story only dealt with the figures of HIV affected people in different states and said that the numbers are increasing because of lack of awareness among uneducated people in particular. It was one of the eight headlines in the Kannada press that did not match the story.

Creating an alarm

Ten per cent of the stories created a sense of alarm about the epidemic, with the English press having more such cases. An equal proportion of stories had alarmist headlines. These include, "Community efforts keep dreaded virus at bay," and 'HIV/AIDS spreading at an alarming rate in state," as well as, "Is India sitting on AIDS time bomb?".

The tone of most stories (64%) was neutral. A significant section of stories - 25% - could be classified as positive. These include personal accounts of affected women overcoming prejudice. About eight per cent of the stories did have a negative tone. A number of stories blamed the spread of the virus on sex workers and truck drivers (3% each), classified as the most high-risk groups and reservoirs of infection. A small proportion of stories associated the virus with extramarital sex and multiple partners



'HIV infection is more among non-literate pregnant wome

'A variety of approaches and programmes are needed to tackle disease'

The Karnataka press has very little overt stigma or victimisation of those affected by HIV/AIDS. In 16% of the cases the headline did not match the rest of the story



Namakkal district's eligible couples ask for their potential partner's HIV status before marriage. The article mentions that nearly 7% of the town's population is HIV positive and indicates that the virus is an issue of concern for all

(8.4% and 7.8%). Such stories project a lopsided view of the spread of the epidemic and also cause stigma against affected persons who are perceived to have engaged in certain forms of behaviour. It was felt that 14.4% of the stories used terminology that could add to stigma and discrimination.

Spread and linkages

Twenty-seven per cent of the stories accurately reflected spread of the epidemic into the general population. These include a slew of stories on a campaign by television actress Mandira Bedi to highlight married women's vulnerability to the epidemic and another in *The New Indian Express* on Namakkal district's eligible couples ask for their potential partner's HIV status before marriage. Reflecting generalisation of the epidemic, the article mentions that nearly seven per cent of the town's population is HIV positive and indicates that the virus is an issue of concern for all.

Regarding linkages of HIV/AIDS with a wider spectrum of issues, 11% of the stories linked it to gender, and very few spoke of its connection with poverty, employment and migration. These included an article in *Vijay Times* titled, 'Strange Bedfellows - Drought and AIDS,' that brought out the relationship between the two seemingly unrelated issues and the pressures it imposed on women.

COMPARISON OF REGIONAL LANGUAGE AND ENGLISH MEDIA

The analysis also showed up interesting similarities and variations between the English language and regional press. In both cases, events made for easy and routine coverage. The release of a music video on HIV/AIDS by the organisation '*Breakthrough*' that featured Mandira Bedi received extensive attention over several days. Similarly, a candlelight march in memory of infected people who died was reported in a routine manner in all the papers. Nevertheless, some of the news items on the launch of the music video sought to highlight married women's vulnerability to the infection.

Statistics were of major media interest, as the extensive coverage of the controversy related to NACO figures of new infections showed. Some of these stories in the English media were well-researched and used the opportunity to bring out in unusual ways the various dimensions of the epidemic. Though the reports were based on data, they carried more than just figures and showed how reporting could go beyond the immediate event or press conference. For instance, the stories brought out how the epidemic crisscrossed rural and urban areas and highlighted preventive efforts in a state like Tamil Nadu that has succeeded in reducing its infection level.

While the Kannada media carried the data released by NACO and also the counter claim by Robert Feacham of the Global Trust Fund, it made no attempt to analyse the contra-

dictory data or put HIV/AIDS related issues in perspective.

The absence of follow-up effort was reflected by the Kannada media in particular as it did not take the opportunity to explore the many social or economic dimensions of HIV/AIDS, leaving wide gaps. For instance, a news item in *Vijay Karnataka* on the death of a prisoner "from HIV/AIDS" made no further attempt to find out if he was given adequate care and attention or if other rights of the prisoner were violated. Similarly, two news reports in *Udayavani* on suicides by people infected with HIV/AIDS received routine coverage that was in fact sensational. There was no effort to balance the negativity of the tragedy with any form of hope-giving message.



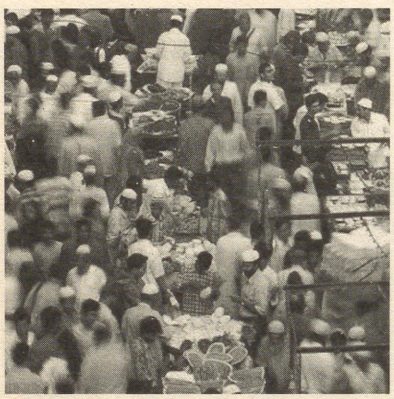
The absence of follow-up effort was reflected by the Kannada media in particular as it did not take the opportunity to explore the many social or economic dimensions of HIV/AIDS

Two small reports in *Suryodaya* and *Vijay Karnataka* on the incidence of HIV/AIDS in the police force and BSF made no attempt again to investigate this issue further. Similarly, though there were reports on government efforts to initiate laws to address discrimination at various levels, no attempt was made to explore these initiatives further or find out at what stage of readiness they are.

The survey highlighted that celebrities associated with HIV/AIDS were big newsmakers for the English press in particular. Former American president Bill Clinton's visit to India on HIV/AIDS work was a major news event. Mandira Bedi and Samir Soni's association with an awareness campaign was an attention-grabber. Bill Gates comments in Geneva on the epidemic also made news. Miss Universe pledging support and money to HIV/AIDS was covered widely by English newspapers. Another well-known person, the stamp scam kingpin Abdul Karim Telgi, stayed in the news in the English media because of his HIV status.

In the Kannada press however, it was not on the same scale. Bill Clinton's visit and Mandira Bedi and Samir Soni's association with the awareness campaign received comparatively less attention. The Miss India contest was not even covered by the regional papers, but for a single mention in connection with HIV/AIDS. Just a colour photo was used, without an accompanying report. The Kannada media also did not make much of Telgi's HIV positive status. It was mentioned only once in connection with the offer of help from an NGO. Interestingly, in comparison, statements made by politicians had more of an impact on the regional language press. The launch of the Integrated Disease Surveillance Project in Karnataka received extensive coverage (8 items) in Kannada newspapers. There were also large photographs accompanying the reports. However, in these articles HIV/AIDS was mentioned only in passing as part of a larger health effort.

Exceptions to the routine coverage included two well-researched feature stories by *The Hindu* which were prominently placed in its weekend supplement. Titled, "An



A full-page feature in *The Economic Times* accompanied by photographs, messages and graphics examined the HIV/AIDS epidemic as the country's next human resource issue

Inspiration, a hope" and "Live Positive", the features were accompanied by colour photographs of HIV positive women who had been interviewed and came out openly about their experiences. Another notable article was a full-page feature in *The Economic Times* accompanied by photographs, messages and graphics. It examined the HIV/AIDS epidemic as the country's next human resource issue. A selection of four different articles that focussed on this theme and attractive graphics made it compelling reading. Several newspapers in both languages carried prominently reports on the new trend of declaring one's HIV status before marriage.

Reportage on the impact of HIV/AIDS in rural areas was scant in both languages. One such article in *The Deccan Herald,* titled 'Community efforts keep dreaded virus at bay', did deal with the spread of the epidemic in villages. Though the headline projects an alarmist image, the story was a positive account of village elders taking the initiative in educating the youth on safe sex. Most of the coverage in Kannada appears to have been generated from handouts, such as two stories on a seminar for HIV positive people in Mangalore district.

Gender issues

Women and their concerns in dealing with HIV/AIDS were largely missing from the news, unless it was a feature on HIV positive women's accounts. Other than this, the gender perspective has been excluded from all other coverage by the print media.

Tone

The language used was neutral on the whole. It was not disturbing though a few stories used terminology with insinuations. For instance, terms like *naraka yatane* were used twice in the Kannada papers even when the story was positive. Though none of the reports were disproportionately alarming, the figures reflected the reality of the spread of the infection. There were references in both categories of the media to the AIDS scare/deadly disease/tide of the epidemic/the virus continues to ride/dreaded disease/patients/scourge. Other panic-causing terms included 'time bomb', 'killer/deadly/fatal disease' and 'AIDS is making India shiver.'

Most of the photographs were related to events, such as the one accompanying the candlelight memorial day to honour infected persons who died and photographs relating to Miss Universe. A notable variation was the photo-only news item in *The Deccan Herald* of an infected Mizoram couple with the caption linking their personal story to the HIV/AIDS situation in the state. Features on the lives of positive women describing their experiences were accompanied by prominent photographs of them. The photograph in the *New Indian Express* of a sand-sculpture of skulls as part of an HIV/AIDS awareness campaign was disturbing. It created fear and unease that could result in dis-

criminatory behaviour with HIV positive people. Similarly, a photo caption in *The Deccan Herald* on the '*Breakthrough*' campaign was negatively titled, "Targeting a scourge." A better alternative, for instance, was the headline to the same story in *The Hindu* - "Do you care for your sweetheart?"

Graphics also need to be used with care. The one accompanying an article in *Udayavani* depicts skulls, an alarmist imagery giving rise to fear against HIV/AIDS. The Kannada media however, made little use of photographs. Those carried were of celebrities or politicians.

CONCLUSION

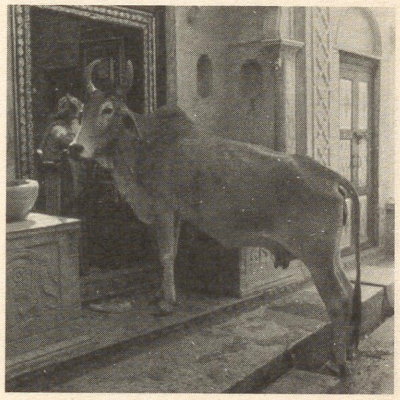
The absence of readers' feedback in the form of Letters to the Editor or articles relating to HIV/AIDS – except for one in *Vijay Karnataka* – indicates a general lack of public involvement in the media coverage of HIV/AIDS. Four editorials were carried by the English press, while there were none in the Kannada press.

Several items in the Kannada press featured dubious claims such as cow urine as a possible cure for HIV/AIDS, without adequate supporting data. News of this nature needs to be reported with care and caution. There were also several small news releases on camps held regularly in various parts of the state to cure 'diseases' such as HIV/AIDS. Again, these news items have been carried by the newspapers without verifying the veracity of such claims. Stories and advertisements on "cures" for HIV/AIDS need to be cross-checked by experts before being published. In fact they need to be debunked so that gullible readers are not misled.

There was no coverage relating to HIV/AIDS in the two magazines scanned in May/June. Magazines have an extended shelf life as compared to newspapers and this opportunity needs to be exploited.

Nevertheless, the language media in Karnataka merits special mention for some of its initiatives in covering the issue. These include:

- A regular column in *Udayavani* that emphasises the efforts to stem the spread of HIV/AIDS.
- An investigative report in *Vijay Times* on the negligent and indifferent treatment meted out to visitors at a Voluntary Counselling and Confidential Treatment Centre (VCCTC) at a hospital in Bellary.
- A feature story in *Vijaya Karnataka* giving comprehensive information on a helpline established by the Asha Foundation for those affected by HIV/AIDS. The story was well written, gave a lot of information on the issue, used the Red Ribbon logo to highlight the topic and supplied the helpline numbers.



Several items in the Kannada press featured dubious claims such as cow-urine as a possible cure for HIV/AIDS, without adequate supporting data. News of this nature needs to be reported with care and caution



A small report in *Suryodaya* on the incidence of HIV/AIDS among BSF soldiers appeared on the front page. The infections are played up in a manner that indirectly stigmatises the entire force

Stigma and Discrimination

Despite such heartening developments, the subtext of media reports reveals stigma and discrimination in overt and covert forms. The orientation and slant of some stories gives a mixed message. This could indirectly lead to the marginalisation, exclusion or discrimination of affected groups who could feel a sense of shame, discredit and psychological trauma.

Most reports are passive and seemingly neutral, but the language used in some cases is negative and loaded. For instance, there are some articles that carry headlines which blame a particular segment of society. The headline of a prominently placed, long article in *The Hindu*, 'HIV infection is more among non-literate pregnant women,' clearly blames this group for being carriers of the virus. Moreover, the headline is misleading as the article deals with the fact that the low literacy levels of many of those affected needs to be addressed by designing different approaches to HIV/AIDS prevention. The spin-off effect of such a headline is that it could lead to stigma and discrimination of the "non-literate pregnant woman".

A report in *The New Indian Express* states: "Of the 1,300 persons registered with ARV therapy centres in the state, the majority are men, mostly those who had been working in other states. Many belong to the middle class and lower middle class." This again could convey the impression that the virus is present only among a certain segment of society and those who are migrants. The reality however is that the epidemic can be found across all classes of people. In yet another case, the headline reads, 'Men continue to be in high risk group.' The article on drought and HIV/AIDS in *Vijay Times* points to families facing poverty but has an extremely negative and judgemental statement saying women are resorting "to prostitution as an easier way of making money rather than working in a legitimate manner."

In the Kannada press, a small report in *Suryodaya* on the incidence of HIV/AIDS among BSF soldiers appeared on the front page. It stated that 98 of the two lakh soldiers are affected by the virus. The infections are played up in a manner that indirectly stigmatises the entire force. There is no other qualifying statement or balancing opinion. Another news item in *Suryodaya* that pointed to a particular segment of people as carriers of the virus related to the Mumbai police. Carried prominently in the central section of the newspaper, it was based on the growing number of infections in the Mumbai police and that the affected men are allowed to avail of medicines from police hospitals.

A small report in *Vijaya Karnataka* reveals the research findings that Indians and

blacks in South Africa are more prone to HIV/AIDS and that they are not ready to accept this fact. The report does not explain the reasons why these communities are more prone or the wider findings of the study.

On the other hand, there are stories that go a long way in reducing prejudice. A report in *The Hindu* refers to the, "success of networks formed by HIV-infected people. These networks helped in lobbying government for better access to medicines and mobilising popular support for the battle against stigma and discrimination. ....It was only in 2003 that NACO started seeing the networks formed by HIV-infected people as partners in the fight against stigma and discrimination and in the task of providing relevant information to the needy."

Another positive story in *The Hindu* on an awareness-raising campaign includes useful information on transmission and modes of prevention. By repeatedly conveying such facts, the media can break myths about the mode of spread of the virus and thereby, discriminatory treatment of infected persons.

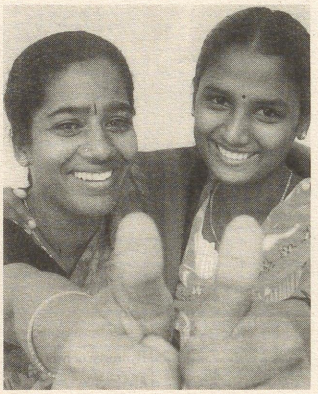
The coverage on Telgi by *The Times of India* and *Vijay Times* brings out the important issue of human rights of positive people as well as their constitutional rights. The reports highlight that as an infected person he was being meted discriminatory treatment and kept in solitary confinement in contravention of the Supreme Court ruling on the matter.

Interesting reports in *The Times of India* and *The New Indian Express* draw attention to the new custom of asking would-be grooms to produce an all-clear signal on the HIV/AIDS front. One of the reports even goes on to warn: "There is a flip side - there are cases where the alliance has been called off after the family of the girl or the boy sought such a certificate. The stigma attached to AIDS as a sexually transmitted disease still prevails." Even an editorial was carried on the benefits and impact of such new social norms. Another report in *The New Indian Express* headlined, 'Now in matrimonial columns: HIV status,' goes on to say, "Being HIV positive is not as much taboo as it was earlier."

Noteworthy is the willingness of HIV-positive people to come out about their status. *The Hindu* and *The Deccan Herald* have carried first-hand accounts of HIV positive people leading lives in a wholesome manner, ("I'm HIV positive...if I can lead a normal life, so can you") bringing out the need for better understanding and sensitivity by society. The features are accompanied by prominent photographs of cheerful women who do not feel the need to hide their positive status. ■



There are stories that go a long way in reducing prejudice. Networks formed by HIV-infected people helped in lobbying with the government for better access to medicines and mobilising popular support for the battle against stigma and discrimination



Human interest stories, done properly, make interesting reading and are able to provide a face to the numbers issue. The accounts of infected people living productive lives convey a hopeful approach in a scenario that is otherwise considered bleak

- *Vijaya Karnataka* also carried a small announcement of an innovative phone-in programme by Akashvani addressing queries on preventing parent to child transmission of the virus. However, the headline did not indicate the nature of the programme, which might have resulted in a lesser number of people tuning in to the programme.
- There was an inspirational story in *Vijaya Karnataka* about a girl named Asha who discovered she was HIV positive within months of her marriage and was now working with an NGO to help other infected people. The story conveyed hope and was well done.

OVERALL COMMENTS & RECOMMENDATIONS

The survey reveals that the coverage of HIV/AIDS issues is not of high priority in the Karnataka media. The reporting is scanty and sporadic. While one may take comfort in the growing number of stories on the subject, yet most are passive, spot reports that are fairly simplistic and of a routine nature. Qualitative/opinion making/advocacy related coverage is limited.

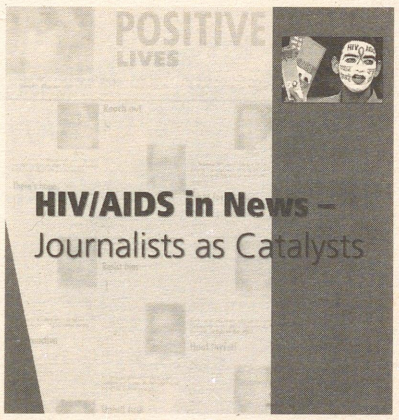
- Human interest stories, done properly, make interesting reading and are able to provide a face to the numbers issue. The accounts of infected people living productive lives convey a hopeful approach in a scenario that is otherwise considered bleak.
- The focus of coverage needs to be on 'what next' and not on 'how' the virus was contracted.
- Most news reports look at HIV/AIDS in isolation, without any supporting assessment of the quality of life of those affected. It could in fact be integrated into the general coverage by newspapers on health and quality of life. There was only one such article, in the Kannada daily *Udayavani*.
- News events or stories that have scope for more detailed inquiry into the various dimensions of the epidemic were seldom exploited. These need to be followed up and developed.
- The publishing of so-called "cures" for HIV/AIDS needs to be critically explored. Such items need to be verified and cross-checked, not treated as any other product.
- There was no sharing of information on HIV/AIDS between sister-publications, such as *The Deccan Herald* and *Prajavani*.
- Cartoons or health capsules are a rich source to inform and raise awareness. However, there was not a single cartoon or health capsule which focussed on HIV/AIDS during the survey period.
- The red ribbon logo associated with HIV/AIDS attracts the eye wherever it has been used and needs to be encouraged.
- While it is necessary to report cases of suicides and murders of people living with HIV/AIDS, these also provide the opportunity for social-interest messages to be car-

ried along with the story. This could be in the form of mandatory information carrying helpline numbers or the contacts of VCCTCs, or even messages conveying hope. There was no attempt to do this in any of the stories in Kannada in particular.

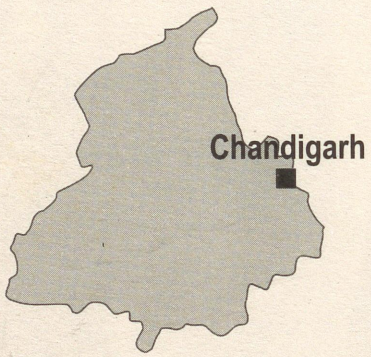
- An exposure programme for editors, stringers and local journalists needs to be conducted to strengthen media awareness at the grassroots. It is only when a basic understanding is achieved of a very complex issue, that an understanding of stigma and discrimination can be attempted. For instance, journalists can be oriented on the use of appropriate non-discriminatory language and terminology related to HIV/AIDS. However, concerns about use of discriminatory language and about subtle stigmatising messages sent out by stories require a sound base understanding by the media of HIV/AIDS and its significance. ■

Shangon Dasgupta

(Director, Communication for Development and Learning, Bangalore)



An exposure programme for editors, stringers and local journalists needs to be conducted to strengthen media awareness at the grassroots. Journalists can be oriented on the use of appropriate non-discriminatory language and terminology related to HIV/AIDS



HIV/AIDS in News: Punjab

THE BACKDROP

Punjab is not a high HIV/AIDS prevalence state but it is an extremely vulnerable one. According to official data collected till April 2005, there are 2034 people in Punjab who are HIV positive and another 334 people diagnosed with AIDS. There have been 92 virus-related deaths. HIV testing facilities exist in 17 district hospitals and in the four medical colleges of the state.

Punjab has large sections of population that are constantly on the move. Away from their families for long periods, these groups make the state at high risk to the infection

Punjab has large sections of population that are constantly on the move. Away from families for long periods, these groups make the state at high risk to the infection. Not only does Punjab have a large number of transport sector workers such as truck drivers who travel all over the country, a sizeable section of its population is in the defence services. There is a large and mobile business class and also rural youth seeking employment in other parts of the country as well as abroad. In addition, for some time past Bangladeshis wanting to go to Pakistan have been passing through Punjab. They are all part of the state's shifting population, including its large migrant agricultural workforce.

Another small but growing group is that of terrorists who have either come from Pakistan or visited it. An increasing area of concern is Punjab's notoriously unequal sex ratio that has led to young men looking for and even buying brides from other regions. The state's prosperity has also seen a boom in commercial sex work. A very serious problem in the state is its massive substance abuse which again puts many people at risk of acquiring the infection.

THE STUDY

To examine how the English and regional language print media in Punjab has been covering the issue, a survey was carried out. Four newspapers each in English, Hindi and Punjabi respectively and one in Urdu newspaper were scanned. The study period covered one month of intensive scanning for all 13 newspapers from May 8-June 10, 2005. In addition, a Punjabi and Hindi newspaper were selected to be scanned for a longer period for six months from January onwards to gain a fuller understanding of the influential language press. In all, 111 stories on HIV/AIDS in all publications tracked were analysed for this study.

From the findings of the six-month survey it was evident that the English press led in

Table 1: Newspapers Analysed and Number of Stories on HIV/AIDS

English (Chandigarh editions)	Punjabi	Urdu	Hindi
The Tribune	Jagbani (Jalandhar)	Hind Samachar (Jalandhar)	Punjab Kesri* (Jalandhar)
The Indian Express	Ajit (Jalandhar)		Dainik Ajit (Jalandhar)
Hindustan Times	Punjabi Tribune* (Chandigarh)		Dainik Bhaskar (Chandigarh)
The Times of India	Desh Sewak (Chandigarh)		Amar Ujala (Chandigarh)
No. of Stories – 79	**No. of Stories – 9**	**No. of Stories – 3**	**No. of Stories – 20**

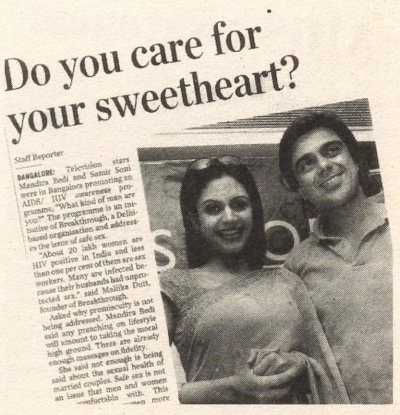
* These newspapers were scanned for HIV/AIDS stories from January onwards

the publication of HIV/AIDS related news, features and editorials as it had carried 79 of the total identified news items. This forms a huge 71% of the coverage on the issue. Hindi papers were next with 20 news items on the subject comprising 18% of the coverage. This was followed by the Punjabi media that had nine news items forming eight per cent of the overall reportage. The Urdu press had just three items representing three per cent of the coverage.

The maximum number of stories (28%) was carried by the English edition of *The Tribune* published from Chandigarh, followed by *The Times of India* (Chandigarh) 19%, *Hindustan Times* (Chandigarh) 16% and *The Indian Express* with 8% of the stories. *Punjab Kesri* led in the language newspapers with 7.2% of the stories on HIV/AIDS, while *Dainik Bhaskar* and *The Tribune* in Punjabi had 6.3% respectively.

Nearly 40% of the stories were accompanied with photographs or other visuals. They were largely well displayed, most of them being given two columns or more of space. However, only four per cent of the stories were on the front page.

A majority of the news items on HIV/AIDS (44%) were of national complexion, such as release of all-India figures by NACO and celebrity endorsement drives like the release of a music album by Mandira Bedi and Samir Soni, 35% stories were of state level such as reports of an incident in Ludhiana in which a pregnant woman received infected blood from a private nursing home, and 15% were global in nature. Just 15% and 11% stories included individual perspectives and community concerns.


Do you care for your sweetheart?

Staff Reporter

BANGALORE: Television stars Mandira Bedi and Samir Soni were in Bangalore promoting an AIDS/ HIV awareness programme. "What kind of man are you?" The programme is an initiative of Breakthrough, a Delhi-based organisation and addresses the issue of safe sex.

"About 90 lakh women are HIV positive in India and less than one per cent of them are sex workers. Many are infected because their husbands had unprotected sex," said Mallika Dutt, founder of Breakthrough.

Asked why promiscuity is not being addressed, Mandira Bedi said any preaching on lifestyle will amount to taking the moral high ground. There are already enough messages on fidelity.

She said not enough is being said about the sexual health of married couples. Safe sex is not an issue that men and women are comfortable with. This

A majority of the news items on HIV/AIDS (44%) were of national complexion, such as release of all-India figures by NACO and celebrity endorsement drives like the release of a music album by TV actors Mandira Bedi and Samir Soni



AIDS awareness camp

TRIBUNE NEWS SERVICE

MOHALI, MAY 21

Members of the Disabled Persons Welfare Organisation, Punjab organised an AIDS awareness camp in Nayagaon village near Chandigarh. More than 250 persons attended the camp.

Mr. Paramdeep Singh Bhabat, president of the organisation, said it should be obligatory for a couple to undergo a blood test before

The camp was inaugurated by Mr Narinder Bhatia and Mr Sunil Ahuja. They appreciated the move of the organization. Mr Dharam Pal Rana, general secretary of the organisation, said parents should feel free to educate their wards about this disease.

Mr Deepak Rohela, vice-president, told that people should use disposable syringes when required. He added that they should insis that barbers use fresh blade for shaving. He pointed ou

The press here has begun noticing the epidemic, but confines it to the observation of spot reports of events, seminars, workshops, press conferences and occasional public statements of people living with HIV/AIDS

The subject of these stories related to treatment and care of those affected by the virus in 61% items, spread of the epidemic in 34% cases and 14% dealt with medical research. Only six per cent items referred to stigma against those affected by HIV/AIDS, such as a story from Kerala on the controversy over opposition to infected persons being buried in a church graveyard, and 15% were alarmist in nature. About 20% stories also had alarmist headlines. These include a story titled, "AIDS more dangerous for Assam Rifles than Rebels," and another titled, "All Punjab cops told to take AIDS test." An important finding is that about 49% stories had a positive impact, such as a report on local folk theatre in Mandi, Himachal Pradesh being used as an unusual awareness creating tool and several inspiring reports on the life histories of HIV positive women. Twenty five per cent stories had a negative complexion such as the report of a dubious so-called 'AIDS cure' while 28% were neutral. The latter included a slew of stories on the inauguration of a Care Centre for infected people by the Administrator of the Union Territory.

Some stories seemed to blame a particular section of society for spreading the virus. Nineteen per cent stories blamed women and sex workers, such as a story from Chandigarh titled, "*Commercial sex workaron ke jaal mein phansi jawani*," 12% blamed injecting drug users and 4 per cent attributed the virus to truck drivers. Related to this are the few stories that associated HIV/AIDS with specific behaviour in a judgemental manner — nine per cent linked it to extra-marital behaviour through statements warning truck drivers for instance against such relationships and three per cent to crime, such as the acid attack story and the one on an attempt to rob HIV positive blood. Another level of analysis revealed that some stories did look at HIV/AIDS in a holistic manner in relation to its impact on gender issue (13%), migration (3%) and human trafficking (3%).

The study makes it clear that the press here has begun noticing the epidemic, but confines it to the observation of spot reports of events, seminars, workshops, press conferences and occasional public statements of people living with HIV/AIDS. At first glance, it may appear that the press has been quite accommodating in covering the subject. But it has a long way to go before complex issues of socio-economic and medical nature are handled.

COMPOSITION OF PUNJAB PRESS AND ITS IMPLICATIONS

Of relevance is the particular composition and nature of the Punjab press. The Punjab media can be divided into three categories. One is the English language national newspapers headquartered outside Punjab but which have started publishing from this region, like *Hindustan Times*, *The Times of India* and *The Indian Express*. These papers reflect the policies and attitudes of their parent editions though with

some regional variation. They are published mostly from the state capital Chandigarh and Jalandhar, an old centre to which newspapers displaced from Lahore shifted after Partition. Quite a few opinion-making sections of Punjab population are fond of English papers published from outside the state, such as *The Hindu*, *The Telegraph* and *The Asian Age*.

The second category comprises Hindi newspapers that were established outside Punjab but bring out editions from the state, like *Dainik Bhaskar, Dainik Jagran* and *Amar Ujala*.

The third category is newspapers of regional origin that are published in Punjabi, Hindi and Urdu. These include *The Tribune*, *Punjab Kesri*, *Ajit*, *Desh Sewak*, *Nawan Zamana*, *Jagbani*, *Hind Samachar* and several other smaller papers. These regional papers are more traditional, conservative and local-oriented. *The Tribune*, in fact, can be taken as a category by itself. It has editions in English, Hindi and Punjabi. The paper tries to maintain its original regional character but takes note of national and global news trends.

Interestingly, the English and Hindi newspapers form the dominating influence, with Punjabi papers coming next. Earlier, the Urdu papers had been most influential, but all of them started Hindi or Punjabi editions after shifting from Lahore. The Tribune, that originally started publishing in English, came out with its Hindi and Punjabi editions much later.

Looking at coverage of HIV/AIDS in these distinct groups, it is clear that the English press is active in publishing news of the issue including some analytical articles and those on medical research. However, the Hindi and Punjabi papers of regional origin have yet to take serious notice of the subject. Hardly any space is spared for news or features related to HIV/AIDS. Some papers bring out weekly or occasional one page supplements on health but these are devoted to handling heart disease, asthma, eye problems, digestive disorders, women's ailments and even cancer among others. There is rarely anything on HIV/ AIDS.

While the English newspapers do give space to items concerning awareness and preventive efforts, HIV/AIDS stories that qualify for publication in the regional language press are mostly those that have an unusual human-interest element. The stories that the Hindi and Punjabi language press seems to welcome are of a beauty pageant of HIV positive women even though in distant Kathmandu, the visit of HIV positive women from South India who openly talked of their personal experiences and stories on marital disputes arising out of the situation.


عجب کہی

اور اب چپ والا کنڈوم

نئی دہلی 26 جون (ت س) آبادی میں دھماکہ خیز اضافہ اور ایڈز کے خطرے کو روکنے کیلئے سرکار نے ایک خاص قسم کا کنڈوم بازار میں اتارنے کی سکیم بنائی ہے جو اپنی جدید ترین تکنیک اور مناسب استعمال کے لحاظ سے نہ صرف ان دونوں پیچیدہ مسائل پر روک لگانے میں مددگار ثابت ہوگا بلکہ کنڈوم استعمال کے بیداری بڑھانے کے مقصد میں بھی کھرا اترے گا۔ چینی میں واقع ایک اپرواسی بھارتیہ نے عورت اور مرد دونوں کے استعمال میں آسکنے والے اس کنڈوم کو ایجاد کیا ہے۔ اس کنڈوم میں ہیٹری سے چلنے والی ایک چھوٹی سی چپ لگائی گئی ہے۔ سب سے بڑا مسئلہ یہ ہے کہ بھارت میں ایڈز کے کیس بڑھنے کے باوجود کنڈوم کم استعمال میں لایا جاتا ہے۔ افسروں کا ماننا ہے کہ اس نئی تکنیک کے استعمال سے کنڈوم کے بارے میں لوگوں کا رجحان بڑھے گا۔ بھارت میں کل مانع حمل طریقوں میں کنڈوم کا حصہ 4 سے 5 فیصد ہی ہے۔ جبکہ مغربی

The English and Hindi newspapers form the dominating influence, with Punjabi papers coming next. Earlier, the Urdu papers had been most influential



WHO/V. Pirot

Much of the media indifference in Punjab is because there is little awareness of the immediacy of the epidemic. It is not viewed as prevailing in the state in any significant manner to warrant urgent attention

The Urdu press seems interested only if in its opinion there is an angle that is likely to interest its particular readership. For instance, it completely overlooked several significant news stories relating to HIV/AIDS that broke during the survey period, such as release of national HIV/AIDS figures and the controversy that followed. But it used advice by actress Mandira Bedi on HIV/AIDS, a visit to Kolkata by Pakistani sex workers who discussed with their counterparts the need for greater awareness about the virus and carried a wildly exaggerated feature on the development of a condom with a microchip to prevent the HIV/AIDS infection.

SUMMING UP

Much of this media indifference in Punjab is because there is little awareness of the immediacy of the epidemic. It is not viewed as prevailing in the state in any significant manner to warrant urgent attention. The study clearly shows that a story on HIV/AIDS will be accommodated if it is easily available, otherwise the press is unlikely to search for stories or even investigate the ones discovered from time to time.

A glaring example is the media coverage of the visit to Chandigarh by a group of HIV positive women from South India to create greater awareness by recounting their experiences. The women came out with relevant and useful information that provided the human interest copy. The event received wide coverage, with several newspapers interviewing the women and their views and photographs received ample space. These were stories of brave women who overcame difficult emotional, physical and economic situations. Some of them faced social discrimination and stigma.

Though several media persons acknowledged that these stories were both inspiring and readable, none tried to look for similar examples in the state itself. There are bound to be stories of social discrimination and stigma in Punjab too and the struggle of people living with HIV/AIDS to overcome this. Most of the time however, the media is satisfied with reproducing official handouts or reporting 'spot stories' of personal experiences. These include the reports of a woman in Nawanshahar district who claimed to have been duped into marrying an HIV positive man or the story from Ludhiana of a pregnant woman being given an infected blood transfusion.

All these stories have been handled as straightforward crime reportage. A number of newspapers reported in detail over a period of time developments in the incident of the couple who filed criminal charges against each other after the woman suffered an acid attack. She claimed that her estranged husband had retaliated after she left him on finding out that he had concealed his HIV positive status from her at the time of marriage. There was no attempt to investigate the background to the story or raise issues

such as the rights of the partner of an infected person. No one was wiser after reading the spate of stories on the incident.

Again, a story on '*safai karamcharis*' or cleaning staff in Amritsar being exposed to the HIV infection due to unsafe handling of medical waste was half-baked, carrying incomplete information.

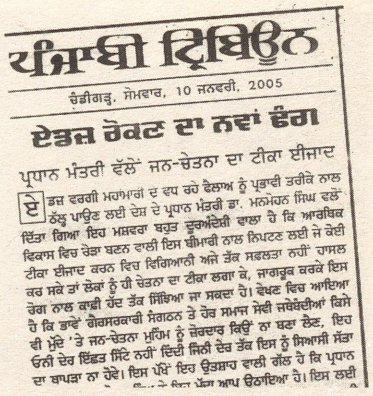
While the language used in reporting is largely innocuous, this could be because most stories are routine and based on handouts or picked up from wires services. Another observation of the survey is that a large number of stories in the English media originate outside Punjab. Not only are few stories from the state written with flair and panache, local journalists also need to look for more stories from the region.

The reason for the regional language media in particular turning a blind eye to the epidemic may lie in the conservative nature of this section of the press and its hesitation to discuss this delicate issue. For instance, while there have been several detailed and well displayed reports about people coping with the infection contracted from suspected blood transfusion as in the case of the pregnant woman in Ludhiana, stories relating to issues such as alternate sexuality, extra marital relationships and drug addiction are completely avoided. While it is known that the reality of drug addiction is a massive problem, the various aspects of the epidemic spreading among injecting drug users are almost never addressed. Again, a very large number of truck drivers originating from Punjab ply all over the country. Instead of taking up issues relating to them the press seems rather to turn a blind eye to such matters.

While generally the worst that can be said about the Punjab media's coverage is its lack of interest in the issue, stories that fuel stigma and discrimination against people affected by the virus are few unlike in other states. However, these need to be pointed out. For example the story in Amar Ujala blames 'loose' women such as commercial sex workers for spreading the virus among middle class youngsters even while absolving the men who are their willing clients.

The article has a bullet point saying, "Prostitution has spread even in the city's prosperous localities." In the worst display of class consciousness, it reports on Chandigarh's well-off 'Sectors' too being in the grip of a vice that makes them vulnerable to the HIV/AIDS infection. Such reporting links the virus with the poor and those segments that are of 'bad character'. The article associates HIV/AIDS as an infection of the 'others', implying that the rich are morally pure and therefore generally immune to it.

Another story that ostracises an entire community is the one headlined, "*Safai sewaks*


ਪੰਜਾਬੀ ਟ੍ਰਿਬਿਊਨ

ਚੰਡੀਗੜ੍ਹ, ਸੋਮਵਾਰ, 10 ਜਨਵਰੀ, 2005

ਏਡਜ਼ ਰੋਕਣ ਦਾ ਨਵਾਂ ਢੰਗ

ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਵੱਲੋਂ ਜਨ-ਚੇਤਨਾ ਦਾ ਟੀਕਾ ਈਜਾਦ

ਏ ਡਜ਼ ਵਰਗੀ ਮਹਾਮਾਰੀ ਦਾ ਵਧ ਰਹੇ ਫੈਲਾਅ ਨੂੰ ਪ੍ਰਭਾਵੀ ਤਰੀਕੇ ਨਾਲ ਠੱਲ੍ਹ ਪਾਉਣ ਲਈ ਦੇਸ਼ ਦੇ ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਡਾ. ਮਨਮੋਹਨ ਸਿੰਘ ਵਲੋਂ ਦਿੱਤਾ ਗਿਆ ਇਹ ਮਸ਼ਵਰਾ ਬਹੁਤ ਦੂਰਅੰਦੇਸ਼ੀ ਵਾਲਾ ਹੈ ਕਿ ਆਰਥਿਕ ਵਿਕਾਸ ਵਿਚ ਰੋੜਾ ਬਣਨ ਵਾਲੀ ਇਸ ਬੀਮਾਰੀ ਨਾਲ ਨਿਪਟਣ ਲਈ ਜੇ ਕੋਈ ਟੀਕਾ ਈਜਾਦ ਕਰਨ ਵਿਚ ਵਿਗਿਆਨੀ ਅਜੇ ਤੱਕ ਸਫਲਤਾ ਨਹੀਂ ਹਾਸਲ ਕਰ ਸਕੇ ਤਾਂ ਲੋਕਾਂ ਨੂੰ ਹੀ ਚੇਤਨਾ ਦਾ ਟੀਕਾ ਲਗਾ ਕੇ, ਜਾਗਰੂਕ ਕਰਕੇ ਇਸ ਰੋਗ ਨਾਲ ਕਾਫ਼ੀ ਹੱਦ ਤੱਕ ਸਿੱਝਿਆ ਜਾ ਸਕਦਾ ਹੈ। ਵੇਖਣ ਵਿਚ ਆਇਆ ਹੈ ਕਿ ਭਾਵੇਂ ਗੈਰਸਰਕਾਰੀ ਸੰਗਠਨ ਤੇ ਹੋਰ ਸਮਾਜ ਸੇਵੀ ਜਥੇਬੰਦੀਆਂ ਕਿਸੇ ਵੀ ਮੁੱਦੇ 'ਤੇ ਜਨ-ਚੇਤਨਾ ਮੁਹਿੰਮ ਨੂੰ ਜ਼ੋਰਦਾਰ ਕਿਉਂ ਨਾ ਚਲਾ ਲੈਣ, ਇਹ ਓਨੀ ਦੇਰ ਇੱਛਤ ਸਿੱਟੇ ਨਹੀਂ ਦਿੰਦੀ ਜਿੰਨੀ ਦੇਰ ਤੱਕ ਇਸ ਨੂੰ ਸਿਆਸੀ ਸੱਤਾ ਦਾ ਥਾਪੜਾ ਨਾ ਹੋਵੇ। ਇਸ ਪੱਖੋਂ ਇਹ ਉਤਸ਼ਾਹ ਵਾਲੀ ਗੱਲ ਹੈ ਕਿ ਪ੍ਰਧਾਨ

The reason for the regional language media in particular turning a blind eye to the epidemic may lie in the conservative nature of this section of the press and its hesitation to discuss this delicate issue



What needs to be addressed is the media's lack of urgency about the state's HIV/AIDS situation and its many implications

found HIV positive.' Two others say that AIDS has felled more men in the Assam Rifles than the enemy and all Punjab cops being made to test for HIV/AIDS. Not only are these stories misleading as they do not highlight the fact that only a few people in each of these groups have been found infected, but opportunities to raise several pertinent issues associated with the virus are not taken up. These stories could have looked at the individual's right of granting consent before being tested for the virus and if the infected persons' rights to confidentiality and fair treatment by employers was being met or not.

It is also common for almost all stories to use terms like "AIDS patients' to describe HIV positive persons whether they are sick or not, use the ostracising Punjabi word '*kauda*' or leper to describe an infected person and say '*AIDS ka danav*' or AIDS ka demon' and 'viral tsunami' to point out the threat of the virus. Such terminology adds to the fear and horror against HIV/AIDS, a feeling that can be imperceptibly transferred by some readers to those affected by the virus and influence interactions with them.

However, this can be dealt with by proper motivation and orientation of media-persons. This is evident in the recent performance of the English edition of *The Tribune*. The quantity and quality of its coverage on HIV/AIDS has greatly improved in the past few months with a shift in news focus, direction from top personnel and extra effort at the reporting level. Unfortunately, the Hindi and Punjabi editions of the paper do not reflect the same concern.

RECOMMENDATIONS

- Routine stories based on speeches, statements and press conferences are not creating an impact. To be noticed, more features and human interest stories must be attempted. What needs to be addressed is the media's lack of urgency about the state's HIV/AIDS situation and its many implications.
- The press can add weight to its stories on HIV/AIDS by taking the comments of public figures such as social activists, spiritual leaders, filmstars and even politicians.
- As far as possible, editorial matter needs to be related to familiar local situations. Even stories emanating from distant places can be reoriented to inject a familiar flavour.
- There is scope for information-based educative news on HIV/AIDS but it needs to be presented in a more interesting manner. This calls for more research-effort and gathering of background material not only by journalists but also by NGO's and official agencies involved.
- Media persons must be motivated enough to chase more stories on HIV/AIDS and consider the issue of significant importance. Media organisations could even con-

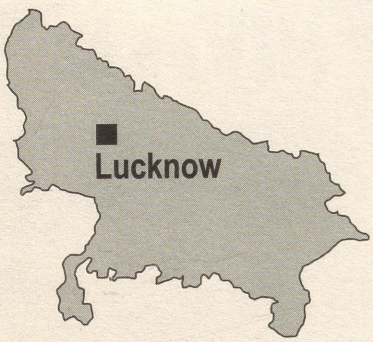
sider assigning the work to its specialised staff.

