

# HEALTH AND NUTRITION

## Child Health/ Health Care

वल्लभभाई पटेल चेस्ट इंस्टीट्यूट के डॉक्टर की अगुवाई में हुआ अध्ययन

### घर की आबोहवा भी कर रही बच्चों को बीमार

■ जागरण संवाददाता, नई दिल्ली

चारदीवारी में सेंध लगाकर प्रदूषण की मार अब घरों तक पहुंच चुकी है। राजधानी के अलग-अलग इलाकों के बंद कमरे में भी सल्फर डाइऑक्साइड, नाइट्रोजन डाइऑक्साइड जैसे रासायनिक तत्व हवा में पाए गए हैं। जिनकी वजह से बच्चे नाक में संक्रमण, अस्थमा और श्वसन रोग जैसी बीमारियों से ग्रसित हो रहे हैं। इसका सबसे ज्यादा असर औद्योगिक क्षेत्र में देखा गया।

वल्लभभाई पटेल चेस्ट इंस्टीट्यूट के फ्लमनरी मेडिसिन विभाग के प्रमुख डॉ. राजकुमार की अगुवाई में अध्ययन किया गया। केंद्रीय प्रदूषण नियंत्रण बोर्ड ने प्रदूषण के स्तर की जांच की। दिल्ली के नौ इलाके के एक किलोमीटर के दायरे में बने 2828 घरों में मौजूद हवा में प्रदूषण (इनडोर पोल्यूशन) का अध्ययन किया गया।

#### अध्ययन और परिणाम

- 7 से 15 वर्ष के उम्र के 3456 बच्चों में किया गया अध्ययन
- बीमारी
- नाक में संक्रमण, जुकाम : 26.1 फीसद
- श्वसन में संक्रमण- 22.1 फीसद
- अस्थमा- 7.7 फीसद
- नौ क्षेत्र को तीन भागों में बांटा
- औद्योगिक क्षेत्र- शाहजादाबाग और शाहदरा
- ग्रामीण क्षेत्र- दल्लूपुर और जगतपुर
- आवासीय व व्यवसायिक क्षेत्र- अशोक विहार, आइटीओ, जनकपुरी, निजामुद्दीन और सीरीफोर्ट

अध्ययन में 55.9 फीसद बच्चे अलग-अलग बीमारियों के शिकार हुए।

डॉक्टर राजकुमार ने बताया कि आश्चर्य की बात यह है कि लोगों को इनडोर पोल्यूशन के बारे में बहुत कम जानकारी है। जहां दीलतपुर गांव के लोग इनडोर पोल्यूशन से पूरी तरह अनभिज्ञ थे, वहीं मात्र 24 फीसद लोगों को इस बारे में जानकारी थी। यही नहीं शहरी क्षेत्र के लोगों को भी यह जानकारी नहीं थी कि घरों में मौजूद प्रदूषित हवा बीमारी की जड़ है। हालांकि ग्रामीण क्षेत्रों में श्वसन रोग की मात्रा कम पाई गई। लेकिन यहां 31.2 फीसद घरों में जैव ईंधन का प्रयोग किया जा रहा है, जो सेहत के लिए ठीक नहीं है।

डॉक्टर राजकुमार ने कहा कि लोगों को इसके प्रति सजग रहने की जरूरत है और बीच-बीच में स्वास्थ्य जांच अवश्य कराएं। इससे बीमारी फैलने से पहले पता चल जाता है जिससे कारगर इलाज संभव हो पाएगा। और बच्चों को समय रहते विभिन्न बीमारियों से बचाया जा सकेगा।

Dainik Jagran, July 24, 2012, P.2

# Seven in 10 kids suffer from gum disease

Somita Pal ■ MUMBAI

Seventy per cent of children under 15 suffer from gum diseases, a nationwide survey found out. Conducted by the Indian Dental Association (IDA), it shows dental decay and oral cancer is rising among children.

Dentists say, dental hygiene in children is always neglected and overlooked as compared to lifestyle diseases like obesity and stress. The IDA surveyed 4 lakh children across India, as part of its community health initiative, and found 40% suffering from malocclusion (faulty jawline).

Dr PD Joshi, consultant dentist at Lilavati hospital, says, "At least 75-80% children come to me with cavity problems. Early cavities are leading to more and more children undergoing root canal." The procedure is difficult to do in children as their jaws are not properly formed, which leads to a prolonged treatment, he adds.

Dr Karishma Jaradi, aesthetic dentist,



## DENTAL DIVISION

Doctors say that in urban areas more of cavity problems are seen in children than oral cancer, while in rural areas, it's the exact opposite

Dentz dental care centres, said, "We see the dental problems depending on the age group. There's a rise in number of children in the 0-6 age group going for the root canal procedure. Cavities are mainly linked to not brushing the teeth properly after eating."

● Turn to p4

# 'Bad mouths' rise as oral hygiene goes for a toss

"Junk and sugary food items are the main culprits. Also, children tend not to pay much attention to oral hygiene. They wake up early for studies, and are in a hurry to leave for school. In their rush, brushing teeth properly takes a backseat," says Dr Ashok Dhoble, IDA secretary.

But, doctors say dental problems among children are different in urban and rural areas. "In urban areas, we see more of cavity problems than oral cancer. In

rural areas, it's the reverse. In a city like Mumbai children eat more of sugary products and junk food, while in rural areas, kids start consuming tobacco products," says Joshi.

The IDA is now visiting schools and conducting interactive seminars to teach children the importance of oral hygiene. "Prevention is the best cure. Apart from brushing teeth twice, children should avoid chocolates and ice cream between meals," Dhoble says.

D.N.A., July 20, 2012, P.1, Contd. on P.4

# Children on drugs turn to counsellors for help

Neelam Pandey

neelam.pandey@hindustantimes.com

**NEW DELHI:** In what is coming across as a disturbing trend, school students between 10 and 16 years of age are turning to counsellors to fight drug addiction.

The helpline Yuva, jointly run by the Delhi government's education department and the State Council of Education Research and Training (SCERT), receives five calls related to substance abuse on an average per day.

The helpline receives calls from students, parents as well as teachers on varied issues. More lately, it is getting calls on substance abuse as well.

"We have been receiving at least five calls every day from school students who are finding it difficult to concentrate on studies as they have become addicted. Several of them have stopped attending classes as they are not able to concentrate for a longer period," said an education department official.

These students use thinner, correction fluid and glues, etc. According to the helpline, most students are between the age of 10 and 16 years. A number of them started using these substances two to three years back.

When asked from where they procured bhaang, the students said it is easily available with ice-cream sellers and other vendors outside their schools.

"A number of students told us ice-cream vendors sold bhola goli (a mixture of bhaang) for ₹5 a piece. Initially, they used to feel high but now it is difficult for them to concentrate on anything if they do not have it," added the official.

According to counsellors, many students steal from their parents to buy these substances.

Health experts warn that the use of these substances can damage the brain. "It is alarming because there is a risk of a child starting with inhalants and later moving on to injectible drugs that can have much seri-

## helplines

**YUVA, THE DELHI GOVT HELPLINE**

**1800116888**

Toll free Helpline number

**Timing: 7 am to 7 pm**

**200** Average calls being received by the helpline

**120** calls regarding substance abuse per month

**Names of substances:**

Bhola goli (made of 'bhaang'), thinner, correction fluid

ous effects on their health," said Dr Nimesh G Desai, director of the Delhi government-run Institute of Human Behaviour and Allied Sciences (IHBAS).

"We asked a few of the children to come for face-to-face counselling. They agreed but did not turn up. We wanted to refer them to the adolescence clinic to help them get de-addicted," said a counsellor.

Hindustan Times, July 25, 2012, P.4



# Keep 'gutka' out of the reach of children

It's easily available and about five million children are hooked to it. It's time for some hard measures

By RACHEL O'BRIEN

Anil Kanade seems almost too stunned to speak about the deadly cancer recently found in his mouth, caused by his addiction to a popular Indian chewing tobacco that doctors say is fuelling an epidemic.

Like millions of young Indians, the factory worker was for years hooked on *gutka*—a cheap, mass-produced mix of tobacco, crushed areca nut and other ingredients that several states are now trying to wipe out.

"It gave me a high. It felt nice," Kanade told *AFP* at the Tata Memorial Hospital in Mumbai, where he is due to undergo surgery. The father of two, whose swollen cheek hints at his disease, is aged just 35. His brother Datta travelled with him from their village in rural Maharashtra, where he says children start munching on colourful sachets of *gutka*, each priced at only ₹1, at the age of just 11 or 12.

"I'm not sure if the government can ban it or not, but they should," Datta says.

Maharashtra last week became the fourth state this year to outlaw *gutka*, which campaigning doctors say is targeted at children—even though Indian law prohibits tobacco sales to those under 18. They point the finger primarily at *gutka* for India's 75,000-80,000 new cases of oral cancer a year, the highest in the world, according to the US-based NGO Campaign for Tobacco-Free Kids.

Madhya Pradesh, Kerala and Bihar have already banned *gutka* this year, following the earlier example of Goa, while others, including Uttar Pradesh, are considering similar action. But they face a struggle—not only to enforce the law on the streets, but to overcome the powerful lobby of the billion-dollar *gutka* industry, which is disputing the bans on the grounds that they are unlawful.

Leading the anti-*gutka* fight in Mumbai is Kanade's surgeon, Pankaj Chaturvedi, a head and neck cancer specialist. He says half of his mouth cancer patients die within 12 months of diagnosis, while the rest are left severely disabled.



Future tense: Only five states have banned *gutka* so far.

While tobacco has been chewed across the subcontinent for centuries, often in a concoction known as *paan*, Chaturvedi says *gutka* took over in recent decades as a more convenient, readymade version for modern life. "It comes in a pouch, it doesn't make your tongue and mouth red and it doesn't make an urge for spitting," he says, listing substances found in *gutka*, including lead, arsenic, copper, chromium and nickel. The youngest addict he has treated was a 13-year-old boy, who died of an advanced form of mouth cancer.

"*Gutka* captured both economic strata, the poorest and the richest. They advertised very strategically to capture the entire youth," he says. An estimated five million Indian children are hooked on tobacco, although specific chewing figures are unclear, while the Global Adult Tobacco Survey in 2010 showed that 206 million Indians aged over 15 were using smokeless forms.

The states now shifting such products off the shelves are taking their cue from a ruling by the Food Safety and Standards Authority of India in August last year, which said tobacco could not be used in food products.

Their moves are hotly contested by the Smokeless Tobacco Federation (India), an association of chewing-tobacco businesses, which is launching court petitions to get them overturned. "What they are doing is totally unconstitutional," the group's executive director Sanjay Bechan told *AFP*. "Tobacco is tobacco. Food is food," he says, insisting that *gutka* comes under the Cigarettes and Other Tobacco Products Act of 2003 and cannot be governed by food safety regulations.

Bechan said an end to the smokeless tobacco industry, worth about \$2.5 billion (around ₹13,912 crore), threatened the livelihoods of millions. Chewable products, he adds, were being unfairly blamed for tobacco deaths largely caused by smoking. "How can you guarantee if *gutka* is banned people will not smoke?" For now, complete eradication remains far from imminent.

With *gutka* banned in just small patches of India, officials face an uphill battle to keep the product at bay while it remains legal in most of India's 28 states.

"It's a struggle to keep the supplies under control. The borders are porous, there's no restrictions on trade," says Ashwin Kumar Rai, the food safety commissioner in Madhya Pradesh, where a ban was introduced in April.

"If children will not have access, then I see a better future," says Chaturvedi. *AFP*

H. T. Mint, July 17, 2012, P.13

# Health card for all inmates of child care homes in Haryana

EXPRESS NEWS SERVICE

CHANDIGARH, JULY 9

NEARLY two months after cases of sexual abuse of girls and women inmates, their physical and mental exploitation in Rohtak's 'Apna Ghar' shelter home came to light, the Haryana government on Monday decided to issue individual health card to inmates of child care institutions (CCIs) in the state within a month and ensure that all such children get health services and formal education.

Presiding over a meeting convened by Women and Child Development department here, Chief Secretary P K Chaudhery said, "The health card would ensure regular health check-ups of the inmates and follow up treatment."

The meeting was convened to review the welfare steps taken by various departments of the state on the recommendations of National Commission for Protection of Child Rights (NCPCR).

"The state would ensure the safety, health and welfare of the inmates in the CCIs. The Police department had already appointed child welfare officers in each police station. The names of these officers along with their mobile number would be sent to the Women and Child Development department at the earliest," Chaudhery said.

The chief secretary said that information about the officials will be publicised. The WCD department will also organise workshops for all the NGOs as well as their staff who are running CCIs to educate and sensitise them regarding parameters to be followed for providing services for safety, health and welfare of chil-

## WOMEN AND

Child Development department Chief Secretary P K Chaudhery said, "The health card would ensure regular health check-ups of the inmates and follow up treatment"

dren, he added.

Chaudhery said the government had also directed all the Deputy Commissioners to ensure registration and regular inspection of all CCIs under the Juvenile Justice Act, 2000 and the Orphanages and Other Charitable Homes Act, 1960.

"They had also been directed to improve facilities in the CCIs with the support of local community. For this they can involve local industries and charitable organisations in their districts," he added. Chaudhery also reviewed the steps initiated by the WCD department for carrying out detailed survey, inspection and registration of all CCIs in the state.

As per the inspection there were 105 CCIs in the state, of which 84 had applied for registration and the rest were being contacted for completing their registration.

On Sunday, the Haryana government had directed all superintendents of police to complete within two days verification of persons employed at CCIs in all the districts. There are 13 women's homes in the state. Four of them are in Rohtak, while two each are located in Gurgaon and Panipat and one each in Ambala, Bhiwani, Karnal, Sirsa and Sonapat.

The Indian Express, July 10, 2012, P.2



# बच्चों की गर्भनाल से होगा असाध्य रोगों का उपचार

नई दिल्ली, 8 जुलाई (भाषा)। गर्भ में पल रहे शिशु के लिए गर्भनाल जीवन की डोर होती है और अब यही गर्भनाल स्टेम कोशिका प्रतिरोपण के महत्त्वपूर्ण विकल्प के रूप में उभर कर सामने आई है जिससे मस्तिष्काघात, कैंसर, रक्त, अनुवांशिक एवं हृदय से जुड़े रोगों के उपचार को नई दिशा मिली है।

लोगों में अपने बच्चों के गर्भनाल के संरक्षण का चलन जोर प्रकट रहा है। इसके लिए गर्भनाल रक्त बैंक स्थापित किए जा रहे हैं। सुजेन गेंशन, फराह खान, माधुरी दीक्षित नेने, रवीना टंडन जैसी अभिनेत्रियों ने बच्चों के गर्भनाल को संरक्षित किया है। राजीव गांधी कैंसर इंस्टीट्यूट एंड रिसर्च सेंटर के डा. दिनेश भूगानी ने कहा कि गर्भनाल प्रां के गर्भ में पलने वाले शिशु के अस्तित्व के लिए ही महत्त्वपूर्ण नहीं है। अब जन्म के बाद बच्चे

के गर्भनाल को विशेष तकनीक के जरिए वर्षों तक संरक्षित रखा जा सकता है क्योंकि यह स्टेम कोशिका के प्रतिरोपण के महत्त्वपूर्ण विकल्प के रूप में उभर कर आई है। किसी की गर्भनाल से किसी दूसरे में स्टेम कोशिका प्रतिरोपण किया जा सकता है।

उन्होंने कहा कि अमेरिका एवं यूरोपीय देशों में गर्भनाल रक्त बैंकों को बहुतायत है। अब भारत में भी ऐसे बैंक स्थापित किए जा रहे हैं। हालांकि भारत में निजी गर्भनाल रक्त बैंक हैं। निजी गर्भनाल रक्त बैंकों के माध्यम से 0.2 से 0.3 फीसद ही स्टेम कोशिका प्रतिरोपण हो रहा है क्योंकि यह निजी तौर पर रखे जाते हैं। अमेरिका और अन्य यूरोपीय देशों में सार्वजनिक गर्भनाल रक्त बैंक हैं जो सभी लोगों के लिए सुलभ होता है। स्टेम कोशिका प्रतिरोपण विशेषता का कहना है कि

गर्भनाल रक्त के माध्यम से स्टेम कोशिका प्रतिरोध कारगर माध्यम है क्योंकि इस प्रक्रिया में गर्भनाल प्रदाता के गुणों से प्राप्तकर्ता के आधे गुण मिलने पर भी स्टेम कोशिका का प्रतिरोपण संभव है। मेरुज्जा (बोन मैरो) से स्टेम कोशिका प्रतिरोपण सभी गुण मिलने पर ही संभव है।

गंगाधर अस्पताल की डा. आभा मनुमदार ने कहा कि गर्भनाल के माध्यम से स्टेम कोशिका प्रतिरोपण में परेशानी काफी कम होती है। इसके जरिए तेजी से स्टेम कोशिका का विकास संभव है। उन्होंने कहा कि भारत में स्थित गर्भनाल बैंकों में गर्भनाल को सामान्य तौर पर 70 हजार से एक लाख रूपए की लागत पर 21 साल के लिए संरक्षित रखा जाता है। रिलायंस, कायोबैंक जैसे ऐसे कई बैंक गर्भनाल रक्त बैंक इसे संरक्षित करने के लिए किस्तों में

भुगतान की सुविधा भी प्रदान करते हैं।

हालांकि, गर्भनाल बैंकों में संरक्षण की फीस गर्भनाल रक्त में कोशिकाओं की संख्या के हिसाब से घटती बढ़ती है। गर्भनाल में 10 लाख कोशिका के संरक्षण के लिए शुल्क 85 हजार रुपया, एक करोड़ कोशिकाओं के संरक्षण के लिए शुल्क एक लाख रुपया और पांच करोड़ कोशिकाओं के संरक्षण के लिए शुल्क डेढ़ लाख रुपया तक होता है।

भारत में गर्भनाल का संरक्षण करने वाली अग्रणी बैंक 'लाइफ सेल इंटरनेशनल' के अनुसार, गर्भनाल के संरक्षण के संबंध में इन बैंकों में गर्भावस्था के 34वें सप्ताह में सूचित करना होता है और बच्चे के जन्म के 10 मिनट में इसे संरक्षित करने की प्रक्रिया पूरी की जाती है। गर्भनाल को शून्य से 90 डिग्री सेल्सियस नीचे तापमान पर संरक्षित किया जाता है।

गर्भनाल रक्त में हेमेटोपोइएटिक स्टेम कोशिका, प्रोजेन्टोर कोशिका पाई जाती है जो लाल रक्त कणिका, एबेत रक्त कणिका और प्लेटलेट्स का निर्माण में सहायक होती है। डा. भूगानी ने कहा कि गर्भनाल रक्त मस्तिष्काघात, टाइप 1 मधुमेह, थैलैसेमिया, कैंसर, कार्डियोवैस्कुलर रोगों का उपचार करने में काफी सहायक होता है। उन्होंने कहा कि भारत में अभी यह प्रारंभिक अवस्था में है और अब तक गर्भनाल के माध्यम से 15 स्टेम कोशिका प्रतिरोपण किया गया है। भारत में गर्भनाल का बैंकों में सार्वजनिक तौर पर संरक्षण किए जाने की जख्त है, क्योंकि विदेशों में स्थित बैंकों से गर्भनाल मंगाना काफी खर्चीला होता है। एक वयस्क व्यक्ति में स्टेम कोशिका के प्रतिरोपण के लिए दो गर्भनाल की जख्त होती है।

Jansatta, July 09, 2012, P.7

# अब सुन सकेगा जन्म से बहरा बच्चा

► गुडगांव के निजी अस्पताल में हुआ पहला सफल आरपरेशन

► इलाज के लिये नयी मशीन मंगायी

गुडगांव, 2 जुलाई (हप्र)। कोलंबिया एशिया अस्पताल ने आज पहली चीएएचए सर्जरी बोन एंकर्ड हियरिंग एड सर्जरी में सफलता दर्ज करने की घोषणा की। आठ साल के एक बच्चे की यह सर्जरी की गई जो कि वाइलैटरल माइक्रोटिया का मरीज है। इस सर्जरी टीम में ईएनटी विशेषज्ञ और कोचलियर इम्प्लांट सर्जन डॉ. सोमेश्वर सिंह और ईएनटी कंसल्टेंट डॉ. गुंजन सचदेवा शामिल थे।

कोलंबिया एशिया हॉस्पिटल, गुडगांव के ईएनटी विशेषज्ञ और

कोचलियर इम्प्लांट सर्जन डॉ. सोमेश्वर सिंह ने बताया कि वाइलैटरल माइक्रोटिया बच्चे के वाइलैटरल आउटर और मिडल ईयर की जन्मजात समस्या होती है। इस बीमारी के बहुत कम मामले सामने आते हैं - लगभग 20,000 नवजात बच्चों में एक को यह समस्या होती है। इसमें इनर ईयर कोचलिया के सामान्य होने के बावजूद मरीज बिल्कुल बहरा होता है। इसका उपचार बेहद चुनौतीपूर्ण होता है क्योंकि इसमें ऑरिकल की पुनर्संरचना के साथ-साथ दोबारा सुनने की क्षमता विकसित करनी होती है।

उन्होंने बताया कि इस बीमारी का एकमात्र उपचार है चीएएचए - बोन एंकर्ड हियरिंग एड जिसकी सफलता सुनिश्चित होती है। उपचार के अन्य माध्यम जैसे रीकंस्ट्रक्टिव सर्जरी के कभी भी भरोसेमंद परिणाम नहीं मिले हैं।

उन्होंने बताया कि एक सर्जरी के जरिये इस सिस्टम का प्रत्यारोपण किया जाता है। इससे ध्वनि की तरंगें हड्डी

के माध्यम से गुजरती हैं न कि मिडल ईयर के जरिये। इस प्रक्रिया को डायरेक्ट बोन कंडक्शन कहते हैं। चीएएचए सर्जरी उनके लिए भी लाभप्रद है जिन्हें हमेशा कान के संक्रमण की समस्या, ऑडिटरी केनाल एट्रेसिया की जन्मजात समस्या और एक तरफ बहरेपन जैसी कोई समस्या है और जिन्हें आम तौर पर प्रचलित सुनने की मशीन से कोई लाभ नहीं मिलता है।

उन्होंने कहा चीएएचए सर्जरी उन्हें सुनने की दोबारा क्षमता देती है जिन्हें कंडक्टिव और मिक्सड लॉस हियरिंग की समस्या है। बच्चों के जन्मजात वाइलैटरल माइक्रोटिया के मामलों में जो बहुत कम होते हैं, में तो यह सर्जरी एक वरदान है। इसका उपचार नहीं किया गया तो बच्चा बोलने की क्षमता भी खो सकता है। इस अवसर पर कोलंबिया एशिया हॉस्पिटल, पालम विहार के महाप्रबंधक डॉ. कोशर ए साह और डॉ. गुंजन आदि भी मौजूद थे।

Dainik Tribune, July 03, 2012, P.3



# मेदांता में भी होगी हॉठ व तालू कटे बच्चों की मुफ्त सर्जरी

जगरण संवाददाता, नई दिल्ली : जन्म के साथ हॉठ व तालू कटे बच्चों को बेहतर जिंदगी देने के मकसद के साथ 'स्माइल ट्रेन' संस्था द्वारा चलाए जा रहे मुफ्त इलाज अभियान से अब मेदांता अस्पताल भी जुड़ गया है। शुक्रवार को एक प्रसवार्ता में मेदांता मेडिसिटी के चेयरमैन डॉ. नरेश त्रेहान ने कहा कि स्माइल ट्रेन का यह प्रयास बच्चों की जिंदगी में खुशी लाता है। इससे जुड़ कर हम खुद को गौरवान्वित महसूस कर रहे हैं। हमारे यहाँ जितने भी ऐसे मरीज आएंगे सबका मुफ्त में इलाज किया जाएगा।

देश भर में स्माइल ट्रेन ऐसे बच्चों की सर्जरी को एक अभियान के तहत चला रही है। स्माइल ट्रेन संस्था के चीफ प्रोग्राम ऑफिसर सतीश कालरा ने बताया कि देश में हर रोज 100 ऐसे बच्चे पैदा हो रहे हैं जिनके हॉठ या तालू कटे हुए होते हैं। हालांकि अब तक इसकी वजह का पता नहीं चल

- 'स्माइल ट्रेन' संस्था के अभियान से जुड़ा मेदांता
- कटे हॉठ व तालू का मुफ्त इलाज करती है स्माइल ट्रेन

सका है, लेकिन इतना तो सच है कि यह कोई दैवी प्रकोप नहीं बल्कि एक विकृति है। स्माइल ट्रेन चैरिटी के रूप में काम करता है और देश भर में 170 अस्पताल इससे जुड़े हुए हैं। यहाँ ऐसे बच्चों की मुफ्त में सर्जरी कर उनके चेहरे को ठीक किया जाता है। एक सवाल के जवाब में सतीश कालरा ने कहा दिल्ली में संत परमानंद, गंगाराम, महाराजा अग्रसेन और जयपुर गोलडन अस्पताल में ऐसे बच्चों की सर्जरी की जाती है। संस्था के सहयोग से अब तक तीन लाख ऐसे बच्चों की सर्जरी की जा चुकी है। जरूरत है सरकार भी इस पहल में भागीदारी निभाए।

Dainik Jagran, July 14, 2012, P.7

इन बच्चों में कई ऐसी योग्यताएं होती हैं, जो कई कोशिशों के बाद भी सामान्य बच्चों में नहीं आ पातीं

# स्पेशल चाइल्ड भी हो सकते हैं जीनियस

नई दिल्ली | वंदना भारती

आम बच्चों की तरह जब हमारे बच्चे पढ़ने या खेलने में अपनी योग्यता नहीं दिखा पाते तो हम उन्हें असामान्य या अबनॉर्मल श्रेणी में डाल देते हैं। लेकिन अमेरिकी सर्वेक्षण के अनुसार असामान्य समझे जाने वाले इन बच्चों में जीनियस बच्चों वाले कई गुण होते हैं। यहाँ तक कि इनमें कई ऐसी योग्यताएं होती हैं, जो कई कोशिशों के बाद भी सामान्य बच्चों में नहीं आ पातीं। डॉक्टरों भाषा में इन बच्चों की असामान्यता को ऑटिज्म कहते हैं। रिपोर्ट के मुताबिक, ऑटिस्टिक बच्चों की अगर खास देखभाल की जाए तो इनकी विलक्षण प्रतिभा को निखारा जा सकता है।



क्या कहती है रिपोर्ट?

जरनल इंटेलेजेंस में छपी एक रिपोर्ट के मुताबिक जीनियस (विशिष्ट प्रतिभाशाली या मेधावी) और ऑटिज्म (जो सामान्य नहीं) बच्चों में काफी समानताएं होती हैं। आम बच्चों में याद रखने की क्षमताएं सीमित होती हैं। सात अंकों वाली संख्याएं तो ये याद कर लेते हैं, लेकिन इससे ज्यादा अंक वाली संख्याओं को याद करने में इन्हें दिक्कत होती है। वहीं ऑटिज्म से पीड़ित बच्चे इससे बड़ी संख्याओं को भी याद रख लेते हैं। वे संख्याओं को घुमा-फिराकर उनकी अलग-अलग तरह से गणना भी कर सकते हैं। रिपोर्ट के मुताबिक ऐसे बच्चों में विलक्षण प्रतिभाएं होती हैं, जो जीनियस बच्चों की परिभाषा से काफी मिलती-जुलती हैं।

क्या है ऑटिज्म?

बाल विशेषज्ञ डॉ. सजीव बघई के मुताबिक, ऑटिज्म एक कॉम्प्लेक्स न्यूरोडेवलपमेंटल डिस्ऑर्डर है, जो तीन से पांच साल के बच्चों में दिखना शुरू हो जाता है। ऑटिज्म से पीड़ित बच्चे अपनी भावनाएं और विचार आम बच्चों की तरह व्यक्त नहीं कर पाते हैं। बातचीत करने में भी ये आम बच्चों से अलग होते हैं। ऑटिज्म जब कम स्तर पर होता है तो इसे क्लासिक ऑटिज्म कहते हैं, वहीं गंभीर रूप ले लेने पर यह एस्प्यरर सिंड्रोम कहलाता है।

वजह

डॉक्टरों के अनुसार ऑटिज्म के कारणों का पता अब तक नहीं चल सका है। यह आनुवंशिक और पर्यावरणीय कारकों के संयोजन से हो सकता है। इस का असर जन्म से पहले या तुरंत बाद हो सकता है।

स्पेशल केयर

- ऐसे बच्चों का संगीत और पेंटिंग की तरफ खास रुझान होता है।
- संगीत इनके लिए बहुत

- उपयोगी साबित होता है
- इन्हें खुश रखा जाए ताकि इनका मुँह ठीक रहे
- इनके लिए दवाइयों भी उपलब्ध

- बोलचाल और संवेदनाओं की धेरेपी
- इन्हें प्यार से समझाएं
- मेंटल टैनिंग इंस्टीट्यूट में डालें

एवशन फॉर ऑटिज्म (एएफए) की रिपोर्ट

- विश्व में पिछले कुछ दशकों में ऑटिज्म की समस्या बढ़ी
- पूरे विश्व के आंकड़ों में हर दस लाख में एक बच्चा इससे

- पीड़ित है।
- अमेरिका में 88 में एक बच्चा ऑटिस्टिक है
- दक्षिण कोरिया में सबसे ज्यादा

- 38 में एक बच्चा ऑटिस्टिक है।
- लड़कों और लड़कियों में इसका अनुपात 2/1 (2 लड़का एक लड़की) का है।

Hindustan, July 12, 2012, P.16





## Protect your child by administering Vitamin-A and de-worming drug

- Give your child (9 months to 5 years of age) the stipulated doses of Vitamin-A at the interval of every six months.
- A child in the age group of 1 to 5 years should also be administered with de-worming drug.

During this month (July, 2012) at Village Health & Nutrition Day (Wednesday), along with immunisation, Vitamin-A and de-worming drug is made available free of cost.

**Do not miss this opportunity.**

**Remember:**  
Do not administer Vitamin-A doses to a sick child.

The Vitamin-A and de-worming doses are administered only by the trained ANMs.

Contact your village 'ASHA'.



National Rural Health Mission, Assam

# India's healthcare system needs urgent surgery, medication

**A** cosmetic dentist from Toronto blogs that stripped of pretence, doctor-prestige and professional posturing, 'dentists are basically tooth carpenters and dental hygienists are gum gardeners.' It is an interesting thought. If dentists are nothing but 'tooth carpenters' or 'gum gardeners', can carpenters and gardeners be equipped with basic dentistry skills in a country that is woefully short of dentists?

Facetious as it may sound, the argument goes to the heart of a raging debate in India.

The past week provided snapshots of the multiple failures of India's public

health system. Television channels showed us a ward boy (who reportedly doubled up as a janitor) undertaking a surgical procedure in a government hospital in Uttar Pradesh. Barely had that image registered, there were similar reports from other places – a cleaner without surgical gloves assisting in an operation in another UP government hospital; a generator operator treating patients in Bihar and a janitor caught administering sutures to a patient at West Bengal's largest and eastern India's premier medical research institute.

In the beginning was shock and outrage. Everyone was appalled though there was little in those images that we did not know or suspect. The reactions follow two distinct schools of thought. The first slams the medical establishment for tolerating such a state of affairs and demands action. The second posits that instead of demonising

the ward boy and the hospital administrations, we should actually be lauding them because India's alarming shortage of physicians and health workers means we have to use innovatively use whatever human resources that are available.

The two viewpoints may appear to clash. But they can make common cause.

Everyone knows that India's healthcare system is in shambles and this is partly due to the desperate shortage of human resources. A recent report by the Federation of Indian Chambers of Commerce and Industry pointed out that in the next 10 years, the number of doctors needs to be doubled from its current figure of 0.75 million; nurses need to be tripled from 3.7 million and paramedics and technician assistants need to be quadrupled from 2.75 million.

Dealing with this problem is not easy but it is not rocket science. States like Ta-

mil Nadi and Gujarat have shown how scarcity of medical and health professionals can be handled through better management and innovative steps. Proposed changes in the medical education system will have an impact in the long run. But till then, we have an emergency on hand.

What should be done? First, as the dentist blogger said, we have to start demystifying the medical profession. An MBBS doctor is not vital for every task in every health setting. It is not just the paddy farmers in China, trained to be Barefoot Doctors, who have proved so. There are many indigenous examples. Community workers in the tsunami-ravaged Nicobar Islands who underwent training in Integrated Management of Neonatal and Childhood Illness saved many newborns amid death and destruction.

'Task shifting' is an idea whose time has come. My grouse is that we are passing up

a valuable opportunity to address the issue seriously. High decibel outrage has led to the shunting out of the Chief Medical Superintendent of the Bulandshahr government hospital and suspension of the ward boy who was carrying out tasks meant for medical personnel. Both are knee-jerk, damage-control measures.

Instead of that, we should be task shifting, especially when there is a shortage of doctors or in an emergency situation. Yet, we must have minimum standards and agree on non-negotiables in a health centre or hospital. We can train people who don't necessarily have MBBS degrees to do many tasks that doctors traditionally undertake. But such people must first go through a standardised paramedic training course that has a proper syllabus and certification. Shortages and resource constraints notwithstanding, any institution offering healthcare has to maintain mini-

mum standards in critical areas and be open to continuous monitoring. This does not mean we should turn a blind eye to doctor absenteeism.

The Clinical Establishments (Registration and Regulation) Act, 2010, is a step in this direction. But it is being vigorously opposed by various doctors' bodies. They call it undue interference. Then, there is the hypocrisy from many policymakers and policy commentators – demanding a functioning healthcare system but resenting any attempt to invigorate it through additional funds. So, the circular arguments continue. It's time to get beyond that. India's healthcare system needs surgery, medication and stitching up. They do not have to be done by the same set of people.

The author is a Delhi-based writer  
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D.N.A., July 16, 2012, P.8



# How mosquito bites affect us

The maxim of prevention being better than cure applies perfectly to dengue and malaria during the monsoon season

Vijay Pandya

Do you know how malaria actually occurs? The female Anopheles mosquito injects a plasmodium parasite, usually in the twilight hours (from about an hour before sunset right through to an hour after dawn). There are four types of plasmodium: falciparum, vivax, ovale, and malariae. Malaria comes in four different 'models', falciparum being the most feared one. These days, there is a visible rise in vivax cases also.

The parasite enters your bloodstream and destroys red blood cells and affects the liver, kidneys, spleen and other organs. Malaria strikes within at least eight days and often, much longer after that fateful bite.

Death can occur from cerebral malaria, when the plasmodium arrives to the brain, causing in-



flammation of the brain tissue, meningitis. Severe anaemia and kidney impairment can also lead to death. The symptoms of malaria are chills, followed by a high fever and sweating.

Typically, malaria produces fever, headache, vomiting and other flu-like symptoms. Boody urine may also be present. Jaundice and anaemia can also be signs of malaria.

If drugs are not available for treatment or the parasites are resistant to them, the infection can progress rapidly to become life-threatening. Malaria can kill by

infesting and destroying red blood cells (anaemia) and by clogging the capillaries that carry blood to the brain (cerebral malaria) or other vital organs.

Malaria is diagnosed when plasmodium are present in the blood film. Remember, a negative blood slide does not necessarily mean you don't have malaria. It could be that no 'blood forms' were present.

Similarly, dengue viruses are transmitted to humans through the bites of infective female Aedes mosquitoes. Mosquitoes generally acquire the virus while



feeding on the blood of an infected person. The resultant problem created is at two levels. Dengue fever and Dengue haemorrhagic fever (DHF).

A rapid rise in urban populations is bringing ever greater numbers of people into areas that are favourable for mosquito breeding, e.g. where household water storage is common and where solid waste disposal services are inadequate.

Malaria remains a major public health threat, particularly in urban areas like Mumbai. It has generally been considered as a

disease of rural areas, but many factors linked to a rapid and uncontrolled urbanization are increasing malaria transmission in cities across the globe.

The expansion of malaria transmission to urban areas is of particular concern to malaria control programs since populations in these areas are likely to be at higher risk of the development of severe malaria due to the lack of protective immunity. According to the WHO, 40% of the world's population is exposed to malaria, a deadly disease that is both preventable and treatable.

## Did you know?

- Most cases of common malaria are caused by P. falciparum due to its ability to infect red blood cells of all ages and circumvent the immune response?
- Severe cases due to P. vivax are also on the rise?
- Resistance to anti-malarial drugs is mostly visible in P. falciparum and P. vivax?
- That the most common malaria symptoms a recurring episodes of high fever with gaps in between when the patient experiences no fever and feels cured?
- Key indicative symptoms include shivering or chills (the sensation of feeling uncomfortable while being in a breeze or under the fan), sweating (sometimes excessively)?
- Patients may also experience headaches, body aches with varying severity levels and a general sluggishness or feeling constantly tired/irritable?
- Feeling nauseous or being mildly delirious, experiencing abdominal discomfort may also occur?
- Some of the infectious diseases with symptoms similar to malaria include influenza, typhoid fever, dengue fever, leptospirosis?
- Blood smear tests for malaria should be done preferably by the time of later episodes?
- Treatment solely on the basis of clinical suspicion should only be considered when a parasitological diagnosis is not accessible?
- Given the variety of symptoms, patients with fever in a malaria endemic area should visit the doctor at once?
- Complications of P. falciparum malaria may occur with infants or the elderly, pregnant women, on long air trips or on high altitudes?
- There has yet to be a clear, often by swarming mosquitoes, leading to a high risk on decision to remain in the area or to move to a safer area?
- Anti-malarial drugs affect the parasite at its various stages of its cycle in the human body? The fever should be relieved in the case of non-impoverished and high-income countries?
- Those who travel to high-risk areas should take a prophylactic?

D.N.A., July 12, 2012, P.2

# Japanese encephalitis: causes and prevention

Dr Paresh Ch Sarma

Japanese encephalitis is a viral disease that infects animals and humans. It is transmitted by mosquitoes, and in humans it causes inflammation of the membranes around the brain. Most Japanese encephalitis infections are mild (fever and headache) or without apparent symptoms. However, approximately 1 in 200 infections turns out to be a Japanese encephalitis case. In areas where the disease occurs regularly (like Assam), the young children are the main victims. The older children and adults usually have preformed immunity against the disease in such areas. Therefore, vaccination is recommended for only children below 15 years of age in such areas.

The virus causing Japanese encephalitis is transmitted by *Culex* mosquitoes. In Assam, the Japanese encephalitis season usually begins in April or May, and ends in September or October, coinciding with the mosquito breeding season. The *Culex* mosquitoes responsible for transmission of Japanese encephalitis lay eggs particular-

ly in flooded rice fields. Expansion of irrigation into semi-arid areas, flooding of the fields at the rice cropping cycle leads to an explosive build-up of the mosquito population. This may cause the circulation of the virus to spill over from their usual hosts (birds and animals) into the human population.

The virus circulates in ardeid birds (herons and egrets). Lizards and bats can also become infected by eating infected mosquitoes. Other animals like cattle, sheep and horses also become infected when they are bitten by this mosquito. In tropical regions like Assam, the Japanese encephalitis virus circulates round the year in mosquitoes and birds, but there may be seasonal peaks of disease associated with irrigation, rainfall or other factors that affect the local abundance of mosquitoes. With the possible exception of pigs and bats, most other species of mammals either do not develop viraemia capable of infecting mosquitoes, or are unimportant in the epidemiology of the disease. The mosquitoes feeding on blood of infected birds

or pigs pick up the virus and subsequently if the infected mosquito bites humans then the virus is transmitted to man. Although pigs do have inborn capacity to resist the disease, the manifestation of the disease is also noticed in them. In pigs the disease usually causes reproductive problems like abortion, birth of stillborn or mummified fetuses and if piglets born alive they often die soon after birth. Piglets (up to 6 months of age) may show symptoms of encephalitis.

When infected, pigs develop high viraemias of 2-4 days duration after a variable period of incubation. This critical period of viraemia in pigs can persist for up to six days in some cases. This is the only period during which mosquitoes can pick up the virus from pigs and become infected. After this 2-4 day period, the level of viraemia in pigs is not sufficient to infect mosquitoes.

Between 33 to 100 per cent of pigs in affected areas like As-

sam may develop a high level of immunity (antibody) without clinical manifestations after infection. This immunity has been documented to be life-long. Although such exposed pigs will show antibodies against the virus when tested, they are unimportant insofar as virus amplification and spread of Japanese encephalitis is concerned. As this antibody level can resist subsequent infection throughout its life, such exposed pigs thus do not play any role in the Japanese encephalitis transmission cycle.

Apart from pigs, bats also show viraemia lasting for six days or more, which is sufficient to infect mosquitoes. Bats are also responsible for spread of another type of encephalitis called Nipah viral encephalitis, which is clinically similar to Japanese encephalitis, but can affect any person from any age group (unlike Japanese encephalitis which predominantly affects children in endemic areas). Presence of this virus is found in bats

of Malaysia, Bangladesh and even of West Bengal. The Nipah viral encephalitis has also affected humans in these regions.

Vaccinating pigs can decrease the rate of amplification of the virus. However, there are several factors that can hinder pig vaccination. The rapid rise in pig populations due to birth of piglets without any seasonal pattern is one of the problems. It should also be kept in mind that even if pigs are vaccinated, the Japanese encephalitis virus can still be amplified in birds and infections will persist. Japanese encephalitis is not spread through animal products and thus pork is safe to eat. There are no reports of abattoir workers becoming infected from processing viraemic pigs.

Preventative measures for Japanese encephalitis include the use of insect repellents, insecticide-impregnated bed nets, and use of long-sleeved shirts and pants to discourage mosquito bites. The mosquito species responsible for transmission of Japanese encephalitis is Zoophilic (which loves

animal blood rather than human blood). Thus, keeping other animals (like cattle) near pig houses will reduce the chance of getting bitten by such mosquitoes. Keeping pigs at least 100 meters from human dwellings is also recommended. Environmental modifications to decrease mosquito populations, including insecticide spraying, may be used in some areas.

Biological control, by keeping of larvae-eating fish species, may also be adopted in waterlogged areas. Several vaccines are available for humans and vaccination should be made a routine for children in Japanese encephalitis-prone areas. Chemical vector control is not a solution, as the breeding sites (irrigated paddy fields) are extensive. Use of anti-parasitic drugs (especially the Ivermectin group of drugs) in animals is also reported to be effective. The above facts aptly illustrate that the government efforts alone cannot provide a solution and there must be a combined effort from all concerned to tackle this disease.

The Assam Tribune, July 11, 2012, P.6



# Child Mortality

## जच्चा-बच्चा मौत पर भारत और डब्ल्यूएचओ में ठनी

**मुकेश केजरीवाल, नई दिल्ली**

गर्भवती महिलाओं और छोटे बच्चों की मौत के मामले में क्या भारत अपना लक्ष्य हासिल कर पाएगा। इसी मामले पर वर्ष 2015 के लिए तय किए गए सहस्राब्दि विकास लक्ष्य (एमडीजी) को लेकर भारत सरकार और विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के बीच ठन गई है। इस मामले में पिछड़ने की डब्ल्यूएचओ की भविष्यवाणी को स्वास्थ्य मंत्रालय ने पूरी तरह गलत बताया है। मंत्रालय ने दावा किया है कि अब तक के उपलब्ध आंकड़े बताते हैं कि भारत बड़े आराम से दोनों लक्ष्य हासिल कर लेगा।

डब्ल्यूएचओ के दावे से नाराज स्वास्थ्य मंत्रालय ने संगठन में भारतीय प्रतिनिधि डॉ. नाटा मेनांडे को पत्र लिखकर नाराजगी जताई है। मंत्रालय के संयुक्त सचिव मनोज झालानी ने तीखी प्रतिक्रिया जताते हुए यह पत्र लिखा है। इसमें स्वास्थ्य मंत्रालय ने दावा किया है कि तीन साल बाद जब विकास लक्ष्य की समय सीमा पूरी होगी, तो भारत इन दोनों ही मामलों में अपने लक्ष्य को छू चुका होगा। झालानी के मुताबिक अगर मौजूदा रफ्तार से भी आगे बढ़े तो वर्ष 2015 तक पांच साल तक के बच्चों की मृत्यु दर घटकर प्रति हजार पर कुल 39 रह जाएगी। इसी तरह गर्भवती महिलाओं की मौत (एमएमआर) पर अंकुश लगाने के मामले में भी भारत पीछे रहने वाला नहीं। प्रति एक लाख प्रसव में जच्चा की मौत का औसत घटकर 143 रह जाएगा, जबकि इसे घटाकर 150 तक पहुंचाने का लक्ष्य था। एमडीजी के तहत पूरी दुनिया ने अपने लिए लक्ष्य तय किया था कि वर्ष 2015 तक जहां पांच साल तक के बच्चों की मौत को वर्ष 1990 के मुकाबले दो-तिहाई घटा लिया जाएगा। वहीं, गर्भवती महिलाओं के मामले में इसे तीन-चौथाई घटाया जाएगा।

Dainik Jagaran, July 11, 2012, P.16

## अब पैरा मेडिकल स्टाफ कम करेगा शिशु मृत्यु दर

**ज्ञानेंद्र सिंह/एसएनपी**

नई दिल्ली। शिशु मृत्यु दर को सुधारने के लिए अब पैरा मेडिकल स्टाफ को विशेष तरह का प्रशिक्षण दिया जाएगा, ताकि डॉक्टरों को कामों के चलते नवजात शिशु के स्वास्थ्य से खिलवाड़ न हो सके। फिलहाल इसकी शुरुआत उत्तर प्रदेश के बुंदेलखंड से होगी। इस योजना से राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एनआरएचएम) के धन की भी फिजूल खर्ची रुकेगी।

उल्लेखनीय है कि अभी तक मात्र शिशु मृत्यु दर को रोकने के लिए एनआरएचएम के पैरे से डॉक्टरों को उदर्य अक्षर पर रीनात किया जाता था, बावजूद इसके मनु-शिशु मृत्यु दर में कोई सुधार नहीं हो रहा था। हाल ही में जब तथ्यों से पता चला है कि उत्तर प्रदेश, ओड़ीसा, मध्य प्रदेश और असम में नवजात शिशुओं को हारना कामी खराब है। इसके पीछे यह भी कहा गया है कि इन राज्यों में ग्रामीण इलाकों में डॉक्टर न होने से यह स्थिति पैदा हुई है।

उत्तर प्रदेश सरकार ने इस दिशा में पहल करते हुए शिशु मृत्यु दर को सुधारने के उपाय विचारों पर विचार-विमर्श किया है। इसमें केंद्र सरकार ने नेशनल न्यूनाटोलाजी फोरम के साथ मिल कर एक स्थानीय वैचार चर्चा है। इसके तहत इन राज्यों में शिशु मृत्यु दर जल्द खराब है, वहां पर पैरा मेडिकल स्टाफ के लिए विशेष

प्रशिक्षण में आने वाला चर्चा पूरितोफ से और तकनीकी सहयोग केंद्र व राज्य सरकारों से लिया जाएगा।

पैरा मेडिकल स्टाफ के लिए विशेष प्रशिक्षण का पैकेज तैयार, इसमें नर्स, स्वास्थ्य कर्मी जैसे-फार्मिसिट, आशा आदि को प्रशिक्षण दिया जाएगा।

इसकी शुरुआत उत्तर प्रदेश के बुंदेलखंड से होगी

प्रशिक्षण का पैकेज तैयार किया गया है। इसमें नर्स, स्वास्थ्य कर्मी जैसे-फार्मिसिट, आशा आदि को प्रशिक्षण दिया जाएगा। इससे नवजात शिशु की जन्म लेने से पांच वर्ष तक अचानक लक्षित खराब होती है तो उसे मौके पर ही डॉक्टर के आभाव में पैरा मेडिकल स्टाफ द्वारा प्राथमिक उपचार दिया जाएगा और बिना कोई खतरा मौत लिए अस्वस्थ बच्चे को डॉक्टर के पास पहुंचाया जाएगा।

इस तरीके से माना जा रहा है कि जो बच्चे अभी डॉक्टर के पास जाने से पहले ही दम तोड़ देते हैं उन्हें डॉक्टर के पंच पहुंचने से पहले पैरा मेडिकल स्टाफ इस तरह का प्राथमिक उपचार दे सकने योग्य बन जाएगा। इस प्रशिक्षण में सबसे ज्यादा भूमिका बच्चों के वरिष्ठ

राज्यों में गंभीर शिशु मृत्यु दर

इस समय भारत में शिशु मृत्यु दर प्रति एक हजार बच्चों पर 52 है। इसे सन 2015 तक प्रति एक हजार पर 44 बच्चे करना है। इसमें सर्वाधिक खतरा मध्य प्रदेश, उत्तर प्रदेश सहित कुछ राज्यों की है। मध्य प्रदेश में शिशु मृत्यु दर एक हजार पर 62, उत्तर प्रदेश एवं ओड़ीसा में प्रति हजार पर 61, असम में प्रति हजार पर 58 एवं बिहार में प्रति हजार पर 48 बच्चे हैं।

राज्यों को प्रशिक्षण देने का अनुकूल किया है।

इसके लिए उत्तर प्रदेश में 10 से 14 जुलाई तक प्रशिक्षण कार्यक्रम आयोजित किया गया है। इसके बाद पूर्वोत्तर में होगा। इस प्रशिक्षण में आने वाला चर्चा पूरितोफ से लिया जाएगा और तकनीकी सहयोग केंद्र व राज्य सरकारों से लिया जाएगा। फोरम के सचिव डा. अनय मोंडेर ने बताया कि उत्तर प्रदेश के बाद मध्य प्रदेश, जम्मू-कश्मीर, ओड़ीसा, असम व पश्चिम बंगाल में यह कार्यक्रम शुरू किया जाएगा।

Rashtriya Sahara, July 09, 2012, P.11



# Cholera

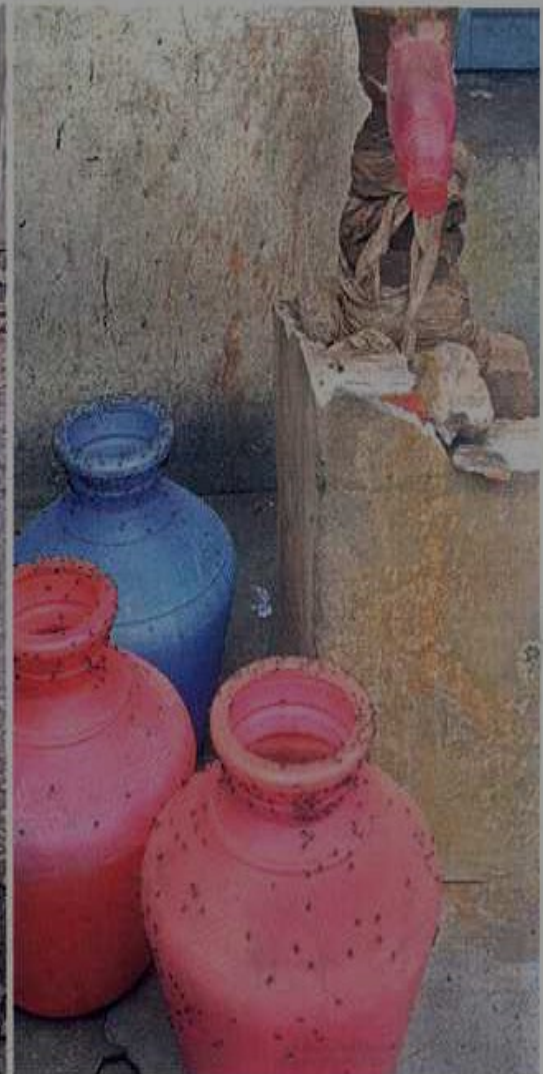
## Cholera Scare Goes Viral

60-year-old woman from Chetput slum dies, 34 hospitalised with symptoms

Express News Service

**Chennai:** It was a torrid Saturday for doctors and Corporation officials, as a cholera scare went 'viral' in the slums of Chetput, a day after eight persons were hospitalised with strong symptoms. Especially after the death of 60-year-old Kulaminal, who apparently had bouts of vomiting and diarrhoea, about 75 residents from all three slums converged at the Kilpauk Medical College for 'cholera' treatment. Sorting out the patients, doctors identified 34 people with strong symptoms of cholera/ADD (Acute Diarrhoea Disorder) and began treating them.

According to a communiqué from the Corporation of Chennai, 18 patients were being treated at the Communicable Diseases Hospital in Tondiarpet while 11 were being rehydrated at Kilpauk Medical College. "All the patients are being tested for cholera and the test results are awaited from the King's Institute of Preventive Medicine," said an official. Meanwhile, the corporation is on full control mode - not only have they chalked down all the cases as mere diarrhoea, they have categorically stated that the woman's autopsy showed that she had not died of cholera. Also, officials thronged the Ozone kuppam



**FILTH ALL AROUND:** Overflowing sewage lines and lack of clean water may have triggered the diarrhoea outbreak in Chetput. Officials have visited the site to conduct medical screening and collect water samples | D Sampathkumar

area, conducted a medical screening and took water samples from the area.

Having asked Metro Water to supply fresh drinking water to all affected areas, corporation officials said

that they have planned to distribute 45,000 chlorine pills as a preventive to cholera. However, when Express visited the slums on Saturday afternoon, the sewage was yet to be cleared effec-

tively. Clean drinking water too had not reached the residents. "They said it will come soon. I hope it comes before more people get sick," said Rajapandi, who lives in that vicinity.

Even as the test results are likely to show that these are only sporadic incidents of cholera or ADD, this may serve as reminder for health department that monsoons are only two months away.

The New Indian Express, July 22, 2012, P.2



# Suspected Cases Create Cholera Scare

Corp'n initiates preventive measures as 8 are hospitalised with symptoms of disease; no official confirmation yet

by Daniel Thimmaya & Shyam Balasubramanian

**Chennai:** Almost immediately after late monsoon rains lashed the city last week, eight persons were brought to the Kilpauk Medical College Hospital with symptoms of cholera, on Friday morning.

All of them hailed from three streets, tucked behind posh high-rise buildings in Chetpet. Sources at KMC told *Express* that there was a flutter at the hospital as the

affected, both young and old, were brought in after a night of diarrhoea and vomiting.

"Suspecting cholera, we immediately stabilised them with antibiotics and IV fluids," said a top hospital official. Once their condition slightly looked up, KMC doctors immediately sent six of them to the Communicable Diseases Hospital in Tondiarpet, for confirmation of cholera. "Two of them were doing well and their vomiting had stopped, but to be safe, we sent them to CDH

by evening," said KMC Dean Dr Ramakrishnan. All eight patients hailed from Ozone Kuppam and Pulla Nagar.

Once they reached the CDH, doctors there tested them for cholera while treating them symptomatically.

"All the areas that they hail from have bad sanitation. There is a possibility that several water-borne diseases might have afflicted them, given their living conditions," said a doctor at the Corporation-run hospital, who refused to confirm if there was

BREAK UP		
OUTBREAK OF THE DISEASES IN THE STATE HAVE BEEN "SPORADIC"		
ACUTE DIARRHOEA DISORDER (ADD)		
	CASES	DEATHS
2009	87,207	21
2010	60,314	45
2011	206,669	24
CHOLERA		
	CASES	DEATHS
2009	828	none
2010	932	1
2011	580	none

a diagnosis of cholera.

As a disease, cholera kept cropping its head up "sporadically" and cases were reported in spurts and bursts across the State.

There were 580 cases reported last year. "No major outbreaks have been seen in Chennai that have returned fatalities," confirmed senior administrators at MMC and Stanley, "if at all there have been cases, they have only been paediatric cholera incidents," one of them added.

A cholera scare was trig-

gered last time when a spate of cases were reported in an area near Poonmailee. Close to 50 cases cropped up last November but there were no fatalities.

By late evening on Friday, corporation officials surveyed the place and distributed chlorine tablets to people living there as a preventive measure for cholera and related diseases. However, after reviewing the cases, Corporation Commissioner D Karthikeyan said, "We are confident that all the

cases are Acute Diarrhoea Disorder (ADD) and not cholera. Efforts are on to control it and we are confident that it will not become a larger problem."

The civic governance body's Joint Commissioner Health, Pooja Kulkarni, vehemently reacted to the suggestion that it was an outbreak. "This is clearly sporadic. There is no need to panic," she said.

All the patients will be monitored and treated symptomatically, said doctors.

The New Indian Express, July 21, 2012, P.3

# - Hepatitis

# A VIRUS DEADLIER THAN HIV

Ahead of World Hepatitis Day on Saturday, we find out how lack of awareness and hygiene are responsible for the spread of dangerous hepatitis viruses

By Kavita Devgan

On 16 July, health officials in the US state of Colorado treated 8,000 patients of a Denver-area dentist to get tested for HIV and hepatitis after it was revealed that he reused dirty needles on patients for 12 years, between September 1999 and June 2011.

Five months ago, in a small town in Punjab, a 17-year-old girl went for dental surgery, and was advised a routine blood test. The test revealed that she was suffering from hepatitis B. This serious liver infection, her doctor surmised, was possibly due to an injection with an unsafe needle sometime back to treat a recurring fever. "While this girl's diseased state got detected by chance and she could take precautions and get treated timely, there are thousands suffering from the same infection and not even aware of it," says Ashish Bhanot, senior consultant, laparoscopic gastroenterology, gastrointestinal cancers and bariatric surgery, Fortis Hospital, Delhi.

In 2009, 92 people lost their lives at Modasa in Gujarat due to a hepatitis B outbreak, which was attributed to the reuse of needles. Seven hospitals were named in a government investigation. "Recently, in February 2012, more than 1,000 confirmed cases of hepatitis C were reported from Rania town, Fatehabad district, Haryana—an outbreak blamed primarily on the reuse of syringes and needles by doctors and dentists. Following this incident, the Haryana government launched a massive awareness drive to educate the public as well as medical practitioners about the dangers of unsafe injections," says Dr Bhanot.

## Time for action

As we get ready to observe World Hepatitis Day on Saturday (the birth anniversary of Baruch Blumberg, who won the Nobel Prize in 1976 for discovering the hepatitis B virus), the hepatitis situation is dismal. The World Health Organization (WHO) accepts that despite its staggering toll on health, hep-

atitis remains a group of diseases that are largely unknown, undiagnosed and untreated. The WHO website states that an estimated 1.4 million cases of hepatitis A occur annually, an estimated two billion people worldwide have been infected with the hepatitis B virus and 150 million people are chronically infected with the hepatitis C virus, staggering.

According to WHO, India has 400,000 cases of hepatitis C and about 96,000 die annually of causes related to the hepatitis C infection. India has approximately 1.1 million cases of hepatitis B, with 240,000 annual deaths due to complications associated with hepatitis B. And there are 80 million carriers of the disease. This is roughly 6% of the total population.

According to Ajit Sood, a gastroenterologist at the Dayanand Medical College and Hospital, Ludhiana, and a founder member of the India chapter of Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP; [www.cevhap.org](http://www.cevhap.org)), the aim of World Hepatitis Day is to raise awareness about viral hepatitis and deliver improvement in health outcomes for people living with it, particularly hepatitis B and C. "Even though it is a known fact that hepatitis B and C are more communicable than HIV/AIDS, and kill more people, there is lack of awareness about the disease," he says.

## A silent disease

The word hepatitis comes from the ancient Greek word *hepar* meaning liver, and the Latin *itis*, which denotes inflammation. Simply defined, hepatitis means injury to the liver caused due to inflammation of the liver cells. "In an age when heart ailments hog print space, people overlook the fact that hepatitis (see *The Hepatitis Guide*) can be contracted easily," says Dr Bhanot. The virus is clandestine in its symptoms, making this a silent disease. Usually, it occurs with limited or no symptoms and if there are symptoms (fever, muscle ache, nausea and fatigue), they mimic those of the common flu. If they last longer

than the regular flu period of five-seven days, check with the doctor for other causes for the fever.

"The acute illness, however, causes liver inflammation, vomiting and jaundice. Chronic hepatitis B may eventually cause cirrhosis and liver cancer. The infection (hepatitis B) is preventable by vaccination (WHO recommends that all infants receive the hepatitis B vaccine)," says Anil Nayak, director and co-founder, Kartavya Healthcare, Mumbai, an organization that works in the field of spreading awareness and education about hepatitis B. They have been able to screen approximately 300,000 high-risk people for their hepatitis B programme in 18 months through camps and community programmes across India.

## Unsafe practices

"As treatment is very expensive, widespread awareness and stringent enforcement are essential to prevent deadly periodic outbreaks of hepatitis B and hepatitis C, and to keep the disease at bay. In India unsafe injection practices and the reuse of needles is a major cause of concern, so it is imperative to spread awareness among medical practitioners, patients and the public at large and also back information with strict enforcement of norms," Dr Bhanot says. WHO estimates that globally about 1.3 million people die of infections caused by the reuse of syringes every year; an estimated 300,000 of that are in India.

A landmark study, *Assessment of Injection Practices in India—An Indian (LEN) (Clinical Epidemiology Network) Program Evaluation Network Study*—presented at a conference in Mumbai in 2005, indicated that 82% of all injections in the country were unsafe, having been administered incorrectly, or "had the potential" to transmit blood-borne viruses such as HIV, hepatitis B or hepatitis C either because a glass syringe was improperly sterilized or a disposable plastic one was reused. In 2001, the government mandated the use of auto-disable syringes for immunization to ensure these were not reused. But the real



## THE HEPATITIS GUIDE

There are five main hepatitis viruses: A, B, C, D and E.

**Hepatitis A:** It is caused by eating food or water infected with the hepatitis A virus (HAV). Sometimes anal-oral contact during sex can also lead to it. It is completely curable and the vast majority of patients recover spontaneously with certain precautions, like abstinence from alcohol.

**Hepatitis B, C and D:** B is caused by the virus HBV; C is caused by the virus HCV, and D by the virus HDV. The liver of the infected person swells up and there can be serious liver damage. Infection is through contact with infected blood, unprotected sex, and perforation of the skin with infected needles (used to inject drugs, steroids, medicines or immunization). B and C are chronic in nature (very long term or life-

long, even fatal in some cases, which is why donated blood is always tested for these). Patients with hepatitis B and C need to rest and have a diet that is high in protein and carbohydrates to help repair damaged liver cells; sometimes antiviral medicines are also prescribed. There is no effective treatment available for D.

For hepatitis B, vaccination is the best protection. Three shots are given, usually over a period of six months; the vaccine has been available since 1982. There is no vaccine available for C.

**Hepatitis E:** A person can become infected by drinking water that contains HEV (the hepatitis E virus). The liver swells but there are no long-term consequences.

danger arises from the reuse of syringes through injections administered for therapeutic reasons.

As a sizeable percentage of transmission is caused by infected needles and syringes, the only way to be certain about syringe quality is to ensure that a reuse prevention (RUP) syringe is used for every injection and there is dissemination of information about the disease. The Indian Academy of Pediatrics (IAP) came out with a *Guidebook on Safe Injection Practices* in May. The manual provides guidelines for safe injections and prevention of infection in health-care settings in India. "If I have to give out one message for control of this dreaded disease I would say, let's say no to untested blood and reusable needles and syringes," says Dr Sood.

Write to us at [businessfile@livemint.com](mailto:businessfile@livemint.com)

H. T. Mint, July 24, 2012, P.12



# एचआईवी से खतरनाक है हेपेटाइटिस बी

विश्व हेपेटाइटिस दिवस : बीमारी पुरानी पर जागरूकता कम

नई दिल्ली। दूषित खानपान से लेकर रक्त और अमुरक्षित यौन संबंधों से फैलने वाला हेपेटाइटिस, दुनिया में तेजी से पांच प्रसार रहा है। हेपेटाइटिस बी एचआईवी से 50 से 100 गुना तक ज्यादा संक्रामक होता है। विश्व स्वास्थ्य संगठन के आंकड़ों की मानें तो दुनिया में हर साल करीब छह लाख लोग इसकी चपेट में आकर दम तोड़ देते हैं।

इस बीमारी को लेकर लोगों में जागरूकता न के बराबर है। हेपेटाइटिस ए और ई दूषित खानपान और पेयजल से फैलता है। वहीं हेपेटाइटिस बी, सी और डी का संक्रमण रोगी के खून, वीर्य, लार के संपर्क में आने से होता है। इंडियन मेडिकल एसोसिएशन इंस्टिट्यूट के अध्यक्ष डॉक्टर अजय लेखी ने बताया कि हेपेटाइटिस बी मुख्यतः पीड़ित के लीवर को नुकसान पहुंचाती है। अंतिम स्थिति में हेपेटाइटिस सिरोसिस और लीवर कैंसर का कारण भी बनता है। समय पर इलाज नहीं होने पर मरीज की मीत भी हो जाती है।

## यह है हेपेटाइटिस

यह एक वायरस जनित रोग है। जो मुख्यतः पीड़ित के लीवर को नुकसान पहुंचाता है। अंतिम स्टेज में

हेपेटाइटिस सिरोसिस और लीवर कैंसर का कारण भी बनता है। यह पांच प्रकार का होता है। हेपेटाइटिस ए, बी, सी, डी और ई।



समय पर इलाज नहीं होने पर मरीज की मीत भी हो जाती है

**1000** गुना तक ज्यादा संक्रामक होता है एचआईवी से

## चरक संस्थान में हेपेटाइटिस की मुफ्त जांच

नई दिल्ली (ब्यूरो)। चरक संस्थान में शनिवार को मुफ्त हेपेटाइटिस की जांच होगी। संस्थान के परियोजना निदेशक डॉक्टर बीएस बनर्जी ने बताया कि विश्व हेपेटाइटिस दिवस पर अस्पताल में हेपेटाइटिस बी की मुफ्त में जांच की जाएगी। जिनमें इस बीमारी के लक्षण पाए जाएंगे उन्हें मुफ्त में दवा भी दी जाएगी। इस दौरान एक सीमिनार होगा। इसमें मरीजों को बीमारी के लक्षण और बचाव के बारे में बताया जाएगा।

Amar Ujala, July 29, 2012, P.4

# Hepatitis C prevalence leads HIV/AIDS

CORRESPONDENT

DIMAPUR, July 29 – The prevalence rate of Hepatitis C (HCV) among injecting drug users and female sex workers in Phek district is 8.7 per cent, while Wokha district has a prevalence rate of 20.8 per cent, according to a study done by the Integrated Bio Behavioral Assessment (IBBA), Indian Council of Medical Research (ICMR), National AIDS Research Institute Government of India, Family Health International and Kripa Foundation Nagaland.

Statistics revealed during the observation of World Hepatitis Day at Red Cross Building yesterday also showed the

prevalence of HIV as 1.8 per cent and Hepatitis C as 16.7 per cent in Wokha during 2006, wherein the prevalence rate of Hepatitis shot up to 20.8 per cent during 2009 while HIV prevalence remained the same. The same study conducted in Phek showed the prevalent rate of HIV as 1.1 per cent and Hepatitis C as 5.4 per cent during 2006. In 2009, the HIV prevalence decreased to 1 per cent while Hepatitis C prevalence increased to 8.7 per cent.

Although these are the only two districts where official data of Hepatitis C is recorded with the status of the other nine districts still unknown, president of Nagaland Users Network,

Neiba asserted that “the data clearly shows that the prevalence of Hepatitis C is double that of HIV/AIDS” while impressing upon that the services for HIV/AIDS programmes are going on well but at the same time, people are dying of Hepatitis C rather than HIV/AIDS due to lack of awareness and access to treatment.

“While hepatitis is far higher than the prevalence of HIV or any type of cancer, awareness is inexplicably low and the majority of those infected are unaware”, he said while pointing out that even with recent advances in the treatment of Hepatitis C virus infection, many people in the state still struggle to get access to it due to limited

availability of generic.

Hoping that World Hepatitis Day will prompt people to think about the huge scale of virus hepatitis infection globally, whether they may be at risk (and if so, to get tested) and also about how to avoid becoming infected, he highlighted that the long-term objective of the campaign is to prevent new infections and to deliver real improvements in health outcomes for people living with hepatitis and help combat the stigma often associated with hepatitis by conveying the fact that these viruses do not discriminate. “This is hepatitis...know it, confront it. Hepatitis can affect anyone, anywhere and it knows no age”, he added.

Assam Tribune, July 30, 2012, P.7

# हेपेटाइटिस से 50 लाख लोगों को जान का खतरा

♦ डब्ल्यूएचओ ने कहा, भास्त में करीब चार करोड़ लोग प्रभावित

नई दिल्ली, प्रेद : जानलेवा बीमारी हेपेटाइटिस से 50 लाख लोगों को जान का खतरा बना हुआ है। विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के मुताबिक, दक्षिण-पूर्व एशिया में यदि समय रहते कदम नहीं उठाए गए तो इस क्षेत्र में एक दशक में 50 लाख लोगों को इस बीमारी के चलते अपनी जान से हाथ धोना पड़ सकता है।

डब्ल्यूएचओ के अनुसार भारत में करीब चार करोड़ लोग इस बीमारी से प्रभावित हैं। हेपेटाइटिस बी वायरस इन्फेक्शन दुनियाभर में स्वास्थ्य समस्या बना हुआ है। बीमारियों की वजह से होने वाली मौतों की 10 सबसे बड़ी वजहों में यह इन्फेक्शन शामिल है। दुनियाभर में दो अरब लोग इस भयंकर बीमारी से जूझ चुके हैं। फिलहाल करीब 35 करोड़ लोग इससे प्रभावित हैं।

अनुमान के मुताबिक, दक्षिण-पूर्व एशिया में इस समय 10 करोड़ लोगों को हेपेटाइटिस बी और तीन करोड़ लोगों को हेपेटाइटिस सी इन्फेक्शन है। 28 जुलाई को वर्ल्ड हेपेटाइटिस डे से पहले डब्ल्यूएचओ ने चेतावनी जारी करते हुए कहा कि जानकारी और बीमारी के प्रति लोगों के ज्ञान को बढ़ाकर इससे बचा जा सकता है। डब्ल्यूएचओ के दक्षिण-पूर्व एशिया डायरेक्टर सामली लिआनवांगचांग ने कहा कि नवजात शिशुओं में हेपेटाइटिस बी का टीका लगाने की दर हर हाल में 95 फीसद तक पहुंचानी होगी। ब्लड बैंकों को खून की अनिवार्य जांच की जानी चाहिए। हेपेटाइटिस में ए से जी तक सात वायरस होते हैं। इनमें से ए, बी, सी और ई सबसे ज्यादा प्रभावी हैं। ये लीवर पर हमला बोलते हैं। बी वायरस से प्रभावित 65 फीसद और सी वायरस से प्रभावित 75 फीसद को लीवर कैंसर होने तक इसका पता ही नहीं चलता।

Dainik Jagran, July 25, 2012, P.18



# HIV-AIDS

## एड्स रोगियों को हर माह मिलेंगे एक हजार रुपये



राज्य ब्यूरो, नई दिल्ली : दिल्ली में रह रहे एचआइवी/एड्स रोगियों को अब जीवन भर एक हजार रुपये प्रतिमाह की वित्तीय सहायता मिलेगी। एचआइवी/एड्स से पीड़ित बच्चों को 18 वर्ष की उम्र तक 1,750 रुपये प्रतिमाह दिए जाएंगे, जबकि अनाथ, बेसहारा या छोड़े गए एचआइवी संक्रमित बच्चों को हर महीने 2,050 रुपये की मदद करने का फैसला किया गया है।

इस योजना को मौलाना आजाद मेडिकल कॉलेज सभागार में आयोजित समारोह में लागू करते हुए मुख्यमंत्री शीला दीक्षित ने कहा कि इससे इस खतरनाक बीमारी से परेशान लोगों के प्रति सरकार की चिंता का पता चलता है। पीड़ितों को योजना का लाभ उठाने के लिए प्रेरित करने के हर संभव प्रयास किए जाएंगे।

दीक्षित ने ऐसे 17 बच्चों को 2050 रुपये के चेक प्रदान किए। इन बच्चों की देखभाल एक एनजीओ कर रहा है। इसके अलावा उन्होंने एआरटी (एंटी रेट्रोवायरल

- पीड़ितों को योजना का लाभ उठाने के लिए प्रेरित किया जाएगा : शीला
- पीड़ित बच्चों को 18 वर्ष की उम्र तक 1,750 रुपये प्रतिमाह दिए जाएंगे

ट्रीटमेंट) केंद्रों में उपचार करा रही एचआइवी/एड्स महिला रोगियों को भी एक हजार के चेक दिए। दिल्ली के स्वास्थ्य मंत्री डॉ. अशोक कुमार वालिया, मुख्य सचिव और दिल्ली एड्स नियंत्रण सोसायटी के अध्यक्ष प्रवीण कुमार त्रिपाठी ने भी समारोह को संबोधित किया। प्रधान सचिव स्वास्थ्य अंशु प्रकाश ने स्वागत भाषण दिया। इस मौके पर स्वास्थ्य मंत्री ने बताया कि दिल्ली में 11,064 लोग नौ एआरटी केंद्रों में एंटीरेट्रोवायरल उपचार करा रहे हैं। इस योजना के अंतर्गत वित्तीय सहायता के लिए 360 लोगों को पात्र पाया गया है।

Dainik Jagran, July 01, 2012, P.2

## Govt initiates relief scheme for HIV/AIDS patients, kin

**EXPRESS NEWS SERVICE**  
NEW DELHI | JUNE 30

DELHI has become the first state to provide financial assistance to poor people who are undergoing anti-retroviral treatment for HIV/AIDS.

All patients will be provided lifelong assistance of Rs 1,000 per month, while children who were either orphaned after their parents died of AIDS; or abandoned by parents suffering from HIV/AIDS, will be given a monthly assistance of Rs 2,050. Children infected by HIV/AIDS will be given a monthly assistance of Rs 1,750 till the age of 18.

Launching the scheme during a function at Maulana Azad Medical College, Chief Minister Sheila Dikshit said the government would ensure that the benefits of the scheme reach AIDS patients.

The Indian Express, July 01, 2012, P.6

# US approves pill to help prevent HIV

ABANTIKA GHOSH  
NEW DELHI, JULY 17

**T**HE US's Food and Drug Administration (FDA) has for the first time approved a drug to prevent HIV infection through sexual activities. The drug, Truvada, is in use since 2004 as a part of retroviral therapy for HIV-1 but the FDA green signal on Monday makes it the first approved drug for prevention of the dreaded virus.

Though medically it is a significant step in control of HIV-AIDS, doctors in India say the prohibitive cost of the drug — \$14,000 annually — is unlikely to make it a potent weapon from the public health perspective in this country.

The pill has to be taken once daily for prevention of infection but the FDA statement says that it should ideally be used in combination with safe sex practices.

The results of clinical trials for efficacy of the drug were found promising. The risk of infection was reduced by 42 per cent in a study sponsored by the National

Institutes of Health of about 2,500 HIV-negative gay and bisexual men and transgender women, and by 75 per cent in a study sponsored by the University of Washington of about 4,800 heterosexual couples in which one partner was HIV-positive and the other was not.

The drug is a combination of two anti-retroviral medications used to treat HIV-tenofovir disoproxil fumarate and emtricitabine.

Debra Birnkrant, director of the Division of Antiviral Products at FDA, says Truvada works to prevent HIV from establishing itself and multiplying in the body. "In the 80s and early 90s, HIV was viewed as a life-threatening disease; in some parts of the world it still is. Medical advances, along with the availability of close to 30 approved individual HIV drugs, have enabled us to treat it as a chronic disease most of the time. But it is still better to prevent HIV than to treat a life-long infection of HIV," she says.

FDA has also laid down a number of conditions for prescription of the drug, all

geared towards ensuring that there isn't already an infection. Hence flu-like symptoms are a red flag. The drug also cannot be used if there is a hepatitis B infection as the disease often tends to get worse when Truvada use is stopped.

India has a substantial load of new infections though the absolute numbers have gone down in the past 10 years. In 2007, there were an estimated 2.5 million new cases.

However, Truvada, principally because of its cost, is unlikely to emerge as a public health option in fighting HIV-AIDS in India, says Dr C S Pandav, professor and head of the centre of community medicine at AIIMS and president of the Indian Public Health Association.

"The cornerstones of HIV-AIDS programme in India would have to remain A (for abstinence), B (for be faithful) and C (for condoms). The average per capita income in India is about \$1,000, how can we even think of adopting a drug that costs \$14,000 annually," Dr Pandav says.

The Indian Express, July 18, 2012, P.8



# HIV +ve cases halved in 5 yrs: City AIDS body

DNA Correspondent

The Human Immunodeficiency Virus (HIV) seropositivity, an indicator of the presence of the deadly virus, has come down from 10.6% to 5% in the past five years, announced Mumbai District AIDS Control Society on the eve of its 14th anniversary on Friday.

In fact, many indicators used to assess the spread of disease in the general population show a downward trend. These include the lower-than-ever presence of the virus among pregnant women, a dip from 1.24% in 2005 to 0.38% in 2012, which public health experts say is the best indicator of the presence of the disease.

"The MDACS believes that people need to be aware, motivated, equipped and empowered with knowledge so that they can protect themselves from the impact of HIV. We confront a stark reality - HIV can hap-

pen to any of us. Our hope is that anyone can be saved from the infection with appropriate information on prevention," said project director Dr Kishore Kshirsagar of MDACS.

Additional project director Dr Balkrishna B Adsul of MDACS said, "Mumbai plays a crucial role in the HIV prevention and control programme as it's at the pinnacle of modernisation, given the rise in its population, migration and the metropolitan growth and prosperity. With the progress, comes the stark reality of people being exposed to the HIV risk."

Hence, the need to pay key attention to the prevention programme. "With a vast number of 50 targeted intervention projects, the city aims to control new infections and strengthen its prevention strategy by building the capacities of NGOs and their staff," added Adsul.



## Downward trend

The HIV seropositivity is the indicator of the presence of HIV in general population

Lower-than-ever presence of the virus among pregnant women, a dip from 1.24% in 2005 to 0.38% in 2012

Mumbai plays a crucial role in the HIV prevention and control as it's at the pinnacle of modernisation, given the continual rise in its population, migration and the metropolitan growth and prosperity. With the progress, comes the stark reality of people being exposed to the HIV risk

—Dr Balkrishna B Adsul, additional project director, MDACS

D.N.A., July 28, 2012, P.11

## एड्स का हो सकेगा इलाज

एचआइवी की खोज में मदद करने वाली वैज्ञानिक का दावा

वाशिंगटन, एफपी : अगर सब ठीक रहा तो जल्द ही लाइलाज बीमारी एड्स का इलाज संभव हो सकेगा। एचआइवी की खोज में मदद करने वाली नोबेल पुरस्कार विजेता फ्रैंकायस बरे सिनौसी का कहना है कि हाल ही में हुई खोजों से पता चलता है कि शीघ्र ही एड्स के इलाज से संबंधित जानकारी प्राप्त हो जाएगी। उन्होंने एड्स पर वाशिंगटन में रविवार को आयोजित होने वाले सम्मेलन से पहले यह बात कही। सम्मेलन में सेलिब्रिटी, वैज्ञानिक, और एचआइवी पीड़ित व्यक्ति भाग लेंगे।

2008 में मेडिसिन में नोबेल पुरस्कार प्राप्त करने वाली सिनौसी उस टीम का हिस्सा है जिसने एचआइवी की खोज की। एचआइवी वायरस के कारण ही एड्स होता है। सिनौसी ने कहा कि वैज्ञानिक एड्स के इलाज के करीब पहुंच रहे हैं। उन्होंने बर्लिन के एक मरीज का

हवाला दिया जो बोन मैरो (अस्थि मज्जा) प्रत्यारोपण से स्वस्थ होता नजर आ रहा है। उनके मुताबिक इससे पता चलता है कि एचआइवी वाइरस को शरीर से नष्ट करना वास्तव में संभव हो सकता है। इसके अलावा फ्रांस में कुछ लोग ऐसे भी हैं जिन्हें एंटीरेट्रोवाइरल दवाएं दी गईं और अब वे बिना इलाज के रह रहे हैं और उनमें एचआइवी के लक्षण भी नहीं हैं। सिनौसी ने कहा, 'उम्मीद बरकरार है, लेकिन इसके लिए कोई तारीख तय नहीं की जा सकती है। फिर भी 2050 तक एड्स को समाप्त किया जा सकेगा यदि मरीजों तक दवाएं समुचित तरीके से पहुंच सके।' उन्होंने कहा कि इलाज में मुख्य बाधा वैज्ञानिक नहीं बल्कि राजनीतिक, आर्थिक और सामाजिक समस्याएं हैं। दरअसल, गरीब और ग्रामीण क्षेत्रों में एचआइवी जांच और दवा तक लोगों की पहुंच नहीं है। जिन लोगों को यह बीमारी हो जाती है समाज उनसे किनासा करना शुरू कर देता है। कई लोग लोकलाज के डर से इसकी जांच नहीं कराते। इस कारण बीमारी का पहले पता लगाने और इलाज करने में बाधा आती है।

Dainik Jagran, July 21, 2012, P.15

# Leprosy

## 55 per cent of new global leprosy cases in India

press trust of india

PUNE, 28 JULY: After declaring the country free of leprosy in 2005, the Central government is now grappling with new cases of the stigmatised disease that have surfaced in the country, accounting for a staggering 55.5 per cent of the new global infections.

Of the 2,28,474 new leprosy cases detected in the world in 2010, the figure for India stood at 1,26,800, which comes to 55.5 per cent, according to Mr SD Gokhale, president, International Leprosy Union (ILU) (India). "If the Union and state governments do not take serious note of this fact (the figures quoted were confirmed by the Union health ministry in a reply given in the Rajya Sabha on March 13, 2012) and initiate effective steps to eradicate leprosy, the problem would become more acute," he said.

To address the problems being faced by leprosy affected patients (LAP), the ILU has decided to set up a LAPs Human Rights Cell to take their collective

and individual grievances to the Human Rights Commission, Mr Gokhale, who is also associated with the movement for the protection of rights of the aged in India, said.

Mr Gokhale said the World Health Organisation had already alerted the Indian government on the situation concerning LAPs in the country and there was a pressing need for conducting a fresh all India survey to assess the increase of leprosy and its eradication.

The ILU which held a three day conference in the city this week, attended by activists working for LAPs in various states, has prepared a memorandum listing 14 demands to redress their grievances, Mr Gokhale said.

The demands pending with the Union and state governments include formulation of a comprehensive socio-economic rehabilitation policy for empowerment of LAPs, uniform pension and enhancement of such pension to Rs 2000 per month per LAP, and provision of civic amenities to self-settled colonies of LAPs.

The Statesman, July 29, 2012, P.1



# Polio

## No polio case in city for 3 years, but govt to continue drive

**Rhythmia Kaul**  
rhythmia.kaul@hindustantimes.com

**ERADICATING POLIO**

- Seemapuri, Gokulpur, villages around Sarojini Nagar, Najafgarh, Narela, Badarpur, Okhla, Ambedkar Nagar are high-risk areas
- 25 lakh children are vaccinated and 46 lakh households surveyed in each phase of the drive
- Delhi sees more than 10 vaccination rounds each year
- Nearly 5 lakh people are added to Delhi's population every year.

**NEW DELHI:** No polio cases have been reported in Delhi for the last three years. A 26-year-old MBA student from south Delhi's Ambedkar Nagar was the last person infected with the disease on June 29, 2009. Four cases were reported in the state that year.

Not willing to take any chances, however, the state health department is continuing its polio vaccination and surveillance programme till the time the country remains free of infection for at least three consecutive years.

"Till we eradicate polio from the country, there is always a risk of the disease coming back. A place such as Delhi, which has a significant migrant population, is always at a high risk," said Dr CM Khanjoo, officer on special duty, Delhi Pulse Polio Programme.

Almost 95% of the polio cases reported in Delhi in the last 10 years were migrants.

The high-risk areas in the Capital include those where slum clusters were relocated before the Commonwealth Games 2010, along with rural pockets within the city and transit points such as railway stations and bus stops.

"Nearly 25 lakh children are vaccinated during each polio eradication drive. And if you add to this the 3.5 lakh children who are born every year in the city, you will realise the enormity of the task," said Dr AK Walia, state health minister.

"The drive owes its success to the efforts of Delhi government and agencies such as the erstwhile Municipal Corporation of Delhi, New Delhi Municipal Council and others," said Dr Khanjoo.

Hindustan Times, July 05, 2012, P.5

## Polio drive stepped up in Badarpur

Durgesh Nandan Jha | TNN

**New Delhi:** The polio surveillance programme has been intensified in the Badarpur area of south Delhi where two cases of acute flaccid paralysis (AFP) — a clinical symptom of polio — were reported recently. Officials claim that the stool culture report of the two children has tested negative for the polio virus. However, another suspect, an eight-year-old girl from the same area, was admitted at Safdarjung Hospital two days ago. Sources said her test report is awaited.

"The girl doesn't have a history of fever neither has she been put in the HOT category by WHO. We have to wait for the report before arriving at any conclusion," said a government official.

Dr CM Khanjoo, officer on special duty, Delhi pulse polio programme, said that confirmation tests for polio are conducted even on slightest suspicion.

Of the two children investigated for polio, one is four-and-a-half years old. The child was suffering from facial nerve paralysis. "We conducted stool tests and clinical examination to look into the possibility of the child suffering from polio but the samples tested negative," said Khanjoo.

A person suffering from AFP experiences weakness/paralysis in the muscles. Apart from polio, there could be many reasons for AFP, including poisoning.

Hindustan Times, July 15, 2012, P.3

# Legislations/ Acts

## Rent-a-womb a thriving industry unbridled by law

Ethical, legal issues thrown to the winds as poor women play surrogate mothers

Aarti Dhar

**ANAND (GUJARAT):** Right in the heart of this city, which found a place on the atlas as the Milk Capital of India, is a 'fertility clinic-cum-hostel' to house women who rent their wombs, mostly for foreign couples.

The facility, which runs under the name Akanksha Fertility Clinic, caters for 30 surrogate mothers at any given point. Driven by poverty, the women bear and nurse a child of another couple, for a price.

Thanks to the emergence of surrogate motherhood as a multimillion-dollar industry in the country, the clinic is doing a roaring business. What is the success formula? An unending supply of poor and illiterate women and the absence of laws have made the trade the fastest way to make money.

A peep into the clinic-cum-hostel and random interaction with some of the women are an eye-opener. Nazira, wife of a mason near a village in Ahmedabad, chose to become a surrogate to help the

family come out of a financial crisis.

Now several months into pregnancy, Nazira will get Rs. 3.25 lakh after the delivery as per a contract signed by her and the commissioning couple. This is in addition to a monthly allowance of a couple of thousand rupees for the gestation period of nine months. If she has twins, the 'party' (intending parents) will have to pay her 20 per cent more.

Another surrogate in the hostel, who did not wish to be identified, said she needed money to get her daughter married. She preferred foreign couples because they paid in dollars.

Hansa Pramod, an employee of the clinic, has been delivered of three children for two foreign couples. "First time I moved from rented accommodation to my small house and the second time, to a bigger house," she told *The Hindu*.

She admits that when she gave away the children (twins) to an American couple the first time, she felt uneasy but consoled herself in the

thought that they were not hers.

Another inmate had four foetuses in her womb, two of which were aborted as the couple did not want so many children. There is no clarity on whether two foetuses were aborted for medical reasons.

"At the moment, there is no law in the country on surrogacy and therefore, it is neither legal nor illegal," said a senior Health and Family Welfare Ministry official, admitting that ethical, moral, social, monetary and legal issues were raised by various sections of society.

Rent-a-womb is a thriving industry today. With no dearth of ignorant and poor women, and no laws to regulate the mushrooming fertility clinics, it is the fastest way to make money.

### Costs less in India

A commissioning couple can get a surrogate for half the price in India compared to the cost in the U.S. or the U.K., where surrogacy is not allowed or permitted only in special cases. European countries do not allow surrogacy at

all. A random scan of the website and some telephone calls to the in vitro fertility (IVF) clinics across several cities makes it clear that surrogacy is rampant and could cost between Rs. 8 lakh and over Rs. 10 lakh, though the surrogate herself gets less than 50 per cent of the money earned by these clinics as the doctors double as agents. There is no mandatory health or life insurance for the surrogate in case of her death. Surrogacy is also advertised as an enterprise in newspaper advertisements and clinics.

There is no supervisory and regulatory body under which all assisted reproductive technology clinics offering their services could be placed, except a set of guidelines, brought out by the Indian Council of Medical Research in 2005, which, however, are not legally binding. ICMR Director-General V.M. Katoch told *The Hindu*. Based on these guidelines, the ICMR has now come up with a draft Assisted Reproductive Technologies (Regulation) Bill, 2010, which is with the Minis-

try of Law and Justice for vetting and is expected to be tabled in Parliament in the winter session.

Justifying commercial surrogacy, Dr. Nayna Patel of the Akanksha Fertility Clinic said all surrogates were volunteers and had legally entered into an agreement with the intending parents. "We not only look after them during delivery but also impart them skills which ensure their livelihood for the future," she said, dismissing charges of moral and ethical issues as the women were uneducated and poor. "We follow the guidelines and have the best technology available," she said. The clinic celebrated the birth of 500th surrogate child last month and most newspapers front-paged it!

But CPI(M) leader Brinda Karat says ethical and moral issues are certainly involved in commercial surrogacy. "It is the height of irresponsibility and shame that the government does not have any law to regulate these fertility clinics. The government should bring in the proposed law, though it has many weaknesses."

The Hindu, July 15, 2012, P.9



# Petition for making prohibition of sex selection Act more effective

Staff Reporter

**NEW DELHI:** The Delhi High Court on Thursday asked the Union Ministry for Health & Family Welfare, the Director, Pre-natal Diagnostic Techniques, and the Director, Family Welfare, Delhi Government, to file status reports on a public interest litigation making some suggestions for an effective implementation of the Pre-Conception & Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, to prevent female foeticide.

A Division Bench of the Court comprising Justice A. K. Sikri and Justice Rajiv Sahai Endlaw asked the Government and the

Directorates to file the status reports within three months stating whether it was possible for them to include the petitioner's suggestions to make the Act more effective against female foeticide.

The petitioner, non-government organisation *Beti Bachao Samiti* through its vice-president, Dharm Vir, submitted that the Court should issue a direction for a mandatory fitting into the ultrasound machines a device called 'silent observer' to keep track of pregnancies.

He submitted that the device linked to the main server of the appropriate authority would transmit real time images taken by the ultrasound machines to the authority, and thus help in

keeping track of the pregnancies. In case of the ultrasound machines not linked to the appropriate authority's server, the latter could retrieve the video clip from the machines with the help of the device, the petitioner added.

Secondly, he suggested on-line filling up of Form D for registration of pre-birth certificates.

On filling up of Form D, a pregnant woman would get a pre-birth certificate registration number, and when she would fill up Form F for ultrasound, she would have to mention the registration number which would make it easy to check the delinquency, the petitioner stated, adding that the pre-

pregnancy certificate registration number would help in keeping track of the exact number of pregnancies as well how many of them were actually delivered which would help in tracking the female foeticide.

Filling up Form D are mandatory for pregnant women when they are referred by gynaecologists for ultrasound and they are required to fill out Form F before ultrasound was conducted on them under the Act, the petitioner said.

Yet another suggestion brought to the notice of the Court by the petitioner was creation of fast track court to deal with cases of female foeticide within a stipulated time.

The Hindu, July 27, 2012, P.4



# Mental Disorders

## Making of a horror story

**SOCIAL STIGMA** Depression, self-starvation cases are not uncommon in affluent neighbourhoods

Sidhartha Roy  
sidhartha.roy@hindustantimes.com

**NEW DELHI:** "My daughters don't like going out of the house and eat in very small quantities. There is nothing else wrong with them," said Nirmala Devi (70), while sitting outside the ICU of Baba Saheb Ambedkar Hospital in Rohini.

Her two daughters, Mamta (40) and Nirja (29), were rescued from their house in Rohini's Sector 8 last month after their relative found the two were under acute depression and malnourished and their bodies had started to rot. The sisters were a bag of bones when brought to the hospital. Returning to a normal life still seems a long way ahead.

The NCR has witnessed at least five such horror stories in two years where depression, self-confinement and starvation have resulted even in deaths. These are not cases of the destitute mentally-ill but educated people living in middle-class or affluent pockets. In one case, a 44-year-old unmarried man died due to self-starvation at the upscale Greater Kailash-II.

Every 10th Delhiite, said a 2009 survey by the Indian Council of Medical Research, suffers from psychiatric illnesses such as depression, anxiety and schizophrenia. But this is one area that is afflicted most by a high treatment gap due to the social stigma attached to mental illnesses, lack of awareness and resistance to treatment by patients.

In most cases, patients turn reclusive and often starve themselves to death, while neighbours prefer to look the other way. While the horror stories of Rohini, GK-II, Noida or Saket are an

extreme, many people, belonging to different social strata, continue to live in self-denial and let their illness become severe even when it is completely curable.

"Incidents, such as the one in Rohini, are a wake-up call for the society and official machinery," said Dr Nimesh Desai, Director, Institute of Human Behaviour and Allied Sciences (IHBAS). "Once a person sets out on a course of isolation, it becomes self-sustaining. We have failed in reaching out to these people," he said.

Desai blames the stigma attached to mental illnesses for 80% patients not getting proper care and treatment. "Unlike any other ailment where we rush to the doctor, people with mental illness

feel ashamed. In most cases, even if the family senses there's something wrong, they are reluctant to take the patient to a mental health professional," said Dr Pulkit Sharma, clinical psychologist, VIMHANS.

"People also have the misconception that once you are mentally ill, you will remain so forever. Unlike severe illnesses like schizophrenia, other illnesses are completely curable through medicines," he added.

Sharma said that the family of a patient may also get affected either genetically or due to intense emotional distress and burn-out while tending to the patient.

But Desai said that it was the duty of the neighbours, resident welfare associations and police to identify such patients and ensure they get treatment. "Our sensitivity regarding the privacy of a neighbour is getting modified as we gain a more Western outlook. But since the benefits outweigh the risks, neighbours should bring help to such patients," he said.



ILLUSTRATION: ABHIMANU

### HOW NUMBERS STACK UP

10% of Delhiites suffer from mental ailments

20% patients with mental ailments access treatment

455 calls received by mobile mental health unit of IHBAS

99 of these patients had to be hospitalised

63 of admitted patients were cured and went back to their families

87 of the calls, around 20% and highest, were from south Delhi.

19 of the calls, around 4% and lowest, were from New Delhi

### VARIED MENTAL DISORDERS - THEIR TYPES AND SYMPTOMS

#### DEPRESSION

Depression makes you feel low, hopeless, fatigued or unmotivated. If 'that depressed' feeling persists for a couple of weeks, you should consult a mental health professional.

#### BIPOLAR DISORDER

If you have a bipolar disorder, you will experience mood swings. During 'manic' episodes, you may display overactive excited behaviour. At other times, you may be depressed.

#### OBSESSIVE-COMPULSIVE DISORDER (OCD)

OCD has two main parts: obsessions and compulsions. Obsessions are thinking you have been contaminated by germs, or worrying that you haven't turned off the oven. Compulsions are repetitive activities like repeatedly checking a door to make sure it is locked or washing hands.

#### ANXIETY

Anxiety means constant, unrealistic

worry about any aspect of life. It may cause restlessness, sleeping problems and physical symptoms such as increased heart beat, stomach upset. If you are highly anxious you may have panic attacks, phobias or OCDs.

#### PHOBIAS

A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger about a situation or object. The symptoms of phobias are similar to anxiety. In severe forms, you might experience panic attacks.

#### SCHIZOPHRENIA

Schizophrenia's symptoms may include confused or jumbled thoughts, hearing voices and seeing and believing things other people don't share. If you have these symptoms you might also become confused and withdrawn.

#### DEMENTIA

Dementia is the loss of mental functions such as thinking, memory, and

reasoning that is severe enough to interfere with a person's daily functioning. Symptoms can include personality changes, mood, behaviour.

#### PERSONALITY DISORDERS

If you have a personality disorder, you are likely to find it more difficult to change your patterns of thinking, feeling and behaving, and will have a more limited range of emotions, attitudes and behaviours.

#### EATING DISORDERS

Eating disorders are characterised by eating too much, or eating too little. The subject of food, how much you weigh is likely to be on your mind all the time. Anorexia, bulimia and compulsive eating are some of the most common eating disorders.

#### TIC DISORDERS

People with tic disorders make sound or display body movements that are repeated, quick, sudden, and/or uncontrollable.

SOURCES: WWW.MIND.ORG.UK, WWW.WEBMD.