- Instead of mere reporting, a pro-active approach is necessary. More investigative and interpretative stories need to be attempted. A special effort needs to be made to explore elements of stigma and discrimination in stories concerning persons living with HIV/AIDS.
- The media must be vigilant that its reporting does not give rise overtly or covertly to stigma and discrimination against those affected.
- There is scope for more editorials to be written on the subject.
- The eye-catching symbol of the Red Ribbon that symbolises HIV/AIDS should be used more often with the stories.
- A training programme for the media should include building of awareness, take into account motivation levels for covering such stories, help in identifying sources of information and look at the manner of treatment of HIV/AIDS stories. ■

Prem Kumar
Former resident editor, The Indian Express, Chandigarh



There is scope for more editorials to be written on the subject. The eye-catching symbol of the Red Ribbon that symbolises HIV/AIDS should be used more often with the stories



HIV/AIDS in News: Uttar Pradesh

Uttar Pradesh's large migrant population and low levels of healthcare make it particularly prone to the epidemic. However, the epidemic is low in visibility

THE BACKDROP

Uttar Pradesh, the country's most populous state, is a highly vulnerable region with regard to spread of the HIV/AIDS virus. Its large migrant population and low levels of healthcare make it particularly prone to the epidemic. However, the epidemic is low in visibility here, recording 1.4% of the total number of HIV/AIDS cases reported from across the country. In 2004, UP had 10,896 people infected with HIV/AIDS. The prevalence rate is 0.8% in groups considered high-risk and 0.23% in the rest. Districts with high levels of infection include Varanasi, Allahabad, Lucknow, Agra and Gorakhpur.

THE STUDY

A content analysis of the coverage of HIV/AIDS by newspapers published from UP was carried out from January 1–June 8, 2005, in two parts. For the first five months of the survey from January to May, two Hindi dailies, *Dainik Jagran* and *Hindustan*, were considered. For a month from May 8–June 10, 2005, an intensive scan was carried out of all major print media in the state. This included 13 newspapers and a weekly. All of them have either originated from the state or are national papers with editions from Lucknow. The study revealed that a total of 165 articles related to HIV/AIDS were published in the print media during this period.

Table 1: List of UP Newspapers Tracked

Hindi	English	Urdu
Aaj	The Pioneer	Apna Akhbar
Rashtriya Swaroop	The Times of India	
Sahara Samay	Hindustan Times	
(Weekly newspaper)		
Swatantra Bharat	The Indian Express	
Amar Ujala		
Hindustan		
Dainik Jagran		
Jansatta Express		
Rashtriya Sahara		
126 news items	**36 news items**	**3 news items**

Findings

The analysis of HIV/AIDS reportage shows that the issue has high visibility with a large number of stories published. Except for a single day, stories on the subject appeared on all the other days of the month-long intensive analysis. The coverage peaked to as many as 14 articles on one particular day. An average of 3-4 articles appeared daily.

Of the 165 articles, 119, or 72 per cent, were news stories, 28, or 17 per cent, were features and four were editorials. Fifty-three stories had accompanying photographs while 11 items were only photographs. Most stories (85%) were placed on the inside pages, with seven stories appearing on the front page. Eleven stories were published in newspaper supplements.

The maximum number of stories appeared on May 27 and 28, (13 and 14 articles respectively) on the following issues:

- Bill Clinton's visit – 6 articles.
- Union Government's report of reduction in HIV infection rate – 4 articles.
- An HIV/AIDS clinical workshop organised by CII in Lucknow – 14 articles.

The frame of reference of the majority of stories was equally divided between national (60 stories) and state-level (58 stories), indicating that local journalists were quite active in reporting on the situation. Thirty stories were about the global HIV/AIDS situation, 25 dealt with the community-level situation and seven looked at individuals affected. Only 24 stories carried multiple perspectives of all affected parties and 19 stories were particular about maintaining the confidentiality of those living with HIV/AIDS.

On the brighter side, a considerable number of stories (48) expanded the scope of their coverage to examine HIV/AIDS linkages with migration, human trafficking, employment, poverty and gender issues. Another positive finding was that 56 stories correctly reflected the spread of the epidemic from high-risk segments to the general population. Nevertheless, some stories (30) still levelled blame for spreading the virus on particular segments of the population, like women and sex workers, men who have sex with men, injecting drug users, blood donors and truck drivers. These stories also carried covert elements of stigma and discrimination. Many of these articles perpetuate the notion that HIV/AIDS is an epidemic of the poor and uneducated. A *Dainik Jagran* article says: "The poor and illiterate people from Purvanchal region who go to other states return with the infection, which is then spread here by them." This falsely distances the virus from other segments, whereas the epidemic does not discriminate between rich and poor.



A considerable number of stories (48) expanded the scope of their coverage to examine HIV/AIDS linkages with migration, human trafficking, employment, poverty and gender issues



The article conveys a warped message that HIV/AIDS is just punishment for criminal action, an association that reflects negatively on others who are infected

Another 16 stories, or 10% of the coverage, served to perpetuate false notions of the epidemic by associating HIV/AIDS with behaviours such as crime, extramarital sex and multiple partners as well as sexually perverted practices. For instance, a story in *Dainik Jagran* headlined, "Dreaded terrorist in Doda dies of AIDS," opens thus: "There is a saying that those who are cruel, end cruelly," implying that the criminal deserved to die from the virus. The article conveys a warped message that HIV/AIDS is just punishment for criminal action, an association that reflects negatively on others who are infected. The article also points out that "blue films, local girls and virility boosting potions were found in the terrorist's hideout during police raids," indicating that sexually depraved behaviour resulted in the infection. This judgmental attitude intensifies stigma faced by people with HIV/AIDS.

Some stories (25) gave factually incorrect information. For instance, a story in *Jansatta Express* on a scientific breakthrough in treatment raises false hopes without providing any substantial facts to back it. It also has a sub-heading that is misleading and trivialises the infection, "*Tamatar khao-AIDS bhagao*" ("Eat tomatoes and scare away AIDS.")

Creating panic and scare

Some alarmist news items were part of an ongoing series by their newspaper and served to evoke a feeling of doom around HIV/AIDS. The story on tomatoes and AIDS, for example, says: "Everyone is afraid of death, and to top that if one's life is taken inch by inch and one has to put up with discrimination at the same time then it becomes dangerous."

A photograph of a sand sculpture depicting skulls created by an artist, ironically to promote awareness, instead reinforced the fear that life ended with HIV/AIDS. This negative imagery was carried without comment by a number of newspapers.

Headlines in the media (11 stories), like "Hepatitis B not as dangerous as AIDS" and "Four members of a single family have AIDS" or "Entire family in grip of HIV," and "Youth dies of AIDS", not only selectively highlight individual infections that would be likely to lead to their ostracism, but are based only on the fact that someone has contracted the virus. They do not carry any information on prevention and control of the infection or go into other dimensions that would give a full picture.

Words commonly used in the context of HIV/AIDS to describe its serious nature are 'bomb, genocide, dangerous disadvantage, *bhayanak trasadi* or fearsome tragedy'. A popular description to convey the horror of the infection is- *til til kar marna* or dying in slow agony. The terminology expresses the view that HIV/AIDS means agonizing death and the infection is as destructive as a bomb. The fear thus evoked against the virus leads to revulsion against those who have it.

Comparison of regional language and English press

The study shows that there were more articles on HIV/AIDS in the Hindi press in Uttar Pradesh as compared to the English press. While this was partly because more Hindi newspapers are published in the state and were therefore included in the study, the Hindi press did in fact have a greater proportion of stories.

A detailed look at the coverage by the Hindi language media reveals that the two major issues it took up were HIV/AIDS awareness campaigns including those by celebrities and, the spread of the epidemic. Fifty of the 126 articles had a neutral tone since most of the stories were based on press conferences or government releases or were event-oriented reports of workshops, training events or camps. Twenty-one stories had a negative tone. For instance, an article on an infected woman described her as a sex worker and a threat to military personnel in Dehradun; another article attributed an increase in STI and HIV/AIDS infections in Bundelkhand to the growing practice of buying brides from other regions who were blamed for spreading the virus.



Twenty-one stories had a negative tone. For instance, an article on an infected woman who was described as a sex worker and a threat to military personnel in Dehradun

The rest were positive reports like the stories in *Jansatta Express* titled, "AIDS spreading from cities to rural areas," and in *Hindustan* titled, "If Pepsi and Coke can reach villages then why not condoms," "Health administration lax on HIV epidemic," deals with a host of issues around the epidemic in UP and the government apathy.

In comparison, the English press in UP carried a significantly smaller proportion of news on HIV/AIDS but it had a larger number of individual and community-based stories. Six of the 36 stories were related to spot events. The proportion of stories with a neutral tone was also smaller compared to the Hindi press. However, a majority of the articles were informative and analytical, providing a perspective. They were also better displayed.

For further analysis of both categories of the state's print media, their differing manner of reportage of the same news event was studied. Almost all the newspapers had reported on the Union Health Minister announcing a reduction in the transmission rates of HIV/AIDS infections in the country. The reports were carried on May 26 and 27. The Hindi dailies reported it as follows:

- The *Swatantra Bharat* carried a long article on the government's HIV/AIDS figures, the controversy generated by Global Fund's contradiction and a reaction by the Vishwa Hindu Parishad to the Global Fund's claim of differing rates of spread of the virus among Hindu and Muslim populations.
- *Amar Ujala* had a slightly smaller story mentioning the government data and its variance from figures given by the Global Fund.



Nineteen articles in UP discussed care as being a fundamental right of HIV positive people, many of them debunked wrong notions leading to stigma and discrimination faced by positive people

- The *Jansatta Express* only reported the event from the point of view of the VHP press conference that contradicted the Global Fund report. It also had a colour photograph of VHP supremo Ashok Singhal.
- *Aaj* carried three articles on the same day, one on the government mentioning that infection rates have come down and two others that discussed the VHP's contentions.

The English dailies covered the same news in the following manner:

- *The Pioneer* had a total of three news items on the topic. A long news story on May 26 was followed with an editorial on May 27 and also a separate photograph. The editorial welcomed the news of reduced infections but suggested caution.
- *The Indian Express* had a four-column story on the government announcement on the front page which carried over to an equally long concluding section on page two.
- *The Hindustan Times* provided an editorial on the HIV/AIDS numbers.

While adequate space was provided to the news in both cases, the English newspapers carried additional editorial comments that gave a balanced view. Significantly, the English press did not make any reference to the claims by the VHP which raised a religion-based controversy on the rate of spread of the virus. This was quite unlike the Hindi papers, where all but one gave prominent coverage to the issue.

Regarding the Urdu press, there were three articles on HIV/AIDS in the one month of intensive media survey. The stories dealt with the state health ministers' statements and a workshop on the growing number of people in India and UP who are affected, including preventive measures. The articles were largely balanced and neutral in tone.

Media treatment of people living with HIV/AIDS and stigma and discrimination

If the issue of stigma has been raised directly in any of the stories, it has been done so with concern in most cases. For instance, 19 articles discussed care as being a fundamental right of HIV positive people, many of them debunked wrong notions leading to stigma and discrimination faced by positive people and provided inspiring life histories. Some of these stories are briefly described:

English	Story on how infected people are getting married after putting out matrimonial advertisements and declaring their status.
English	Very short item on how survival rates after contracting the virus have increased globally.
English	Article describing the isolation and discrimination faced by a young infected

	girl in Madhya Pradesh
English	Story from Karnataka of a positive woman's efforts to help other infected persons by starting an NGO. Full page story with colour photograph, appearing in a supplement.
Hindi	Three separate stories, two on a beauty pageant in Nepal for positive women and another on a similar pageant in Botswana and the role of diet in ensuring healthy lifespan for positive people.
Hindi	Picture of Miss Universe contestants pledging assistance against the epidemic.
Hindi	Story from Africa of the marriage of an infected couple breaking all social barriers.
Hindi	Three separate media report on an NGO asking for treatment of imprisoned Telgi who is HIV Positive.
Hindi	Two articles on a cultural programme organised in Lucknow to raise funds for those taking ARVs and to spread awareness.
Hindi	Article describing spread of the virus in relation to the vulnerability of the migrant population in eastern UP and preventive efforts by Banaras Hindu University.
Hindi	Discusses the vulnerability of women to the epidemic and the steps being taken by networks of positive women in different states.
Hindi	Launch of a Toolkit by Oxfam relating to prevention and care of positive people.
Hindi & English	Several media reports related to a CII workshop in Lucknow of clinical care of HIV/AIDS affected people.

The workshop on clinical care organised by the CII in Lucknow, with assistance from Australian experts, generated extensive coverage. This could be because most regional-level workshops had only conveyed the threat-perception of the epidemic without giving it the human face that this particular workshop on clinical care did. The different ways in which various newspapers covered this event provides an interesting study.

Five of the news reports, in English and Hindi, took a neutral stance by carrying event-based reports that focussed on who spoke at the inauguration and reported the minister's speech. They did not address the issues that were raised. Four positive reports focussed on what had been said, using the workshop as an event to explore the various dimensions of the virus and its spread. Three stories, however, raised the risk to health-care personnel and their safety concerns in a manner that would add to their fear of treating HIV/AIDS affected persons. In its story titled, "AIDS: Paramedics be careful," *The Times of India* said there is a 'high danger zone for those who are in charge of the patients. Even simple accidents cause immediate infection." It highlighted the



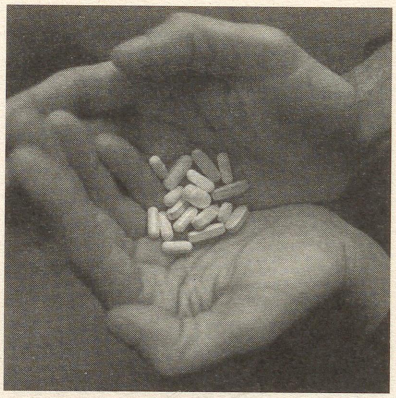
AIDS: Paramedics, be careful

Lucknow : As per WHO figures, one out of every 100 living human being is infected with Human Immuno deficiency virus (HIV) which leads to AIDS. ...ually boils down to a "high danger zone" for ... charge of the patients. ...like getting pricked by the ...patients or spilling ...comes

दैनिक जागरण

एड्स के निशाने पर हैं चिकित्साकर्मी

Three stories, however, raised the risk to health-care personnel and their safety concerns in a manner that would add to their fear of treating HIV/AIDS affected persons



A speculative report on ARVs quotes the instance of a man losing his mental balance after taking the drugs and attempting to murder his wife. Again, the news is one sided, as it does not carry any supportive statements by doctors

statement that in a place like UP in which the condition of health care centres such as that of the one in Mohanlalganj in the capital was pathetic, paramedics were exposed to a higher degree of threat from this "dreaded incurable ailment." Such a report has the effect of prejudicing caregivers against HIV positive persons.

Similarly, a report in the *Dainik Jagran* headlined, "Medical workers being targeted by AIDS," warns rural health workers that they are in the direct line of fire from AIDS. Instead of reporting in a responsible manner on precautions to be taken, the item advises that hospital workers who are pregnant, "should not even come near such patients." Such sensational and factually wrong information can dash hopes for non-discriminatory treatment of infected persons.

A report in *The Indian Express* is an interesting juxtaposition of two articles derived from the same workshop. One focussed entirely on specific incidents of stigmatising and discriminatory treatment meted out by health workers to infected persons. It does not balance this coverage by including comments about why such ostracism is wrong. The other article is a speculative report that quotes the instance of a man losing his mental balance after taking the drugs and attempting to murder his wife. Again, the news is one sided, as it does not carry any supportive statements by doctors. Such a serious charge could inhibit people from taking ARVs.

Reporting on HIV and gender issues

The media has exhibited two extreme ways of reporting on HIV positive individuals, women in particular. A feature in *The Indian Express* on Veena Dhari, a positive woman from Karnataka who spoke of overcoming stigma and discrimination and became an inspiration for others was a sensitive story that helps reduce discriminatory reactions by ill-informed public.

Four stories deal with the launch of a media campaign by Mandira Bedi and others on wives being vulnerable to the infection and the need for even married couples to use condoms. An article in *Sahara Samay* titled, "Earning and bringing home AIDS" focusses on the reasons for spread of the epidemic in eastern UP. It brings out the risks faced by women of the region by discussing the high rate of migration for work. The feature clearly establishes the epidemic's link to poverty and unemployment, analyses the availability of medical help for infected persons and their treatment by family and society.

A similar positive role is played by an article in *Hindustan* titled: "28 persons have died of AIDS in Kushinagar district in the past two and a half years." Despite the sensational headline, the story is a meaningful investigation into eastern UP's infection levels with special mention of the vulnerability of women. One news item deals with the health

impact of the National Commission for Women's contention that sex workers can never be officially recognised, while another informs that female condoms will soon be available. An extremely encouraging photograph carried in *Dainik Jagran* was that of celebrity Sharmila Tagore hugging an HIV positive woman.

However, these are exceptions. Only 12 of the 165 news items discussed concerns of women in relation to the virus. Overall, their concern and greater vulnerability to the virus or how they are coping, has not been reflected in the media. In fact, the study found 21 negative stories that could have a devastating impact on infected women.

A section of the Hindi newspapers repeatedly referred in a derogatory manner to women with the virus as '*vish kanyas*' or 'poison women'. The media adds to the stigmatisation by alleging these women were infecting 'innocent victims'. A report in the *Swatantra Bharat* titled "The film *Vish Kanya* to raise public awareness on AIDS", is datelined Gorakhpur and praises the movie for alerting people by its story of "a woman afflicted with AIDS who establishes relationships with people and gives them torturous death in return for just a few moments of pleasure." A three-column story in *Dainik Jagran* titled, "*Vish kanyas* are stinging the jawans," claims that infected women are being sent by terrorists to deliberately infect Indian armed forces. The article insists this is not just hearsay but true reportage and that even the union health ministry was involved in countering this threat.

A series of prominently placed three-column articles in *Hindustan* 'exposes' for the sake of public safety, the designs of an infected woman who has been 'found' in Dehradun and was allegedly spreading the epidemic by engaging in prostitution. The article claims that this woman was left loose or '*khulla choda hua*' with the state administration supposedly being in a flap for letting her go. The newspaper raises questions about the effectiveness of the AIDS control programme pointing out that the infected woman, who was brought to the city for treatment by an NGO, was roaming freely. The article dehumanises the woman into a beast who must be kept chained for public safety.

Articles of this nature always conclude that a HIV/AIDS infected woman must be a prostitute. The same article in *Hindustan* has a box item titled, "247 AIDS patients in the mountains and 800 sex workers." It is such ill informed news reporting that leads to public hatred and fear of infected women and even their being stoned to death. The men involved are projected sympathetically, often as victims.

Another article that similarly reflects this mindset is a story in *Hindustan* that alleges the virus is spread in the Bundelkhand area by brides 'bought' from other parts. It



A section of the Hindi newspapers repeatedly referred in a derogatory manner to women with the virus as '*vish kanyas*' or 'poison women'. The media adds to the stigmatisation by alleging these women were infecting 'innocent victims'



कमा कर ला रहे 'एड्स'

घर-बार छोड़कर दूसरे शहरों में कमाई करने जाने वाले गरीबों, श्रमिकों की एक छोटी-सी भूल उन्हें जीवनभर के लिए 'एड्स' का रोगी बना देती है। वे जब वहां से लौटते हैं तो साथ ले आते हैं तिल-तिल कर मारने वाली मौत

HIV/AIDS is no longer a theoretical threat for the state. It is a reality among the hundreds and thousands of men and women who are dependent on earning a livelihood away from home

concludes that these women were infected as they had previously been engaged in prostitution and sympathises with those who married them. The story says that the men were paying the price for sins committed by their wives. Moreover, the article is written in a light-hearted tone, further trivialising the issue.

Hindustan Times also carried a story titled, "From dance bars to prostitution and HIV," that links the three subjects. It traces the life of an infected woman and here again, the blame rests on 'bad' women like her who have contracted the infection by their sexual activities and are passing it on to the hapless men. Another story in *The Pioneer* headlined, "CTS Colony fighting against AIDS and no civic amenities," stigmatises a particular 'basti' in Kanpur by making the unsupported charge that over 25% of the female population here was infected. It says the women of the basti "have a fascination towards the flesh trade."

SUMMARY & CONCLUSION

While there is considerable visibility of HIV/AIDS related issues in the newspapers from Uttar Pradesh, the reporting needs to be focussed on the nature of the epidemic. Improved reporting and coverage of HIV/AIDS issues is imperative. Some specific findings and recommendations that emerge from the study are:

1. HIV/AIDS is no longer a theoretical threat for the state. It is a reality among the hundreds and thousands of men and women who are dependent on earning a livelihood away from home. Vulnerability factors include poverty, lack of economic opportunity and migration to cities like Mumbai and Surat by thousands of young men particularly from eastern UP. These men need to be forewarned about the epidemic and equipped with better ways to protect themselves from unsafe sex. Creating a fear psychosis about HIV/AIDS is not the best way to do this. The media should inform the youth about the different ways to avoid unprotected sexual intercourse and carry positive stories of men who have dealt with this situation. It need not restrict itself to mere reportage of events and the reportage needs to avoid broad generalisations.
2. HIV/AIDS is often seen as being a virulent infection. This is not the case. The mere presence of the virus in the body does not lead to either disability or death. There are long gaps between the time the infection is contracted to when the immune system is significantly suppressed leading to disease manifestation. Thus, there is life after and beyond infection. Individuals who are HIV positive need gestures of hope and communities need information to help them support such individuals. A responsible media can play a positive role in helping individuals and communities support each other by publishing stories of hope and profiles of courage.
3. At present the health system response to HIV/AIDS is inadequate. Despite the funding by the National AIDS Control Organisation and its state units, the HIV/AIDS

programme in UP is limited. Also, key areas like blood safety have not been addressed. Instead of simply publishing reports of events where officials make big promises, it is necessary to monitor the implementation of the government programme. The fact that many districts exist without safe blood banks needs to be highlighted, as also that the state programme is still obsessed with targetted interventions among sex workers or truckers while the whole population is at risk because of overwhelming poverty and lack of economic opportunity.

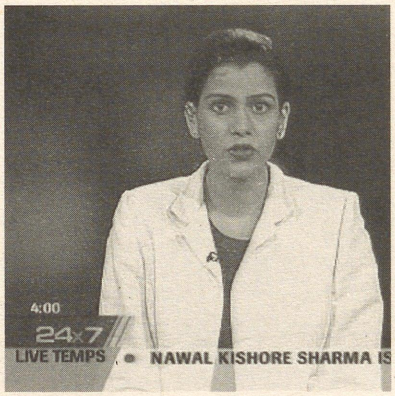
4. The vulnerability of women is an issue of grave concern. However, the trivialisation of the risk to women as shown by the '*vish kanya*' report shows the lack of seriousness. As sexual partners or as trafficked sex-workers, women are vulnerable to HIV as they have no say in the matter.
5. It is necessary for senior journalists and editors to put in place a clear editorial policy and guidelines for reporting on HIV/AIDS. This policy/guideline can be developed in collaboration with those who are working on the issue as well as with groups of HIV positive persons. Reporters and even stringers should be provided with training.

The media plays a critical role in creating public opinion and in spearheading social change. In the case of HIV/AIDS, a clear understanding of the nuances of the subject, a concern for human rights, capacity building among journalists to understand and report on a such a sensitive issue and clear editorial policy will enable the media to play a key role in facilitating a holistic and effective response to the HIV/AIDS epidemic in Uttar Pradesh. ■

Dr Abhijit Das
(Advisor, Sahayog, Lucknow)



The vulnerability of women is an issue of grave concern. However, the trivialisation of the risk to women as shown by the '*vish kanya*' report shows the lack of seriousness



The electronic media has devoted considerable time and space to HIV/AIDS-related stories. Stories often comprise as much as a third of the total news bulletin

Review of TV News Coverage of HIV/AIDS

Television brings out the human face of HIV/AIDS more graphically than the print media. It also has a greater responsibility to report with sensitivity so that identities of those infected are not revealed and stories, while being factually correct, are not alarmist. A study of the seven national channels, however, reveals that while much time and prominence is being given to HIV-related reports, barring one or two channels, there is too much hype. Many of the stories are sensationalised and a doomsday scenario projected. To study how the electronic media handles this relatively new infection, CMS Media Labs monitored prime time news for a month from May 8 to June 10, 2005. Only *NDTV 24x7* is in English while *DD News* has some English bulletins. The rest comprise Hindi broadcasts.

A total of 16 items were examined in this month-long scan of seven channels, monitored between 7 pm and 11 pm, with another passing mention in one of the channels. Overall, there had been a general lull in political news, particularly after Parliament adjourned on May 13.

Table 1: Total Number of Television Stories on HIV/AIDS

Channel	Aaj Tak	DD News	NDTV India	NDTV 24x7	Sahara Samay	Star News	Zee News	Total
HIV/AIDS Stories	0	2	2	6	3	1	2	16

SALIENT FINDINGS AND ANALYSIS

The electronic media has devoted considerable time and space to HIV/AIDS-related stories. The issue seems to be high in terms of news-priority. Stories often comprise as much as a third of the total news bulletin. Fourteen stories were 1-3 minutes long each. On two occasions *NDTV 24x7* devoted 7-10 minutes. Of the seven channels reviewed, it had the most coverage on the topic.

The stories appeared mostly in the middle or latter part of bulletins. Only one - the controversy over the official HIV/AIDS figures in India and South Africa- appeared in the first half of the bulletin. The majority comprised event-based reportage. Interestingly, the media's initiative was seen mainly in covering 'sensational' individual cases.

A number of stories were personality and celebrity-driven. While the visit of Bill Clinton to India for HIV/AIDS work represented the positive impact of celebrity involvement, there were stories where the personality was of greater significance than the issue. The Zee News story on the release of a music video by Mandira Bedi and Samir Soni, carried no actual information on the virus or the extent of its spread.

The majority of items (8) had a national frame of reference, such as awareness campaigns and the release of new HIV/AIDS figures by the government. Two stories from Kolkata on a campaign by sex-workers were interesting in that though the reporting was state level, the American Anti-prostitution Bill they were protesting against had global ramifications. The stories represented the global connections of the epidemic. The media also portrayed three individual cases describing the spread of HIV/AIDS among the population.

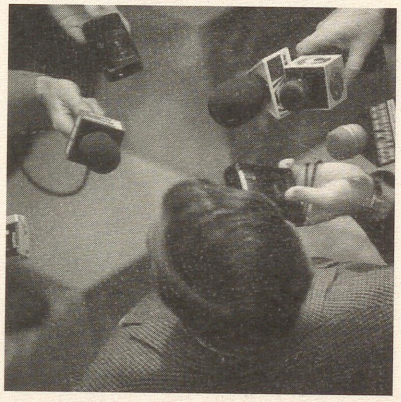
Aaj Tak had no coverage on HIV/AIDS during prime time in the monitoring period. There was only a brief mention during Bill Clinton's visit.

The 'questioning' role

The electronic media played a crucial role in questioning authority. When the government released new data on HIV/AIDS, the credibility of the figures was the focus of an entire bulletin on *NDTV 24x7*, called 'The X Factor.' A debate was held between experts. The 10- minute coverage took up one-third of the bulletin. This was also the only news item in the survey where graphics were used to explain the HIV/AIDS situation. However, the graphics and scroll information used alarmist terminology such as, 'Has India lost the AIDS Battle?" and 'The AIDS Time Bomb'.

Some stories brought out hard facts on HIV/AIDS in a direct and forceful manner that was not panic creating. For instance, a short story on *NDTV 24x7* about the visit of Manchester United's football stars to Malawi, though a celebrity story, sent out a strong message that "Ten people die of AIDS every hour in Malawi, a country clearly in the epicentre of the epidemic in Africa." While images of death and disease are not to be evoked lightly, this single line had tremendous impact.

Three spot stories brought out the many dimensions of the epidemic. A *Star News* story about schoolteachers in Kolkata being trained on sexual health and HIV/AIDS highlighted the need to demystify the infection. The subject of youth and HIV/AIDS is also dealt with in an *NDTV* story on a cross-country awareness-raising marathon. The story was followed by a live discussion with two of the boys. This story got a fourth of the time allotted to the bulletin. The youngsters also discussed the importance of removing stigma and discrimination. *Sahara Samay* reported on the unusual use of the Kuchipudi dance form to create awareness on HIV/AIDS.



The electronic media played a crucial role in questioning authority. When the government released new data on HIV/AIDS, the credibility of the figures was the focus of an entire bulletin



The straightforward association of HIV/AIDS with death continues through the entire script. It even ends saying "The very knowledge of having this life-taking virus in one's body is enough to break down anyone's courage"

An *NDTV 24x7* story on popular serials trying to integrate HIV/AIDS in normal life began with a live discussion. The story carried clips of the TV shows and had a producer saying, "We wanted to do something different, which is to depict a character with HIV who is living well, as a productive member of society." By holding live discussions on HIV/AIDS related stories even during prime time the channel serves to emphasise the importance of the issue among the top stories.

The "instigating" role

While the electronic media took some initiative in highlighting the spread of the infection among all sections, on many occasions the manner of reporting led to fear which could further stigmatise and discriminate against those living with HIV/AIDS. Instead of sensationalising incidences of the virus, it could have played a more positive role in taking up issues that were relevant, such as blood safety or the rebuilding of lives.

A *DD News* story on a family in Ludhiana dealing with infection of the wife and child through blood transfusion, was developed as a crime story. It seemed anxious to paint the doctor involved as the villain, rather than addressing the issue of blood screening or mother to child transmission of the virus. Nor does the story indicate an understanding of the fact that there is life after HIV infection.

Several such stories were reported in a manner likely to scare those affected by the virus. This is particularly evident in the human interest stories where individual cases have been highlighted.

In the Ludhiana story the theme of life versus death is constantly reinforced. The anchor's introduction says: "The negligence of a doctor who should have been life-giving, led to a woman and her baby getting caught in the coils of this deadly disease." The opening voiceover again counterpoints the joy of living with the terror of death by HIV/AIDS. "With this blood transfusion the woman received in her veins not just life but also material which brought her death." This was said when the woman and her child are alive.

The straightforward association of HIV/AIDS with death continues through the entire script. It even ends saying: "The very knowledge of having this life-taking virus in one's body is enough to break down anyone's courage...what of that innocent baby who does not even understand its misfortune."

A similar engagement with death and personal ruin is reflected in a *Zee News* story from Mumbai about a woman getting infected from a man who then abandons her. "Her eyes once saw dreams of spending a beautiful life with her lover, the

woman....was instead left in the lurch when he gifted her AIDS." The woman is shown mourning her dead baby.

In the attempt to heighten the dramatic appeal, life and death are constantly juxtaposed. No mention is made of the infected persons fighting back against injustice or how they are coping with life and probably trying to make it productive. In these reports one who has contracted HIV/AIDS may be considered dead. The visuals reinforce this theme. The affected woman is seen shedding tears, holding up her dead infant's clothes.

The infected persons are always referred to as 'victims' or 'patients' and pity is constantly evoked. In the *Zee News* Mumbai-based story, the man who infected his partner is described as the one who got away and is 'roaming free.' Rather than imparting the message of awareness in a positive manner, this leaves viewers with the fear that there is someone uncontrolled out there spreading the infection.

A moralistic tone is also evident, particularly in the Mumbai story. The infected woman is described as having 'given up everything' to be with her lover and was in return rewarded with AIDS. It is only towards the end that viewers discover he is actually her 'husband.' There is even a shot of their wedding photo.

Similarly, a story on medical research advancement is marred by the bleeding heart approach. The *Sahara Samay* report on a medical innovation that would benefit the HIV infected begins with the anchor evoking pity for 'victims' by quoting from a mournful Hindi song. This approach once again clubs all those who are HIV positive as helpless people at death's door.

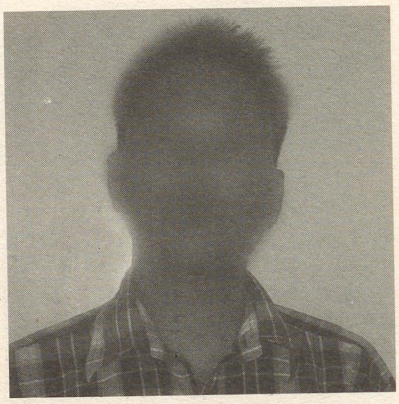


If done well, recounting of individual cases provide TV viewers a face to the virus and brings the issue closer to their lives. The stories bring out the spread of the epidemic to the general population

IMPLICATIONS: CARRYING THE STORY FORWARD

Yet these stories are important. If done well, recounting of individual cases provide TV viewers a face to the virus and brings the issue closer to their lives. The stories bring out the spread of the epidemic to the general population, revealing that HIV/AIDS is no longer restricted to certain traditional high-risk groups but is spreading fast among housewives and infants. This is information worth absorbing, even though the vulnerability of women and children is brought out in a negative manner.

The legal rights of those who are affected could have been pursued in the Mumbai story about the HIV positive woman. There is a sound byte from a lawyer but the information is scanty. The availability of safe blood is taken up in the Ludhiana story but in an inadequate manner, and the obviously wrong treatment of a pregnant woman being given blood transfusion due to '*khoon ki kami*' (her anaemic status) is neither questioned nor investigated. The story has other gaps too.



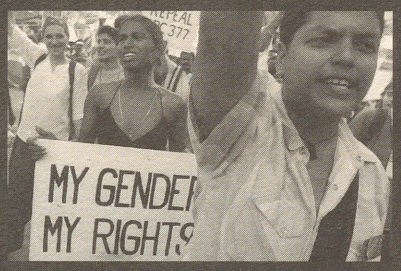
In most stories the confidentiality of infected persons has been maintained by superimposing a mosaic on the faces. However, identification is possible through the husband/father whose visuals and soundbyte have been freely used

A story on *NDTV India* about Telgi preparing his will could have taken up the issue of the man being kept in solitary confinement. Is it due to his HIV positive status? This investigation could have led to a discussion on the rights of positive people and the stigma and discrimination they face. Nevertheless, the story maintains a neutral tone with no attempt to associate criminal offences with HIV/AIDS. Media reporting on this issue has overall been refreshing as Telgi has not covered up or denied the infection, and neither has the media misrepresented or dramatised the situation.

In most stories the confidentiality of infected persons has been maintained by superimposing a mosaic on the faces. However, in the *DD News* story from Ludhiana, even though the infected woman and child have been masked their identification is possible through the husband/father whose visuals and soundbyte have been freely used. Similarly, the Mumbai story about the woman contracting the infection from her partner, names the woman even though her face is masked. The story does not mention of a pseudonym. Moreover, the 'husband' who infected her is named and shown through photographs, the implication being that one need not have any qualms about violating his privacy rights.

To sum up, the tracking of TV news brings out the fact that though HIV/AIDS has high visibility, the discussion of the issue and visuals related to it must be more enlightened and sensitive. While the media can pat itself for bringing HIV issues into the limelight, it needs to be more supportive of those living with it. ■

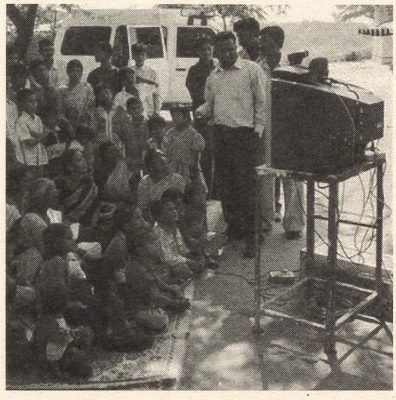
CMS Media Labs
Centre for Media Studies, Delhi



Section II

The Many Dimensions of HIV/AIDS

Tracking Changes in the HIV/AIDS Epidemic



While highlighting the changing dimensions of the epidemic, all the articles in this section underline the crucial role the media can play in allaying fears and debunking myths

While statistics are important as they reflect the gravity of the epidemic, the rapidly changing dimensions of HIV/AIDS also needs to be recognised by the media as they have the power to influence and change public opinion. But to do so, the media must be informed of the various aspects of the epidemic.

The second section of the manual comprises articles by eminent journalists and experts on the changing government policy, the different linkages between HIV/AIDS and issues like productivity, gender, stigma and discrimination.

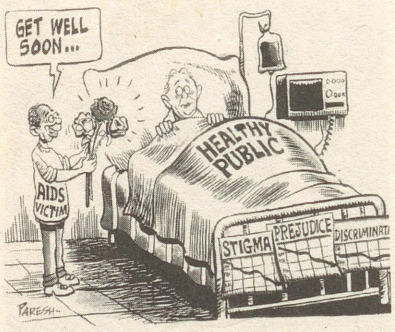
While highlighting the changing dimensions of the epidemic, articles in this section underline the crucial role the media can play in allaying fears and debunking myths.

Although Manipur has not been included in the overall study, since it was one of the first states where HIV/AIDS was detected, it mirrors the changing face of the infection seen in the rest of the country. The first wave of the epidemic in India in the early nineties was among drug users. In Manipur, addiction to injectible drugs facilitated by the easy availability of heroin, made hundreds of young people highly vulnerable as they often shared needles and thus exposed themselves to the infection.

The infection then changed track when it was transmitted to unsuspecting spouses through the sexual route after desperate parents turned to marriage in an effort to wean them off drugs. When pregnant women unknowingly passed it on to their children, the gender dimension of the epidemic was seen.

Ignorance about the modes of transmission has added to the stigma and discrimination against persons infected and affected by HIV/AIDS. Denial of treatment by doctors, familial and societal ostracism has obfuscated the truth that HIV/AIDS is a manageable infection. Disseminating information that a regulated medical regimen supported by love, care and acceptance can build esteem and confidence, helping them to lead healthy lives.

A majority of HIV positive people depend on their jobs for survival. By drawing attention to little known facts about legal rights of persons infected, which include the right to work, the media can reduce stigma and discrimination. ■



Removing the HIV Stigma

This story dates back to Goa in 1989, of how ignorance compounded by wrong laws stigmatised an HIV positive person and put him through the most terrible humiliation and indignity. Dominic D'Souza fought back and became one of the strongest advocates for the rights of people living with HIV/AIDS.

It was only through the doctor's register, with the word 'AIDS' emblazoned on it, that he first came to know he was infected with the human immunodeficiency virus (HIV)

On the morning of February 14, the police knocked on the doors of Dominic's house and asked him to come to the police station. Thinking one of his friends was in trouble, Dominic rushed to the police station only to find himself being taken off to a hospital under police escort. No reason was given for this or the physical and medical tests that he was put through under the watchful eyes of burly policemen. It was only through the doctor's register, with the word 'AIDS' emblazoned on it, that he first came to know he was infected with the human immunodeficiency virus (HIV).

There was no explanation, no counselling, not a word of sympathy or support to assuage his mounting fear and humiliation. But worse was in store. He was taken to a former TB sanatorium and detained for 64 days. Confined to a small, dirty room, he was not allowed to contact his family or friends....not even to let them know where he was. In his own account of those first 24 hours, Dominic said he survived only because he had no knife or gun to take his life.

Over the next couple of days Dominic learnt the blood that he had donated some months ago had tested positive. Instead of informing him, the hospital tipped off the police. The police detained him under the Public Health Act which was then in force in Goa. Under the Act, detention of all HIV positive persons was indefinite, regardless of whether there was any actual risk of HIV transmission to other members of the public. After a legal battle he was allowed to return home.

Dominic's story does not end here. When he tried to return to work, he found that his job had been given to someone else and his employer asked him to resign because other employees would not want to work with a HIV positive person.

Though the mandatory detention of all HIV positive persons was stopped, detention was left to the discretion of health authorities. Dominic died in May 1992 but he laid the foundations for the rights of positive people in Goa. The stigma, humiliation and

discrimination he suffered were documented in the print and electronic media and became the subject of international conferences on HIV/AIDS.

Stigma is in fact a powerful tool of social control. It can be used to marginalise,

Bollywood and HIV/AIDS

Several films have been made on HIV/AIDS, the stigma attached to the infection and on the rights of HIV positive people. The film *Philadelphia*, starring Tom Hanks, was the first mainstream Hollywood film on homosexuality. It highlighted that unsafe sex between men can make them vulnerable to HIV/AIDS. It brought out the tremendous discrimination that existed against those infected in the United States in the nineties. Though a top executive in an American firm, Tom Hanks is isolated and thrown out of his job when the company gets to know he is HIV positive. After a lot of running around, Hanks is able to find a black lawyer who fights his case of discrimination because of the infection. He wins the case and gets a whopping compensation from the company but dies. Tom Hanks was awarded an Oscar for his performance.

In India, which has the second largest number of HIV positive people after South Africa, two films have been made by Bollywood in 2004 and 2005 on HIV and the stigma and discrimination attached to it. While *Phir Milenge*, was made by actress turned producer Revathy and has Shilpa Shetty, Abhishek Bachchan and Salman Khan in lead roles, *My Brother Nikhil* was produced by Sanjay Suri and was written and directed by Onir. Both are excellent feature films which however did not do well at the box office. *My Brother Nikhil* is a takeoff on the case of activist Dominic D'Souza of Goa, who died in 1992. With a star cast of Juhi Chawla, Sanjay Suri, Victor Banerjee, Lillete Dubey and Purab Kohli, the film tells you the story of a man who suddenly falls from grace and is socially ostracised. His parents, friends and colleagues turn their backs on him. Suddenly his whole world collapses. Then he rallies around.

Even though the Indian films did not have box office coffers jingling, they portrayed in a sensitive manner the trauma of a very real, social issue confronting the nation. In that sense they are landmark films. ■



Two films have been made by Bollywood in 2004 and 2005 on HIV and the stigma and discrimination attached to it



When a newspaper reports that a couple who had died of HIV/AIDS in Orissa was not allowed to be cremated for fear that the smoke from the pyre would pollute the entire village, it does an incomplete job. It allows a myth to go unchallenged

exclude and exercise power over individuals who show certain characteristics. It is a mark of shame or discredit on a person or group. In fact stigma precedes discrimination. Discrimination manifests in denial of rights and in difference in the treatment of affected people.

For centuries there was stigma and discrimination around leprosy. Those infected were not allowed to walk the same streets as others. They had to live in isolation, in clusters, called 'lepers colonies.' In fact the word 'leper' was used to describe someone who was shunned/despised. Then came tuberculosis, another highly contagious disease, and the stigma and discrimination persisted but not to the extent as in leprosy. Now with HIV/AIDS, stigma and discrimination are back.

In HIV there is stigma around a range of issues - all related to sex and sexual preferences. In India, there is also some misunderstanding that it is only the poor, the uneducated who are infected. It is only recently that Subroto Roy of the *Sahara* group of industries came out in the media to deny he was HIV positive. Abdul Karim Telgi of the stamp paper scam, however, announced his positive status and sought special treatment and medical assistance in prison. He is probably the first high profile person in India to have gone public about his infection.

The media in particular, both print and electronic, have an important role to play in reporting on HIV/AIDS stories with sensitivity and understanding. Because of stigma and discrimination of those infected with the virus, they have to maintain their confidentiality and mask their identity. They have to dispel the gloom that surrounds the infection. With the new therapy available, HIV positive people can lead long and active lives. Using words like *vish kanyas* or poison women to describe infected women who supposedly engage in prostitution not only stigmatises them as well as sex workers but provokes negative feelings for this class of people. There are newspapers that have used the word '*kaudi*' (leper) to describe an HIV positive person. Some Hindi newspapers in UP warned pregnant doctors and medical personnel against working with HIV positive patients. They reportedly gathered their information from a training workshop for health personnel on treatment and care of HIV/AIDS infected persons.

Lack of accurate information is an important reason for the stigma and discrimination of those infected. The media has not only to be well informed but has to give correct information. There is still a smoke screen around the mode of transmission of the infection. When a newspaper reports that a couple who had died of HIV/AIDS in Orissa was not allowed to be cremated for fear that the smoke from the pyre would pollute the entire village, it does an incomplete job. It allows a myth to

go unchallenged. It has to counter the fears by giving correct information that the virus can only be transmitted through sexual contact, blood transfusion or using an infected needle.

It is equally important to point out that the children of HIV positive people may not be infected and the mother to child transmission rate is 30%.