# Nutrition

बुढ़ापे पर किए जाने वाले शोध के दौरान अध्ययनकर्ताओं ने किया यह दावा

## कम खाने से बीस साल बढ़ती है जिंदगी

लंदन | एजेसिया

लंबी उम्र का राज कम खाने में छिपा हुआ है। खाने में जो गई चालीस फीसदी की कमी से जिंदगी में बीस साल का इजाफा किया जा सकता है। जो हां, हालिया शोध बताते हैं कि खान-पान में रखी गई सावधानी न सिर्फ आपके स्वास्थ्य को बेहतर बनाती है बल्कि दीर्घायु के लिए भी यह बेहद जरूरी है। शोध को रॉयल सोसाइटी समर एक्जिबिशन लंदन में प्रदर्शित किया गया है।

सेहत को हमेशा ही खान-पान से जोड़कर देखा जाता रहा है। लेकिन यूनिवर्सिटी कॉलेज लंदन के हेल्थ एजिंग संस्थान के शोधकर्ताओं ने खानपान से जुड़े नए तथ्यों का खुलासा किया है। बुढ़ापे पर किए जाने वाले शोध के दौरान अध्ययनकर्ताओं ने पाया कि जीन और जीवन जीने का तरीका किसी भी व्यक्ति

### बुढ़ापे से दूर

- आयु बढ़ने से होने वाली बीमारियों हृदय, कैंसर व न्यूरोडिजेनरेशन का किया जा सकता है मुकाबला
- रॉयल सोसाइटी समर एक्जिबिशन लंदन में प्रदर्शित किए गए शोध के नतीजे



### संभावना

- मनुष्य के जीन कोड से 60 फीसदी तक साम्यता रखने वाली मक्खियों में भी प्रयोग कारगर पाया गया। लेब्राडोर नस्ल के कुत्तों में भी इस प्रकार के प्रयोग सकारात्मक रहे हैं। इससे शोधकर्ताओं की उम्मीद बढ़ी है। संभावना जताई जा रही है कि खानपान को कम करके मनुष्य भी लंबा जीवन बिता सकेंगे।

की उम्र में वर्षों या दशकों का इजाफा कर सकते हैं। आयु बढ़ने के साथ होने वाली हृदय संबंधी बीमारियों, कैंसर व न्यूरोडिजेनरेशन जैसी समस्याओं से भी

मुकाबला किया जा सकता है। अध्ययन के दौरान शोधकर्ताओं ने चूहों पर लगातार प्रयोग किए। शोधकर्ताओं की अगुवाई करने वाले डा. पीपर के

मुताबिक अगर चूहों के खाने में चालीस फीसदी की कमी की जाए तो उसकी उम्र में 20 से 30 प्रतिशत का इजाफा होता है। इसी अनुसार मनुष्य के जीवन में बीस साल की वृद्धि का अंदाजा किया जा रहा है। विज्ञानी लेब्राडोर नस्ल के कुत्तों पर भी इस प्रयोग को सफल बताते हैं। विज्ञानियों ने जेनेटिक कोड में मानव से साठ प्रतिशत साम्यता रखने वाली मक्खियों पर भी प्रयोग किए हैं। खान-पान में कमी से चूहे और मक्खी दोनों की ही उम्र में बढ़ोतरी देखी गई।

इससे उम्मीद की जा रही है कि इसके जरिए मनुष्यों को उम्र भी बढ़ाई जा सकती है। डा. पीपर के मुताबिक अगर हम बुढ़ापे के लिए जिम्मेदार जीन की तलाश कर लें तो बुढ़ापे को रोकने में भी सफल हो सकते हैं। उनकी टीम एक जीन के म्यूटेशन से जीवन की क्रियाविधि बढ़ाने का प्रयास कर रही है।

Hindustan, July 05, 2012, P.18

# Cow's milk, an enfant terrible

Nutritionists bemoan certain household practices that make infants vulnerable to illness and infection



**BEST ALTERNATIVE:** Breastfeed infants to increase their immunity. PHOTO: SHAJU JOHN

Bindu Shajan Perappadan

Nutrition experts are worried that infants in the country may be silently suffering from reduced nutrient content in their milk due to common household practices. Many of these lead to malnutrition, health imbalances and high rate of mortality.

The National Institute of Nutrition points out that supplementing cow's milk with water, premature introduction of diluted cow's milk to infants, and heating or removing fat content from cow's milk improperly are affecting the health of infants.

"There seems to be a significant compromise being made on infant's health as mother's milk is being substituted for a variety of reasons in the first year itself, when the child is most vulnerable to infections," note experts.

This trend is mirrored even in the National Family Health Survey III, which states that only 69 per cent of infants below two months get exclusive breastfeeding; and between two and three months, exclusive breastfeeding falls to 51 per cent; and declines further to 28 per cent between four and five months of age. The decline occurs because mothers

supplement milk with plain water initially, and later with bovine milk (cow or buffalo). Says Dr. B. Sesikeran, director, National Institute of Nutrition: "Although feeding cow's milk to infants is more than a thousand-year-old tradition in India, it's an unsafe practice in the modern context, where antibiotics and pesticides are detected in high levels in bovine milk. Cow's milk is nutritionally inadequate for fast-developing babies."

Several studies, including a 2012 report published in Indian Journal of Public Health, have found water, mostly contaminated, to be the most common adulterant in milk as it lowers the nutritional quality and poses serious health hazards. The study points out that household practices such as boiling causes loss of vitamins, and adding water further decreases the vitamin content. Likewise, removing the layer of fat or milk cream strips milk of its essential nutrients. Boiling also impacts heat-sensitive vitamins and folic acid intake negatively.

Research shows that boiling milk once to increase its shelf life reduces the concentration of fat-soluble vitamin A by 21 per cent, while 15

minutes boiling can result in a 24 per cent loss of vitamin B12. Likewise, microwave heating causes 30 to 40 per cent loss of vitamins. Besides, the addition of water before first boiling the milk further lowers its nutrient content. Adding 150 ml of water per litre of milk decreases the concentration of all vitamins and minerals, with boiling reducing this even more. Hence, usage of cow's milk could be contributing to 50 per cent of children in the country being severely malnourished as whole cow's milk does not contain sufficient Vitamin E or essential fatty acids. Worse, pesticide residues, heavy metals and even detergents have been detected in cow's milk. All these factors are leading to low delivery of nutrients, causing malnutrition during the tender years.

Mothers, for their part, seem to be oblivious that infants should be exclusively breastfed for the first six months at least and preferably on demand till the age of two, as recommended by WHO, UNICEF and the national guidelines. This is because the formative months and years are critical for the baby's healthy growth and rapid development, including weight gain.

According to Sachi Sohal, Dietician, BLK Super Specialty Hospital, "Mother's milk is sterile and considered best for the baby. It contains exact amount of nutrients like lactose, proteins, iron, calcium, Ig A, Ig B, etc. needed by the baby for healthy growth, brain development and digestion. Breast milk contains antibodies and macrophages that kill bacteria, fungi and viruses. It provides protection from many diseases like bronchitis, botulism, German measles, etc. On the other hand, cow's milk has proteins that are difficult for the baby to digest; and also higher contents of protein, sodium and potassium, which puts strain on the kidneys. It provides no immunity as compared to mother's milk."

Experts feel if this confusion and misunderstanding continues about infant milk, it could lead to a numerous health deformities in children. Already, 38.4 per cent of children under age three are stunted, and 46 per cent are underweight; wasting affects 19 per cent of children under three years, and 79.2 per cent of children under three years are anaemic.

Given the high levels of malnutrition prevalent among Indian infants, the infant mortality rate stands at one of the highest levels globally — 47 per 1,000 live births or, computed annually, 1.25 million infant deaths. Dr. Sesikeran agrees that the number of women breastfeeding infants, is unsatisfactory. He says reversing the unhealthy numbers will go a long way in reducing malnutrition deaths, by boosting infant well-being and its future quality of life. "In the first six months, it is preferable to nurse the infant exclusively on mother's milk since this boosts resistance to disease. For mothers unable to nurse because of health reasons, it's best to consult the family physician about a safe alternative, rather than feeding cow's milk," he notes.

The Hindu, July 15, 2012, P.6



# Breastfeeding

## Breastfeeding aids premature newborn

SYED AKBAR | DC  
HYDERABAD, JULY 24

Premature or underweight babies will not develop hypoglycaemia, or low blood sugar levels, if they are breastfed, a research team has found.

A study by a team of doctors from the state reveals that complications related to abnormal fall in blood glucose levels can be prevented in most cases if premature or underweight newborns are exclusively fed their mother's milk.

Researchers from the department of paediatrics, Maharajah's Institute of

Medical Sciences, Vizianagaram, studied about 100 babies born premature and underweight (less than 2.5 kg) and the impact of breastfeeding in maintaining their sugar levels.

"Ninety-five per cent of underweight neonates (newborns) maintained adequate blood sugar levels during the first 72 hours with breast milk, irrespective of gestational age and birth weight studied. Single episode of hypoglycaemia occurred in five per cent of these underweight babies."

Dr V.S.S.Y. Murthy and Dr Kethireddy Dipendra Ram

said in their study.

The research work was published in the newly launched *Journal of NTR University of Health Sciences*, Vijayawada.

The foetus is entirely dependent on the mother for glucose. But at the time of birth, a neonate must abruptly switch from getting a continuous supply of glucose from maternal blood in foetal life to maintaining its own supply. Disturbances of metabolic and endocrine systems may frequently occur in neonates due to developmental immaturity, according to the researchers.

The study pointed out that blood sugar values are influenced by a baby's weight at birth, gestational age, feeding method and postnatal age.

According to the researchers, while liver weight is much reduced among underweight babies, the brain weight remains normal, thus making the ratio of brain weight to liver weight greater than five. This, along with several other factors related to intrauterine growth retardation and premature birth, results in hypoglycaemia, among other complications, the study said.

Neonatal hypoglycaemia, even if asymptomatic, could lead to long-term neuro-development impairment. Preterm infants with repetitive decrease in glucose level less than 47mg/dl are associated with reduced mental and motor developmental scores and increased neuro-development impairment, researchers warned.

Neonatal hypoglycaemia is not a medical condition in itself but a feature of illness, or of failure to adapt from the foetal state of trans-placental glucose consumption to the extra-uterine pattern of intermittent nutrient supply.

Deccan Chronicle, July 25, 2012, P.2

## Malnutrition

# State govt begins identifying malnourished children

Chethan Kumar

**BANGALORE:** The State government has begun the process of identification of malnourished children below the age of six and not enrolled in the anganwadi centres, on the direction of the High Court.

The first health camp for such children is scheduled for July 15.

However, sources in the Women and Child Development Department and the Department of Health and Family Welfare, responsible for the implementation of directions of the High Court, said this will be only a one-time exercise as there is no specific policy to deal with the problem yet.

The High Court, after going through the interim report submitted by the committee chaired by Justice N K Patil to look into the issue of malnutrition of children in the State, said: "The State has been identifying malnourished children enrolled in anganwadis but there must be an effort to help



children outside these centres and the State must consider providing incentives to such children/parents so it encourages them to come forth."

In line with the observation, the departments concerned have decided that every child identified as malnourished will be provided with five kilo

wheat. The government has not planned for any fresh procurement of grains for this purpose.

Speaking to *Deccan Herald*, Hemalatha P, Director, Women and Child Development Department, said: "We will now use the grains available with the anganwadi centres. Given that this is a one-time initiative, we should not have any problems in distribution of the same as we have an excess stock of grains."

On whether the problem of malnourishment will be solved with a one-time check-up, she said that the government was yet to come out with a policy and as of now, the department was acting on the direction of the High Court.

### Policy in future

"We are sure the government will bring out a policy about how to go about it in the future, but for now it will only be a one-time initiative." The children will, however, be enrolled into the anganwadi centres, she added.

Anjum Parvez, Commis-

sioner, Department of Health and Family Welfare, said: "During this exercise we are expecting as many children as those already enrolled in the anganwadi centres, with a probable difference of 10-15 per cent. The Women and Child Development Department is responsible for the distribution of grains and we do not expect any hiccups."

In March and April 2012, the two departments had conducted medical examination of 47,355 severely underweight children enrolled in anganwadi centres.

Out of these, 42,108 children were treated as outpatients while 991 were treated at Bala-Sanjeevini Hospitals.

Following this, a decision was taken to again take stock of the situation and medical examination of 53,488 severely malnourished children was carried out. Of these 2,509 were provided treatment at Bala-Sanjeevini Hospitals and 1,021 children were treated at Nutritional Rehabilitation Centres (NRCs).

DH News Service

Deccan Herald, July 12, 2012, P.4



# Tackling the killer

The fight against malnutrition has to be intensified by upgrading the anganwadi system and using technology to monitor children at risk, writes MANOJ KUMAR

Gujarat chief minister Narendra Modi is often in the news for wrong reasons. But when he says that India's major problems are Naxalism and malnutrition, we need to sit up and listen.

It was on January 10, 2012, that Prime Minister Manmohan Singh called hunger and malnutrition a national shame while releasing the Naandi Foundation's Hunger and Malnutrition (HUNGAMA) Survey Report 2011. It was a high-profile occasion, given that the multi-party Citizens' Alliance comprising young MPs from all parties was the guiding force behind the initiative. Such a rare coalition was meant to express solidarity of all parties to not politicise the issue but ensure that the nation stands united in its war against malnutrition. Modi's comments are indeed a success of the Citizens' Alliance's ability to capture the imagination of the nation. But this should not lead to subsequent politicisation and defeat the purpose of the alliance.

## AN ANGANWADI WORKER HAS TO FILL 119 COLUMNS IN A FORM TO MONITOR A CHILD. THE WORKER, WHO IS OFTEN SEMI-LITERATE, IS NOT UP TO SUCH A TASK

next two years, three districts are expected to turn the tide. Thereafter, this approach will be widened to include other states, as part of a national approach to eradicate malnutrition.

There were many significant findings in the HUNGAMA report, the most seminal being that while 95% of anganwadi workers were able to recognise signs of malnutrition, 93% of the mothers could not do so. Given the weak symptomatic leads to this 'silent and invisible epidemic', the main challenge is to empower mothers with the knowledge of what causes

malnutrition, its impact and how one can prevent it. The second step would be to create a structured linkage between mothers and anganwadis.

All this is simple and doable and does not require huge investments. It requires us to focus on data, information, knowledge and bring the community (mothers and anganwadi workers) to be on a dynamically engaged platform.

The Naandi Foundation did this in a place called Bajna, a Bhil-dominated area in Ratlam, where the Madhya Pradesh government and World Bank were partners. The plan was to empower mothers and communities with knowledge and link them with different layers of government.

Talking about data, here are some: at present, an anganwadi worker has to fill 119 columns in a form to monitor a child. The worker, often semi-literate, is not up to such a task. How on earth is she expected to tell mothers about say, the importance of breastfeeding, if she is forced to spend her time doing paperwork? The use of the right technology can help us bypass this problem. There is a machine that can record the height and weight of children and transmit the data. If we get the accurate data daily, we can track malnourished children. Our focus should be to get data on time and put it to use immediately.

A further fillip to the effort would be linking it to the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). Under such a scheme, maternity leave benefits, like six-month wages, could be provided to mothers. In poor families, the mother has to go back to work almost immediately after childbirth, jeopardising her health and that of her baby. There is a need to intensify communication about the need for exclusive breast-feeding in the first six months. Ways can be devised on how to help the mother with food (even if we have to inspire the private sector to provide affordable solutions) as the first 1,000 days are crucial for her well-being. Social audits can be used to track the Integrated Child Development Services (ICDS) implementation and thereby create a culture of monitoring of the status of expectant mothers and children.

The recent acceptance by the government that we face a challenge in dealing with malnourishment and malnutrition among children is the first step in our battle. We need to activate the anganwadi system, upgrade it and, most important, get the point of view of mothers. We need to incorporate malnutrition data in the annual health survey of states. It is time we moved away from monitoring inputs rather than outcomes.

Modi is a canny politician. He knows that the development model he is showcasing in Gujarat cannot work if its children are not healthy. This attention should now trickle down to every panchayat to conquer the scourge of malnutrition. We also need to scale up the report and move forward to Hungama 2 now.

*Manoj Kumar is CEO of Naandi Foundation and a member of the Citizen's Alliance Against Malnutrition. The views expressed by the author are personal*

Hindustan Times, July 03, 2012, P.10

# ourview

## Saying bye to malnutrition

**T**ata Sons chairman Ratan Tata has said that he plans to focus on the problem of child malnutrition after he retires. He can do a lot by adding heft to the important campaign against one of the biggest failures in Indian public policy.

The facts are well known: with nearly one in two children malnourished, India has among the highest rates of malnutrition in the world. Apart from poverty and ignorance, two key factors: low social status of women and inadequate hygiene and sanitation leading to rampant spread of diseases, play a big role in stunting the growth of children

in India.

There are five things Tata can do to be a successful nutrition warrior.

For starters he can build coalitions. The scale of Tata's success in his endeavour will hinge on his ability to forge alliances with the government and non-governmental organizations (NGOs). Given the scale of the challenge he will need all the support he can get.

Then, he can help reshape policies with big impact: One obvious example of a planned policy that needs an overhaul is the government's proposed food security legislation. Touted as India's answer to malnu-

trition, it does very little to take care of the needs of the very young or to address the multi-faceted nature of the problem.

The third area where he can make a difference is in scaling up evidence-based interventions: through advocacy and funding, Tata can help NGOs and governments scale up micro-level interventions that have proven to be effective.

Fourth, he can help deal with contentious issues such as micronutrient fortification transparently: Tata's stance on micronutrient fortification will determine the friends and foes he gathers in the fight. The lack of micronutrients in children's diet is considered to be a big but underacknowledged factor driving malnutrition. In the early stages of the United Progressive Alliance government, the push for micronutrients came from corporations such as biscuit manufacturers.

Many civil society and political activists protested against the move, projecting it as a



Illustration by [unreadable]

purely commercial ploy by companies to peddle their products using public resources in the guise of fighting malnutrition. Consequently, efforts to promote micronutrients are viewed with suspicion. Tata's credibility may perhaps help him devise a way to address micronutrient deficiencies, which are seen to be above purely commercial interests.

Finally, he can campaign for

agreed reforms: it seems Tata can achieve a lot simply by ensuring that public resources wasted in the name of India's anti-malnutrition fight are used more effectively. Here, too, coalitions would be handy in driving changes that everyone agrees on.

*What should be done to halt child malnutrition in India? Tell us at [views@hewlett.com](mailto:views@hewlett.com)*

H. T. Mint, July 13, 2012, P.22



# Mid Day Meal

## Mid-day meal scheme to cover 16,000 more students in East Delhi

Report on three voluntary organisations submitted, but none finalised

Sowmiya Ashok

**NEW DELHI:** The East Corporation will feed 16,000 more mouths through its school meal programme this academic year and is in the process of finalising voluntary organisations to supply cooked food. All the schools are scheduled to reopen after the summer break from Monday.

The mid-day meal will be provided to 1,48,000 children in Shahdara (North) and 95,000 children in Shahdara (South) zones. The scheme would reach out to students studying in Municipal Corporation of Delhi schools and government aided schools.

These figures, however, could change due to increase in enrolment rates among children keeping in view the relevant provision of the Right to Education Act, 2009.

On Thursday, a detailed report selecting three voluntary organisations was placed before the Standing Committee but the matter was postponed due to want of more information. "Four members of the Standing Committee will form a sub-committee that will scrutinise the report," said Standing Committee Chairman Mehak Singh after members raised doubts over the selection criteria. "The report will be submitted within a week."

The delay in choosing voluntary organisations will see the East Corporation relying on existing suppliers to tide over the interim period. Already, the civic body has tied up supplies for the next two months. "We will have to extend the contract for the existing suppliers till the new ones are finalised. There is no other option," said Municipal Councillor S. S. Yadav.

Members pointed out that answers to several questions in the 'Checklist for kitchen visit' were not clear and the grades assigned to them required explanation. The checklist was used by the Kitchen Inspection Committee to inspect 17 kitchens in

March this year of which 11 kitchens were found fit to supply cooked meals. Initially, 25 voluntary organisations had submitted proposals for supplying the cooked meals.

All three kitchens that were recommended for the East Corporation were provided an overall grade of 'fair' and were based in East Delhi. The report recommends that post-trifurcation of the MCD, kitchens which have been selected for providing cooked food should be confined to serve food in the schools of respective zones under the jurisdiction of a particular Corporation and overlapping supplies should not be allowed.

The Hindu, July 06, 2012, P.3

## Midday meal to be packaged

**Chennai:** Midday meals for schoolchildren may come in hygienic, sealed packages in future. The Mumbai-based Indian Institute of Packaging (IIP) with the help of IIT-Bombay is currently developing a package design appropriate for distributing midday

meals. Once the technology is fine-tuned, the institute will hold talks with various states for introducing packaged mid-day meals.

The institute said the research is in the final stage and the hot meal packets for children can be out by 2013. 7/10

The Times of India, July 10, 2012, P.10

# दोपहर भोजन योजना में घटिया खाना परोसने का मामला

जनसत्ता संवाददाता

नई दिल्ली, 11 जुलाई। पूर्वी दिल्ली नगर निगम की महापौर अन्नपूर्णा मिश्रा ने कृष्णा नगर वार्ड के दौर के दौरान मिड डे मील के निरीक्षण में घटिया खाना पाया। उन्होंने संस्था के अधिकारियों को भी खिलाया बच्चों को दिया जा रहा घटिया मिड डे मील।

महापौर डा. मिश्रा ने अचानक अधिकारियों के साथ कृष्णा नगर व ए ब्लॉक स्थित नगर निगम प्राथमिक विद्यालय के निरीक्षण का फैसला लिया और अधिकारियों के दल बल सहित विद्यालय के भीतर बच्चों को दिए जा रहे मिड डे मील का निरीक्षण किया। महापौर डा. अन्नपूर्णा मिश्रा ने पाया कि खाने में दिए जा रहे पूरी छोले घटिया गुणवत्ता के थे। जहां एक ओर पूरी बहुत ही कड़ी और सूखी थी, वहीं छोले में सब्जी न के बराबर थी और बच्चों को एक तरह से पूरी के साथ पानी ही दिया जा रहा था। महापौर मिश्रा ने तत्काल बच्चों के लिए वैकल्पिक खाने की व्यवस्था का निर्देश दिया। उन्होंने मिड डे मील दे रही संस्था के पदाधिकारियों को तत्काल विद्यालय आने का निर्देश दिया। डा. मिश्रा ने निगम के शिक्षा विभाग के

चरिष्ठ अधिकारियों को भी तत्काल विद्यालय आने व कार्रवाई करने का निर्देश दिया।

निगम के शिक्षा विभाग के अतिरिक्त निदेशक चंद्रभान व मिड डे मील चला रही 'स्त्री शक्ति' संस्था के अधिकारी कुछ देर बाद विद्यालय पहुंच गए। डा. मिश्रा ने 'स्त्री शक्ति' के अधिकारियों को मिड डे मील में दिया जा रहा खाना स्वयं खाने को कहा। संस्था के अधिकारियों ने खाना खाने की कोशिश भी की पर घटिया क्वालिटी होने के कारण वे खाना नहीं खा सके।

इस मौके पर डा. मिश्रा ने कहा कि निगम के विद्यालयों में घटिया मिड डे मील नहीं बंटने दिया जाएगा। इस प्रकार खाने के नाम पर निगम के विद्यार्थियों के स्वास्थ्य के साथ खिलवाड़ नहीं चलने दिया जाएगा। इस प्रकार की लापरवाही कर रही संस्थानों के खिलाफ कड़ी कार्रवाई की जाएगी।

डा. मिश्रा ने कहा कि वे इस प्रकार के दौरों को जारी रखेंगी। वह मिड डे मील की किचन का भी दौरा कर निरीक्षण करेंगी कि वह नियमों का पालन किस तरह से किया जा रहा है। किसी भी प्रकार की अनियमितता को बर्दाश्त नहीं किया जाएगा।

Jansatta, July 12, 2012, P.4



## पचास फीसदी महिलाओं में खून की कमी

भिवानी और आसपास के इलाकों में आंकड़ा 70 के पार

► दूध-दही के प्रदेश में नहीं है महिलाओं को आहार चार्ट का ज्ञान

अजय मल्होत्रा

भिवानी, 20 जुलाई। आप इसे मानें या न मानें मगर पचास फीसदी से अधिक महिलाएं रक्ताल्पता की शिकार हैं। भिवानी में यह आंकड़ा 70 प्रतिशत तक पहुंच चुका है। महिलाओं में खून की कमी की वजह तो कई हैं। मगर सबसे अहम वजह आहार चार्ट की जानकारी न होना व कई शारीरिक बीमारियों की ओर उनका ध्यान न देना है। इस कारण खून की कमी हो जाती है और वह पूरी नहीं हो पाती। खून की कमी की वजह से महिलाएं दूसरी कई बीमारियों की शिकार हो जाती हैं।

चिकित्सकों के अनुसार मेडिकल

साइंस के शोध कहते हैं कि 50 प्रतिशत महिलाओं में रक्त की कमी है। महिलाओं में रक्त की कमी के कारण कई बीमारियां पैदा हो जाती हैं मगर सबसे अहम बात यह है कि आखिर इतनी महिलाओं में रक्त की कमी क्यों हो जाती है। भिवानी जैसे क्षेत्रों में खून की कमी के मामले संभवतया सत्तर फीसदी के लगभग हैं। हालांकि हरियाणा प्रदेश को दूध-दही भी का प्रदेश कहा जाता है। यहां के छोटे छोट गांवों में निरंतर खून की कमी आंकी जा रही है। आंकड़ों की हकीकत पर गौर फरमाया जाए तो अस्पतालों में जाने वाली महिलाओं व लड़कियों में से अधिकांश में खून की कमी पाई गई है। घर बैठे बिठाए तो खून की जांच कोई नहीं करता करवाता तथा अस्पतालों में ही जांच के बाद पता चलता है। कहीं पौष्टिक आहार न मिलने की वजह से तो

कहीं दूसरे स्त्री रोगों की वजह से महिलाएं रक्ताल्पता से ग्रस्त हैं। चिकित्सा विशेषज्ञों की मानें तो महिलाओं में मासिक धर्म वानी माहवारी के दौरान कई बाद अधिक रक्त साव हो जाता है जिसे आम तौर पर

### मेडिकल रिपोर्ट में खुलासा

सामान्य प्रक्रिया समझ लिया जाता है। मगर यह कई बीमारियों को जन्म देता है। हर माह होने वाले मासिक धर्म के दौरान कई महिलाओं व किशोरियों में इतना रक्त साव हो जाता है जितना कि रक्त बन नहीं पाता। इस वजह से दूसरे कई रोग हो जाते हैं व शरीर शिथिल हो जाता है। भिवानी ही नहीं प्रदेश में जागीरानी महिला रोग विशेषज्ञ डॉ. मोनिका गोयल का कहना है कि महिलाओं में

जागरूकता के अभाव के चलते खून की कमी पाई जाती है। जब समस्याएं बढ़ जाती हैं तो वे जांच के लिए आती हैं तथा रूटीन में जांच करवाना भी जरूरी होता है। उनका कहना है कि कई मामलों में महिलाएं बीमारी बताने से संकुचाती हैं। भिवानी के सिविल अस्पताल के मैडिसिन विभाग के अध्यक्ष डॉ. रघुवीर शांडिल्य का कहना है कि रक्त की कमी इस क्षेत्र में अधिक देखी जाती है। उनका कहना है कि महिलाओं को जब भी थकान पैदा हो उन्हें समझ जाना चाहिए कि रक्त की कमी है। उन्हें तुरंत इसकी जांच करवानी चाहिए। चिकित्सकों का कहना है कि रक्त की कमी को पूरा करने के लिए महिलाओं को अधिक मात्रा में दालें व इरी सब्जियां खानी चाहिए जो कि रक्त बनाने में सहायक है। उनका कहना है कि महिलाओं को आयरन देने वाली चीजें खानी चाहिए जो कि काफी

लाभदायक सिद्ध होती हैं। वहीं महिला चिकित्सक रेनु सांगवान का भी यही कहना है कि हरियाणा में महिलाएं अधिकतर दिमागी तौर पर परेशान रहती हैं या फिर खुराक पूरी ना मिलने के कारण उनके शरीर में रक्त की कमी हो जाती है। चिकित्सकों का कहना है कि भिवानी जैसे क्षेत्र में यह आंकड़ा 70 प्रतिशत तक पहुंच चुका है। उनका कहना है कि चाहे हरियाणा दूध दही के खाने वाला प्रदेश कहलाता हो मगर आज कल जो खान पान है वह भी कहीं न कहीं खून की कमी की वजह है। डॉ. शिवकांत शर्मा का भी कुछ ऐसा ही कहना है। शोध बताते हैं कि 50 प्रतिशत महिलाएं रक्त की कमी से जूझ रही हैं जबकि चिकित्सकों की मानें तो भिवानी जैसे पिछड़े क्षेत्रों में यह आंकड़ा 70 से 80 प्रतिशत का है। उनका कहना है कि महिलाओं को अपने खानपान एवं आहार की ओर विशेष ध्यान देना चाहिए।

Dainik Tribune, July 21, 2012, P.9

# 'Include lactating mothers in health camps for malnourished kids'

**BANGALORE:** Child rights organisations in the State have demanded the government to include pregnant and lactating mothers in the special health camps that will be conducted from July 8 to 15.

The health camps are being conducted on the directions of the High Court, based on the recommendations made by a committee led by Justice N K Patil for children out of anganwadis between the ages of 0-6 years in rural areas.

The organisations have contended that since the recommendations include screening and medical check-up of pregnant and lactating mothers, they should be also included in the health camp. The groups also want the government to include moderately malnourished children as per the World Health Organisation's growth charts, along with severely malnourished children.

Along with house-to-house surveys, places like construction sites, railway stations, bus



stands, street corners should also be surveyed to ensure coverage of children and mothers among migrant communities and pavement dwellers, they have recommended.

Members of these organisations like advocate Clifton D'Rozario and Mariswamy of Samajika Parivarthana Janadolana were also members of the High Court-appointed committee which has submitted an interim report for developing an action plan to combat malnutrition among children in the State.

Other recommendations include specifically checking pregnant women for anaemia and continuing to monitor their weight gain and haemoglobin levels throughout pregnancy, along with provisions of Iron and Folic acid (IFA) supplements and Take Home Rations (THR). "We recommend if possible, mothers who are not enrolled in anganwadis be provided a month's worth of IFA on the spot," the organisations stated in their letter to the chief secretary.

Suggesting that the Department of Women and Child Development hold such monthly camps, they also said incentives should be offered to parents to come to the camps with their children, whether in the form of cash to compensate for a day's lost labour or foodgrains. "This should be quantitatively specified in the publicity material to encourage attendance and guard against corruption," the groups stated.

**By News Service**

Deccan Herald, July 06, 2012, P.7



# अब बालाघाट में बच्चेदानी निकालने के मामले उजागर जिले के स्वास्थ्य विभाग के अफसर सकते में

बालाघाट, (मप्र) 13 जुलाई (भाषा)। बालाघाट जिले में अनडिजायर नामक गोलियों के एक किट से अवैध गर्भपात करवा कर चिकित्सकों के अपनी जेब गरम करने और महिलाओं की जान से खिलवाड़ करने जैसे मामले उजागर होने के बाद अब बालाघाट जिले में कम उम्र की महिलाओं की बच्चेदानी निकाले जाने के मामले सामने आने के बाद जिले का स्वास्थ्य महकमा सकते में है।

स्वास्थ्य विभाग ने जिले के शासकीय चिकित्सालयों में कार्यरत चिकित्सकों और नर्सिंग होम चला रही महिला चिकित्सकों से जानकारी मांगी है कि बीते एक साल में उन्होंने महिला मरीजों की बच्चेदानी निकालने के लिए कितने आपरेशन किए हैं।

जिला मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी डा केके खोसला ने बताया कि पड़ोसी राज्य छत्तीसगढ़ में इस प्रकार के मामले सामने आने के बाद अब उन्हें जिले में भी कम उम्र की महिलाओं की भी बच्चेदानी निकाले जाने की शिकायत मिली है। उन्होंने कहा कि यदि महिला को पेट दर्द या पेट से जुड़ी कोई तकलीफ हो और महिला चिकित्सक यदि इसके लिए बच्चेदानी निकालने की सलाह देते हैं, तो किसी अन्य विशेषज्ञ चिकित्सक से अवश्य सलाह ले, और जान जोखिम में न डालें।

सीमावर्ती छत्तीसगढ़ राज्य में बच्चेदानी निकाले जाने के कई मामले सामने आए हैं। उसी तर्ज पर

जिला मुख्यालय बालाघाट में भी कथित तीन नर्सिंग होम में कम उम्र की महिलाओं की बच्चेदानी निकाले जाने की भनक लगी जहां प्रतिदिन पांच से दस महिलाओं के आपरेशन कर बच्चेदानी निकाली गई है। ऐसे आपरेशन के लिए महिला मरीजों से भारी रकम वसूली जाती है, वहीं नर्सिंग होम में पांच छह दिन रुकने और दवाइयां व इलाज के नाम पर मरीजों को लूटा जाता है।

डा खोसला ने बताया कि उन्हें शिकायत मिली है जिला मुख्यालय में चल रहे कुछ नर्सिंग होम में 25 से 30 साल की महिलाओं की बच्चेदानी निकालने का आपरेशन किया जा रहा है। उन्होंने कहा कि ऐसे आपरेशन किए जाने से महिलाओं में हार्मोनल ग्रोथ प्रभावित होती है।

एक अन्य विशेषज्ञ महिला चिकित्सक के अनुसार बच्चेदानी निकाले जाने की शल्यक्रिया तभी की जानी चाहिए जब महिला कैंसर, अल्सर जैसे घातक रोग से पीड़ित हो या गर्भाशय में गंभीर संक्रमण हो और जिसे दवाइयों से ठीक किया जाना संभव दिखाई ना दे।

सुनियोजित रैकेट के जरिए लंबी रकम ऐठने की लालच में जरूरत न होने पर भी आपरेशन कर गर्भाशय निकाले जाने के कुकर्म के मामले बालाघाट में उजागर हुए हैं। जिले में कथित रूप से लगभग 500 महिलाओं के गर्भाशय निकाले जाने की जानकारी स्वास्थ्य विभाग को लगी है, जिसकी पुष्टि जांच के बाद ही हो पाएगी।

Jansatta, July 14, 2012, P.5



# Abortion pills

## Bitter pill: Abortion kit sales plunge by 65% in Mumbai

### City Chemists Decry FDA's 'Bid To Link Pill To Female Feticide'

TIMES NEWS NETWORK

**Mumbai:** While one of the Food and Drug Administration's (FDA) strategies to fight female feticide is to crack down on chemists illegally selling the abortion pill, the ham-handed manner in which the FDA has acted has led to an undesired effect. Chemists in the city are afraid to even legally stock the pill, making it scarce.

#### Times View

Something as essential to public health as abortion pills going off chemists' shelves shows how misdirected the FDA campaign has been. Abortion pills, if dispensed legally and properly, don't lead to female foeticide; they help women escape unwanted pregnancies. Pushing women to opt for unsafe abortions is actually pushing them a generation back. More thought needs to be applied and better brains need to be engaged before embarking on campaigns as important as the present one to end female foeticide.

Experts say this could lead to an unhealthy situation. "If the pill is not available or there are too many restrictions, there is a fear that abortions will go underground," said Dr Suchitra Dalvie of the Asia Safe Abortion Partnership.

The Medical Termination of Pregnancy (MTP) kit, whose sales have dropped 65% in Mumbai, is one of the safest ways to end an unwanted pregnancy. Noting the danger in its non-availability, health minister Suresh Shetty ordered action against stores not stocking the kit even as the crackdown continues on selling it without proper prescriptions and paperwork.

But on Friday, a day after the Maharashtra government said it would act against retailers not stocking the pill, chemists remained reluctant to stock it. "The FDA reports us directly to the police for not keeping paperwork. Isn't this extreme?" said a city retailer.

### BOON & RISK



#### HOW THE PILL WORKS

- Medical abortion is a non-surgical intervention to end a pregnancy. It is a combination of two drugs, **mifepristone** and **misoprostol**
- The pregnant woman first takes mifepristone, which blocks the progesterone hormone that is necessary to

sustain pregnancy

- The lining of the uterus breaks as a result, the cervix softens and bleeding begins
- Over **48 hours** later, misoprostol is taken either orally or vaginally to induce contractions and empty the uterus

#### LEGALLY SPEAKING



In India, the pill can be used for up to **9 weeks** of pregnancy



The United States, Australia & Germany also follow the **9-week** norm



In the UK, the pill can be used for up to **23 weeks & 5** days of pregnancy

#### CAUTION

- It is **normal** for women to have bleeding, cramping. They may also feel dizzy or nauseous, vomit, have headache, diarrhoea, temporary flushes, sweat
- However, there may also be **unwanted complications**. One is **heavy bleeding** that

#### DANGERS OF IMPROPER USE OF ABORTION PILLS

soaks through 2 sanitary pads an hour, for 2 hours or more

- Another is **abdominal pain** or discomfort that is not helped by medication, rest, a hot water bottle or a heating pad

➤ **Low-grade fever**

- In India, due to rampant over-the-counter sales,

doctors have reported cases of **incomplete abortions**

- Women with septic remains of the pregnancy, heavy/continuous bleeding and/or anaemia have to be given **emergency care**

➤ Cases of **deaths** due to infection have been reported abroad (no record in India)

The current scarcity can be blamed as much on the illegal use of MTP kits as on the state's crackdown on chemists, said experts.

Dalvie said there has been rampant illegal use of MTP kits, especially in sex-selective abortions. Dr Rekha Daver, who heads JJ Hospital's gynaecology department, said, "The pill is recommended only for pregnancies of not more than 63 days, that too on a prescription written by a gynaecologist certified to carry out abortions. But in practice, the drug was being dispensed by homoeopaths, MBBS doctors, quacks and chemists themselves." Dalvie said that even with the availability of the pill, 45% of all abortions were not carried out by recognized MTP service providers or were performed in a place not legally approved.

Doctors fear the present impasse will take women's reproductive health back many

years. Daver said it was a good measure to let the abortion pill into India.

Almost 10 years ago, public health experts celebrated the entry of medical abortions. In a country where unsafe abortions accounted for 8% of all maternal deaths, the MTP kit — which actually has two pills taken 48 hours apart — was offered as the safest option for women seeking to end unwanted pregnancies. India allows the pill to be used for up to nine weeks of pregnancy.

However, the pill began to be sold without prescription. Like every other medication, it can have side-effects or lead to worse dangers, like bleeding, abdominal pain and fever.

In India, only one of two pills are sometimes taken in the second trimester to induce labour. This can cause incomplete abortions and septic remains of the pregnancy. Daver said, "The kit has two pills — one is expensive and the

other cheaper. Off label use of this cheaper pill for second-trimester abortions is not only unethical, but unsafe." She said her hospital has treated incomplete abortions.

However, by not stocking the pill, the chemists are protesting against what they say is the government's move to link the pill to female feticide. They say the pill can only be used during the first 63 days of pregnancy. "The sex of the unborn child is known only after 12 weeks (84 days). So, how can we be blamed for female feticide?" asked Dilip Mehta of the Maharashtra State Chemists & Druggists Association. He said all association members have been asked to stock the pill and sell against a proper prescription.

"But abortion is a sensitive and personal matter. Most of the people who want the pill give wrong names or addresses. How do we work around this?" he asked.

The Times of India, July 08, 2012, P.14



# Expectant/Pregnant Women

## देश में हर 10 मिनट में होती है एक गर्भवती महिला की मौत

ज्ञान प्रकाश/एसएनबी

नई दिल्ली। देश में हर 10 मिनट में कोई गर्भवती महिला शारीरिक कमजोरी के कारण गर्भ से जुड़ी विभिन्न समस्याओं के चलते अपनी जान गवा बैठती है।

सेटर फॉर एजुकेशन, डेव्लोपमेंट एंड पॉपुलेशन एक्टिविटीज एवं एस को परिवार नियोजन यूनिट को एक अध्ययन रिपोर्ट के अनुसार भारत में वर्ष 2010 में बच्चे को जन्म देते समय विभिन्न समस्याओं के कारण 56 हजार औरतों की मृत्यु हुई। यानी हर घंटे छह और हर दस मिनट बाद एक मौत महिलाओं की सुरक्षा व देखभाल को लेकर यह शर्माकाच व दुःखद आंकड़े प्रस्तुत करने वाली इस रिपोर्ट को तैयार करने में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में स्थापित सामुदायिक एवं परिवार नियोजन यूनिट की महती भूमिका है।

रिपोर्ट का सुखद पहलु यह भी है कि दिल्ली में गर्भ संबंधी समस्याओं के दौरान होने वाली मृत्यु दर में तेजी से सुधार दर्ज किया गया है। प्राप्त आंकड़ों के मुताबिक वर्ष 2001-2005 के दौरान हर सी में से चार महिलाओं की मौत की दर में कमी आई है और अब गर्भ से जुड़ी समस्याओं के चलते महिलाओं की मौत का आंकड़ा 100 में चार से घटकर 100 में एक पर आ गया है। रिपोर्ट के मुताबिक अब महिलाएं अपने स्वास्थ्य के प्रति जागरूक हुई हैं। प्रसूति केंद्रों में गर्भवती महिलाएं न सिर्फ खुद जाने में दिलचस्पी ले रही हैं बल्कि स्वयं व गर्भस्थ शिशु को स्वस्थ रखने के लिए वहां तैनात डॉक्टरों से ली गई टिप्स को अमल में लाने में दिलचस्पी भी दिखा रही हैं। इस बाबत यूनिट की प्रभारी डा. सुनीता मित्तल ने रिपोर्ट के हवाले से कहा कि दिल्ली के सरकारी अस्पतालों में अनुमानतः हर दिन 175-250 के मध्य प्रसव कराए जाते हैं। इनमें से 60 प्रतिशत प्रसूताओं में पोषण व हीमोग्लोबिन की कमी के चलते उनका ऑप्शन करना पड़ता है। सुखद यह भी है कि लोगों में जागरूकता बढ़ने के कारण वर्ष 2001-2005 के दौरान गर्भ संबंधी समस्याओं से गर्भवती महिलाओं की होने वाली असमय मृत्यु दर में तीन फीसद तक सुधार हुआ है। देश की बात की जाए तो जागरूकता बढ़ने के कारण गर्भ से जुड़ी समस्याओं के चलते महिलाओं की मृत्यु दर में सुधार के मामले में दूसरे नंबर पर केरल और तीसरे स्थान पर बंगाल है। यहां पर क्रमशः हर 100 में से प्रसूताओं की असमय मौत की दर अनुमानतः दो व तीन है। रिपोर्ट में संरक्षित ग्राफ



की रिपोर्ट का भी इस्तेमाल दिया गया है जिसके अनुसार अंतर्राष्ट्रीय स्तर पर इस मामले में हमारा नम्बर सूडान, इथियोपिया और बांग्लादेश जैसे गरीब और पिछड़े देशों के बाद आता है। जबकि हमारे यहां मेडिकल सेवाओं के विस्तार का दावा किया जाता है और यहां कई क्षेत्रों में तरक्की भी हुई है। रिपोर्ट के मुताबिक गर्भवती महिलाओं की असमय मौत इसलिए होती है कि इन महिलाओं की गरीबी, अशिक्षा या अन्य सामाजिक व आर्थिक कारणों के चलते टीक से चिकित्सा सुविधा नहीं मिल पाती। उन्हें पीएचक खाना नहीं मिलता और कई को तो यह भी नहीं पता रहता कि इस हालत में क्या किया जाए। गांवों में दूर-दूर तक नर्सों की बात छोड़िए प्रशिक्षित दाई तक नहीं है। इसमें दिल्ली के 360 गांवों का भी अध्ययन किया गया। जहां प्राथमिक स्वास्थ्य केंद्र तो हैं लेकिन वहां पर डॉक्टर व दवाओं का अक्सर टोंटा रहता है। कई जगहों पर बुधवार व शनिवार को गर्भवती महिलाओं को जांच व परामर्श देने के लिए सलाह केंद्र स्थापित किए गए हैं, लेकिन यह भी प्रसूताओं की आकांक्षाओं पर खरे नहीं उतरते। सेटर फॉर एजुकेशन, डेव्लोपमेंट एंड पॉपुलेशन एक्टिविटीज की निदेशक डा. अमराजिता गोगोई की माने तो यह प्रसूताओं के प्रति हमारी नकारात्मक योग्य को भी दर्शाता है। समाज में महिलाओं का दर्जा कम माना जाता है। लड़कियों को शादी कम उम्र में ही कर दी जाती है। परिवार को सीमित रखने में न तो उनकी कोई राय ली जाती है और न ही इस सिलसिले में उनकी किसी बात को सुना जाता है। उन्हें बचपन से कम पीएचक खाना तो दिया ही जाता है, कई मामलों में तो महिलाओं खाना भी कम दिए जाने की बात प्रकाश में आई है। जिसके चलते महिलाएं ताउम्र कमजोर रह जाती हैं और यही गर्भ के दौरान उनकी मौत का कारण बनता है। रिपोर्ट के अनुसार देश में यह दर सबसे कम केरल में प्रति हजार 81 इसलिए है कि वहां लड़कियां कांी अधिक पढ़ती-लिखती हैं।

► दिल्ली में वर्ष 2001-05 की अपेक्षा वर्ष 2010 के दौरान मृत्यु दर में आई कमी  
► गर्भवती महिलाएं अपनी व अपने गर्भस्थ शिशु की देखभाल में ले रही हैं दिल्ली

यह भी : कुछ अन्य देशों में प्रति हजार यह संख्या इस प्रकार है। चीन 37, श्रीलंका 35, थाईलैंड 48 और ब्राजील 56। रिपोर्ट में इस बात की तारीफ भी की गई है कि 1999 में प्रति एक लाख में ऐसी घटनाएं 437 थीं, वह अब घट रही है। इस बात की भी सराहना की गई है कि महिलाओं की हेल्थ को दुरुस्त रखने के लिए भी काफी काम किया गया है और इसके अच्छे नतीजे भी मिल रहे हैं। लेकिन अभी भी काफी काम बाकी है।

Rashtriya Sahara, July 15, 2012, P.8



## श्रावस्ती, जहां महिलाएं देती हैं औसतन छह बच्चों को जन्म!

अदिति टंडन/दिन्यु

नयी दिल्ली, 16 जुलाई। उत्तर प्रदेश के श्रावस्ती जिला में महिलाएं औसतन छह बच्चों को जन्म देती हैं। देश के सर्वाधिक जनसंख्या वाले राज्यों के उच्च सर्केंद्रित 284 जिलों में से केवल 20 जिले ही प्रति महिला 2.1 की जन्मदर के प्रतिस्थापन प्रजनन स्तर के साथ जनसंख्या स्थायित्व के लक्ष्य को हासिल कर पाये हैं। प्रतिस्थापन स्तर वह मानक है जिसमें किसी स्थान विशेष की जनसंख्या बढ़ने के बजाय एक पीढ़ी दूसरी पीढ़ी में प्रतिस्थापित हो जाती है।

भारतीय महापंजीयक द्वारा आज जारी वार्षिक स्वास्थ्य सर्वेक्षण में जनसंख्या स्थायित्व मोर्चे पर भारत की निम्न कारगुजारी का खुलासा हुआ है। इससे राष्ट्रीय स्वास्थ्य ग्रामीण मिशन द्वारा करोड़ों रुपये के लागत वाली लक्षित परियोजना पर भी सर्वालिधा निशान उठता है जिसमें महिलाओं की गर्भनिरोधक जरूरतों को पूरा करने का प्रावधान है। रिपोर्ट में यह भी उजागर हुआ है कि देश के सर्वाधिक जनसंख्या वाले नौ राज्यों में हर पांच में से एक महिला को गर्भ निरोधक तक पहुंच नहीं है। इसी का परिणाम है कि सर्वाधिक जनसंख्या वाले राज्यों में प्रति महिला प्रजनन दर तीन बच्चों की है। छह राज्यों में प्रजनन क्षमता वाली महिलाओं की प्रजनन दर 2.5 की राष्ट्रीय औसत दर से अधिक है। केवल उत्तरखंड तथा ओडिशा 2.3 की प्रजनन दर के साथ अपवाद है। बिहार में यह दर 3.7, उत्तर प्रदेश में 3.6, राजस्थान में 3.2, झारखंड तथा मध्यप्रदेश में 3.1, छत्तीसगढ़ में 2.9 तथा असम में 2.6 है।

## Expectant mothers to be monitored

NEW DELHI, DHNS: With anaemia causing high mortality of mothers and babies, the Centre plans to regularly monitor the health of six to seven lakh pregnant mothers every year to ensure that they do not become victims of the condition.

Based on the government's latest annual health survey, the Union Health Ministry estimated that close to 2 per cent pregnant women in nine northern states are highly anaemic with less than 7 gm of haemoglobin per 100 ml of blood. They need medical attention.

The plan is to identify highly anaemic women at the village level when they come to ante-natal clinics in their first trimester and put them on iron and folic acid supplements as their attendance ratio drops in the next two trimesters.

"This will eventually come down to keeping a record of 12-14 pregnant women at each primary health care centre and monitoring their pregnancy, which is a manageable task," a Health Ministry official told *Deccan Herald*. On Monday, the ministry released health indicator data on nine states—Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttarakhand and Uttar Pradesh—collected by the registrar general of India.

These states account for about 48 per cent of the total population, 59 per cent of births, 70 per cent of infant deaths, 75 per cent of under-five deaths and 62 per cent of maternal deaths. These are high-focus states because of high fertility and mortality at the national level.

Dainik Tribune, July 17, 2012, P.9

Deccan Herald, July 17, 2012, P.8

## Jharkhand mothers gift more than just life to babies

SANTOSH NARAYAN ■ RANCHI

The fun of recent Bollywood hit *Vicky Donor* turns into a social act when the actor sees his good deed flourishing as children for many childless couples. In Jharkhand, though, mothers seem to be more impressed with yesteryear blockbuster *Mother India*, as many come forward for preservation of their umbilical cord blood, considered a medical waste until now.

Eight to 10 couples come forward every month in Ranchi to preserve umbilical cord stem cells — the blood found in the cord connecting the baby to the mother. The number is also considerable in other major cities of the State. Steel city Jamshedpur registers six to seven such families, whereas the number is about two to three in Dhanbad in a month.

Experts say that umbilical cord stem cells can be proved a panacea in treating chronic and even genetic disorders such as thalassaemia, leukaemia, myelodysplastic

syndrome, plasma cell disorder and helpful in curing cardiac ailments, diabetes, spinal cord injuries, muscular dystrophy and autism.

The entire concept of stem cells is based on the collection of nearly 100 ml blood found in umbilical cord and preserving it for repairing, replacement or regeneration of damaged organs or deficiencies later in the life.

Afsar Khan, regional head of Cryobanks, says, "Human leukocyte antigen (HLA) is a protein present in human beings. There are six types of HLA, just like four blood groups. We extract HLA from the umbilical cord blood that can be used later in treating disorders. 3/4th match of HLA with the person given treatment is required."



Cryobanks is a leader in collecting and preserving umbilical blood stem cells worldwide. "Now, cord tissue cells or mesenchymal stem cells are also extracted from the umbilical cord blood from which

any organ can be redeveloped, if damaged," he added.

Cryobanks has also taken a lead in Jharkhand, where almost all the towns have their own representatives. "We remain in touch with gynaecologists and parents expecting babies. We make them aware of the benefits of preserving cells and convince them for registering for it. At the time of delivery, our people remain in the labour room and facilitate in collecting the blood cell," said Khan.

The Pioneer, July 11, 2012, P.4



# Mother's Mortality Rate

डा. रेणुका नैयर

एक औरत की पूर्णता उसके मां बनने में मानी जाती है लेकिन सहस्राब्दि विकास लक्ष्य 2012 की रिपोर्ट बताती है कि भारत में हर दस मिनट में एक मां मौत का शिकार हो रही है। भारत को आईना दिखाने वाली यह रिपोर्ट संयुक्त राष्ट्र की ओर से जारी की गई है। रिपोर्ट के अनुसार देश में गर्बी, कुपोषण और कुप्रबंधन के कारण वर्ष 2010 में मां बनने के दौरान 57 हजार महिलाओं की मृत्यु हुई। वैसे दुनियाभर में 2010 में दो लाख 87 हजार माताएं जन्म का आनंद लीं। इस दौरान भारत में मातृत्व मृत्यु दर पूरी दुनिया में हुई माताओं की मौतों का करीब 20 प्रतिशत रही। मौजूदा समय में भारत में प्रति एक लाख जन्म पर मातृत्व मृत्यु दर 212 है। संयुक्त राष्ट्र के जनसंख्या कोष की भारत में प्रतिनिधि फ्रेड्रिक मेडजर ने कहा कि भारत मातृत्व मृत्यु दर को कम करने की दिशा में प्रयासरत है। मां बनने

## मातृत्व मृत्यु दर में वृद्धि के गुनहगार!

के दौरान 1999 से 2009 के बीच होने वाली मौतों में 38 फीसदी को कमी आई है, लेकिन हम अपने लक्ष्य तक नहीं पहुंच पाये हैं। मेडजर ने बताया कि 2010 के आंकड़ों के मुताबिक भारत में हर रोज 150 महिलाओं की मौत मां बनने के दौरान हो जाती है। गर्भावस्था या गर्भपात कराने के 42 दिन के भीतर होने वाली महिलाओं की मौत के आंकड़ों को मातृत्व मृत्यु दर कही जाता है। इस संकेत में पहला नंबर सहारा अफ्रीका का है जहां मातृत्व मृत्यु दर 56 प्रतिशत है जबकि दक्षिण अफ्रीका 29 प्रतिशत के साथ दूसरे नंबर पर है। स्थिति सुधरी है लेकिन अभी भी बहुत कुछ करना बाकी है। मां बनने जा रही महिलाओं के घर के निकट सहायक नर्सों या दाइयों को सहायता उपलब्ध करानी होगी।

दूसरा तरफ खुरी को बात यह है कि

बेटियों के मामले में बदनाम पंजाब के गांवों में स्थिति सुधर रही है। पंजाब के 20 जिलों के 75 गांवों में बेटों से अधिक बेटियों की संख्या है। इन गांवों में बेटों का बोल नहीं, शोक का सनब नहीं बल्कि मां-बाप के लाड-प्यार व बेटों के बराबर हक का प्रतीक है। अब ममता की भूत बेटियों का जन्म के समय ढोल की थाप पर स्वागत किया जाता है।

'कुड़ीमार' प्रदेश के बदनाम दाग झेल रहे पंजाब में यह बदलाव की ब्यार है। रामा में बेटियों के लिए 'सेफ जोन' बनाने में ग्राम पंचायतें अग्रणी रोल अदा कर रही हैं। स्वास्थ्य व परिवार कल्याण विभाग द्वारा प्रदेश की 75 ग्राम पंचायतों को दस गुलाई की

गोहाली में होने वाले रज्यस्तरीय समारोह में सम्मानित किया जा रहा है। इन गांवों में छह वर्ष तक की लड़कियों की संख्या प्रति एक हजार लड़कों की संख्या से अधिक है। इन ग्राम पंचायतों को मानसिक सौच में बदलाव, लड़के-लड़की में सभ्यता की भावना विकसित होने और महिलाओं के जागरूक होने के साथ पूरे गांव की कोशिश से यह सफलता मिली है।

पंजाब में तो बेटियों को रोशनी की राह मिल रही है लेकिन राजस्थान में अभी भी अलवर जिले के कई गांवों में लड़की न होने के कारण लड़के कुंवारे भूम रहे हैं। उन्हें अपने लिए बहू छत्तीसगढ़, बिहार, बंगाल आदि राज्यों से खरीदकर लानी पड़ रही है। इन की

कीमत 30 हजार से पांच लाख रुपये तक होती है। इन कुंवारों को कमजोरी का शायी करवाने वाले दलाल फायदा उठाते हैं। ऐसे बहुत से मामले सामने आये हैं जब शायी के कुछ दिन बाद लड़कियां घर का सारा सामान चोरी का भाग गईं। ऐसे कितने ही गिरोह सक्रिय हैं जो इस धंधे में लगे हुए हैं। लाखों खर्च करके भी वे अपना घर नहीं बसा सके। यह लड़कियों के प्रति रवैये का ही परिणाम है। ऐसे लोगों को पंजाब के गांवों से सबक लेना चाहिए।

इसमें संदेह नहीं कि किसी न किसी रूप में दुनिया का बोल अपने कंधों पर उठाने वाले पुरुषों को ही महान कहा जात है। उन्होंने अच्छा किया या बुरा, किन्तु स्थितियों का पुनः सुनन तो किया ही और इसके लिए चाहे कितना ही बोल उठाना पड़े, संघर्ष करना पड़े, उन्होंने हार नहीं मानी। यही वह बात है

जो स्त्री ने अब तक नहीं की। दुनिया को अपना मानने, उसकी उन्नति या अवनति के लिए स्वयं को जिम्मेदार ठहराने के लिए यह जरूरी है कि व्यक्ति विशिष्ट सुविधा-प्राप्त वर्ग का सदस्य हो, क्योंकि यही वे लोग हैं जो दुनिया को बदलने का संदेश दे सकते हैं, इसके बारे में सोच सकते हैं और इसकी कामियों को दिखा सकते हैं। ये जब स्वयं को इस दुनिया में पहचानते हैं, तभी अपने कदमों की छाप छोड़ जाते हैं। इसलिए अब तक स्त्रियों ने नहीं, बल्कि पुरुष ने अक्तर लिया है और मानवता को नियति अपने व्यक्तिगत अस्तित्व में पहचानने है। अक्तर की बात छोड़ दें तो भी अपने कदमों की छाप छोड़ने के लिए संघर्षशील तो होना ही होगा। आज जब वैज्ञानिक दावा कर रहे हैं कि उन्होंने भगवान को खोज लिया है लेकिन हम स्वयं को ही नहीं खोज पा रहे हैं। कानून और अदालतों के फैसले तब तक कुछ नहीं कर पायेंगे जब तक हम अपनी मानसिकता नहीं बदलेंगे।



Dainik Tribune, July 07, 2012, P.8

# Sanitation and Hygiene- Lack of toilets for Women

संपादकीय  
ad@amarujala.com

जिस देश में पैंतीस लाख में दो सरकारी शौचालय बनते हैं, उसी मुल्क में कई नवविवाहिताओं को शौचालय के अभाव में ससुराल छोड़ना पड़ता है।

## सामाजिक चेतना जगाती ये स्त्रियां

**दे**श के ग्रामीण इलाकों से आने वाले सामाजिक बदलाव के सूचक हैं, भते इसका दायरा अभी कितना ही छोटा क्यों न लगता हो। इस सत की शुरुआत में मध्य प्रदेश के जनजातीय बहुल जिलों के तून में एक नवविवाहित पत्नी ही रात ससुराल छोड़कर चली गई थीं। क्योंकि वहां शौचालय नहीं था। उस वकन को हमारे समाज ने पता नहीं, किस तरह लिया, पा पिछले दिनों उस प्रदेश के अलग-अलग इलाकों को तीन नवविवाहिताओं ने टोक ऐसा ही करम उदात्तर संदेश दिया कि शौच और सफाई से जुड़े ग्रामीण समाज के बेमौता चलन को वे नहीं सहेंगी। ग्रामीण और कनबाई संस्कारों से जुड़े ये स्त्रियां आधुनिक संघ से संपन्न हैं। इनके विद्रोह ने ग्रामीण भारत के उस दंत को खू लिय है, जो असंख्य लोगों में जुड़े रोज का हकीकत है। इस 21वीं सदी में भी अपने देश में करोड़ों लोग शौचालय के अभाव में खुले में शौच करने को अधिगत हैं। इसकी पीड़ा महिलाओं को दो व्याप भीषण पड़ती है, क्योंकि वे पुरुषों को तरह जक-तब निबटने के लिए बहर नहीं जा सकती। उन्हें या तो झुं अंधों जन पड़ता है व शाम को अधो घिने के बाद। यह मखुरी तकलौपदेह तो है ही, धर-थी महिलाओं को पेट और आं को बमपरिवे का शिक्सा भी बना देती है। इसके अलावा अंधों में बहर जाने के दुसरे खतरे भी हैं। खुले में शौच भते ही अब ज्यादातर अर्थिक मखुरी का नतीजा हो, लेकिन हमारे देश में तबे समय तक इसकी पापर रहीं हैं। ग्रामीण भारत में ऐसे लोग अब भी कम नहीं हैं, जो बेहतर अर्थिक हैसियत के बखजूद घर ने शौचालय बनाना किबलुखचीं भनते हैं। यह दाअमल उस पुरुष वर्चस्ववादी मानसिकता का भी परिचय है, जो स्त्रियों को शौचा समझना नहीं चाहती। शौचालयों में विहिन अमख धरों को यह जसर सचईं उस दंत को है, जिसे 2020 तक किबमित राष्ट्र बनने का सपना देखा सच है। यह उस मुल्क का निर्मम सच है, जहां पिछले दिनों दो सरकारी शौचालयों को आधुनिकतम रूप देने के लिए पैतम तख रुपये खर्च का दिा गए। सत को संवेदनशीलता को देखते हुए बैतूल, न्हागबगंव, कुशोनस और मिद्धरुनमा को इन महिलाओं के विद्रोह का मेल और बढ जाता है। यह उम्मीद क्यों न करें कि बेहती के लिए विद्रोह को ऐसी ही और अखरें देर के दायरा इलाकों से भी दो-सबो उठेंगे!



Amar Ujala, July 02, 2012, P.12



# Bride's new toilet points to social revolution

Ben Sheppard  
meanwhile

Defecating in the open is a major social issue in India, touching on topics including women's rights, health and hygiene, and the clash between traditional and modern lifestyles

Spotlessly clean and decorated with plastic flowers and balloons for its opening ceremony, Priyanka Bharti's toilet is seen as a gleaming symbol of the empowerment of Indian women.

It has been built in the village of Vishnupur Khurd in Uttar Pradesh state due to the determination of Priyanka, a young bride who walked out of her new marital home when she was appalled to find she had to defecate in the open. The ensuing drama soon became well-known in the area as the newlyweds' scandalised families both tried to persuade her to return to her husband but she refused, saying the shame of squatting in the fields was too much to bear.

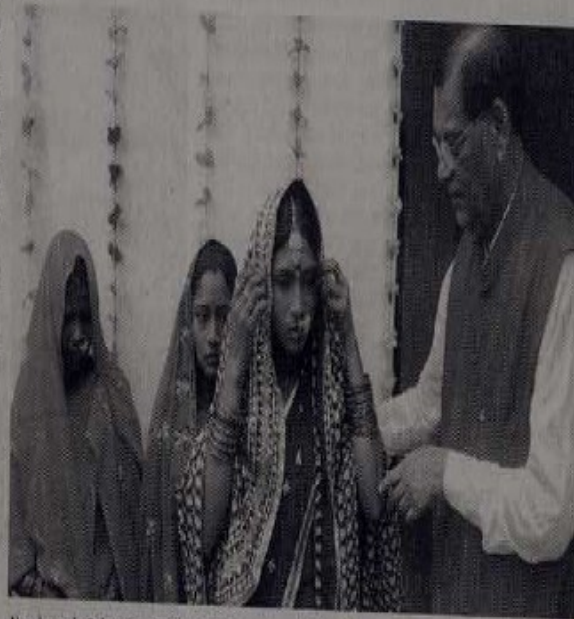
"I was adamant that I could not stay in a home where people might see me go to the toilet outside in an unhygienic way," Priyanka said after the lavatory, constructed by sanitation charity Sulabh, was ceremonially unveiled last week. "I don't know where I got the strength," she said. "But I come from a family with many strong women and when I moved to my husband's house I was without my relatives and friends and I was having to adjust to a new life." Her firm stance paid unex-

pected dividends after Sulabh, one of India's largest social organisations, heard about her protest and adopted her cause as a way to promote better public health through proper toilet facilities.

It even awarded Priyanka a ₹200,000 prize that was presented at the official opening of the small toilet building, with the bride agreeing to move back in with her husband. "We did not really believe the money was a true story, so we are shocked," said Priyanka, whose marriage was arranged when she was aged just 14, although she was not taken to her husband until April when she turned 19.

She stayed at her new home for just four days before fleeing when her family came to visit from their village 20 km away. She refused to return to the marital home until the toilet was ready to use.

"My parents were apprehensive and angry but I convinced them it was what I had to do. They had a basic indoor toilet, so for me to start going outside was too difficult," she said. Defecating in the open is a major social issue in India, touching on topics including women's rights, health and hygiene, and the clash between traditional and



Newlyweds Priyanka Bharti, Kumari Jyoti and Priyanka, who revolted against the absence of toilets in their in-laws' homes, return after the construction of toilets by Sulabh International, with Bindeshwar Pathak (right), at Vishnupur village near Gorakhpur, UP.

— G.N. JHA

modern lifestyles.

"Women will not go in the open during the day so they must visit the fields before dawn and then wait many hours again until after dusk," Bindeshwar Pathak, who founded Sulabh in 1973, said. "Walking barefoot in these areas is bad for catching tapeworm, bacteria and many other diseases, and is unhealthy for children who play. People used to not talk about this issue but now it is a public debate."

Mr Pathak, one of India's

most notable activists, has for decades campaigned for the use of simple indoor toilets and has also fought for low-caste Dalits (formerly "Untouchables") who often clean out other people's bucket toilets.

"We gave awards to Priyanka and two other brides who refused to live with their new families due to lack of toilets," he said. "We want them to be torchbearers whose example encourages better sanitation."

India's rural development minister Jairam

Ramesh said recently that India "should be ashamed" that 60 to 70 per cent of women are forced to defecate in the open and he vowed further funding to tackle the problem.

However, government schemes to build new facilities are often undermined by corruption, with recent allegations that in Uttar Pradesh alone, millions of toilets meant to have been built by state authorities were never constructed.

According to the 2011 census, about 191 million households in India have

no latrine in their premises, with eight million using public facilities and 123 million defecating in the open. In Vishnupur Khurd, the new toilet block, with its freshly-painted yellow walls, stands out among the jumble of huts and houses made of rough bricks. The structure contains two cesspits, plus an attached storeroom and washroom as Sulabh organisers say they find that a single new toilet with a lockable door often ends up being used for storage instead. For villagers such as Kamala Wati Sharma, 45, the new building, and the cash prize, are to be admired and perhaps envied. "We have nothing in our house," she said during a break in the day-long opening ceremonies, which included blessings, speeches and dance performances organised by Sulabh and attended by hundreds of villagers.

"It is a problem for us to go to the toilet outside in the dark," said the mother of five. "But it costs money for something like this."

Sulabh, which has provided 1.2 million toilets to poor rural Indians, admits that the toilet built for Priyanka and her new family cost over \$1,000 but says that more basic designs can be constructed for well under \$30.

— AFP



# Tubectomy

## A mandate that spells coercion

With several State governments on a frenzied tubectomy drive to meet sterilisation targets, activists point out how young women are forcibly sterilised under unhygienic conditions to conform to the two-child norm

Usha Rai

On April 8, Bala Devi (35), mother of four, of Hudia village of Rajasthan's Nagaur district died during a sterilisation operation in the Manana public health centre where a sterilisation camp was organised. Her death was a small news item in the Nagaur edition of *Dainik Bhaskar*. Investigations by a Bundi-based organisation working on women and adolescent health issues showed that Bala Devi had not been counselled about the possible side effects as mandated by the Central government rules nor was her health status checked. She was just one more case to boost the government's sterilisation targets. The doctor said she had died of a heart attack while being operated. In fact, the government guidelines mention intra-operative emergency complications like vasovagal attack and cardio respiratory arrest that necessitate preliminary tests before the operation.

Cut to Madhya Pradesh, where the population control mania has led to a frenzied drive to attain a 'voluntary' sterilisation target which even in 2010 was as high as seven lakh; and the late Sanjay Gandhi is showcased as a hero who tried to bring family planning to people's doorstep during the Emergency. The District Collectors were



**FAMILY FOCUS:** Reproductive rights and a target-free approach is needed.  
PHOTO: RANJEET KUMAR

issuing notices to government employees including tehsildars, naib tehsildars, patwaris, and anganwadi workers to meet the targets.

There is even documentary evidence of a warning letter (dated February 2, 2012) being issued to an anganwadi worker in Chhindwara district for not meeting the targets. Many people (both men and women) have claimed they were forcibly taken for sterilisation. Others were lured with promises of material benefits by motivators who are largely government health workers.

Disturbed by these reports,

health rights activists have formed a National Coalition against the two-child norm and coercive population policies last December. The Coalition, housed in the Centre for Health and Social Justice (CHSJ) in Delhi, has as its chairperson former secretary of the Ministry of Health and Family Welfare, A.R. Nanda, who was responsible for the National Population Policy 2000 that marked the radical shift from incentive and coercion to a more people-centred policy. The Coalition also has civil society partners from Bihar, Rajasthan and Madhya Pradesh.

Dr. Abhijit Das, director of the CHSJ and convener of the Coalition, says the two-child norm in India is modelled on China's one-child policy and was recommended by the National Development Council's Committee on Population in 1992.

The International Conference on Population and Development (ICPD) brought a significant change in the way population and reproductive health is conceptualised and India as a signatory committed itself to adopting 'reproductive rights' through the 'target-free' approach. However, in practice, many States

continue to have deeply coercive policies due to official pressure to meet 'family planning targets'. Different policies were designed like making sterilization a precondition to access development schemes and prohibiting persons with more than two children to contest for panchayat/ municipal elections in certain States.

Owing to the negative impact of the two-child policy and its discriminatory nature, four States — Haryana, Himachal Pradesh, Madhya Pradesh and Chhattisgarh — had revoked this policy. However, out of the nine States where the policy was being implemented, Rajasthan, Andhra Pradesh, Orissa, Maharashtra and Gujarat still continue with it.

The Coalition challenges the two-child norm as it is anti-democratic, anti-women and anti-children and affects dalits, adivasis, women and the poor. The norm has affected the participation of youth, who comprise 50 per cent of the population, as it is they who are disqualified on grounds of having more than two children, while elderly couples with more children are not touched.

Given the strong son-preference in India, a mandatory two-child law leads to pre-birth elimination of female fetuses. Evidence from Himachal Pradesh reveals that districts with highest juvenile

sex ratio have had the highest disqualifications compared to districts with lowest sex ratio. This indicates the danger of sex selective abortion in an environment where political gains are underlying. Evidence also shows that dearth of women of marriageable age leads to abduction, sex slavery and other forms of violence.

On the other hand, women whose husbands nurture political aspirations at local level are known to undergo forced abortions. Men who are keen to continue as members in panchayat even desert their wives. Many a time, children are given away for adoption to retain position in panchayat leadership. The forced separation of children from their families may have severe repercussions on their minds.

The Coalition has found that female sterilisation continues to be the most used method of family planning in many States. Camps are the most common platform of service delivery and quality of care is compromised.

Despite these facts, policymakers are concerned that the family planning programme has not performed adequately and the population is growing rapidly, says Dr. Das. "While a majority of our couples are young and need means to stop their first pregnancy or increase the interval between births, policymakers seem intent on promoting sterilisation or permanent methods."

A major problem of performing sterilisation on young people is that failure rates are high and there are possibilities of long-term consequences. Unfortunately, the government has yet not carried out studies on long-term consequences of early tubectomy on young women. Millions of women are being sterilised when just 21 years or less, alleges Dr. Das.

The Hindu, July 10, 2012, P.4



# Urinary Incontinence

## '40% of city women suffer from urinary incontinence'

Express News Service

**Chennai:** At least fort per cent of the women in the city are struggling with urinary incontinence, says a recent study. Guna Associates in Urogynecology & Research for Incontinence (GAURI), the first continence and pelvic health centre in India, in its recent comprehensive research on 'Prevalence of urinary incontinence and help seeking behavior among women in Chennai', has found out that at least one third of them thought this was a problem with a high degree of bother.

The study was carried out to find out the awareness level among women on the disorder and encourage them to seek medical help at the right time and restore health through modern incontinence care solutions. GAURI surveyed 2,000 women in Chennai and queried them on varying aspects of incontinence. A one-page 7 item

### STATS FROM STUDY

- Women were asked whether they leaked with coughing, sneezing or laughing. About 46% of the response was positive.
- About 37% said that they leaked with urgency before they went to the toilet. As many as 31% thought that it was a bothersome problem and needed help.
- **There were 38% knew that treatment for these problems were available.**
- Only about 13% of them would approach a doctor and of women who would not approach a doctor, 22% said that they felt shy.
- **31% said they did not consult a doctor because they thought that incontinence was an ordinary problem, and about 34% said they did not know which doctor treated incontinence issues.**

#### What is urinary incontinence?

It is an involuntary leakage of urine that has a profound impact on the quality of life

questionnaire was administered either by phone or by hand. Women were stratified according to age. 55% of them were 30-50 years.

In India, there have been varying attempts at estimating prevalence of Urinary incontinence among women, but none have looked at the

degree of bother and help seeking behavior in these women. Dr. Karthik Gunasekaran who helms GAURI said, "Urinary Incontinence is a common problem especially for women after childbirth though it can occur due to other reasons like surgeries and old age. Though worldwide one out

of four women suffers from it, they feel embarrassed and it takes at least five years for them to seek help. The findings would help create awareness among women and thereby encourage them

Worldwide, one out of four women suffers from it, they feel embarrassed and it takes at least five years for them to seek help

— Dr Karthik Gunasekaran, Founder, GAURI

to discuss their problem with the doctors without being hesitant."

"Urinary incontinence is treatable through a minimally invasive bloodless day care surgery. The success rate is 95%. This improves the quality of life drastically and women need not suffer in silence," he added.

New Indian Express, July 10, 2012, P.1



# Miscellaneous

ON THE MARGINS

## Striking a healthy chord!

Community health programme 'Sehat Aapaa' identifies women and children in need of medical intervention

Smriti Kak Ramachandran

On some days she has the door slammed in her face, on some days she is treated with suspicion. There have been mishaps on the job, and several unpleasant instances, yet, each time she reaches out to a woman in need of help, all misgivings are forgotten.

Meet Shabnam -- also known as 'Sehat Aapaa' -- a community health worker who goes door-to-door identifying expectant women and children in need of medical intervention in Delhi's Nizamuddin basti.

"Sometimes people don't allow me in, sometimes women are suspicious and want to know why I offer to take them to a dispensary for check-up or help them procure medicines. It is hard to cajole pregnant women and their families to agree for health checks and proper medication," said Shabnam, who is one of the nine others who work as 'Sehat Aapaa' as part of the community health programme being run by the Aga Khan Trust for Culture under its Nizamuddin Basti Urban Renewal Initiative. The community health care project was started in January this year, after the Trust learnt of poor maternal and children facilities in the basti.

"Nizamuddin basti is about 5 km away from AIIMS and Safdarjung Hospital but access to

healthcare remains an issue. The public amenities, utilities and services are overburdened and coupled with unhealthy and insecure environs for the residing population make for a rather complex social environment," said Jyotsna Lall, senior programme officer, Aga Khan Development Network (AKDN). At the grassroots of this project, being funded by the Sir Dorabji Tata Trust, is the health contact called 'Sehat Saheli' for up to 50 households. The Sehat Saheli is the closest link with the community and the person who is the source of information on health and associated issues for the community. From amongst the Sehat Sahelis, the project has built a team of 10 frontline workers called Sehat Aapaa to reach out to approximately 250 households in their locality.

The Sehat Aapaas are trained in inter-personal skills, group interaction



**GUIDANCE AT THE DOORSTEP:** Community workers in action.

and public speaking, and even dealing with conflicts. The AKDN in a health profile conducted by it found that 75 per cent deliveries are institutional, while the remaining 25 per cent deliveries are not always assisted by trained birth attendants. Also, there is high incidence of prevalence of chronic diseases. "A baseline survey conducted by Aga Khan Foundation in 2010 revealed that the average age at marriage is 19 years; age at first pregnancy is 20 years and 53 per cent pregnant women are anaemic and 48 per cent women facing problems during pregnancy," said Ms. Lall. The Foundation began mapping pregnant women and children under six. "There was a polyclinic in the area run by the Municipal Corporation of Delhi. Immunisation programmes were being run as well, but there was lack of awareness. Our Sehat Aapaas, assisted by the

part time contractors, called Sehat Sahelis began tracking and monitoring expectant women and ensured immunisation and other necessary investigations were carried out. We also counsel the women on nutrition as that is a huge health determinant," said Ms. Lall.

Dr. Haider, the resident medical superintendent of the MCD polyclinic, said the health workers have been able to bring the services of the polyclinic to resident's attention. "With low awareness of disease and proper medical cure amongst the community of the Nizamuddin basti the health workers engaged by AKF with the Tata Trust support play a critical role in ensuring follow up -- saving precious lives with timely care," he said. The project also strengthened the MCD polyclinic by providing advanced equipment for eye and ENT specialists' services. Further, human resources were also added through the provision of a gynaecologist, paediatrician, pathologist, lab technician and an ANM," said Ms. Lall. Today a satellite maternal and child health centre for antenatal and immunisation service is run within the MCD polyclinic twice a week. Women are informed about maternal and newborn care, child health and nutrition, health and hygiene and control of communicable diseases.



**ANSWERING QUESTIONS:** A healthcare movement.

The Hindu, July 13, 2012, P.8



## Now, 6-month maternity leave for govt employees

**BANGALORE:** The State government has enhanced the maternity leave period for its employees from 135 days to 180 days with effect from April 1, 2012, as recommended by the Official Pay Committee (OPC).

A government order to this effect was issued on June 14, 2012. Employees, who have gone on maternity leave before April 1 and have not completed the 135-day period, are entitled for 180 days leave.

However, those who have completed 135 days maternity leave before April 1 and are still on leave using other leaves, are not eligible to avail enhanced maternity leave.

### Other allowances

Besides, the government has increased other allowances that are applicable to certain classes of employees.

This includes travel allowances (to officials like tahsildars, revenue inspectors, village accountants and block education officers who were not given government vehicles), uniform allowance to employees in police, transport, forest, excise and health and family welfare departments, hill-station and out-station allowances. The government has also increased the monthly medical allowance for Group 'C' and 'D' employees from Rs 50 to Rs 100.

» Maternity leave, Page 13

## Govt staff to get 6-months maternity leave

Maternity leave,  
from Page 1

The government also enhanced the number of stagnation increments from the existing five to eight and granted additional increment to employees who have completed more than 25 years of services in the same post without any promotion.

Though the government accepted and implemented the OPC recommendations with respect to salary and some components of allowances with effect from April 1, it had not committed itself on implementing recommendations on enhancing maternity leave period and certain other allowances. It had said that it will take appropriate decision in coming days based on the financial condition.

DH News Service

Deccan Herald, July 07, 2012, P.1 Contd. on P.13

## मातृत्व एवं बाल स्वास्थ्य क्षेत्र

# 2015 तक सहस्राब्दी विकास लक्ष्य हासिल कर लेंगे हम

नई दिल्ली (एजेंसी)। भारत ने मातृत्व एवं बाल स्वास्थ्य के क्षेत्र में सहस्राब्दी विकास लक्ष्य (एमडीजी) हासिल किए जाने की अपनी क्षमताओं पर जताई गई आस्था का खंडन करते हुए कहा है कि इस सिलसिले में निर्धारित लक्ष्य को वह 2015 तक पूरा करने में सक्षम है।

भारत में नियुक्त विश्व स्वास्थ्य संगठन की प्रतिनिधि नीता मेनाब्रे को लिखे एक पत्र में स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने कहा है कि भारत ने अभी तक पांच साल से कम उम्र के बच्चों की मृत्यु दर (यूएमआर) और मातृ मृत्यु अनुपात (एमएमआर) में उल्लेखनीय कमी दर्ज की है। इस तरह से वह इन मोर्चों पर सहस्राब्दी विकास लक्ष्य हासिल करने में सक्षम होगा।

विश्व स्वास्थ्य संगठन सहित संयुक्त राष्ट्र के कुछ खास संगठनों ने इस बारे में आशंका जताई है कि भारत बाल एवं मातृ स्वास्थ्य के क्षेत्र में सहस्राब्दी विकास लक्ष्य को हासिल करने से चूक सकता है क्योंकि इस दिशा में धीमी गति से प्रगति हो रही है।

मंत्रालय ने दावा किया कि महाप्रजोपक कार्यालय से प्राप्त अनुमानों के मुताबिक वर्ष 2008, 2009 और 2010 में यूएमआर प्रति 1000 बच्चों के जन्म पर क्रमशः 69, 64 और 59 है। इस तरह से 2008-09 के दौरान इसमें संश्लाना 7.2 फीसदी की कमी और वर्ष 2009-10 के दौरान 7.8 फीसदी की कमी दर्ज की गई है। मंत्रालय ने कहा है कि यदि यह कमी बेहतर स्वास्थ्य प्रणाली के साथ जारी रहती है और इस दिशा में प्रभावी कदम उठाए जाते हैं तो इसमें और कमी होगी।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय में संयुक्त सचिव मनोज झलानी ने बताया, भारत 2015 तक प्रति 1000 बच्चों के जन्म पर 39 यूएमआर का लक्ष्य हासिल कर लेगा। उन्होंने एमएमआर के सिलसिले में बताया कि भारत प्रति एक लाख जन्म पर इसे 150 से नीचे लाने का लक्ष्य भी हासिल कर लेगा।

Rashtriya Sahara, July 11, 2012, P.2



# Doctors remove wombs at random to claim insurance

Ejaz Kaiser  
# ejaz.kaiser@hindustantimes.com

**RAIPUR:** A young woman's womb is worth as little as ₹7,500 in rural Chhattisgarh, where unscrupulous doctors are conducting unnecessary hysterectomies — uterus-removal surgeries — to claim money under the Rashtriya Swasthya Bima Yojana (RSBY), the national health insurance scheme.

The Chhattisgarh state health department has initiated action against 22 of the 34 nursing homes against which it found prima facie evidence of surgeries being done without legitimate medical reasons. They have recommended the cancellation of registrations of nine doctors working in the private sector.

Over the last eight months, hospitals and nursing homes

## COST OF A WOMB

Surgery Type	Cost (₹)
Rashtriya Swasthya Bima Yojana (RSBY) for hysterectomy	₹10,000
Private hospitals	₹12,800
Agdomina	₹12,800
Vaginal	₹7,500
Werthium	₹8,000
Orpheroctomy	₹8,000
Selpingotomy	₹12,500
Caesarean	₹12,500

have claimed ₹2 crore under RSBY for removal of 1,800 wombs, said state health minister Amar Agrawal. "It has become a serious problem. We are investigating whether surgeries were being done for money or were genuinely needed. The government will take

stern action against those found guilty," Agrawal told HT. The state has ordered a probe and sought information from all districts.

The scam has affected women like Kamla (name changed to protect her identity), 18, from Jheet village in Durg 45 km west of Raipur, who lost her right to have a baby because her doctor advised she get her womb removed to cure her abdominal pain.

Like her, Tinkoshwari Bai, 29, in Dongartarai, and Sonali Devi, 26, from Manikeshwari village, both near Raipur, were asked to get their wombs removed to fix their back pain.

A distressing number of complaints show these women agreed to the surgery because they were told that not getting done would lead to cancer and other complications.

CONTINUED ON PAGE 9

# Chhattisgarh docs remove wombs...

CONTINUED FROM PAGE 1

"Panic and fright left us with no option," said Bimla Kunti, 31, who has also lost her child-bearing capability.

An estimated 7,000 hysterectomies may have been done across Chhattisgarh over the past two-and-a-half years.

"The health department tracked some cases from newspaper reports and others by sending out teams to investigate," said state health director Kamal Preet Singh.

Dr Yogesh Jain of Jan Swasthya Sahyog, a community-based NGO in rural Bilaspur, said RSBY is inherently flawed as it tempts the unregulated private sector to do medical pro-

cedures that are not needed.

Agreed Singh: "People lack awareness and do not question doctors or seek a second opinion. Besides, there is no effective regulatory and monitoring system available."

Doctors in the private sector are worried that the scam may lead to patients refusing surgery even when they need it. "One cannot rule out the possibility of unnecessary hysterectomies, but there are important indications for it, some even life-saving ones, so the surgery itself should not be condemned," said a senior surgeon in a private nursing home.

(The names of the women have been changed to protect their identity)

Hindustan Times, July 17, 2012, P.1, contd. on P.9

**निराशाजनक : सिर्फ 20 जिलों में हासिल हुआ प्रजनन दर 2.1 तक लाने का लक्ष्य**

# पिछड़े राज्यों के 93 फीसद जिले जनसंख्या नियंत्रण में पिछड़े

जागरण ब्यूरो, नई दिल्ली : कुछ पिछड़े राज्यों की नाकामि ने जनसंख्या नियंत्रण के लक्ष्य को पूरी तरह चरमरा दिया है। देश के आठ सबसे पिछड़े राज्यों और असम के वार्षिक स्वास्थ्य सर्वेक्षण में आंकड़े बेहद निराश करने वाले हैं। दो साल पहले ही दंपतियों के लिए औसतन 2.1 बच्चों का लक्ष्य हासिल करना था। पहली बार जिलास्तर पर हुए सर्वेक्षण में इन राज्यों के 93 फीसद जिले लक्ष्य को हासिल करने में फेल पाए गए।

केंद्रीय स्वास्थ्य सचिव पीके प्रधान के मुताबिक नौ राज्यों के 284 जिलों में सिर्फ 20 ही कुल प्रजनन दर (टीएफआर) को 2.1 तक लाने में कामयाब रहे हैं, यानी 93 फीसद जिले लक्ष्य से पीछे हैं। प्रजनन दर का राष्ट्रीय औसत 2.5 है। यहां के 238 जिले राष्ट्रीय औसत से आगे हैं। 164 जिलों में यह दर अब भी 3.1 या ज्यादा है। महिलाएं अपने जीवन में कुल जितने बच्चों की मां बनती हैं, उसकी औसत संख्या ही किसी इलाके की कुल प्रजनन दर (टीएफआर) होती है। राष्ट्रीय जनसंख्या नीति के तहत वर्ष 2010 तक प्रजनन दर 2.1 तक पहुंचाने का लक्ष्य रखा गया था। कुल 14 राज्यों ने यह लक्ष्य हासिल भी कर दिखाया है।

## वार्षिक स्वास्थ्य सर्वेक्षण

- बिहार में सबसे ज्यादा औसतन 3.7 बच्चों की मां बन रही महिलाएं

हालांकि, बिहार में यह दर अब भी सबसे ज्यादा 3.7 बनी हुई है, जबकि उत्तर प्रदेश 3.6 के औसत के साथ लक्ष्य से बेहद पीछे है। इनमें ओडिशा और उत्तराखंड ने अपेक्षाकृत कामयाबी दिखाते हुए 2.3 तक पहुंचने में कामयाबी पाई है।

सर्वेक्षण के तहत एमपावर्ड एरिया ग्रुप (ईएजी) की श्रेणी में रखे गए आठ राज्यों उत्तर प्रदेश, उत्तराखंड, बिहार, झारखंड, मध्य प्रदेश, छत्तीसगढ़, ओडिशा और राजस्थान के अलावा असम को भी शामिल किया गया है। इनके 284 जिलों में सबसे कम 1.7 की प्रजनन दर उत्तराखंड के पिथौरागढ़ को है, जबकि 5.9 के साथ उत्तर प्रदेश का श्रावस्ती सबसे आगे है। परिवार नियोजन उपायों के इस्तेमाल में भी बिहार सबसे पीछे है।

यहां 15-49 वर्ष की विवाहित महिलाओं वाले दंपति में सिर्फ 37.6 फीसद ही ऐसे किसी उपाय का उपयोग कर रहे हैं। इन राज्यों में

# शिशु देखभाल और टीकाकरण में यूपी सबसे पीछे

नई दिल्ली, प्रेड : शिशु देखभाल (एएनसी) और टीकाकरण के मामले में उत्तर प्रदेश सबसे पीछे है। नौ राज्यों में किए गए जिलास्तर पर सर्वेक्षण के मुताबिक 284 जिलों में उत्तर प्रदेश का बलरामपुर जिला शिशु देखभाल के मामले में एक फीसद से भी कम रहते हुए सबसे पीछे है। वहीं, ओडिशा का जगन्निहापुर इस मामले में 36 फीसद के साथ सबसे आगे है। सर्वेक्षण के मुताबिक, राज्यों के स्तर पर उत्तर प्रदेश शिशु देखभाल के मामले में 3.9 फीसद के साथ सबसे पीछे है, जबकि छत्तीसगढ़ 19.5 फीसद के साथ सबसे आगे है। इसमें जन्म के पहले 100 दिन में तीन या ज्यादा स्वास्थ्य परीक्षण और आयरन व फोलिक एसिड डोज के साथ कम

से कम एक टीटी इंजेक्शन शामिल है। यही नहीं, वार्षिक स्वास्थ्य सर्वेक्षण के मुताबिक पिछड़े राज्यों में हर पांचवीं मां को शिशु जन्म के बाद स्वास्थ्य परीक्षण की सुविधा नहीं मिल रही है। सर्वेक्षण के मुताबिक 90 जिलों में आगे से ज्यादा बच्चों का टीकाकरण नहीं हो रहा है। ओडिशा का रायगढ़ 11.9 फीसद टीकाकरण के साथ सबसे पीछे है, जबकि छत्तीसगढ़ का कनकौर 93.2 फीसद के साथ सबसे बेहतर स्थिति में है। उत्तर प्रदेश को छोड़कर सभी राज्यों में 12-23 महीने के अंदर से ज्यादा बच्चों को टीकाकरण की सुविधा दी जा रही है। उत्तर प्रदेश कुल 45.3 फीसद के साथ सबसे पीछे है, जबकि 75.4 फीसद के साथ उत्तराखंड टीकाकरण में सबसे आगे है।

राजस्थान में 64.5 फीसद दंपति ऐसे उपायों का इस्तेमाल कर रहे हैं। सिर्फ 12 जिले ऐसे हैं,

जिनमें 70 फीसद या उससे ज्यादा दंपति ऐ उपाय अपनाते हैं।

Dainik Jagran, July 17, 2012, P.16

## केंद्र का फरमान, तंबाकू पर रोक लगाएं राज्य

अमर उजाला ब्यूरो

नई दिल्ली। स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने तंबाकू बेचने वाले राज्यों को खाद्य सुरक्षा एवं मानदंड अधिनियम 2006 के तहत प्रदत्त अधिकारों के अनुसार खाद्य सुरक्षा एवं मानदंड (निषेध एवं बिक्री पर रोक) अधिनियम अगस्त 2011 का हवाला देते हुए तंबाकू के इस्तेमाल पर तुरंत रोक लगाने के लिए कहा है।

मंत्रालय ने असम, बिहार, उत्तर प्रदेश, ओडिशा, मध्य प्रदेश, केरल, आंध्र प्रदेश और कर्नाटक सहित बहुत से राज्यों को पत्र जारी कर एफएसएसआई अधिनियम लागू करने का फरमान सुनाया है। मंत्रालय ने कहा यह कि एक अगस्त, 2011 को अधिसूचित किया है। इस अधिसूचना के अधिनियम 2.3.4 में कहा गया है कि तंबाकू और निकोटिन का इस्तेमाल किस भी खाद्य उत्पाद में घटक के रूप में नहीं किया जा

जाएगा क्योंकि गुटखा (तंबाकू और निकोटिन युक्त) को एक खाद्य उत्पाद माना जाता है, ऐसे में यह अधिनियम इसके निर्माण, बिक्री और भंडारण पर रोक लगाता है। मध्य प्रदेश, केरल, बिहार और महाराष्ट्र की सरकारें गुटखे की बिक्री पर रोक लगाने के लिए पहले ही निर्देश जारी कर चुकी हैं।



**मध्य प्रदेश, केरल बिहार और महाराष्ट्र गुटखे की बिक्री पर रोक लगाने के जारी कर चुके हैं निर्देश**

Amar Ujala, July 18, 2012, P.18



# Teen tension

Parenting is a challenging task. It is even more so when it is you are parenting teens, because teen time is tension time. A teen is one whose age is a number that ends in "teen" in the English language; that is, someone from the age of 13 to the age of 19. This developmental stage of life is also known as adolescence. During teenage, an individual's search for a unique identity brings in conflict with authority and social standards. This conflict, although very normal, causes tension for oneself and others. It is the most dramatic period of transition that human beings make in life between childhood and adulthood, involving biological or physical, social and psychological changes. During this short period of life, the immature child grows into psycho-physical maturity very rapidly, taking on an adult-like physique and intellect. The importance of analysing this period of unprecedented psycho-physical changes from various angles is paramount.

**MUKUL SAIKIA**

Adolescence brings about unprecedented psycho-physical changes such as changes in body size and in proportions, development of primary and secondary sexual characteristics that convert the child into an adult. Since these changes in adolescents are very rapid, they hardly have any preparation to cope with them and this causes enormous stress and confusion in the minds of teens. They are generally forced to withdraw into themselves due to the peculiar changes taking place within their bodies and consequently, in their minds. They find it difficult to talk about the problems caused by these changes since people in our society are not open enough to discuss issues affecting the bodies and minds of the teens.

Teenagers are generally very sensitive and conscious about their own selves. Hyper-sensitivity and extreme consciousness about their physical features and mental or intellectual qualities often make them experience positive or negative feelings. Whereas positive psycho-physical features make them euphoric and elated, negative features make them insecure and frustrated. Insecurity and frustration consequently lead to behaviour problems, including drug and alcohol abuse, etc. In such a state of affairs, parents must be there to help them face their feelings productively, avoiding negative decisions. This requires attention on the part of the parent, a positive attitude, patience to listen to them and help them with care and support, besides spending sufficient time with them.

Generally, the majority of the teens learn to negotiate adolescence and find out their roles in life. However, some teens find it hard to have good psycho-physical adjustment with the environment due to a number of factors and which may ultimately lead them towards maladjustment and severe personality disorders requiring specialised care and treatment. Hormonal changes and negative life events such as separation, desertion, failure in exam, etc., create adjustment problems for the adolescents. Increasing parental expectations to achieve, peer influences, negative self-image also influence the psychology of adolescents significantly. Consequently, teens become egocentric or self-centered. At times, teens indulge in risk-taking behaviour to meet their needs for excitement and self-discovery that naturally frighten parents. Though this is normal for the teens to some extent, it is the duty of the parents to keep the teen safe. In the same way, adolescents wear bizarre looks, strange clothing and shocking hairstyles from time to time, which may be explained either as an attempt on their part to develop their own unique identity or their effort to identify themselves with their 'heroes'. Such behaviours are quite normal and temporary, but they do usually frighten parents and make them think such behaviours to be permanent. In such situations, parents either try to over-control adolescents, or think that their teens are no longer under their control and therefore, give them more freedom than they can safely handle, both of these are wrong approaches since that might drive teens towards the path of confusion, depression and delinquency.

Sexuality is another inescapable and critical aspect of teens' lives. Physical development during teenage directs their attention towards sexual activities, sometimes leading to problems. Nowadays, boys and girls attain puberty at least two years earlier than earlier generations. But this early physical maturity may not essentially be at par with their emotional or cognitive maturity. The serious implication of this fact is that they are physically ready for sex, without achieving emotional or cognitive maturity for the same. Hence, it should not be hard to understand how difficult it could be to guide teenagers to develop a responsible attitude and behaviour towards sex and sexuality. One common mistake most of our parents make is that they avoid talking about sex with their children and give their children a feeling that discussing about sex is awful and the feelings and experiences about one's sex life should be kept secret. It is quite true that talking to one's own children about sexual experiences is tough for the parents. But, if they don't do so, then children may go and collect distasteful and harmful knowledge from cheap sources which might cause social and emotional adjustment problems for the teens.

There are issues that every parent finds challenging, while guiding a child through adolescence to adulthood. They normally include issues like how much freedom needs to be given, how much control should be enforced, what kind of discipline should be imposed and how, which issues are worth fighting over and how to talk to the adolescent sons and daughters who suddenly look like strangers. Moreover, every teenager being unique and different from others present different challenges for parents. Addressing these issues requires imagination, creativity and utmost patience on the part of the parents. A good home environment of compassion, warmth, and respect for children gives them emotional satisfaction and establishes a firm relationship with parents.

SEDENTARY LIFESTYLE RESPONSIBLE FOR BACK AND NECK PAIN STRIKING EARLIER

# More young hit by spondylosis

Somita Pal ■ MUMBAI

Meghna Saxena, a 27-year-old computer professional, was forced to take a week off from work after her backache was aggravated so much that she was unable to move her neck. She was diagnosed with cervical spondylosis and put on analgesic drugs along with physiotherapy sessions.

Saxena is among the growing number of people in the lower age bracket who are suffering from cervical spondylosis. "Every week, I see at least 30 patients with spondylosis. Most of them are young peo-



Uday Deb

ple who suffer because of sedentary lifestyle," said Dr Anil Agarwal, consultant orthopaedic surgeon attached to Vashi's Fortis hospital.

Dr Abhay Nene, consultant orthopaedic surgeon at PD Hinduja hospital, said the change

in lifestyle, not getting rest and lack of Vitamin D, B12 calcium and protein are reasons for neck and back problems. "Nearly 150 of the 200 patients I see every week have backache and neck problems. Fifty per cent of them are in their late 20s or early 30s," he said.

"People sit in front of the computer for hours. They must take a break every now and then. Exercise also helps," said Dr Pradeep Bhosale, head of orthopaedic department at KEM hospital.

"Our spine is made up of multiple small bones, intervertebral discs that act as shock absorbers and allow the spine to remain mobile. Because of strain, these discs start drying up in the lower spine which bears the load. This weakens the back considerably. Further pressure may result in the discs getting ruptured. This can cause severe pain running down the leg. This is often a surgical condition and can be avoided by making healthy lifestyle changes," Dr Nene said.

**If there is recurring back pain, one must consult a doctor**

—Dr Pradeep Bhosale of KEM

D.N.A., July 18, 2012, P.1



# Inactivity kills, get moving now

**GET GOING** Lack of exercise kills as many people worldwide as smoking; just 150 minutes of moderate activity every week could be beneficial

Sanchita Sharma

sanchitasharma@hindustantimes.com

**NEW DELHI:** Inactivity is as harmful for your health as smoking. Inactivity kills 5.3 million people worldwide each year, the same as smoking, making it one of the biggest avoidable causes of death worldwide, reported the medical journal *The Lancet* this week.

All of this sounds familiar, but it's amazing how little most of us choose to do about it. All of us know that we should move more and sit less, yet very few adults get their recommended weekly dose of 150 minutes, or 75 minutes of moderate/vigorous exercise 30 minutes a day, five times a week.

The benefits accrue even if you divide your time into two or three segments of 10-15 minutes per day, yet one in three adults worldwide fails to do the recommended 150 minutes of moderate aerobic physical activity per week.

The outlook for the next generation

is bleaker. In the US, one in three children born today is likely to become an obese adult, which is a risk factor for diseases such as diabetes, heart disease and certain cancers. Currently, a staggering four out of five 13-15 year olds worldwide do not get the recommended 60 minutes of activity daily, estimates the World Health Organization.