Stigma can disintegrate families. In Dharwad, Karnataka, auto driver Prakash Salodagi was declared HIV positive when he went with his wife to a local hospital for his recurring bouts of tiredness and weakness. What is worse, the diagnosis was blatantly wrong. His wife and two children promptly left him. Distraught, Prakash attempted to kill himself twice. Later, some friends took him for a retest to the Karnataka Institute of Medical Sciences, Hubli. After three tests, the hospital confirmed he was free of the infection. Armed with this report he went back to the Dharward hospital and showed it to the doctors. The hospital again tested him and found he was not infected. A third test at the district hospital too confirmed he was free of the infection. But all this was little consolation to Prakash. He had lost everything-wife, children and his peace of mind. "Can the hospital compensate for the trauma that I was put through because of wrong diagnosis," he asks.

Dominic had felt so angry and hurt when he was dumped by the police in a dirty TB sanatorium. There are umpteen others like Dominic who, unable to take the shock of the HIV positive diagnosis, have jumped off hospital buildings or laid down their lives on the railway tracks. Over three successive days there were three suicides in Mumbai in April 2005. Two suicides were from the fifth floor of the government run J J Hospital and the third of an unemployed sweeper in Mulund, a suburb of Mumbai. One of the men who jumped off J J Hospital was 28 years old and had tested HIV positive two days earlier.

Dr Shalini Bharat of the Tata Institute of Social Sciences, in an interview to a reporter covering the Mumbai suicides said: "We are assuming these suicides are due to stigma but there may be a host of reasons. Sometimes people lack understanding. They are really on the edge and often find there is no one they can turn to. They despair of their socio-economic conditions or job losses, or when the diagnosis is handed to them in a stigmatising way."

The main issue, she feels, is psycho-social support and hope of treatment. Well-trained counsellors can play a very central role but, she says, there are not enough counsellors for HIV positive people. "We have to give them hope that they can live and perhaps that's where there is a great need for value neutral advice," she adds.



We are assuming these suicides are due to stigma but there may be a host of reasons. Sometimes people lack understanding. They are really on the edge and often find there is no one they can turn to

Conquering Stigma With Love

Dr Suniti Solomon of the YR Gaitonde Centre for AIDS Research and Education, Chennai, identified the first case of HIV in India 18 years ago. Since then, the number of persons affected by HIV has risen dramatically. However, this only strengthened Dr Solomon's resolve not to let numbers overwhelm her efforts to beat the disease by providing better care and support.

But to do this she has often had to think out of the box. Her novel idea of arranging marriages between infected people has been one such inspiration that has given hope and improved the quality of their lives.

But the most touching moment in her 20 years of working with persons infected and affected by HIV/AIDS, came a couple of months ago when one young woman she was treating came to see her with her boy friend.

"The woman introduced her friend as her former class mate. Both were highly educated. She had brought her friend to my clinic because he was unable to understand why she had turned down his proposal of marriage even though she confessed her love for him. I could see both were deeply troubled," said Dr Solomon.

The girl didn't want to keep him in the dark about her status. However, she knew that her friend would never believe her if she told him she was HIV positive. So she brought him to Dr Solomon's clinic and asked the doctor to disclose her infection to ensure that he understood the situation,

"When I told him about her being HIV positive, the young man became silent and then walked out of the room. Seeing that the young woman was devastated, I took her out for a cup of coffee so that she could regain her composure," said Dr Solomon.

After some time when they returned to her room in the clinic, they found the man sitting there with a huge bouquet of roses. Said Dr Solomon: "He said that his love and respect for his girlfriend had gone up because she had not hidden the infection from him. He didn't want to know how she acquired the infection but only how he could take care of her. Both the girl and I started crying and that was one day that I didn't bother to hide the tears rolling down my face. I really wish there would be more such men." ■

Swapna Majumdar

Stigma and discrimination seem to multiply alarmingly when the infected person is a woman. Nearly half of all adults living with HIV today are women, up from a third in 1985. A variety of factors render them more vulnerable. They include social norms which deny women sexual health knowledge and practices that prevent them from controlling their bodies and deciding the terms on which they have sex.

HIV positive women have to suffer the traditional taboos of widowhood as well as cope with the indignity heaped on them because of the infection. Most infected women in rural India have had a single partner-their husband —yet they are thrown out of their marital homes after the death of their husbands. The stigma of the HIV positive daughter-in-law and the greed to grab her husband's hard earned savings propels in-laws to drive them out. With the help of NGOs and the Lawyers Collective, many of these women have managed to get back their property and jewellery.

Dulhari (name changed) from Mainpuri in UP was 13 years old when she was married by her family to Ram Singh (not his real name), an interstate taxi driver. When she was 18 years she had her first daughter. Dulhari had never stepped out of her home and village. Then her husband kept falling ill frequently. He was treated for tuberculosis initially. She took him to Agra where he was diagnosed as HIV positive. So she brought him back to Mainpuri and looked after him. Her husband died. Dulhari is HIV positive and so is one of her two daughters. Dulhari is on ARVs and has been able to rebuild her life as a care giver in a home for HIV positive people in north Delhi. Today she has amazing confidence and is often on All India Radio giving 'talks' on HIV/AIDS and related issues.

In Madhya Pradesh, a young married woman decided not to reveal that her mother has been diagnosed as HIV positive. Her infected father had died earlier. The fear of social boycott or discrimination had compelled the family to pass it off as cancer. Now the mother's ailment would also be disclosed as cancer or some other more 'acceptable' illness. "If I tell the truth, there could be a setback to my marriage as well as the career of my younger brother," she said.

What happened to Dominic, Prakash or the others is reality for many people with HIV, whether in India, America or Africa. Ignorance about the way the virus is transmitted, unjustified fear of infection and prejudice against groups of people perceived to be at risk have transcended national boundaries and differences of race and culture. As Julie Hamblin, who specialises in legal and ethical aspects of health policies, puts it: "HIV threatens human rights as profoundly as it threatens public health."



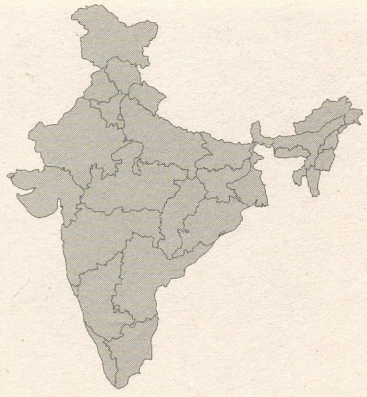
The fear of social boycott or discrimination had compelled the family to pass it off as cancer. Now the mother's ailment would also be disclosed as cancer or some other more 'acceptable' illness

The myth that conflict is inevitable between individual rights and public health has to be dispelled, says Hamblin*. "Policies and laws that reduce the stigma attached to the HIV infection and build self esteem of people with HIV or at risk of infection can create the environment of mutual trust, support and collaboration that is critical to bringing about and sustaining behaviour change." ■

Usha Rai

* UNDP report – People Living With HIV: The Law, Ethics and Discrimination

India's Response to the HIV Epidemic



The low numbers and the geographic distribution of HIV/AIDS cases show that these numbers do not reflect the true situation in the country and there is under-reporting

Chenamma is middle aged. After her husband died of tuberculosis, she remarried. When she became pregnant she visited the government antenatal clinic where, after undergoing prescribed tests, she discovered she was HIV positive. While the immediate cause of her first husband's death was TB, it had become morbid due to his HIV status. The virus had been transmitted to his wife. She had transmitted it to her second husband. Meanwhile, medical efforts were being taken to protect their unborn child from the virus.

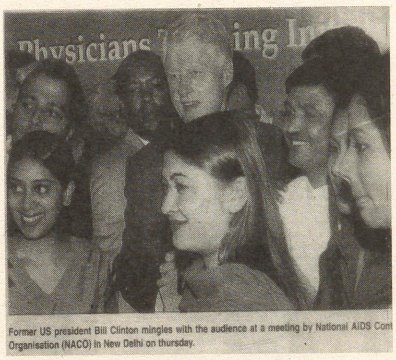
Chenamma's story represents the cycle of HIV infection that is entering people's lives. Like her first husband dying of TB without anyone associating it with the HIV virus, no one dies of AIDS (Acquired Immuno Deficiency Syndrome). Because of this disconnect between AIDS and fatalities, there is a controversy over the number of persons who have died of the infection since the first HIV positive person was identified in Chennai in 1986.

Interestingly, the Union Government has set up a committee to determine the total number of persons who have died from HIV/AIDS related causes, as there is a wide variation between the official estimate of 7000 deaths and 160,000 deaths estimated by international agencies. This is not the only controversy that dogs the country's official HIV/AIDS control programme. There are disagreements over its approach and effectiveness.

The official estimate of the total number of HIV positive persons in 2004 is 5.13 million. This indicates a significant fall in the annual increase in the number of infections. However, this data has been questioned widely. It is felt that the Government is underplaying the spread of the epidemic. Interestingly, the official report for 1999-2000 had a candid disclaimer: "The low numbers and the geographic distribution of HIV/AIDS cases show that these numbers do not reflect the true situation in the country and there is under-reporting." Admitting the difficulties in making exact estimates in the Indian context, the report mentions approximate estimates and trends for arriving at the total HIV/AIDS numbers. Ignoring this caveat, the present managers of the HIV prevention programme swear by the figure of 5.13 million HIV positive people.

LAUNCH OF NATIONAL AIDS CONTROL PROGRAMME

Soon after the first HIV positive person was identified in 1986, the government appointed a committee to deal with the epidemic and the National AIDS Control


Former US president Bill Clinton mingles with the audience at a meeting by National AIDS Cont Organisation (NACO) in New Delhi on thursday.

Programme (NACP) was launched in 1987. In the early years it tried to generate public awareness about the virus, introduced blood screening for safe transfusion and conducted surveillance activities in what were regarded then as epicentres of the epidemic, that is, areas of high commercial sex work. In 1992 the National AIDS Control Organisation (NACO) was set up to develop a national public health programme for prevention and control of HIV/AIDS. The NACP I was launched from 1992-99. The second phase will end in 2006 and preparations are on for drafting the third phase of the programme.

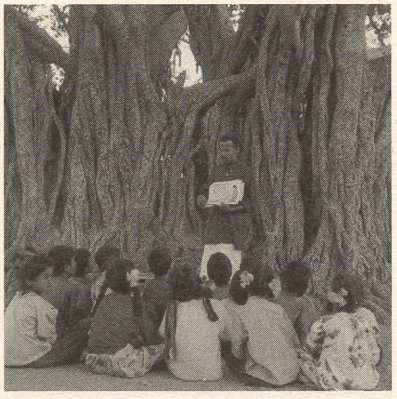
A goal of NACP II was to achieve zero rate of new infections by 2007. In 1999, when this goal was set, the judgment day seemed far away. It was also not realised that the ground work done during NACP I may not be sufficient for the programme to meet such an ambitious goal. At a NACO meeting in 2005, it emerged that this goal was not expected to be achieved. It was also suggested that the goal of zero rate of infection should be interpreted to mean that it should not exceed the then prevailing rate of infection and in any case not allowed to cross 0.9% infection among the total population.

With a budget of over Rs 2,000 crore for five years, the NACP is one of the largest disease control programmes in the country. In addition, the Global Fund to fight AIDS, TB and Malaria has pledged $240 million; the Bill and Melinda Gates Foundation another $200 million, and the Clinton Foundation's HIV/AIDS Initiative has partnered with the Confederation of Indian Industries. Seeking to make strategic interventions, these foundations have taken up specific programme areas. On paper the proposed outlay of Rs 1,425 crore seems huge but in actual practice the government allowed NACO to spend only a little more than half of this amount during the five-year period ending in 2002. NACO claims that it fully utilises the allocations.

Unions in Sonagachi Negotiate Safe Sex

In the land of comrades if you put two of them together, they form a union. This has happened in Sonagachi, one of the largest red light areas of Kolkata, West Bengal. While fighting for their professional rights, the commercial sex workers union here has transformed itself into a unique, self-driven community project. It addresses the problems of sex workers' health through peer education and carries out HIV/AIDS awareness campaigns among its members. They have been taught to negotiate the use of condoms with the clients. The use of the rubber sheath is now 80% and the exposure to HIV infection under control. The Sonagachi project covers 60,000 members and has attracted international funding. ■

The NACP is centrally sponsored and implemented through 38 state societies with the mandate of designing programmes according to the needs of each state.



The important lesson learnt was that a centrally driven programme lacked ownership at the state level. Civil society's participation as a stakeholder had not been factored in

NACP'S TRACK RECORD

During the first phase, the estimated HIV infection rate among adults (15-49 years) was 0.7 per cent. With World Bank support of $84 million, an attempt was made during this period to develop infrastructure for HIV/AIDS control based upon the contemporary understanding of the epidemic. These efforts resulted in strengthening of the HIV surveillance system by installing 180 sentinel sites. A beginning was made in setting up voluntary counselling and confidentiial testing centres in medical college hospitals. The HIV/AIDS control programme was linked to control of sexually transmitted diseases and blood banks were modernised. In addition, campaigns for building public awareness about HIV/AIDS were scaled up and condom use promoted.

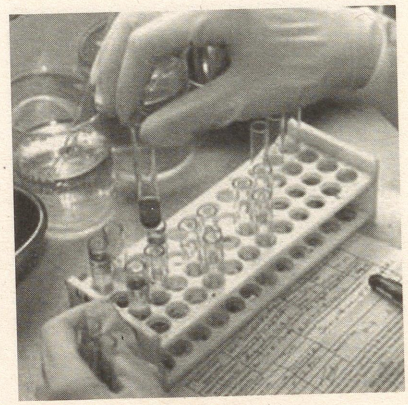
In reviewing this phase, official documents clearly admit that while the Central Government's commitment was reasonably high, similar state level commitment was lacking. However, Maharashtra, Tamil Nadu and Manipur, where HIV was spreading rapidly, took full advantage of the programme. This was essentially a learning phase in an environment where large sections of people questioned the priority given to HIV prevention. Some even saw a foreign conspiracy in pushing the programme.

Even the sentinel survey could not be conducted across all states, nor was there any emphasis on providing care and support services to HIV positive people. The important lesson learnt was that a centrally driven programme lacked ownership at the state level. It was found that civil society's participation as a stakeholder had not been factored in adequately and this translated into lack of ownership by the communities. Such weaknesses called for drastic changes in the programme design and implementation.

Nevertheless, even the limited campaigns did improve awareness among urban people. When the Behavioral Surveillance Survey (BSS) was carried out across the country in 2000-01, awareness among adults was 76%, reaching 89% in urban areas. Despite the large gaps in the programme, a beginning was made in the modernisation of blood banks and a policy framework drawn up for modern transfusion services. This brought down HIV infections due to transfusion from eight per cent to four per cent.

NACP II

Building on the lessons learnt, NACP II (1999-2006) set out to reduce the growth rate of HIV infections and strengthen the national capacity for responding to the HIV challenge. Specifically, it defined the maintaining of HIV sero-positive levels below five per cent among adults in the six high prevalence states of Andhra Pradesh, Karnataka,



Maharashtra, Manipur, Nagaland and Tamil Nadu; below three per cent in the moderate prevalence states of Gujarat, Goa and Pondicherry; and below one per cent in the rest that were categorised as low prevalence.

NACP II was designed to be vastly different from its predecessor. Both international and national experience showed that action needed to be initiated simultaneously on several fronts, from awareness building among the general population, condom promotion, propagation of safe practices among intravenous drug users and commercial sex workers to research and development for a vaccine against HIV.

Cocktail Therapy

It was a rare coincidence that the country with the largest number of HIV positive people – South Africa – became the venue, in 2000, for announcing that HIV/AIDS was a treatable disease. This raised the hopes of millions of infected people across continents.

Three powerful drugs - Stavudine, Lamivudine and Nevirapine - administered under expert supervision enable HIV infected people who require medical treatment, to lead normal lives. Nevirapine is used for preventing HIV transmission from pregnant mothers to children. The three drugs are known as antiretrovirals (ARVs). They entered the market as branded drugs and the annual expenditure on the drug per person was about $10,000. This placed the treatment beyond the reach of most people. When generic formulations of these branded versions were introduced, violating patent laws initially, the drug prices dropped dramatically.

Brazil was one of the first developing countries to make available free ARVs. The Indian pharmaceutical major, CIPLA, offered ARVs at $370 for a year's treatment to organisations and countries supplying free drugs to infected persons. Ranbaxy then came out with an offer of $275 for a year's treatment. CIPLA came up with another first when it combined the three drugs into one and greatly simplified the drug regimen.

A major development in India's care and support programme for HIV positive persons was the government's announcement in 2003 making ARV therapy available free at government hospitals. The free treatment was available from April 2004 in the six high prevalence states. However, providing treatment has been an uphill task as an adequate supply of drugs and a large number of specially trained doctors are needed to administer ARVs. While NACO is training hundreds of doctors, the Clinton Foundation has also offered to train thousands of doctors. Close supervision is also required of those on ARVs so that they adhere to the treatment. Any failure in following the strict regimen of ARVs could expose them to drug resistant HIV. ■

This approach translated into cost effective interventions. Since 86% of the infections are through sexual transmission, followed by the blood route, emphasis was given to condom use and its multiple benefits. Reduction in sexual partners was also stressed. As a third of all HIV positive people have TB, a link was forged with the government's TB control programme.



Since 86% of the infections are through sexual transmission, followed by the blood route, emphasis was given to condom use and its multiple benefits

Targetted interventions were intensified for sections like sex workers, termed high-risk groups. For the general population, awareness building on risky behaviour was prioritised and Voluntary Counselling and Confidential HIV Testing Centres (VCCTC) set up. The programme strategy was rejigged to decentralise and empower State AIDS Control Societies and involve the NGO sector in a big way. Government departments like the railways, defence and other organised areas of work were encourage to accept ownership of HIV/AIDS programmes.

THE CHALLENGES

During NACP I the prevalence rate was 0.7 per cent and NACP II was dealing with a prevalence of close to one per cent of the general population. Experts reckon that if HIV infections cross this critical figure, controlling the epidemic would become harder as technically, the country would then face a generalised epidemic compared to one among specific areas. The major concern was that because of India's large adult population of 720 million, of which 280 million were in the most vulnerable age-group of 15-24 years, a mere 0.1 per cent increase in the prevalence rate would catapult the number of HIV positive people by more than half a million. Moreover, the epidemic was moving into the general population and rural areas and becoming concentrated among marginalised sections. One out of four persons reported to be HIV positive was a woman.

The magnitude and diversity of the spread of the HIV virus makes it extremely difficult to control. Experts say in India there is not one single HIV epidemic but a number of distinct epidemics often co-existing within a state, with different vulnerabilities, stages of maturity and impact. For example, though a state may be classified as a low prevalence one, it could have pockets of high HIV prevalence, which makes those living around these areas more vulnerable.

A focus of the programme for the past five years has been raising awareness about STDs and their treatment, as sexual tract infections make a person eight to ten times more vulnerable to HIV. However, only 20% of those infected avail of the free government medical services because of the suspicion that the confidentiality of tests and diagnosis may be breached. Sexually transmitted diseases carry the burden of stigma. The next phase of the programme should plan to cover most of the groups termed high risk.



There is a huge challenge facing the national programme that plans to work down to the district and lower levels. The efforts made so far in convincing the states' leadership to take up HIV prevention on a priority basis seem ad hoc and inadequate

Impact of HIV

About 15 years ago the average life expectancy in India was just over 50 years. Compared to this, a country like Botswana had a life expectancy of over 60 years. That situation has now been reversed.

The average life expectancy in India is presently over 60 years and in Botswana it has declined to 30 years. Botswana has experienced a widespread epidemic of HIV/AIDS, particularly among its younger population. HIV reduces the Disease Altered Life Years (DALY) by about 15 years.

To cope with this sudden loss of trained manpower due to the infection, banks and business houses in Botswana and other severely affected countries, introduced strong work-place HIV/AIDS education campaigns for their personnel. ■

HIV treatment can begin only after tests at the VCCTC confirm infection. The key words are 'voluntary' and 'confidentiality' of tests. VCCTCs are being set up right down to the village level. However, the challenge is to make them user-friendly. NACO is planning to give VCCTCs a separate identity. But with the fear and stigma attached to HIV, this may not be a good move.

The national AIDS control programme has created an extensive infrastructure for dealing with the epidemic. Political commitment for HIV/AIDS prevention is reflected in the manifestos of national political parties. Decentralisation of the national programme by delegating more responsibilities to related central ministries and the state societies is another major step in improving implementation. However, the challenge of reaching out to more than half a million villages and to marginalised sections is a daunting one. Perhaps a programme like NACP has not been implemented anywhere on a scale and diversity as in India, and that too in a democratic and federal setting. This shows up as gaps between the vision and concern of NACO and that of the states. Many states, in fact, do not have the requisite capacity for implementing the programme.

In several states considered 'vulnerable' by NACO, the basic health infrastructure is weak and HIV prevention is not a priority. There are seemingly more pressing issues of poverty and health crying for attention. This is a huge challenge facing the national programme that plans to work down to the district and lower levels. The efforts made so far in convincing the states' leadership to take up HIV prevention on a priority basis seem ad hoc and inadequate. This is evident in a matter as simple as heads of state AIDS prevention programmes being appointed without a fixed tenure.

A, B, C, D Choices

India's approach to HIV/AIDS prevention has been evolving continuously. Within the government there has been no clarity on which approach to follow. The government has wavered on several occasions. One of the earliest strategies was to emphasise that HIV/AIDS could be prevented by practicing one or all four of the choices known as Abstinence, Be faithful (to your sexual partner), consistent Condom use, and Delaying sexual debut.

The government has had mixed views on the way the ABCD approach should be implemented. Most people feel that the method of HIV/AIDS prevention should be left to individuals instead of being decided by AIDS control organisations.

As far as A or Abstinence is concerned, they feel it is not a practical preventive measure even for adolescents engaging in sexual behaviour at an early age who need to know about HIV, STD infections, unwanted pregnancies and the benefits of condom use.

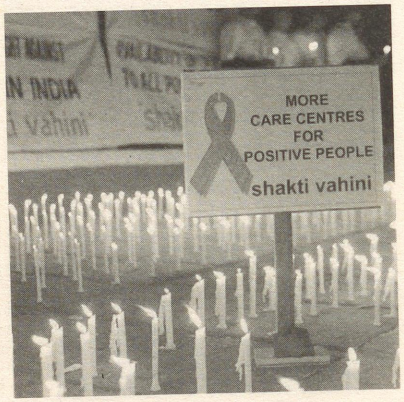
B (be faithful) has been presented by some sections as the most desirable option for adults but others argue that this would lead to moralistic values being associated with the virus. There is no agreement either on the benefits of promoting C (condom use) through the mass media. Those who believe that condom promotion actually encourages casual sex argue that A and B should be aggressively promoted. Conservative religious groups support this view.

Communication capaigns addressed to adolescents and young people also advocate D or Delaying of sexual dedut. There is an opinion that this message is too idealistic and enhances the vulnerability of the very young.

In the United States there is a section of people which feels that excessive condom advocacy and the sexually liberated behaviour of the fifties worked against 'family values', that is, fidelity in marriage. On the other hand, the promotion of condoms among sex workers and their clients imparted to it a negative image, as a protective device to be used in casual sex, particularly its commercial transactions.

In India, the condom has been promoted as a family planning device and only recently has it been promoted as protection against STD and HIV. When the National Democratic Alliance government of Atal Bihari Vajpayee was in power, the condom campaign was put on the back burner. The government wanted a balanced projection of A, B, and C strategies, while favouring A and B. The Congress-led government favours promotion of C and the balance has once again shifted. ■





International AIDS prevention observers are keenly watching India's response. While there may be no overt dissent, an undercurrent of difference exists between them and the Government in perception about the HIV/AIDS challenge and the action taken. Experts believe that at this stage, India can change the course of the epidemic. Given her size and economic importance, the outcome here can critically alter the international HIV/AIDS scenario. ■

S Narendra

Former Principal Information Officer to Government of India and presently working with NACO on NACP III

The Cost of the HIV Epidemic



The Asian Development Bank estimated that in 2001 alone, economic losses due to HIV/AIDS in Asia were about $7 billion. It could rise to $17 billion by 2010 if present trends continue

Considered as a disease of the young, most persons affected by HIV/AIDS are in their prime years and productive period of their lives. In India, almost 90% of people are in the working population, in the 15-49 year age group. It is estimated that about one per cent of this section is infected. The fallout of so many productive persons getting affected is immense on households, businesses, service sectors and the national economy as a whole.

We have seen the devastating impact of HIV on the economies of poor countries in Africa. The GDP of some of these countries have been eroded a great deal. Several studies have estimated that the rate of economic growth has dropped by two to four per cent in sub-Saharan Africa due to the HIV burden. South Africa's GDP is expected to suffer a 17% set back by the beginning of the next decade. These projections are based on HIV's impact on household incomes, burden on state-run health infrastructure, loss of productive workforce, impact on education etc.

There are over 7.5 million infections in Asia and half a million deaths occur each year due to HIV/AIDS related illnesses. The Asian Development Bank estimated that in 2001 alone, economic losses due to HIV/AIDS in Asia were about $7 billion. It could rise to $17 billion by 2010 if present trends continue.

However, in India, there have been few studies to quantify the costs of the HIV epidemic on the national economy. Studies done so far are based on various assumptions and projected scenarios. Given the fact that the major route of HIV transmission in India is sexual, it is clear that it affects people in their most productive ages, and that there could be multiple infections within families. Women - who contribute so much to the economic well being of a rural household - are also getting affected in a big way. Almost 50% of those infected are women.

A 1999 study by the Centre for Community Medicine at the All India Institute of Medical Sciences, New Delhi, has put the economic loss due to HIV to one per cent of GDP in India. The study looked at the ten-year period from 1986 to 1995. The cost of HIV infections included the loss of productivity due to sickness and death; productivity loss due to caregivers of those infected; and cost of management of those ill.



Based on an assumption of 4.5 million cases, the AIIMS study concluded that the estimated annual cost of HIV/AIDS appears to be about one per cent of India's GDP. This comes to about Rs 28,000 crore

The study did not include use of antiretroviral drugs, cost of retraining of new workforce, strengthening of health care system, research and development, communication activities, prevention of vertical transmission, and the intangible cost of pain and suffering to those ill and their families. Based on an assumption of 4.5 million cases, the AIIMS study concluded that the estimated annual cost of HIV/AIDS appears to be about one per cent of India's GDP. This comes to about Rs 28,000 crore.

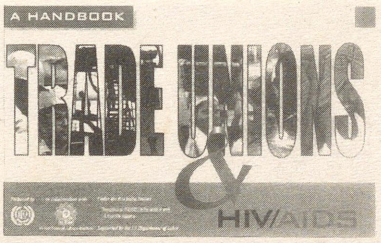
However, a Harvard School of Public Health study on the economic impact of HIV in India has concluded that it is unlikely that effects on output due to the epidemic at the all India or even at the state level, will be large in the next 15-20 years. There may be sector level effects, particularly in the health sector in the form of growing use of health services and increased public spending on health. HIV/AIDS will substantially lower the well being of affected households and their members. Female members and households belonging to the poor and less educated groups appear to be especially at high risk.

IMPACT ON WORKING POPULATION

An estimated 400 million people are categorised as working population in India and as many as 93% of them work in the informal, unorganised sectors. The prevalence of HIV is growing, but these workers do not have access to information, testing or treatment. They are not covered under any security net. For them, there is hardly any dividing line between workplace and living place and both male and female members work. A large number of migrants work at construction sites in cities like Delhi and Mumbai as well as in projects such as dams and power stations in remote areas. Their sexual behaviour is often risky. But these workers are not covered under any awareness or intervention programmes nor do they have any treatment facilities.

In terms of agriculture, one of the scenarios predicted is that producers may be faced by shortage of labour and switch from cash crops to lower value-added food crops. This would reduce incomes and result in lower foreign exchange and lower tax yields for the government. In all cases where there is an effective fall in labour supply, attempts such as this will be made to economise on labour.

Truckers and transport workers are perhaps the only section of the unorganised sector that is being targeted for awareness and intervention programmes. This could be because they serve large, organised sector companies in oil, cement and other products. Similar efforts need to be made in areas like construction, shipping, urban transport and railways where a large number of casual and contract labour is employed. Here trade unions and sector specific workers' organisations, such as three-wheeler drivers' association or trade unions of railway porters, can play an important role.



Most HIV positive people depend on their jobs for survival. It keeps their households going and helps them buy medicines. A study by the International Labour Organisation (ILO) found that household incomes of HIV positive persons in India are depleted by one third, while the average monthly expenditure on food and treatment increases substantially. As a result, these households have to compromise on their children's education. Nearly 38% of the respondents reported being forced to withdraw children from school.

In view of the gravity of the situation, ILO has begun working with governments, businesses and trade unions to sensitise them on the rights of HIV positive workers. Three key issues identified are non-discrimination, treatment and social security. In collaboration with the National Labour Institute, ILO has developed a training manual for trade unions and has conducted training programmes. It is also working with the Central Board for Workers Education to conduct training courses and integrate HIV/AIDS within the workers' education programme. The National AIDS Control Organisation has also endorsed ILO's Code of Practice for use in workplace interventions throughout India.

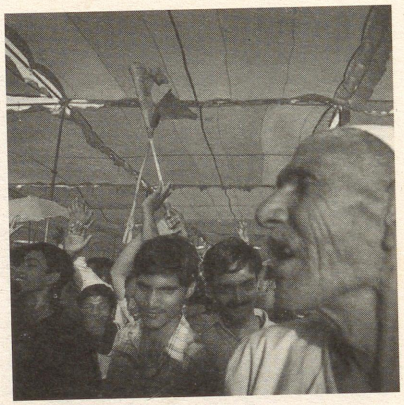
DISCRIMINATION AT THE WORKPLACE

In the initial phase, a number of cases of discrimination were reported. Workers were dismissed from their jobs once it was discovered they were HIV positive. This was a

The Case of Badan Singh

Badan Singh, a head constable in the Border Security Force since 1990, was terminated from service in 1999 after he was found HIV positive during a medical examination. But Singh contended in the Delhi High Court that he was not suffering from any medical problem at the time of his termination.

He appealed that he should either be reinstated or given all retirement benefits as are due to employees with medical disability attributable to service. He also pointed out he would have been due for pension in some years time. But the BSF lawyer argued that if the HIV infection is considered a disability and Singh is given all the benefits, it would "bestow a premium for his sexual deviation or recklessness." The court dismissed this argument, saying "assuming that the petitioner acquired AIDS through extra marital sexual intercourse, it could hardly be presumed that he intended to contract this fatal and stigmatic health disorder, leading immediately to ostracism, so as to become eligible for premature pension." In its final judgment, the court ordered that Singh be given invalid pension with interest from the date of his dismissal. ■



The worst cases of discrimination have been reported from the government sector, particularly the armed forces. Some HIV positive workers challenged their dismissal in the courts. When their numbers started growing, business organisations realised the need for intervention programmes

reflection of the stigma attached to the disease in society. Fearing job loss, many infected persons do not disclose their HIV status to employers. Even big companies did not know how to deal with employees who were infected. They did not have any separate policy nor was the health service equipped to handle HIV positive people. Many companies did not care to take any specific steps, thinking that the problem was not big enough to merit special attention.

Surprisingly, some of the worst cases of discrimination against HIV positive employees have been reported from the government sector, particularly the armed forces.

With growing awareness and cases like that of Badan Singh (See Box), the situation has started changing. Workers, employers, trade unions and governments started becoming aware of the issues involved in HIV at the workplace. Sustained efforts by organisations of HIV positive people, activist lawyers and other civil society groups brought the need for having workplace guidelines and policies into focus. Cases of discrimination at the workplace have been highlighted by the media. Some HIV positive workers challenged their dismissal in the courts. When their numbers started growing, business organisations too sat up and realised the need for intervention programmes.

Still, most efforts are limited to the large, organised corporate sector. The situation in the unorganised sector is quite different.

EFFORTS IN ORGANISED SECTOR

The economic impact of HIV/AIDS on the organised industry can be severe. Besides productive losses, companies have to bear additional expenses of increased medical bills, insurance, ex-gratia in case of death and delays in recruiting skilled employees. There are examples of companies in African countries spending huge sums on such additional expenditures. A major transport company with 11,500 workers in Zimbabwe found that 3,400 of them were HIV positive in 1996. The HIV related costs for the company amounted to over USD 1 million or 20% of its profits.

Replacing skilled, trained professionals is a major problem faced by companies with higher HIV incidences in some African nations. To overcome this problem, a multinational firm in South Africa is said to be hiring three workers for each skilled position to make sure that a replacement is readily available in case an employee dies. It has even been suggested that a pool of unemployed or underemployed workers be kept ready.

The situation in India is not that bad, but widespread appreciation of the problem is still missing. Only large companies are taking note of the epidemic and have begun prevention programmes. Surveys have revealed that their mindsets are still antiquat-

ed. Most businesses do not feel the need to act because the prevalence rate is still low. They also don't feel the need to have written HIV/AIDS policies or run awareness and prevention programmes. It is also a myth that HIV/AIDS is a problem of labour-intensive industries only. Nearly half of India's GDP comes from the service sector that employs millions of young people in vulnerable age groups. These people are mobile and have large disposable incomes. They form a new segment at risk of contracting HIV.



The medical expenses of Brihanmumbai Electric Supply and Transport (BEST) Ltd are on the rise because of the cost of providing ARVs to about 130 employees. Similarly, the Railways supports some 500 infected employees

In three large-scale private enterprises in India, absenteeism is projected to double over five years due to HIV/AIDS. The medical expenses of Brihanmumbai Electric Supply and Transport (BEST) Ltd are on the rise because of the cost of providing ARVs to about 130 employees. Similarly, the Railways supports some 500 infected employees.

The Confederation of Indian Industry is encouraging its member companies to adopt non-discriminatory workplace policies and take up advocacy programmes with workers. The guidelines clearly state that it is the responsibility of the management to provide employees with a supportive work environment and ensure non - discrimination; provide a basic code of conduct for all employees towards those infected; and ensure confidentiality. There should be no pre-employment testing for HIV nor should an HIV test be part of the annual medical check-up. Even if found to be HIV positive, the person is to be allowed to continue to in the job unless medical conditions interfere with the work. No employee can refuse to work with an HIV positive colleague. Companies are not to discriminate against any staff member infected by HIV in promotion, training or other privileges.

"Investing in AIDS prevention and care programmes makes excellent business sense," says Tarun Das, chief mentor of CII and managing trustee of the Indian Business Trust for HIV/AIDS. "Such programmes save huge recurring expenses like constant recruitment and training of new staff, increased medical bills, greater insurance premiums and increased management time spent on AIDS-related issues. In the long run they also establish the company as a caring and humane employer," says Das.

Codification of workplace policies is an important step in addressing the problem. For instance, Tata Tea Limited that employs 59,000 workers throughout the country, adopted an HIV policy in 1999. Its highlights are:

Non discrimination:

(1) Employees will not be dismissed on the ground of their HIV status;
(2) Employees will not be screened for HIV before employment and
(3) Hiring decisions will not depend on HIV status.



Newspapers and television are a primary source of information among workers and management. By highlighting issues, the media can create a favourable atmosphere for positive action by companies and trade unions

Confidentially and disclosure:

(1) An employee is not required to disclose status;

(2) If status is disclosed, it cannot be disclosed to others without written consent.

Benefits:

(1) Benefits are provided for employees, management, and dependants;

(2) Benefit packages do not discriminate by HIV status;

(3) All tea estate workers and dependants have free access to the company health programmes including VCTC (voluntary counseling and testing centres).

Termination:

(1) The medical officer of the estate evaluates when an employee is deemed medically incapacitated;

(2) The employee has the right to appeal against the decision.

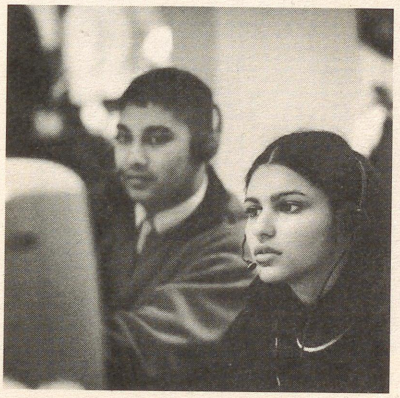
The number of companies adopting such policies and taking up awareness and intervention programmes is increasing. Some of these benefits also spill over to other people who interact with the company, such as truckers hired by cement companies, farmers supplying sugarcane to the mills, direct marketing persons working for companies and casual labour hired for specific jobs. Though not on company rolls, such groups often benefit from awareness, counselling and condom programmes run by it.

ROLE OF THE MEDIA

Newspapers and television are a primary source of information among workers and management in both organised and unorganised sectors. By highlighting issues, the media can create a favourable atmosphere for positive action by companies, trade unions, labour departments and workers.

Any discrimination based on workers HIV status is a violation of their basic human rights. Practices like retrenchment, forced testing at the time of appointment and denial of promotions to HIV positive employees need to be covered by the media. They must emphasise that right to health is a basic human right that cannot be denied to workers. Employees have a right to medical care and financial support to the family in case of loss of employment or death related to HIV.

Care should also be taken to protect the confidentiality and identity of workers' involved so as to prevent stigmatisation by co-workers or society. Reporters need to look carefully at HIV workplace policies. They may just be focussing on awareness campaigns, counselling and non-discrimination, while leaving out medical care.



While some companies don't dismiss workers if they are found HIV positive, they have a policy not to employ those found infected at the time of entry. Companies don't take any specific stand on the continuing financial security of a worker if the person is taken seriously ill or dies in harness. Only some workplace policies specifically mention this point. Modicare's policy says:

(1) HIV/AIDS and related opportunistic infections will be considered like any other disease and the infected person will be entitled to reimbursement for his or her medical bill as per his or her entitlement

(2) Modicare will consider to sponsor fully or partially the AZT treatment of the employee if s/he is not able to afford the cost of treatment;

(3) Sponsorship will be done on a case by case basis, with the aim to continue support as long as medically appropriate.

The serious threat of HIV at the workplace can be challenged effectively only when it is considered a matter of right to health of workers. All aspects of HIV/AIDS should be taken care of.

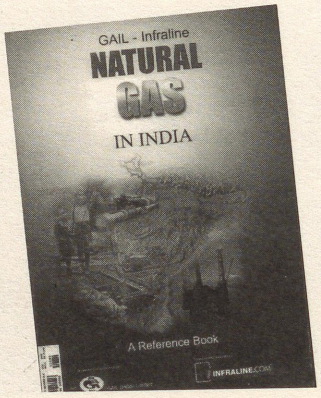
IMPACT

- **On households:** loss of income due to inability to work, premature death, increased medical expenditure on tests and drugs, impact on children's education, economic loss due to stigma and discrimination.
- **On industry:** higher absenteeism rates, increased medical expenditure, cost of hiring and training new personnel in case of death due to HIV, higher burden of insurance and retirement benefits.
- **On national economy:** additional stress on health infrastructure, higher allocations for HIV, impact on allocations for other diseases, loss of productivity and incomes, drop in savings, depletion of human resources.

AGENDA FOR HIV AT WORKPLACE

- **Non-discriminatory workplace policies** for existing employees as well as new recruits needed. No termination or denial of promotions on the basis of HIV status.
- **Confidentiality and disclosure norms** to prevent discrimination and stigma among co-workers and others.
- **Provision of voluntary testing and counselling services** at workplace, as a follow up of awareness and condom promotion campaigns.
- **Provision of antiretroviral therapy** for workers with HIV.
- **Assurance of benefits to affected employees**, no cut-back in benefits, medical coverage and retirement/death benefits. ■

Dinesh C Sharma
Science, Health and Development Journalist



RESOURCES:

Indian Business Trust for HIV/AIDS	www.indianbusinesstrust.org
Asian Business Coalition on AIDS	www.abconaids.org
International Labour Organization (ILO)	www.ilo.org/aids
World Economic Forum Global Health Initiative	www.weforum.org/globalhealth
The Global Business Coalition on HIV/AIDS	www.businessfightsaids.org
Tata Tea's HIV project	www.ishima.info

Time for Women to be Seen and Heard



A doctor and a boy were fishing together. The boy was the doctor's son but the doctor was not the boy's father. Who was the doctor?

Many people are unable to solve the above riddle because it defies the stereotype. The answer is that the doctor was the boy's mother!

Media reporting from a gender perspective on HIV/AIDS too is more an exception than the rule. There is too much stereotyping in viewing women either as 'victims' or 'transmitters,' as, for example, in their role as sex workers.

This needs to change. Both because gender plays a critical role in prevention, care

Gender Inequality is Critical to the HIV/AIDS Epidemic

The word 'gender' cannot be used interchangeably with the word 'women' or 'sex.' Biological and physiological attributes, such as genitalia and hormones of men and women define their sex. Gender characteristics encompass the whole gamut of socially constructed roles, behaviours, attitudes, beliefs and activities of men and women in a given society.

Gender characteristics greatly influence men and women's access to education, participation in the labour market, division of work within homes and control over productive resources such as property and capital. Sex-defined characteristics are similar across societies but gender-based attributes vary. Equitable or inequitable gender relations can enhance or hamper women's access to prevention, care and treatment of HIV/AIDS.

"Gender inequality is at the heart of the epidemic...we must address power imbalances in every single policy, strategy and programme relating to prevention, treatment and care if we seriously want to tackle this global challenge. It is not simply a matter of justice and fairness. In this case, gender inequality is fatal," says Dr Noeleen Heyzer, Executive Director, UNIFEM. ■



Data from a number of studies suggest that male-to-female transmission during sex is twice as likely to occur as female-to-male transmission

and treatment of HIV/AIDS in men and women and because positive women are survivours, not 'victims' and have needs, concerns and desires very similar to sero-negative women.

Leela Banta, President, Manipur People Living with HIV (MNP+), said in 2001, "It is not how long we live that is important but how well we live." Positive women can live a healthy, fulfilling life. They can work, travel, get married, have children and do almost everything that 'normal' women do. If society allows them to be 'normal.' This is what the media needs to portray both to reflect the real picture on the ground and to help reduce stigma and discrimination towards positive women.

The media also needs to be aware that women are more vulnerable to HIV both biologically and because of gender inequalities. Data from a number of studies suggest that male-to-female transmission during sex is twice as likely to occur as female-to-male transmission (UNAIDS Report 2004). And what makes women even more vulnerable is their lack of social, economic and political power within their homes and communities. Men and women need appropriate care, prevention and treatment mechanisms. Yet, it is usual for men's voices and perspectives to dominate in the media; and for stereotypes to be reiterated.

Gender relations affect women more because:

- Most women cannot negotiate safe sex even with their own partners
- Blood transfusions are undertaken often without informed consent
- Most women lack exposure to the media and access to even basic information
- Most women lack the resources to take care of their own needs, and access to even basic health needs

The greater the gender discrimination in societies and lower the position of women, the worse are they affected by HIV. More equitable gender relations and better empowerment of women mitigate the spread of HIV and enable women to cope better.

Women face higher stigma and discrimination

The downside of all this is that positive women, already a discriminated lot at many levels, face an even higher degree of stigma, shame and marginalisation when their positive status is known.

"My husband, who was also positive, kept me house bound for five years!" says Shobha* from Chhatisgarh. "He said he was punishing me because it was only after marrying me that he became HIV positive. He said he had gone to other women for years and nothing had happened - till I brought ill-luck upon him." But Shobha decid-

Women are Now the Most Affected...

The number of positive women has steadily risen. Initially, positive men vastly outnumbered the women and then their proportion fell. The latest figures are available for December 2003 by when girls and women accounted for half of all people living with HIV; in sub-Saharan Africa, the proportion was 57 %; in India, positive men still outnumber women with a 3:1 ratio but these are official figures. Fear of stigma and discrimination keeps many women from disclosing their status.

According to UNAIDS, young women in developing countries are twice as likely to be infected as men.

But they are also acting as change agents...

Many are coming forward to disclose their status, to mobilise others like them so that they have a stronger, collective voice and the wisdom to influence decisions regarding their economic and social well-being. Women like Kousalya Periaswamy who was told by her husband about his positive status just a few weeks after marriage, have turned their anguish and angst into positive energies. Widowed now, Kousalya braved social disapproval to speak out and encourage other positive women also to come out. The Positive Women's group of South India is her contribution to the cause. It provides space for women to talk about their trauma and live with it through counselling and various other social services.