Most people do little more than plan to get more active, some day. "Though it's changing in the metros now, the reality is that most people still begin exercising only after they develop health problems and are advised to do so by their doctors," says Dr Ravi R Kasliwal,

**IN THE US, ONE IN THREE CHILDREN BORN TODAY IS LIKELY TO BECOME AN OBESE ADULT, WHICH IS A RISK FACTOR FOR MANY DISEASES**

chairman, clinical and preventive cardiology, Medanta—the Medicity.

There's nothing wrong with going to the gym, of course, but the aim is to encourage everyone to build physical activity into their daily lives, such as by walking, cycling, running, or playing a

sport you enjoy.

"Vigorous aerobic exercise is a great form of physical activity, you don't need to visit the gym five times a week to see results. An earlier study in the *Journal of the American Medical Association* compared the effects of lifestyle activity (walking more, taking the stairs instead of the elevator) to a structured exercise programme (20-60 minutes of aerobic exercise, three-five days a week). After two years, it was found that the two groups had similar improvements in cardiovascular fitness, reduced blood pressure and reduced body fat," says

Dr Kasliwal. So, your first steps toward physical fitness can be as simple as taking the stairs at work or walking to the neighbourhood store instead of driving. It will work, but only if you walk fast enough.

Walking is good enough exercise, but it has to be done at a pace that leaves you breathless without hampering your ability to carry on a conversation while walking. Better still is "jogging", a combination of jogging and walking, where you intersperse your walk with spurts of running for a minute or so.

Getting active is even more imperative for the health of south Asians, who are at risk of high blood pressure, diabetes, heart attacks and stroke at a lower body weight than Caucasians.

"Heart diseases and strokes cause one in three of all deaths in India. Half an hour of activity along with keeping your weight healthy can help," says cardiologist Dr Purnesham Lal, chairman, Metro group of hospitals.

But exercise has an added plus. "Even if weight stays the same, physical activity can improve blood pressure, blood glucose and cholesterol levels, and lower the risk of death and disability from heart disease," says Lal.

## WRITE TO US

Not getting enough exercise? Write to [myhealth@gmail.com](mailto:myhealth@gmail.com) for our specialists to answer your queries



THINKSTOCK

Hindustan Times, July 23, 2012, P.7

# Kid soldiers for diabetes war

## Govt Plans Course For School Students To Create Awareness On Obesity & Healthy Eating

Durgesh Nandan Jha | TNN

One person dies from diabetes and two more get the disease every 10 seconds in India. The number of diabetics in the country has crossed 60 million and is expected to breach the 100-million mark by 2030, according to the recent Diabetes Atlas released by the International Diabetes Federation.

Given that exercise and diet can go a long way in keeping diabetes at bay, the government is pulling out all stops to increase awareness about the disease — and it is starting with schoolchildren.

Sedentary lifestyles are leading to a rapid rise in the number of obese children. This makes them particularly vulnerable to developing the condition. India accounts for most of the 112,000 children in the region with Type-1 diabetes, according to the Diabetes Atlas. It also reports that a sedentary lifestyle, resulting in obesity, is linked to diabetes in over 80% cases.

*The syllabus is being prepared with experts from education and health sectors. The idea is for kids to imbibe the importance of healthy living and exercise*

The ministry of health and family welfare and NCERT are now developing a module to be taught from Class VIII that will deal with health topics. It will



### DECODING DIABETES

➤ Four in five diabetics are in the age group 40-59 yrs

➤ In Type-1 diabetes (T1D), insulin-producing cells do not function. Most often diagnosed in children, teens and young adults

➤ India is home to the largest proportion of children with Type-1 diabetes

➤ In Type-2 (T2D), a person's tissues respond abnormally to insulin. T2D is growing in numbers, with increasing obesity and

#### zero-exercise regimes

➤ T2D medication induces pancreas to secrete more insulin

➤ Active lifestyle and dietary changes are essential to control T2D

➤ In 2011, India had 62 million with T2D, compared to 51 million the previous year

➤ Almost 5 million deaths in 2011 were caused by diabetes

➤ The lifestyle disease can be

controlled with diet and exercise. Neglected, it can lead to heart conditions, damage kidneys, affect eyes and nervous system

➤ Adults over 45 should be screened for diabetes once every 3 years

➤ South-east Asia currently has 71.4 million people with diabetes. Estimates suggest 36.2 million diabetics in the region are yet to be diagnosed

cover good health practices, lifestyle management, basic information about diseases and key indicators. "The syllabus is being prepared with experts from

education and health sectors. On completion, we will take this to the CBSE. It will be a compulsory subject and we would want kids to appear for exams," Dr

Jagdish Prasad, director-general of health services told TOI. The aim, he added, is to nip the problem in the bud.

Type-2 diabetes, the most com-

mon, is a progressive disease precipitated by unhealthy food habits and a sedentary lifestyle. Risk factors include obesity, hypertension and family history. "If children are made aware about these, rather than just being instructed to not eat outside and remain active, there are better chances they will follow healthy practices. Children will be the mascots of change as far as dealing with health issues like diabetes is concerned," said Prasad.

Three out of every 10 kids studying in private schools in Delhi are obese, according to a 2011 survey by the Diabetes Foundation of India and National Diabetes, Obesity and Cholesterol Foundation (NDOC). Government schools fared no better. Ahmedabad, Lucknow and Jaipur also showed similar results.

Dr Anoop Misra of Fortis's department of diabetes and metabolic diseases says 70 to 80% of obese children are likely to remain obese till adulthood and some may develop diabetes in their late 20s or 30s. "If they are made aware about the health consequences of obesity at an early age, chances of preventing the disease improve," he said.

Diabetes is a condition in which the body has trouble turning food into energy. In a healthy person, the hormone insulin helps glucose, the unit that food is broken down into, enter the cells. But in a diabetic, pancreas fails to produce enough insulin, or the body does not use it. Cells starve while glucose builds up in the blood.

The Times of India, July 15, 2012, P.7





# जनसंख्या स्थिरता परववाड़ा

## 11 जुलाई से 24 जुलाई, 2012



दम्पति सम्पर्क परववाड़ा

27 जून से 10 जुलाई, 2012

जनसंख्या स्थिरता परववाड़ा

11 जुलाई से 24 जुलाई, 2012

- ✓ शादी के समय लड़की की उम्र 18 वर्ष व लड़के की उम्र 21 वर्ष होनी चाहिए। शादी करने में जल्दी न करें।
- ✓ पहला बच्चा शादी के दो साल बाद पैदा करें।
- ✓ पहले और दूसरे बच्चे के बीच कम से कम तीन साल का अन्तर होना चाहिए।
- ✓ गर्भपात होने के पश्चात कम से कम 6 माह तक गर्भधारण नहीं होना चाहिए।
- ✓ पुरुष नसबन्दी व महिला नलबन्दी सरकारी अस्पतालों, मान्यता प्राप्त निजी अस्पतालों, नर्सिंग होम व मेडिकल कॉलेजों में बिल्कुल मुफ्त की जाती है।
- ✓ कॉपर-टी, गर्भनिरोधक गोलियां एवं कोंडोम की सुविधा हर सरकारी अस्पताल में मुफ्त उपलब्ध है।

- ✓ गरीबी रेखा से नीचे आने वाली महिलाओं को नलबन्दी करवाने पर 600 रुपये और अन्य वर्ग की महिलाओं को 250 रुपये की प्रोत्साहन राशि दी जाती है।
- ✓ हर वर्ग के पुरुषों को नसबन्दी करवाने पर 1100 रुपये की प्रोत्साहन राशि दी जाती है।
- ✓ पुरुष नसबन्दी व महिला नलबन्दी हेतु लगाए जाने वाले शिविरों में आने-जाने के लिए मुफ्त वाहन सेवा उपलब्ध है।

Hindustan Times, July 13, 2012, P.9

# Nat'l health survey not nixed

## Govt Changes Stand, Will Hold Study Between 2013 & '14

Rukmini Shrinivasan  
TIMES INSIGHT GROUP

New Delhi: The National Family Health Survey, India's primary source of health and nutrition data, is back on. The fourth round of the survey, which was believed to have been controversially called off, will be conducted between 2013 and 2014 and its results will be out over 2014-15, the health ministry has confirmed.

In April this year, it was reported that the ministry of health and family welfare had taken the controversial decision to discontinue the NFHS and only retain two other existing health surveys, the Annual Health Survey (AHS) which is conducted in India's backward states and the District Level Health Survey (DLHS). Between them, the AHS and the DLHS do not cover all the indicators in the NFHS, the most significant omission being nutrition. The AHS, which will cover some nutrition information, only covers eight backward states and Assam.

Since the NFHS is the only

### BACK ON TRACK

> The fourth round of the **National Family Health Survey**, which was believed to have been **controversially called off in April**, will be **conducted between 2013-2014** and its **results will be out in 2014-15**



> Since the survey is the only existing source of data on nutrition, the scrapping decision drew flak. **The shutting down of the NFHS website** also added to the suspicion that the **Union health ministry wanted to suppress the survey's unflattering findings**

> While the new survey is an improvement on the five-year frequency of previous NFHS surveys, it still means there will be a crucial 10-year gap in India's malnutrition data because the **NFHS IV data will only be available in 2015 while NFHS III was conducted in 2004-5**

existing source of data on nutrition, this decision was criticized by health activists. The shutting down of the NFHS website, a rich source of 15 years of detailed health data, added to the suspicion that the health ministry wanted to suppress the NFHS' unflattering findings. Several public health activists made representations to the ministry, and some ministers reportedly intervened.

Anuradha Gupta, additional secretary, health, and Mission Director of the National Rural Health Mission, however, says that this was a misunderstanding. "The National Family Health Survey IV will be in every way comparable to the past NFHS surveys, including on malnutrition data and will be conducted by the International Institute of Population Sciences which has con-

ducted the past surveys," Gupta told TOI. "The DLHS will be subsumed under it which means that for the first time there will be district-level data for the NFHS. The other change is that the periodicity will be fixed at three years," she added. While this is an improvement on the five-year frequency of previous NFHS surveys, it still means that there will be a crucial 10-year gap in India's malnutrition data because the NFHS-IV data will only be available in 2015 while NFHS-III was conducted in 2004-5. There is no way of knowing whether the government's schemes are working or whether it will meet its targets.

The NFHS website is no longer available because payments had not been made, Fauzdar Ram, director of the Mumbai-based International Institute for Population Sciences (IIPS) admitted. When asked why an important public source of health data had been made unavailable to citizens, Ram assured TOI that the IIPS' website would freely host the NFHS data.

The Times of India, July 30, 2012, P.12



# Incentives for Family Planning

## Govt offers new incentives for family planning

TEENA THACKER  
NEW DELHI, JULY 10

After the scheme to provide door-to-door contraceptives showed encouraging results, the government has now decided to rope in Accredited Social Health Activists (Asha) to motivate couples delay having children.

With an aim to lay emphasis on spacing rather than limiting, the

health ministry has decided to utilise its 8 lakh 60 thousand Ashas for counselling newly-married couples to ensure spacing of two years after marriage and couples with one child to have spacing of three years after the birth of first child.

The Asha would also counsel couples (who have upto two children) to opt for permanent limiting methods. The services

however comes with a price. To encourage Ashas the government has decided to pay ₹500 to an Asha for ensuring spacing of two years after marriage, ₹500 again for ensuring spacing of three years after the birth of the first child and ₹1,000 in case the couples opt for a permanent family planning method after two children.

The scheme has already been implemented in

states like Bihar, Chhattisgarh, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Uttarakhand, Gujarat, Haryana, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura.

All eligible couples would be covered under the scheme irrespective of their APL, BPL, SC/ST status. "Although the scheme

has been designed for Ashas in rural areas this would be applicable in urban areas of similar community workers are designated and are in place," said a senior official in the health ministry.

With the recent data suggesting a substantial drop in the total fertility rate in India, the health ministry has decided to lay more emphasis on spacing rather than limiting children.

The Asian Age, July 11, 2012, P.4

# WOMEN AND GENDER ISSUES

## Crime/Violence Against Women

### Highest crime against women in Bengal, Andhra

press trust of india

NEW DELHI, 8 JULY: West Bengal and Andhra Pradesh have earned the dubious distinction of leading a list of States where crime against women in 2011 was the highest.

With 7.5 per cent share of the country's population, West Bengal accounted for nearly 12.7 per cent of the total crime against women by reporting 29,133 cases.

The National Crime Records Bureau figures show that Andhra Pradesh, accounting for nearly 7 per cent of the country's population, recorded 12.4 per cent of the total crime against women with 28,246 cases.

Madhya Pradesh reported the highest number of rape cases (3,406) accounting for 14.1 per cent of the total such cases reported in the country. Rape cases have been further categorised as incest rape. Incest rape cases have decreased by 7.3 per cent

from 288 cases in 2010 to 267 cases in 2011 compared to 9.2 per cent increase in overall rape cases.

Maharashtra (44 cases) has accounted for the highest (15.3 per cent) incest rape cases.

The National Capital has reported 17.6 per cent of rape cases, 31.8 per cent of kidnapping and abduction cases, 14.0 per cent of dowry deaths and 30.1 per cent of molestation cases among 53 mega cities, the NCRB report said.

Among 53 cities, Delhi (4,489 cases) has accounted for 13.3 per cent of the total crime against women followed by Bangalore (1,890 cases; 5.6 per cent), Hyderabad (1,860 cases; 5.5 per cent) and Vijayawada (1,797 cases; 5.3 per cent).

The crime against women was significantly higher in Vijayawada, Kota, Kollam, Jaipur and Asansol at 120.5, 57.5, 54.2, 48.6, and 48.2 per cent, respectively, compared to the average



of mega cities at 21.0 per cent.

Uttar Pradesh, with 7,525 cases, has accounted for 21.2 per cent of the total cases of kidnapping and abduction of women at the national level. Delhi has reported the highest crime rate at 12.4 per cent compared to the national average of 2.9 per cent.

The cases of dowry deaths have increased by 2.7 per cent during 2011 over the previous year. 26.9 per cent

**CASES OF TORTURE OF WOMEN BY HUSBANDS AND RELATIVES ALSO WENT UP BY 5.4 PER CENT FROM THE PREVIOUS YEAR. 19.9 PER CENT OF THESE WERE REPORTED FROM WEST BENGAL (19,772 CASES). THE HIGHEST CRIME RATE OF 21.6 PER CENT WAS ALSO REPORTED FROM WEST BENGAL.**

of the total such cases reported in the country were from Uttar Pradesh (2,322 cases) alone followed by Bihar (1,413 cases, 16.4 per cent), the NCRB report said.

Andhra Pradesh has reported 42.7 per cent (3,658 cases) of sexual harassment followed by Maharashtra 12.5 per cent (1,071 cases) of the total incidents during 2011. Andhra Pradesh has reported the highest

crime rate (4.3 per cent) compared the national average of 0.7 per cent.

Cases of torture of women by husbands and relatives also went up by 5.4 per cent from the previous year. 19.9 per cent of these were reported from West Bengal (19,772 cases). The highest crime rate of 21.6 per cent was also reported from West Bengal compared to the national rate of 8.1 per cent.

Incidents of molestation in the country have increased by 5.8 per cent from 2011. Madhya Pradesh has reported the highest number of incidents (6,665), amounting to 15.5 per cent of the total such cases. Kerala has the highest crime rate (11.2 per cent) compared to the national average of 3.6 per cent, the report said.

28.7 per cent of dowry cases were reported from Andhra Pradesh (1,851 cases) followed by Karnataka (1,210 cases) accounting for 18.3 per cent of total cases.

The Statesman, July 09, 2012, P.1

## महिलाओं पर पश्चिम बंगाल और आंध्र प्रदेश में सबसे ज्यादा जुल्म

### उत्तर प्रदेश में बढ़ रही जान देने की प्रवृत्ति

अनन्द राय, लखनऊ

**असुरक्षा का माहौल**

- मध्य प्रदेश में दुष्कर्म के सबसे ज्यादा मामले
- राष्ट्रीय राजधानी दिल्ली में भी महिलाओं की स्थिति बदतर

नई दिल्ली, एजेंसी : पश्चिम बंगाल और आंध्र प्रदेश में महिलाओं पर सबसे ज्यादा जुल्म हो रहे हैं। राष्ट्रीय अपराध रिकॉर्ड ब्यूरो (एनसीआरबी) द्वारा 2011 के आंकड़ों के मुताबिक देश के 53 बड़े शहरों में राजधानी दिल्ली में महिलाएं सबसे ज्यादा असुरक्षित हैं। आंकड़ों के मुताबिक मध्य प्रदेश में सबसे ज्यादा दुष्कर्म के मामले दर्ज किए गए तो उत्तर प्रदेश महिलाओं के अपहरण और दहेज हत्या में सबसे आगे है।

देश की कुल आबादी के 7.5 फीसद लोग पश्चिम बंगाल से हैं, जबकि महिलाओं पर होने वाले 12.7 फीसद अपराध के मामले भी इसी राज्य में होते हैं। राज्य में महिला मुख्यमंत्री होने के बावजूद महिलाओं के खिलाफ अत्याचार के

देश में खुदकुशी के मामले में यू.पी. उत्तर प्रदेश का 30वां स्थान है, लेकिन यहाँ जान देने की प्रवृत्ति निरंतर बढ़ रही है। नेशनल क्राइम रिकॉर्ड ब्यूरो (एनसीआरबी) के मुताबिक 2010 के मुकामले 2011 में सूबे में 33.5 फीसद अधिक लोगों ने आत्महत्या की। दरअसल, बढ़ती आकांक्षा और चोल्फा दबाव से लोगों की संघर्ष क्षमता में कमी आ रही है। बहुनों की प्रतिस्पर्धा की दौड़ में पिछड़ने की आशंका और घेरले हिंसा से उत्पन्न कड़वाहट जिंदगी नकारने पर मजबूर कर रही है। कुछ ऐसे भी हैं जो उस के आधारी पहान पर अकर जिंदगी से तैबा कर रहे हैं। जून के दूसरे हफते में राजधानी के गोलतीनगर इलाके में रहने वाले सेवानिवृत्त जज एमए खान ने चौथे बाले से कुदकर आत्महत्या कर ली थी। वे उवसादाग्रस्त थे। हालांकि आंकड़ों पर गौर करें

तो सुबे में वर्ष 2011 में आत्महत्या करने वालों में साठ साल से अधिक उम्र के महज 5.6 फीसदी लोग ही थे, लेकिन सबसे ज्यादा खुदकुशी करने वाले 15 से 29 साल तक की उम्र के लोग हैं। खुदकुशी करने वाले कुल वय के 2137 लोगों में 967 पुरुष और 1170

महिलाएं थीं। तरखनऊ विश्वविद्यालय में समाजशास्त्र के प्रोफेसर एक श्रीयस्तव कहते हैं, 'आत्महत्या की कोई एक वजह नहीं होती है। प्रायः अपेक्षाएं ज्यादा बढ़ गई हैं, जबकि इतकी पूर्ति के साधन नहीं हैं। लोग हर चीज आसानी से पान चाहते हैं और नहीं मिलने पर खुदकुशी की ओर कदम बढ़ाते हैं। एक अन्य सामाजिक कार्यकर्ता दिनेश मिश्र कहते हैं, 'युवा पीढ़ी का जीवन आधी और तुफान भरा होता है, जिसमें वे कई बुरी परिस्थितियों में अपने को डाल नहीं पाते हैं और अपनी जान दे देते हैं। ऐसी स्थिति में सबसे बड़ा मार्गदर्शक माता-पिता और अभिभावक होते हैं। परिवार के लोग बच्चों से जितना सुने-भले होते हैं, उनके लिए उनकी समस्याएं समझना आसान होता है। प्रदेश के पुलिस गवर्नरीशक कानून-व्यवस्था बदी प्रसाद सिंह के अनुसार खुदकुशी के लिए सवाधिक जिल्मेदार आज की सामाजिक परिस्थितियां हैं।

सबसे ज्यादा (29,133) मामले बंगाल में दर्ज किए गए। इस सूची में दूसरा नाम कोंसेस गीत आंध्र प्रदेश का है। आंध्र में महिलाओं के खिलाफ 2011 में अपराध के 28 हजार (12.4 फीसद) से ज्यादा मामले दर्ज हुए। दुष्कर्म की घटनाओं की संख्या के लिहाज से भावना शासित मध्य प्रदेश का नाम सबसे ऊपर है। यहाँ 2011 में बलात्कार के 3,406 (14.1 फीसद) मामले दर्ज किए गए। हालांकि रिश्तेदारों द्वारा दुष्कर्म की घटनाओं में कमी आई है। महसूद में इस तरह के सबसे ज्यादा मामले सामने आए हैं। 2011 में दहेज हत्या के मामलों में 2.7 फीसद की बढ़ोतरी दर्ज की गई। इस सूची में उत्तर प्रदेश और बिहार क्रमशः पहले और दूसरे स्थान पर हैं।

53 बड़े शहरों में दिल्ली में महिलाओं के खिलाफ सबसे ज्यादा अपराध के मामले (4,489) सामने आए हैं। इस सूची में 1,890 मामलों के साथ बंगलूर दूसरे स्थान पर और 1,860 मामलों के साथ हैदराबाद तीसरे स्थान पर हैं। बड़े शहरों में महिलाओं के खिलाफ होने वाले अपराध का राष्ट्रीय औसत जाह 21 फीसद है, वहीं विजयवाड़ा में 120.5, कोटा में 57.5 और कोल्लम में यह आंकड़ा 54.2 फीसद है।

वर्ष	2010	2011
उत्तर प्रदेश	3628	4843
आगरा	107	96
इलाहाबाद	67	62
कानपुर	380	686
लखनऊ	184	203
मेरठ	90	75
वाराणसी	127	64

Dainik Jagran, July 09, 2012, P.5



# Women most susceptible to crime in City: Ashoka

**BANGALORE:** As many as 646 women were murdered in urban areas of the State in the last five years and 479 such cases were reported in Bangalore City alone, Deputy Chief Minister R Ashoka informed the Legislative Council on Tuesday.

According to Ashoka, who is also the Home Minister, Karnataka had recorded 544 rape cases, of which 391 were in Bangalore.

Of the 3,041 other kinds of atrocities against women in the State, 2,082 were in Bangalore City.

Other urban areas recording high rates of crime against women are Mysore, Hubli-Dharwad and Mangalore.

The minister said single women in urban areas were increasingly becoming victims of such crimes.

Till June this year, 359 cases of chain snatching were registered in urban areas in the State and 225 of them were in Bangalore.

Replying to a question raised

## Crimes against women in urban areas in State

	2007	2008	2009	2010	2011	2012 (TILL JUNE)
<b>ATROCITIES</b>						
■ Bangalore City	290	307	367	398	458	262
■ All urban areas	458	518	628	520	589	328
<b>RAPE</b>						
■ Bangalore City	62	54	65	65	97	48
■ All urban areas	90	87	93	80	131	63
<b>MURDER</b>						
■ Bangalore City	55	85	93	108	87	51
■ All urban areas	72	117	116	150	120	71

Note: Urban areas include Bangalore, Mysore, Hubli-Dharwad and Mangalore cities

by Congress leader Motamma, Ashoka said the government was in the process of identifying the houses of single women and senior citizens so that help can be provided to them in case of an emergency.

### Review meeting

A police review meeting will be called within 15 days to discuss various issues related to crimes against single women in urban areas, he said.

The Home department is

also planning to introduce alarm systems in houses where single women live, so that the nearest police station and police on patrol can be alerted in case of problems.

Also, as a long-term solution to tackle such crimes, 3,000 women constables have been recruited to assist women in registering crime cases without hassles.

IT firms have been directed to make sure that proper photographs, bio-data and other

documents are collected before recruiting drivers for women's transport facilities, especially for night cab services, he said.

### 'Behave properly'

Motamma suggested that the police, irrespective of gender, should be asked to behave properly with women who come to register complaints at police stations and CCTVs should be installed at stations to monitor their behaviour.

**DH News Service**

Deccan Herald, July 25, 2012, P.3



# Shameful violence against women

Praful Bidwai

Recent violence against women, such as the aggravated sexual assault on a young student in Guwahati in Assam, has deeply shocked the public conscience. Yet, it's only one small component of pervasive violence against women – the fastest rising crime among all cognisable offences registered under the Indian Penal Code.

The latest available statistics compiled by the Home Ministry's National Crime Records Bureau show that between 1951 and 2011, the incidence of rape rose by 873 percent, or three times faster than all cognisable crimes put together, and three-and-a-half times faster than murder.

In India, a woman is raped every 22 minutes, and a bride burnt for dowry every 58 minutes. The police last year registered 42,968 cases of molestation of women – a figure that's about 80 percent higher than the number of rapes. The number of crimes recorded against women, including sexual harassment, cruelty by the husband or his relatives, kidnapping or abduction, and human trafficking, exceeds 2,61,000.

Separate numbers are not available for that South Asian urban speciality called acid attacks, which disfigure a woman for life as a punishment or rejecting a man's love, or more usually, lust. Nor does the NCRB go into the harassment faced by women for not eating a son.

The gangster-style grievous assault on the young woman outside a bar in Guwahati is particularly obnoxious instance of sexual violence. The allegation that a media person (a TV channel could scoop the story and play it to a voracious audience is now all it established. This further aggravates matters: At any time, many of those present need to shoot the incident on their phone cameras for

many minutes, ignoring a public-spirited citizen's pleas.

The police's failure to respond in time to distress calls from the bar owner is a shameful but familiar part of the story, as is their trivialisation of the incident and lethargy in arresting all the molesters. Even more deplorable is the manner in which the victim's identity was disclosed by the media, by a member of the National Commission for Women, and worse, the Chief Minister's office – against all elementary ethical norms.

How does one understand this revolting incident in Guwahati, a city with a relatively polite public culture? Such cities are no strangers to sexual violence. Beneath their placid surface hides a lot of sexual frustration and machismo. This was revealed in Guwahati in November 2007 by the stripping and parading of a 17-year-old Adivasi girl during a protest march.

Guwahati may be somewhat different from many other fast-growing Indian cities in that it has witnessed a far more rapid spread of the culture of consumerism and ostentatious spending. Most of the city's 127 bars (a big number) are new, having been opened within a decade, many only a few years ago.

But like elsewhere, they too are marked by raucous music, vulgar display of wealth via designer clothes and accessories, testosterone-driven competition between young men for female attention, male swagger or aggression, and rowdy behaviour, all lubricated by alcohol.

In fact, such behaviour is evolving into a standard pattern found in pricey restaurants, lounges and bars, much like the crude dabangg mannerisms, Mumbai-style tapani lingo, or loud and boastful cellphone conversations that can be seen or heard in streets, shops, malls, college campuses and airport lounges, or on buses and trains across the country.

Young men are often exposed to sex primarily through film songs choreographed to suggestive movements, through "item numbers", or through pornography on the Internet and in books. They are constantly in search of objects of carnal desire whom they must conquer by showing themselves off as desirable through power and aggression.

occurs at an early stage even in co-education schools, and stereotypes are rigidly formed by the time the young attain puberty, well before they enter the difficult phase of adolescence. Indeed, millions of Indian women are married before they turn 18 and have no experience of adolescence and of discovering themselves. The stereotypes include

In India, a woman is raped every 22 minutes, and a bride burnt for dowry every 58 minutes. The police last year registered 42,968 cases of molestation of women – a figure that's about 80 per cent higher than the number of rapes.

This has very little to do with a natural, easy, passionate relationship of affection or love to which physical contact comes organically. Even less has it to do with values such as compassion, sensitivity, cooperation, solidarity, and caring and sharing.

Male conduct sometimes bursts into senseless, lascivious, mob-like behaviour that openly visits sexual violence upon women. But more often, it takes the form of lewd taunts at young women, or forced contact with and groping of their bodies. That's why women are, and feel, unsafe in every Indian city and town – even in broad daylight.

Beneath the aggression lies deep insecurity and lack of confidence among young men, who are typically under-socialised and denied a chance to interact in a natural manner with women.

Boys and girls are rarely encouraged to meet or play together. In most of our schools, boys are addressed by their surnames, girls by their first names. Sexual segregation

school leaving examinations. And women are proving more diligent and reliable than men in call centres, offices and outdoor sales jobs. Unlike in the past, women now seek blue-collar employment and compete successfully with men.

This is producing new insecurities and fears amongst men, who seek to control women and restrict their independence in various ways. Take the recent incident in Baghat in Uttar Pradesh, where a khap panchayat ordered that no woman can use a mobile phone. The all-male panchayat fears that women might use the phone to talk to strange men and lose their "purity". However, no such restrictions are imposed on the men whom they might talk to!

Other examples include the imposition of conservative dress codes on women by the principals of numerous colleges and by the leaders of religious communities anxious to preserve their "purity", attacks on women in Bangalore pubs by Sri Ram Sene fanatics, and "punishments" like public humiliation and stripping of women who wear "inappropriate" attire even in supposedly cosmopolitan cities like Mumbai.

Why, even police chiefs in different cities have warned women against dressing "provocatively". In 2007, the Delhi Police issued a booklet entitled 'Security Tips' for North East students/visitors in Delhi, which advised them: "Revealing dress be avoided. Avoid lonely road/by-lane when dressed scantily. Dress according to sensitivity of the local populace."

The NCW chairperson has now joined the chorus advising women "not to ape western culture" and to "dress carefully". This means blaming the victim for the sexual harassment she faces.

In a highly patriarchal society like India's, where discrimination against women is per-

vasive from cradle to grave, many women internalise male prejudices. For instance, a recent survey by an eye sciences journal found that only eight percent of the children with poor eyesight regularly wear glasses. Forty-nine percent of the girls who need glasses say they don't use them for "cosmetic" reasons, and 83 percent refuse because wearing glasses would hamper their "marriage prospects".

Even worse, a UNICEF report this year on adolescents finds that not just 57 percent of Indian males but also 53 percent of females in the 15-19 age-group believe that wife-beating is justified. (Even in Bangladesh, only 41 percent of females justify wife-beating.) Such acceptance and sanctification of domestic violence does not speak of a civilised society.

It won't be easy to fight such entrenched patriarchy and male-chauvinist prejudice without an extensive campaign of social reform. Social reform – which combats male chauvinism, casteism, communalism and other forms of parochialism and hierarchy, and promotes the values of the enlightenment such as reason, freedom and equality – was (a rather weak) component of the Freedom Movement in its early period. It lost momentum long ago and has fallen off the agenda altogether.

There is no alternative to reviving the social reform movement. All our progressive intellectuals, teachers, enlightened politicians and concerned citizens must contribute to this revival. There lies the litmus test of their leadership.

As for now, it's the duty of our administrators to guard the equality, non-discrimination and freedom that the Constitution guarantees. They must all be put through gender sensitisation courses and held down to provide the security and freedom that women deserve.



# NO COUNTRY FOR WOMEN

**2,61,000**

CASES OF CRIMES AGAINST WOMEN, INCLUDING SEXUAL HARASSMENT, CRUELTY BY HUSBAND/HIS RELATIVES, KIDNAPPING, HUMAN TRAFFICKING LAST YEAR.

**42,968**

CASES OF MOLESTATION OF WOMEN LAST YEAR.

**873%**

RISE IN RAPE CASES BETWEEN 1953 AND 2011.

**22 MINUTES**

A CASE OF RAPE EVERY 22 MINUTES

**58 MINUTES**

A CASE OF BRIDE BURNT FOR DOWRY EVERY 58 MINUTES

SOURCE: NCRB

## IN THE LAST 7 DAYS

### JULY 17, JAGATSINGHPUR, ORISSA

Dalit woman dies of injuries after being assaulted by some villagers on June 14, when she objected to some men defecating on her fields. Police did not act promptly. SHRC directed district SP to submit case report. Husband has alleged some politicians and policemen are shielding the accused.

### JULY 17, BELGAUM, KARNATAKA

33-year-old Ujjwala Jirappa sustains severe burns after miscreants attack her at home and throw acid on her face. She had been receiving threats of acid attack for over a year. She had complained to police in November 2011, but police did not act. The woman had to attend a special 'Janata Darshan' by the district SP to report the July 17 attack.

### JULY 18, MUMBAI

A rowdy attempts to molest a woman, but the woman escapes. Later, the rowdy and two others barge into her house in Shivajinagar and assault her brother and mother, while she escapes again.

### JULY 20, PANAJI, GOA

Constable Sarvesh Nalk booked for assaulting woman home guard Sunita Gaonkar in Ponda police station.

### JULY 20, KOCHI, KERALA

Train pantry worker on Maveli Express arrested for sexually assaulting a woman passenger.

Why would a 17-year-old class stream school along with four other friends chose to celebrate birthday party in a pub at nine o'clock at night? And as parties often go, this one ended in a... with this schoolgirl ending up in an argument with a male friend. She left the pub in a huff. Her male friend tried hard to persuade her to sit on his motorbike so he could drop her home.

She declined and the next is, unfortunately, history. A video footage on YouTube shows her being slapped, dragged, pushed and finally stripped on a busy Guwahati street just as it goes away. The police may have failed to come to her rescue, one intrepid news journalist spent the next thirty minutes filming this woman pleading with her assailants to leave her alone till finally, an elderly man came to her rescue.

Guwahati-based Sandhya Borwar, of Women Power Forum, who has followed this assault case very closely is surprised just how many courts the local cops played false. The fiscal pointed, when asked why the police failed to rescue the woman said, "the police is not an ATM machine dispensing instant justice."

The police decision to finally initiate action against the involved thugs who had assaulted this teenager is of little consolation to her parents who are planning to leave the city, fearful a some new vendetta may be planned against their daughter in coming months.

Women have little to celebrate in a country like India where surveys rank its treatment of women as being better only to Pakistan and Afghanistan.

The result is misery for everyone to see. The National Crime Record Bureau informs us that rape is the fastest growing crime in India and has seen an exponential 600 per cent explosion in 1971 followed by kidnapping (again, largely women victim) which has seen an over 350 per cent increase.

Brinda Karat, member of the CP(M) Politburo admits crimes against women are on the rise and one of the reasons for this is "the low rates of conviction."

"People seem to believe they can get away with these crimes. The assertion of women in public life is something that our patriarchal India is finding it difficult to accept," she said.

Jyotsna Chatterjee, heading Joint Women's Program puts blame squarely on the lack of political will to take tough task.

"Take the case of the recent khap panchayat in Azam village Baghat which had issued a diktat that women must cover their heads when they leave home, they have imposed a complete ban on love marriages and no mobile phones for girls while women above the age of 40 years should be allowed to venture out of house for work."

Chatterjee finds it strange that the entire political class failed to condemn this diktat. Rather, the Samajwadi party, led and minority affairs minister Azam Khan issued a statement saying there was nothing wrong if a "group of villagers come together to express their opinion."

Meanwhile, in an obviously orchestrated show of solidarity women from three UP villages in Muzaffarnagar district vowed to "burn their jeans and tops and to dress much more judiciously."

Khap panchayats have joined hands at a recent meeting. Sarash Tiwari, president of the Bharatiya Kshatriya Kumbh and of the Bahujan Khap panchayat insists their diktats are not a woman. "We also oppose the dowry system and female foeticide but that is not being highlighted. Instead the decision we take orderliness in the society in accordance with our traditions dubbed as 'taliban'."

Akhila Shrivastava of the Centre for Advocacy and Respite believes the rumblings in these khap panchayats have been triggered by the release of a recent study of the Population Council of India that found that rate of premarital sex is higher among girls than boys.

Girls, according to the study, are also willing to indulge in sex without using contraceptives. Police believe the attitude of the younger generation of girls has undergone a sea change.

The Noida police, following a case of a girl being gang raped in a car concluded their investigation with the comment: "The is a habitual vodka drinker, following a vodka party, she wanted to have sex. When the money wasn't paid, she reported a case of rape."

Breakdown of law and order - chain snatchings - seven or two hours one day in Mumbai apart from rape, molestation its lesser version called eve-teasing on the roads, buses and urban trains) has seen some writers come out in support of it. Yashant Dhole, in his efforts to control drugs and prostitution in Mumbai's parties and bars.

Women activist Srijata Mishra attributes the narrow implementation in our cities to growing migration from the villages. "There are no social restraints in our cities and obsession with national security and VIP security has forced police to move away from their traditional duties of looking after law and order."

India needs a separate law to deal with sexual harassment assault.

Introducing new laws alone is not the answer. The streets of cities need to be patrolled with greater strictness. It will secure the safety of our women, today and in the future.



Asian Age, July 22, 2012, P.5, Contd. on P. 12, 13



# LIFECYCLE OF AN INDIAN WOMAN

## BIRTH (0-4 YEARS)

### FOETICIDE

**OVERVIEW** A joint study carried out by researchers in India and Canada projects that half a million unborn girls may be aborted in India every year. According to the 2011 Census, the country has an average sex ratio of 940 females to 1000 males. Kerala has the highest sex ratio at 1084 while Haryana has the lowest at 877. The union territory of Dadar and Diu has a sex ratio of 818. Things don't look set to get better. According to the GOI's Ministry of Health & Family Welfare, there will be 90 females per 1000 males in 2016 and 930 by 2023.

The idea that the sex ratio is more skewed among the underdeveloped or rural population isn't entirely true. In 1991, it stood at 978. More than a century later in 2011, it has fallen to 947. In urban areas, it was 910 in 1991, it stood at 926 in 2011.

### LAW

A number of laws have been passed to curb female foeticide and improve the gender balance. In 1987, the spotlight first focused on clinics offering sex determination tests. The Central Act, Prenatal Diagnostic Techniques Act, (Regulation and Prevention of Misuse) was passed in 1994. The idea was to prevent the misuse of prenatal diagnostic techniques to determine the sex of the foetus eventually leading to female foeticide. By 2003, it was amended to hold medical professionals legally responsible.

**IMPLEMENTATION** The Act aims to check sex selection and the consequent female foeticide and proscribes the prosecution of doctors involved in the racket. It is blatantly violated across India and there are hardly any convictions.

**STATUS** Though it's estimated by the UN that 50 million girls are missing in India due to foeticide, a few hundred cases are registered under the PNDT act. Convictions are even fewer with not more than a hundred in 18 years of the law's existence. But perhaps things are set to change. Last week, the Jant Maha Kshap, a gathering of more than 300 Kshap panchayats, denounced female foeticide.

### INFANTICIDE

**OVERVIEW** In the case of infanticides, things are trickier as these cases are often reported as still births or not reported at all.

### LAW

Culprits can be tried under the Indian Penal Code.

**STATUS** Though there are enough provisions to try culprits under murder charges, female infanticide goes largely unnoticed.

## 5 lakh girls

are killed every year even before they are born. One-fourth of the 15 million girls born every year don't get to celebrate their 15th birthday.

### NUTRITION

**OVERVIEW** Girls are more likely to be malnourished than boys in India.

### LAW

Provisions of domestic abuse can be used if girl child is being discriminated against in terms of food distribution due to her gender.

**IMPLEMENTATION** Since it is hard to identify such cases, the laws are never implemented.

**STATUS** The malnutrition level in male children is 45.6%. It is 45.9% for female children.

## CHILDHOOD (5-12 YEARS)

### EDUCATION

**OVERVIEW** There is a 20-40% shortfall of attendance for girls in Rajasthan, Bihar, Uttar Pradesh, Gujarat, Andhra Pradesh, Jammu & Kashmir and Orissa. The shortfall is 6-10% in Assam, Punjab, Gujarat, Maharashtra, Karnataka, Tamil Nadu.

### LAW

The Right to Education Act provides for universal education for children in the age group of six to 14.

**IMPLEMENTATION** The male-female ratio for school attendance shows the difference is lower in the six-10 years age group. The dropout rate is higher for girls at the 10-14 age group.

**STATUS** The gender bias against the girl child continues to manifest itself with families not sending their girls to school.

### CHILD MARRIAGE

**OVERVIEW** For every woman aged below 18 getting married in urban areas, there are doing the same in rural areas. Jammu and Kashmir has seen the biggest dip in under-age brides at 83%. Kerala is the only state that has seen a 36% increase in girls getting married by the age of 18.

### LAW

In 2006, the Government of India replaced the Child Marriage Restraint Act, 1929, with the Prohibition of Child Marriage Act. Now, child marriage is punishable with rigorous imprisonment. A non-bailable offence, those performing child marriages, male adults above 18 years marrying a child, and the persons responsible for the child could be severely punished.

**IMPLEMENTATION** Despite the Delhi High Court declaring child marriage a violation of human rights, the practice is still rampant.

**STATUS** The incidence of early marriage remains high in Jharkhand, Rajasthan, Bihar, West Bengal, Madhya Pradesh, Andhra Pradesh, Uttar Pradesh and Chhattisgarh with Jharkhand topping the chart at 71.9%.

### GIRL CHILD LABOUR

**OVERVIEW** The NSSO survey 2009-10 puts the number of working children at 49.84 lakh. 19.25 were female. However, UNICEF's data of 2004-05 had put the number of working children at a much higher figure of 60 million.

### LAW

The Child Labour (Prohibition and Regulation) Act of 1986 prohibits the employment of children below 14 years in 10 hazardous occupations. Domestic work and hotel work is on the list of banned occupations. The Juvenile Justice (Care and Protection of Children) Act of 2000 made it a crime, punishable with a prison term for anyone to procure or employ a child in bondage.

**IMPLEMENTATION** Despite the list of hazardous occupations, the practice of employing child labour continues.

**STATUS** Minor girls from rural and tribal areas who work as domestic help are often kept in inhuman conditions and deprived of basic amenities.

### CHILD TRAFFICKING

**OVERVIEW** There are two million child commercial sex workers between five and 15 years of age. They form 40% of the total population of commercial sex workers in India. Five lakh children are forced into this trade every year.

### LAW

Section Five of the Immoral Traffic Prevention Act or PITA of 1946 states that procuring or inducing a child into prostitution will be met with a minimum seven-year prison sentence which can be extended to a life term. The Juvenile Justice (Care and Protection of Children) Act, 2000, intends to help the large number of children in need of care and protection but many fall victim to abuse at state home too.

**STATUS** Minors continue to be forced into begging, prostitution, pornography, the organ trade and sex tourism.

## ADOLESCENCE (13-18 YEARS)

### SEXUAL VIOLENCE

**OVERVIEW** One out of two children in schools have faced sexual abuse according to 'Study on Child Abuse India 2007' conducted by the Ministry of Women and Child Development.

About 53% of girls in Delhi have experienced sexual abuse at the hands of a family member. Nearly 38% of the women said the perpetrator had been the father, grandfather or a male friend of the family (Sakshi, 1997).

### LAW

The Parliament has passed the Protection of Children from Sexual Offences Bill, 2011 during the last Budget session.

**IMPLEMENTATION** To protect children below 18 from sexual abuse, the Parliament has set up special courts for speedy trial of cases against them and provided stringent punishment extending up to life term for offenders.

**STATUS** Between 2000 and 2011, there was a 10% increase in reported rape cases. As of July 20, 2012, the Union Cabinet has made rape a gender-neutral offence, changing the definition of 'rape' as a crime involving sexual assault of women and defined by forcible penetration.

### Khushboo, actor

The tabloidisation of a sexual comment by the marital sex by actor Khushboo revealed the shocking realities that continue to torment women from expressing their views. Thankfully, the SC quashed all charges.



### WOMEN IN MEDIA

**OVERVIEW** The number of cases under the Indecent Representation of Women (Prohibition) Act 1986 has been increasing over the years - from 191 in 1998 to nearly 900 in 2010. As per the National Crime Records Bureau, there was a nearly 300% increase in reported cases between 1999 and 2009. Andhra Pradesh with 753 cases in 2010 has accounted for the highest in the country.

### LAW

Indecent Representation of Women (Prohibition) Act, 1986 (IRWPA) deals with the prohibition of advertisements and selling of publications that indecently represent women. The Information Technology Act, 2008: Section 67 of the IT Act is a legislative measure against pornography, while the Cable Television Networks (Regulation) Act, 1995 prohibits the transmission of advertisements which are not in conformity with the Advertisement Code.

**IMPLEMENTATION** In May 2012, the government said it is contemplating introducing social media and computer (including the internet) will fall in the scope of the IRWPA.

### PERIODICITY

**OVERVIEW** According to a 2010 survey by AC Nielson, nearly 90% women in India use ashes, newspapers, dried leaves, even brick sand during their periods due to unaffordability of sanitary napkins. Menstrual hygiene is lowest in eastern India with 83% women saying their families can't afford SNA. Due to inadequate protection during menstruation, adolescent girls miss five days of school every month, 28% drop out of school after they start menstruating and over 70% of the women have some kind of reproductive tract infection in their lifetime, increasing the risk of contracting associated cancers.

### LAW

There is no uniform legislation on the subject and different states have municipal bylaws.

**STATUS** In June 2010, the Union Health Ministry announced 750 crore scheme to provide sanitary napkins to adolescent girls in rural areas for 12 paise pack. However, the plan is yet to kick off.

## YOUTH (18-40 YEARS)

### HONOUR KILLINGS

**OVERVIEW** It is estimated that 1000 honour killings take place per year across India, against the global figure of about 5000 across the world. (India figures according to 2010 independent study by lawyers Anil Malhotra and Ranjit Malhotra of Malhotra & Malhotra Associates, Chandigarh; Global figure according to UNHRC, 2010.)

### LAW

There is no separate law to deal with honour killings: IPC - 302, the law dealing with murders, is used to prosecute the accused in such cases.

**IMPLEMENTATION** Supreme Court lawyer Ajithwarya Bharti says that as society changes, the law changes to adapt to it. She cites the formulation of 304D of the IPC in deal with dowry deaths in 1986 after dowry deaths had become an overwhelming menace. Bharti adds, "Just as special circumstances of dowry deaths were recognised and laws formulated to deal with such crimes, it may be time to formulate laws to deal with honour killings, where the onus of disproving the allegation would be on the defendant as opposed to it being on the prosecution."

If a law formulated around circumstances - for example, unnatural death under suspicious circumstances occurring close to marriage, after a history of threats, and caste-based animosity - could be established for honour killings, convictions would become easier.

**STATUS** In the absence of a specific law, the khap panchayats are having a field day as even the general Indian Penal Code provisions relating to unlawful assembly and murder are not being implemented by law-enforcement agencies.

### DOWRY

**OVERVIEW** Although legislations against the dowry system are in place - the first one becoming law in 1961 and another stringent one against dowry deaths formulated in 1986 - the practice continues largely because Indian society internalises a patriarchal culture, which is also becoming increasingly commercial.

### LAW

In 1966, after pressure from activists, the Indian Penal Code was amended to include section 304 B, specifically against murder following harassment for dowry.

**IMPLEMENTATION** Various crime against-women cells have been formed around the country by various states, which deal with, among other things, dowry harassment complaints. However, awareness of the existence of these cells is still very low among women.

**STATUS** According to the National Crime Records Bureau's figures, 8,638 dowry deaths were reported in 2011, a rise of 31% since 2006. The 2011 figure translates into 23.61 cases of dowry deaths in the country every day. A charge sheeting rate of 92% and a conviction rate of 35.8% were reported for 2011. In the same year, 6,619 cases of dowry harassment were reported.

### DOMESTIC ABUSE

**OVERVIEW** Despite the legislation, instances of domestic violence are rampant. According to a report by UN Women, around 35% Indian women suffer physical violence at the hands of their partners while nearly 40% men and women think that it is sometimes or always 'justifiable' for a man to beat his wife. There is no law dealing with marital rape.

### LAW

The Protection of Women from Domestic Violence Act 2005 came into force on October 26, 2006. It means to protect the wife or female live-in partner from domestic violence.

**IMPLEMENTATION** Little has been done to address domestic violence. Public intervention would be helpful and NGOs have initiated campaigns like "Gharati Rajni" ("ring the bell").

**STATUS** According to National Crime Records Bureau's 2011 figures, 90,135 cases of domestic abuse were reported - a rise of 57% over 2006. For 2011, the NCRB reports a charge sheeting rate of 94.4% but a dismal 20.2% conviction rate.



## MIDDLE AGE (40-60 YEARS)

### SEXUAL HARASSMENT AT WORK

**OVERVIEW** According to an all India study by NGO Sakshi, 80% women confirmed that sexual harassment existed in their workplace. The Supreme Court defines sexual harassment as any unwelcome gesture, behaviour, words or advances that are sexual in nature.

### LAW

India still awaits a law dealing with this problem. In the absence of one, the Supreme Court of India has said that the judgment of the Vishaka and others vs the State of Rajasthan (1997) is to be used as a set of guidelines.

**IMPLEMENTATION** Dr Meelha Kotwal Lele, coordinator of Adlocimus, filed a petition with the Supreme Court which said that neither the Centre nor the states had implemented the Vishaka Guidelines. A case that has been cited in this regard is that of Hiroda's MS University where a research scholar was repeatedly abused by her supervisor and on complaining none of the Supreme Court's guidelines were followed, specifically that of involving an NGO familiar with sexual harassment cases.

**STATUS** The Ministry of Women and Child Development has prepared a draft entitled 'The Protection of Women against Sexual Harassment at Workplace Bill, 2007' to provide for the prevention and redressal of sexual harassment of women at the workplace. However, this is still at the Bill stage.