"It has to be recognised that women are not just infected/affected by HIV; they are agents of change. Their voices must be heard and their leadership invested in," said Kathleen Cravero, Deputy Director of UNAIDS in 2004. ■



"My husband, who was also positive, kept me house bound for five years! He said he was punishing me because it was only after marrying me that he became HIV positive. He said he had gone to other women for years and nothing had happened"

ed to fight. She managed to run away from her uncaring husband and now works as a daily wager - sweeping the floors in a private office in Bhopal. "I am happy because I am free," she says. "I live with another infected woman and we support each other. At times I'm scared that if she becomes ill and dies, I will have no one. Yet, this is so even for women who lose their husbands. Maybe I too will die quickly. Or maybe I will live and continue to give support to another positive woman."

Anita*, thrown out by her in-laws after the death of her husband, lives with her elderly parents in Maharashtra. "My in-laws gave me nothing - no money, no share in the land for my four-year-old son and no jewellery for my two-year-old daughter," she says. "I see



Reports about positive women being ostracised, being subjected to physical and mental violence, turned out from homes, being disinherited and even beaten to death abound. What are missing are media stories about how infected and affected women are coping with this epidemic

myself as lucky because both my children are HIV negative. I look after my parents now as both my brothers broke all ties with us on learning of my status. My parents will look after my children if I die earlier," she says matter-of-factly. Anita has told her children about her positive status and finds that they are empathetic. "They will be more sensitive human beings than their uncles (her brothers)," she says. "That will be my contribution to society."

Reports about positive women being ostracised, subjected to physical and mental violence, turned out from homes, disinherited and even beaten to death abound. In one instance, people burnt down the homes of sex workers in their neighbourhood, fearing their presence would spread HIV infection in their area! Yet, what are missing are media stories about how infected and affected women are coping with this epidemic, and bringing about behavioural, social or economic change.

'Low-risk' women put to high risk

Shobha and Anita's experience point to another chilling fact. 'Low-risk' women are at threat because their only fault is that they get married! Women are in no position to ascertain whether their potential partners' are positive or not.

Changing the Focus of 'Lifestyle' Stories

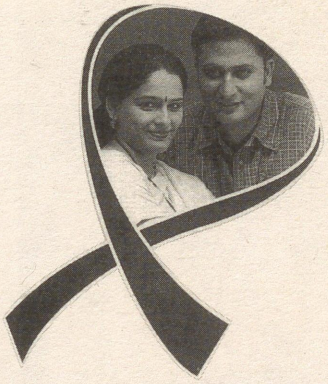
There are umpteen 'lifestyle' stories about wealthy professionals and industrialists buying the services of 'high class' call girls; and stories of 'bored' housewives taking to this 'work' for 'recreation.' What does not get written about is that unsafe sex makes this a highly risky behaviour; that education and money are no longer a bar from getting infected; that children often become unintended victims of this unsafe sex.

Current public debate focusses on the morals of extra-marital sexual relationships. The media can inject gender issues into this debate: whether educated and wealthy women are informed about safe sex and able to negotiate it; whether educated and wealthy men are responsible enough to have safe sex with their wives and/or with 'other' women; and whether a society that sees an upward trend in this kind of 'promiscuous' behaviour can uphold values such as dignity, respect, responsibility and hope if it does not also deal with unsafe sex. Such debates on sexual behaviour in society can help decrease the stigma and discrimination against positive women. ■

Missing the HIV Link

Crime reporters never talk of the HIV risk when they report on rape. Reports only touch aspects such as mental/physical trauma and economic depravity. Deteriorating law and order situations raise the threat of HIV infection in a city and the health agencies should wake up to this fact.

War/conflict correspondents too ignore stories on HIV. Journalists often receive specialised training in war reporting but this does not include exposure to the risks faced by innocent women. Since the training is often undertaken by the Army, this is perhaps quite understandable! ■



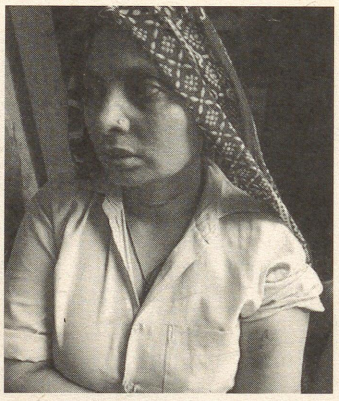
Married women, cutting across class, are today one of the highest risk groups in India and South Asia even as NACO still sees the conventional high-risk groups as sex workers, homosexuals, drug addicts, truck drivers and migrants

"Two months before my marriage, a relative told my father that I would face problems if I married Ajay," says Vinita*. "My father dismissed the remark. He was sure his decision was right as Ajay's family was well off and Ajay seemed to be successful marketing executive in a shoe firm. We learnt about his positive status three months after marriage and my father has refused to take me back. I do all the housework and look after our year-old child. My husband is too busy travelling and comes to me only when he wants sex. He started wearing a condom after I got pregnant but has never taken me for any test and I'm too scared to undertake it myself. This unknown status is better than knowing that I am positive and being rejected by my larger family! Even if it's only a matter of time, I'd rather wait than know the truth."

Vinita's story points to the new threat that extended families in India face today. How good are our traditional care and support structures? How much do they need to change with the times? Women's voices are needed to identify gaps, articulate the needs and show the direction of change. The media would do well to pick these up as new 'stories.'

Married women, cutting across class, are today one of the highest risk groups in India and South Asia even as the National AIDS Control Organisation (NACO), still sees the conventional high-risk groups as sex workers, homosexuals, drug addicts, truck drivers and migrants. Yet, its own 2003 statistics show that more than one per cent of women accessing antenatal services in public health institutions are testing sero-postive. The YR Gaitonde Centre for AIDS Research and Education in Chennai, for instance, has been treating wealthy businessmen's children who are HIV positive.

Concealment of information regarding one's HIV status at the time of marriage is a form of violence against women. Another form of violence overlooked by the media is that forced sex is often used as a weapon within homes and communities times of peace and especially during conflict situations. No specific studies have been carried out on



Concealment of information regarding one's HIV status at the time of marriage is a form of violence against women. Another form of violence overlooked by the media is that forced sex is often used as a weapon within homes and communities

this cause of the spread of the epidemic. It is reported that the widespread rape of women by soldiers in Uganda in 1986 was a major factor in the spread of HIV in the northern part of the country. The soldiers reportedly had a one in three rate of infection at the time. Forced sex – incest, rape and even marital rape are topics that need to come out of the closet to mitigate the epidemic and remove the stigma and discrimination encountered by women who have faced this violence.

Monika*, raped by her father's brother from the time she was six-years-old, learnt about her HIV positive status at 16. Fighting back, she got in touch with a counselling centre and has initiated a small network of positive women. "We spread awareness about violence against women and HIV by word of mouth," she says. "It is still very difficult to come out in the open and talk about this."

Vulnerability to HIV/AIDS – A health issue for women

"A gender perspective is essential in our evaluation of conditions to HIV vulnerability," says Mariamma, an activist working with positive women in Andhra Pradesh. Reproductive tract infections (RTIs) - often the result of poor living conditions, malnutrition and the resultant anaemia - and sexually transmitted diseases (STDs) make women more vulnerable to getting HIV infection. Positive women tend to develop frequent gynaecological problems, cervical cancer and more pregnancy-related complications.

An overwhelming number of women in backward, rural areas and in poor urban slums often suffer from STDs unknowingly because they may not have any outward symptom or they consider some of the symptoms 'normal.' Several micro-level surveys have found that white discharges because of STDs, pelvic inflammatory diseases and cervicitis is so common that up to 80% of the women think of as quite normal and not requiring treatment!

Many women also do not want to talk about their problem for fear of stigma and discrimination - that their husbands will blame them for the diseases and beat them up; or take another woman or even go to a sex worker.

Lack of disaggregated data on women's reproductive health makes it difficult to estimate the potential of HIV infection. Or, when government doctors do not take the responsibility of sharing information and explaining the virus to women in particular, it leads to the spread of infection.

The media can effectively break the gender barrier to raise an informed debate on the needs, concerns and desires of women - along with those of men. The focus of stories can be on women having reproductive and sexual rights.By placing low priority on women's health, policy makers are fuelling the HIV epidemic. This lacuna is being

addressed by the recent Reproductive and Child Health round II and III programme policy frameworks that talk about strengthening RTI/STD services to improve access for vulnerable groups like women and young girls; as also linking it up with the Revised National Tuberculosis Control Programme. These are fertile grounds for media stories to see who is really being reached, where and how much difference these policy frameworks are making in the lives of infected and affected women and girls. As also, how much of the focus is just on treatment and how much also on care and support which are integral to proper treatment.

It is not only in the health sector that women's voices need to be heard and responded to. There is a need to talk to women in other HIV/AIDS-related arenas too – how many women, as compared to men, know that condom prevents infection? How many women - married, unmarried, housewives, working women or sex workers are aware of their bodies? The questions are endless but the bottomline is the same. Girls and women need to come to the fore and be the focus of policy makers, civil society organisations and relevant professionals like doctors, psychiatrists, teachers and academics, so that society can hear what women have to say, what they experience and what they need.



Women - especially an overwhelming number of them in backward, rural areas and in poor urban slums - often suffer from STDs unknowingly because they may not have any outward symptoms or they consider such symptoms 'normal'

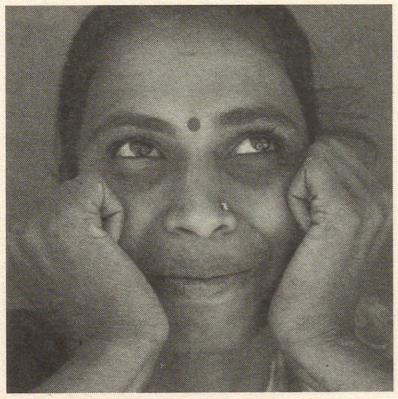
Gender and HIV/AIDS – A Development Issue

Modification of risky behaviour can, theoretically, check the spread of the the HIV virus. This change, however, is influenced by socio-economic and political factors that are beyond an individual's control where gender relations are concerned.

Undernourished, ill and unemployed women are at greater risk of getting infected. Lack of enough women doctors and women teachers hamper women's access to health care and education. Women are also scared of telling their spouses about STDs or RTIs and so cannot avail timely and correct treatment for these.

Media stories can link HIV prevention or spread to women's development. Stories that reflect politics, economics, business, lifestyle, entertainment and development have the potential for integrating the HIV factor.

For example, what are the effects of HIV infection on women workers, especially in the informal sector? How can women care givers be valued for their contribution to the national economy? Which age group of women are being infected more and what does that say for their work life and the national income? Or that Self Help Groups in Karnataka, Orissa and Manipur are taking up projects tha would provide income, care and support to positive women and to widows of positive men. The media can act as the catalyst by flagging such issues. ■



The questions are endless but the bottomline is the same. Girls and women need to come to the fore, need to be the focus of policy makers, civil society organisations as well as of relevant professionals

Care givers: the double burden

Besides being the majority of those infected, women and girls are bearing the brunt of the epidemic in other ways too now: as mothers, wives, sisters, grandmothers, daughters and even friends, they increasingly carry the physical and emotional responsibility of tending to loved ones who are infected. These women are coming forward regardless of the resources they may have and giving care under extremely adverse circumstances because there is no alternative.

What is worse, though they may not be sero-positive, even as care givers they face stigma and discrimination. When Vinita, a school teacher in Ahmedabad, shared her husband's positive status with her extended family, her husband's two brothers, living separately, stopped all interactions with her. "I had not contracted the infection. Thank God we came to know about it before I returned from the US where I had gone for a study course. I shared this 'secret'because I thought the family was really close and I need support," she says. "They still talk to my husband though only when there is a real need. I'm completely ignored - as if it is all my fault and had I not gone for the course my husband would not have 'strayed' and been infected!"

Vinita has decided to stay with her husband because she still cares for him. After all, he did share with her his 'secret'. She is grateful for that. If the media could do stories on other such women it would help to spread awareness on one of the most sensitive and complex issues in HIV/AIDS - the need for confidentiality and for notifying the partner of one's status. Discussions on AIDS-India e-group, for instance, have focussed on this issue. In Mumbai, Jaikishan's* mother now sleeps on the Mumbai pavement because she has had to leave her village to look after her infected son. Maya -ma, as she is called in her village, knows she will never return to her own home. Close to 60 years, she says the village will not accept her after she has 'touched' her infected son. She is clad in her only saree - so faded that it is difficult to identify its original colours. "My life has also faded away," she responds. "In more ways than one. I cannot even die where I was born...."

Maya-ma's role of a care giver needs to be recognised and supported by government services. These are 'stories' that give the media an opportunity to put care givers on the radar of policy makers - these women need special food rations, medical aid, counselling and economic support among other things.

The care provided by these women, including the rising number of nursing professionals, should be recognised and supported. In Orissa, for instance, traditional birth attendants (TBAs) or dais, have been trained by an NGO, in collaboration with the district authority, to identify STDs and RTIs, counsel women and take them for treatment.

Information on HIV, testing and counselling are the next step. Care and support services, including individual and family counselling, are just as important as medical treatment and the media can raise a public and policy-level debate on this critical issue. Care givers, for instance, can bring their experience to decision-making, to shape the kinds of care and support services needed at the village, block, district or state level.

Is science really neutral?

A major question in HIV prevention is how gender responsive is scientific research and treatment? For instance, it took the medical fraternity some time and a great deal of evidence to accept the idea that HIV was a threat to women (UNAIDS Report 2004)! The proportion of infected women has steadily grown worldwide and this is a dangerous trend requiring scientific solutions as much as socio-economic and political changes.

"We oppose trials on pregnant women with HIV/AIDS if treatment is withdrawn immediately after they have given birth," Patricia Monica Perez of the International Community of Women Living with HIV/AIDS (ICW) had once said. The discrimination continues in other ways. For instance, there is hardly any research on traditional and other affordable and accessible alternatives to breastfeeding. The focus is on promoting commercial formulae. Similarly, new scientific developments like the female condom and vaginal microbicidal products, which are women controlled barriers to HIV infection, have taken a long time to come and are still not widely accessible.

How do the medicines and vaccines impact women's bodies? What are their adverse effects on menstruation and fertility and how can these be mitigated? What about the effects of the virus on women's mental health and well-being? The media's eye on these 'hidden' imperatives would goad the scientific community to focus more on women's needs.

Aditi Kapoor
Regional Media Coordinator, South Asia Office, Oxfam (India)

* Name changed to protect identity



Vinita has decided to stay with her husband because she still cares for him. After all, he did share with her his 'secret' on his own. If the media could do stories on more such 'Vinitas', it could spread awareness on one of the most sensitive issues in HIV/AIDS – the need for confidentiality

Resources

www.genderandaids.org
www.genderandaids.org/modules.php?name=News&new_topic=21 (for media toolkit)
www.itrainonline.org/itrainonline/mmtk/mmtk_hivaids_additional_resources.doc
www.eldis.org
www.unaids.org
www.unifem.undp.org
http://www.gnpplus.net/gipa_in_action.html
http://health.groups.yahoo.com/group/AIDS-INDIA/



In Manipur the first wave of the epidemic was among drug users. In the second phase it was transmitted to unsuspecting spouses. From 1995 the spread of the epidemic was more through the sexual route. From 1997 the mother to child transmission of the virus began

Finding the Way Out of the Needle Maze

The easy availability of heroin in the tiny North Eastern state of Manipur in the early eighties led to hundreds of young people getting addicted to injectible drugs. As they punctured their veins to get a 'high,' several of them sharing the same needle, they exposed themselves to the HIV infection which was still at a nascent stage in the country.

Desperate to get them off drugs, parents pleaded with the jail authorities to take them in and detoxify them. In the social turmoil that the state went through, jails filled with injectible drug users, desperate parents and social workers tied up drug users to electric pole and thrashed them to discourage them from drugs, faith healers in rehabilitation centres also chained them as they chanted their voodoo and the white powder was seized at the border and burnt publicly. But the social sanctions and the hardline 'spoil the rod and spare the child' methods of treatment did not have the desired effect.

It was in 1989 that the first samples of blood of drug users were collected and sent to Pune for testing. In February 1990, the government officially announced 960 cases of HIV/AIDS in Manipur. Close to 50% of the high risk groups had tested positive.

The first wave of the epidemic in the early nineties was among drug users. In the second phase it was transmitted to unsuspecting spouses. From 1995 the spread of the epidemic was more through the sexual route. From 1997 the mother to child transmission of the virus had begun, says Mr Abhiram Mongjam, state coordinator for Population Foundation of India's Global Fund Project on HIV/AIDS.

Mr Mongjam, who was earlier with the Manipur AIDS Control Society, says "desperate to get their sons off drugs, parents turned to marriage as a panacea. But in the process they infected the simple village brides. Many sold off their wife's saris and gold trinkets so that they could continue to buy drugs. Abused and infected many of the girls returned to their parents. The rejection by their spouses enhanced the drug users dependence on drugs.

It was only in October 1996 that Manipur adopted an AIDS policy and the post of district AIDS officer was created. In 1998 the first targetted intervention of injectible drug users and commercial sex workers was initiated by the Manipur State AIDS Control Society.

In June 2005 of the 126036 blood samples tested for HIV, 20297 were positive. Of this number 3917 were women and 3466 were AIDS cases. In fact despite all the interventions the infection rate is a staggering 16% in the high risk groups, which means of every 100 in Manipur, 16 are infected. Among pregnant women, the rate of infection is 1.6%. The reporting of deaths is poor in the State because terminally ill people prefer to come. So the 492 deaths reported are largely from hospital records.

Though in some rehabilitation centres, drug users are still kept in chains for better control and treatment, very clearly HIV infections among drug users in Manipur is coming down. In 1997, close to 77% of the injectible drug users were HIV positive. In 2004 just 21% of the injectible drug users were HIV positive.

Even though the use of drugs continues, sharing of needles has reduced drastically. Because of the intervention of NACO and other groups, health awareness has increased among them. Today if there is an abcess, the drug user does not hesitate to visit a doctor. Since heroin is no longer that easily available and is very expensive, tablets like spasmo proxivon which are non-injectible are being powdered, diluted in water and injected. Peddling of drugs is still lucrative business and in 2003 a former finance minister of the state was caught red handed in a Guwahati hotel.

HIV widows groups have been formed and through the support of UNICEF, women and children are getting treated. The official free supply of ARVs is just 500. Some 1800 people are on the waiting list for ARVs. But several doctors are providing ARVs for those who can afford to pay for it. ■

Usha Rai



Even though the use of drugs continues, sharing of needles has reduced. Because of the intervention of NACO and other groups, health awareness has increased. Today if there is an abcess, the drug user does not hesitate to visit a doctor



Comics by Plan International (India)

There are umpteen children like him in Punjab who are HIV positive. Yet people in rural areas in particular are not willing to accept the reality of HIV/AIDS and refuse to take even their children to the doctor for tests

Children Show the Way

Surinder Singh of a village in Fatehgarh Sahib, Punjab, had not imagined that his one-and-a-half-year old child would be born with a virus called HIV with which he would have to live for the rest of his life. The tragedy struck the family when Surinder took his pregnant wife to a doctor in Ludhiana who told him that she urgently required blood transfusion. Surinder quickly arranged four donors and the blood was given to her without any checks. The result - she contracted the HIV virus.

Surinder's baby is a happy child, oblivious of his parents' sorrow. He is HIV positive - the result of a mother-to-child transmission (MTCT) of the virus. MTCT has an estimated 30% chance of infecting a new-born. No one in the village knows that the two are infected. Surinder's grandfather has been to Kerala in search of an ayurvedic drug and he now plans to go to Nanded in Maharashtra in pursuit of another "miracle cure."

There are umpteen children like him in Punjab who are HIV positive. Yet people in rural areas in particular are not willing to accept the reality of HIV/AIDS and refuse to take even their children to the doctor for tests.

After losing both parents to the virus, Sonu, (name changed) a student of standard three in a village in Ropar district, is being brought up by his uncle, Jassi Motta. But the family is poor and it is not clear how long Sonu will get this support. "Orphaned children whose parents had HIV/AIDS should get assistance from the government till they are 18 years," suggests Manmohan Sharma of the Voluntary Health Association of Punjab.

In Ropar and Rajpura districts, ignorance about HIV/AIDS has resulted in children continuing in school after the death of their parents. The children are not ostracised here. "The old value system of joint families is sustaining those who are HIV positive, including children. But we do not know how long this will continue," says Sharma.

In Iruakalkada village in Koppal district of Karnataka, a group of children are busy enacting plays on the treatment meted out to HIV positive people by family members, the community, schools and the medical fraternity. These children, some of whom are

HIV positive, have been brought together for a consultation on HIV/AIDS by the non-government organisation Samuha-Samraksha with the help of Plan International. Their knowledge levels are high, as Samuha has a school education programme that has succeeded in creating awareness about HIV/AIDS.



The children are vocal in discussing the role of the media in perpetuating stigma and discrimination. Ningamma who was involved in a filmmaking project last year called, *Awareness for Life*, sounds like an adult when she says, "The media is only after sensational stories. They are not interested in highlighting positive stories of care and support."

When Samuha started work in Koppal district of Karnataka in the nineties, there was little awareness on HIV/AIDS. A rural HIV/AIDS clinic was set up in Kushtagi village with the support of Karnataka State AIDS Prevention Society and work started on a model offering a continuum of care and support. "Our effort was to build the entire community as a resource. We were always fighting off the media in the early days," recalls Sanghamitra Iyengar, project director, Samuha-Samraksha.

Awareness for Life

Awareness for Life is the story of a group of young children who came together to make a film on HIV/AIDS. Among them were two infected children and many HIV-affected children. The youngsters learnt how to do script writing, camera work and research. As they eat, sleep and work together, they realise it is this spirit of camaraderie which has taken them beyond stigma and discrimination. The film captures this transition beautifully.

Ningamma says, "The film is a powerful way of narrating the reality of HIV/AIDS. The project also proved to be a novel method of learning and self-discovery as we had not realised that children with HIV/AIDS were being treated differently. One girl from my village who had HIV/AIDS had been taken out of the school where she studied. I screened the film we had made in the community and the result is she has been taken back by the school."

The film, which is part of a children's video project called: '*Children have Something to Say*', changed the life of Jagdish, another boy who was involved in making it. "When we worked on the documentary, we came to know a lot about stigma and discrimination," he says. Says Shyamala, another girl sensitised to the issue, "We do not know whom we will marry or where we will get married. All this knowledge is very useful."



The Kushtagi clinic caters to 157 HIV positive children. Samuha's awareness programmes, including candlelight memorials, have helped to remove the stigma of HIV/AIDS as a killer disease

The Kushtagi clinic caters to 157 HIV positive children. Samuha's awareness programmes, including candlelight memorials, have helped to remove the stigma of HIV/AIDS as a killer disease. Many people now know that it is a chronic, manageable illness. The stories about people living with HIV/AIDS are no longer sensational, says Iyengar. "Yes, the media still loves horror stories of stigma and discrimination but it has also played a supportive role. One reason for the change is that HIV/AIDS is no longer viewed as a foreign invasion. Everyone knows someone who has been affected by it."

Her organisation brings out a newsletter featuring stories of care and support to encourage better media reportage on HIV/AIDS issues. It reported on youth groups in a village getting together to reinstate a HIV positive person who was thrown out of job and on people's movements for procuring ARVs and making it available to those who cannot afford it. Iyengar believes that such stories of hope encourage more people to offer care and support to those with the infection. She also feels the media could identify and examine factors like easy access to blue films in rural areas in particular and its impact in encouraging young people to experiment with sex in risky ways. Samuha, for instance, has awarerness programmes in the high prevalence Koppal district where it conducts slide shows and interactive sessions in local theatres.

The media impact on people is clear at another children's group in Maharajganj, a district in Uttar Pradesh bordering Nepal from where trafficking is very high. Here, a group of children enthusiastically analyse the positive impact of the Hindi film *Phir Milenge* that captures the reality of HIV/AIDS in daily life and society's attitude towards it. "I like the scene in which the heroine, Shilpa Shetty, accepts the reality of HIV/AIDS in her life," says Jawahar Kumar, a member of Babu Bahini Manch, a children's forum for expression, advocacy and action.

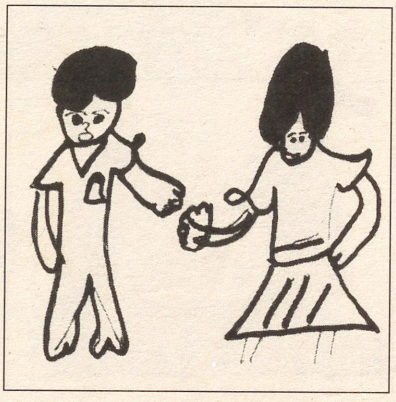
Through the Manch, the children take up a range of social issues, including HIV/AIDS. They want to organise special screenings of *Phir Milenge* in their community. "The press only reports incidents and events. It does not report positive stories," says Ameena, a member of the Manch. Cases of stigma and discrimination are etched in their memory. They recall instances of family members ill-treating infected people. There was a boy in Bijmanganj village whose mother was infected. Her family drove her away from home and a voluntary organisation helped her obtain domestic work. The boy was taken away by his relatives after his mother died.

The children discuss how the positive projection by the media can help dispel myths and reduce the burden of stigma and discrimination. They refer to the positive influence

of the TV series '*Vijay Jasoos*,' where the central character is HIV positive and helps others cope with the infection.

Worldwide there are 2 million to 2.6 million children below 15 years who are infected and struggling for survival without the support of parents or guardians. Not only do these children lose the security and safety of their immediate families, but they frequently end up taking on adult responsibilities. They provide care for dying patients, siblings and earn money for basic necessities. Often, they are forced to give up school, have less access to health care, and become vulnerable to malnutrition.

In India, there has been no real study on the impact of HIV/AIDS on children. As per NACO's December 2004 data 1,20,000 children below 15 years are infected by the HIV virus. There is no data on children affected by AIDS. But Karnataka, Punjab and Uttar Pradesh, where the media scan was done, report an increase in the number of HIV/AIDS orphans. Moreover, because of the increasing number of HIV/AIDS patients in the three states, the number of children getting infected is very high. The mother-to-child transmission is as high as 30 % but the government does not have a youth-friendly awareness and prevention programme in place.



In India, there has been no real study on the impact of HIV/AIDS on children. As per NACO's December 2004 data, 1,20,000 children below 15 years are infected by the HIV virus

While children infected and affected by HIV/AIDS are being taken care of by the community in Punjab, this is more because of the ignorance about the infection than an empathetic response. Simultaneously, there are several myths about HIV/AIDS, especially about it being a "killer disease." This results in people hiding the infection.

Even in Karnataka where awareness is very high, cases of stigma and discrimination come out as sensational media reports. Availability of medicines is another concern. In Karnataka, Samuha has established free seva clinics where people are counselled, diagnosed and given free treatment. To encourage people to come to the clinics without fear of stigma and discrimination, free general check-up is offered.

Samuha runs a chain of women's clinics which deal with all health complaints, including HIV/AIDS and reproductive tract infections. The programme, called *Namma Arogya*, has heightened awareness and increased access, including bringing in infected children.

In Punjab, the only super-speciality hospital for HIV/AIDS is the Post-Graduate Institute for Medical Research, Chandigarh, which also has a children's wing. However, the pressure on the Institute is high and people have to wait for weeks to get attention. Though medicines are free, they are not easily accessible.



Memory Books Link Children Orphaned by AIDS to Their Past

"My favourite memories of you go back to the day when you were born, February 20, 1990. This day has become my most precious memory of you. When you came into this world, you were such a nice and lovable baby, admired by all," says Christine Akuga to her daughter Evelyn Akoth.

Although Christine died of HIV/AIDS related causes, her daughter Evelyn has received more than a few special memories from her mom. Written in English, the Memory Book is a powerful insight into the family life of this 10-year-old girl who, luckily, has not contracted the HIV virus from her parents. The pages, curled and crisp due to thick and heavy pressure writing, tell stories about Evelyn's mother, father and grandparents.

A great deal of space is dedicated to the mother's health once she tested positive and to the uneasy relationship she had with her husband's second wife-her daughter's step-mother. "This Memory Book was quite revealing for Christine's parents as well. As they read through it, they learnt many things they were not aware of," explains Beatrice Muwa, Health Coordinator for Plan in the Ugandan district of Tororo.

The idea of writing a Memory Book comes from terminally ill patients in the United Kingdom. In Uganda, the National Community of Women Living with HIV/AIDS (NACWOLA) began to promote this approach in 1998, and has since encouraged hundreds of women to pass on their family history this way to their children.

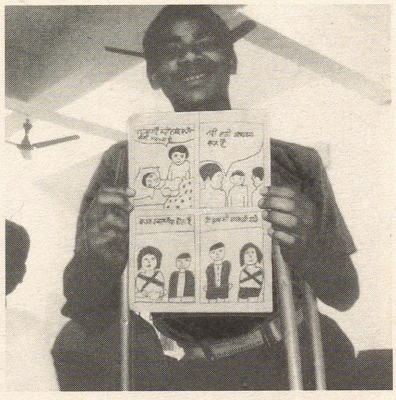
NACWOLA came into existence as a result of HIV infected mothers finding it difficult to communicate to their children about their ill health:

"Secrecy wears you down fast," explains Beatrice Were, Programme Coordinator for NACWOLA as she recalls the moment she disclosed her HIV status to her children. "I was relieved to be able to share my condition with them. In my experience what hurts a child the most is to find out later that you have kept crucial information away from them. But after the sero status is disclosed to children, it is important to involve them in all decisions that will affect them."

The development of child-friendly IEC material will help communicate issues concerning HIV/AIDS to vulnerable children and adolescents. It can also be used by NGOs to generate awareness about HIV/AIDS while working with people who cannot read or write.

Impact of HIV/AIDS on children

1. Uncertainity about the future
2. Gender difference impacts girl child
3. Vulnerability to infections
4. Economic problems
5. Less access to education
6. Property grabbing
7. Foster care or child headed households
8. Inadequate nutrition/food security
9. Risk of sexual exploitation/abuse
10. Households headed by the elderly
11. Psychological trauma for the infected and affected children



The HIV/AIDS comics book is being distributed to NGOs, HIV/AIDS professionals all over the country and to school children in the Hindi speaking areas

However, under the Indian law consent of parents or guardians is a pre-requisite for providing any kind of care and support for children below 18 years. This is an impediment for preventive programmes on HIV/AIDS. Elders do not even approve of safe sex education. The law needs to be amended so that children above 12 years and especially those who live on the streets or are married very young have confidential access to sexual health information, contraceptives including condoms, STI and HIV/AIDS testing and treatment services.

The reponse to HIV/AIDS differs from country to country but Uganda's Memory Books are a wonderful way for those infected to communicate with their young ones about their family history.

Comics on HIV/AIDS

In January 2005, children of 8 to 17 years were involved in preparing comics on HIV/AIDS with the support of World Comics and NGOs working on the issue. Sixty street children, orphans, school going and non-school going children from slums, a large number of them infected or affected by HIV participated in the project. After orientation through interactive sessions by a counsellor and infected persons and street plays, the children developed stories on issues such as transmission, prevention, stigma and discrimination and positive living.

With inputs from cartoonists and technical experts on HIV, the children developed comics based on stories they had written. Some 60-70 comics developed by the children were even exhibited. The HIV/AIDS Comics Book, is being distributed to NGOs , HIV/AIDS professionals all over the country and to school children in the Hindi speaking areas.

A helper in a teashop at Chandni Chowk, one of the busiest commercial areas in Delhi,



Amit's melancholy stems from the fact that no one told him not to have multiple partners. "I would not have ventured into such sexual practices if I was warned about the HIV infection"

Amit (name changed) ran away from his home in Bihar and came to Delhi eight years ago. Now 18 and infected with HIV, he is among the many children who have got the infection from the street. "As long as I can remember, I have been involved with girls. I also used to frequent the red light areas of Delhi. My life has been determined by my friends and those who abused me sexually during my early days in Delhi," he recalls. Amit's melancholy stems from the fact that no one told him not to have multiple partners. "I would not have ventured into such sexual practices if I was warned about the HIV infection," he says. There may be many Amits in the country's metros. The new comic book could be their 'life saver.' ■

Krishnaswamy Kannan & E.K. Vinayakan
Plan International (India)

Seeking the Right Prescription



The growing availability of ARVs and their improvement in India and across the world has helped address the stigma associated with HIV/AIDS in the simple sense of treatment options being available

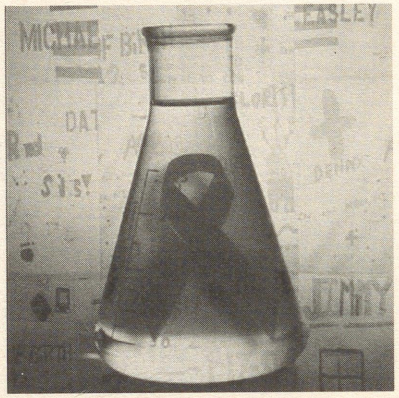
Anti-retroviral drugs, vaccines, microbicides and patent issues

"Make drugs available and you will notice the stigma that surrounds HIV/AIDS receding", said an NGO representative, to stress that a lot of the silence around HIV/AIDS and peoples' inability to declare their positive status has also been because they know it will not mean any improvement in their physical situation. In the early days of the epidemic in India, with hardly any AIDS drugs or anti-retrovirals (ARVs) available there seemed little point in declaring one's HIV status.

In its annual report of 2002-04, the National AIDS Control Organisation (NACO) made a point: People were not showing up at Voluntary Counselling and Confidential Testing Centres (VCCTCs) because if they were declared HIV-positive, the only tangible follow-up would be for the government to write out a referral. The growing availability of ARVs and their improvement in India and across the world has helped address the stigma associated with HIV/AIDS in the simple sense of treatment options being available. They may not always be suited to individual patients, they are extraordinarily expensive to date, and they may create toxicity, but their availability is helping people living with HIV/AIDS deal with the burden of stigma and discrimination associated with the infection.

Today, we live in a changed India. A little over a year ago, the Central Government launched a free roll-out of ARVs at select centres in the six high HIV prevalence states. It was back in 2001 that the UN General Assembly Special Session on HIV/AIDS pushed for worldwide agreement on the need for ARVs and the Indian government, through NACO, decided on a radical policy change. The National AIDS Control Programme was to give free ARVs to 100,000 people. This initiative was finally launched from April 2004. According to NACO, nearly 7,000 people are receiving free ARVs - a target that is expected to grow to cover one lakh people by 2007. Meanwhile, the government hopes to expand the programme to 100 centres by the end of 2005. The new Patents Bill of 2005 is also a factor for the change. (See Box No 1: India's New Rules with Patents)

However the reality on the ground is not as promising. (See Box No 2: From *The Indian Express*). People in need of ARVs are queuing up and doctors at government-designated centres are being forced to take some tough decisions on who can be given free



The "3 by 5" initiative launched by the World Health Organisation and UNAIDS in 2003, catalysed treatment in India and other developing countries

ARVs. There are concerns about what line of treatment is being offered in terms of drug choice within the free ARVs programme and about the support infrastructure keeping pace with the roll-out. These are important issues that pose hard challenges. But it is clear that there is global pressure now for science and medicine to deliver. What are the most important scientific breakthroughs? Do they translate into actual improvement in treatment and other options for people living with HIV/AIDS? Is state-of-the-art treatment reaching the needy? But a beginning has been made in widening access to treatment and that is an achievement.

The "3 by 5" initiative (to reach treatment to three million people by the end of 2005), launched by the World Health Organisation (WHO) and UNAIDS in 2003, catalysed treatment in India and other developing countries. Although the programme is unlikely to reach its target by the end of 2005 as per UN data, the last few years have seen overwhelming changes in the approach to ARVs and HIV/AIDS. These were fuelled by the need to expand treatment options in developing countries in particular.

Expanding the reach of treatment options is important. At the Rio conference in July 2005 on HIV pathogenesis and treatment, the focus was on finding innovative means of doing so. HIV/AIDS is an evolving epidemic and the careful monitoring of viral subtypes will be essential to stem its growth. There is urgency now for the world to learn how to lessen the gap between scientific discovery and practice. This is closely linked to finding faster and better ways to treat HIV/AIDS. World leaders repeatedly get

India's New Rules with Patents

India got a new patents regime in 2005, one that is expected to push forward original research and ensured that processes and products patents are protected. Here's the concern: For several years India has been playing a significant role in the worldwide access to drugs - especially in the developing world - making generic formulations available at affordable prices. It has also been a leader in the global debate at the World Trade Organisation on TRIPS and its impact on public health.

In 2000 Indian pharma companies began manufacturing generic antiretroviral drugs, which impacted positively on the cost of ARVs and allowed wider access to the drugs. According to Medecins Sans Frontieres (MSF), of the 700,000 people who receive ARVs in the developing world, almost half receive Indian generics. In February 2005, MSF said it treated 25,000 people in 27 countries with ARVs and 70 per cent of the patients were on medicines that originated from India. MSF has been a strong advocate for flexibility in the patent regime that will allow wide and free access to ARVs. ■

together to endorse the need for fresh investment and resources to meet the goal of universal access to treatment by 2010.

According to WHO and UNAIDS, 67,000 people are undergoing treatment for HIV/AIDS in India. This means coverage of 4-9% of those infected. The unmet need is 7,35,000. From the Global Fund to Fight AIDS, TB and Malaria, some 4,500 women, their partners and children are to get ARVs. The Round 4 proposal aims to provide 180,000 people with ARVs in the public sector and 200,000 people in the private sector by the fifth year.

In India, the private sector is the most active provider of treatment and the case with HIV/AIDS is no different. The Employees State Insurance Scheme in the Central Government Health Scheme also provide ARVs to employees.

In the overall scenario of providing ARVs to as many people as possible, there is an issue that must be considered. It is established that from among all those who are HIV-positive, only 10-15% really need ARVs. It is very common practice to find that there are several people who are being put onto ARVs but do not really need it - these are people with relatively high CD4 counts (measure of the health of the immune system in an HIV infected person) and no Opportunistic Infections (OIs).

Ideally, ARVs should be prescribed only once immune suppression has really reached an advanced stage and the basic rule for availing free ARVs is that the patient's CD4 counts should be lower than 200. Many health professionals believe that real success will lie in early tracking of infection and looking after newly-positive people so well that their need for ARVs can be pushed as far ahead as possible. Early detection, competent and sensitive counselling, nutrition, social care and support through non-discriminatory employment are vital. Equally important is strict regulation and guidelines in the medical practice of prescribing ARVs, insurance coverage, and addressing the line of regimen available in free ARV centres.

It was in the late eighties that the first ARVs were developed, to interrupt and suppress viral replication and try and restore immune function (See Box No 3: Drugs to Combat HIV/AIDS). From single drugs to coupled combinations to multi-drug combinations now - the upsurge has been rapid, fuelled by quick development of resistance to drugs by HIV within a few years of the first ARVs being used. For less than a dollar (Rs 48) a day, ARVs are available in India, from generic manufacturers. But shelling out so much per day just for one family member's drug intake is too much for many families. Yet, it is important to value ARV provision because it means not just reduced viral loads but reducing the spread of infection.



It is established that from among all those who are HIV positive, only 10-15% really need ARVs. It is very common practice to find that there are several people who are being put onto ARVs but do not really need it

From *The Indian Express*

Indian Express, May 11, 2005, Anuradha Mascarenhas: Free Anti-Retroviral Therapy: Too many patients, too little time

Pune, May 11: Living with AIDS for three years, Pandurang (name changed), has been ostracised by his parents and given food in separate utensils. Today, as the farmer from Parner waits for free medicines at the Anti-Retroviral (ARV) therapy centre at Sassoon General Hospital, he is scared to reveal that his 30-year-old wife and eight-year-old son are also sero positive.

Neeta lost her husband to HIV two years ago. Last November, she fell sick and started losing weight. Tests revealed that she too had contracted the virus. With just a class X pass certificate, she is unemployed, worries constantly and makes weekly rounds at the ART centre hoping that her name will be considered for the free drugs. Pandurang and Neeta are among the several patients queuing up at the Anti-retroviral (ARV) therapy centre at Sassoon, hoping to be included in the programme that provides free medicines to HIV positive patients. Even as five or six patients are registered every day, the medical worker at the centre is patient with the others, promising to enroll them soon.

An ambitious anti-AIDS initiative by the government aided by the World Bank, the ARV programme aims to provide free medicines - a combination of three drugs (see box) supplied by the National AIDS Control Organisation (NACO) - to HIV patients whose CD4 count is less than 200. There are 33 centres all over the country.

In Pune, the ARV centre was set up in January and according to Dr A L Kakrani, Head, Department of Medicine, Sassoon, 1,011 patients (588 men, 403 women) have been screened. Of these, free medicines are given to 131 patients. ''We have written to the Maharashtra State AIDS Control Society who have promised to upscale the programme," Kakrani told *Newsline* when asked about the long queues outside his centre everyday.

Given that Maharashtra with an estimated 7.5 lakh patients has the highest number of infections, making a success of ARV therapy is a daunting task. Also, once started, ARV therapy cannot be stopped midway. Hence the need to ensure that whoever is enrolled is supplied drugs for a lifetime.

Dr V L Kulkarni, Deputy Director, Sexually Transmitted Diseases and in-charge of the ARV programme in Maharashtra, explains the issues. ''We are going slow on the ART

programme," he admits pointing out there should be sufficient stock of drugs to ensure that the lifelong programme is successful. ''It is dangerous to discontinue the programme once patients are administered the drugs."

Dr Mukund Penurkar, Senior Medical Officer with the ARV centre in Pune, agrees. ''We feel bad turning away patients. People from as far as Latur, Aurangabad and Ahmednagar come here seeking free ARVs," he says. Though they have to select their patients carefully, depending upon the CD4 count, wives of HIV patients who have also contracted the virus are admitted on priority. So far, there is one child on ARVs at SGH.

But the government has plans to upscale the ARVs programme. According to New Delhi-based Ajay Khera, Joint Director for Training and ARV, the idea is to have 100 centres across the country by the year-end and treat at least 25,000 HIV infected persons this year.

Apart from ARV centres at Mumbai (1,750 patients), Miraj (350 patients), Pune (131 patients) and Nagpur (140 patients), the other centres will come up at Yavatmal, Akola, Aurangabad, Ambejogai and Kolhapur.

THE REGIMEN

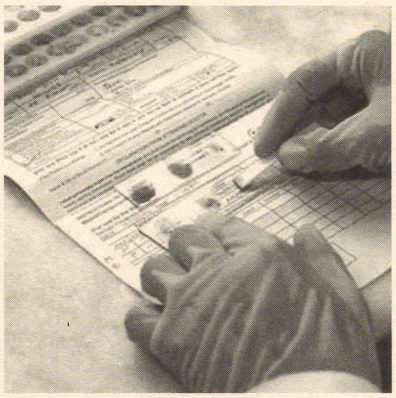
ARV: Anti-retroviral therapy is a government programme that aims to provide free drugs to AIDS patients with CD4 count less than 200. In Pune, 131 patients are on ARVs. But there are more who need it.

Medicines: The cheapest combination of drugs Stavudine, Lamivudine and Nevaripine comes in a capsule ''Tri Omune" costing Rs 1,239 for a month.

The other combination is Duvoir-N that includes Zidovudine and Lamivudine. Nevaripine has to be taken separately. This costs Rs 1,350 per month. So far, 10 patients in Pune are on this treatment.

Efavir 600 is the costliest at Rs 2,826 per month. This includes Efavirenz (suitable for patients on anti-TB drugs), Lamivudine and Stavudine.

According to recent media reports the reality of free ARVs and the government's plans to expand it is wrought with challenges - actual amounts of drugs and making sure treatment goes uninterrupted, once begun, ensuring coverage of those who are the most needy . A lot of patients are turned away in Pune centres for free ARVs and patient selection based on CD4 counts is also difficult. ■



India began its first Phase-I AIDS vaccine trial in early 2005. It hopes to stay engaged with this cutting-edge global endeavour in as close a manner as possible, but a vaccine against AIDS is proving to be one of the scientific and medical community's biggest challenge

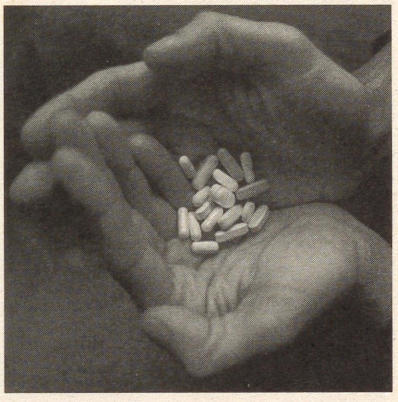
Treatment for HIV/AIDS has become centre-stage not only with the political leadership, but with the governmental machinery, medical fraternity and the non-governmental sector. There has been a lot of effort recently to make treatment a part of the comprehensive package to deal with the epidemic. According to UNAIDS and WHO, in December 2003 the focus was on upscaling ARVs in 49 countries under the '3 by 5 initiative.' India is in this select group. In these 49 countries live 87 % of all adults and children infected with HIV/AIDS. Over half the world's infected population that needs treatment lives in six nations - Ethiopia, India, Nigeria, South Africa, Tanzania and Zimbabwe.

Meanwhile, the Indian Government wants to explore other technological options for combatting HIV/AIDS, especially vaccines and microbicides. Several vaccine candidates are being studied in clinical trials worldwide, but the search is still very much in stages of experimentation. Hundreds of clinical trials of more than 30 different vaccine candidates have been completed, but there are no breakthroughs yet.

India began its first Phase-I AIDS vaccine trial in early 2005. It hopes to stay engaged with this cutting-edge global endeavour in as close a manner as possible, but a vaccine against AIDS is proving to be one of the scientific and medical community's biggest challenge. Microbicides — chemical substances that can be used to keep sexually transmitted infections away - are also being tried in various phases, but again, no breakthroughs yet.

It is obvious that these efforts need tremendous political and social support. There are now so many commonalities between advocacy for treatment and novel technologies like microbicides and vaccines that the world has coined for itself a new phrase - MTV - advocacy for Microbicides, Treatment and Vaccines for HIV/AIDS. The idea behind MTV of course, is to be able to combine the strengths of these three complex and active fields to influence and shape worldwide political opinion, and to build the much-needed support and encouragement to continue research to achieve these goals. MTV advocacy is expected to break barriers and allow for strong collaboration that can eventually take the world closer to answers in tackling HIV/AIDS.

So, what lies ahead? Treating HIV/AIDS has just entered a new era - and the immediate focus is a need for drugs that are simpler, offering stronger barriers to resistance, and with minimum side effects. In India, there is now an opportunity to incorporate interventions for prevention in treatment settings. The issue of how involved NGOs can be in the provision of ARVs is being addressed, as well as the question of the extent to which ARVs can be upscaled. The Indian Network of People living with HIV/AIDS is involved in a rapid assessment of the progress of ARV scale up. The Indian government along with WHO has begun a process of monitoring and evaluation of the ARV rollout, starting with a national consultation held in April 2005.



Drugs to Combat HIV/AIDS

There is yet no cure for HIV/AIDS. ARVs work on disrupting the replication of HIV within the human body but cannot rid the body of the virus. In 1986-87, scientists found a drug that could affect the viral life cycle of HIV by becoming an impediment in its replication. This was a drug designed to act on an enzyme called reverse transcriptase enzyme, thereby blocking the formation of a pro virus DNA. Since then, various drugs acting on reverse transcriptase have been discovered. These drugs generally fall into two groups – Nucleoside Analogue and Non-nucleoside Analogue drugs. In the late nineties, a new line of ARVs that would act on the enzyme protease were discovered. Protease is an enzyme that helps in the maturation of m-RNA to mature virions or viral particles, and these drugs are called protease inhibitors.

According to NACO, though most of these drugs are available in India, these are expensive. They cost Rs. 11,000 - Rs 15,000 per month per patient. The drugs available in India are:

Reverse transcriptase inhibitors

Nucleoside analogue

- AZT (azidothymidine, zidovudine) - 100 mg. each tablet
- DDC (zalcitadine) - 75 mg. each tablet
- Stavudine - 100 mg. each tablet each
- Lamivudine - 150 mg. each tablet

Non-nucleoside analogue

Nevirapine - 200 mg. each tablet

- Protease inhibitors
- Saquinavir
- Ritonavir
- Indinavir

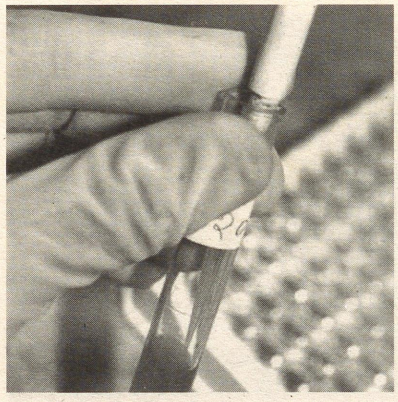
Post exposure prophylaxis

The following drugs are only used for post exposure prophylaxis and supported by the Government of India:

- Zidovudine - 300 mg. twice daily for 4 weeks
- Lamivudine - 150 mg. twice daily for a period of 4 weeks
- Indinavir - 800mg. thrice daily (only when indicated as part of expanded regime)

Detailed guidelines have been issued to all State AIDS Control Societies (SACS) for further dissemination to all hospitals in the public, private and voluntary sectors. The Central Government has provided funds to all the state societies with the direction that the drugs should be made available in all government hospitals. ■

(Source: www.nacoonline.org)



Recombinant HIV is beginning to complicate matters and calls for better scientific understanding, and some measure of urgency

ARVs for Children

Without treatment, half the world's HIV positive children will die before their second birthday. Today there are 660,000 children who need ARVs and roughly four million need cotrimoxazole prophylaxis. There isn't sufficient ground knowledge medically regarding the treatment of children and this capacity must be built urgently. ■

There are technical posers too. Recombinant HIV – a variant of HIV that contains genetic materials from more than one subtype of the virus – is beginning to complicate matters and calls for better scientific understanding, and some measure of urgency. How can we make treatment as convenient and efficient as possible and reduce toxicity? In fact, this is an important question being posed to medical science today – can we improve on current HIV drugs and create better drugs that will have less toxicity? Reduction of drug toxicity is a major field of pharmaceutical research. Other questions are – Does interrupted treatment work better?

It is obvious that India has accepted the challenge presented by ARVs and treatment of HIV/AIDS. However it will take some time before the country will be able to use to its advantage indigenous expertise – be it in the pharma sector or from the medical and public health fraternity.

For Further Reading

1. www.nacoonline.org
2. AIDS India e Forum
3. www.aidslaw.ca
4. www.aidsinfo.nih.gov ■

Dr Subhadra Menon
Senior Health Journalist

Standing Up for Their Rights



To ensure that the audience respond with less prejudice, ridicule and intolerance towards affected people than before, reporters need to be informed of the complex socio-economic and legal factors that underlie the HIV/AIDS epidemic

Since 2004 there has been significant activity both internationally and in India on garnering a media response to the HIV/AIDS epidemic. In early 2004, the UN Secretary General announced the 'Global AIDS Media Initiative' to fight HIV/AIDS by using the media for public education.

Closer home, in January 2005, a high level meeting chaired by the Prime Minister saw media agencies commit resources including air time, coverage and reporting to address HIV/AIDS. While the news media agreed to encourage 'AIDS journalism', entertainment channels volunteered to weave in HIV/AIDS related themes into popular soaps, serials etc to reach mainstream audiences. Undoubtedly, a heightened media response to HIV/AIDS will help shed misconceptions, ignorance and apathy to HIV/AIDS among the masses.

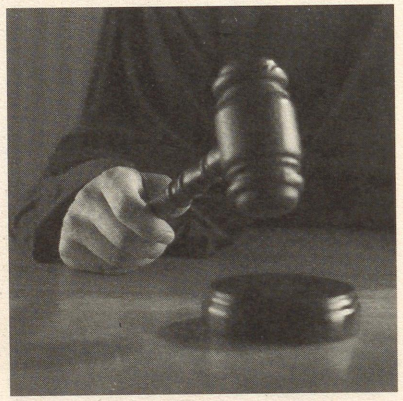
How differently the 'new, informed' audience will respond to HIV/AIDS and to people affected by it will depend on the nature and manner of HIV/AIDS reportage. To ensure that the audience respond with less prejudice, ridicule and intolerance towards affected people than before, reporters need to be informed of the complex socio-economic and legal factors that underlie the HIV/AIDS epidemic.

This article highlights some of the key legal and human rights concerns that have arisen over the last two decades in the context of HIV/AIDS in India. The essay tracks the defining legal interventions on HIV/AIDS and examines their role in addressing HIV related discrimination. It attempts to foster a better understanding of the interface between human rights, law and HIV/AIDS so as to inform and influence media debates on the epidemic.

HIV/AIDS AND HUMAN RIGHTS – AN INEXTRICABLE LINK

> *" Paradoxically enough, the only way in which we will deal effectively with the rapid spread of HIV/AIDS is by respecting and protecting the rights of those already exposed to it and those most at risk."*
>
> Justice Michael Kirby

The incontrovertible public health lesson emerging from the epidemic is that protecting rights of those affected by HIV/AIDS is the best way of protecting the rest of the society.



The rationale behind this 'rights-based' approach is that HIV prevention, care and treatment will be accessed by the community only if the individual is assured of the right to autonomy and consent, privacy and confidentiality, equality and non-discrimination

This lesson translates into programmes and services that are voluntary, confidential and non-discriminatory in nature. The rationale behind this 'rights-based' approach, which is now supported by ample evidence from the ground is that HIV prevention, care and treatment will be accessed by the community only if the individual is assured of the right to autonomy and consent, privacy and confidentiality, equality and non-discrimination. In actual terms, it implies that a sex worker visiting a health clinic is not compelled to undergo an HIV test, merely because her 'behaviour' exposes her to HIV infection. Or, that the school is not automatically 'notified' of the HIV positive status of a student whose mother dies of HIV/AIDS related illness. And, that a factory worker who tests positive for HIV does not lose his job simply because he is infected. It means that communities, social and state institutions - families, neighbourhoods, schools, hospitals, workplaces treat HIV/AIDS without fear, prejudice and discrimination.

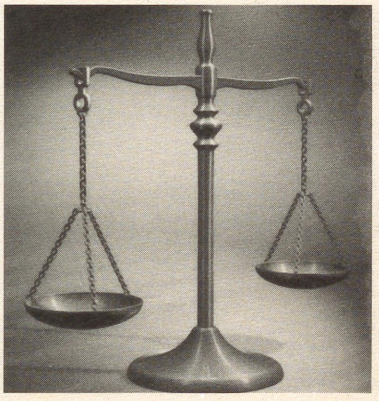
Actualising a 'rights based' response

Fortunately, the National AIDS Control Programme in India is built on a rights based or 'integrationist' health model. Preventive education, voluntary and confidential testing, harm reduction interventions for groups at greater risk of infection, non-discriminatory treatment, care and support for positive people constitute the core of the government's HIV/AIDS programme and are compatible with universally accepted health and human rights standards.

Yet, despite the conceptual indoctrination of rights in policies and programmes, the reality for people affected by HIV/AIDS is very different. It is not uncommon for women attending antenatal clinics to get tested for HIV/AIDS without being informed and to be thrown out after a positive test result. Many hospitals till date publicly identify people living with HIV/AIDS by placing boards with "AIDS Patient" boldly imprinted on the bedside. People testing positive for HIV continue to be refused treatment and inpatient care, lose their jobs and denied other rightful claims. Violence against marginalised and vulnerable communities including sex workers, injecting drug users and gay/transgendered persons is not only condoned but also often approved.

These are a handful of illustrations of rights violations related to one's actual and/or perceived HIV status. The list is long and encompasses violations in multiple spheres - family, neighbourhood, school, workplace, and hospital.

The two differing approaches described next show that rights have a decisive role to play in preventing the spread of HIV/AIDS and mitigating its effect. Promotion of public health rests on the protection accorded to individual rights. Thus, securing rights of people living with and affected by HIV/AIDS is not only an important end in itself but also serves as a means to a larger end, that is, safeguarding public health.



Protection of 'individual rights' = Promotion of 'community health'

1996: A red light area in Mumbai is raided by the police to eliminate unscrupulous, criminal elements that thrive on prostitution. All 450 sex workers detained and arrested during the operation are forcibly tested for HIV/AIDS. The hospital where the sex workers are tested discloses the results in an attempt to 'warn' the public about the risk that 'breeds' in the red light area. Local municipal authorities consider steps to deal with the hazard that HIV positive sex workers pose to the local public. One suggestion is to imprison those infected with HIV/AIDS. This proposal is turned down, as it may put prison authorities at risk. Another suggestion is to incarcerate them in the infectious disease hospital; but the hospital staff is not prepared to admit AIDS infected sex workers. A third suggestion is to stamp "HIV positive" in indelible ink on the sex workers' faces so that the public is easily able to identify the menace.

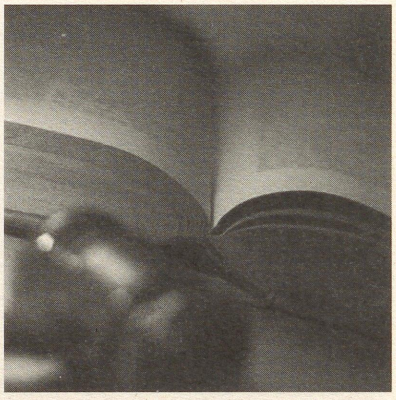
Months later, the issue dies down. Meanwhile, some sex workers remain confined to the correctional home without access to medical or other support while others are back on the streets desperately soliciting customers, the risk of HIV/AIDS notwithstanding.

1999: HIV prevalence among sex workers in Mumbai over 60%.

1991: An STD/HIV survey conducted in a brothel area in Kolkata reveals a high prevalence of STD infection and dismal condom use - conditions 'ripe' for the rapid spread of HIV/AIDS. A public health specialist is summoned to prevent and control the spread of STD/HIV among sex workers and their clients.

The intervention is designed premised on respect, recognition and rights of sex workers. A health centre is started within the area providing check up and treatment for STDs among other health ailments. A core group of sex workers is trained to develop and disseminate information on HIV prevention. Soon, the group begins educating others on correct condom use and protected sex. As the community begins to take control over its own health and life, condom negotiation, which was a daunting task for most, becomes a given, as all sex workers abide by the self-created "no condoms, no sex" rule. Over a span of five years, the prevalence of STD declines while condom use is near universal. Sex workers coalesce to articulate and address concerns of violence, goonda and police harassment, children's education, income and livelihood - the very same factors that underlie risk and vulnerability to HIV/AIDS.

1998: HIV prevalence among sex workers in Kolkata is five per cent.



It is in this context that we examine some of the topical legal cases that have set precedence and shaped the legal response to HIV/AIDS till date.

1987: Legal challenge to the 'isolationist' response

Soon after the detection of the first HIV/AIDS case in Chennai, the legislature of Goa enacted the Goa Public Health (Amendment) Act, 1986 to include provisions that allowed health authorities to forcibly test anyone suspected with AIDS. Furthermore, the Act authorised the State to isolate persons with HIV/AIDS. Exercising powers under the Act, Dominic D'Souza, an HIV positive activist, was quarantined in a TB sanitorium for over three months in complete disregard of his fundamental, legal and civil rights. From a public health perspective, the Act set a dangerous precedent of instituting an irrational, fearful and forcible reaction to HIV/AIDS. Dominic's arrest and confinement as also provisions of the Act that allowed the State to do so were challenged before the Bombay High Court (Goa Bench).[1] Although the Court ordered Dominic's release, it did not see any infirmity in the impugned legislation. The legal challenge, though unsuccessful in revoking the provisions inimical to rights, prevented the isolationist response as espoused in Goa from being replicated elsewhere in the country.

1997: Affirming the right to work

In 1993, MX, a casual labourer employed with a public sector corporation was detected with HIV/AIDS during a routine medical check up. Soon after, he received a notice from the employer asking him not to report to work. A writ petition was filed before the Bombay High Court contesting MX's dismissal on the grounds of his HIV positive status.

The petition contended that MX's termination was unjust, arbitrary and wrongful since he was physically fit to work. In defense, the Corporation averred that employing a person suffering from a serious disease like HIV/AIDS would pose undue financial and administrative burden and that it cannot be saddled with such responsibility/liability. In a landmark judgment[2] delivered in 1997, the Bombay High Court held that the Corporation's refusal to employ MX on the grounds of his HIV positive status constituted a violation of his fundamental rights to equality, non-discrimination, life and livelihood. The Court upheld the right to employment of an HIV positive person subject to the condition that such person is otherwise qualified person, medically fit to perform the job functions and does not pose a significant risk to others at work.

The High Court order not only led to MX's reinstatement but also, on broader note, laid down an affirmative legal principle with regard to employment and HIV/AIDS. Courts in

1 Lucy v. State of Goa, 1990 Mah LJ 714
2 MX v ZY AIR 1997 Bom 406

India and abroad have, since, followed the MX v ZY decision while adjudicating on HIV related employment cases.



Enabling access to justice

Additionally, MX v ZY saw the evolution of a beneficent litigation strategy that enables people living with HIV/AIDS to seek redressal without revealing their identity. HIV positive persons refrained from approaching courts, even in situations of abject infringement of rights, because of potential social ostracism resulting from the disclosure of their status in legal proceedings. Recognising that the stigma associated with HIV/AIDS was a formidable barrier for people with HIV/AIDS in filing claims, the Bombay High Court allowed the petitioner to litigate under a pseudonym. The court accepted that suppression of identity might be allowed in the interest of justice though it impinges on the administration of justice, which demands that trials be open to public scrutiny. Allowing HIV positive litigants to sue without revealing their identity has now become standard practice in most courts.

1998: To marry or not to marry

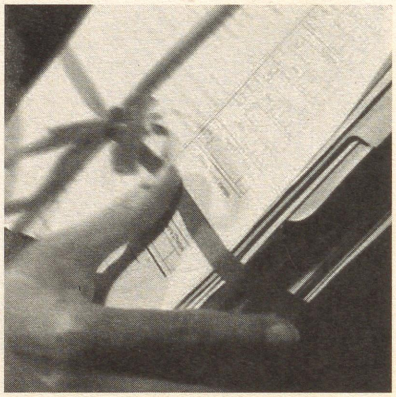
In a judgment[3] that came as a setback for people living with HIV/AIDS, AIDS service organisations and rights activists, the Supreme Court, suspended the right to marry of people living with HIV/AIDS in 1998. The facts of the case resulting in this pronouncement were such: - Mr X was engaged to Ms. Y when he tested positive for HIV/AIDS. The hospital authorities did not inform him of his status but instead revealed this information to a third party known to Ms. Y's family. The news spread in the village community like wild fire causing much anguish to Mr X and his family. The social stigma, ridicule and ostracism compelled him to leave the village.

Mr X sued the Hospital for breach of confidentiality of his HIV status. The matter reached the Supreme Court on a technical question of jurisdiction. The court, however, went into the merits of the case rejecting Mr X's claim for damages. The court went further and ruled that persons inflicted with HIV/AIDS could not marry.

The seeming rationale behind the apex court's order precluding positive persons from marrying was that being a sexually transmissible and life-threatening disease, a person with HIV/AIDS cannot be allowed to imperil the right to life of a prospective spouse. The implications of the court order for marriage between two positive persons or even between sero-discordant partners, where such marriage was with full and informed consent, were not clear. A few people however, welcomed the decision believing that it was a sound way of protecting women, who get infected by their husbands and, who in most situations, do not have a say in choosing a partner.

---

3 Mr. X v Hospital Z (1998) 8 SCC 296



Following a legal intervention, which saw emphatic arguments dispelling the fallacy behind 'polarisation of rights' in the HIV/AIDS context, the Supreme Court restored the right to marry in December 2002.

Awaiting decision

Other critical legal issues affecting people living with HIV/AIDS that are pending decision from the courts include the right to receive medical care without discrimination, the right to access HIV/AIDS treatment and medication, and the right to continue in military and police service. Besides, there are numerous cases filed by or on behalf of people living with HIV/AIDS for individual relief pending adjudication in family, labour and district courts.

Securing rights but not restitution

Though legal aid/litigation has enabled HIV affected persons to seek what they are entitled to, there are several limitations to legal redressal. Foremost, Constitutional claims of equality and non-discrimination lie against the State or government bodies only. There are no legal measures that prohibit discrimination in private health care, employment, education and other services. Moreover, rights envisioned and articulated in policy documents do not carry legal force. An HIV positive patient refused treatment by a private doctor cannot take legal action on the basis of a policy provision alone. Furthermore, legal protection for marginalised groups such as sex workers, drug users and sexual minorities is virtually non-existent.

And then there are situations where rights cannot be realised despite a legal intervention. A woman can claim residence in her matrimonial home through a judicial order but the family may continue to avoid her because of HIV/AIDS. A court cannot get co-workers to share a table with an HIV positive colleague even though it may reinstate him in the job. While a court may uphold the right of HIV positive children to receive education, it cannot compel other children in the school to embrace them. A legal framework that protects and promotes rights is imperative to counter AIDS related stigma and dis-

A Media Triggered Response

A few years ago, a national daily published an article over repeated refusal by hospitals to operate on an HIV positive person, who required immediate medical attention. The article caught the attention of a sitting judge in the Delhi High Court, who, suo motto issued notices to the concerned medical authorities to explain this blatant act of discrimination. Additionally, the story evoked an immediate response from the Chief Minister's office resulting in the provision of prompt medical and surgical care to the HIV infected person.

crimination, as are forces like the media that influence attitudes, opinions and even action.

Clearly then, rights need to be mainstreamed and adopted across the board for a consistent, coordinated and cogent response to HIV/AIDS. ■

Tripti Tandon

Senior Project Officer, Lawyers Collective HIV/AIDS Unit, New Delhi



Media messages advocating abstinence, single partner sex or faithfulness to the spouse as preventives only end up linking sexual morality with the virus

Positive Voices

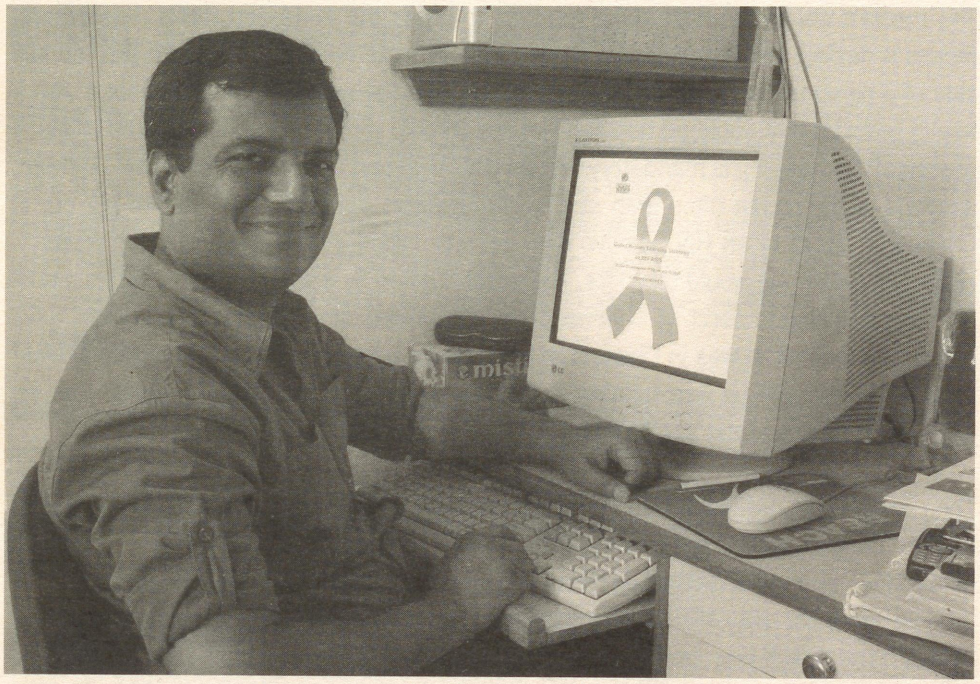
For those living with the virus, the image of HIV positive people as portrayed by the media compounds their problems. The coordinator of the Asia Pacific PLWHA Resource Centre in Delhi, 35-year-old Manoj Pardesi has interacted extensively with journalists. Living with the infection for 13 years now, he says, "In the press we are either made to look like villains spreading infection or as victims grovelling in misery. The media has tremendous reach and influence. It's high time that it presented a realistic picture of the HIV infection as a manageable health concern."

Stories of discrimination against HIV positive people make good reading and are easy to report on, but they would have intrinsically more value if linked to real issues, says Manoj. The bigger question in a country that has 5.1 million infections is how to live with the virus? Are people actually getting treatment? These are the dimensions surrounding an infection that can be managed more simply than diabetes, asthama or heart ailments.

Media and morality

Those infected say that the link of HIV/AIDS with sex has been overpowering. It has diverted media attention from the real concerns that need to be addressed. Media messages advocating abstinence, single partner sex or faithfulness to the spouse as preventives only end up linking sexual morality with the virus, points out Manoj. It imposes a question mark about their character and stigmatises infected persons. It makes it difficult for a man to tell his wife he is HIV positive. It's a dilemma activist Ram Kumar (name changed) grapples with daily. After losing his factory job in Delhi when his HIV status became public, he returned to his village in Azamgarh district, UP. Five years have lapsed but Ram has not had the courage to inform his wife about his positive status. "Being unemployed and depressed, I joined a support group of affected people in the state and now cycle from village to village everyday spreading awareness. Ironically, I feel my own wife will find it difficult to accept I am infected. I am preparing her by sharing with her experiences of other infected people I meet in the course of my work."

Manoj does not support the government's targetted intervention programmes and its focus on select groups like sex workers and homosexuals. The media focus remained on these groups that were seen as having deviant behaviour and this backfired on all those infected by the virus. Awareness, he maintains, must be built around safe sex



Manoj Pardesi

rather than unrealistic expectations advocating denial of sex that, in turn, could have other repercussions.

The constant equation of HIV/AIDS with death by newspapers and television channels keeps the virus from being detected. NACO estimates that about 90-95% of the epidemic is undetected and is therefore spreading unknowingly. The fear of the infection stops people from getting tested even if they feel they may be at risk. The language used by the media also conjures up a dreadful image of the infection. HIV/AIDS is often referred to as an "untreatable disease" so even if a person picks up courage to get tested at the Voluntary Counselling and Confidential Testing Centres (VCCTCs), he/she often does not return to pick up the report. The person is unable to overcome the fear of testing positive. The stigma and discrimination caused by the perception of it being incurable is an issue that confronts them.

For those of us living with the infection, says Manoj, the repercussions of this portrayal are multiple. "We are denied our rightful share in property by family members; doctors don't want to treat us because they consider it a waste of resources and those we live with also feel it is a waste of money looking after us." A stitch in time saves nine. So it is with HIV positive people. Timely diagnosis and treatment enables them to stay healthy and work with gusto.

The constant equation of HIV/AIDS with death by newspapers and television channels keeps the virus from being detected. NACO estimates that about 90-95% of the epidemic is undetected and is therefore spreading unknowingly

The media's obsession with being the first to break the news and make it salacious, makes it neglect investigation of a whole range of facts related to an event like the suicide of a person who is told he/she is positive. Was the person counselled that it was a health problem that could be handled like any chronic ailment such as diabetes or blood pressure? Counselling is mandatory with an HIV/AIDS test undertaken anywhere. Instead, sections of the media often grab stories on baseless rumours, such as one put out in Chennai in 2003 of an HIV positive man secretly injecting with infected blood motorcyclists from whom he would take lifts. The scare created by a spate of such stories resulted in the lynching to death in Chennai of an anonymous man found with a syringe. Says activist R Elango who was in Chennai at the time for a seminar, "Fear and hatred against infected people like us was running so high because of these media 'reports' that we were afraid to attend the seminar on HIV/AIDS or step out on the streets."

The media giving credence to unfounded information causes incalculable harm, claims Elango. Diagnosed HIV positive in 1988, Elango says he developed diabetes because of harmful 'ayurvedic medicines' from a well-known quack in Kerala whose so-called miracle cure for HIV/AIDS was highlighted by many newspapers and magazines. "Though the quack was later exposed by a consumer rights group, the media rectified its mistake by putting out a small regret notice instead of the full-page features that had been carried on the man earlier." Having helped to set up the Karnataka Network of Positive People, Elango has been tracking reports on the epidemic for over a decade.



R Elango

He feels the media must put itself in the shoes of affected people to understand how its coverage can be a matter of life and death for them.

Getting the media's attention is a big challenge. Space constraints, the urgency of news and the need for 'catchy' headlines often result in wrong messages being sent out. Says Ranjit, (name changed) an infected person in Punjab: "I hesitate to reveal my name to the media because I am afraid that my case would be sensationalised and my story twisted. This would hurt my family. As part of civil society, the media too has a responsibility towards us. It must not exploit our situation for pandering to its readers or viewers."

Manoj points out that good programmes and news reports, however, can do marvels for building public awareness on social and medical issues. A BBC World programme, *Haath Se Haath Milao*, is a sensitively prepared series highlighting the infection. Another BBC-produced serial *Vijay Jasoos*, packaged with adventure and suspense is also popular with kids.

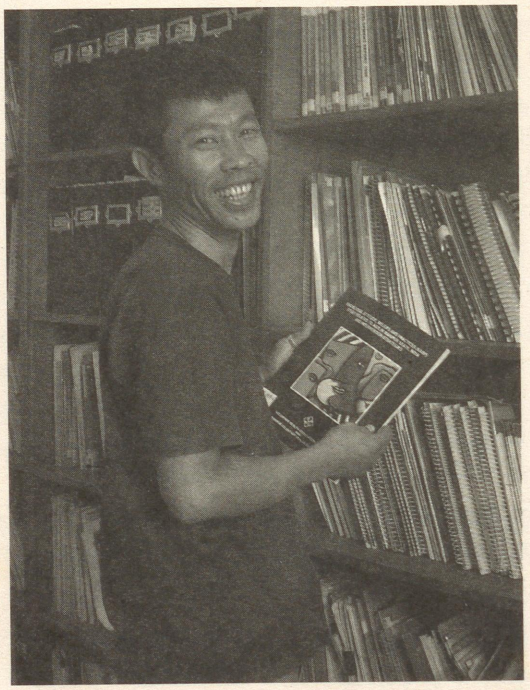
People not 'victims'

Loon Gangte, working as Regional Coordinator with the South Asia Collaborative Fund for HIV/AIDS Treatment, is livid with the media's insistence on clubbing HIV positive people as patients. "I am not ill by any yardstick," he fumes. "I probably work harder than many other people and yet every time the press terms a person like me as a 'patient,' 'sufferer' or 'victim.' I am definitely not diseased, helpless or dying." He describes an incident in Kochi where he participated in a rally of 130-odd HIV positive people. "We were shouting slogans at the top of our voices and marched through the city in the heat, yet the next day newspapers reported - 'AIDS patients take out rally'! A patient should be on a wheelchair or in hospital. But this is what happens all the time."

Rather than an obsession with death and dying, there should be stories on HIV positive people laughing, coping, living, says Loon. This can only happen when the media understands the virus and its impact in totality. It must now actively try to educate itself. "There is all-round ignorance here compared to many other countries," says Loon. "When I met a group of 11 Swedish parliamentarians, for instance, I was amazed at how much they knew of HIV/AIDS. They were as knowledgeable as any counsellor. With its huge reach the media can play a very important role in spreading informed awareness of the epidemic."

The key lies in journalists giving 'informed' news rather than allowing baseless prejudices to colour their copy. For this, sustained interaction with HIV positive people is a

The key lies in journalists giving 'informed' news rather than allowing baseless prejudices to colour their copy. For this, sustained interaction with HIV positive people is a must



Loon Gangte

must. "How can you go to the market and buy clothes for someone you have never met! They will always be ill-fitting. In the same way, journalists must get to know us well if they want to portray us correctly," says Loon. "They already have the skills to make a story readable. If they have the right understanding then they can sensitise the public in the right direction." Rather than dramatising single fear-based incidents, macro issues need to be addressed simultaneously.

For instance, has the health system in the states geared up to handle the snowballing epidemic? Thousands of affected people with little idea of what has happened to them travel from villages to cities for medical treatment. Their experiences find little reflection in media discourses that could shape the formulation of public policy. Soni (name changed) of Ludhiana district in Punjab accompanies her infected husband every month to PGI, Chandigarh, for medical treatment for HIV/AIDS. Looking worn out and harassed, she laments, "Why is the procedure here not simpler? It took two days just to get the card made in PGI - and officials stared and sniggered when I said it was for AIDS. Only on the third day could we meet the doctor who wrote out the tests for my husband.

We stand in line all day for each test, and if our turn comes even one minute after the department's closing time then the day's effort goes waste. Reports are to be collected from another part of this huge hospital. My husband cannot stand for too long. We have nowhere to stay when we come from the village. Private treatment is too expensive. We will go back to *jadi-bootis* available in the village instead of going through all this trouble."

Soni feels there is a lot of difference between those who are ill with HIV/AIDS and those suffering other ailments. "People run away from us. Secondly, our economic stability has been completely destroyed. My husband was a truck driver who cannot work any more. Our savings have finished in his treatment. Our daughter is not going to school anymore. I do part time work when I can to support ourselves, besides taking care of him."

The fear of not being able to make a living in his prime is also haunting Dharamvir (name changed) of a paramilitary force, who discovered he was infected four years ago. "Though the unit helped me at the time, now they are trying to throw me out. I found out about my infection when I had fever continuously for 26 days and my weight plunged from 75 kg to 35 kg. I was posted in Barmer in Rajasthan and broke down completely when my HIV status was revealed. I did not even tell my family in Gwalior. But gradually I recovered."

Dharamvir finds that life is being made difficult for him at work. "Many of my seniors and others came to know about the infection because I underwent a lot of mental stress. Also, I am not as strong as I was before and cannot do the same duties. Treatment costs are cut from my salary and the holidays I need because of my treatment are also being deducted from my pay. I took my case to the highest levels of the force and though some people supported me, I am afraid I will soon be out of job. The media must talk about our rights and fair treatment for us."

"Treatment costs are cut from my salary and the holidays I need because of my treatment are also being deducted from my pay. I took my case to the highest levels of the force and though some people supported me, I am afraid I will soon be out of job"

If not economic troubles, it is the stigmatising reactions from all around that bother many of those infected. Says Ranjit (name changed), a dealer in spare motor parts, "I required blood transfusion after an accident in 1992. In 2000 I became so sick that my weight went down to 25 kgs and I found out I was infected. But the worst was the suspicious response of my friends and acquaintances. Only my parents, who are well-educated, were supportive. With their help I managed to erase what society was saying and decided to live for my wife and son." Visiting PGI, Chandigarh and getting medication for the last five years now, Ranjit's CD count has gone up from a dangerous low of 62 to 280. "These are the things the media should highlight, instead of giving everyone the impression that we are potent weapons of destruction let loose on the public."

A development concern

An important component of the epidemic is its impact on women. This has hardly been reflected in the media. The hardships women face are double. While infected men are rarely abandoned by their wives or families. Women put up with greater stigma and discrimination. Celina D'Costa who works as an Advocacy Officer with an international NGO cites her personal experience. "When my husband died 12 years ago and I came to know that I too was infected, my first reaction was that there is nothing to hide. I did not conceal my status from family members, neighbours and the church. But with so little information about this new 'disease', my in-laws just threw me out of the home. I don't hold it against them any longer. There was no way they could have known that the infection is not spread by just being in the same house with me, nor is it transmitted by the sharing of bathrooms or through mosquito bites. There was also a lot of social

"Women often do not enjoy equality in their marital relationships such as being able to negotiate safe sex or sex on their own terms, or they fear being thrown out of home for no fault of theirs"



Anandi Yuvaraj

pressure on them that my brother-in-law would find it difficult to get married if I continued to stay with the family."

Celina's openness about her status is not shared by Neera, a seamstress from Chandigarh, who kept her HIV positive status from her husband for eight years. "During pregnancy I came to know I was infected. The doctor warned me that if I told my husband he or his family could blame me. I feel I did the right thing in not revealing my HIV status to my husband who had been suffering from TB." He came to know of his HIV positive status only when he was admitted to PGI after eight years of frequent illness. Its been a year since her husband died, but his mother refuses to acknowledge he was HIV positive.

Activist Anandi Yuvaraj who has emerged as a role model for other infected women, says it is social attitudes which created a situation where Neera preferred silence. "HIV cannot be tackled in isolation. It has to be linked with the entire process of women's empowerment. It brings out that women often do not enjoy equality in their marital relationships such as being able to negotiate safe sex or sex on their own terms, or they fear being thrown out of home for no fault of theirs. Empowering women by providing them education, skills and resources would also address their vulnerability to HIV."

Women's groups and those working in the development sector need to include HIV/AIDS in their mandate. As Anandi points out, the virus is intimately linked with

social and development indices. Yet few mainstream organisations put it on their agenda. "If the media initiated a debate on these lines then the profile of the virus would change. Currently there is a narrow keyhole view of HIV/AIDS that also informs the strategies meant to counter it. Instead, it needs to be put into the larger development context which should be tackled in a holistic way by everyone."

Anandi claims she has rarely encountered stigma. Diagnosed as HIV positive in 1997, she subsequently separated from her abusive husband and struck out on her own. "I gained courage from my mother's reply when I told her of my status. She told me, 'When you were born did you think you would live forever? Make the best of the time you have.'" Educated upto college and having worked before marriage, Anandi took up a job again. It was with an NGO working on HIV too. Eventually she joined the Positive Women's Network in Chennai that was involved in educating affected women about their rights and helping to build district level networks of infected women.

Presently working with the India HIV/AIDS Alliance, the 41-year-old Anandi is not on medication. She tours the country and frequently presents the Indian situation at international forums. She says, "Personally I have hardly ever experienced derogatory treatment because of being infected. But I know what many others face. In fact I first publicly revealed my positive status when I stood up for an infected peon in an NGO where I worked. Can you believe it, the head of the organisation that worked for HIV positive people, himself objected to an HIV positive man serving tea. Everyone was shocked when I intervened but they were forced to change their stand. My parents had always pushed me to stand on my own and that really built my self-esteem. How a woman is treated in her own family is how she will be treated later by others." She says it is her education, independence and upfront attitude that elevated her from a salary of Rs 400 a month to her present job in an international NGO.

"The head of the organisation that worked for HIV positive people, himself objected to an HIV positive man serving tea. Everyone was shocked when I intervened but they were forced to change their stand"

Addressing those living with HIV

The media must go into all issues around an epidemic that is presently discussed by it in the single context of transmission and prevention, a simplistic portrayal of the virus. "In the West, for instance, where HIV has been accepted in society, the media has also mainstreamed the epidemic. Sensitisation issues do not make news any more and neither is there any hype about HIV related stories. Most of the stories are related to resource allocation for the epidemic at the global level," says Anandi.

However, here the media fuels many of the general misinformed notions. Says Celina, "Like everyone else, I too had the impression that as one who has HIV/AIDS I would soon die. I waited to die...but even 12 years later here I am, completely healthy without needing medication of any kind."

Affected people would like to read about the right nutrition and diets for those who are infected. Healthy food can minimise or delay the damage caused by the virus. They want to know how to enjoy a safe married life, more about medication and information about their rights on issues like inheritance and custody of children

Information is given out only about prevention and modes of transmission. There is nothing for those who are living with it. What does one do if you find out you are HIV positive? Whom to contact about more information on the virus? More importantly, how to live and not die with the virus? Celina says affected people would like to read about the right nutrition and diets for those who are infected. Healthy food can minimise or delay the damage caused by the virus. They want to know how to enjoy a safe married life, more about medication and information about their rights on issues like inheritance and custody of children. "Some people argue that it may be damaging to carry news about us. They feel that unless there is the fear of death and illness associated with HIV/AIDS people will be lax in taking precautions or it will encourage promiscuity!"

Wanting to reassure others living in silence with the infection, Celina decided to speak out about herself. But she says the press was just interested in a juicy story. They published her photo and gave out information on where she lived. "The media primarily focussed on how I got the infection. I had 'come out' with the intent of raising my voice against fear and discrimination. It turns out this was the last thing on the media's mind." She also has a word of caution for those willing to expose themselves to public gaze. Proper counselling is needed about the social and emotional consequences of revealing one's identity, says Celina.

Media wary

Many of the networks of HIV positive people are wary of interacting with the media. Mike Tonsing has been working for the past six years with the Sahara Care Home in Delhi on its management of information systems. The NGO runs 35 projects all over the country, catering primarily to drug users and people living with HIV/AIDS. Over 25 years old, Sahara was one of the first organisations to start working with those affected by the virus and employs many of them. Says Mike, "The way society looks at us is shaped by what it sees in the media. In the past HIV/AIDS was seen only as a symbol of death. That has changed somewhat now. HIV/AIDS is brought up when incidents of stigma and discrimination come to light. There is still nothing in the media about our living well, taking care of families and contributing to society, which would be very encouraging news to all affected people. It would also alter community perception about us."

Such stories hardly appear because there is no bond between the press and the networks of HIV positive people. "We have not used the media adequately in sensitising it and putting out our point of view. There is no rapport with the press because we felt it always projected us negatively or twisted the information." Every year there is a spate of stories around World AIDS Day on December 1, but little after that. "The media



Mike Tonsing

"Look at HIV/AIDS not just as a health condition but as a development issue affecting the country in many different ways"

knows a little bit about us but not enough to give a full picture. We must change this," says Mike.

Activists like Manoj exhort, "I would like to say to the media - be our advocate, join with us to reduce stigma and discrimination, try to spread correct and scientific information on HIV/AIDS by removing myths and misconceptions. Use language that is sensitive to us. Depict it as a manageable disease." He suggests it should be looked at not just as a health condition but as a development issue affecting the country in many different ways. ■

Rimjhim Jain



The Importance of the Red Ribbon

Symbols are extremely important in any campaign to create awareness and fight a perceived public threat. India is full of symbols, many of them religious. Political parties have their symbols, so do social movements. The Red Ribbon is an international symbol of HIV/AIDS awareness. It is used to express solidarity with those affected by HIV/AIDS and indicates a commitment to fight its spread.

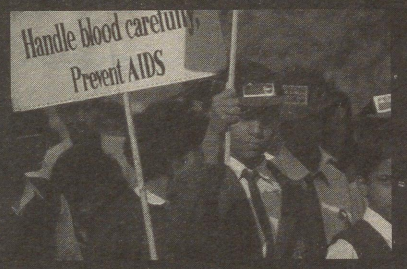
The Red Ribbon was conceived in 1991 by Visual AIDS, a New York based charity group of art professionals who sought to recognise and honour friends and colleagues who had died or were dying of the infection. Today it is the internationally accepted symbol to publicise the needs of persons with HIV/AIDS and to call for greater funding of services and research.

Inspired by the yellow ribbons honouring American soldiers of the Gulf War, the colour red was chosen for its "connection to blood and the idea of passion - not only anger, but love, like a valentine," said Frank Moore of Visual AIDS.

However, in India the symbol is not as well known and it is not used that frequently. Ten of the 15 students seeking admission to a course in journalism in Delhi did not know what it stood for. In the general public there is total ignorance about it. Quite obviously it needs to be used much more by newspapers and TV channels when printing or broadcasting stories on HIV/AIDS.