### DIVORCE

**OVERVIEW** Indian divorce laws are skewed against women because most of them do not enjoy high economic status. Even in the case of alimony maintenance, men can feign loss of wealth. Tracing property in India is tough and women seldom have the means to do so. Men often buy property in the name of their relatives and plead poverty in divorce courts.

### LAW

As per Hindu Marriage Act, both women and men can file for divorce and have equal rights. But in terms of maintenance and custody battle over children, women tend to be at a disadvantage because of their low economic status. The triple-talaaq way of terminating Muslim marriages does not give Muslim women any say in the matter. A marriage can be dissolved even without the consent of the wife.

**STATUS** According to an upcoming study on 'The Economic Rights & Entitlements of Separated and Divorced Women in India', more than 80% of the more than 100 separated or divorced women surveyed blame 'cruelty' or domestic violence in their marital homes, for their split.

**IMPLEMENTATION** Upcoming amendments propose equal right to matrimonial property that was jointly bought during the marriage. Another change proposes to recognise divorce on the grounds of irretrievable breakdown of marriage. Activists say neither works in the Indian context because women would be left without sufficient economic means.

### POLITICAL EMPOWERMENT

**OVERVIEW** The crucial stage of empowerment in a democracy is involvement in law-making and the political process. Despite being close to half the population, women are under-represented in the political process, at the central level as well as in the legislative assemblies.

**STATUS** In India, the representation of women in Parliament is 11%, which is lower than sub-Saharan Africa. In 2008, the number of women in the Lok Sabha was 48, which progressed to 60 in 2012. From 1% in 2000, representation now stands 11%. This is below the average of 18% in south Asia.

### LAW

The Women's Reservation Bill, ensuring 33% reservation to women in Parliament and state legislative bodies, was passed in the Rajya Sabha in March, 2010. It is pending in Lok Sabha. It seeks to reserve 161 of 543 seats in the Lok Sabha and 1,370 of 4,103 seats in the 28 State Assemblies.

**IMPLEMENTATION** Following a constitutional amendment in 1993, 33% of seats are reserved for women in Panchayati Raj institutions. Reservation in Parliament institutions has been implemented effectively in most states.

## OLD AGE (60+ YEARS)

### WIDOWHOOD

**OVERVIEW** Women in their old age become subject to more subjugation as they are discriminated against for a share in property by inheritance or otherwise. Widows, who are left with no socio-economic standing of their own after their husband's death, are abandoned by their families in the religious town of Vrindavan. A Supreme Court-appointed panel has highlighted their pathetic condition.

### LAW

The Hindu Succession Act of 2005 granted women co-equal inheritance rights to ancestral and jointly owned property. In 2011 the section of the law which denied rights of a widow to inherit her husband's property upon remarriage was repealed. The Widow Remarriage Act of 1856 allowed Hindu women to remarry after death of their spouse.

**IMPLEMENTATION** Enforcement of this law is weak. Many women are still denied inheritance.

**STATUS** India's elderly population has already crossed 100 million during 2011. As per the 2011 census, for elderly at 60+ population sex ratio is in favour of elderly women by 1022:1000. There are 40 million widows in India, almost 8% of the female population.

### OLD AGE HOMES

**OVERVIEW** Old age homes in India are a myth. We have only about 2900 old age homes operational across India with only 50 old age homes for women.

### LAW

Maintenance and Welfare of Parents and Senior Citizens Act 2007 and National Policy for Old Persons 1999, Criminal Procedure Code 1973 section 125 for maintenance

**IMPLEMENTATION** Procedural delays are common and are a great hindrance to these beneficial legislations.

**STATUS** As per a study almost 17,000 people in India turn 60 every day and 9000 among them are women. About 3500 old women die every day. (Ageswell Foundation)

The success  
story  
**Kamlesh  
Chaudhory,**  
62 years



### I felt neglected by my husband

Chaudhory called an NGO helpline asking for assistance to shift into an old age home, as she was harassed by her husband Bipul Nath Chaudhory. She wanted to move out of her home as she couldn't deal with the trauma he'd inflicted on her.

"I felt neglected over the years by my husband. I have diabetes since the past 20 years, which has resulted in general weakness and eyesight problems. I can't see properly or walk without support. My regular treatment had included three injections twice a week, one monthly visit of a neurologist and a physiotherapist," she says.

Chaudhory was abandoned by her husband in Dubai and she had to return to India.

A few years later her husband came back to live with her which according to her was a selfish motive to sell off their combined property, security and abandon her again. Chaudhory was adamant that she be taken care of and finally had to settle for an old-age home.

Compiled by: Shubini Singh, Mayjain Namrata, Suman Kharsid, Zubeen Majeed, Farheen Ameen, Sakshita, Niyaz Farooque, Poojya Mallick, Srishita Jha

Photo: ARJIT SEN, Design: PRASHANT CHAUDHARY

MODELS: KRATI SANDHI (old-age), PRACHI SANDHI (adolescence) Courtesy: GUTZ MODELING



# Brinda: UPA not addressing crimes against women

## Accuses Home Minister Chidambaram of displaying "great insensitivity"

NEW DELHI: The Communist Party of India (Marxist) has accused the United Progressive Alliance (UPA) of not addressing the issue of crimes against women, saying it was not on the ruling alliance's priority list.

CPI(M) Polit Bureau member Brinda Karat has said the UPA, which has been in power for the last eight years, has made no efforts to amend and enact tougher laws pertaining to crimes against women, particularly the law (Section 354 of IPC), which deals with cases of molestation such as the one that happened in Guwahati.

"...I think, [Home Minister P. Chidambaram] on many occasions has displayed great insensitivity to the different kinds of crimes that women face. And I believe that for example, the whole issue of honour killings, Chidambaram does not seem to think we need a standalone law for that," Ms. Karat told Karan Thapar on CNN-IBN's Devil's Advocate programme.

### 'Tougher laws needed'

She said there was a consensus across Parliament on the need for tougher laws "but the Home Minister doesn't think so" because of vote-bank politics.

"...Because this so-called khap panchayats produce votes where they need them. Why is there delay in laws against honour crime? What is the reason?" she asked.

The CPI(M) leader said the government "has to express regret" as to why it had delayed bringing so many legislation pertaining to women.

"There is no political agenda which addresses this as a priority...it is not on the priority list of the UPA government. That is the truth and that is how facts speak. All legislation for women are in cold storage today," Ms. Karat said.



She also said the National Commission for Women (NCW) has to take a fresh look at its mandate and play a much more pro-active role. "I am disappointed with its functioning. There is no doubt about this. It must play a much more proactive role."

On NCW chairperson Mamata Sharma, who has come under criticism for her alleged comment that young girls should be careful about what they wear, Ms. Karat said: "If she has said it, then it is completely outrageous and she has no business to be heading that commission. But I don't know she said it because she has made a very categorical denial. And I would prefer to take her line at face value."

Asked about Congress leader Alka Lamba, who was removed from a fact-finding team of the NCW for making public the Guwahati molestation victim's identity, Ms. Karat said such inquiries should not be outsourced.

### Only NCW mandated

"An inquiry like this must be done by senior members of the NCW who are accountable. Because NCW members have a mandate," she said.

Noting that a crime against women is committed every three minutes in India, Ms. Karat said: "India is not safe for young women today."

Asked why women holding top positions, including President Pratibha Patil, UPA chairperson Sonia Gandhi, Lok Sabha Speaker Meira Kumar and Leader of the Opposition in the Lok Sabha Sushma Swaraj, have not reacted to the Guwahati incident, she said "you will have to ask them."

She, however, added that

they were supposed to help set a political agenda on the issue.

She attacked the Guwahati police for its "criminal negligence" in the molestation case and said the State "DGP should be sent back to training school."

The CPI(M) leader also suggested that the culprits of the Guwahati incident "need

to be taught strong lessons by subjecting them to jail terms and social disapproval, if not boycott."

### Is it for high TRP?

Urging the media to be more careful in handling such issues, Ms. Karat said, "it is a shame" if the media had done this for a "good story" to get high TRP. — PTI

## Tirath wants men to change their perception of women

Bindu Shajan Perappadan

NEW DELHI: "It isn't women who need to change their style of dressing, it's men who need to change their style of thinking and perception of women," Union Women and Child Welfare Minister Krishna Tirath said here on Sunday.

She was reacting to Madhya Pradesh Industries Minister Kailash Vijayvargiya's statement that "women should not dress provocatively."

"Women covered in yards of clothes are not going to change the mindset of men who believe that violence against women and the abuse of her rights as a human being is acceptable. It is a shame that political leaders in such high posts think and talk in a manner that is very derogatory to women. Women in India enjoy just as much freedom as men in the country and it is a right that the law of the land has bestowed on them. Such statements are an attempt to snatch away that freedom of expression and it will not be tolerated," she added.

Expressing dismay at Mr.



Krishna Tirath

Vijayvargiya's statement, social activist Shabnam Hashmi said: "Do women really need to be policed about what they wear in India in this day and age? We strongly condemn such statements that are being made all too often these days. With this statement, the onus of violence against women and their abuse now seems to have been cleverly shifted from the attacker to the victim, which is a very wrong trend. Women in our country don't get raped, abused and killed because of

the clothes they wear or don't wear, it because men feel that they can get away with it and leaders in such high positions making a statement like this only adds to this wrong belief."

Senior advocate Pinky Anand said: "While every citizen of this country has the right to his/her opinion, telling half the population of the country how to dress certainly doesn't seem right. It is a very unfortunate statement. What makes it worse is the context that it was said in."

Mr. Vijayvargiya made the statement on Saturday in relation to the Guwahati incident where a group of men molested a girl on July 9

The National Commission of Women too has come out strongly against the statement. "India is a free country and all its citizens, irrespective of their gender, have equal rights. We take strong objection to such public statements which when they come from a senior Minister become even more distasteful," said Commission chairperson Mamata Sharma.



ये क्या हो रहा है... } महिलाओं पर अत्याचार की एक के बाद एक घटनाओं ने किया शर्मसार, सरकारी प्रयास बेअसर...

# आधी दुनिया खतरे में...

थाना हो या मंदिर कुदिरा और धिनीनी मानसिकता वाले लोगों ने महिलाओं का जीना दूधर कर दिया है। यानी महिलाएं कहीं भी अपने को महसूस नहीं कर पा रही हैं। हाल की घटनाओं के साथ-साथ कट्टरपंथी पंचायतों के तुलनात्मक प्रस्तावों... फतवाओं ने

इस खौफ को और बढ़ दिया है। केन्द्र और राज्य सरकारों की ओर से महिला आयोगों-थानों और सुरक्षा के अन्वय कदम उठाने का दूर-दूर तक कोई असर दिखाई नहीं देता। कुछ दिन पहले ही एक अद्वयन में चर्चा मचाया गया है कि भारत में महिलाओं की स्थिति सबसे खराब है...

## थाने में दारोगा ने की दुष्कर्ण की कोशिश

लखनऊ. लखनऊ के माल थाने में दारोगा ने एक महिला से दुष्कर्ण की कोशिश की। आरोप है कि निर्दोष दारोगा कामताप्रसाद अवस्थी ने बुधवार को महिला को थाने बुलाया। पूछताछ के बाद उसने महिला से दुष्कर्ण की कोशिश की। महिला के गौर मचान पर घिरता देख आरोपी दारोगा भाग निकला। माल थाना प्रभारी रमेश सिंह को निर्दोष कर दिया है। लापरवाही के आरोप में महलखण्ड के क्षेत्रधिकारी जितेंद्र कुमार श्रीवास्तव का तबादला कर दिया गया।

## डीजीपी को फटकार

इलाहाबाद हाईकोर्ट ने मामले में स्वतः संज्ञान लेते हुए डीजीपी को अदालत में तलब कर कड़ी फटकार लगाई और दो सप्ताह में जवाब मांगा है।



मंदिर में दलित महिला से मारपीट

परना. बिहार के बेगूसराय में ना दुर्गा की पूजा करने पर अंधी दलित महिला को कुछ लोगों ने तमाशा पीटा। उन महिला ने मंदिर में घुसने की कोशिश की। उनकी स्पेशल पीट्टई की गई। महिला के पितृ को अंधे हुए बत की

खारत रानी तो वे भी गोंके पर पहुंची तब अगई जादे के लोगों ने उनको साथ भी गंदी सूकूक किया, जो उनकी पीट्टई के साथ पीटा गया था। वरुण के बाद पीट्टई दलित महिला ने थाने में जाकर रिपोर्ट दर्ज कराई।

## 'तालिबानी' फरमान से हड़कम्प

लखनऊ. बगपत जिले में पंचायत की ओर से महिला विरोधी 'तालिबानी' फरमान जारी कर कहा गया है कि गांव की 40 साल तक की कोई महिलाएं व युवतियां बाजार नहीं जाएंगी। आसरा गांव की पंचायत का तर्क है कि ऐसा करने से छेड़खानी की घटनाओं पर रोक लगेगी। ग्रामीणों ने ऐसे फरमान से इनकार किया है।

## पुलिस पर हमला

गांव के लिए गांव पहुंचे पुलिसकर्मी दो लोगों को हिरासत में लेकर थाने आ रहे थे, तभी उन ग्रामीणों ने पुलिस कर्मियों की मोटरसाइकिल आग के हवाले कर उनके साथ मारपीट की। चण्डीपट्ट में गृह मंत्री पी. चिदम्बरम ने इस फरमान की निंदा की। फरमान के बारे में राज्य महिला आयोग ने जिला प्रशासन से रिपोर्ट मांगी है।

## सरकार ने किए हथ खड़े

यूपी सरकार ने इसे सामाजिक बुराई बता कर कहा कि यह जागरूकता से ही दूर कर जा सकती है। शहरी विकास मंत्री मोहम्मद आज़म खान ने कहा कि सभी को अपनी बात कहने का हक है। ऐसे फैसले को कोई मन भी सकता है और नकार भी कर सकता है। कानून कुछ नहीं कर सकता।

## दुष्कर्ण पीड़ित पर डाला था गर्मपात का दबाव

कोरबा. छत्तीसगढ़ में कटहरिया गांव की पंचायत ने दुष्कर्ण पीड़ित 15 वयसी किशोरी के मामले में बर्बर फैसला सुनाते हुए आठ माह का गर्भ गिराने का फरमान सुनाया। अवमानना पर पंचायत ने परिवार का सामाजिक बहिष्कार का फैसला सुनाया। (ब्यूरो)

Rajasthan Patrika, July 14, 2012, P.13

# India shamed: Guwahati girl molested in full public view

**APATHY** Police failed to arrive on time, only four of 30 attackers arrested so far

## how safe are women in India?

HT Correspondent  
letters@hindustantimes.com

**GUWAHATI:** In yet another incident of crime against women, a 16-year-old girl was molested by around 30 men in full public view for about half an hour on Monday night outside a posh nightclub here.

The incident was witnessed by hundreds, but no one came to her rescue. The incident would have gone un-noticed but for the footage uploaded on Youtube on July 10. It sparked outrage across the nation — highlighting, as it does, the increasing incidences of lawlessness and crimes against women (see box).

Public pressure finally forced the police to act, and on July 11 and 12, four arrests were made, although main accused Amarjyoti Kalita is still running free.

The teenager had gone to celebrate a friend's birthday at Club Mint on GS Road. But she was singled out and targeted after her friends left at 9.30pm. The police team, which arrived half an hour later, said the group was evicted after a brawl.

The incident stoked massive

### EASY PREY

The Guwahati incident (pic) is no one-off. Urban India has witnessed several cases of women becoming mob targets



### FIGURES TELL THE STORY

Year	2009	2010	2011
<b>Total cases</b>	<b>2,03,804</b>	<b>2,13,585</b>	<b>2,28,650</b>
<b>Rape</b>	21,397	22,172	24,206
<b>Molestation</b>	38,711	40,613	42,968
<b>Harassment</b>	11,009	9,961	8,570
<b>Kidnapping/Abduction</b>	25,741	29,795	35,565

\* Source: National Crime Records Bureau  
\*\* Figures indicate incidents that were reported/registered

resentment, with politicians, the women's commission and civil society. The incident was widely reported in the media. Tarun G... stated to probe the incident.

While National Commission for Women chief Mamta Sharma demanded the police "take the matter seriously", CPM MP Brinda Karat called for prosecution of the police officers. Assam Police chief Jayanta

**JANUARY 1, 2012 GURGAON**  
A girl molested outside Sahara Mall

**OCTOBER 2011 MUMBAI**  
Two youths beaten to death, trying to protect women friends

**JANUARY 1, 2008 MUMBAI**  
As two women step out of a hotel early in the morning, a mob attacks them

**JANUARY 1, 2007 MUMBAI**  
A young woman assaulted by a group of revellers

Narayan Chowdhury said the... were not an ATM machine — dispensing instant service — which earned him a reprimand from union home minister P Chidambaram.

CONTINUED ON PAGE 6

**inside P8**  
» They watched, didn't help  
» Doing our duty: TV channel

## VILLAGERS ATTACK POLICE PROBING PANCHAYAT DIKTAT

HT Correspondent  
letters@hindustantimes.com

**MEERUT:** Regressive residents of a Baghpat village, where the local panchayat banned under-40 women from using mobile phones outside their homes and shopping alone, attacked a police team trying to probe the matter on Thursday night.

In Talibanesque edicts seeking to curb women's freedom, the panchayat in Asara village in the western UP district had on Wednesday also banned love marriages.

Reacting to the illegal order backed by men from all castes and communities of the village, home minister P Chidambaram said: "There is no place for such diktats in a democratic society. If such a diktat is being issued in Baghpat, we must inspect the state government to instruct the police to ensure that nobody comes to harm for violating that diktat."

Baghpat is represented in the Lok Sabha by civil aviation minister Ajit Singh of the Rashtriya Lok Dal.

Hindustan Times, July 14, 2012, P.1

## Crime against women

No word is strong enough to condemn the assault on a girl on Monday night in Christian Basti area of Guwahati by a mob. The incident once again brings to the fore the growing incidence of crime against women. The girl was beaten up and molested by a mob on the busy GS Road after she had come out of a bar. The girl was attacked after she had an altercation with a man who had passed some lewd remarks on her. She was assaulted for over an hour by the mob in front of onlookers before she was finally rescued by the police. Some of the miscreants involved in the attack even tried to tear off her clothes and outrage her modesty. This is not the first incident of its kind in Guwahati. In 2007, a woman from the tea garden community, Lakshmi Orang, was disrobed by several youths while she was participating in a protest march which turned violent. A couple of years back, a young girl was beaten up by a mob for no fault of hers in the city while another girl was assaulted by police personnel inside the Dispur Police Station few months back. And the growing incidents of crime against women put law enforcers in poor light.

The public which gathered on the spot while the girl was being attacked did nothing to rescue her who was frantically crying for help. The public inaction emboldened the culprits in tormenting the girl. The police have identified four persons who were allegedly involved in the assault case. While police has launched a manhunt to nab all the accused who have been identified with the help of CCTV, the prompt action taken by the Amtron authorities is indeed laudable. One of the accused, who is an employee of Amtron, has been suspended after he was identified as one of the attackers in the television footage. Though crime knows no gender, crime against women in this part of the country was once almost unthinkable. The womenfolk of the region are held in high esteem and respected unlike in the rest of the country. But now the records depict an entirely different picture. It is time the law-enforcing authorities coordinated their activities to tackle crimes against women. There is also a need of an awareness campaign on a consistent basis to make the women conscious of the several Acts that have been enacted to uphold their rights. Women police stations have also been set up to enable them to file their complaints promptly. On its part, the society too as a whole should ensure that the rights of the women are upheld and respected.

The Assam Tribune, July 13, 2012, P.6



# SC condemns acid attacks on women

## Spell out steps to curb acid sale, govt told

**NEW DELHI:** The Supreme Court on Monday told the Centre to spell out steps taken to regulate the sale of acid in the country in order to prevent attacks aimed at disfiguring women.

A bench of Justices R M Lodha and A R Dave told the states and Union territories to file their responses to a notice it issued in this regard on February 11, 2011. Besides, the bench directed the Union Home Ministry to file a comprehensive affidavit, enumerating the steps taken to check unrestricted sale of acid.

Hydrochloric and sulphuric acids, freely available over the counter, are sprayed by men bent on wreaking vengeance on women. The victims are disfigured for life and in many cases, lose their lives.

The court was hearing a Public Interest litigation filed in 2006 by Laxmi, who was disfigured following an acid attack. The petitioner sought compensation for all acid attack victims and framing of a new law or an amendment to the already existing criminal laws like the Indian Penal Code, the Indian Evidence Act and the Criminal Procedure Code, to deal with such offences.

A year ago, a separate bench of the court said the Centre should decide expeditiously on banning the cross-the-

### Saving grace

- States asked to file response on a notice issued in Feb, 2011
- Home Ministry asked to file an affidavit stating steps taken to check sale of acid
- A Law Commission report has suggested several measures to curb acid attack
- States are required to raise a fund to compensate victims



counter sale of acid to prevent its easy availability to potential attackers against women.

Neighbouring Bangladesh has already banned the use of acid to curb the menace.

The Centre had earlier submitted that a Law Commission report on the issue was forwarded to all stakeholders and the National Commission for Women has placed draft legislation to make acid attack a serious offence.

The Law Commission, in its 226th report submitted in July 2009, said the distribution and sale of acid should be banned, except for commercial and scientific purposes. Acid should be made a scheduled banned chemical not to be available over the counter. Particulars of the buyers should also be recorded, the report said.

It had further demanded amendment in the penal pro-

vision to declare acid attack a punishable offence with imprisonment varying between a minimum of 10 years and life term and a fine up to Rs 10 lakh.

Besides, the Commission further proposed that a separate law titled "Criminal Injuries Compensation Act" be enacted to provide both interim and final monetary compensation to victims of rape, sexual assault, acid attacks, that will provide for their medical and other expenses relating to rehabilitation, loss of earnings etc.

During the pendency of this writ petition, the code of Criminal Procedure, 1973, was amended in 2009 to include Section 357A which required the states to coordinate with the Centre to launch a scheme to raise funds for compensating the victims of acid attack.

**DH News Service**

Deccan Herald, July 03, 2012, P.1



# Loss of values, alcohol behind spurt in crimes against women

R DUTTA CHOUDHURY

GUWAHATI, July 15— The growing rate of crimes against women in Assam has become a matter of serious concern as the State "achieved" the dubious distinction of recording the second highest rate of such crimes among all the States of the country last year. Mean-

while, easy availability of alcohol till late at night, particularly in Guwahati city and degradation of moral values in the society are believed to be some of the major causes for the disturbing phenomenon.

According to a report of the National Crime Records Bureau (NCRB), there has been an increase of crimes against

NUMBER OF CASES IN 2011	
TRIPURA	- 1,358
ASSAM	- 11,503
ARUNACHAL	- 171
NAGALAND	- 38
MANIPUR	- 247
MEGHALAYA	- 269
SIKKIM	- 55

women all over the country in the last few years as last year, the country recorded 2,13,585 such cases against 1,95,856 such cases in the year 2007. The report said that last year, West Bengal recorded 12.7 per cent of the total crimes against women followed by Andhra Pradesh with 12.4 per cent.

However, the rate of crimes

against women, that is number of crimes against women per one lakh population, was the highest in Tripura with 37, followed closely in Assam with 36.9. The report said that as many as 11,503 cases of crime against women were recorded in Assam last year, while 1,358 cases were recorded in Tripura. However, the records

in other States of the North East region in this regard were much better. Arunachal Pradesh recorded 171 cases of crimes against women, Nagaland recorded 38 cases, Manipur recorded 247 cases, Meghalaya recorded 269 cases and 55 cases were reported in Sikkim.

(See page 4)

## Loss of values, alcohol behind ...

(Contd from page 1)

Meanwhile, commenting on the growth in crimes against women, former Director General of Assam Police HK Deka said that there should be a proper study to find out the real causes of the disturbing trend. He suggested that the Assam Police should collaborate with one of the universities of the State to carry out such a study so that necessary corrective steps can be taken.

Deka said that easy availability of alcohol till late in the night could be one of the reasons for increase of such crimes and called upon the Government to review its policy of issuing licences for opening of bars and wine shops. He said that domestic violence has also increased in recent times, mostly because of conflict on sharing of responsibilities, while certain bad practices like dowry demand have

also been reported from different parts of the State.

The former DGP said that in recent times, the State started witnessing another disturbing trend, that is people taking the law into their own hands in front of television cameras and expressed the view that the media persons should also remember their duties as responsible citizens and inform the police whenever they come across any such case. He said that in a growing city like Guwahati, there is urgent need for increasing the strength of the police force and Guwahati must have a police commissioner. He said that for increasing visibility of the police, the strength of the force should be increased immediately.

One city-based senior psychiatrist, who refused to be named, said that easy availabil-

ity of alcohol and other psychotropic substances could be one of the main reasons for the disturbing trend as persons can go to any extent under the influence of such substances. He said that degradation of the moral values in the society and loss of control of the guardians over their teenaged children are some other causes. "Moreover, there is a feeling among a section of the people that if you have money and power you can get away with anything. This is also a very disturbing trend," he added.

The psychiatrist pointed out that loss of respect for the law is also one of the factors and there have been instances where it was seen that the victims wore seductive dress and there is always a tendency of a section of people to look for soft targets like the animals which look for soft targets while hunting.

The Assam Tribune, July 16, 2012, P.1, Contd. on P.4



# Domestic Violence

## घरेलू हिंसा की शिकार महिलाओं की संख्या में दोगुना वृद्धि

रविशंकर तिवारी/एसएनबी

नई दिल्ली। दिल्ली सरकार के महिला एवं बाल विकास विभाग द्वारा घरेलू हिंसा की शिकार महिलाओं को लेकर केंद्र सरकार को भेजे गए आंकड़े बेहद चौंकाने वाले हैं। आंकड़ों पर गौर करें तो राजधानी दिल्ली में घरेलू हिंसा की शिकार महिलाओं की संख्या में पिछले साल की तुलना में लगभग दोगुने की वृद्धि दर्ज की गई। उत्तरी-पश्चिमी जिले में सबसे अधिक महिलाओं पर जुर्म बरपाया जा रहा है। नई दिल्ली जिले में महिलाएं अपेक्षाकृत कम शोषण और उत्पीड़न की शिकार हुईं।

दिल्ली में महिलाओं की घरेलू हिंसा से संबंधित सुरक्षा अधिनियम 2005 में पारित किया गया। महिला एवं बाल विकास विभाग ने महिलाओं पर अत्याचार को काबू करने के लिए दिल्ली को दस जिलों में बांटकर 17 महिला सुरक्षा अधिकारियों की नियुक्ति की। साथ ही 29 फैमिली काउंसिलिंग सेंटर स्थापित किये गए। इसके अलावा मेडिकल और कानूनी परामर्श के लिए भी व्यवस्था की गई है। बहरहाल वर्ष 2006-07 से दिल्ली महिला एवं बाल विकास विभाग द्वारा घरेलू हिंसा की शिकार महिलाओं की तिमाही रिपोर्टें केंद्र सरकार को सौंपी जाती हैं। वर्ष 2011-12 के लिए पहली तिमाही रिपोर्ट (अप्रैल-जून 2011) के अनुसार महिलाओं पर घरेलू हिंसा के 532 मामले दर्ज किए गए। इन सभी मामलों में घटना रिपोर्ट (डोमेस्टिक इंसिडेंट रिपोर्ट/डीआईआर) दर्ज किया गया। दूसरी तिमाही रिपोर्ट (जुलाई-सितम्बर 2011) में घरेलू हिंसा के मामले में लगातार बढ़ते हुए की वृद्धि हुई। महिलाओं पर विभिन्न तरह के उत्पीड़न



उत्तरी-पश्चिमी दिल्ली में सबसे अधिक महिलाएं उत्पीड़न की शिकार  
▶ महिलाओं के साथ मारपीट की घटनाएं सबसे अधिक, दहेज उत्पीड़न की शिकायत दूसरे नंबर पर

के 817 मामले दर्ज किए गए। 615 मामलों में डीआईआर तय हुआ। तीसरी तिमाही रिपोर्ट (अक्टूबर-दिसम्बर 2011) के अनुसार घरेलू हिंसा के मामले में मामूली गिरावट आई और 759 शिकायतें दर्ज हुईं। महिला सुरक्षा अधिकारियों ने 574 मामलों में डीआईआर फाइल किया। इसी प्रकार चौथी तिमाही (जनवरी-मार्च 2012) रिपोर्ट के अनुसार घरेलू हिंसा के मामले में जबरदस्त वृद्धि हुई और 900

मामले दर्ज किए गए। जिनमें 677 मामलों में डीआईआर फाइल की गई। आंकड़ों के अनुसार आधे से अधिक महिलाएं सीधे मजिस्ट्रेट के समक्ष उत्पीड़न की शिकायत करती हैं। लगभग 30 फीसद महिलाएं पुलिस से शिकायत करती हैं। इक्का-दुक्का मामले ही महिला एवं बाल विकास विभाग में दर्ज कराये गए हैं। कुल मिलाकर बीते चालू वर्ष में महिलाओं पर घरेलू हिंसा के 3179 मामले प्रकाश में आए। 2398 मामलों में डीआईआर दाखिल किया गया। वर्ष 2011 में 1174 मामलों में ही डीआईआर दाखिल किया गया था। इन दो वर्षों की तुलना की जाए तो महिलाओं पर घरेलू हिंसा के मामले में दोगुने से अधिक की वृद्धि हुई है। अधिकारिक सूत्रों के मुताबिक सबसे अधिक महिलाओं के साथ मारपीट के मामले सामने आए हैं। दहेज उत्पीड़न की घटनाएं दूसरे पायदान पर हैं।

इसके बाद आर्थिक, मौखिक व भावनात्मक और यौन उत्पीड़न को लेकर क्रमशः शिकायत दर्ज कराई गई हैं। विगत कुछ सालों के आंकड़ों पर गौर करें तो सबसे अधिक घरेलू हिंसा की शिकार उत्तरी-पश्चिमी दिल्ली की महिलाएं हो रही हैं। नई दिल्ली इलाके में महिलाएं अपेक्षाकृत अधिक सुरक्षित हैं। पश्चिमी दिल्ली और उत्तरी-पूर्वी दिल्ली में भी घरेलू हिंसा के मामले चौंकाने वाले हैं।



# Sexual Violence

## Sexual violence mars the highs of God's own country

**SHAME** Kerala now beats Delhi in crimes against women despite a better sex ratio

Ramesh Babu  
babu@rediffmail.com

On June 16, after a hard day's work, L Liji (19), a salesgirl working in Varkala, a tourist hotspot in south Kerala, was on her way home. She sensed that a motorcycle-borne man was stalking her. The assailant later pounced on her. When she resisted, he rammed her with his motorcycle. Critically injured, she fled for many hours before she got medical help. Last Sunday, she succumbed to her injuries.

She's the latest in Kerala's long list of victims of sexual violence. Last year the state was shaken up by the brutal manner which Soumya, a commuter on the Ernakulam-Shoranur passenger train, met her end. She was first pushed out of the speeding train, then raped in the woods near the tracks. She died three days later.

Statistics show that the state's record on crime against women is abysmal. According to the latest figures from the National Crime Record Bureau, Kerala's

### Kerala's many firsts

- High literacy rate (93.9 per cent)
- Lowest infant mortality
- Best life expectancy
- Quality health care
- Favourable sex ratio (1058 females for 1000 male)
- Lowest population growth
- Best wired state

rate of crime rate (number of crimes committed per one lakh population) against women is 27, followed by Delhi's 24.6, the latter is oft-maligned as India's rape capital.

A study conducted by the Sakhi Women's Resource Centre in Thiruvananthapuram and Anveshi Women's Counselling Centre in north-western Kerala shows that verbal abuse and making lewd gestures are the most common forms of sexual harassment - 80% of the respondents attest to that. Sixty percent of the respondents reported physical harassment, 25% attested

to being stalked, while 21% said they had been subjected to flashing by men.

"Emotional issues are never addressed here. Sex remains a taboo leading to frustration... the frustrated to turn upon the weak" said Maala Parvathi, a psychologist and theatre person. With the help of a leading Malayalam daily, she recently took a nightly stroll through the state capital. She has later written about the demeaning cat calls, jeering, lewd comments, honking and straight invitation she experienced.

"Society's attitude towards women needs to change. Even in educated households, a woman is destined to do domestic chores. Unless we achieve an equal footing, atrocities will continue," says Prerna Jain, an associate professor at Government College, Nedumangad.

The state is also the biggest market for pornography, G Rejitha, project co-ordinator of Sakhi, an NGO, says. "A healthy sense of sexuality is missing here. We need measures to overcome this. In sexual offence cases, the law is tardy and society often views victims as being worse than offenders"



### A STATE WITHOUT FEAR

Worried over the soaring crime rate against women Kerala the state recently launched a novel initiative called 'Nirbhaya' (fearless). The main aim of the scheme is to make the state women-friendly, focusing on prevention, prosecution and protection. The scheme also provides rehabilitation to victims and is being implemented in coordination with NGOs.

### Major recommendations:

- Fast track courts to try sexual offences
- Special homes for victims
- Anti-trafficking squads in cities
- Toll-free helpline number
- Strengthen counselling support
- Help desks in educational institutions

### Cases of crime against women

	2010	2011*
Abduction	184	101
Dowry deaths	1820	1820
Molestation	537	350
Sexual harassment	4797	2679

\* till June

### The latest National Crime Records Bureau \* figures compiled till 2010

27 On crime against women, Kerala has a crime rate of 27. This is higher than Delhi's 24.6, which is considered very unsafe for women

424.1 Kerala has a crime rate of 424.1, more than double the national average of 187.6.

1,879.8 Kochi's crime rate is 1,879.8 compared to most cities, where the figure averages 341.9.

PE Usha, a victim of sexual assault, recalls her bitter experience. "Once you report the offence, the first reaction is why did you do it? Society reacts in a way that she deserved it and wastought a lesson. The system is not woman-friendly at all."

An employee of Kozhikode University says she was subjected to assault in a packed bus in 1991. She took the bus to a police station and got the offender arrested. Later, she faced a series of scandalous campaigns, which forced her to move to another department.

"For a victim, it is a double whammy. She has to face more at the hands of the system... so many suffer in silence. What we need is a speedy justice delivery system and deterrent punishment," she said, adding that things haven't improved in 18 years since the attack.

Hindustan Times, July 01, 2012, P.15

# CBI takes over Haryana shelter home probe

Staff Reporter

**NEW DELHI:** The Central Bureau of Investigation has taken over the probe into the Apna Ghar shelter home scandal at Rohtak in Haryana, involving physical and sexual abuse of its women and child inmates.

The shelter home, which is being run by non-government organisation Bharat Vikas Sangh, had come under the scanner after a team of the National Commission for Protection of Child Rights (NCPCR) raided the place and rescued almost 120 people from there on May 9.

The raid was conducted after three of the young girls living in the shelter home escaped to the capital, and reported the matter to the child helpline and members of the Child Welfare Committee at

- A team of the national child rights body raided the place and rescued 120 people
- The probe panel had submitted its report recommending a CBI probe

Nirmal Chhaya, following which the NCPCR was informed.

The home was sealed by the police and the inmates were shifted to different places for their safety and security. A special investigation team was constituted to probe the allegations of sexual and physical abuse. Enquiries revealed that the children and women were indeed being subjected to sexual abuse. They were made to parade naked and newborn babies of the inmates were allegedly being sold off. It was also alleged that minors were

forced to consume alcohol or drugs before being sexually abused. One girl also allegedly tested positive for HIV.

It was following a recommendation by the Punjab & Haryana High Court panel that the Haryana Government had last month decided to bring in the CBI. The probe panel had submitted its report recommending a CBI probe, citing sexual, physical, and mental exploitation, and the use of inmates as bonded labourers. The case had earlier been withdrawn from the Rohtak Police and passed on to the SIT.

The Hindu, July 14, 2012, P.3



# Stalking

## Talking dirty calls for action

Silence, hoax, abusive, obscene — harassed Delhi women report 50,000 calls to Delhi Police helpline

MAHENDER SINGH MANRAL ■ NEW DELHI

If the statistics of Delhi Police are any indication, the number of complaints with its Anti-Obscene Calls Cell presents a miserable picture of women safety in the Capital. More than 50,000 city women have registered their complaints with the Cell in the last three years since its inception. While the figures underline the deplorable condition of women on Delhi's roads, it also raises a big question on the insensitivity and inefficiency of the law enforcing agency. The Delhi Police had introduced the helpline number 1096 for women three years back in 2009. Any woman receiving obscene phone calls, text messages or e-mails can register her complaint with the Anti-Obscene Call Cell while in the case of being stalked, she can approach the Anti-Stalking cell.

According to statistics of the Anti-Obscene Calls Cell of Crime Branch, every day around 65 women are harassed over Internet or via mobile phones in the Capital. A senior police official said that in most cases, the accused is known to the victim. Deputy Commissioner of Police (Crime Branch), Sanjay Kumar Jain said, "This year, our Anti-Obscene Calls Cell has received around 11,476 complaints till July 7. Last year alone, a total of 20,014 calls were received." The official said that majority of the victims are working women, who are harassed by persons known to the victims. "Often office colleagues and employees are found involved in such cases who find easy access to their female colleagues. Nearly 80 per cent of such complaints are from working women," an official said.

On the other hand, the Anti-Stalking cell, which was also started by the

Crime Branch in 2010, has received calls till July 7 this year while last year total of 62 calls had been received. Victims, who seek help on receiving obscene calls, messages or e-mails, register their complaints over phone through e-mail or SMS. The objectionable message along with the sender's phone number can be forwarded to the mobile number. "In the Anti-Obscene Calls Cell, every day police officers receive around 62 calls from women (which pertain to obscene messages and e-mails), which has increased from the previous year. An average of 62 complaints per day was registered with police last year," said an official.

### Taking stalk of dirty talk

Year	Anti-Obscene Calls Received	Action Taken
2009	12,333	12,103
2010	10,701	10,022
2011	20,014	18,394
2012	10,830	10,220

(Upto June 30)

"We make all possible efforts to put the complainant at ease. We try to find out about the calls or SMSs received without being intrusive so that the complainant is not offended," added the official. "In many cases, the suspect is tracked down with the help of technical surveillance. We call the offender to the police station for counselling, besides warning him of stringent action in case the act is repeated. If that doesn't dissuade him, legal action is taken," the officer said.

Crime Branch officials maintained that in the Anti-Obscene Calls Cell, the identity of female callers is kept confidential and in most cases, problems related to such calls are solved once the caller is identified with the help of technical surveillance.

"In the afternoon, calls to the Anti-Obscene Calls Cell are handled by women officers; maximum numbers of calls are received during this hour. During night, the calls to the Cell are fielded by male police officers," added the official.

The Pioneer, July 14, 2012, P. 1

# Lady, you need to draw those boundaries!

**MULTI-TASKING AWARDS CEREMONY**



## Ameeta Chatterjee

Women are famous for their multitasking skills and, increasingly, corporates are realizing that it's an incredible virtue to bank on. It is quite common for a working woman to fit in doctors' appointments, coordinate play dates, and plan birthday parties during working hours without compromising at all on her work. At home, too, she continues to multitask—perhaps focusing on dinner, homework, and upcoming assessments, with one eye on pending emails and office calls. Taking this into the weekend, Saturday mornings are often kept for household matters or groceries, while Sundays are for catching up on reading material, science projects and some sleep, if possible.

A group of researchers from the University of Hertfordshire set up a study to prove this common perception about women. The study led by British psycholo-

## WOMEN @ WORK

gist Keith Laws, not only proves that women are better than men at juggling more than one task, but also that women approach multiple problems more methodically and logically.

A more recent study published in American Sociological Review upholds this notion, but goes on to add that while women are the ultimate multitaskers, the emotional experience that comes with multitasking is very different for mothers than it is for fathers. This is where I think a virtue may turn into a vice; the research concludes that for mothers, multitasking on the whole is a negative experience whereas for fathers it is not so.

In a familiar terrain, Sreeja, a senior management marketing professional with a fast growing IT firm, explains how she is awake before the kids, gets them ready and fed, drops them to

school, and heads to work, all by 8.30 am. By the time Sreeja is at her desk in her most productive phase with emails cleared, meetings planned, and getting ready to hit to the road, her fellow colleagues are still settling into their desks with morning lattes. I bumped into her at our kids' sports day and, while cheering her son as he ran the flat race, she confided that while enjoying every bit of her new assignment, she finds her work perpetually hovering around her like a buzzing bee wherever she is—at the dinner table, at parent teacher meetings, on weekend shopping trips, even on holidays!

Sreeja is fortunate that her firm has rewarded her hard work with an option for her to work from home, and uses this flexibility to keep herself sane. But it is this very 'flexible working option' that magnifies her angst; she is constantly in 'juggling' mode with different agendas eating away her sanity and robbing her of emotional reserves. It almost feels like playing badminton with two shuttle cocks and making sure that you do not let any one of the shuttle cocks hit the ground throughout the game—which is day after day, week after week, month after month, all year round.

Thus, while multitasking skills are seen as a great virtue, women have to learn to utilize this virtue with measured restraint so that it does not become a vice. Drawing boundaries between work and play—which comes so easily to men—is an art that women need to learn as a healthy antidote to that awful stress created from juggling career with motherhood.

*After years of juggling a high-pressure corporate career with bringing up two young daughters and a husband, Ameeta is now on a sabbatical. An IIM grad, she has held senior positions in India and in London, and is ideally placed to explore the horrors and joys of being a woman in the work place. You can write to her at [womenatwork@indiatimes.com](mailto:womenatwork@indiatimes.com)*



# Desi cos helping women back into career

Mini Joseph Tejaswi | TNN

## ON THE JOB

**Bangalore:** Many women sacrifice their careers for someone or something close to their heart. It could be to move with the spouse to his new work location, to raise a family, or to take care of an ailing parent. A large number of women in the 25 to 38 years age group even stay away from work for fertility treatments.

It is estimated that India has over 1.5 million women who have quit their corporate jobs and who have been out of work for 2 to 10 years. Some 90% of them want to return to work but only 20% are able to do so. That's because most Indian enterprises are apprehensive of hiring women who have taken breaks, the as-



▶ India has estimated 1.5m women who have quit corporate jobs and have been out of work for 2-10 years

▶ Around 90% of them want to be back at work but only 20% are able to do so

▶ Most Indian companies don't see women who have taken breaks in career as serious professionals

sumption being that they are not serious professionals.

But things are changing. Many corporates in India—including IBM, Accenture, Cognizant, Genpact, Kotak Group, HUL, Fidelity, Dell, Microsoft, Amazon, Vodafone, HSBC, ABB and Britannia—are said to be work-

ing on "returnship" or "second career" programmes for women. The programme is aimed at bringing women who quit their careers to the workforce again. The initiative is often linked to the companies' gender diversity drive. Many have an internal mandate for better represen-

tation of women. Even the United Nations wants global enterprises to help women rise in organizations, as that's seen to be critical for sustainable development.

Nirmala Menon, CEO of Interweave Consulting, a Bangalore-based diversity management firm, said, "Companies are currently reworking their HR policies with a focus on diversity and gender inclusion. We help organizations to articulate their policies better."

People policies often tend to be biased. Many men are uneasy with having women in leadership roles. Many wonder whether women could travel for weeks—as is required in many jobs today—and whether they could work in the night leaving chil-

dren and spouses back at home. Such concerns may be relevant for some women, but for many others, they are no longer so. "The leadership in companies should understand these things completely. So we speak to them very candidly. It's a serious change management issue and a culture change issue. It takes a lot of education," said Menon.

Saundarya Rajesh, founder president of AVTAR Career Creators, a firm that has helped 4,000 women build second careers, said, "When a woman takes an absolutely legitimate break from work, why can't she come back gracefully? We are not blaming men here. But no one should look at women who are making a come back suspiciously."

The Times of India, July 06, 2012, P.19

# 'India slow on political empowerment of women'

## UN report pleads for reservation or quota system for improving their lot

**NEW DELHI:** India is going slow on the political empowerment of women, reveals the UN's Millennium Development Goals (MDG) report 2012. The MDG has recommended quota system as a remedial measure to do away with this anomaly.

India, with its 11 per cent representation of women in Parliament, stands low in the ranking, even lower than some Sub-Saharan African countries.

The political empowerment for women worldwide has been slow, and by the end of January 2012, women accounted for 19.7 per cent of parliamentarians worldwide. This amounts an in-

crease of 75 per cent when women held 11.3 per cent seats worldwide.

The developed regions of the world, though slow in providing empowerment, have 23 per cent representation, which is better than 13 per cent of the developing regions. Among these regions, Latin America and Caribbean countries continue to rank the highest, with an average representation of 23 per cent. Sub-Saharan Africa holds the second highest regional ranking of 20 per cent in women's representation in the Parliament. Progress in Sub-Saharan Africa was sustained—thanks to the existence of quota—mainly reserved



seats. The report pleads for reservation or quota system for improving the situation.

"Women are elected in greater numbers in the systems of proportional representation than they are in majority electoral systems. Use of special measures of quotas is also an important

factor," says the report.

By monitoring elections in 2011 around the world, the report points out that of the 59 countries that held elections for lower or single houses, 26 had implemented special measures favouring women and electoral quotas were used in 17.

Wherever quotas were used, women took 27.4 per cent of seats, as opposed to 15.7 per cent of seats in countries without any form of quota. However, since passing of Women Reservation Bill is a remote possibility, this route for improving the situation cannot be adopted. In the case of India, progress has been very slow on this count. In 2000, the number of women member in Lok Sabha was 49, which progressed to 60 in 2012. So, from 9 per cent in 2000 representation, it now stands 11 per cent.

This is far below the average of 18 per cent in southern Asia.

DI News Service

Deccan Herald, July 09, 2012, P.9



# Phones help empower women

DIGITAL WORLD

OSAMA MANZAR



Respond to this column at [feedback@livemint.com](mailto:feedback@livemint.com)

Kutch is the largest district in India with about two million people spread across 966 villages with 70% literacy. Kutch is also fast industrializing because of which, local communities say, crime and alcoholism have been rising.

Last week, I travelled around Bhuj and Nakhatrana areas of Kutch, where I interacted with no fewer than 100 women of various slums, villages and village councils. They all had one thing common: they are in some way or the other associated with KMVS—Kutch Mahila Vikas Sangathan, which is actively working in the district since 1989.

I found KMVS is not only an organization of women collectives but has grown into creating several independent entities with autonomous legal community based organizations (CBOs) and has formed producer-based companies, including a registered body of elected women *panchayat* members to politically empower women and work as knowledge-based organization to create para-legal members of 300 women who work round the clock to fight violence against women through the use of mobile phones, among other tools.

Today, KMVS has grown from a single collective of rural women to a network of seven grass-roots women's organizations comprising more than 20,000 women leaders, managers, livelihood practitioners, pastoralists, farmers, artisans, fishers, wage workers, musicians, elected representatives, traditional birth attendants and single self-employed women, who have come together at various levels as organized collectives and facilitated a range of impacts in the larger perspective of strong and equitable democracy.

What is significant is that in Kutch, if you meet any of the women who is a KMVS member, their level of knowledge and awareness about their status and rights is high. These women have taken the onus of earning more than ₹1.1 crore of business by selling their craft using a Facebook page to drive customers to generate enquiries. They have also formed a group that

runs a public radio station broadcasting 2 hours of fresh programmes every day involving communities of Powerpatti cluster of 26 villages of 30,000 people in Nakhatrana block, 60km west of Bhuj.

Move to more interior villages of Nakhatrana block and you will meet women of the Rebari community who have created a CBO called Saiyero-Je-Sangathan, which has helped open 750 bank accounts of women members involved in agriculture and milk supply.

However, the most significant development of KMVS is its response to the increasing alcoholism among communities resulting in higher incidence of violence. If you look at the Bhuj police station record of the past two decades, the total recorded cases of violence against women were just about 2,500. But the same record book says women-related cases have been as high as 755 in just two years starting May 2010. And the reason is "Hello Sakhi"—the mobile phone-based call centre for reporting cases of violence against women anytime between 8am and 9pm.

Hello Sakhi is a legal aid programme run, managed and executed by women community members of KMVS, whose strongest part is its linkage with the women police station in Bhuj. Hello Sakhi has two volunteers who sit with two cellphones right in the office of the lady sub-inspector at the women police cell—one to receive calls and the other to make calls when it is required. In the field, Hello Sakhi has one woman legal counsellor in each block supported by several para-legal trained women in slums, villages and *panchayats*.

The learning for me is that in India, if true development has to be designed and pursued, it requires multi-stakeholder integration of issues and solutions. And the approach has to be bottom-up involving women as central role players and making information and knowledge as tools of empowerment without ignoring political empowerment. It also needs to be underlined that the most powerful information tool of 21st century is mobile phones, especially for illiterate communities in India.