The importance of symbols cannot be overlooked. The Red Triangle, the symbol of the family planning movement in India, is better known. The campaign to fight polio is known by the symbolic two drops. The Indian media needs to engrave the Red Ribbon symbol in the public mind by using it themselves. ■

Usha Rai



Section III

Useful Information

Do's and Don'ts: The Ethics of Reporting on HIV/AIDS


एड्स टीके का परीक्षण

चल रहे हैं। विशेषज्ञों
पर किये थे और दो
ममें कोई गंभीर
इससे भारतीय
य चिकित्सा
नआर) के
गुली के अनुसार,
यसेवकों पर
ी जो परीक्षण हुए
का अध्ययन किया

इंटरनेशनल एड्स वैक्स
एड्स नियंत्रण संगठन
टीके में एक ऐसा कृ
जो एचआईवी विषा
है। अगले चरण के
का समय लगेगा
अगले पांच सा
ज्ञात रहे देश
लगभग ५१
उपलब्ध करा
इसलिए सारी

WHAT TO LOOK OUT FOR WHEN DOING AN HIV/AIDS STORY

Do I have the scientific fundamentals right?

Good coverage of HIV/AIDS is about quality coverage of science, numbers and politics. Reporters essentially discuss one or another of these basics as we present the epidemic to the public through a lens of our choice such as human rights and law, medicine, policy and programme, gender, income, equity, geography or security or even when we prefer to skim the surface once in a while, through a sketchy coverage of functions and announcements. The starting point, however, is empathy for those infected and affected. Then, it is important to know the scientific fundamentals, medical definitions and concepts of the epidemic so that we are equipped to examine, critique or reject them as we interpret the epidemic.

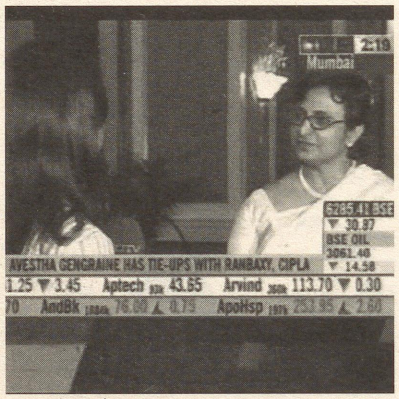
Am I able to convey these fundamentals to my readers in a simple, accurate fashion?

A useful way to be comfortable with medical definitions and concepts is to surf reliable websites such as those run by UNAIDS, World Health Organisation or Centre for Disease Control, and discuss them often with qualified medical personnel. It is important to discuss the definitions in simple everyday language that we consider appropriate for readers and check them with experts to ensure that accuracy is not sacrificed.

Have I developed a system to keep myself updated of major developments and HIV news from other parts of the world, irrespective of my beat?

As the HIV/AIDS epidemics continue to manifest, they throw up new issues, complicate or negate concepts that we took for granted and often make us rethink our views of society, culture and values. In short, we often find ourselves on a steep learning curve, despite experience in covering the issue for years. Regular updating on global, regional and local developments, keeping abreast of new research and fresh happenings from the field and extensive reading helps insure that we stay in step with HIV/AIDS as it charts its course. All too often, such reading is left to the science/health reporter, if, indeed, a media house has the luxury of that exclusive position.

HIV/AIDS leaves few domains untouched, however, and it is reporters specialising in business, economics, foreign affairs, human rights/law or plain politics who can help



raise the quality of analysis and interpretation of the epidemic. The complex nature of the HIV/AIDS epidemic deserves greater and deeper scrutiny.

Subscriptions to reputed journals and publications from specialist organisations working in HIV, TB, reproductive health, sexuality and drug use are a standard way to remain abreast of new developments. Many of these publications are mailed free to the media on request.

List-serves that deal specifically with HIV/AIDS are another way to follow the latest trends in thinking, the local reactions and controversies in the field and other media coverage on HIV/AIDS. Some useful list-serves include SAATHI (Solidarity and Action Against the HIV epidemic in India) and AIDS-INDIA. To guard the mailbox against a deluge of e-exchanges on these list-serves, it may be helpful to assign an exclusive hotmail or yahoo account to the list-serve which could be accessed on a regular basis.

What are the journalistic ethics when I report on HIV/AIDS?

After all, HIV/AIDS stories are about people. The task of writing on people living with HIV or their near ones, or on people who seem to be disproportionately infected or vulnerable sometimes appears like negotiating an ethical minefield. Many of the booby traps have to do with expression:

1. Language and prejudice:

All handbooks on HIV/AIDS reporting usually carry a list of 'offensive' terms that are commonly used in HIV/AIDS reporting with a parallel list of politically correct or sensitive alternatives that we could substitute. Some common ones which have now been popularised by the media and figure in drawing room conversations include sex worker (rather than prostitute), injecting drug user (rather than drug addict) and multiple partner sex (rather than promiscuous).

Its not that the original terms were inaccurate, it's that they come loaded with the baggage of derogatory usage. Several other terms may need similar alteration so that they are reinvested with a new respectability in the age of HIV/AIDS. See how many you can think of.

2. Language and accuracy:

A second set of terms that are commonly used are inaccurate because they fail to capture adequately the reality. Some common ones include AIDS patient for a person infected with HIV but still healthy. Such people prefer to be addressed as People Living With HIV, a term emphasising life and hope, rather than death and sickness

which are inappropriate and misleading for their condition. High risk groups for people who manifest high risk behaviour is another misnomer that fails to take into account the dynamic nature of human behaviour. The term 'vulnerable populations' seems more appropriate.


DELHI & NEIGH

There's life after AIDS!

Another misnomer is the label homosexual to any person who has sex with someone of his /her own sex. While the term may be entirely accurate in some cases, the reality in India is broader and more varied. Some men and women manifest homosexual behaviour some times and heterosexual behaviour at other times and still may not comfortably fit the 'bisexual' label as these behaviours are not always a matter of their choice or natural inclination. Many men who prefer to have sex with other men may be married and have children due to social pressures. Such men nevertheless manage to have sex occasionally with men, in secret. Other shades of homosexual behaviour include men who prefer to cross dress and have sex with men, trans-sexuals who appear masculine and later play up their innate feminine desires and qualities and men who choose to carry that to the extreme step of castration. The term that seems flexible and accurate enough to capture these many shades of behavior is men who have sex with men (MSM). We may yet come up with new terms for those manifesting uniquely trans-sexual behaviour.

Similarly, not all women who sell sex do so regularly, like sex workers. A flexible term to describe women who sell sex whether regularly or occasionally is Women in Prostitution (WIP). It seems like the term 'prostitution' is gaining acceptability as we get more comfortable with it and the word is not 'dirty' anymore. This may also have to do with the vocal and increasingly visible activism of sex-workers who are today organised and have begun to lobby for a legitimate space in society.

Scan the common terms used when reporting on AIDS and check them for accuracy. It is also useful to speak with human rights specialists, sexologists and linguistic experts to gain useful pointers to sharpen the accuracy of the terms we use.

3. Language and metaphor:

Metaphors are dangerous by definition as they reflect personal perceptions and distortions. Among the common metaphors in use when referring to the HIV epidemic are plague and scourge. The first refers to another disease entirely and reflects inaccurate usage. It also throws the mind back to the images of helplessness, ignorance and despair of the dark ages, imagery that seems dangerously inappropriate in the age of condoms, anti-retroviral treatment and infection control. Scourge reeks of retribution, again dangerously unsuitable in these times when health is being increasingly viewed through the framework of human rights.



We also need to be on the alert about the reverse usage of disease as a metaphor. The metaphorical use of medical terms starting with virus, disease, cancer, malignancy, AIDS, pox and diarrhoea, are well worn and continue to tempt the reporter. How justified are we in referring to corruption as the incurable cancer of society, in an age when our understanding of cancer has undergone a sea change and it is no more that monster that eats us inexorably from within? Likewise, can we truthfully refer to HIV/AIDS as a killer or an angel of death, when medicine has already found the tools to make it a chronic manageable disorder, similar to, although vitally different from diabetes or hypertension?

4. Language and translation:

The reporters who work in the local language has a tremendous advantage when it comes to finding a language and set of words to describe our experience with HIV/AIDS. Not for them the need to unlearn the loaded inaccuracies that have peppered coverage of HIV/AIDS over the last 20 years. Working with NGOs, high quality medical information straight from reliable sources and learning to follow the intricacies of the human rights discourse around AIDS can help them embark on a journey of explanatory journalism rather than a style that seeks to impress with its evocative terminology or pre determined views, a weak and distorted translation of English coverage.

There exists in India rich vocabulary on sexuality, illness, home based care, support, responsibility and acceptance. It is up to the local language reporters to uncover the terms in common use and check their appropriateness for HIV/AIDS reporting, relying on explanatory writing as much as possible to ensure that the reader is not misled.

ETHICS CHECKLIST:

Here is a beginning of a list of questions concerning ethics, to ask ourselves as we work on covering HIV/AIDS. The list is by no means rigid or complete and we could modify and add/delete as we deem appropriate. While all the questions are relevant, we could begin applying those we need or feel convinced about, depending on the time available and the nature of the report we work on. Over time, the consistent application of these ethical filters would become second nature and would automatically influence the way we conceive of, research and construct the reports. These have been numbered in more or less logical progression.

1. Have I thought about what might be the need for, or goal of my report?
2. Are there specific confidentiality related guidelines/media related policies that exist in the organisations I approach for information/interviews? Or are there HIV/AIDS related media policies available with journalists associations?
3. Have I ensured that my report presents a set of perspectives that are distinct and

help construct a comprehensive picture? Have I given space to views that I don't personally subscribe to?

4. Have I thought about what could be the impact of my report in the near and distant future, on the people I have quoted or covered, on the situations I have described and the conclusions drawn?
5. Who might my report affect and why? Would that be a legitimately desirable impact?
6. What if the roles were reversed and I was not the reporter but the person/organisation covered. How would I feel and what consequences might I face from family, friends, community and at workplace?
7. What strategies might I employ to ensure that the report is accurate and effective at the same time as well as sensitive and minimally destructive or hurtful?
8. Is my approach, reasoning and discussion clearly based on evidence and thorough research? Would it be justifiable in the face of rigorous scrutiny by people living with HIV and stakeholders such as those working in prevention, care or related issues?



AIDS numbers game again: Donor says India tops chart

TOUFIQ RASHID
NEW DELHI, APRIL 20

THE numbers game over AIDS has erupted again with an international expert claiming that India has the highest number of HIV-positive people in the world, much more than South Africa.

Richard Feachem, in-charge of malaria, tuberculosis and HIV at The Global Fund, one of the largest AIDS donors, claimed in an interview with the BBC on Tuesday that figures are much higher than those given by the government in Delhi.

The Global Fund to Fight Aids has already committed more than

Feachem said that the epidemic in India was spreading rapidly and that nothing was being done to stop it.

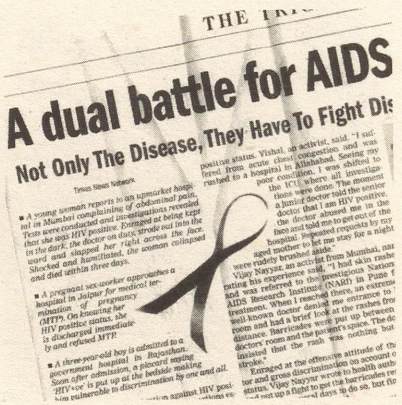
The Indian government has, how ever, dismissed the claim. "Nobod can say our figures are wrong. Our fi ures are based on the guidelines giv by WHO and the model of surv lance is a globally accepted one use every country," said S Y Qureshi, rector General, National Aids Co Organisation (NACO). Accordi him, while the figures are collect the National Institute of Healt Family Welfare from the state ICMR supervises the procedu "NACO just provides fur independent group which ha sentatives from WHO and U monitor the surveillance added Qureshi.

How does one get a good HIV/AIDS story, one that goes beyond the numbers game?

When it comes to HIV/AIDS, as in any health reporting, there's no getting away from numbers. Reporters catch the figures flu every year when NACO and UNAIDS release their national estimates on HIV prevalence. The result is a flurry of reportage mostly of the paralysis-by-analysis variety which blows over following well meaning calls from activists and officials entreating us not to 'waste news space on numbers, but to learn to see beyond them.'

Reporters are addicted to numbers whether we understand them or not, the larger the figures, the better. Numbers serve as a tempting opening to any reporting on HIV/AIDS, irrespective of the angle the story explores. Reporters constantly demand to know the 'true numbers' about HIV/AIDS from UN agencies, NGO and others, not realising that only a door to door community prevalence survey that tests every man, woman and child can ever yield the 'truth'. The unique nature of the HIV epidemic, the size of the populations and certainly human rights considerations tell us that such a survey is neither possible nor warranted. We have little choice but to work with estimates that at best offer only an informed guess about the 'truth' and at worst mislead us to jump to the wrong conclusions. This is perhaps one of the best contexts that illustrates the fundamental uncertainties of epidemology in particular and scientific research in general. We need to get used to asking questions and conveying the tentative quality of what we uncover rather than be obsessed with closing the minds of our readers into a cul-de-sac of dead certainty.

The insensitive use of metaphors and labels distorts the picture. It gives a false



THE

A dual battle for AIDS

Not Only The Disease, They Have To Fight Dis

Times News Network

■ A young woman reports to an upmarket hospital in Mumbai complaining of abdominal pain. Tests were conducted and investigations revealed that she was HIV positive. Enraged at being kept in the dark, she doctor on duty, strode out into the ward and slapped her right across the face. Shocked and humiliated, the woman collapsed and died within three days.

■ A pregnant sex-worker approaches a hospital in Jaipur for medical termination of pregnancy (MTP). On knowing her HIV positive status, she is discharged immediately and refused MTP.

■ A three-year-old boy is admitted to a government hospital in Rajasthan. Soon after admission, a placard saying 'HIV+ve' is put up at the bedside making him vulnerable to discrimination by one and all.

positive status, Vishal, an activist, said, "I suf-
fered from acute chest congestion and was
rushed to a hospital in Allahabad. Seeing my
poor condition, I was shifted to
the ICU, where all investiga-
tions were done. The moment
a junior doctor told the senior
doctor that I am HIV positive,
the doctor abused me in the
face and told me to get out of the
hospital. I repeated requests by my
aged mother to let me stay for a night
were widely brushed aside.
Vijay Nayyar, an activist from Mumbai, suf-
fering his experience said, "I had skin rashe
and was referred to the prestigious Nation
AIDS Research Institute (NARI) in Pune f
treatment. When I reached there, an extreme
well known doctor denied me entrance to
room and had a brief look at the rashes fro
distance. Barricades were put up between
doctors' room and the patient's space. The de
insisted that the rash was nothing but
stroke.
Enraged at the offensive attitude of th
tor and gross discrimination on account o
status, Vijay Nayyar went to health auth
and rest up a flight to do so, but fi

impression when we interpret the numbers with colourful metaphors such as 'scourge'. Ethics demands that we analyse, not simply repeat, the estimates and projections made by local and international agencies. This is important to explain to readers the methods used to arrive at the projections, so that their capacity to respond intelligently to these numbers is enhanced. In short, ethics demands that we convey to readers exactly what these numbers represent and what they do not.

Numbers add shock value and a newsy quality to reports and if presented convincingly and repeated often enough, add a ring of authenticity, deserved or not. One of my favourite stories refers to the 'annual increase in the trafficking of young girls from Nepal to India.' The oft repeated numbers signifying the 'annual increase' vary widely between 5 to 20,000, sometimes more, but at some point simple math intervenes to remind us that these numbers may mean nothing. Nepal would probably have no young girls left, at this rate. A useful question is to ask if a reliable baseline estimate exists in the first place.

A skillful use of numbers ultimately constitutes the substance of quality news and analysis, provided the numbers reflect novelty, proportion, time, context and above all, the human face.

Below is a small list of reminders that help better the quality of commentary on numbers. We could add to this list as our experience grows. The general goal is to strive for a degree of comprehensiveness, no matter how little space we get.

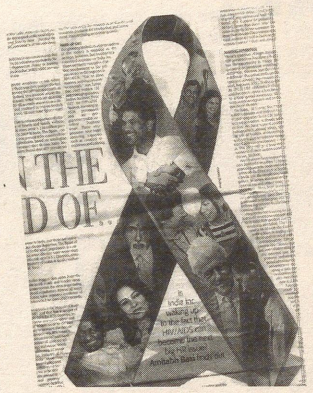
- To help present a fuller picture to readers we could avoid using numbers unnecessarily.
- Explain why we are providing a particular statistic on what that figure means, in simple, accurate language.
- Compare that figure usefully to some other numbers so that the reader can make a reasonable/near realistic inference about proportion, criticality and logic.
- Place statistics on a time scale so that the reader can follow a development over time.
- Indicate what a number means to policy or the public giving concrete examples.

Who are the people journalists should contact to get an offbeat story?

Almost all stories on HIV/AIDS rely on a limited range of sources: reporters contact or are contacted by NGOs and UN agencies and sometimes health ministry officials and people living with HIV. ■

Dr Jaya Lakshmi Shreedhar
Technical Health Advisor, Internews Network

Media Guidelines from Consultations



All alarming stories on issues related to HIV/AIDS will carry a public service message which will reiterate that HIV is a manageable infection like any other chronic ailment and will give a helpline number alongside.

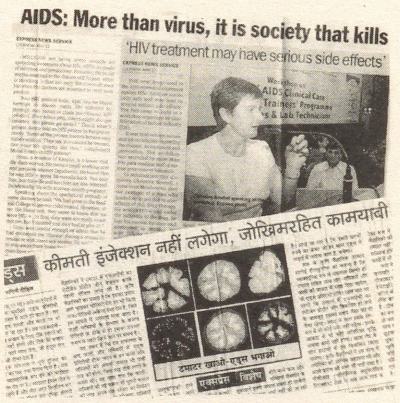
This commitment, made by the editor of *Udayavani*, a leading Kannada daily newspaper, was one of the many guidelines that were suggested at the state consultations in Chandigarh, Lucknow and Bangalore to share research findings on the media coverage of HIV/AIDS by the Population Foundation of India.

This study was shared with journalists, NGOs working in this sector, representatives of the state AIDS societies and HIV positive people.

In Chandigarh, while the consultation was able to bring together these four groups on a common platform to discuss the impact of the media on HIV positive people, in Lucknow it facilitated the setting up of a joint group that would work towards more responsible media coverage. In Bangalore, fellowships for English and language media were suggested to motivate more journalists to write on this subject.

Some of the other key suggestions made by the participants to bridge the communication gaps and facilitate accurate media coverage were:

- Access needed to a database to validate information received by journalists on HIV/AIDS and help to understand and analyse data. For example, the difference between HIV and AIDS, projections and actual figures of HIV/AIDS prevalence etc.
- A nodal point, established by either state AIDS societies or NGOs, to serve as a reliable source of information for journalists.
- A style book for media organisations outlining correct terminology for English and regional press. This must be updated periodically to include new terms. Examples of good and bad reporting on the issue needed to clear confusion.
- A code of ethics with regard to confidentiality and informed consent of People Living With HIV/AIDS (PLWHAs) must be included.
- Dissemination of Press Council guidelines on HIV/AIDS coverage only after updating them to include latest developments. There is a need to alert the Press Council on this.
- Policies governing HIV positive media employees by media houses.


AIDS: More than virus, it is society that kills

'HIV treatment may have serious side effects'

कीमती इंजेक्शन नहीं लगेगा, जोखिमरहित कामयाबी

- Sensitisation of all media staff including the editor, sub-editors and journalists in district editions and language newspapers to ensure headlines not alarmist or judgmental and retain the spirit of the story. Refresher courses for journalists one good way to help portray HIV positive people sensitively.
- Inclusion of HIV/AIDS as a subject in journalism school curricula.
- Feedback from infected people, field workers and health authorities on media stories to improve quality of coverage.
- Inclusion of gender perspective to reduce stigma and discrimination.
- A resource book with names of health journalists, concerned NGOs and government officials to bridge communication gap.
- Ten story suggestions by NGOs and state AIDS organisations on issues related to HIV/AIDS that may have been missed.
- Field trips organised by NGOs and state AIDS bodies to include voices from grassroots. ■

Quiz on Facts and Myths of HIV/AIDS

1. A person can get HIV/AIDS from sitting next to a person who has it.

☐ Yes ☐ No

2. A person can get HIV/AIDS by having sex with a commercial sex worker.

☐ Yes ☐ No

3. An unborn child can get HIV/AIDS if his/her mother is infected.

☐ Yes ☐ No

4. Insects like bedbugs, cockroaches or mosquitoes can be HIV/AIDS carriers and give it to people.

☐ Yes ☐ No

5. A person diagnosed with HIV/AIDS will die within 12 months .

☐ Yes ☐ No

6. Men with HIV/AIDS may sexually transmit it to women.

☐ Yes ☐ No

7. You can get HIV/AIDS by using a phone, which was just used by someone with AIDS.

☐ Yes ☐ No

8. You can get HIV/AIDS if a person with HIV/AIDS coughs or sneezes near you or by using the same toilet seat.

☐ Yes ☐ No

9. If you kiss a person with HIV/AIDS on the cheek or drink from the same glass, you can get the disease.

☐ Yes ☐ No

10. An HIV/AIDS patient may die due to TB.

☐ Yes ☐ No

11. HIV/AIDS is not a disease, but a condition making a person vulnerable to infections.

☐ Yes ☐ No

12. There is no cure for HIV infected persons.

☐ Yes ☐ No

13. If a person with HIV/AIDS cries and his/her tears touch you, you can get HIV/AIDS.

☐ Yes ☐ No

14. It is safest to avoid having a blood transfusion.

☐ Yes ☐ No

15. Persons who have sex with many different people are at risk of getting HIV/AIDS.

☐ Yes ☐ No

16. You can get HIV/AIDS by eating food, which is cooked by someone who has HIV/AIDS.

☐ Yes ☐ No

17. You can get HIV/AIDS from swimming pools.

☐ Yes ☐ No

18. You are likely to get HIV/AIDS if you sleep in the same bed as someone with HIV/AIDS without having sexual intercourse.

☐ Yes ☐ No

19. You can get HIV/AIDS by hugging a person who has it.

☐ Yes ☐ No

20. Children can get HIV/AIDS by sitting next to or playing ball with a student, who has HIV/AIDS.

☐ Yes ☐ No

21. A person can get HIV/AIDS by having sexual intercourse with an HIV-infected person.

☐ Yes ☐ No

22. Brothers and sisters of children with HIV/AIDS usually also get HIV/AIDS.

☐ Yes ☐ No

23. Doctors and nurses who treat HIV/AIDS patients often get HIV/AIDS as well.

☐ Yes ☐ No

24. Everyone infected by HIV gets AIDS.

☐ Yes ☐ No

25. HIV is the name of the virus, AIDS is the disease caused by HIV.

☐ Yes ☐ No

26. Countries with a high rate of rape cases also have a high HIV/AIDS prevalence.

☐ Yes ☐ No

27. Herbal/Organic food and/or vitamins will shield or cure you from HIV/AIDS.

☐ Yes ☐ No

28. People who suffer from sexualy transmitted diseases (STDs) are much more likely to contract HIV/AIDS.

☐ Yes ☐ No

29. Certain sexual practises like "dry sex" supports the spread of HIV/AIDS

☐ Yes ☐ No

30. A HIV positive person has to be treated by specialist doctors.

☐ Yes ☐ No

Score

26-30: Congratulations! You should start doing seminars on HIV/AIDS!

25-21: Very good! You are involved in the HIV/AIDS issue. Keep up that good work!

20 -16: Good! You are interested. Find out which questions you answered wrong and get your knowledge updated!

15 -10: There are large gaps in your knowledge about HIV/AIDS and you know it! Find out which questions you answered wrong and update your knowledge!

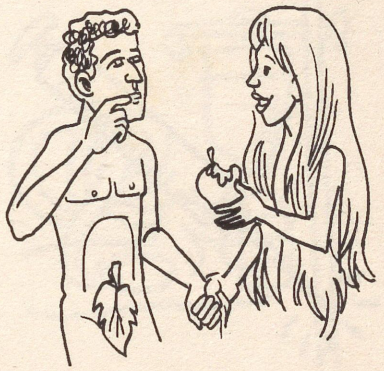
9-5: You think you know enough about HIV/AIDS - but you don't! Find out which questions you answered wrong and get your knowledge updated! Repeat the test afterwards!

Less than 5: Until now you have not realised that HIV/AIDS is a fatal disease that may also affect you. Find out which questions you answered wrong and update your knowledge! Repeat the test!

Answers

1 [N] 2 [Y] 3 [Y] 4 [N] 5 [N] 6 [N] 7 [Y] 8 [N] 9 [N] 10 [Y] 11 [Y] 12 [Y] 13 [N] 14 [Y] 15 [Y] 16 [N] 17 [N] 18 [N]
19 [N] 20 [N] 21 [Y] 22 [N] 23 [N] 24 [N] 25 [Y] 26 [Y] 27 [N] 28 [Y] 29 [Y] 30 [N]

Facts & Myths



Illustrations by Priya Nagarajan

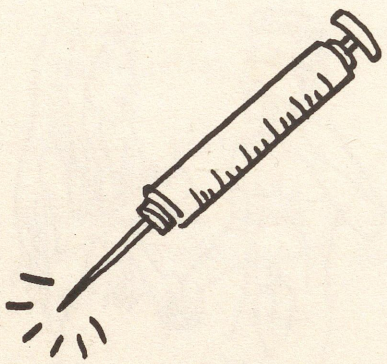
Myth: HIV/AIDS is mostly an African problem.
Fact: Of the 42 million people around the world who live with HIV/AIDS, 70% are in sub-Saharan Africa. But HIV/AIDS is not an African problem alone. It is a worldwide phenomena.

- HIV/AIDS exists and is spreading in Africa.
- HIV/AIDS continues to spread more rapidly in countries or communities within countries where poverty, inequality, and conflict are prevalent. Eastern Europe and Central Asia have the fastest rates of spread, followed by countries in Asia and the Pacific, the Caribbean, and Latin America.

Myth: To stop the spread of HIV, people simply need to give up promiscuous sex and drug use.
Fact: Socio-economic structures around the world constrain many people's ability to make free choices regarding the behaviours that put them at risk for contracting HIV/AIDS. Economic insecurity, gender and racial inequalities, labour migration, and armed conflict all limit people's ability to avoid exposure to the virus.

Myth: The best way to control HIV/AIDS is through prevention. Costly treatment should wait until prevention programmes have been fully funded and deployed.
Fact: Prevention and treatment should have equal roles in the fight against HIV/AIDS:

- Since wealthy individuals have the chance to prolong and improve their lives with ARVs, it contradicts the principles of equity and human rights to allow tens of millions of others to die without treatment.
- Countries in which large numbers of working and parenting age adults die have suffered and will continue to suffer enormous social and economic losses, from which it will be increasingly difficult to recover.
- Efficacy of prevention programmes is limited. Prevention efforts often clash with a socio-economic situation that does not allow people to control their exposure to the virus. Furthermore, even a very successful prevention programme cannot fully stop the spread of the virus in high-prevalence countries.
- Prevention and treatment together have a synergistic effect. Voluntary counselling and testing, a key prevention strategy, is much more successful when tied to a treatment programme for those who test positive.



Myth: HIV/AIDS treatment is impossible because antiretroviral drugs are too expensive and because developing countries lack the sophisticated infrastructure necessary to deliver the drugs. In addition, mishandling of ARVs will lead to increased HIV drug resistance.

Fact: ARVs should be a cornerstone in fighting HIV/AIDS in the developing world:

- Treatment for the poor is no longer prohibitively expensive, due to recent sharp drops in drug prices. Both generics and cheaper brand names have become available.
- The enormous economic costs of no treatment outweigh the costs of treatment.
- Evidence shows that treating patients with ARVs can save health systems money.
- Relevant infrastructure is actually present in many regions.
- The delivery of ARVs can be simplified and modified for resource-poor settings
- New partnerships between resource-poor and resource-rich groups are helping to create infrastructure in places it is lacking.
- Drug resistance can be minimised by the creation of locally-appropriate guidelines for treatment. Much of the infrastructure created for national TB programmes can be used to administer ARV therapy.

Myth: An HIV vaccine will soon be available, and this will solve the AIDS crisis.

Fact: A vaccine will not solve the HIV/AIDS crisis:

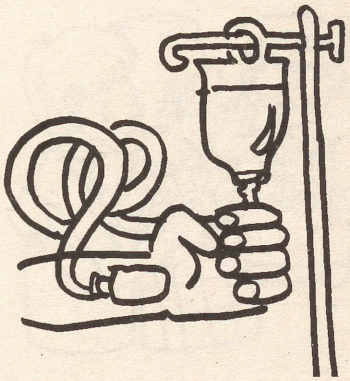
- While many advances have been made in vaccine research, significant gaps remain in the scientific knowledge needed to develop an effective vaccine.
- The pace of HIV/AIDS vaccine research is often slow due to lack of financial incentives to develop such a vaccine. Lack of coordination among researching groups exacerbates the problem.
- Due to the difficulties in creating an effective vaccine, the first vaccines deployed will probably be of low efficacy.
- By the time a vaccine has been developed and fully deployed in developing countries, millions and millions of people will have become infected and died of HIV/AIDS if no other steps are taken.

Myth: The pharmaceutical industry's drive for high profits, together with its political power, means that pricing policies will never change to benefit poor people with HIV/AIDS.

Fact: ARVs are becoming cheaper.

- Generic versions of ARVs are produced in some countries and are exported to other countries.

Myth: If you live in a household with a family member who is infected then you may



also be infected.
Fact: Just living in the household of an infected family member does not mean you will be too. You can only be infected through sex, sharing needles or exchanging body fluids with somebody who has HIV/AIDS.

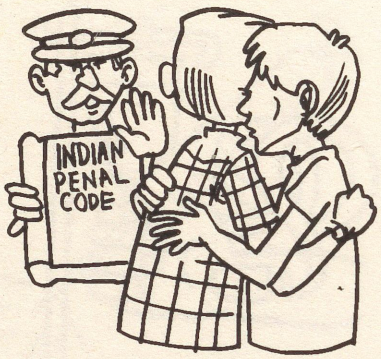
Myth: Only gay men can be infected with HIV/AIDS.
Fact: Straight men, women and children are also susceptible to infection, not only gay men.

Myth: Since resources are limited, officials should concentrate on problems that effect large segments of the population, such as nutrition, clean water, maternal and child health, and immunisations, rather than expensive and complex HIV/AIDS treatment that helps only a few.
Fact: HIV/AIDS treatment would have far-reaching benefits, since the disease has such devastating social, economic, and general health effects:

- HIV/AIDS kills mainly young adults in their prime working years; these deaths are devastating to economies.
- Agriculture is gravely threatened by HIV/AIDS. As workers die, food production falls, the nutritional status of the population is undermined, and all aspects of health are affected.
- Young children are often left parentless, leading to hunger, poor health, lost educational opportunities, economic and sexual exploitation, and loss of future prospects.
- HIV/AIDS fuels the spread of other infectious diseases, such as tuberculosis.
- HIV/AIDS treatment will help reduce pressure on health facilities by reducing opportunistic infections.

Myth: If your child goes to school with someone who has a relative who is ill your child may also be at risk.
Fact: This is untrue. There is no way someone can pass the illness on unless they actually have it. If a family member is ill it doesn't mean they are too.

Myth: Sharing a cup with someone who is infected with HIV/AIDS will put you at risk of being infected.
Fact: There is no proven fact that you will be at risk of getting HIV/AIDS if you share a cup with someone who is sick. It's almost impossible to get sick this way because there would have to be open wounds in your mouth and blood would have to be exchanged. You cannot get HIV/AIDS through saliva. You can kiss someone who is sick and you won't get sick.



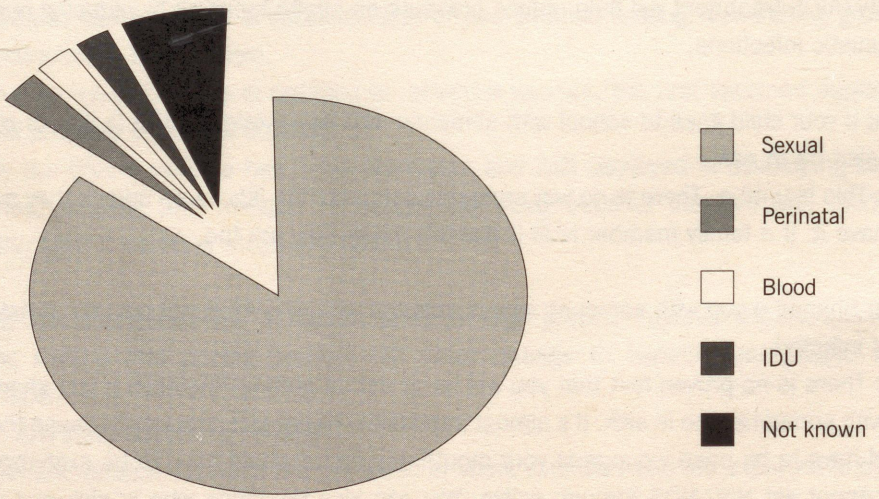
Info Nuggets

- Of the estimated 7.4 m people in Asia living with HIV/AIDS, 5.1 m are in India.
- Out of the people living with HIV/AIDS in India, 36% are women.
- Out of the total number of newly infected individuals in developing countries, 67% are between the age group of 15-24 years.
- Globally, young women and girls are 2.5 times more susceptible to HIV than men and boys.
- In 1985, one third of adults living with HIV/AIDS were women. In 2004, nearly half of the adults living with HIV/AIDS are young women.

Biological

- During sexual intercourse a larger surface area is exposed in women and therefore it heightens the chances of infection.
- Semen has a higher concentration of virus than vaginal fluid. Therefore, the infection of women by men is twice as likely as infection of men by women.
- The chances of laceration, which provide entry to the virus, are heightened in women because of early and/or forced sexual intercourse as in child marriages.
- Frequent pregnancies lead to reproductive tract infections (RTIs) which increase chances of women being infected because the symptoms are not very visible in women.

Mode of Transmission



In India the first case was reported in 1986 in Chennai

India has the second highest number of people living with HIV/AIDS in the world after South Africa. India accounts for almost 10% of the 40 million people living with HIV/AIDS globally and over 60% of the 7.4 million people living with HIV/AIDS in the Asia and Pacific region.

Heterosexual transmission is driving India's HIV/AIDS epidemic. This route accounts for approximately 85% of the HIV infections in the country. The remaining 15% are accounted to other routes such as blood transfusion and injecting drug use (particularly in India's north eastern states and some metropolitan cities).

Young people in India are among those most vulnerable to HIV. Over 35% of all reported HIV/AIDS cases in India occur among young people in the age group of 15 to 24 years

High prevalence: Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka and Nagaland have HIV prevalence rates exceeding five per cent among groups with high-risk behaviour and one per cent among women attending antenatal clinics in public hospitals.

Concentrated epidemics: In Gujarat, Pondicherry and Goa where the HIV prevalence rate among populations designated as high-risk has been found to be five per cent or more, but HIV prevalence rates remains below one per cent among women attending ante-natal clinics.

Low prevalence: All other States and Union Territories fall into the low prevalence category because HIV prevalence rates among vulnerable population is below five per cent and less than one per cent among women attending antenatal clinics.

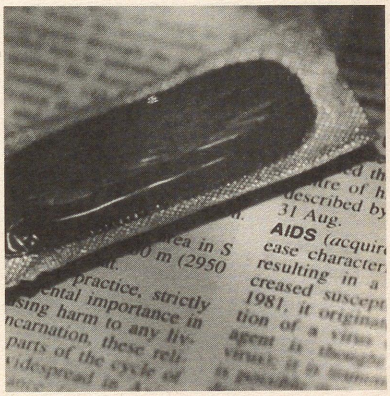
The epidemic continues to shift towards women and young people with about 25% of all HIV infections occurring in women, increasing the potential of paediatric HIV in the future.



HIV in India – A fast spreading epidemic

- **1986:** First case of HIV identified in Chennai.
- **1990:** HIV levels among groups designated high risk like sex workers and STD clinic attendants in Maharashtra and amongst injecting drug users in Manipur reaches over five per cent.
- **1994:** HIV no longer restricted to high risk groups in Maharashtra, but spreading into the general population. HIV also spreading to the states of Gujarat and Tamil Nadu where high risk groups have over five per cent HIV prevalence.
- **1998:** Rapid HIV spread in the four large southern states, not only in groups designated high risk but also in the general population where it has reached over one per cent. Infection rate among antenatal women reaches 3.3% in Namakkal in Tamil Nadu and 5.3% in Churachandpur in Manipur. Among IDUs in Churachandpur it crosses 76% and in Mumbai, 64.4%.
- **1999:** The infection rate in antenatal women in Namakkal rises to 6.5%. About 60% of the sex workers in some areas in Mumbai are infected. Infection rates among STD patients have reached up to 30% in Andhra Pradesh and 14-60% in Maharashtra. About 64.4% IDUs at one of the sites in Mumbai and 68.4% in Churachandpur are infected.
- **2001:** Infection crosses one per cent in six states. These states account for 75% of the country's estimated HIV cases. The Prime Minister addresses the Chief Ministers of high prevalence states and urges them to intensify prevention activities.
- **2003:** Increase of about six lakh infections (4.58 million). This increase noticed primarily in Karnataka, Rajasthan, West Bengal, Tamil Nadu, Gujarat, Bihar, Madhya Pradesh and Rajasthan. There is no significant increase in HIV infections in the country. India continues to be in the category of low prevalence countries with overall prevalence of less than one per cent.
- **2005:** NACO reports 5.13 million infections. ■

Frequently Asked Questions



What is HIV?

HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome.

Acquired means that the disease is not hereditary but develops after birth from contact with a disease causing agent (in this case, HIV).

Immunodeficiency means that the disease is characterised by a weakening of the immune system.

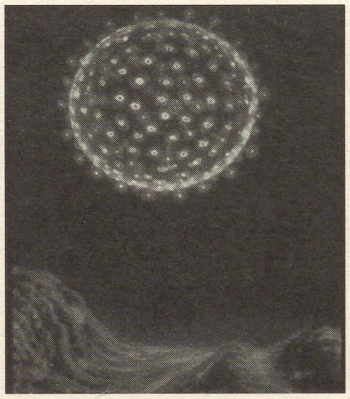
Syndrome refers to a group of symptoms that collectively indicate or characterise a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

What causes AIDS?

AIDS is caused by an infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

How does HIV cause AIDS?

HIV destroys a certain kind of blood cell (CD4+ T cells) which is crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years



before enough damage is done to the immune system for AIDS to develop. However, sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+T cells and the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system. Being HIV positive is not the same as having AIDS. The HIV actually goes inside the white blood cells and lies there quietly. After about 5 to 10 years the HIV virus tricks the cell to start making the viral proteins, this results in the formation of a huge number of viral particles inside the white cells and eventually the cells burst releasing thousands of new viruses in the blood. The released viruses infect new white cells. This cycle goes on and on, and eventually the immune system of the body is overwhelmed and is no longer capable of fighting the infections.

Eventually the infected person may lose weight and become ill with diseases like persistent severe diarrhoea, fever, pneumonia or skin cancer. He or she has now developed AIDS. People with AIDS can be helped with medicines for the different infections. At the moment though, in spite of much research, there is no cure for HIV or for AIDS.

How long does it take for HIV to cause AIDS?

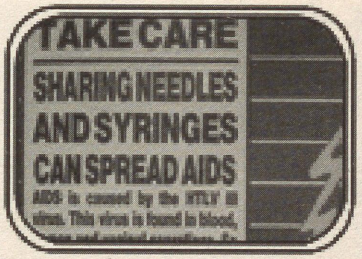
Prior to 1996, scientists estimated that about half the people with HIV would develop AIDS within 10 years after becoming infected. This time varied greatly from person to person and depended on many factors, including a person's health status and their health-related behaviours.

Since 1996, the introduction of powerful anti-retroviral therapies has dramatically changed the progression time between HIV infection and the development of AIDS. There are also other medical treatments that can prevent or cure some of the illnesses associated with AIDS, though the treatments do not cure AIDS itself. Because of these advances in drug therapies and other medical treatments, estimates of how many people will develop AIDS and how soon are being recalculated, revised, or are currently under study.

As with other diseases, early detection of infection allows for more options for treatment and preventive health care.

Why do some people make statements that HIV does not cause AIDS?

The epidemic of HIV and AIDS has attracted much attention both within and outside the medical and scientific communities. Much of this attention comes from the many social issues related to this disease such as sexuality, drug use and poverty. Although



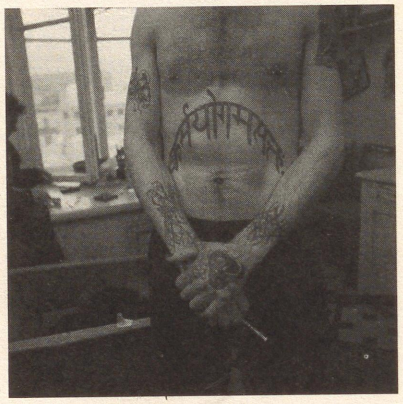
the scientific evidence is overwhelming and compelling that HIV is the cause of AIDS, the disease process is still not completely understood. This incomplete understanding has led some persons to make statements that AIDS is not caused by an infectious agent or is caused by a virus that is not HIV. This is not only misleading, but may have dangerous consequences. Before the discovery of HIV, evidence from epidemiological studies involving tracing of patients' sex partners and cases occurring in persons receiving transfusions of blood or blood clotting products had clearly indicated that the underlying cause of the condition was an infectious agent. Infection with HIV has been the sole common factor shared by AIDS cases throughout the world among men who have sex with men, transfusion recipients, persons with haemophilia, sex partners of infected persons, children born to infected women, and occupationally exposed health care workers.

The conclusion after more than 20 years of scientific research is that people, if exposed to HIV through sexual contact or injecting drug use for example, may become infected with HIV. If they become infected, most will eventually develop AIDS.

How well does HIV survive outside the body?

Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, Centre for Disease Control (CDC) studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99% within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.



How is HIV passed from one person to another?

HIV transmission can occur when blood, semen, pre-seminal fluid, vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.

HIV can enter the body through a vein (injecting drug use), the lining of the anus or rectum, the lining of the vagina and/or cervix, the opening to the penis, the mouth, other mucous membranes (eyes or inside of the nose), or cuts and sores. Healthy skin is an excellent barrier against HIV and other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having sex (anal, vaginal or oral) with an HIV-infected person;
- by sharing needles or injection equipment with an injecting drug user who is infected with HIV; or
- from HIV-infected women to their babies before or during birth, or through breastfeeding after birth.

Is there a connection between HIV and other sexually transmitted diseases?

Yes. Having a sexually transmitted disease (STD) can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (like syphilis, herpes, chancroid) or does not cause breaks in the skin (like chlamydia, gonorrhea).

If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely.

In addition, if an HIV-infected person is also infected with STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

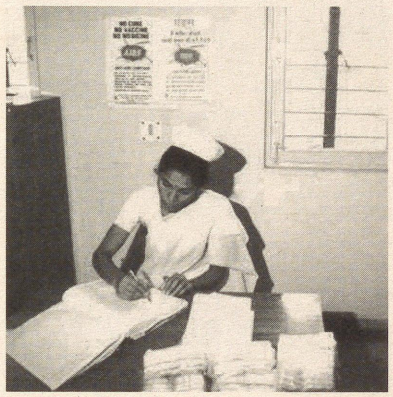
Can I get HIV from getting a tattoo or through body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilised or disinfected or are used inappropriately between clients.

Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass, or the sneezing and coughing of an infected person)?

No. HIV is not transmitted by day-to-day contact in the workplace, schools, or social settings. HIV is not transmitted through shaking hands, hugging, or a casual kiss. You can-

not become infected from a toilet seat, a drinking fountain, a door knob, dishes, drinking glasses, food, or pets.