*Osama Manzar is founder-director of Digital Empowerment Foundation and curator of the mBillionth Awards. He is also a member of a working group on Internet governance established by the ministry of communications and information technology. Tweet him @osamamanzar.*

H.T. Mint, July 09, 2012, P.20



# Legislation

## NCW seeks action against bystanders

AGE CORRESPONDENT  
NEW DELHI, JULY 18

The National Commission for Women (NCW) has sought action against the bystanders in the Guwahati molestation case. In their recommendations given to the chief Minister Tarun Gogoi on Wednesday, the commission has also proposed rehabilitation of the victim by giving her a government job and providing her medical compensation. The CM has accepted all the recommendations which also suggested that bar owners should check the age proof of customers. The fact finding committee of the NCW, in their preliminary report, have also asked for strict punishment for the all the culprits. NCW chairperson Mamta Sharma on Wednesday met the victim and assured her of all the assistance. Ms Sharma also met the chief secretary, DGP and IG Assam and discussed the security measures, especially for women.

### Govt mulls raising penal punishment

■ The government is proposing to increase the punishment to three years under the existing Section 509 of the Indian Penal Code. Section 509 of the IPC says "whosoever intending to insult the modesty of any woman, utters any word, makes any sound or gesture or exhibits any object, intending that such word shall be heard, of that gesture or object shall be seen, by such woman, or intrudes upon the privacy of such woman, shall be punished with the imprisonment which may extend to one year or with fine or with both".

It may be recalled that earlier this month a teenaged girl was molested by a mob when she was coming out from a pub. In a bid to curb such incidents, the NCW has also suggested patrolling of police, along with the women police, in the state. "Special police pickets along with women police, should be set up at all 128 pubs up to 10.30 pm for the security and safety of the women. CCTVs should be installed outside all pubs," it said.

The Asian Age, July 19, 2012, P.4

# अब 'यौन हमला' शब्द का होगा इस्तेमाल

नई दिल्ली (एजेंसियां)। केंद्रीय मंत्रिमंडल ने बृहस्पतिवार को एक प्रस्ताव को मंजूरी प्रदान कर दी जिसमें 'बलात्कार' के बजाय 'यौन हमला' शब्द का इस्तेमाल किया जाएगा। इस बदलाव से यह अपराध किसी लिंग विशेष की ओर इंगित नहीं करेगा।

कैबिनेट ने आज शाम यहां हुई बैठक में तेजाब से हमला करने को एक अलग अपराध बनाने और उसके लिए अधिकतम दस साल की सजा रखने के प्रस्ताव को भी मंजूरी दे दी। संशोधन के जरिए परिभाषा का विस्तार होगा ताकि पुरुषों के खिलाफ होने वाले 'यौन हमले' भी उसी कानून के तहत आ

## कैबिनेट की मंजूरी

► इस बदलाव से यह (बलात्कार) अपराध किसी लिंग विशेष की ओर इंगित नहीं करेगा

सके जिसमें महिला संबंधित ऐसे अपराध आते हैं।

फिलहाल यह अपराध भारतीय दंड संहिता की धारा 375 के तहत आता है। इसमें एक महिला को इच्छा के बिना उससे संभोग करने पर कड़ा जाता है कि एक पुरुष ने

बलात्कार किया। सवालों के जवाब में महिला एवं बाल कल्याण मंत्री कृष्णा तीरथ ने कहा कि कैबिनेट ने मसौदा प्रस्ताव को मंजूरी प्रदान कर दी। उन्होंने कहा कि कैबिनेट ने उनके मंत्रालय के एक अन्य प्रस्ताव को मंजूरी प्रदान कर दी जिसके तहत किसी भी व्यक्ति के खिलाफ तेजाब से हमले को एक अलग कानून के तहत लाया जाए जिसमें अधिकतम दस साल की सजा होगी। कृष्णा ने यह भी बताया कि कैबिनेट ने यह भी तय किया कि अपराध दंड संहिता और भादस को कुछ धाराओं को संशोधित किया जाए जो अल्पवयस्कों की उम्र से संबंधित हैं।

Rashtriya Sahara, July 20, 2012, P.2

## Women legislators pitch for new laws

STAFF REPORTER

GUWAHATI, July 19 - Cutting across party lines, women legislators of the State today made a strong pitch for amending the existing laws and even enacting new laws to tackle the disturbing trend of rising crime and violence against women.

Stringent laws, they said, would act as an effective deterrent to the growing crimes on women. They also called for implementing all the recom-

mendations made by the National Commission for Women following the July 9 incident.

"Even a prostitute has a dignity which is inviolable...we need stringent laws which can act as an effective deterrent to criminals. I urge the Home Department to punish every culprit responsible for the heinous crime on GS Road on July 9. The physical and mental dignity of every woman must be protected," Congress legislator Bismita Gogoi said, raising the discussion.

Gogoi said that the spurt in crimes against women testified to the inadequacy of the existing legal mechanism to deal with the deteriorating situation. She said the situation warranted amendment of the weak laws as also enactment of stringent laws.

Congress MLA Sushmita Deb said that with changing times, the role of woman was changing and she was increasingly occupying positions in work place. "Women are

(See page 15)

## Women legislators...

(Contd from page 1)

spending more time outside due to work, sometimes making her vulnerable to dangers. Changing lifestyles are also getting reflected in the way a woman dresses but that should not be an issue. A woman must be safe irrespective of the way she dresses," she said.

Calling for not politicizing the July 9 incident, Deb said that society in general should work in tandem to make it a safer place for women.

BPF legislator Pramila Rani Brahma demanded that the Government put some restrictions on the entry of young girls in bars. Referring to the despicable practice of witch-hunting in certain areas of the State, she said that strict laws and social awareness held the key to tackling the scourge.

Gul Akhtara Begum of the AIUDF, while calling for strengthening the police and the justice dispensation mechanism, said that relegating old values to the background was a major cause of many of the disturbing incidents of crime nowadays. She said that the family values should be brought back to society.

Assam Tribune, July 20, 2012, P.1, Contd. on P.15



# Centre's nod to replace word 'rape' with 'sexual assault'

Bindu Shajan Perappadan

**NEW DELHI:** The Union Cabinet on Thursday approved a proposal to replace the word "rape" with the phrase "sexual assault", making it a gender-neutral offence and identified acid attacks as a separate offence punishable by a maximum of ten years.

Union Minister for Women & Child Development (WCD) Krishna Tirath confirmed that the Cabinet had given the go-ahead to the draft proposal. "Besides the two proposals that have been accepted, it has also been decided by the Cabinet that minors will be defined uniformly as a person below 18 years in both Cr.P.C. or IPC, which is now the legal age for minors," said Ms. Tirath.

"We welcome the amendment which we hope will go a long way in ensuring protection and justice for women and children in the country. We are especially pleased with acid attack now being identified as a separate of-

fence which we are sure will serve as a deterrent against the rising number of these attacks across the country," she added.

All-India Democratic Women's Association general secretary Sudha Sundararaman said: "Though we welcome the move to bring in more stringent laws for rape, we demand that it remain gender-specific to protect women. However, in the case of children we are all for gender-neutral laws on sexual assault. We would give a more elaborate response to this latest development only after we get the copy of the proposal that has been cleared by the Cabinet on Thursday."

Former member of the Law Commission of India and Supreme Court lawyer Kirti Singh said: "We welcome the approval by the Cabinet for replacing the word 'rape' with 'sexual assault', but we are specific about our demand of the laws being gender-specific when it comes to adults. At present the offence is defined

under Section 375 of the Indian Penal Code as per which a man is said to commit 'rape' in case he has sexual intercourse with a woman against her will. We had demanded that 'rape' also include forced oral and anal penetration; we are keen to see what the Government has approved."

"Another important part of our proposal was that stalking, stripping be also defined as crime. We are yet to get any details and are looking forward to what exactly has been approved by in the proposal by the Cabinet on Thursday."

Senior advocate Pinki Anand said: "We welcome the Government's move to bring in more stringent laws to protect women. The laws that we have been following currently are very old and a radical change has been long overdue. The current society has seen newer forms and higher degree of abuse against women and the laws have to accommodate and change according to the dynamics of the offence."

The Hindu, July 20, 2012, P.1

# Amended Bills widen net on sex crimes

## 'Aggravated Assault' Will Now Invite 10 Yrs Of Jail To Life Term

TIMES NEWS NETWORK

**New Delhi:** Changes in laws dealing with sexual assault approved by the Cabinet define "position of authority" to include social, political and economic dominance over a victim of rape — parameters wide enough to encompass most forms of exploitation.

The fine print of Thursday's Cabinet decision on Bills also retains an important caveat to making 18 the age of consent with an exception being made — with reference to Section 375 of the Indian Penal Code — that the enhanced age bar will not apply in the case of married couples.

In other words, sexual intercourse within marriage will not amount to statutory rape if the wife is less than 18 years of age. The exception

seems to keep in mind India's social reality, particularly in rural areas, where the female age of marriage is often below 18 despite legal provisions. Section 375 says, "Sexual intercourse by a man with his own wife, the wife not being under fifteen years of age, is not rape."

Sexual crimes due to abuse of authority, termed as "aggravated assault", have provisions that are both severe and widely defined. They not only include sexual crimes by police officials and heads of institutions caring for women and children, but also incest-rapes by close relatives such as fathers, brothers and uncles.

In such cases, the court's leeway in assessing evidence has been reduced. The new provisions say that the courts

## CRIME AGAINST WOMEN

Major changes in the Indian Penal Code, Evidence Act and Criminal Procedure Code (CrPC) have changed definition of crime against women with offenses finely defined and punishment made more stringent:

**1** A public servant who knowingly disobeys the direction of a court or a law can be punished with one year in prison

**2** Apart from an acid attack itself, attempt to cause disfigurement can also result in 5 to 7 years in jail

**3** Increase in the age of consent to 18 will not apply to a married couple. Statutory rape will not be seen to have been committed as long as the wife is not less than 15

**4** Abuse of position of authority will amount to aggravated assault. Position of authority includes political, economic and social dominance

**5** In aggravated assault cases, the court will presume lack of consent if the victim says so

**6** Assault on an ex-wife can be punished with a sentence of 2 to 7 years

**7** As far as possible, a victim less than 18 years of age will not be confronted with an accused



will have to presume that consent for sexual intercourse was not given if the victim says so. The account of the

victim will prevail while judging consent, often central to deciding where rape has been committed. This

## Times View

These changes in the laws covering sexual assault are for the most part welcome. Clearly, the change to the age of consent provision had to be made keeping the Indian reality in mind since it would otherwise have made even marital sex illegal where the woman was under 18 years of age. The wide definition of what constitutes a position of authority too is a positive development, since authority does not always flow only from formal positions. As with all laws, how well these changes work on the ground will depend on how effectively the law is enforced. That, in turn, will depend to a large extent on how well the police force is trained to shed its old mindsets and adopt the more modern, progressive outlook that the new provisions by and large reflect.

will knock the "quality of consent" argument out of the court room.

The punishment for aggravated sexual assault can range from 10 years to life in jail where an accused is seen to have abused a position of "social, economic or political dominance". Similar clauses apply to assault where the victim is pregnant or where the crime results in grievous harm, the Cabinet note states.

There is a specific provision for assault by an ex-husband where the punishment can range between 2 to 7 years in prison. As far as possible, victims of sexual assaults will not be confronted with persons accused of the crime while there are strict provisions for dealing with officials who fail to implement court orders.

In the sections dealing with acid attacks, even an attempt to disfigure can attract tough punishment. So also intent to assault a person can be adjudged to be a crime.

The Times of India, July 21, 2012, P.11

# Prostitution Related Laws



The Times of India, July 27, 2012, P.9



# Rape Laws

## Govt looks at gender-neutral rape laws

Mahendra Kumar Singh & Vishwa Mohan | THN

New Delhi: The government is looking at making rape a gender-neutral offence — a proposal which will be considered by the Union Cabinet on Thursday alongside others designed to enhance punishment for sexual assault.

Sources said the proposal is to change the existing definition of "rape" as a crime involving sexual assault of women, defined by forcible penetration. The move now is to expand the definition to include male victims of sexual assault as well, by changing provisions of the Indian Penal Code, Evidence Act and CrPC. If the proposal goes through, "rape" as a category of crime will cease to exist on the statute books as the proposal is to replace it with "sexual assault", a gender-neutral distinction.

Other proposals include making 'stalking' and acid attacks' specific offences; preventing rape accused from questioning the character of victims, and stiffening punishment for custodial rape.

**PROPOSED CHANGES**

- > Rape, so far defined by forcible penetration, to be replaced with 'sexual assault' so as to include male victims
- > Character and previous sexual experience of person cannot be invoked during cross-examination
- > Acid attacks & stalking to be separate offences; stiffer punishment for custodial rape, including hostels, shelters

The Times of India, July 19, 2012, P.1

# Stalking Law

## Govt drops plan for a separate stalking law

**NO CONSENSUS** WCD ministry wants to define stalking under IPC; law, home ministries say it requires more clarity

**ht EXCLUSIVE**

Nagendar Sharma  
nagendar.sharma@hindustantimes.com

**NEW DELHI:** Faced with differences between key ministries over the issue, the government has been forced to shelve its plan to define stalking of women as new and separate offence in criminal law.

The issue of making stalking a separate offence under the Indian Penal Code (IPC) had been under discussion between the ministries of women and child development (WCD), law and home since 2006, given a steady increase in crimes against women.

Lack of unanimity, however, has led to the government keeping this contentious provision out of the Criminal Laws (Amendment) Bill, 2012, approved last week by the cabinet.

Based on recommendations of the Law Commission of India and the National Commission for Women, the WCD ministry had in January forcefully argued for defining stalking under the IPC, punishable with a seven year jail term.

The law and home ministries did not accept the view, saying "in the existing Indian conditions stalking cannot be defined as a standalone offence since there is a danger of misuse of such provisions."

Both the ministries stated, "There is a need to have a clear definition of the offence which would help in having a strong law on the issue and a better term to replace the word stalking is required."

At present, complaints of stalking are dealt with under sections 506 (punishment for criminal intimidation; and 509 (outraging the modesty of a woman through word, gesture or act) IPC. Even cyber stalking is also not specifically defined as a crime under the Information Technology Act.

According to WCD ministry's definition, the offence of stalking included repeatedly following a woman from place to place; repeatedly contacting a woman via telephone, mail, fax and other ways; repeatedly loitering around or watching any place a woman resides, works or carries on business at.

Interestingly, the government's decision comes at a time when British PM David Cameron has announced plans to make stalking a specific criminal offence in England and Wales. India's legal system is heavily borrowed from the British system. This follows criticism from activists that dealing with stalking under existing harassment laws is inadequate.

**BONE OF CONTENTION**

- Armed with recommendations from expert panels, the WCD ministry wanted stalking to be defined as a new and separate offence under IPC.
- It wanted those repeatedly following women or contacting them to be jailed for 7 years.
- The law, home ministries contended it could be misused and clarity was required.
- Govt decision comes at a time when British govt plans to make stalking a separate offence in UK.

Hindustan Times, July 25, 2012, P.11

# Marriage

## Specs hit marriage prospects: City girls

Durgesh Nandan Jha | TNN

New Delhi: Young girls feel wearing spectacles would hamper their marriage prospects, a study in five government schools in Delhi has revealed. This reason was cited by 82% of the girls who didn't wear glasses despite poor vision.

The study was conducted by Maulana Azad Medical College among 1,075 children studying in classes 7 to nine. Of these, doctors found 120 children needed to wear spectacles.


A follow-up done around nine

months later found that just 10 of them – or 8.33% – were wearing glasses regularly. To begin with, only 48 of the 120 children had agreed to wear spectacles, the rest refusing on various grounds.

Among children who weren't wearing their spectacles regularly, researchers said most of the girls confessed during focus group discussions that they felt wearing glasses would affect their

### SHYING AWAY

Why they refuse glasses



	Boys	Girls
Difficulty in marriage	None	82.6%
Cosmetic reasons	33.3%	47.8%
Peer ridicule	73.3%	39.1%
Fear of harm to vision	60%	56.5%
Monetary constraint	26.7%	13.04%

chances of getting a good husband.

"Some of them said spectacles don't give a good look and the glass frame left a mark on the nose. Among boys, the biggest reason for not wearing spectacles was the prospect of getting teased by other students," said Dr Neeti Rustagi, the main author of the study published in the latest issue of the Indian Journal of Ophthalmology.

The Times of India, July 16, 2012, P.1



# Women in Difficult Circumstances

## बागपत की पंचायत ने बांधी महिलाओं की हडें

लखनऊ/बागपत (एसएनबी/ एजेंसी)। उत्तर प्रदेश राज्य महिला आयोग ने बागपत जिले की एक ग्राम पंचायत द्वारा प्रेम विवाह और 40 साल से कम उम्र की महिलाओं के बाजार जाने पर प्रतिबंध लगाने संबंधी कथित फरमान के बारे में जिला प्रशासन से रिपोर्ट देने को कहा है।

डीएम अमृता सोनी का कहना है कि इस तरह के तुंगलकी फरमान करने वालों के खिलाफ प्रशासन कड़ी कार्रवाई करेगा। उन्होंने यह भी कहा कि अभी तक उत्तर प्रदेश महिला आयोग ने किसी भी तरह का कोई लिखित जवाब नहीं मांगा है। उधर चंडीगढ़ में गृहमंत्री पी चिदंबरम ने इस तरह के फरमान की निंदा की है। उन्होंने उम्मीद जताई कि उप्र सरकार इस मामले में कड़ी कार्रवाई करेगी।

थाना रमाला के प्रबुद्धनगर (शामली) व जनपद बागपत की सीमा से सटे मुस्लिम बहुल गांव असारा में तीन दिन पूर्व एक पंचायत का आयोजन किया गया था। इसमें सामाजिक कुरीतियां, दहेज लेना व देना तथा प्रेम विवाह करने वालों को गांव से बाहर रहने तथा युवतियों को मोबाइल न रखने व सार्वजनिक स्थानों पर मोबाइल से खुली बातें न करने आदि का फरमान सुनाया गया था। जब इस बात की धनक प्रशासन की लगी तो एसडीएम राजेन्द्र सिंह ने पंचायत के मोहकम व मुजाहिद को फूँटताछ करने के लिए थाने बुलवाया। (शेष पेज 2)

## बागपत की पंचायत...

दोनों को थाने बुलाने से गुस्सारा ग्रामीणों ने रमाला भिल के सामने दिल्ली-सहारनपुर हाईवे पर जाम लगा दिया तथा एसआई प्रह्लाद सिंह को बाइक को आगे के हवाले कर दिया। दबाव बने देख पुलिस ने हिरासत में लिये गए मोहकम व मुजाहिद को छोड़ दिया। इस मामले में अपर पुलिस अधीक्षक डॉ. धर्मवीर सिंह का कहना था कि मार्ग जाम करने व पुलिस की बाइक जलाने के मामले में गांव के 17 लोगों को नामजद तथा कई अज्ञात के खिलाफ रिपोर्ट दर्ज कराई गई है। इनकी गिरफ्तारी के प्रयास तेज कर दिये गये हैं। पुलिस की इस कार्रवाई से गांव में भय का माहौल बना हुआ है।

Rashtriya Sahara, July 14, 2012, P.1, Contd. on P.2

## आशा किरण होम की बदतर स्थिति पर मंत्रालय से जवाब-तलब

नई दिल्ली (एसएनबी)। राजधानी में मानसिक रूप से विकलांग लोगों के घर आशा किरण में उनकी बदतर हालत पर हाईकोर्ट ने सख्त नाराजगी जाहिर करते हुए सरकार से पूछा है कि क्या वे (लोग) जानवर हैं। पीठ ने दिल्ली सरकार व होम को चलाने वालों एनजीओ से जवाब मांगते हुए अपनी टिप्पणी में कहा कि उनकी यह हालत मानवाधिकार हनन का बदतर नमूना है। पीठ ने इस मामले में सुनवाई करते हुए दिल्ली सरकार के सामाजिक कल्याण मंत्रालय से इस बाबत विस्तृत जवाब मांगा है।

कार्यवाहक मुख्य न्यायाधीश एके सीकरी की अध्यक्षता वाली खंडपीठ ने मामले को सुनवाई करते हुए सामाजिक कल्याण मंत्रालय से कहा है कि वह बताए कि आशा किरण होम में कितने लोग रह रहे हैं और वहां होम को देखभाल के लिए कितना स्टाफ मौजूद है। पीठ ने होम के प्रशासक को

भी निर्देश दिया है कि वह अपनी सुनवाई पर उपस्थित हों। पीठ ने यह निर्देश उक्त वक्त दिया जब इस बाबत बनायी गयी तीन वकीलों की कमेटी ने बताया कि उन लोगों ने गत 14 जुलाई को वहां का निरीक्षण किया था। कमेटी ने फोटो ग्राफ पेश की जो कि वहां की बदतर हालत और मानसिक रूप से विकलांग लोगों की दयनीय तस्वीर को साफ-साफ बता रहे थे। कमेटी ने पीठ को बताया कि होप फाउंडेशन नामक एनजीओ द्वारा चलाए जा रहे होम को हालत अत्यंत दयनीय है। कहा गया कि वहां स्टाफ की कमी है और महिलाओं की हालत इतनी बदतर है कि उनको तन ढकने के लिए पर्याप्त कपड़े तक नहीं दिए गए हैं। जांच कमेटी ने यह भी कहा कि उनके द्वारा निरीक्षण के दौरान कोई सोनियर अफसर वहां मौजूद नहीं था।

► हाईकोर्ट ने नाराजगी जताते हुए कहा, लोगों की यह हालत मानवाधिकार उल्लंघन का बदतर नमूना

Rashtriya Sahara, July 19, 2012, P.8

## Shelter home inmates kept like cattle: HC

RIDHIMA MALHOTRA  
NEW DELHI, JULY 18

Startling revelations about the "inhuman living conditions and human rights violations" at a home for mentally challenged women in the city have been made in a report submitted before the Delhi high court on Wednesday.

As a committee of lawyers submitted its report comprising pictures clicked during a surprise check at Asha Kiran Home in Rohini, a bench of

Acting Chief Justice A.K. Sikri and Justice Rajiv S. Endlaw severely criticised the Delhi government and the NGO Hope Foundation, which together run the home for destitute and mentally challenged women.

"There cannot be any worse human rights violation than this. The living conditions (at the home) are inhuman. How can you keep them like cattle?" the court retorted after seeing the pictures submitted by the committee formed ear-

lier by it. The court issued showcause notice and sought a detailed affidavit from the Delhi government's ministry of social welfare asking for total number of inmates at the home and the number of staff to maintain the place. The court also sought the presence of the home's administrator on July 25, the next date of hearing.

The lawyers, who had inspected the home on July 14, alleged that it does not have adequate staff to take care of inmates and the

women live there amidst inhuman conditions.

"The women are not provided adequate clothing. They are mostly covered with insufficient clothes and are not provided any undergarments," one of the lawyers told the court. Their medical needs, especially during menstruation, are seldom taken care of, she added.

The lawyers alleged that during their visit, they found the women bathing in the open without clothes. They further

claimed that no senior officer was available and a security guard had illegally detained them following instruction from his senior.

Appearing for Delhi government, counsel Shobhna Taktar said the home is overcrowded as its capacity is 300 while 950 members are staying there at present. She also told the bench that the government has ordered a magisterial inquiry into the alleged misbehaviour of the staff with the lawyers.

The Asian Age, July 19, 2012, P.13



# Exploitation of Construction Workers

**THROUGH THE LENS**




PHOTO: V.V. KRISHNAN

## Burdened under

P.G. Ambedkar

The ever-expanding urban regions have lured workers with a promise of better life. But for those in the unorganised sector, particularly women, city life comes laden with a plethora of difficulties. The photograph of the woman worker raises several questions on working conditions and social security.

A study commissioned by the National Commission for Woman on the construction industry highlights the monstrous amount of work a woman worker does. "In concreting, it was found out that in 15 minutes, about 55 bundles, each weighing 7-8 kg, passed through the hands of women. In an eight-hour-shift, an incredible 32,000 kg would have passed through the hands of a woman. While doing earth work, women had 15 kg head load and walked 30 feet to deposit the mud ... a woman would have walked about 13 km carrying about 21,000 kg of mud."

In spite of such exhausting work, construction workers are exploited both by the contractor, who denies them their legally mandated minimum wages, health benefits and facilities for their children, and the State which doesn't monitor implementation.

The Hindu, July 10, 2012, P.4

# Trafficking

## Bid to tackle inter-State women trafficking

STAFF REPORTER

GUWAHATI, July 1 - The Assam State Commission for Women (ASCW) and the Meghalaya State Commission for Women (MSCW) has decided to work together on all women-related issues particularly on the issue of cross border trafficking.

A five-member delegation of MSCW, on a goodwill mission to Assam, discussed various women-related issues with the ASCW on Friday at a

meeting held here.

The meet, presided over by ASCW chairperson Meera Baruah, dwelt on issues such as witch hunting, domestic violence, trafficking, etc., and stressed the need for creating legal awareness amongst the fairer sex.

Although the status of women in the North-east is far better compared to rest of India, yet women in this region too have been over the years victims of different crimes. Cases of domestic vi-

olence have been on the rise, particularly in Assam.

The meet expressed their concern over the rising incidence of trafficking of women and children and the MSCW requested their Assam counterpart to extend all possible help in tackling the cases of trafficking.

The meet touched on the evil practice of witch hunting and called for concerted efforts to create awareness on eradicating this bane of society.

It needs to be mentioned here that the ASCW has been active on the issue of witch hunting and has undertaken several initiatives to stop the practice. The meeting agreed that collective influence of illiteracy, poverty, superstition, lack of knowledge on health and hygiene and social customs were at the core of the problem.

The ASCW had been visiting the areas which had witnessed a spurt in the cases of witch hunting and had

done a detailed study of the socio-economic condition of the areas. Based on the study, the ASCW had emphasized the need for the government officials of health, education, social welfare, police and district administration along with non-government organizations to come together in combating this practice.

Baruah said that legal awareness amongst women will help to a great extent in preventing abuse of women.

The Assam Tribune, July 02, 2012, P.5

## छत्तीसगढ़ से युवतियों की तस्करी बढ़ी

रायपुर, (आशीष शर्मा) : छत्तीसगढ़ में मानव तस्करी के मामले बढ़ते ही जा रहे हैं। आकर्षक रोजगार और वेतन का लालच देकर दलाल गरीब लड़कियों को झांसा देकर महानगरों में बेच रहे हैं। बीते तीन वर्षों के दौरान ही राज्य में पांच हजार से अधिक लड़कियों की गुमशुदगी के मामले दर्ज किए गए हैं। राज्य की विधानसभा में सरकार के आंकड़े ही खुद हालात बयान करने के लिए काफी हैं। इसके बावजूद राज्य सरकार ने इस पर अंकुश लगाने के लिए अब तक कोई ठोस उपाय नहीं किए। दरअसल, राज्य के आदिवासी बाहुल्य माने जाने वाले नक्सला प्रभावित सरगुजा जिले में लड़कियों के गायब होने के सबसे अधिक मामले सामने आए हैं। इतना ही नहीं राजधानी भी इस मामले में काफी आगे है। हालांकि सरकार का दावा है कि गायब हुई लड़कियों में करीब साढ़े तीन हजार बालिकाएं वापस लौट आई हैं। यह स्थिति कमोवेश सभी जिलों में है।

राज्य सरकार के आंकड़े ही चौंकाने के लिए काफी हैं। प्रदेश में आदिवासी बालाओं की तस्करी को लेकर पहले ही मामला गरमाया हुआ है। सरगुजा अंचल में बेरोजगारी और गरीबी का फायदा दलाल उठा रहे हैं। प्लेसमेंट के जरिए महानगरों में नौकरी दिलाने का झांसा देकर लड़कियों को ले जाया जा रहा है। हैरानी की बात तो यह है कि दलाल अभी भी खुलेआम घूम रहे हैं।

पुलिस ने केवल शिकायत दर्ज कर अपना कर्तव्य पूरा कर लिया है। ज्यादातर मामलों में खोजबीन अभी भी नहीं हो पाई है। आदिवासी बालाओं के गायब होने के मामले में सरकार लगातार कटघरे में खड़ी नजर आई है। दूसरी ओर राज्य में पलायन की स्थिति को भी इसके लिए जिम्मेदार माना जा रहा है। सरकार के लिए चिंता इस बात को लेकर हो सकती है कि पहले लड़कियों की गुमशुदगी का मामला केवल सरगुजा अंचल तक सिमटा हुआ था।

Punjab Kesari, July 15, 2012, P.3



## Women, child trafficking rises in Karnataka

BANGALORE, July 30 – The number of cases of women and children being trafficked in Karnataka has been on the increase in the last five years with over 3,000 such offences being reported during the period, Deputy Chief Minister R Ashoka said today.

In the last five years, there were as many as 3,234 cases of women and child trafficking reported in the State, he told the Legislative Council while replying to the issue raised by Congress member R V Venkatesh.

Ashoka, who holds the home portfolio, said in 2007 there were 440 cases which rose to 488 the next year and to 534

in 2009. While in 2010 and 2011 there were 697 and 672 cases reported respectively, as many as 403 cases had been reported till June this year.

The Government has taken adequate steps to control the menace, he said, adding that anti-human trafficking units have been set up in Bangalore city, Mysore, Hubli-Dharwad, Belgaum and Dakshin Kannada districts.

The Government is considering setting up such units in four other districts of Gulbarga, Raichur, Kolar and Davanagere, Ashoka said.

Training programmes on the issue have been organised for police officers and prosecutors, he said. – PTI

Assam Tribune, July 31, 2012, P.10

# बिकने को मजबूर लाचार लड़कियां

झारखंड

सरोजिनी

एक गैर सरकारी संस्था ने कुछ समय पहले दिल्ली के द्वारका स्थित एक फ्लैट से घरेलू नौकरानी के रूप में काम करने वाली 13 साल की एक मासूम को उस समय मुक्त कराया था जब उसके मालिक उसे घर पर ही बंद कर विदेश घुमने चले गए। झारखंड के गुमला जिले की रहने वाली यह बच्ची न केवल घर में बंद थी बल्कि तीन दिनों से भूखी भी थी। उसका कहना था कि मालिक उसे डरा धमका कर रखते थे और बाहर जाने पर पुलिस से पकड़वाने की बात भी कहते थे। उसे नाखुनों के जखम दिए जाते थे और कभी-कभी खाना तक नहीं मिलता था। यह घटना रांची की रहने वाली एक और नाबालिग के साथ करीब चार साल पहले की भी याद दिलाती है जो दिल्ली स्थित अपने मालिक के अत्याचार से बहुत त्रस्त थी और टीबी की शिकार हो गई। बाद में इलाज के खर्च से बचने के लिए मालिक ने उसे एक बिचौलिया के साथ रांची के लिए ट्रेन में रवाना कर दिया। लंबे इलाज के बाद ही उसे बचाया जा सका। अपने साथ हुए अमानवीय कृत्य से सदमे में आई यह बच्ची कई दिनों तक घर से निकलने में भी डरती थी। झारखंड की न जाने कितनी मासूम लड़कियां महानगरों में इस अमानुषिक और पाशविक व्यवहार का शिकार हो रही हैं। ऐसी अनगिनत लड़कियों का सालों से अपने परिवार से कोई संपर्क नहीं है। माना जा रहा है कि दिल्ली जैसे महानगरों में झारखंड की इन गरीब लड़कियों को बेचने वाले बिचौलिया और प्लेसमेंट एजेंसियां मालामाल हो रही हैं। आंकड़े बताते हैं कि अकेले दिल्ली में इस समय 6000 प्लेसमेंट एजेंसियां कार्यरत हैं।

सर्वविदित है कि झारखंड निर्माण के बाद से रोजगार के लिए होने वाला पलायन यहां घटने की बजाए और बढ़ा है। कुछ मामलों में लड़कियों ने भले ही अपनी इच्छा से महानगरों की ओर रुख किया हो लेकिन ज्यादातर मामले ठगी से बेचने के ही होते हैं। एक गैर सरकारी संस्था के आंकड़ों के मुताबिक झारखंड की करीब एक लाख 23 हजार लड़कियां दूसरे राज्यों के महानगरों में काम रही हैं। और जरूरी नहीं कि सभी लड़कियां घरेलू कामगार के रूप में ही काम करतीं हों। किसी को वेश्यावृत्ति के घंघे में धकेल दिया जाता है तो किसी को गरीबी का फायदा उठाकर उसकी

शादी उससे दोगुनी उम्र के आदमी से करवा दी जाती है या किसी को किसी फैक्टरी में बंधुआ मजदूर बना दिया जाता है। परोक्ष रूप से बिकने वाली इन लड़कियों का परिवार इनकी स्थिति से इस हद तक अनभिज्ञ रहता है कि उनके लिए यह जानना तक मुश्किल होता है कि उनकी बेटी जिंदा भी है या नहीं। ज्यादातर बिचौलिया परिवार के ही नजदीकी या परिचित होते हैं जिनका महानगरों की प्लेसमेंट एजेंसियां या मानव तस्करी के घंघे में लिप्त लोग अपने लिए सस्ते दामों में इस्तेमाल करते हैं और खुद मोटी कमाई करते हैं। एक घटना में रांची जिले के अंतर्गत बुदमु प्रखंड के ग्रामीणों ने अपने गांव की लड़की को दिल्ली में बेचने वाले एक बिचौलिया की जमकर पिटाई की। 16 साल की उक्त नाबालिग को उसने स्कूल जाते समय अगवा कर लिया था और दिल्ली में 30 हजार रुपये में बेच दिया। लड़की किसी तरह वहां से भागकर गांव वापस आ गई।



दिल्ली स्थित चाइल्ड वेलफेयर कमेटियों के मुताबिक नाबालिगों को श्रम के नाम पर बेचने के कारोबार में पश्चिम बंगाल के बाद झारखंड का ही स्थान है। इस संघे में सक्रिय लोग झारखंड के अति पिछड़े इलाकों की गरीब, अनपढ़ या मामूली पढ़ी-लिखी लड़कियों को अपने जाल में फंसाते हैं। इनमें से अधिकतर ऐसे परिवार से संबंध रखती हैं जहां या तो पिता का साया सिर से उठ चुका होता है या घर का पुरुष कुछ करने लायक नहीं होता। बिकने वाली लड़कियां दो-तीन हाथों से गुजरती हैं इसलिए उनके लिए जानना मुश्किल होता है कि उनका असल गृहणार कौन है? बहरहाल, रोजी-रोटी के लिए पलायन या बिकने का मसला इस राज्य के लिए नई बात नहीं। 2002 में बिहार से

अलग होकर नये राज्य के रूप में अस्तित्व में आया झारखंड यूं तो गरीब प्रदेश माना जाता है लेकिन यहां देश की अकूत खनिज संपदा भरी पड़ी है। देश का 33 प्रतिशत कोयला यहीं पाया जाता है और यह अन्य खनिजों से भी भरापूरा है। इसीलिए कारपोरेट घरानों की नजरें झारखंड के जल-जंगल-जमीन पर लगी रहती हैं फिर भी यह प्रदेश अपनी गरीब जनता को रोजगार देने में असमर्थ है और सरकार के पास तर्कों की कमी नहीं। एक तरफ सूबे के मुख्यमंत्री कहते हैं कि इस तरह की समस्याओं से जुड़ने और बाल श्रम रोकने के लिए पंचायत स्तर पर काम हो रहा है, जो कहीं नजर नहीं आ रहा, वहीं राज्य की समाज कल्याण और बाल व महिला विकास मंत्री कहती हैं कि नाबालिग लड़कियों को बाहर भेजने के लिए सबसे अधिक दौरी उनका परिवार और समाज ही है। सरकार राज्य की इस विकराल समस्या का समाधान क्यों नहीं कर पा रही है, इसका जवाब सरकार और उसके किसी मंत्री के पास नहीं। परिवार और समाज पर दायित्व करके सरकार अपना ही मजक बना रही है।

यूं झारखंड सरकार हर मंच पर यह स्वीकारने से इंकार नहीं करती कि राज्य के विकास की कड़ी यहां की आदिवासी लड़कियों के विकास के साथ भी जुड़ी है। इसी के निमित्त 2012 झारखंड में बिटिया वर्ष के रूप में मनाया जा रहा है लेकिन कबनी-कनी का फर्क इसी से नजर आ जाता है कि पलायन जैसा मुद्दा उसके ऐजेंडे से लाभान्दार हो चुका है तभी तो इस पर रोक के लिए कोई कारगर कदम सरकार की ओर से उठते नजर नहीं आ रहे। झारखंड के 24 जिलों में से जिन 13 से बड़ी संख्या में लड़कियां रोजगार के नाम पर शहर आती हैं, वे हैं- गढ़वा, रांची, साहिबगंज, दुमका, पाकुड़, पश्चिम सिंहभूम, पलामू, हजारीबाग, धनबाद, बोकारो, गिरिडीह, कोडरमा और लोहरा। ये लड़कियां दिल्ली, मुंबई, चेन्नई, गोवा और कोलकाता आदि स्थानों में बेची जा रही हैं। इनमें 40 प्रतिशत 14 साल से कम आयु की हैं। वैश्विक स्तर पर भारत की 4.7 प्रतिशत आबादी मानव तस्करी की भेंट चढ़ रही है और इस खरीद-फरोख्त में सबसे ऊपर झारखंड और ओडिशा हैं, जहां 85 प्रतिशत पीड़ित 30 साल से कम आयु की हैं।

यदि समय रहते झारखंड सरकार कोई कारगर कदम नहीं उठाती है तो यह राज्य लड़कियों की खरीद-फरोख्त की बड़ी मंडी बन जाएगा। सरकार को समझना होगा कि बिटिया वर्ष मनाने भर से राज्य की लड़कियों को वाजिब हक नहीं मिल सकता है। भविष्य की योजनाओं को सफल बनाने के लिए वर्तमान सारना पहली शर्त है।

Rashtriya Sahara, July 13, 2012, P.10



# Widows

**विधवा बहू शादी करे तो आधा वेतन ससुराल को दे**

जागरण संवाददाता, अजमेर: केंद्रीय रिजर्व पुलिस बल में कार्यरत पति के निधन के बाद अनुकंपा के आधार पर नौकरी पाने वाली उसकी विधवा के दोषाघ शादी कर लेने पर राजस्थान हाईकोर्ट ने आदेश दिया है कि उसे अपने वेतन का आधा पूर्व पति के घर वालों को भरण-पोषण के लिए देना होगा। इस महिला को अपने पति के आकस्मिक निधन पर केंद्रीय रिजर्व पुलिस बल में ही नौकरी मिली थी। हाईकोर्ट का यह निर्णय देश भर में नजीर बनने के साथ उन अनेक विवाहों को सुलझाने में सहायक हो सकता है, जिनमें घटे की विधवा बहू अनुकंपा के आधार पर नौकरी मिलने के बाद सास-ससुर को छोड़कर अन्यत्र शादी कर लेती हैं।

राजस्थान के इस मामले में भंवर कंचर नामक महिला ने हाईकोर्ट में एक याचिका दायर कर यह मांग की थी कि विधवा बहू के अन्यत्र शादी कर लेने पर उसके भरण-पोषण के समझ पैदा हुए संकट का समाधान किया जाए। राजस्थान हाईकोर्ट में इस मामले की सुनवाई के दौरान भंवर की ओर से अधिवक्ता वीआर चौधरी ने दखील दी कि उसके मृतक का पुत्र भगवत सिंह सीआरपीएफ में सिपाही पद पर कार्यरत था। नौकरी पर रहते हुए 25 अक्टूबर, 1995 को उसकी मौत हो गई। उसकी जगह अनुकंपा पर उसकी विधवा तेजकंवर को सीआरपीएफ में नौकरी दी गई। इससे मृतक की मां भंवर और फत्तो तेजकंवर दोनों का गुजारा चल रहा था, लेकिन तेजकंवर ने

**अनुकंपा पर नौकरी कर रही महिला के दूसरी शादी करने पर हाईकोर्ट का आदेश**

राजस्थान हाईकोर्ट ने आदेश दिया है कि उसे अपने वेतन का आधा पूर्व पति के घर वालों को भरण-पोषण के लिए देना होगा। इस महिला को अपने पति के आकस्मिक निधन पर केंद्रीय रिजर्व पुलिस बल में ही नौकरी मिली थी। हाईकोर्ट का यह निर्णय देश भर में नजीर बनने के साथ उन अनेक विवाहों को सुलझाने में सहायक हो सकता है, जिनमें घटे की विधवा बहू अनुकंपा के आधार पर नौकरी मिलने के बाद सास-ससुर को छोड़कर अन्यत्र शादी कर लेती हैं।

राजस्थान के इस मामले में भंवर कंचर नामक महिला ने हाईकोर्ट में एक याचिका दायर कर यह मांग की थी कि विधवा बहू के अन्यत्र शादी कर लेने पर उसके भरण-पोषण के समझ पैदा हुए संकट का समाधान किया जाए। राजस्थान हाईकोर्ट में इस मामले की सुनवाई के दौरान भंवर की ओर से अधिवक्ता वीआर चौधरी ने दखील दी कि उसके मृतक का पुत्र भगवत सिंह सीआरपीएफ में सिपाही पद पर कार्यरत था। नौकरी पर रहते हुए 25 अक्टूबर, 1995 को उसकी मौत हो गई। उसकी जगह अनुकंपा पर उसकी विधवा तेजकंवर को सीआरपीएफ में नौकरी दी गई। इससे मृतक की मां भंवर और फत्तो तेजकंवर दोनों का गुजारा चल रहा था, लेकिन तेजकंवर ने

पृष्ठ 2, खालम 2 पर

**विधवा बहू शादी करे तो आधा वेतन ससुराल को दे**

नौकरी लगने के कुछ समय बाद दूसरा विवाह कर लिया। अदालत के समक्ष भंवर की ओर से यह अपील की गई कि अब न तो वह उसके पास है और न ही गुजारे के लिए किसी तरह का सहारा। उसके सामने दर-दर भटकने की नौबत आ गई है। इस पर संज्ञान लेते हुए हाईकोर्ट के न्यायाधीश गोविंद माधु ने अनुकंपा स्कीम के प्रावधान-13 के आधार पर तेजकंवर के कुल वेतन में से हर माह 50 प्रतिशत वेतन काट कर मृतक की आश्रित मां को देने का आदेश दिया। यह आदेश अप्रैल, 2012 से लागू होगा। मृतक की मां को बहू द्वारा प्रत्येक माह को 10 तारीख तक नियमित रूप से भुगतान करना होगा। इसके अलावा अदालत ने तेजकंवर को आदेश दिया है कि भंवर को एक मुद्रा 50 हजार रुपये का तत्काल भुगतान किया जाए, ताकि जब तक वह अपना गुजारा बसका कर सके।

Dainik Jagran, July 14, 2012, P.2, Contd. on column 2

# Women Empowerment

## How women get down to business

A 'Women's Web' survey of 114 women entrepreneurs highlights the key reason why they took to business and where they got their capital from

By CORDELLA JENKINS  
cordella.j@livemint.com

Who are India's female entrepreneurs? What drives them? And what do they want? The online women's magazine Women's Web ([www.womensweb.in](http://www.womensweb.in)) did an online survey of 114 self-trade businesswomen across the country from 1-20 June and came up with a snapshot of the growing breed of women who start their own companies.

A few things were immediately obvious: Female entrepreneurs are mainly young, 62% started their businesses before they turned 30. Bangalore seems to be the most popular base, with 28% of the women surveyed working there—the equivalent of Mumbai, Chennai and Ahmedabad combined.

Women-run businesses tend to be small operations, the report found, with 73% reporting a revenue of under ₹10 lakh in the last financial year

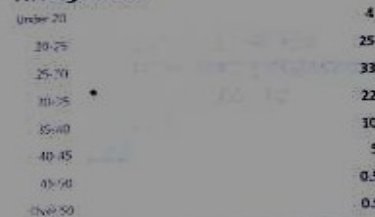
and an employee force of fewer than five. They are also still fairly limited in terms of the sectors they work in, with almost 60% of those interviewed working in professional services (such as law and accounting), IT, fashion, and food and beverages. Only 3% worked in manufacturing or heavy industry and none in telecom.

Contrary to stereotype, it seems female entrepreneurs are not daunted by the issue of balancing work and family life—or, at least, other concerns prevail. The desire for a better work-personal life balance was the impetus for just 36% of women.

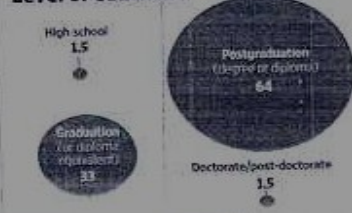
When it came to looking at future challenges and opportunities, 55% of the women admitted that it is harder to start a business in India as a woman, but 73% said that knowing other women who had started their own businesses had been an inspiration. But the notion that women are better mentors for each other gained little traction.

Total number of women surveyed: 114

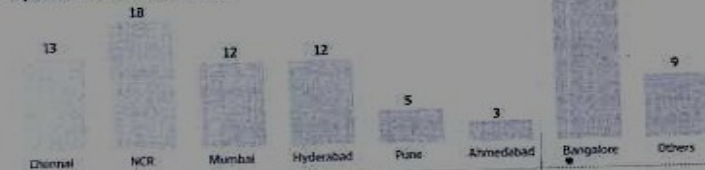
### The age factor



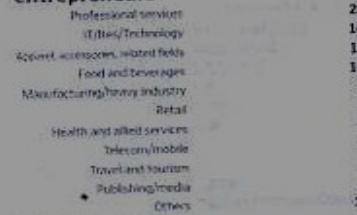
### Level of education



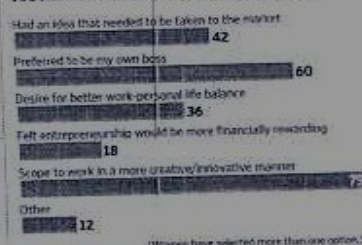
### Cities where India's women entrepreneurs spend maximum time



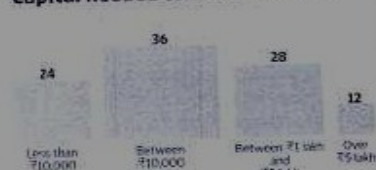
### Industries that interest women entrepreneurs



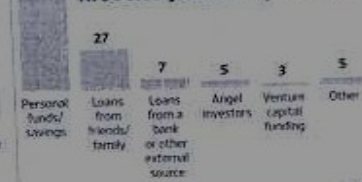
### Reasons to start your business



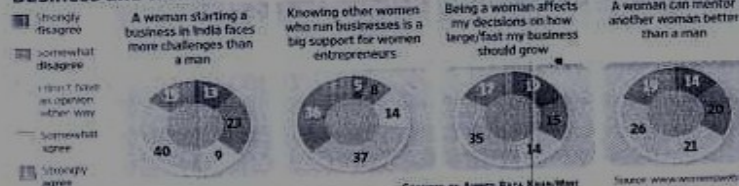
### Capital needed to start business



### Raising capital during the first two years of operation



### Business and women



H.T. Mint, July 2, 2012, P.12



# Life hangs on a silken thread

Ratna Bharali Talukdar

Pronita Brahma, 25, is one of the over 25,000 migrant women, mostly belonging to the Bodo tribe, who migrate seasonally to Sualkuchi, the largest silk village in lower Assam's Kamrup district, to work as contractual weavers. Sualkuchi has a century-old tradition of silk weaving.

An expert weaver, Pronita first migrated here from Mohoripara village, around 65 km away, about 10 years ago. A spinster, like most of her compatriots, Pronita lives in a cramped rented dormitory and supports a family of five back home.

Villages like Mohoripara in Kamrup as well as others in lower Assam's Baksa and Barpeta districts, which are mostly inhabited by the Bodos, feel under abject poverty. Families are either landless or possess a small holding that can barely provide them with a square meal. Employment and livelihood opportunities are very limited, which pushes a sizable number of the villagers to migrate. Those with weaving skills normally migrate to Sualkuchi only to return after eight to nine months in order to either work in their own fields or as contract agricultural labourers.

A Sualkuchi weaver can only expect a paltry income between Rs. 2,500 and Rs. 4,000 a month by working on a traditional loom; very little of it is left though after paying for the accommodation rent as well as other living expenses. Not covered by any organised union, they do not have any platform to raise their voices against the exploitation experienced.

Most women take loans in advance from their employers and end up working almost as bonded labourers in order to pay them off. A weaver gets Rs. 700 for a *chador* and Rs. 300 for a *mekhla* — the traditional attire of Assamese women. It takes three to five days to weave a *chador*, depending on its design and the motifs used.

Usually the women who migrate to Sualkuchi try to return home after a few years to start life afresh with their meagre savings. However, with stagnation of wages and the spiralling prices of essential commodities, they can hardly save much anymore.

Pronita's employer, Manoj Kalita, while admitting that women weavers work under very tough conditions, argues that the status of loom owners is no better. An owner of 16 looms, he believes people like him have been able to provide some social security to the migrant women though they might have failed to give them financial security.

Mr. Kalita says: "A sizeable



**WEAVING WOES:** An endeavour to make the art sustainable and profitable.

For hundreds of Bodo women in Assam who migrate to work at the Sualkuchi silk looms seasonally, an innovation — the Chaneki device — that can increase productivity comes as a boon

number of them have settled here permanently, marrying local boys. Once proud of their status as expert weavers, they now prefer to work in urban areas as sales girls or in other low-paid sectors."