HIV is not an airborne or food-borne virus, and it does not live long outside the body. HIV can be found in the blood, semen, or vaginal fluid of an infected person.

Are women who have sex with women at risk for HIV?

Female-to-female transmission of HIV appears to be a rare occurrence. However, there are case reports of female-to-female transmission of HIV. Vaginal secretions and menstrual blood may contain the virus and that mucous membrane (oral, vaginal) exposure to these secretions has the potential to lead to HIV infection.

In order to reduce the risk of HIV transmission, women who have sex with women should do the following:

- Avoid exposure of a mucous membrane, such as the mouth, (especially non-intact tissue) to vaginal secretions and menstrual blood.
- Know your own and your partner's HIV status. This knowledge can help uninfected women begin and maintain behavioural changes that reduce the risk of becoming infected. For women who are found to be infected, it can assist in getting early treatment and avoid infecting others.

Are health care workers at risk of getting HIV on the job?

The risk of health care workers being exposed to HIV on the job is very low, especially if they carefully follow universal precautions (using protective practices and personal protective equipment to prevent HIV and other blood-borne infections). It is important to remember that casual, everyday contact with an HIV-infected person does not expose health care workers or anyone else to HIV. For health care workers on the job, the main risk of HIV transmission is through accidental injuries from needles and other sharp instruments that may be contaminated with the virus; however this risk is small. Scientists estimate that the risk of infection from a needle-stick is less than one per cent, a figure based on the findings of several studies of health care workers who received punctures from HIV-contaminated needles or were otherwise exposed to HIV-contaminated blood

Which body fluids transmit HIV?

Fluids with high concentrations of HIV are:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood



The following are additional body fluids that may transmit the virus that health care workers may come into contact with:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby

HIV has been found in the saliva and tears of some persons living with HIV, but in very low quantities. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

Can I get HIV from kissing?

On the Cheek: HIV is not transmitted casually, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has become infected from such ordinary social contact as dry kisses, hugs, and handshakes.

Open-Mouth Kissing: Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, open-mouth kissing with an infected partner is not recommended.

One case suggests that a woman became infected with HIV from her sex partner through exposure to contaminated blood during open-mouth kissing.

Can I get HIV from anal sex?

Yes. In fact, unprotected (without a condom) anal sex (intercourse) is considered to be very risky behavior. It is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-seminal fluid, or vaginal fluid of a person infected with the virus. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis.

Not having (abstaining from) sex is the most effective way to avoid HIV. If people choose to have anal sex, they should use a condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex.

Thus, even with a condom, anal sex can be risky. A person should use generous amounts of water-based lubricant in addition to the condom to reduce the chances of the condom breaking.



Can I get HIV while playing sports?

There are no documented cases of HIV being transmitted during participation in sports. The very low risk of transmission during sports participation would involve sports with direct body contact in which bleeding might be expected to occur. There is no risk of HIV transmission through sports activities where bleeding does not occur.

How do people get infected with HIV?

HIV is transmitted mostly through semen and vaginal fluids during unprotected sex without the use of condoms. Besides sexual intercourse, HIV can also be transmitted during drug injection by the sharing of needles contaminated with infected blood; by the transfusion of infected blood or blood products; and from an infected woman to her baby before birth, during birth or just after delivery.

How can I avoid being infected through sex?

You can avoid HIV infection by abstaining from sex, by having a mutually faithful monogamous sexual relationship with an uninfected partner or by practicing safer sex. Safer sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.

Is oral sex unsafe?

Oral sex (one person kissing, licking or sucking the sexual areas of another person) does carry some risk of infection. If a person sucks the penis of an infected man, for example, infected fluid could get into the mouth. The virus could then get into the blood if you have bleeding gums or tiny sores somewhere in the mouth. The same is true if infected sexual fluids from a woman get into the mouth of her partner. But infection from oral sex alone seems to be very rare.

How does HIV affect the body?

HIV destroys a particular variety of white blood cells that are essential for destroying disease-causing germs. There are several varieties of white blood cells in the body. Of these, lymphocytes form about 25% of the total white blood cell count. They normally increase in number in response to any infection. There are two types of lymphocytes: (a) B cells and (b) T cells. When the B cells come in contact with a disease-causing agent such as bacteria or virus, they secrete large volumes of antibodies - chemical substances that can destroy the disease-causing germs. The main functions of B cells are to search, identify and then bind with the disease causing germs.



Priya Nagarajan

The T cells are lymphocytes that have travelled through a small gland called the thymus gland, which is situated in the middle and upper part of the bony cage of the chest. When a disease -causing germ enters the body, the T cells produce several new copies of itself. Each T cell contains chemical substances that can destroy the specific disease-causing germs. T cells are also called "killer cells" because of their two main actions, which are (a) they secrete chemical substances necessary for destroying the disease-causing germs and (b) they help the B cells in destroying the agents.

How does HIV spread in the body?

The HIV virus multiplies and affects some cells of the immune system contain a molecule called CD4 on their surface. CD4 molecules are also found on the T cells. When the HIV virus enters the body, it first identifies cells with CD4 and attaches itself to them.

Does HIV/AIDS affect children?

Yes. Children can be both infected and affected by HIV/AIDS. Over 2.5 million children worldwide are now infected with HIV.

How does a mother transmit HIV to her unborn child?

An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in a late stage of AIDS. Transmission can also occur at the time of birth when the baby is exposed to the mother's blood and to some extent transmission can occur through breast milk. Transmission from an infected mother to her baby occurs in about 30% of cases.

Can HIV be transmitted through breast-feeding?

Yes. The virus has been found in breast milk in low concentrations and studies have shown that children of HIV-infected mothers can get HIV infection through breast milk.

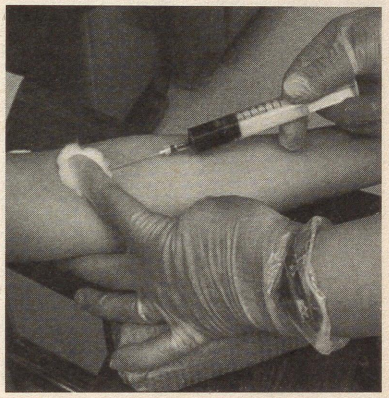
Can blood transfusions transmit HIV infection?

Yes, if the blood contains HIV. In many places blood is now screened for HIV before it is transfused. If you need a transfusion, try to ensure that screened blood is used.

Can injections transmit HIV infection?

Yes, if the injecting equipment is contaminated with blood containing HIV. Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe come straight from a sterile package or have been sterilised properly; a needle and syringe that has been cleaned and then boiled for 20 minutes is ready for reuse. Finally, if you inject drugs, of whatever kind, never use anyone else's injecting equipment.

Can I get infected with HIV from mosquitoes?



No. From the start of the HIV epidemic there has been concern about HIV transmission of the virus by biting and bloodsucking insects, such as mosquitoes. However, studies have shown no evidence of HIV transmission through mosquitoes or any other insects — even in areas where there are many cases of HIV/AIDS and large populations of mosquitoes.

When an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another insect, the insect does not become infected and cannot transmit HIV to the next human it bites.

If a person becomes infected with HIV, does that mean they have AIDS?

No. HIV is an unusual virus because a person can be infected with it for many years and yet appear to be perfectly healthy. But the virus gradually multiplies inside the body and eventually destroys the body's ability to fight off illness.

It is still not certain that everyone with HIV infection will get AIDS. It seems likely that most people with HIV will develop serious problems with their health. But this may be after many years. A person with HIV may not know they are infected but can pass the virus on to other people.

Is there a vaccine for HIV/AIDS?

While there is currently no vaccine for HIV/AIDS, research is under way. Many candidate vaccines are presently undergoing either phase I or phase II clinical trials in various countries, including India. Field trials to determine efficacy will take another 3-5 years or more. Hence, a vaccine for general use is unlikely to be available in the near future.

Is there a treatment for HIV/AIDS?

All the currently licensed anti-retroviral drugs, namely AZT, ddI and ddC, have effects which last only for a limited duration. In addition, these drugs are very expensive and have severe adverse reactions while the virus tends to develop resistance rather quickly with single-drug therapy. The emphasis is now on giving a combination of drugs including newer drugs called protease inhibitors; but this makes treatment even more expensive.

Better care programmes have been shown to prolong survival and improve the quality of life of people living with HIV/AIDS.



How can I tell if I have HIV infection?

The only way to know for sure if you have this virus is by taking a blood test called the "HIV Antibody Test." "The HIV Test" or the "AIDS Test" alone cannot tell you if you have the infection. The HIV test can tell you if you have the virus and can pass it to others in the ways already described. The test is not a part of your regular blood tests-you have to ask for it by name. It is a very accurate test.

If your test result is "positive," it means you have the HIV infection. Additional tests can tell you how strong your immune system is and whether drug therapy is indicated.

If your test is "negative," and you have not had any possible risk for HIV for six months prior to taking the test, it means you do not have HIV infection. You can stay free of HIV by following prevention guidelines.

If I am HIV positive, what should I do?

If you've tested positive for HIV, consider the following:

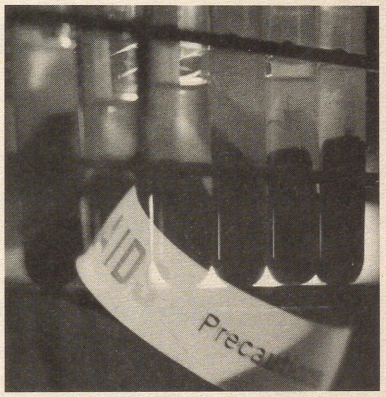
- See a health care professional for a complete medical work-up for HIV infection and advice on treatment and health maintainance. Make sure you are tested for TB and other STDs. For women, this includes a regular gynaecological examination.
- Inform your sexual partner(s) about their possible risk for HIV.
- Protect others from the virus by following precautions.
- Protect yourself from any additional exposure to HIV.
- Avoid drug and alcohol use, practice good nutrition, and avoid fatigue and stress.
- Seek support from trustworthy friends and family when possible, and consider getting professional counselling.
- Find a support group of people who are going through similar experiences.
- Do not donate blood, plasma, semen, body organs or other tissue.

What are the symptoms of HIV/AIDS?

A person infected with HIV is not likely to have any symptoms for about three to ten years. This period may be longer if the natural defense mechanism of the body is good. Although a person infected with HIV does not have any symptoms, he/she can spread the infection to others. This is why it is recommended that any one who has sex with a partner who is not in a mutually faithful relationship should practice safe sex. This means using a condom.

A person is said to have AIDS if he/she has at least two major signs and at least one minor sign and there is no other cause of poor immune mechanism.

Major signs: Diarrhoea is very common in people with HIV/AIDS. It is normally clear



and watery and may be associated with cramp-like pain in the abdomen and vomiting. Chronic diarrhoea with excessive loss of weight is one of the important features of HIV/AIDS. There may also be continuous fever and increased sweating at nights. Weight loss is also one of the signs.

Minor Signs: Chronic cough that does not respond to routine treatment, enlargement of the lymph nodes, fungal infection of the mouth called candidiasis, recurrent infections of herpes group of viruses.

What are the opportunistic infections in AIDS?

Poor defence mechanism of the body allows several disease-causing germs to infect people with HIV/AIDS. One of the common opportunistic infections seen in people with HIV/AIDS is tuberculosis.

Tuberculosis: This is a bacterial infection and is normally transmitted when a person with active tuberculosis coughs or sneezes. Common symptoms of tuberculosis include cough, fever, increased sweating at nights, loss of weight and excessive fatigue.

Tuberculosis often occurs in the early stages of HIV infection. Since tuberculosis is already one of the major health problems in India, people with HIV are at a higher risk of getting it. Very often, tuberculosis is the first indication that a person has HIV infection.

Tuberculosis is more common in people with HIV infection who have less than two hundred CD4+ count. ■

Appropriate Terminology

✔	✗
People Living With HIV/AIDS	HIV/AIDS victim/sufferers/carriers
HIV positive	HIV patient
HIV/	AIDS virus
AIDS	Full-blown AIDS/ AIDS positive
Died from HIV/AIDS related illness	Died of AIDS
Multiple sex partners	Promiscuous
HIV test	AIDS test
Contract HIV	Catch HIV
Transmitting HIV infection	Transferring AIDS
Virus/Infection/Epidemic	Disease
Children orphaned by AIDS	AIDS orphans
Injecting drug users	Drug addicts

AVOID:

Term	Why
High risk groups	Everybody is at risk today, not just sexworkers or truck drivers
Terminal disease/Deadly/Ticking time bomb/The demon of AIDS/ Scourge/Threat/Menace/Halting the march of AIDS/Viral Tsunami/ Plague/Death sentence/Jaws of death/ Circle of death/World fell apart/ Country's AIDS capital/Counting remaining days/Severely afflicted by the curse/Pandemic	Causes scare and alarm instead of informing
Innocent victims	It insinuates that the rest deserve it

NGOs, Networks of HIV Positive People & Websites

NGOs in Punjab

Yuvsatta
H.No. 3363, Sec-35D,
Chandigarh
Tel.: 0172-614951

Surya Foundation
(Survival of Young & Adolescent Foundation)
No. 3139, Sector N 28 D,
Chandigarh
Tel.: 0172-655661

All India Women's Conference
Indira Gandhi Bhawan, No. 286,
Sec-11 A, Chandigarh
Tel.: 0172-747061

Progressive Education Society
No. 283, Sec-48 B,
Kendriya Vihar,
Chandigarh
Tel.: 0172-890643

Indian Council for Social Welfare
Room No. 16, Ist Floor,
Karuna Sadan Building,
Sec-11, Chandigarh
Tel.: 0172-745914

Servants of the People Society
Lajpat Rai Bhawan,
Sec-15B,
Chandigarh
Tel.: 0172-780611

Voluntary Health Association of Punjab
SCF 18/1, Sec-10 D,
Chandigarh,
Tel.: 0172-743557

Citizen's Awareness Group
No. 2812, Sec-38 C
Chandigarh
Tel.: 0172-604253

Family Planning Association of India
Kothi No. 637, Phase N II, Mohali
Tel.: 0172-273791

Indian Council for Social Welfare
Room No. 16, Ist Floor,
Karuna Sadan Building
Sec-11 Chandigarh
Tel.: 0172 745914

Society for Service to Voluntary Agencies
Room No. 18-20, Ist Floor,
Karuna Sadan, Sec-11B
Chandigarh
Tel.: 0172-746258

Jan Shiksha Sansthan
SCO No. 313(FF), Sector-38D,
Chandigarh
Tel.: 0172-697740

Christian Aids
Fatehgarh Sahib, Punjab
Tel.: 1726-271504

Arpan Trust
Nangal (Ropar), Punjab
Tel.: 01887-224741

Umeed Khanna Foundation
Gaushala Road, Opp,
Grain Market, Sangrur
Tel.: 01673-36744, 40663, 32148

Association for Social & Rural Advancement
VPO Dher-140123 (ASRA)
District Ropar
Tel.: No 01882 Ò 260611, 260211

Family Planning Association of India
Kothi No 637
Phase 2, SAS Nagar, Mohali (Ropar)
Tel.: 0172- 273791

International Council of Ayurveda Jagraon Sharma Hospital & Nursing Home
Jagraon, Ludhiana
Tel.: 01624- 23399, 34109

International Forum for Education and Development
27 Adarsh Nagar, RT Road, Amritsar
Tel.: 0172-221414

Malwa Education Society for Social Interventions & Health Activities (MESSIHA)
Natt Road, Talwandi Saboo, Bathinda
Tel.: 01655- 38486, 20608

SGN Medical Society
Shed No. 50, Sector N 3 Talwar
Township, Hoshiarpur
Tel.: 01883 37388

NGOs in Uttar Pradesh

Naz Foundation International
9 Gulzar Colony, New Berry Lane,
Lucknow 226 001, India
Tel.: +91 (0)522 205781

Sarvajan Kalyan Samiti
275, Katghar, Allahabad- 211003
Tel.: 0532-2414520, 2416921

Sukriti Sewa Sansthan
886 G, Brahmapuri, Meerut
Tel.: 1021-613451, 611683

Pragati Sewa Sansthan
117/798, N Block ,
Kakadeo, Kanpur
Ph: 0512- 50048, 240148

Nav Jyoti Samaj Kalyan Samiti
MIG 87, Indra Nagar, Kalyanpur,
Kanpur Nagar- 208026
Tel.: 0512 575061

Global Science Academy
Malviya Road
(Near Pikaura Dattu Rai)
Basti - 272001
Tel.: 05542 85060

Sarvahara Kalyan Samiti
9/35, Ahata Nidhan Singh,
Guriyabad, Aligarh
Tel.: 0571 521168

Gramin Seva Sansthan
19, 1st Floor , Opp Nurse Hostel,
Town Hall, Gorakhpur - 273001
Tel.: 0551-344381, 258880

Sapna Kalyan Samiti
Zilla Panchayat Inspection House Road,
Near D.M. Crossing, Baharaich - 27180
Tel.: 05252 - 35594

Swargia Ram Sevak Sewa Samiti
4/478, Avas Vikas Colony , Near
Panchayat Bhawan,
Barabanki - 225001
Tel.: 05248 - 20111

Jai Hospital & Research Centre
Near Shree Talkies Bypass,
Agra- 282002
Tel.: 0562 - 520381, 520167

Deep Jan Kalyan Samiti
15, Krishnaman Colony,
Delapir, Bareilly
Tel.: 0581 - 445087

FRIENDS
27, Sheel Nagar Extension,
Mahmoorganj, Varanasi

UPVHA
5/459, Viram Khand
Gomti Nagar, Lucknow
Tel.: 2725539

NGOs in Karnataka

Swasti
No 52, Postal Colony,
Sanjay Nagar, Bangalore

Milana
98, Old Race Course Road,
Austin Town, Bangalore
Tel.: 25545691

Community Health Centre (CHC)
No 367, Srinivasa Nilaya,
Jakkasandra 1 Main,
1 Block, Koramangala,
Bangalore 560 034
Tel.: 080 - 2546 1920

Freedom Foundation
Site No 30, Survey No 17/2,
Hennur Village Post,
Hennur Bande,
Bangalore 560 043
Tel.: 080 - 2544 0134/2544 0135

Samraksha
No 522, 2nd Floor, Block 5,
Ranka Park Apartments 4, 5 and 6,
Lalbaugh Road, Bangalore 560 022
Tel.: 080-23546965/23546961

Society for People's Action for Development (SPAD)
Flat No 1-13, Orient Manor,
15, Highstreet,
Cooke Town,
Frazer Town Post,
Bangalore 560 005,
Tel.: 080 - 2547 1680

Vimochana
No 33/1-9, Thyagaraja Layout,
Jai Bharat Nagar,
Maruthi Seva Nagar PO,
Bangalore 560 033,
Tel.: 080 - 2549 2781/2549 2783

ICHAP
Pisces Building
#4/13-1, Crescent Road
High Grounds
Bangalore - 560 001
Tel.: 080 - 23562028

Jagruthi
Jyothi Complex,
C3, 2nd Floor, 134/1,
Infantry Road,
Bangalore - 560001.
Tel.: 080 - 22860346

Odanadi Seva Samsthe
15/2B, S.R.S Colony,
Hootagalli Village,
Belavadi Post,
Hunsur - Mysore Road,
Mysore - 571 186.
Tel.: 0821 - 2402155

Population Foundation of India's Global Trust Fund
Tel.: 93411 38609
B-28, Qutab Institutional Area,
New Delhi-110 016

Action Aid
(HIV/AIDS Thematic Unit)
No 3, Rest House Road
Bangalore - 560001
Tel.: 080 - 25586682

Asha Foundation
No. 58, SBM Colony,
3rd Main,
Anand Nagar,
Bangalore - 560024
Tel.: 080 - 23332921

PATH
11/3-5, 2nd floor, Palace loop road,
Vasanth Nagar, Bangalore - 560052
Tel.: 080 - 51518858/57

Indian Medical Association
(Karnataka Chapter)
Katyayini Building, Near CBT, KEB Road,
Hubli - 580 020
Tel.: 0 94482 73256

Karnataka Health Promotion Trust
Bangalore
Tel.: 0 94482 39363

Human Rights Law Network
Bangalore
Tel.: 57624757

Murray Culshaw Consulting
314/1, 7th Cross Road,
Bangalore
Tel.: 080 - 25352003

Country-wide List of Networks of People Living with HIV/AIDS

ANP+ (Assam Network for People living with HIV/ AIDS)
Rangpur Path, Sundarpur,
Opp. Blue Flame Gas Agency,
PNDC Building, 2nd Floor
RG Bodhua Road, Guwahati - 781 005
Tel: 0361-2585104
email: anpplus@yahoo.com

BNP+ (Bengal Network for People living with HIV/ AIDS)
432, Jawpur Road,
Jagadish Polly,
Kolkata - 700 074
Tel: 033 - 26864466
email: bnpplus_05@rediffmail.com

CPK+ (Council of People living with HIV/AIDS)
Ist floor, Noor Mansion,
St. Albert's High School Road
Ernakulam - 682 035
Tel: 0484 - 2367685, 2384462
email: cpkcpkin@yahoo.co.in

GSNP+ (Gujarat State Network of People Living with HIV/ AIDS)
No 35, Surat Municipal Medical College & Hospital (Simmer)
Near Sahara Darwaja, Surat
Tel: 0261- 5594700
email: gsnpplus@yahoo.co.in

KNP+ (Karnataka Network of Positive People)
No. 113, 1st floor,
8th Main Road, 15th Cross,
Wilson Garden, Bangalore
Tel: 080- 22120409
email: knpplus@vsnl.net

MNP+ (Manipur Network of Positive People)
Yaiskul Hiruhanba Leikai Imphal,
West Imphal, Manipur - 755 001
Tel: 0385- 2440828, 2440469
email: mnpplus_145@hotmail.com

NMP+ (Network of Maharashtra by People living with HIV/AIDS)
Kashiba Shinda Sabha Graha,
Waghere Vasti, Pimprigoan,

Pimpri - 17, Pune
Tel: 020- 27411020
email: nmpplus@vsnl.net

PWN+ (Positive Women's Network)
9/5, Avenue Road,
Shanti Apartments,
Nungambakkam,
Chennai - 600 034
Tel: 044 - 28270204, 28203959
email: poswonet@hotmail.com

PNP+ (Pondicherry Network of Positive People Welfare Society)
No.19, Ayyanar Koil Street,
Raja Nagar,
Pondicherry - 605 013
Tel: 0413 - 2200769
email: pondypositivenet@yahoo.co.in

RNP+ (Rajasthan Network for Positive People)
Plot No: 15-B, RSEB Colony
Vaishali Nagar, Jaipur, Rajasthan
Tel.: 0141- 2351108, 2358396, 2348667
email: rnpplus@yahoo.co.in

TNP+ (Telugu Network of People Living with HIV/AIDS)
No.31-12-5, Gopala Krishnaiah
St. Machavaram,
Vijayawada - 522 004.
Tel.: 0866 - 2432306
email: tnp58ap@indiatimes.com

UNP+(Utkal Network of People Living with HIV/AIDS)
'DEVI DAYA' Plot 2983, Anantpur,
Bes. Chintamaniswarar Temple
Bhubaneshwar 751 006, Orissa
Tel: 0674-2404238, 2404132

ZINDAGI GOA
2nd floor, Behind MPT Ground,
Uma Shankar Building,
Patrong, Baina
Vasco-da-gama 403 802
Tel: 0832- 3095122, 5645729(PP)
email: zindagigoa@yahoo.com

M-PLAS
C/o Lianvunga Durtlang,
Leitan South, Aizawl,
Mizoram - 796 005
Tel: 0389- 2317088
email: mplas_mplas@yahoo.co.in

NNP+ (Network of Naga People Living with HIV/AIDS)
82, East View, 'D' Block
Kohima, Nagaland - 797 001
Tel: 0370 - 2108759
email: nnpplus@yahoo.co.in

TNP+ Tamil Nadu Network for People Living with HIV/AIDS
Kalki Bhawan,
16, 4th Street,
Viswasapuram,
Jnanalivapuram,
Madurai - 16

NPH+ Network of People Living with HIV/AIDS in Haryana
445/23, Opp. Dev High School,
Hira Nagar, Khansa Road,
Gurgaon - 112 001
Tel: 0124- 3952217

Websites

www.unicef.org
www.unaids.org
www.undp.org
www.redribbon.com
www.plwhs.org
www.indianngo's.com
www.nfi.net
www.unifem.org.in
www.unesco.org
www.youandaids.org
www.kaisernetwork.com
www.icasi.org
www.cdc.gov/hiv/dhap.htm
www.hsph.harvard.edu/hai/home.html
www.icrw.org
www.hivpositive.com
www.strashope.org
www.hivtest.org
www.info.com/hiv
www.napwa.org
www.aidsinfo.hih.gov
www.aegis.com
www.aids.com
www.aids-india.org
www.hivanonymous.com
www.gnpplus.net
www.ias.se
www.avert.org/aidsindia.htm
www.saathii.org/stapp/searchIndia.jsp
www.aidsalliance.org
www.whoindia.org/cds/cd/hiv
www.nacoonline.org
www.lawyerscollective.org
www.panos.org.uk
www.hdnet.org

Helpline Assistance

North India

AAG
Monday to Saturday 10.00 am - 5.30 pm
AIDS Awareness Group
Ms. Elizabeth Vatsyayan
119, Humayunpur,
Safdurjung Enclave,
New Delhi - 110029
Tel.: 011-26187953
Fax: 011-51650029
Email: aagindya@yahoo.co.in

Shubhchintak
Monday to Friday 10.00 am - 5.00 pm
Saturday 10.00 am - 1.00 pm
AIDS Education & Training Cell,
Centre for Community Medicine
Dr. Bir Singh
All India Institute of Medical Sciences (AIIMS),
New Delhi - 110029
Tel.: 011-26588333
Fax: 011-26588663
Email: birsingh43@hotmail.com
Website: www.aiims.edu

SOFOSH
Monday to Saturday 8.00 am - 10.00 am and 7.00 pm - 9.00 pm
Society for Social Health (SOFOSH)
Dr. Naresh Anand
H.No. 206/2, Sector-41A
Chandigarh - 160041
Tel.: 011-0172-2627310
Email: sofosh@yahoo.co.in

Sparsh
Monday to Saturday 9.00 am - 5.00 pm
Parivar Seva Sanstha
Ms. Nirmala Mishra
C-374, Defence Colony
New Delhi - 110024
Tel.: 011-24332524 / 24337712

South India

ACCEPT
Monday to Saturday 10.00 am - 5.30 pm
245, KRC Road, Near Visthar, Dodda Gubbi P.O., Bangalore - 562149
Tel.: 080-22714110 / 56990452
Email: accept@vsnl.com

AIDS Desk, GuruClin
Monday to Friday 9.00 am - 5.00 pm
National Lutheran Health and Medical Board
Dr. Shiela Shyamprasad
5 Purasavalkam High Road, Kilpauk,
Chennai - 600010
Tel.: 044-26480933
Email: sheilashyamprasad@yahoo.co.in / guruclin@vsnl.com
Website: www.aidsdesk.org

Asha Foundation HIV/AIDS Helpline
Monday to Friday 9.30 am - 4.30 pm
Saturday 9.30 am - 1.00 pm
Dr. Glory Alexander
No.58, III Main, SBM Colony,
Anandnagar,
Bangalore - 560024
Tel.: 080-23543333 / 23545050 / 23332921
Fax: 080-23332921
Email: ashafblr@yahoo.co.in
Website: www.ashas.org

DESH
Monday to Saturday 9.30 am - 5.15 pm
Deepam Educational Society for Health
Mr. Sarvannan
3/655 B Kuppam Road,
Kaveri Nagar Kottyvakkam,
Chennai - 600041
Tel.: 044-24511187 / 2411188
Fax: 24511112
Email: desh@vsnl.com
Website: www.deshhealth.org

Divya Disha HIV/AIDS Helpline
All days 8.00 am - 11.00 pm
Mr. Isadore Philips
H.No.9-1-103A, Tatachari Compound,
Secunderabad - 500025
Email: divyadisha@rediffmail.com / isiphil@gmail.com

Freedom Foundation (FF) HIV/AIDS Helpline
All days 9.00 am - 5.00 pm
FF Bangalore Office
Mr. Ashok K. Rau
1st Floor Site No.30,
Survey No.17/2, Hennur Bande,
Bangalore - 560043
Tel.: 080-25443101 / 25440135
Email: freedom_found@vsnl.net

FF Secunderabad Office
Mr. Narendran
21 Carriappa Street, Bolarum,
Secunderabad - 500010
Tel: 040-27861023
Website:
www.thefreedomfoundation.org

Positive Help
Monday to Saturday 10.00 am - 5.00 pm
YRG Care
Voluntary Health Service,
Taramani,
Chennai - 600113
Tel.: 044-22542929
Fax: 044-22542939
Email: info@yrgcare.org

Saadhan Helpline
Monday to Friday 8.30 am - 7.30 pm
Saturday 8.30 am - 5.30 pm
Population Service International
Chennai
Mr. J. Joson Mellot
6/80, Luz Avenue, Mylapore,
Chennai - 600004
Tel.: 044-24996131 / 24995808
Email: chennaihelpline@psi.org.in

Population Service International
Vishakapatnam
Monday to Friday 10.00 am - 8.00 pm
Saturday 10.00 am - 4.00 pm
Ms. Jessy Choudhury
Flat no.1, 2nd Floor,
Satya Sridevi Enclave,
Third Line, Dwarka Nagar,
Vishakapatnam - 500016
Tel.: 0891-5560192
Email: vizaghelpline@psi.org.in

East India

OSERD
Monday to Saturday 10.00 am - 5.00 pm
Organization for Socio-Economic and
Rural Development
Mr. S. Pankaj
144 F Sri Krishna Puri, Boring Road,
Patna - 800001, Bihar
Tel.: 0612-2211423
Email: oserd45@rediffmail.com /
pankaj55@sancharnet.net

Saadhan
Monday to Saturday 9.30 am - 8.00 pm
Population Service International (PSI)
Ms. Satamita Dutt
Kolkata, Unit 6 & 7, 4th Floor, Phase 1
New Alipore, Marketing Complex,
Block M, New Alipore,
Kolkata - 700053
Tel.: 033-243003945 / 243003946

SASO
Monday to Saturday 9.30 am - 4.00 pm
Social AIDS Service Organization
Khwai Lalambung, Makhong,
Rims Road(s)
Imphal - 5795001
Tel.: 0385-2411408
Email: oharikumar@yahoo.co.in
Website: www.sasoimphal.org

West India

Asha
Monday to Friday 9.00 am - 4.00 pm
Asha Project
Municipal Eye Hospital, 2nd Floor, M.S.
Ali Road, Near Two Tank, Grant Road,
Mumbai - 400008
Tel.: 022-23080486 / 23050796
Email: asha_fhi@yahoo.com

FPAI Helpline
Monday to Friday 10.00 am - 5.00 pm
Family Planning Association of India
Dr. Usha Krishna
5th Floor, Cecil Court, Near Regal
Cinema, Colaba, Mumbai - 400001
Tel.: 022-22874689 / 22871856
Email: fpaimum@hathway.com
Website: www.fpaindia.com

Glaxo AIDS Helpline
Monday to Saturday 9.30 am - 7.30 pm
Ms. Pooja Dave
Glaxo Smithkline Pharmaceutical Ltd
Worli, Mumbai - 400025
Tel.: 022-24983444
Email: gskhivaidshelpline@yahoo.co.in

Goa State AIDS Control Society
HIV/AIDS Helpline
Monday to Saturday 9.30 am - 5.45 pm
Mr. Jerome Dias
1st Floor, Dayanand Smruti Building,
Swami Vivekanand Road,
Panaji - 403001
Tel.: 0832-2427286 / 2422518
Fax: 0832-2422518
Email: sacs_goa@nacoindia.org /
goasacs@sancharnet.in

Positive People
Monday to Saturday 9.30 am - 7.00 pm
Mr. John Pinheiro
Maithili Apts., St. Inez, Panjim
Tel.: 0832-2431827 / 2424396 /
2425404

Prakhakar Helpline
Monday to Saturday 10.00 am - 4.00 pm
Ms. Anuradha Karegar
Nana Palkar Smruti, Rugna Seva Sadan, 158 Rugna Seva Sandan Marg, Off Dr. Ambedkar Road, Parel, Mumbai - 400020
Tel.: 022-24173233
Email: pkkk_npss@yahoo.co.in

Rotary Kripa AIDS Helpline
Everyday 9.00 am - 9.00 pm
Kripa Foundation
Mr. G.S. Srinivas
81/A, Chapel Road, Mount Carmel Church, Near Lilavati Hospital, Bandra (W), Mumbai - 400050
Tel.: 022-26429158
Email: kripadarc@vsnl.net

Saadhan
Monday to Saturday 9.00 am - 9.00 pm
Sunday 10.00 am - 6.00 pm
Population Service International (PSI)
Dr. Shilpa
18 Kunjai Cooperative Society, V.P. Road, Khotachiwadi, Girgaun, Mumbai – 400004
Tel.: 022-23870883 / 39540753 / 30964278
Email: helpline@psi.org.in

The Salvation Army
Monday to Friday 10.00 am – 5.00 pm
Manoj Pawar
84, Sankale Street, Madanpura, Mumbai – 400008
Tel.: 022-23093566
Email: msalaids@vsnl.net

SNDT Helpline
Monday to Friday 2.00 pm – 4.00 pm
SNDT Women's University, Population Education Resource Centre
Dr. Vandana Chakravathy
SNDT Women's University, 1st Floor, Above Parkar Hall, New Marine Lines, Mumbai – 400020
Tel.: 022-22081497 / 22066892
Email: sndtperc@bom3.vsnl.net.in

UMRC
Monday to Saturday 10.00 am–6.00 pm
Unison Medicare and Research Centre
Dr. I.S. Gilada
Maharukh Mansion, Alibhai Premji Marg, Grant Road (East), Mumbai – 400007
Tel.: 022-23061616
Email: ihoaids@vsnl.com
Website: www.unisonmedicare.com

Writing Positively

The Indian EXPRESS

EXPRESSNewsline

Khand, Gomti Nagar, Lucknow-226010 | E-MAIL: lucknownewsline@expressindia.com | Phone: 0522-2391233, 2391434, 2391302 (fax)

LUCKNOW | MONDAY | MAY 30, 2005

NEWSLINE ANCHOR Patients forced to go to private centres where cost of test is over Rs 2,000 as compared to subsidised rate of Rs 500 at KGMU

For 4 months now, KGMU machine to test HIV patients' immunity level lying defunct

NEHA AGRAWAL
LUCKNOW, MAY 29

WHILE both domestic and international celebrities may champion AIDS awareness, in Lucknow little is being done to help the cause of HIV positive patients. For instance, the machine to test their immunity levels (CD-4 test) at the King George's Medical University (KGMU) has been lying defunct for the last four months.

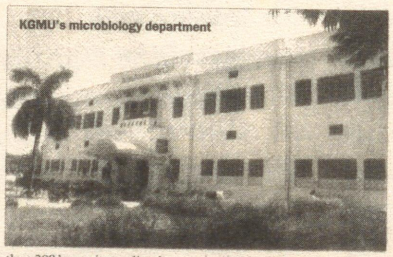
This is the second time that the machine has been lying unused since it was installed in the KGMU's microbiology department by the UP State Aids Control Society (UPSACS) about three years back. Earlier, it was due to non-availability of some reagents required for the test. This time, it is a technical fault.

According to sources, about 14-15 HIV positive patients turn up for the CD-4 test every month. In the absence of the facility at KGMU, they have no option but to go to a private centre. While the cost of the test at KGMU is subsidised at Rs 500, it could cost anything over Rs 2,000 at private centres.

Dr A K Tripathi, who heads the AIDS control programme at KGMU, said there are around 500 HIV positive patients registered at the hospital. Of these, about 80 per cent are confirmed as AIDS cases. "The CD-4 test has to be repeated every three-four months to check if the patients are responding to the drugs being administered," he added.

The CD-4 test is done to check the level of the HIV viral infection. "If the test shows that the CD count is increasing, it means the body is showing a positive reaction to the drugs. So the drugs can be continued. However, if the report is negative, the drugs need to be changed," explained Tripathi.

According to the World Health Organisation (WHO) norms, any HIV positive patient with a CD-4 count of less



KGMU's microbiology department

then 200 has to immediately start the anti-retroviral therapy treatment.

Admitting the inconvenience due to the machine lying defunct, Tripathi said: "There are problems because of the non-functioning of the machine. Without the test, it is not possible to define the mode of treatment."

When contacted, KGMU officials said repair of the machine was the responsibility of the UPSACS. "Several letters have been written to the organisation about the fault," said S K Agarwal, head of the microbiology department, confirming that the machine had been lying unused for the last four months.

UPSACS, on the other hand, blamed the manufacturing company for delaying the repair work. "There has been a little delay because the company did not raise the proper bills. But now we have made the point that it should be rectified as early as possible," said assistant director Mukta Sharma.

Meanwhile, even as the CD-4 machine remains out of order, the UPSACS is planning to make the test freely available to HIV patients. This is part of its scheme to start anti-retroviral therapy at KGMU from next month. So far, in UP, only the Banaras Hindu University (BHU) offers anti-retroviral therapy.

"Within a month, we are starting the anti-retroviral therapy at KGMU centre along with other related tests for HIV/AIDS patients," informed Sharma, adding that the CD-4 test as well as drugs would be free of cost.

TAKING A POSITIVE APPROACH

HIV positive patients in Tamil Nadu turn to small business, jobs

I am a HIV positive," declares 27-year-old R Meenakshi at meetings organised to spread awareness about the dreaded disease. In 2002, when she appeared in Aasthai Aranjam, a popular talk show on Sun TV, she was a picture of confidence. Meenakshi discovered she was HIV positive a week after her husband, a truck driver, passed away. Meenakshi now earns her living as a cable TV operator in Coimbatore. She says the idea is to make people understand that it is possible for HIV positive persons to lead normal lives. "Though some people avoid us, AIDS is no longer considered a stigma. The key is self-reliance and finding avenues to generate income," Meenakshi points out.

The disease does not seem to have dampened the spirits of R Rajalakshmi, another HIV positive patient. She does embroidery work and tailoring besides conducting counselling sessions for patients. Rajalakshmi specialises in glass paintings and gift items. That's not all. She provides employment to HIV positive women at Kariwol, about 12 kms from Coimbatore city. "I am now in a position to maintain my family. It has given me a lot of hope," she says.

Examples such as these are so refreshing to come across in Tamil Nadu which otherwise has an unenviable record. Consider these: The first cases of HIV infection in the country was found among prostitutes in the state capital Chennai in 1986. A politician widely believed to have succumbed to the disease was also from the state. And 45% of the reported HIV cases are from the state.

The good news is that things are improving, and it is backed not just by anecdotal evidence mentioned earlier, but also statistics. P Krishnamurthy, project director, AIDS Prevention and Control Project (APAC), says while there may be debate on exact numbers, there is a downward trend. He points out to various surveys that show an increase in condom usage among the high risk group (truckers and commercial sex workers).

Besides, HIV Sentinel Surveillance Survey showed that prevalence of HIV among the general population came down to 0.65% during 2004 (from 0.75% during 2003 and 1.60 a couple of years back). Survey of groups such as STD clinic attenders, female Commercial Sex Workers, Intravenous Drug Users (IVDUs) also show a similar trend.

T T Ashok, who heads the social development sub-committee of CII Southern region, says the reason behind the decline was "excellent work done by the network of NGOs and government agencies, and also the support of the corporate sector".

For instance, both Meenakshi and Rajalakshmi belong to Society for Positive Mothers Development, an NGO which encourages HIV positive women to take up jobs and start small businesses. As present, it has 89 members who engage in making gift articles, painting, food items, etc.

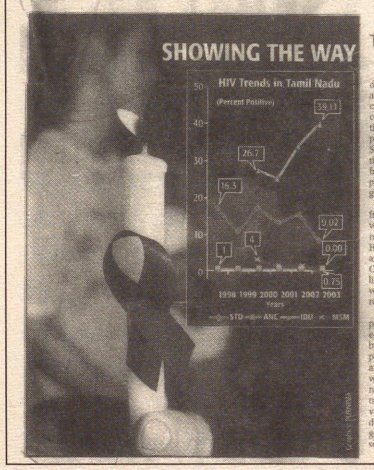
The corporate sector is also doing its bit. For instance, commercial vehicle major Ashok Leyland's community oriented initiative seeks to create mass awareness about AIDS. Its driver training centre in Namakkal, the heartland of truckers, is in dealing with the impact of HIV on truckers in India, one needs to understand something about the recent Naco statistics on the rate of infections. "These figures do not include data from private hospitals, clinics and testing centres or those run by the large independent NGOs," says Ashok Row Kavi of the Bhimavar Centre, the first Indian organisation set up to deal with HIV among men having sex with men (MSM).

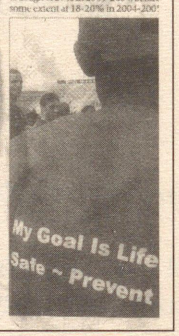
Naco's figures come from its 'sentinel' system generally based in large public hospitals where gay men, suffering from the stigma and even criminalisation attached to homosexuality in India, aren't likely to go. "And hijras would probably be stopped from going there if they tested," says Row Kavi. It's just another example of how the marginalisation of homosexuality in India society is complicating efforts to tackle HIV/AIDS.

Naco has reduced AIDS awareness sessions for truckers from one lakh drivers.

CII conducted Top Management Sensitisation in CEOs level in 97 companies in Tamil Nadu & Pondicherry, including industrial groups such as Sane, Sanmar, TVS and Murugappa and companies such as Saint Gobain Glass, Larsen & Toubro, HCL Technologies, Pondicherry. About 32,000 workforce have been sensitised and 31 companies have signed the HIV/AIDS Policy and 333 Peer Leaders have been given training to take the information and awareness in the work place and beyond the industry, CII states.

M ALLIRAJAN & NS RAMNATH
IN CHENNAI





Do you care for your sweetheart?

Staff Reporter

BANGALORE: Television stars Mandira Bedi and Samir Soni were in Bangalore promoting an AIDS/ HIV awareness programme, "What kind of man are you?" The programme is an initiative of Breakthrough, a Delhi-based organisation and addresses the issue of safe sex.

"About 20 lakh women are HIV positive in India and less than one per cent of them are sex workers. Many are infected because their husbands had unprotected sex," said Mallika Dutt, founder of Breakthrough.

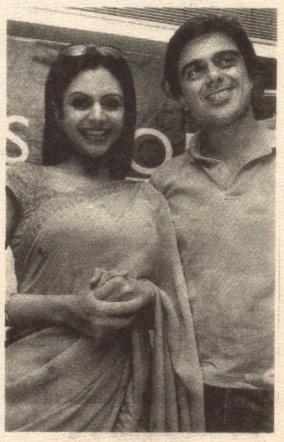
Asked why promiscuity is not being addressed, Mandira Bedi said any preaching on lifestyle will amount to taking the moral high ground. There are already enough messages on fidelity.

She said not enough is being said about the sexual health of married couples. Safe sex is not an issue that men and women are comfortable with. This makes married women more susceptible to HIV infection.

Mr. Soni said individuals are responsible for their lifestyle. Aimed at sensitising the male psyche to the vulnerability of women to sexually transmitted diseases and AIDS, the organisation is working on two phases.

A music video is being released to spread the message. The video features actors and the songs have been rendered by Shubha Mudgal. The video will be featured on leading music channels across the country.

Interested persons can send their questions via SMS with "brk" to 7833 along with their query or email ads@breakthrough.tv.



WHAT WOMEN NEED: *Television stars Mandira Bedi and Samir Soni at the launch of Breakthrough's Kannada music video on HIV/AIDS awareness, 'What kind of man are you?' in Bangalore on Wednesday.* – PHOTO: V. SREENIVASA MURTHY

Live positive

956

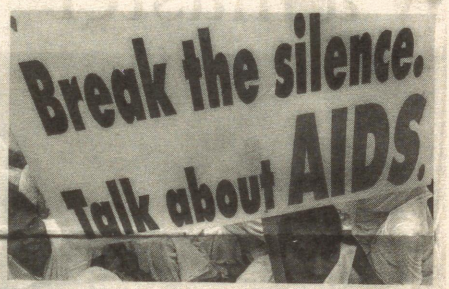
While testing HIV positive certainly does not mean death, the fact is that the needs of those infected have to be better assessed and understood.

MEENA MENON

MID-APRIL, three HIV positive men committed suicide (on successive days) in Mumbai, two of them jumping off the fifth floor of the government-run J.J. Hospital. Twenty-eight-year-old Sanjay (name changed) who ended his life on the morning of April 19, had tested HIV positive a few days earlier. The next day, another patient who was admitted in the same ward with a respiratory infection, also jumped off the fifth floor.

The day before Sanjay died, an unemployed sweeper committed suicide in Mulund, a suburb of Mumbai. These three deaths draw attention to the vital issue of care and support services for the estimated 5,00,000 HIV positive people in Mumbai and the fact that their needs have to be better assessed and understood.

Dr Shalini Bharat, professor, unit for family studies, Tata Institute of Social Sciences (TISS) says, "We are assuming these suicides are due to stigma but there may be a host of reasons. Sometimes people lack understanding. They are really on the edge and often find there is no one they can turn to. They despair in terms of their socio-economic conditions or job issues, or if the diagnosis was handed over to them in a stigmatising way."



HAVE HOPE: *Positive messages need to be sent out.*
PHOTO: ARUNANGSU ROY CHOWDHURY

Not enough counsellors

The main issue, she feels, is psycho-social support and the hope of treatment. Well-trained counsellors can play a very central role but she says there were not enough counsellors for HIV positive people. "We have to give them hope that they can live and perhaps that's where there is a great need for value neutral advice," she adds.

The dean of J.J. Hospital, Dr. Pravin Shingare, admits that after Sanjay had jumped into the well of the staircase, he lay there unnoticed for about 20 minutes. The ward staff did inform the police that he was missing, but this is usually done after an hour or so. It is possible that no one noticed he was missing for that long. Dr. Shingare says that both the patients were counselled once at the hospital, as is the practice. However, the second patient who had come from outside Mumbai had tested at a private clinic. It is unlikely that he was counselled there.

Now the dean is thinking of repeated counselling for HIV positive people, apart from shifting the ward from the fifth floor. However, dealing with this sensitive issue will require more than fixing grills on balconies, shifting wards to lower floors or posting security guards. There is no exclusive ward for those who are HIV positive at J.J. Hospital and people are admitted according to their treatment needs. J.J. Hospital which started treating people who are HIV positive since 1989, is identified as the apex institution for AIDS management by the National AIDS Control Organisation (NACO), which is funding a range of services there, including an anti-retro viral (ARV) unit which treats people free of cost. The hospital has experts and also houses an autonomous AIDS Research and Control Centre (ARCON), which has specialised counselling services. The issue here is: how much of this wide-ranging expertise is used in an effective manner? There are about 1,600 people on ARV drugs already in a year since the unit was set up.

Dr. Manisha Sen, project director of ARCON, says that after the suicides, the centre was looking at a proposal to collate services with the hospital. "You need proper clinical psychologists, a unified approach and a team of people including a social worker, and a clinician as well," she adds. In the last 15 years, at the hospital, there have been six suicide attempts by HIV positive people, of whom four died.

Smita, a peer counsellor with ARCON, says when patients are counselled over a period of time, there is a change in their coping mechanism. "Many people don't know the difference between HIV and AIDS. They think it is caused by sleeping around but the fact that it has to be with an infected partner is not known. However, people are quite convinced of the need for safe sex. But they panic and feel testing HIV positive means death, which is not the case," she explains.

Dr. Nirupa Borges, project director of the NACO-funded Mumbai District AIDS Control Society (MDACS), says, "We need to review what is being done and when there are so many facilities available, it is shocking that something like this can happen. The awareness campaigns have made a difference but the situation is far from ideal. We have so many cases where people are leading healthy lives 12 to 15 years after being tested HIV positive." MDACS runs about 30 voluntary counselling and testing centres (VCTC) in Mumbai in all public and peripheral hospitals.

According to MDACS, there were 278 reported deaths due to AIDS in 2004 and this year till February, eight people have died. In Mumbai, since 1998, there are 23,455 AIDS cases and 1,053 deaths till February 2005. Of the 3,25,939 people tested in 2004, 13,100 were found to be HIV positive. NACO says there are 1,03,857 AIDS cases in India. The three suicides in Mumbai are a depressing and dramatic reminder that more needs to be done to help people cope. Testing HIV positive certainly does not mean death, as so many people have proved, it is these positive messages that also need to be sent out strongly in all the expensive awareness campaigns, which tend to focus more on the use of condoms and safe sex, which are no less, important.

Saturday Extra

The Tribune ■ May 28, 2005



POSITIVE LIVES

Far from seeing themselves as victims, they radiate the confidence of winners in the battle against the AIDS virus. Each of these members of the Positive Women Network (PWN+) has an inspiring tale to tell. **Neelam Sharma** catches up with 10 courageous young women, who share their experiences of living with the much-dreaded HIV. There is no self-pity or blame game. Rather than being stricken with trauma, they have chosen to overcome the handicap.

Premarital info



P. Kousalaya

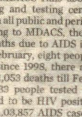
When someone tested HIV positive in Salem, the campaign fight for the rights of AIDS-affected women began in India. The activist working with nearly 10 women in Tamil Nadu is P. Kousalaya. The businesswoman, who has been married to a PWN+ has emerged as the foremost platform for the HIV-positive women in the country.

At the age of 21, within three months of marriage, I was found positive in 1997. Everyone said this HIV+ woman cannot live alone. She cannot get married, not even the doctors, nor the people want to talk about it. I felt extremely lonely and depressed. I wanted to commit suicide. My husband, a lawyer advised by pressurised, I had to file a case for divorce. But my lawyer advised me to wait and after the home ruled by mandatory wait of six months, I got the divorce. She separated from her husband, who later committed suicide in 1999.

The most notorious prevention methodology which I am against is the condom. Many people don't know what NACO stands for. Here it is explained. They think it means, don't use other women, don't have sex with other partners. Only then can we control HIV/AIDS. Instead of condoms, NACO should be a unit of every married couple. She asserts.

She believes: Only information about HIV can check its spread; premarital counselling on HIV/AIDS should be mandatory.

Just claims



Shubhmangla

THIS 29-year-old teacher by profession is truly every positive in her student. For many, my being one using the pain in college due to the HIV-positive persons on an equal footing with others deserve to be the last word on one's moral values, faith, with unknown persons one gets very close during pregnancy. She underwent the caesarean, was tested positive and we were glad. Recently it was found that I have the infection, and I was devastated. I informed my parents and even NACO who assured confidence to me to identify with the world as an infant. It is very difficult when I share my experiences with others," she shares, even as she manages her four-year-old son, who is HIV-negative.

She believes: Keeping HIV under wraps leads to more suffering; be open about your status and fight for your rights.

Support groups



Udita

She believes: Positive people need to come together to fight for their rights and spread information about HIV and film spread.

There's hope

Nayana

LIVING with other infected women. The Class XII person from Kamptee thought it all was a bad dream when she was tested in 1998. Realising about what she had been through, and found others in working, she chose to join husband being diagnosed with the same infection. Within months, she lost her husband and had to shoulder the responsibility of bringing up their son. He left them from her out of the house. She did not have hope, though, and found others in working. Now as the NACO for HIV-positive persons. She met her second husband, married in July 2003.

I have a three-month-baby girl now. Initially, I was worried about my daughter, who is HIV-negative. I wanted to have a baby and had to follow the medication prescribed by doctors to be free of deficiency so that the newborn did not run the risk of being HIV positive. My husband and I are satisfied with our lifestyle," he adds.

Asha, who joined the PWN+ in 1999 and quit to live in Bangalore, but keeps in touch with the group. "Initially, I was depressed. I was married in 1997 and had a baby girl. My husband died in 1998. Realising about what all I had been through with her daughter, who is HIV-negative.

She believes: HIV does not mean the end of the road. It is the beginning of another journey.

Be proactive

Asha

A the daughter of a police inspector in Chennai, Asha married her sweetheart after a long courtship and had unprotected sex for three-odd years. Diagnosed with her husband in 1999, the two were married in 1998. She had been married for a year when her husband fell sick and died of AIDS. She was asked to go for a test, which confirmed she was infected. "I was my husband's only sexual partner. Many people ask me if I know him for the infection did I have it. But I am not ashamed of it. I am clear I do not have any other infection other than HIV," she says.

Asha is now a counsellor with NACO to spread the word about HIV. "Now, I tell women partner accompany mother to all treatment checks, besides working for the Network. Everyone in my family, except my younger brother, knows about my status."

She believes: The blame game takes one nowhere; forget the past and help others.

Reach out

Renuka

SHE was 22 and pregnant in 2000 when the news of her husband's HIV-positive status was broken. Her husband was called for the mandatory test and he, too, was advised with the antibodies. Their love still apart—but was not time to know about her son. She was relieved by her husband by informing him. She is better informed on support her and she took decision on her parents's home. "It was Parvez who told my brothers and my parents. Husband, but the mother-in-law was not informed and decided to forget HIV-affected. I gave birth to my son and got pregnant by counselling centre's who are caught pregnant by HIV," she says.

She believes: Women need to be aware and empowered so they suffer more due to the stigma associated with HIV.

Resist bias

Bindu

THE high humour rate in Kerala is of no help to the HIV-infected persons, who were ignoring the existence of a number of HIV-positive persons detected in school, there. The fantasies of HIV-positive persons getting lower salary women her husband. Thanks to to reach the Organisation about HIV, and I am doing well to overcome people that it is not a curse. I was married in 1999, when my husband fell sick and died after a few months of marriage, the couple. Soon after of body was of people. Initially, my parents as well as my husband's refused to accept us. Slowly, they got their motion and is opened up. Now Bindu was living for the last seven years.

She believes: Information alone is the strongest tool to stop discrimination meted out to HIV- positive people.

Uphill task

Shanti

FOR this 30-year-old a single graduate, working with others in a similar situation. Life became tough for her when her husband, a field technician, was tested HIV-positive in 1999. She, too, subjected her test—first, for herself and daughter who was also HIV-positive. She left her husband was given the same lethal of support in the workplace. "Despite being educated, I went to quarters in search of a room but HIV+, which the owners had told me, was unacceptable. No one interested in me knowing that my husband was married or the mother of child," she says.

Fight for change

Manisha Patel

THE 27-year-old activist has set working with the organisation since 1998. If it has sense of purpose that was the case. She is more than thought women living with HIV to be mere victims of society, have begun to come out in the open. Being free-for-many victims of society and point to help others on the issue. "When I had my husband in 1998, he had no knowledge to take myself to know. I had to always be on guard up for my rights. I am not ashamed of my HIV status. I fight and was facing a financial crisis. I had to support my kids and started living with my mother and began looking after my parents, but the days of that home for me. I cooperative scheme and now manage the centre for positive people in Vellalore. At every time, we have to fight for a number of HIV-positive people to be educated but I am not a 'H' living always change," she says.

Daily, after being denied to enter my previous office, she has recently started a new place. "Life can have ups, girls who will not in touch here," she concludes.

She believes: HIV infects both rich and poor; high-society women should also come out in the open and fight for their rights.

Heal thyself

Shabana

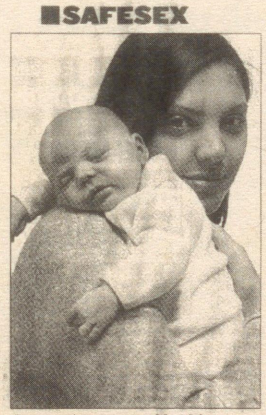
SHE was already 19 when she got married and came to touch the past but discovered she herself was HIV-positive. "I came to know about my status in 1999, during check. I have tried to work in a shoe-shop with other educated persons in Mumbai. Everyone was shocked when the news was initially difficult, but with the support of a few NGOs, I could face issues and began working for others," she says.

Network in 2001 after her in-laws refused to shelter her. "I am in touch with my in-laws now," owns the house of their own. For HIV, she wants to fulfil her childhood dream of studying further. "I feel will my mother when I get married. Now I am sure, he likes my son. I am sure I will get husband," she says.

She believes: Lack of information leads to stigma and discrimination; positive people should live healthy and fulfil their dreams.

Photos: Paresh Chauhan

■SAFESEX



Got queries on sexual health or HIV/AIDS? If yes, send HT an anonymous mail and get an answer from our experts

'HIV is a delicate virus and doesn't last outside the body, so casual contact is safe'

H.T. Del 23.5.05 Inside

Does using or sharing the same razor with someone transmit HIV?

TARSHI: All this talk of HIV transmission can be confusing and scary.

However, there have been no documented cases of HIV transmission through sharing razors or manicuring instruments.

HIV is a very delicate virus and cannot survive for long outside the human body. So, the chances of its transmission through shared razors are next to nil. Think of it this way — in a worst-case situation, a barber will first have to give an HIV positive person a cut, and then immediately cut another person with the same razor.

Wouldn't he rush to administer first aid if he cuts someone? Wouldn't he dip the razor in water before he starts on the next client? That is enough for the virus to die and become ineffective.

Ideally, tattooing or body piercing instruments should be used only once or thoroughly sterilised between uses.

Razors or manicuring instruments (not designed to pierce the skin) do not pose a risk for HIV but do need to be disinfected to prevent other infection

Is it possible for HIV positive parents to have a HIV negative child? If yes, how?

Dr Chinkholal Thangsing: Yes, it is possible for HIV positive parents to have a HIV negative baby.

HIV can be transmitted to the baby during pregnancy, delivery, and through breast feeding. The commonest period of HIV transmission from a mother to child occurs during delivery.

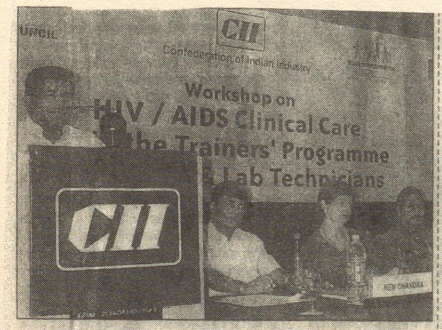
The risk of transmission of HIV to the child is reduced if counselling and psychosocial support is provided with proper antenatal care.

Care includes vitamin and iron supplementation, antiretroviral drug treatment, and administration of the recommended drug nevirapine at labour to the mother and after birth to the child.

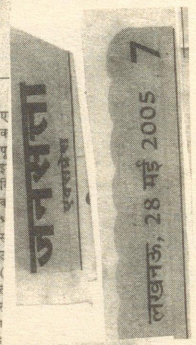
After delivery, mechanical nasal suction, cleaning the newborn of maternal secretions and blood and avoiding breastfeeding reduce parent-to-child transmission of HIV.

Send your queries to:
HT HEALTHCARE,
Hindustan Times
18-20 K.G. Marg, N. Delhi –110001.
Or shoot off an email to:
hthealthcare@hindustantimes.com

Get in touch with our experts:
NAZ Foundation India: 26910499
Dr Chinkholal Thangsing: 24385297/99 (treatment and care)
Lawyers Collective HIV/AIDS Unit: 24321101 (legal information)
TARSHI: 24312229, (Mon, Tues, Wed, 10 am-4 pm; www.tarshi.org)



होटल ताज में सीआईआई के तत्वावधान में आयोजित एड्स कार्यशाला में बोलते स्वास्थ्य राज्यमंत्री जगमोहन सिंह एक्सप्रेस फोटो



शहरों से ग्रामीण क्षेत्रों में पहुंच रहा है एड्स

कार्यालय संवाददाता

लखनऊ, 27 मई। प्रदेश के चिकित्सा एवं स्वास्थ्य राज्यमंत्री जगदीर सिंह का कहना है कि कई देशों में एड्स की बीमारी ने पूरी अर्थव्यवस्था को चौपट कर दिया है। इस जानलेवा बीमारी को रोकने के लिए सख्त समुदाय की एकजुट होकर प्रयास करना होगा। श्री सिंह आज होटल ताज में भारत-आस्ट्रेलिया कौंसिल, एड्स नियंत्रण सोसाइटी एवं भारतीय इंडोग (सीआईआई) के संयुक्त तत्वावधान में उत्तर एवं लैब टैक्निशियनों के लिए एचआईवी एड्स क्लीनिकल केयर विषयक आयोजित एक दिवसीय कार्यशाला के उद्घाटन अवसर पर विचार व्यक्त कर रहे थे। इस मौके पर बताया गया कि एड्स नियंत्रण सोसाइटी द्वारा एड्स प्रति जागरूक करने के लिए अक्टूबर माह में गांवों में घर-घर जाकर अभियान चलाया जायेगा। एड्स शहरों से ग्रामीण क्षेत्रों की ओर बढ़ रहा है। लोक संस्कृति के माध्यम से भी एड्स के खिलाफ मुहिम शुरू की जायेगी। श्री सिंह ने कहा कि भारत की विशाल आबादी को देखते हुए यहां एड्स के प्रसार की संभावनाएं हैं। प्रदेश में अब तक 1642 नये एड्स रोगी प्रकाश में आये हैं। उन्होंने कहा कि प्रदेश सरकार एड्स पर प्रभावी नियंत्रण के लिए पूरी तरह से सजग है। श्री सिंह माना कि एड्स का संक्रमण खासतौर पर 18 से 49 वर्ष की आयु वर्ग के लोगों को होता है। दक्षिण अफ्रीका तथा दमोहा का उदाहरण देते हुए उन्होंने कहा कि एड्स का प्रभाव अर्थव्यवस्था पर भी पड़ता है। उन्होंने कहा कि गरीबी तथा अशिक्षा के कारण भी एड्स फैलता है। इससे पूर्व सीआईआई के चिकित्सा अधीक्षक डा. हेमचन्द्र ने एड्स से जुड़े तमाम पहलुओं पर प्रकाश डाला। इस मौके पर सरकारी एवं गैर सरकारी सेक्टर, समाज के प्रतिष्ठित नागरिकों से एकजुट होकर एड्स के प्रति चेतना जागृत करने पर बल दिया।

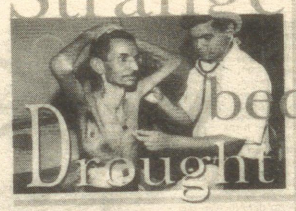
गांवों में अक्टूबर से घर-घर जाकर जागरूक किया जायेगा लोगों को

एड्स नियंत्रण सोसाइटी के संयुक्त निदेशक डा. योगेश चन्द्र ने कहा कि एड्स अब शहरों से ग्रामीण क्षेत्रों की ओर बढ़ रहा है। एड्स नियंत्रण सोसाइटी द्वारा एड्स प्रति जागरूकता के लिए अक्टूबर माह से गांवों अभियान चलाया जायेगा। लोक संस्कृति के माध्यम से भी ग्रामीणों को सचेत किया जायेगा।

घर-घर जाकर एड्स की जानकारी दी जायेगी। सीआईआई के उपाध्यक्ष के. सी. गिरोत्रा ने कहा कि एड्स के खिलाफ पूरी दुनिया में माहौल बन रहा है। कार्यशाला में एल्फ्रेड हास्पिटल मेलबोर्न (आस्ट्रेलिया) की प्रतिनिधि एडवर्ड, सी. वाउटेल हैरिस, एडवर्ड, सी. वाउटेल हैरिस, एल मौरिस व लीजा मौरिस ने भी विचार व्यक्त किए। उनके द्वारा आने वाले समय में एड्स से लड़ने के प्रति कारगर रणनीति बनाने पर जोर दिया गया। इस अवसर पर केजीएमयू के डॉ. के. के. सिंह, डा. निगा, एड्स नियंत्रण सोसाइटी के संयुक्त निदेशक डॉ. के. के. माथुर समेत तीन, गुप्ता व डा. आर. के. माथुर समेत सीआईआई एवं अन्य संस्थानों के प्रतिनिधि उपस्थित रहे।

Strange bedfellows: Drought & AIDS

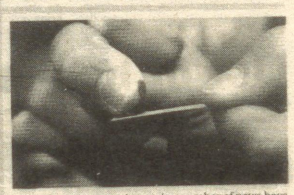
Drought hit villages are adding to the existing figures of HIV/AIDS cases in India. Virendar Khatana explores the problem



DROUGHT attracts aid is an old story. 'Everyone loves a good drought'. But, recent studies show that droughts are also responsible for spread of flesh trade and consequently, HIV/AIDS. It is a given that drought brings misery to the affected population in more than one ways. Scarcity of water, fodder, food, work etc leading to sale of cattle and migration in search of work are but a few. Droughts also lead to outbreak of diseases and increase the susceptibility of people to diseases due to reduced intake of food. Studies indicate that some migrants fall prey to various vices including indulgence in casual sex.

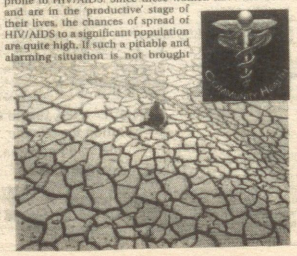
Exploitation of women by the rich and powerful, particularly moneylenders in villages, when the menfolk are away in search of work is a well-known fact. Largescale 'distress' sale of cattle, land and even sale of children and wives, in some extreme cases, have been reported from various poverty stricken areas during droughts. Some recent studies reveal something surprising. They reveal that drought-inflicted poverty and misery is forcing increasing number of women into prostitution. In some cases women enter this trade of their own volition while others are forced to do so to make ends meet. There are instances where young, teenage girls have been forced into prostitution by parents for small amounts of money. Husbands and father either migrate for work and some of those who stay back act as pimps for their wives, daughters, sisters and even mothers and others helplessly turn a blind eye to what the women-folk of the house are doing.

Most of them indulge in unsafe sex and are seriously prone to HIV/AIDS. Since these women have families and are in the 'productive' stage of their lives, the chances of spread of HIV/AIDS to a significant population are quite high. If such a pitiable and alarming situation is not brought under control, then there is a high probability that the number of children born with HIV/AIDS will increase manifold. Tests conducted by health workers on the women and men in one such village of Rajasthan revealed that about 70 per cent of these women tested positive for AIDS and another 20 suffered from some sexually transmitted disease. The total number of HIV positive persons in such villages could double the number of affected women in the villages and spread the fatal tentacles of HIV/AIDS, outside the village. There are scores of villages in Rajasthan, Gujarat, Madhya Pradesh, Chhattisgarh, Orissa, Andhra Pradesh, Karnataka and Tamil Nadu which are drought hit. Over the last four-five years, increasing number of news have started pouring that more and more women are taking up prostitution as a livelihood earning activity in these regions.



There is, also, a high likelihood that some of these women who go on to sell their bodies out of helplessness, for a short period, may take up prostitution on a regular basis and be part of flesh trade. It is being voiced among health care and social service NGOs that once these women plunge into flesh trade, the fear of getting a 'bad name' in society no longer remains an issue.

Without inhibition, many of them find prostitution to be an easier way of earning money rather than working in a legitimate manner. With lack of awareness about HIV/AIDS in villages, this disease spreads faster, much beyond the boundaries of these drought-hit villages. This leads to exploitation of women by middlemen and pimps. Even women who do not look upon towards prostitution as a way out are forced into the trade. Agents start hiring women on the pretext of offering jobs in the cities. All drought prone districts should have bigger HIV/AIDS awareness programmes and all drought related relief like food for work and long-term programmes of watershed management should have inbuilt component of HIV/AIDS awareness. The organisations working in the field of HIV/AIDS need to work closely with poverty alleviation programmes. More attention should be paid towards soil and water conservation to achieve a certain level of drought proofing. ■



११ जून २००५ सहारा समय 29

कमा कर ला रहे 'एड्स'

घर-बार छोड़कर दूसरे शहरों में कमाई करने जाने वाले गरीबों, श्रमिकों की एक छोटी-सी भूल उन्हें जीवनभर के लिए 'एड्स' का रोगी बना देती है। वे जब वहां से लौटते हैं तो साथ ले आते हैं तिल-तिल कर मारने वाली मौत

वाराणसी से सोहनलाल

अभी तक यह माना जाता रहा है कि एड्स रोगियों की संख्या मुंबई, चेन्नई, महाराष्ट्र, आन्ध्र प्रदेश, नागालैण्ड तथा मणिपुर में है, किन्तु अब ये काफी हिन्दू विश्वविद्यालय में उसकी जांच-पड़ताल तथा इलाज के लिए एक वितरण के लिए, केन्द्र खोला गया है, तबसे ऐसा लगता है कि सारे एड्स रोगी, पूर्वांचल में आ गये हैं। इस बात की पुष्टि भी यहां जांच के लिए आने वाले रोगियों की संख्या से हो पुष्टी है। इसका प्रमुख कारण यह है कि यहां के लोग पहले दूसरे के साथ-साथ एड्स को भी कमा जाते हैं और फिर वहां से देश के साथ-साथ एड्स को भी कमा कर घर ले जाते हैं।

इतना ही नहीं, घर पहुंचकर ये अनजाने में ही उस बीमारी को अपनी पत्नी और बेटा होने वाली अगली पीढ़ी को सौंप देते हैं, जिनकर कोई गुनाह नहीं होता। इस प्रकार अनैतिक कृत्य करता है पिता, किन्तु उसकी सजा निर्दोष बच्चे ही नहीं, उसकी निर्दोष व मासूम पत्नी व बच्चों को भी भुगतनी पड़ती है। काशी हिन्दू विश्वविद्यालय एड्स सेंटर की कौंसलर डॉ. सुमन तिवारी बताती हैं, 'केन्द्र पर एलाइजा जांच कराने आने वाले ५, सबसे अधिक वाराणसी और सोनभद्र के लोगों में एचआईवी पॉजिटिव पाया जाता। इसके बाद क्रमशः आजमगढ़, मिर्जापुर, मऊ तथा इलाहाबाद में एड्स रोगियों की संख्या अधिक पायी गयी है।



एड्स रोग केन्द्र के नोडल अधिकारी प्रो. श्याम सुन्दर अग्रवाल का भी कहना है, 'पूर्वांचल में यह रोग अधिकतर ऐसे लोगों के बीच में है जो जीविकोपार्जन के लिए अपना घर-परिवार छोड़कर दूसरे शहरों में जाते हैं। उनमें अधिकतर मजदूरी की आर्थिक स्थिति ठीक नहीं होती, वे एड्स का इलाज नहीं करा पाते। भारत सरकार ने इस दिशा में गंभीर पहल की है और एड्स की दवा मुफ्त में वितरित करने के उद्देश्य से स्वास्थ्य मंत्रालय के अधीन (टी.सी.) अस्पताल में इलाज इलाज का प्रशिक्षण दे चुका है। एड्स नेप्टर के नोडल अधिकारी प्रो. श्यामसुन्दर अग्रवाल बताते हैं 'पूर्व में एड्स रोगी को दवा करने में १५०० रुपये प्रतिमाह खर्च आता थे, लेकिन अब राष्ट्रीय एड्स नियंत्रण संगठन द्वारा मुफ्त में दवा उपलब्ध करा दिये जाने से इस रोग पर नियंत्रण पाने में काफी मदद मिलेगी। अगर एड्स रोगी नियमित दवा लेता रहे तो सामान्य और स्वस्थ्य जैसे रोगियों की तरह लम्बी उम्र तक आम आदमी की जिन्दगी जी सकता है।' एड्स केन्द्र के मनोचिकित्सक प्रो. संजय पुरी बताते हैं 'यहां पंजीकृत रोगियों को नियमित दवा व परामर्श भी दिया जा रहा है ताकि वे अपने जीवन में निराश न हों।'

वैसे तो सर सुन्दर लाल चिकित्सालय में माइक्रोबायोलाजी विभाग के प्रो. एन.के. गुप्ताजी की देखरेख में एड्स रोग की जांच पिछले १० वर्षों से निःशुल्क की जा रही है, परन्तु पूर्वांचल में एड्स रोगियों की बढ़ती संख्या को देखते हुए यह पर्याप्त नहीं था। फलस्वरूप, सन् २००१ में चिकित्सा विज्ञान संस्थान के मेडिसिन विभाग के वरिष्ठ चिकित्सक डॉ. श्याम सुन्दर अग्रवाल की देखरेख में एड्स का उपचार भी प्रारम्भ कर दिया गया। अब तक १८०० एच आई.वी.(एड्स) संक्रमित गरीबों का इलाज इस अस्पताल में हो चुका है। उनका पूरा खर्च उत्तर प्रदेश एड्स नियंत्रण समिति ने वहन किया, जिनसे रोगियों को मुफ्त में दवाएं उपलब्ध कराई जाती रही।

एड्स रोगियों के प्रति घर वालों के रवैये के बारे में डॉ. तिवारी बताती हैं 'वर्ष २००४ में यहां एड्स रोग का इलाज करा रहे मऊ निवासी मोतीलंकर के घर वालों को पता लगा गया कि भाई को एड्स हो गया है तो उनके परिवार वालों ने उसे घर से बाहर कर दिया और उसे जानवरों की तरह घरी खाना दिया जाता था। लेकिन अब एड्स के प्रति लोगों में काफी जागरूकता आयी है। परिवार वाले स्वयं रोगी के इलाज में रुचि ले रहे हैं। एड्स सेंटर में इलाज कराने आये वाराणसी के रामप्रकाश बताते हैं 'पिछले तीन वर्षों से एड्स रोग का इलाज करा रहा हूं। अब काफी स्वस्थ हूं और नौकरी पर नियमित जाता हूं। मेरे परिवार तथा पत्नियों का काफी सहयोग है। ने मेरे साथ चौतरफी व्यवहार करते हैं' यही बन्दोली निवासी पान्ना जो मुम्बई में पैसा कमाने गये थे, कहते हैं 'लौटने पर साथ में लाया एड्स बीएचयू में एलाइजा जांच के बाद जब घर वालों को पता चला कि मुझे एड्स हो गया है, तो एक चार ने लोग भी मुझसे दुरी बनने लगे, लेकिन समय के साथ व्यवहार करने हुए खुद काम करने के नियमित इलाज करा रहा हूं। अब मेरे परिवार का व्यवहार भी मेरे प्रति सामान्य सा रहा है।'

इन्हीं तरह आजमगढ़ के मोहम्मद अली कहते हैं 'मैं सूरत में टेक इंजीनियर था, वहीं मुझे एड्स हो गया। घर लौटने पर जब पता चला कि बीएचयू में एड्स का इलाज होता है तो वहां आकर डॉ. गुप्ताजी से मिला, पिछले तीन महीनों से नियमित दवा ले रहा हूं और आजमगढ़ से ही ट्रेडिंग का काम कर परिवार का भरण पोषण भी कर रहा हूं। पूर्वांचल की सहनशीलता के साथ ही' मऊ निवासी रामप्रकाश कहते हैं 'मुम्बई में एक साथ घर काम करता था, वहीं मुझे एड्स हो गया। बीएचयू में इलाज करा रहा हूं और आजमगढ़ में ही छोटा-मोटा काम करके अपनी दवा की व्यवस्था करता हूं।' रामप्रकाश की लोगों को यही सलाह है कि कोई ऐसी गलती न करें जिनसे लोगों की जिन्दगी में जिन्दगी पड़े।

(पृष्ठ २९ का शेष)

कमा कर ला रहे...

Here, marriage has new facet

Namakkal's eligible bachelors have to state HIV status

By V. Mayilvaganan

Namakkal, May 24: S. Nagaraj (name changed) was stumped when told to produce a medical certificate stating that he was HIV negative, before his marriage alliance could be finalised.

Nagaraj, who tied the knot a few days back, is not the only one to face such a situation in Namakkal these days. It is not uncommon for the bride's family or, for that matter, the groom's relatives, to seek an all-clear signal on the HIV front.

The practice, almost non-existent till a few months back, has almost turned a custom now.

Numerous incidents of HIV getting transmitted from husband to wife and vice versa had made parents, as well as the youth in Namakkal district, where around 6.7 percent of the 15-lakh population is HIV positive (statistics provided by NGOs), to ensure that their better half is not HIV positive.

Many NGOs, while welcoming and encouraging the practice, point out that it is a foolproof method to prevent transmission of the AIDS virus.

POSITIVE APPROACH

- Demanding an HIV negative certificate is common today
- 6.7% of Namakkal's 15-lakh population is HIV positive
- NGOs encouraging the practice

"In fact we instruct college students and other people who are covered by our awareness programme to demand an HIV negative certificate before they enter into a marriage alliance," informs M. ALex Vijay, district coordinator of The Indian Red Cross, which is conducting AIDS awareness programmes in Namakkal.

But there is a flip side - there are cases where the alliance has been called off after the family of either the girl or the boy sought such a certificate. The stigma attached to AIDS as a sexually transmitted disease still prevails.

But as S. Swaminathan, a project associate with HIV Ullor Nala Sangam (HUNS) rightly points out, "Emotionally it may hurt a person if he or she is asked to prove his health condition. But rationally, it is the right step to prevent the spreading of AIDS."

He laments that a few unscrupulous elements, out to make a fast buck, are offering HIV negative certificates to anyone for just Rs 250. "Even an HIV positive person can obtain a certificate declaring him as HIV negative," he says.

Judging from the manner in which society, in general, has accepted the need for the certificate, it looks like very soon, along with the horoscope, an HIV negative certificate is bound to find the pride of place while finalising a marriage alliance. And that is not going to be confined to Namakkal.

The New Indian Express

Hospital refuses to deliver HIV-patient's baby

Nityanand Shukla

Ranchi

AN HIV-INFECTED pregnant woman was turned away from the labour room by a Jamshedpur hospital which refused to deliver the baby citing possible infection to other patients.

The incident occurred at the Mahatma Gandhi Medical Hospital where the woman had been for a week.

After the woman's husband revealed that his wife was HIV positive, doctors consulted Deputy Commissioner Nitin Kulkarni, a medico himself, who advised them to take proper care of her.

However, the hospital management refused to "take the risk."

Mr Kulkarni has now issued a showcause notice to the hospital management.

"I have issued them a notice demanding their explanation on why they did not deliver the woman's baby. After the reply from them, appropriate action will be taken," he said.

The hospital's injustice did not end with the woman leaving in despair. After she left, the doctors burnt her bed, gloves, apron and other things so that the virus does not spread.

The State AIDS Control Society (SACO) has now taken note of the case. "We have received many such reports of private nursing homes and hospital refusing to admit AIDS patients. We are concerned about such instances," said D P Taneja, special staff officer of SACO.

THE TRICITY

A dual battle for AIDS patients

Not Only The Disease, They Have To Fight Discrimination As Well

Times News Network

■ *A young woman reports to an upmarket hospital in Mumbai complaining of abdominal pain. Tests were conducted and investigations revealed that she was HIV positive. Enraged at being kept in the dark, the doctor on duty, strode out into the ward and slapped her right across the face. Shocked and humiliated, the woman collapsed and died within three days.*

■ *A pregnant sex-worker approaches a hospital in Jaipur for medical termination of pregnancy (MTP). On knowing her HIV positive status, she is discharged immediately and refused MTP.*

■ *A three-year-old boy is admitted to a government hospital in Rajasthan. Soon after admission, a placard saying 'HIV+ve' is put up at the bedside making him vulnerable to discrimination by one and all.*

Chandigarh: Discrimination against HIV positive cases has assumed alarming proportions especially in the healthcare sector. Humiliated and disrespected by doctors, nurses and para-medical staff, HIV positive patients are fighting a dual battle – one against the disease and another against the oppressive attitude of medical staff.

This was highlighted by HIV activists at an all India meet on "human rights vis-a-vis persons living with HIV/AIDS," which concluded at Indira Holiday Home on Sunday. The activists narrated personal experiences where they were discriminated against on account of their HIV positive status. Vishal, an activist, said, "I suffered from acute chest congestion and was rushed to a hospital in Allahabad. Seeing my poor condition, I was shifted to the ICU where all investigations were done. The moment a junior doctor told the senior doctor that I am HIV positive, the doctor abused me in the face and told me to get out of the hospital. Repeated requests by my aged mother to let me stay for a night were rudely brushed aside."

Vijay Nayyar, an activist from Mumbai, narrating his experience said, "I had skin rashes and was referred to the prestigious National AIDS Research Institute (NARI) in Pune for treatment. When I reached there, an extremely well-known doctor denied me entrance to his room and had a brief look at the rashes from a distance. Barricades were put up between the doctors' room and the patient's space. The doctor insisted that the rash was nothing but sun stroke."

Enraged at the offensive attitude of the doctor and gross discrimination on account of HIV status, Vijay Nayyar wrote to health authorities and put up a fight to get the barricades removed. It took him several days to do so, but finally he got the barricades removed.

"The main problem being faced by HIV positives is that there are very few facilities for children, drugs are extremely expensive and distribution of drugs is faulty. Uniformly across the country, nurses and doctors are showing extreme disrespect to HIV positives, women were being denied medical termination of pregnancy," says Colin Gonsalves, a participant.

WANTED: A TRAVEL POLICY

It was a nightmarish experience for a group of HIV positive people who had gone to Uganda to attend a conference on people living with AIDS. On their return from Uganda after the conference, the group was stopped by aviation staff at Mumbai airport. The group was told that they had to be examined for yellow fever. On learning about the HIV status, the group was huddled into a corner and made to wait for several hours before they were approached by anyone. A great deal of harassment was in store for them as they were not allowed to leave the airport, had heated arguments with aviation authorities who insisted that the group will have to be quarantined for six days. This despite the fact that the group's status was already acknowledged. The group was bundled off to a huge hospital building which was totally empty except for one attendant. All six activists, which included one female, were locked in one single room and kept there for three days. It was only on media's intervention and highlighting of their plight that they were given humane treatment and proper food after three days of torture, harassment and inconvenience. Vijay Nayyar, who was in the group, filed a PIL in the high court demanding a comprehensive travel policy for HIV positive patients. The PIL is still pending.

OTHER DEMANDS

- Inclusion of HIV positive as a category allowed free travel by the railways.
- No discrimination by hospitals, docs, medical staff.
- Right to treatment in govt, private hospitals.
- Availability of ARV drugs for positive cases.
- Right to work, no discrimination at workplace.

Plus 3

HIV infected, but not dejected

Aditi Tandon

Tribune News Service

Chandigarh, August 21

Francis de Mello has been carrying the baggage of alienated affections for 14 years- for as long as he has been carrying the AIDS virus. When he contacted the infection, he did not know where to go for counseling or medication. Coupled with this confusion was the trauma of rejection by family and friends.

Fourteen years later, things haven't changed much as De Mello, also an MSM (man having sex with man) says, "Those days AIDS awareness was just trickling in. I joined an NGO working in this area, but to my utter shock I was terminated when I became unproductive. I had only been hired to improve the NGO's funding prospects. Later, I was shunted out."

No lawyer fought De Mello's case. He lost his job but not his zest. After a year, he founded the Love Life Society in Delhi, now associated with the Network of Indian People with Alternative Sexualities living with HIV/AIDS (NIPASHA). Today he has 75 partners in a struggle which is the struggle of infected people across India.

They all are unanimous in their demands: "right to medicine as part of right to life; doctors should be trained in medication and be made sensitive; regular supply of ARVs be ensured; travel discounts be offered to infected people who have to cover huge distances to collect doses and medical termination of pregnancy be allowed among infected women."

Shocking though it is, four lakh infected people in India need ARVS, but only 35,000 get them. Those on dose are often asked by doctors to discontinue, leading to grave complications. De Mello was asked to discontinue ARVs by a senior doctor in a famous Delhi hospital. He recalls, "She knew it was like pronouncing death but she did not mind. I then developed a self defence mechanism through meditation. Now I depend little on ARVs."

Brijesh Dubey from Jaipur also says the same thing. He had to close his school when his infection became known. "ARVs are still unavailable in villages. There are no syrups for infected children," says Dubey who transports infected children to Delhi's AIDS care units, besides cremating unclaimed bodies of HIV infected people.

In Chandigarh with 82 others for the all India meet of Persons Living with HIV/AIDS organised by the Human Rights Law Network (HRLN), HIV+Daisy and PV Ramesh said the government deliberately avoided advertising ARV drugs. Colin Gonsalves, Director, HRLN, admitted, "The government has not yet advertised ARVS. Most infected people are suffering in the absence of awareness. Those on ARVs have to discontinue due to unavailability of drugs. The government should, under the Patents Law, declare a nauonal emergency and manufacture ARVs to make them available and affordable. It should make ARV roll out centres hygienic and disclose fresh cases of infection annually."

Though the government claims there are 23000 fresh cases every year, a survey in Bagalkot district (Karnataka) revealed 3009 fresh cases annually. Said Gonsalves, "Discrimination of HIV+people is very high in India but the level of litigation is very low. He now plans to file PIL, demanding for infected people job security, discounted travel, sensitive treatment by doctors, ban on isolation in hospitals, social audit to determine where foreign funds meant for AIDS control went and installation of more CD count machines - the only test for HIV infected people."

Two-Day Media Workshop Structure

Journalists arrive by 6 p.m. on the day before the workshop and check into hotel.
Participants get to meet and know each other. Film *Phir Milenge* or *My Brother Nikhil* shown followed by dinner.

Day 1

10 am to 10.15 am	Registration & Coffee
10.15 am to 10.35 am	PFI's presentation on media research findings
10.40 am to 11.15 am	Inauguration by NACO Director – How NACP-II has fared and what is expected of NACP-III
11.15 am to 11.30 am	Q & A
11.30 am to 12 noon	Overview of the HIV/AIDS scenario in the state
12 noon to 12.15 pm	Q & A
12.15 pm to 1.15 pm	Positive people to share their perspectives with the media. Followed by Q&A
1.15 pm to 2 pm	Lunch
2 pm to 3 pm	An interactive session on Facts and Myths on HIV/AIDS
3 pm to 5 pm	Group activity Three or four groups to be formed; will brain storm on subjects allotted to them and work out radio programmes, radio jingles, poster campaigns and do a street play.

Group 1: In a district where a network of Positive people has been formed for the first time, several people from the villages of the district join the network. The Ludhiana station of All India Radio organises a panel discussion with three Positive people. It is a 15-minute programme.

Group 2: An advertising company has been entrusted by the state AIDS Control Society to conduct a poster campaign on raising HIV/AIDS awareness. The campaign has to promote use of condoms and safe sex. Please prepare a set of four to five posters.

Group 3: A young mother discovers late in her pregnancy that she is HIV positive. Do a 20 minutes street play around the issue to bring out the stigma and discrimination that she faces and how she tackles the situation. The entire group participates.

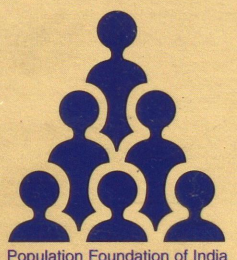
Day Two

8 am to 2pm	Field trip for journalists to a care and support project
2.30 pm to 5 pm	Group presentations. Awards will be given for the best two presentations.
5 pm to 5.30 pm	A newspaper editor will talk briefly about the media's responsibilities in providing adequate space for HIV/AIDS related stories and an enlightened debate in the media. He/she will present certificates to journalists who have participated in the workshop.

Peer Review Team:
Ms Kalpana Jain
Ms Mona Mishra
Mr Noble Thalari
Mr Rajesh Nair
Ms Alka Narang

UNDP Support Team:
Dr Ash Pachauri, Mr Aniruddha Brahmachari & Ms Malini Mittal





Population Foundation of India