Explaining the reason behind the women's drift towards other occupations, he points out: "When we used to pay the weavers Rs. 500 for a piece of *chador*, the price for a kilo of dal was only Rs. 18. Now even though we pay them Rs. 700, the price of dal has gone up to Rs. 64."

The problem, according to him, lies in the fact that most consumers of silk products have a fixed budget. At the same time, the price of silk yarn has increased because of the lack of policy direction on the part of the government. Neither does the Assam government subsidise the yarn nor does it help in its procurement.

Without such interventions, profit margins for loom owners are falling, which is why they cannot pay the women weavers a better rate.

Although it is one of most prolific centres for silk-weaving, Sualkuchi has to depend on outside markets for raw material. Its weavers

traditionally weave *pat* (mulberry) and *muga* silk. The *pat* silk-thread comes from Bangalore, and loom-owners are forced to pay whatever price the businessmen there quote. As for golden *muga* silk-thread — although it is procured locally, it remains expensive since the demand far outstrips supply.

While mulberry silk costs over Rs. 1,800 per kg, *muga* silk can range anywhere between Rs. 12,000 and Rs. 15,000 per kg.

But what could help to turn around this otherwise adverse situation is a device, known as the Chaneki, which has been introduced by the Central Silk Board (CSB) as part of its loom upgradation programme.

The device, which costs around Rs. 5,000, has been designed by Dipak Bharali, a science graduate who comes from a silk village himself, with the aim of maximising the weaving skills of the women and increasing the productivity of looms. The Chaneki helps save on time — almost by half — in threading the weft thread bobbins for spot design or motif making. On traditional looms, weavers are required to insert the weft thread manually to make a particular

design. This takes time and often the weft thread snaps and has to be replaced.

Says Mr. Bharali, who received the President's State Award in 2009 for this innovation: "Being born into a weavers' family, I was always thinking of ways to help them. But I knew this would be impossible to achieve on traditional looms. Chaneki is the result of the experimentation which took several years."

The device was further improved under the guidance of Professor A.K. Das of the design department of IIT, Guwahati, and with financial assistance from the National Innovation Foundation.

Soon after the decision of CSB to make Chaneki available for loom owners at a subsidised rate of 80 per cent in March 2012, it has brought about remarkable changes, not only for weavers, but also for owners. The device has reached around 400 weavers in Sualkuchi so far.

Pronita is upbeat about the new device and hopes to increase her earnings — not because of a wage rise but because of a rise in her productivity.

Perhaps, in time, women like her can go back to their villages, practice their craft, go in for product diversification and emerge as entrepreneurs in their own right.

Meanwhile, Mr. Bharali is now looking to design computerised designs and motifs to make weaving a sustainable and profitable venture. "They are the key persons who can make or break this entire industry. The survival of a tradition of weaving that goes back a century depends on them. This means we need to keep working at developing weaver-friendly upgradation techniques."

(Women's Feature Service)



# Women Safety

## महिलाओं के हेलमेट पर दिल्ली को अवमानना नोटिस

■ जागरण संवाददाता, नई दिल्ली

दिल्ली उच्च न्यायालय ने महिलाओं के लिए हेलमेट पहनना अनिवार्य करने संबंधी अदालती आदेश की पालन न करने पर दिल्ली सरकार को नोटिस जारी कर जवाब तलब किया है। जस्टिस राजीव शकधर ने दिल्ली सरकार के मुख्य सचिव से जवाब मांगा है कि उन्होंने अदालती आदेशों की पालना क्यों नहीं किया? उन्हें इस मामले में 14 दिसंबर तक जवाब दाखिल करने को कहा है। यह नोटिस उच्च न्यायालय ने सामाजिक फिल्म निर्माता उल्हास पीआर द्वारा दायर अवमानना याचिका पर सुनवाई के बाद जारी किया है।

उल्हास ने दिल्ली उच्च न्यायालय के समक्ष अवमानना याचिका दायर कर बताया कि महिलाओं के लिए हेलमेट पहनना अनिवार्य करने को लेकर उन्होंने याचिका दायर की थी। इस पर दिल्ली सरकार ने शपथपत्र दायर किया था कि वह इस मामले में दो महीने के भीतर उचित कार्रवाई करेगा। दो माह पूर्व दिल्ली उच्च न्यायालय के कार्यकारी मुख्य न्यायाधीश एके सिकरी ने दिल्ली सरकार को मामले के संबंध में पहले से तय नियमों में संशोधन कर महिलाओं के लिए हेलमेट पहनना अनिवार्य करने के निर्देश

- महिलाओं के लिए हेलमेट अनिवार्य के आदेश को नहीं माना
- हाईकोर्ट ने 14 दिसंबर तक जवाब दाखिल करने को कहा
- सरकार ने दो माह में फैसला लागू करने का शपथपत्र दिया था

जारी किए थे।

दिल्ली सरकार को दी गई दो माह की अवधि 25 जून को समाप्त हो गई थी। इस दौरान दिल्ली सरकार ने दिल्ली मोटर व्हीकल नियमों के उन प्रावधानों में संशोधन नहीं किया, जिनके तहत महिलाओं को वाहन चलाते समय हेलमेट न पहनने की छूट दी गई है। हालांकि देश में समानता का अधिकार व कानून लागू है। इसके तहत महिला, पुरुष या जाति इत्यादि का कोई भेदभाव नहीं किया जा सकता। लिहाजा महिलाओं के लिए भी हेलमेट पहनना अनिवार्य किया जाना चाहिए। दिल्ली सरकार ने वायदा करने के बावजूद तय अवधि में इस तरह का कोई कदम नहीं उठाया।

Dainik Jagran, July 14, 2012, P.2



# CISF women's squad on metro night watch

PRAGYA SINGH ■ NEW DELHI

Intensifying vigil inside compartments reserved for women, the Central Industrial Security Force (CISF) has constituted a special squad of female guards in plainclothes. A total of 80 male passengers entering the restricted compartment have been penalised and de-boarded from the trains in the first two days of the squad taking up its duties.

About 10 teams of women constables are deployed on various routes to make travelling in the women's coaches safe during the night. They have been operating from 8 pm till the last train leaves shortly after 11 pm.

"Of late, there has been a spurt in complaints by female passengers that male passengers often enter the ladies coach during night time, making them feel unsafe. The instances increase post 8 pm, when the

footfalls reduce, especially on the Gurgaon and Noida corridors. While other checking squads are deployed at various Metro stations along with the Delhi Metro Rail Police (DMRP), these teams of women constables travel inside the Metro trains in plain clothes. They are therefore able to check on the unlawful entries more efficiently," a CISF spokesperson said.

Though travelling inside the coaches reserved exclusively for women is an offence under the Delhi Metro Rail Corporation Act and attracts a ₹250 penalty, instances of male passengers flouting the rules continue. The national Capital has a large chunk of female population that works late till night. A sizable number of them is afraid of stepping into the metro trains post 10 pm.

"Even though Delhi Metro has reserved a coach in every train for women, it is hardly safe during the night time. During

**About 10 teams of women constables are deployed on various routes to make travelling in the women's coaches safe during the night. They have been operating from 8 pm till the last train leaves shortly after 11 pm**



the late hours, when footfalls and even the security guards deployed at various stations reduce, a lot of men make their way into the reserved coaches. The deployment of women constables inside the trains might act as deterrent to them," said Akshara Sharma, a PR agent.

On its part, the Delhi Metro conducts special drives time and again to crack down on unlawful entries. Women commuters can register their complaints on the helpline number 155370 in case of any misbehaviour or unauthorised entry into ladies coach by male passengers. "The

teams have also been instructed to check on drunken passengers who try to create nuisance inside the trains. Such miscreants are charged ₹200 and are handed over to the Metro police, in case their offence demands," the spokesperson said.

The Pioneer, July 16, 2012, P.2

# NCW recommends steps for women security

STAFF REPORTER

**GUWAHATI, July 18** - The National Commission for Women (NCW) in its recommendations in connection with the July 9 incident said that the State government should grant a financial compensation to the victim. It has also called for steps to rehabilitate the victim with a government job

in accordance with the State policy or otherwise.

It suggested that to curb all such incidents, police patrolling, including women police in the patrol teams, should be done and special police pickets along with women police, should be set up at all the 128 pubs up to 10-30 pm for the security and safety of the women.

Moreover, it said, close cir-

cuit TV cameras should be installed outside all the pubs and immediate arrangements should be made to set up 24-hour women helpline and women cell in every police station of the State.

Proper shelter should be given to the victims of such types of crimes, whose families are not ready to protect them, said the NCW in one of

its recommendations.

Police stations of the State should be instructed to take such types of calls immediately, without going into the territorial jurisdiction and inform the police station concerned so that the victim gets immediate help and such types of incidents could be avoided.

It further said that action should be taken against those

who were protecting and hiding the culprits of the July 9 incident.

The Commission also suggested steps to take up the case through a fast tract court, to redress the grievances of the victim speedily and in a time-bound manner and to bring all the culprits in this case to book and to punish them as per the legal proviso, among others.

The Assam Tribune, July 19, 2012, P.5



# STRENGTH OF A WOMAN

Weight training won't bulk you up. It will only make you stronger and healthier

BY RUDRANEIL SENGUPTA  
rudraneil@livemint.com

Back in 2008, Kiran Sawhney was a woman on a mission. After marriage and the birth of two children, Sawhney, a Delhi-based fitness trainer, weighed in at a plump and unhealthy 85kg. In February that year, she began a dedicated programme to get back to full fitness—four months later, she had dropped an incredible 30kg for a toned and svelte look.

For most people, such radical weight loss usually spells danger, but not for Sawhney. "What I did was a methodical, step-by-step programme that involved serious cardio, a very nutritious and well-balanced diet free of harmful fats and simple carbs, and a lot of weight training," Sawhney, now 42, says. "There was no crash dieting or starving involved."

The secret to her success? Combining all the elements of fitness in the right proportion.

"Women have no problems with dieting or cardio exercises like cycling or running, but few want to pick up weights," Sawhney says. "But weight training is invaluable. It builds lean muscle, which in turn increases your metabolism and burns fat." Sawhney focused mostly on functional weight training, where you do lifts like barbell squats that engage all the major muscles in your body, as opposed to lifts like the bicep curl that work just one muscle group.

Why do women shy away from weight training? The biggest reason is the belief that lifting weights equals bulky muscles, and undesirable hormonal effects like increased growth of body hair. This is simply not true.

"Bodybuilding is a science in its own



**Add resistance.** The right amount of weight training can give you a toned and shapely body and the perfect posture.

right," says Heath Matthews, the sports rehabilitation specialist at the Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute in Mumbai. "It's incredibly difficult for a woman to get bulky muscles."

Bulking up is a result of a process called "muscle hypertrophy"—an increase in the size of muscle cells. To achieve this, you need a carefully tailored lifting programme that involves very heavy weights, weight training for several hours a day for years, and lots of testosterone, the male hormone that is an important building block for muscles.

"Women have naturally low levels of testosterone, so even with hours of weight training and lots of protein intake, it is significantly harder for women to get bodybuilder-like muscles," Matthews clarifies. "Women also have high levels of the hormone oestrogen in their body, which also prevents bulking up."

With the right amount of weight training, what you do get is a toned and shapely body, increased strength and endurance, and the perfect posture. The American College of Sports Medicine recommends three sessions of weight training per week for all healthy adults—men and women. "Weight training is all about correct form," says Deepak Rawat, fitness trainer at Fitness First, New Delhi. "You need to maintain the correct posture throughout the exercise to get the best benefits and to avoid injury. As a result of this, and because the muscles that support the posture get stronger, your body's natural posture improves automatically."

Matthews, who has worked with both Olympic athletes and Bollywood stars, points out that weight training is highly adaptable, depending on fitness levels and goals.

Saina Nehwal, the world No. 5 badminton player, uses weights to increase her capacity to generate power. "She can squat with 90kg, which is around 125% of her own body weight," Matthews says. "She is one of the strongest athletes I've worked with." Nehwal's workout involves lots of running and court work for endurance, plyometrics for explosive power, and squats, lunges, calf-raises and deadlifts to strengthen her legs and core.

"With actors like Malika Sherawat

and Sonam Kapoor, we follow a medium-weight, medium-repetitions (reps) kind of programme," Matthews says. "Around 20 reps with not more than 70% of their body weight for a squat, for example."

There's a reason Matthews keeps using the squat as an example—it is widely regarded as the most essential strength-training exercise you can do, and this applies to both sexes.

"It just activates so many muscles when done correctly," Rawat says of the squat. "Quadriceps, glutes, hamstring, the entire core, calf, even the shoulders. If you had to pick just one strength-training exercise, this would be it. It's also fantastic for improving your posture."

Weight training becomes even more important as women age. "Both your muscle mass and the density of your bones diminish with age, especially after 40," Sawhney says. "Women are more susceptible to osteoporosis and arthritis. Weight training counters both these things—it increases and maintains bone density, and preserves muscle mass."

Women gain weight more easily as they age. A study by the University of Pennsylvania, published in *The American Journal of Clinical Nutrition* in September 2007, also shows that women involved in training with weights are less likely to gain weight as they grow older, and that strength training helps women lose weight.

Strength training has long been known to reduce the signs and symptoms of many chronic conditions, including arthritis, back pain, depression, diabetes, obesity and osteoporosis in men. "It work in exactly the same way in women," says Matthews.

## WEIGH YOUR OPTIONS

**Train with a qualified person and give your muscles time to recover**

- ▶ It's essential to get a qualified trainer to show you what exercises to do and how to do them. It is crucial to learn the correct form of an exercise while lifting weights—otherwise the gains are slow to come, and the risk of injury is high.
- ▶ Take your time while lifting. Most lifts don't require you to jerk the weight around or to do countless repetitions as quickly as you can. This is usually detrimental. Instead, lift in a controlled manner, feel your muscles working, inhale while lowering the weight and exhale while lifting, bracing your core.
- ▶ Always warm up with at least 10 minutes of cardio activity before beginning a weight-training session.
- ▶ Don't do lots of repetitions with very light weights—there is little to gain from that. When you are just starting out, the best thing to do is pick a weight that will tire out your muscles by the 12th repetition of an exercise. You should be barely able to finish the 12th repetition. This provides the stimulus for muscles and bones to get stronger.
- ▶ Give your muscles time to recover. There is no need to do more than three 15- to 20-minute sessions of weight training in a week.
- ▶ Pick functional exercises—lunges, squats, deadlifts, cleans and bench-presses are good examples. These engage your entire body, which is what you need. There is no need to do exercises that only work one muscle group at a time unless you are a professional bodybuilder.
- ▶ Get better at body-weight exercises. You don't always need weights for resistance training. In fact, it is ideal if you begin first by mastering body-weight exercises like the push-up, free squat, lunge and tricep dips before you begin training with weights.



लंदन ओलंपिक : करोड़ों भारतीयों की उम्मीदों का दायिमदार लेकर उतरेगी 23 खिलाड़ी

# भारतीय महिलाएं रच सकती हैं इतिहास

खेलों के महाकुंभ में अब तक भारोत्तोलक कर्णम मल्लेश्वरी ही जीत सकी हैं पदक

दीपिका कुमारी, सायना नेहवाल, कृष्णा पूनिया, एम.सी. मेरीकोम लंदन में 27 जुलाई से शुरू होने जा रहे खेलों के महाकुंभ में पदक जीतकर इतिहास रच सकती हैं। ओलंपिक में भारत को पदक दिलाने वाली एकमात्र महिला खिलाड़ी कर्णम मल्लेश्वरी हैं, जिन्होंने 2000 सिडनी ओलंपिक में भारोत्तोलन में कांस्य पदक जीता था। इस बार लंदन में उतर रहे 81 सदस्यीय भारतीय दल में 23 महिलाएं शामिल हैं, जिन पर देश ही नहीं पूरे विश्व की नज़रे टिकी हैं...



**सायना की राह में चीन नहीं बाधा**

**पदक पर होगा दीपिका का निशाना**

**कृष्णा पूनिया बनेंगी सारथी**

**एमसी मेरीकोम का सपना साकार**

**नए मुकाम पर पहुंची गीता सिंह**

बीजिंग में अपने पहले ही ओलंपिक में क्वार्टरफाइनल तक का सफर तय करने वाली भारतीय अटल सायना नेहवाल सं लंदन में उम्मीदें काफी बढ़ गई हैं। हालांकि इसके लिए उन्हें चीने खिलाड़ियों की कड़ी चुनौती का सामना करना पड़ेगा। लेकिन इस वर्ष अपने पिछले कुछ मुकामलों में पुनिया की पंचनेत्र नेत्र की खिलाड़ी सायना ने जिस तरह विश्व नेत्र टु वॉय शिनिबान और नंबर तीन ली जुजुई को हराया है, उससे उम्मीदें बढ़ी हैं कि भारतीय खिलाड़ी चीन की दीवार तोड़ने में सफल जरूर होंगे।

विश्व चैंपियन और दुनिया की नंबर एक वीरद्वान पीपिका कुमारी की फॉर्म को देखकर सभी उनसे उम्मीदें कर रहे हैं कि पदक के लिए उनका निशाना सटीक हो सके। दिल्ली राष्ट्रमंडल खेलों में स्वर्ण और म्यांग्मर एशियाड में कांस्य पदक जीतने के बाद से दीपिका का करियर ग्राफ लगातार बढ़ता जा रहा है। इस भारतीय तोरखन में इस वर्ष मई माह में तुर्की के अंतल्या में हुई विश्व चैंपियनशिप में व्यक्तिगत स्पर्ध में स्वर्ण पदक जीतकर इतिहास रच दिया, इतना ही नहीं विश्व की नंबर एक महिला वीरद्वान भी बनो।

दिल्ली राष्ट्रमंडल खेलों में स्वर्ण पदक जीतकर इतिहास रचने वाली डिस्कस थ्रोअर एथलीट कृष्णा पूनिया लंदन में भारतीय एथलीट्स टीम की अग्रणी होंगी। मिल्खा सिंह ने भी कहा विश्व है कि लंदन में कृष्णा ही उनका पदक उम्मीद होंगी। दौड़ और पंचांग एशियाड में कांस्य पदक विजेता कृष्णा बीजिंग ओलंपिक में भी उतरी थी, लेकिन वहां किम्मत ने उनका साथ नहीं दिया और वह फाइनल में प्रवेश नहीं कर पाई। इस बार वह कोई गलती नहीं करना चाहें। इसलिए एक माह पूर्व ही लंदन पहुंच कड़े अभ्यास में जुटी हुई हैं।

पांच बार की विश्व चैंपियन मुक्केबाज स्मरनी मेरीकोम का एक ही सपना था कि वह ओलंपिक में भारत का प्रतिनिधित्व करें और लंदन में यह साकार होने का रास्ता लंदन में पहली बार महिला मुक्केबाजों किया गया है और मेरीकोम की उपस्थिति को देखते हुए पूरी उम्मीदें हैं कि वह पदक जीतने में कामयाब होंगी। क्वालीफाई करने के लिए उन्हें मान्य के पुराने रहना पड़े, लेकिन अब वह सारी बाधाएं पार कर अपने लक्ष्य की ओर अग्रसर हैं। दो जुड़वा बच्चों की मां मेरीकोम अपने बेटों के लिए ओलंपिक में पदक जीतना चाहती हैं।

ओलंपिक के लिए क्वालीफाई करने के साथ ही फलवान गीता सिंह ने इतिहास रच दिया था। वह ओलंपिक में उतरने वाली पहली भारतीय महिला फलवान हैं। राष्ट्रमंडल खेलों में स्वर्ण पदक जीत चुकी गीता लंदन के एक छोटे से गांव से हैं, लेकिन वह लंदन में प्रतिद्वंद्वी फलवानों के लिए कड़ी चुनौती पेश करेंगी। ओलंपिक पदक विजेता सुशील कुमार व अन्य साथी फलवान गीता के नुसारूपन से बहुत प्रभावित हैं और उन्हें उम्मीद है कि वह लड़कनी मैट पर अपनी प्रतिद्वंद्वी को झूल चटा देंगी।

Rajasthan Patrika, July 17, 2012, P.14

# Pesky callers a nightmare

More and more women are being subjected to phone harassment in the cities

Shailaja Tripathi

If mobile phones on one hand have offered solutions, resolved issues and made our lives simpler, they have also, on the other hand, added to our woes. Women, in a society like ours, stand to be more vulnerable in this regard. People are being harassed by callers.

Perhaps citing the example of 25-year-old banker Uttara Dubey (name changed) can explain it better. For a whole month, she was subjected to mental harassment by a man who just wouldn't stop calling her. "He would call at any time of the day and say obscene things. The problem is that women usually don't react instantly. That's what I did, thinking he would stop. I simply scolded him but, no, he misunderstood me and started bothering me even more. That's when I told my parents and my father took him to task; and he eventually stopped," says Uttara. But throughout, she didn't report it to Delhi Police's anti-obscene and anti-stalking cell launched in 2010, under the Crime Branch, because she "didn't

want to unnecessarily blow it out of proportion."

But not every woman chooses to tolerate things like Uttara did. According to Joy Tjrkey, Additional DCP (Crime Branch), while the cell registered 20,014 complaints last year, this year by June itself, the department has handled 10,512 complaints. It's difficult to get through to the two helpline numbers 1096 and 27894455 because they are perpetually busy. "It has become difficult to handle so many calls. Not even for a minute can we keep the receiver down," says a lady inspector who is part of the cell. Thus, two more lines will be operational to handle the non-stop calls. It doesn't take much to realise that the phenomenon of obscene

calls or harassment over the phone has been steadily increasing.

As a first step, obscene SMSes and the errant number is forwarded to the cell's helpline. Additional CP (Crime), Ashok Chand says, "Most of these are cases of random dialling. We recently came across a case where a guy just started dialling randomly and the call got connected to a girl in Chennai. And then he started to trouble her. Initially, we simply admonish them, but there are people who don't stop even then. And that's when we take serious action. We have made some arrests as well. Recently we arrested a 42-year-old man who was harassing not just one but many women."

A serious hitch is the

reluctance on the part of women to take the matter forward, and formally register a complaint. "They just forward us the number and want us to scold the caller verbally and not take it forward because that also means revealing your identity," reveals the women helpline operator.

But do most of these men know that even calling up somebody over and over again against that person's wishes sending blank or obscene text messages amounts to a crime? "Yes, most of these men know that, but even then they do it. Women should just come forward and report these incidents. And even if they can't reach us on these numbers, they can simply walk into our office. We are quite accessible," says Mr Chand.



**RANDOM DIALLING:** Men know it's a crime, yet do it.

The Hindu, July 16, 2012, P.12



## Growing boys into men

Aarti Dhar

Sensitising young boys and their sports coaches to gender issues can go a long way in changing gender stereotypes, and addressing gender-based violence in our society. This fact was revealed in an evaluation study undertaken by International Centre for Research on Women (ICRW), a three-year programme that finished this year. It leveraged the critical role of cricket coaches as role models in the lives of young athletes aged between 10 and 16 years.

The evaluation study *Engaging Coaches and Athletes in Fostering Gender Equity* of ICRW which was released recently

attempted to answer three critical questions— a) what changes occurred in gender and violence-related attitudes, perceptions and behaviours among the Parivartan athletes?, b) What effect

did participation in training and the overall programme have on the coaches?, and c) What changes did the wives, mothers or daughters of the coaches and mentors perceive as a result of the men's participation?

Findings from the study have been very encouraging—they have demonstrated a distinct positive shift in the attitudes of athletes as well as coaches and mentors towards gender equity and violence against women. Alongside the change in attitudes, there is a

Results of a three-year programme with coaches and athletes to foster gender equity demonstrate a positive shift in attitudes

promising indication of behavioural change as well, however to sustain and amplify the translation of attitudinal change into behavioural change, a sustained long-term investment in the Parivartan programme is an imperative.



**A NEW GOAL:** Towards behavioural change.

PHOTO: T. VIJAYA KUMAR

Domestic Violence resulting from participating in or watching sports is often linked to frustrations over the game's outcome, excessive alcohol consumption and a day of uber masculinity (as opposed to hyper masculinity). In other words, too much emphasis on winning rather than enjoying the spirit of the game leads to aggressive behaviour both in players and spectators.

This is prevalent across all developed and developing

countries. For example, in a study in the USA, a link was found between the Super Bowl (the highest level of professional American football) and domestic violence, resulting in an average of 244 additional cases of domestic violence across the 15 cities studied. Sporting events such as the Super Bowl perpetuate and embody a culture that willingly sanctions and accepts various forms of violence directed at women.

The study sample consisted of 168 athletes in 26 schools of Mumbai who were exposed to the programme, and 141 athletes from 19 deferred intervention schools, where the programme was introduced later, to provide a comparison to gauge the effectiveness of the intervention conclusively. Similarly 168 athletes were exposed to the programme from Shivajinagar, while 133 athletes were exposed at the end from Chetitha camp at the community level.

The findings were organised around the attitudes towards gender stereotypes, roles and behaviours, attitudes towards violence against girls, intentions to intervene in response to hypothetical scenarios of abuse against girls, actual bystander intervention behaviours in response to witnessing the abuse of girls, violence perpetration and acceptability of the programme and self-reported behaviour change

The school and community athletes participating in the programme demonstrated a greater positive shift in gender attitudes compared to non-participants. Agreement with most of the norms relating to manhood and masculinity declined among the exposed group over the period, which is a positive indication. In terms of the norms, which focused on attitudes about the role of women and girls, there was an overall positive improvement. However, for the norms around boys' control of girls' behaviour, there was less improvement among the Parivartan athletes compared to the other two domains discussed above.

The community athletes became significantly less supportive of physical abuse of girls; however there was not a corresponding level of change among the school athletes.

There was also a greater positive shift among school and community programme

participants compared to school participants in their intentions to intervene in response to hypothetical scenarios of abuse against girls.

Despite improvements in behavioural intentions to intervene, there were no significant changes in the Parivartan athletes' bystander intervention behaviours. Peer violence showed some decline but still remained high among both the school and community athletes.

The school coaches and community mentors demonstrated increased support for more equitable gender roles and relationships. The school coaches and mentors became less likely to justify men's control over their wife's behaviour. The school coaches and mentors increased their understanding of women's and girls' perspectives around sexual violence. This transformation in their attitudes has been captured through in-depth interviews.

The Hindu, July 10, 2012, P.4

# Village backs ban on cellphones for girls

Nandita Sengupta / TNN

**Aasra:** Six couples in love ran away at a go from this village of over 30,000 a year ago and married in court. Aasra was shocked. That wasn't the last straw. But when one of them returned to live here, the stink got unbearable. Village elders had to restore order. They issued a firman: No mobile phones for women below 40. They wouldn't go to the market

► **FULL COVERAGE, P 15**

unescorted. Boys were banned from playing songs on their mobile phones in the streets.

Not just men, Aasra's women were equally outraged when the couple returned. "How can a brother marry his



"Why do you need a mobile? You get all sorts of calls," says Asma

sister and return to live here." 20-yr-old Asma asks. She has just started Fiza Public School with her dad's help.

Aasra is just under 100 km from Delhi, but it still lives in a time long gone.

► **Continued from P1**

Aasra is just under 100 km from Delhi, but it still lives in a time long gone. Most houses look similar. The usual portico where the men lounge. Cattle in the yard (and cars) and then the living quarters from where women seldom step out.

Two things had to be stopped. First, the weekly bazaar of spices and vegetables, says 20-year-old tailor Md Arif. It had become a rendezvous for young couples. Second, boys had to be stopped from taking pictures of girls. "It's abuse of the mobile phone. It's not right, is it, for brothers to take photos of their sisters and show them to their friends?" says Shah Rukh.

Baraut, 20 km towards Delhi, is the nearest town where mobile phones are sold. Aasra is not rich enough to afford mobiles for every person anyway, says Shah Rukh, but a titter goes up. "Chinese mobiles are all over," says a teenager who is quickly hushed.

Voice after voice rallies around the diktat. Mobiles keep you connected, develop relationships. For the village that wears its 'educated' status on its sleeves, boy falling in love with girl is just not on. They impress upon you it's an educated village. Names roll off of persons in government 'positions' and the police, even a judge. Every child goes to one of three primary schools and most girls study

till Class X, some till Class XII. The married ones join anganwadis, work for monthly polio drives, awareness drives and so on. Amid all this, there's also 30-year-old Md Parvez, who works in a Delhi carpenter shop and lives in Loni. He had come visiting. What does he think of the diktat? "I have to go for my prayers," he smiles as he fades into the mosque. His eyes wanting to talk.

The Times of India, July 14, 2012, P.1, Contd. on P.15



# लड़कियों ने पंचायत कर जींस-मोबाइल से की तौबा

जागरण संवाददाता, मुजफ्फरनगर

उत्तर प्रदेश में मंसूरपुर थानांतर्गत दूधाहेड़ी गांव में लड़कियों ने पंचायत कर आजीवन जींस न पहनने, नाखून न बढ़ाने और कक्षा 12 तक मोबाइल फोन का प्रयोग न करने की स्वैच्छा से शपथ ली। इन्होंने लड़कियों के खिलाफ फरमान जारी करने वाली पंचायतों को फैसले न थोपने की नसीहत भी दी। उल्लेखनीय है कि बागपत में हुई एक पंचायत में लड़कियों के बाजार जाने, उनके मोबाइल के इस्तेमाल करने पर प्रतिबंध लगाने और घर के बाहर सिर ढंकर चलने का फरमान जारी किया था। लड़कियों की पंचायत को इसी का जवाब माना जा रहा है।

लड़कियों की पंचायत भारतीय किसान यूनियन महिला विंग की मंडल अध्यक्ष सोहनवीरी के आवास पर हुई। जिसमें दूधाहेड़ी, मंसूरपुर व मोहकपुर आदि गांवों की उच्च शिक्षा प्राप्त कर रही लड़कियां शामिल हुईं। बीएससी प्रथम वर्ष की छात्रा दीपि राणा ने कहा कि पंचायतों को उनके ऊपर किसी



मुजफ्फरनगर के दूधाहेड़ी गांव में आयोजित लड़कियों की पंचायत।

तह के फरमान थोपने की जरूरत नहीं है। उन्हें पता है कि उनके संस्कार व परंपराएं क्या हैं। इसीलिए वे स्वयं पंचायत बुलाकर ये घोषणाएं कर रही हैं। उच्च शिक्षा के दौरान भी मोबाइल उन परिस्थितियों में इस्तेमाल होगा जब कोई छात्रा घर से दूर पढ़ाई कर रही होगी।

बीए प्रथम वर्ष की छात्रा निशी ने कहा, लड़कियां नाखून बढ़ाने व बाल कटाने से भी परहेज रखें। बीएड की छात्रा कुमुद व बीए की सोनिया ने कहा, जींस खरब पहनावा है, इसके साथ दुपट्टे का भी मेल नहीं है और मोबाइल भी युवतियों के लिए अभिशाप साबित हो रहा है। बीएससी प्रथम वर्ष की शिवानी, बीएससी बायोटेक की छात्रा आयुषी, बीए तृतीय वर्ष की रेनु, बीए द्वितीय वर्ष की सपना आदि 50 से ज्यादा लड़कियों ने पंचायत में हिस्सा लिया। पंचायत में यह भी फैसला लिया गया कि ये अन्य गांवों में भी ऐसी पंचायत करेंगी और लड़कियों को उक्त फैसलों के लिए राजी करेंगी। अगली पंचायत नीवा गांव में होगी। भक्तियू नेत्री सोहनवीरी ने फैसलों के लिए लड़कियों को धन्यवाद दिया।

Dainik Jagran, July 17, 2012, P.1

हो बदलाव } चोरी, लूट आदि की सूचना देने को बाध्य हैं कर्मचारी तो भ्रूण हत्या, बाल विवाह की क्यों नहीं...

# क्या... ये नहीं हैं गंभीर अपराध?

टैलेन्ट अवगणन, जयपुर

jaipur@patrika.com

कन्या भ्रूण-हत्या, बाल विवाह और दहेज प्रताड़ना जैसी घटनाओं के बारे में पुलिस-प्रशासन को सूचना देना गांव-बाणी में तैनात सरकारी कर्मचारियों के दायित्व में शामिल हो सकता है, लेकिन राज्य सरकार एण्ड प्रक्रिया संहिता (सीआरपीसी) के तहत इसका आदेश जारी करने की ज़हमत नहीं उठाना चाह रही।

अभिनेता आमिर खान के अपराह पर सरकार ने कन्या भ्रूण-हत्या मामले की सनवाई के लिए फास्ट



सीआरपीसी की धारा-40 के तहत सरकारी कर्मचारियों और नागरिकों के दायित्व में शामिल किया जाया कि ऐसे अपराध के बारे में वे पुलिस को सूचना दें। ऐसे अपराध हर घटने हो रहे हैं। इनके बारे में या तो कर्मचारी को घट होना है या धर्मसे को। इसका सुझाव, अधिकांश, कानूनन हलकों

कर्मचारी परिस्थिति में इन अपराधों का तब तक उपाय ले जोड़ना चाहिए। इनमें गैर-सरकारी अपराध में शामिल करना हो तो घटने में संलग्न होना चाहिए।

जैसे एस. खेटा, राज्य के पूर्व शिक्षा सचिव

साजिश, सविध हत्या में मौत से जुड़ी सूचना देनी ही होती है, लेकिन भ्रूण-हत्या, बाल विवाह, दहेज प्रताड़ना या घरेलू हिंसा जैसी घटनाओं के बारे में शिकायत करना उनके दायित्व में शामिल नहीं है।

यह करना होगा सरकार को: राज्य सरकार भ्रूण हत्या, बाल विवाह, दहेज प्रताड़ना और घरेलू हिंसा की घटनाओं के बारे में सीआरपीसी की धारा-40 में यह उल्लेख करे कि इनके बारे में सूचना देना सरकारी कर्मचारियों और नागरिकों का दायित्व होगा।

ट्रेक अवलतें शुरू करने में फूली दिखाई, लेकिन ऐसे अपराधों के बारे में सूचना तंत्र मजबूत करने के

मामले में मुस्त है। सीआरपीसी की धारा-40 के तहत सरकारी कर्मचारी और गांव के लोग पुलिस-प्रशासन को गंभीर अपराधों की सूचना देने को बाध्य है। इसके तहत उन्हें चोरी, लूट, अपहरण, खतनाक

Rajasthan Patrika, July 26, 2012, P.9



## ‘परित्यक्त महिलाएं और बच्चे भरण-पोषण के हकदार’

गोहाना, 23 जुलाई (निस)। परित्यक्त महिलाएं और उनके बच्चे भरण-पोषण के कानूनी हकदार हैं। सोमवार को यह जानकारी रुखी गांव के राजकीय वरिष्ठ माध्यमिक विद्यालय में आयोजित संगोष्ठी में दी गई। कानूनी साक्षरता प्रकोष्ठ द्वारा करवाई गई इस संगोष्ठी की अध्यक्षता प्रिंसीपल पूनम सिंह ने की, विशिष्ट वक्ता स्टेट अवाार्डी के.सी. शर्मा थे। के.सी. शर्मा ने कहा कि परित्यक्त महिलाएं और उनके बच्चे, जहां कहीं भी वे वास करने के इच्छुक हों, वहां रोटी, कपड़ा और मकान के साथ भरण-पोषण की राशि पिता की सम्पदा में से हासिल कर सकते हैं। वह व्यक्ति उन्हें अदालत द्वारा निश्चित राशि देने के लिए बाध्य है।

Dainik Tribune, July 24, 2012, P.2

## महिलाओं को सुविधा देने में कंजूस है नगर निगम

दिल्ली में एक फीसदी महिला पार्क भी नहीं

विजोद डबास

नई दिल्ली। राजधानी में महिलाओं को राजनीति में भरपूर हिस्सेदारी मिल रही है रही। एमसीडी में महिलाओं के लिए पहले 33 फीसदी और अब 50 फीसदी वार्ड आरक्षित हो चुके हैं, मगर महिलाओं को सुविधा देने में किसी का कोई ध्यान नहीं है। तीनों एमसीडी के 13 हजार से अधिक पार्कों में महिला पार्कों की संख्या एक फीसदी भी नहीं है।

तीनों एमसीडी ने अपने पार्कों की संख्या और उनके स्वरूप का ब्योरा पेश किया है। उत्तरी एमसीडी के पास करीब 5200 पार्क हैं और दक्षिणी एमसीडी में 6300 पार्क बताए गए हैं। इसी तरह पूर्वी एमसीडी में करीब 2000 पार्क हैं। इनमें महिलाओं के लिए मात्र 15 पार्क हैं।

एक एमसीडी के जमाने में हर वार्ड में एक पार्क बनाने का फैसला लिया गया था। पार्क बनाने के लिए बजट में भी प्रावधान किया जाता रहा, मगर पार्क बनाने की हरफ काई ध्यान नहीं दिया गया। उद्यान विभाग के एक उच्च अधिकारी ने

हर साल महिला पार्क बनाने के लिए बजट का होता है प्रावधान

महिला पार्क नहीं बनाने के पीछे कई तर्क दिए। वे कहते हैं कि महिला पार्कों में अत्याधुनिक तत्वों का बोलबाला रहता है। इस कारण उनमें महिलाएं जाने से रुचि नहीं लेती। ज्यादातर महिलाएं परिवार के साथ अन्य पार्कों में घूमने के लिए जाती हैं।

इस तरह वे महिला पार्क में नहीं जाती। मगर भाजपा पार्षद शोभा विजेंद्र का मत अधिकारी तर्क के उलट है। उनका कहना है कि महिला पार्कों की आज के दौर में बहुत जरूरत है, क्योंकि सामान्य पार्कों में महिलाएं व्यायाम और योग नहीं कर सकतीं। उन्होंने कहा कि वह अन्य महिला पार्कों के साथ मिलकर महिला पार्क बनवाने के लिए मुहिम चलाएंगी। उधर, उत्तरी एमसीडी स्थाई समिति अध्यक्ष योगेंद्र चंदोलिया ने भी ऐसे पार्क बनाने की योजना आगे बढ़ाने पर जोर दिया।

Amar Ujala, July 24, 2012, P.3

# Minister's advice to women: Don't dress provocatively

**GUWAHATI EFFECT?** MP minister says women's dress leading to 'deviation' in society

HT Correspondent

■ letters@hindustantimes.com

**INDORE:** After NCW chief Mamata Sharma, it was Madhya Pradesh industries minister Kailash Vijayvargiya on Saturday who said women should not dress "provocatively".

"Women should dress in such a way that they invoke respect in others. However, unfortunately women are dressing provocatively, which is leading to deviation in society," said the minister.

He went on to say, "Women's fashion, lifestyle and conduct should be in accordance with Indian culture."

Vijayvargiya made the comments in relation to the Guwahati molestation case where a group of men molested a girl at a busy road in the Christian Basti area on July 9.

This is not the first time that Vijayvargiya has made such comments. Over the last 10 years, he has opposed fashion shows saying organisers and models should come up with "decent displays."

As the president of the Indore Divisional Cricket Association, he has been opposing presence of cheerleaders on cricket grounds. In June 2009, he invit-

**Women should dress in such a way that they invoke respect in others... their fashion, lifestyle and conduct should be in accordance with Indian culture**

**KAILASH VIJAYVARGIYA**  
MP industries minister

ed tribal men and women from Jhabua and Alirajpur to dance at the inter-divisional cricket tournament held at the Holkar cricket stadium. However, the tribal cheerleaders have been missing from the tournament after 2009.

Vijayvargiya's statement on how women should dress is being seen as a tactic to kick up dust and divert attention from the serious corruption charges that he is facing. In the last five years, his name has surfaced in land scams and cases of money-laundering. A month ago, the Enforcement Directorate began investigation into Sugmidevi College land scam involving him and his close aide and BJP MLA Ramesh Mendola. He has also come under fire on his connections with builder Dilip Suryavanshi and mining baron Sudhir Sharma, who were raided by the IT department a month ago.

Hindustan Times, July 22, 2012, P.8



## CAMPAIGN

# Rooting for change

Women's rights  
groups ask for  
systemic  
changes in  
National  
Commission for  
Women

Bindu Shajan Perappadan

Women's Rights Group from across India have approached United Progressive Alliance chairperson Sonia Gandhi, on Monday, urging her to look into safeguarding the political autonomy of National Commission for Women (NCW) by replacing the current nomination system with a transparent, democratic and non-partisan selection process for members and chairperson of the Commission. The group also demanded that a comprehensive review of the



# & PUNISH THOSE BRUTES

**UPHOLD OUR WORLD:** Women protest against public molestation in Guwahati. PHOTO: K. MURALI KUMAR

performance of NCW be undertaken and that the current chairperson of the NCW be replaced immediately.

The group which submitted a petition signed by 92 organisations and 546 individuals, also sought urgent reform of law relating to sexual assault.

"The delegation presented two memorandums concerning the issue of violence against women in the country. The first memorandum was directed at the Criminal Law Amendment Bill which proposes amendments to the existing provisions on rape and sexual assault. We have demanded that the proposed amendment define rape as a gender specific crime in recognition of the fact that rape is primarily a crime perpetrated by men against women, and is accompanied by specific consequences for women. In light of this, they opposed transforming rape into a gender neutral offence," said Madhu Mehra

who was part of the delegation.

Women have also demanded that the government must consult with women's groups in order to address all the shortcomings of the law, so as to integrate all the concerns prior to presenting the Bill to the Parliament.

"We pressed for institutional reforms of the NCW, pointing out its consistent failures in upholding women's rights and responding to widespread and gross violations of women, as highlighted recently by the NCW's response to the Guwahati case," said another member of the delegation, advocate Vrinda Grover.

"Ms. Gandhi keenly heard all the issues and acknowledged the concerns. She assured us that she would look into the matter and ensured that women's groups will be consulted by the nodal Ministry to give their critical inputs into the Bill before it is finalised," added Ms. Grover.

The Hindu, July 24, 2012, P.6

## Pension for Women

# Destitute pension to cover women from all categories now

Aid for marriage of daughters of poor widows, destitute women also enhanced

Special Correspondent

**NEW DELHI:** The Delhi Cabinet on Monday decided to extend the benefit of enhanced pension of Rs.1,500 per month to all categories of women in distress — widows, divorced, abandoned and separated. The scheme was earlier limited to widows and distressed women belonging to the Scheduled Castes, Scheduled Tribes and minority communities only.

In another decision for the benefit of poor widows and orphaned girls, the Cabinet has decided to increase the amount paid under the scheme of "Financial Assistance for the Marriage of Daughters of Poor Widows and Orphan Girls" from Rs.25,000 to Rs.30,000. This scheme too will now be extended to widows of all communities.

Announcing these decisions after the Cabinet meeting, Chief Minister Sheila Dikshit said her government has been trying to enhance the quantum and coverage of its various welfare schemes with the aim of reaching the maximum number of needy and vulnerable women.

The Cabinet had earlier decided to enhance the monthly pension from

Rs.1,000 to 1,500 for beneficiaries from the Scheduled Castes, Scheduled Tribes and minority communities under the scheme of old age pension and pension for women in distress. But it was felt later that benefits granted to women of these communities should be extended to all such women,

irrespective of their caste and religion.

As for the decision to enhance financial assistance for widows belonging to Scheduled Castes, Scheduled Tribes and minority communities for performing the marriages of their daughters, Ms. Dikshit said this scheme will be extended to all cate-

gories of applicants under the scheme. About 2,500 people have applied for monetary benefit under the scheme.

The Delhi Government, she said, will spend around Rs.56 crore over and above the existing Rs.116 crore to foot the hike in monthly pension and for providing

the one-time financial assistance for the marriage of the daughters of widows.

While the Department of Women & Child Development was providing pension to about 89,000 women in distress, this figure is now expected to cross one lakh with the expansion of the scheme.

## Ownership rights approved for residents of jhuggi-jhompri resettlement colonies

Special Correspondent

**NEW DELHI:** In a major relief for residents of jhuggi-jhompri resettlement colonies who had been waiting for ownership rights for decades to become eligible to sell off their properties or raise loans on them, the Delhi Cabinet on Monday finally approved the grant of freehold and ownership rights to the allottees and occupants of 45 such colonies.

These colonies came up at various points of time, starting from the 1950s, as the Delhi Development

Authority and the Centre wanted to accommodate families who were dislocated due to the removal or demolition of jhuggi-jhompri clusters. As per the scheme, the families were allotted plots varying from 25 square yards to 80 square yards on licence basis.

Chief Minister Sheila Dikshit said her government decided to grant them freehold and ownership rights taking into account the difficulties faced by the owners or occupants of these tenements.

Ms. Dikshit said around 2.5 lakh plot holders would

benefit from the scheme. There are about seven lakh families or 30 lakh people who reside in the 45 resettlement colonies at present. The resettlement colonies that will benefit from the new ownership pattern are located in various parts of the city such as Srinivaspuri, Wazirpur, Satya Niketan, Janakpuri, Pankha Road and Madangir.

The Cabinet has also put its stamp of approval on the scheme of levying various charges for granting freehold rights to these colonies.

It has decided to levy five per cent of the circle rate on

original allottees or legal heirs of the allottees and 30 per cent of the circle rate on occupants of properties that were bought and sold before March 31, 2007. The charges will be higher in the case of properties sold after this date.

All other occupants, other than tenants, living in these properties till December 31, 2011, will be charged 100 per cent of the circle rate for freehold and ownership rights. The Government said a detailed notification in the matter will be issued by the Department of Urban Development.

The Hindu, July 17, 2012, P.2



## बिहार में विधवा व विकलांगों को अब तीन सौ रुपये

जगदण्ड ब्यूरो, पटना : बिहार सरकार ने विधवा व निशकता (विकलांग) पेंशन की राशि 200 रुपये से बढ़ाकर 300 रुपये मासिक करने का निर्णय लिया है। राज्य मंत्रिपरिषद ने इसकी स्वीकृति प्रदान कर दी है। इसी वर्ष से इस वृद्धि का फायदा मिलेगा। राज्यभर में इससे करीब दस लाख लोग लाभान्वित होंगे।

प्रधान सचिव मंत्रिमंडल (शुक्रवार) ने मंगलवार को बताया कि राज्य सरकार द्वारा लक्ष्मीबाई सामाजिक सुरक्षा पेंशन योजना के तहत चालू वित्तीय वर्ष में 216 करोड़ रुपये की स्वीकृति दी है। इस योजना के तहत 10 से 39 वर्ष आयु की बीपीएल परिवार या 60 हजार से कम सालाना आय वाली या 40 साल से अधिक की सालाना 60 हजार से कम आय वाली विधवा को 200 रुपये मासिक पेंशन राशि का भुगतान किया जाता है। अब यह राशि बढ़ाकर 300 रुपये मासिक करने का निर्णय किया गया है। चालीस प्रतिशत या इससे अधिक विकलांगता वाले किसी भी आय एवं आयु वर्ग के निशक व्यक्ति को 200 रुपये मासिक पेंशन राशि का भुगतान किया जाता है। इसे 300 रुपये मासिक कर दिया गया है।

Dainik Jagran, July 11, 2012, P.14

# Shelter for Women

## Shelters for mentally ill not before next year

Ambika Pandit | TNN

**New Delhi:** Forty-year-old Rekha was found in a tin shed in Karkardooma a year ago. Though the mentally ill woman is on the road to recovery at a shelter home, her family has abandoned her.

"Attempts to trace Rekha's family led to an address in Nagpur, and finally her brother called from the US to ask about her condition. Rekha's hopes rose after speaking to him, but finally all he sent was an email stating that he and his family had tried hard to support Rekha through her illness but she was unable to adjust with them, and now he was unwilling to take up her responsibility," said Smriti Vaid from St Stephen's Hospital, an NGO.

"While the government

has no facility of its own, it does not even attempt to support institutions that are trying to provide care," said Sreerupa Mitra Chaudhury from Sudinalaya.

**In another case, the St Stephen's rescue team found a seemingly disturbed woman walking on the road near Tis Hazari Metro station. Although her family was relieved to have her back, her mother worries she may disappear again**

rupa Mitra Chaudhury from Sudinalaya.

In another case on June 27, the St Stephen's rescue team

found a seemingly disturbed woman walking on the road near Tis Hazari Metro station. "Dressed in t-shirt and jeans, Meena had sore feet that suggested that she have been on the road a long time," said Sonu, a rescue team member. The 35-year-old's family was traced to Yamuna Vihar in northeast Delhi and it turned out that she had been missing since June 25. Her mother said they had complained to cops a day later.

Although Meena's family was relieved to have her back, her mother worries about her disappearing again. "I want her to be admitted to some institution so that she can be monitored during treatment. At home, often it is not possible to predict her mood. At times, she refuses to take medicine," Meena's husband died around six years ago and she has a 13-year-old daughter and a 10-year-old son.

Dr Amod Kumar from St Stephen's said Meena's case also highlights the need for care homes. Meanwhile, the Delhi government is now trying to get its plan to build five halfway homes for such patients off the ground.

Only after NGOs approached the Delhi high court a few years ago citing absence of facilities for the growing number of mentally ill people on the streets and drug addicts in need of long-term support did the state swing into action to set up these homes. A plan to build facilities in Dwarka, Narela and Rohini was thus conceptualized by the department of social welfare.

The proposal for these homes was recently cleared by the Expenditure Finance Committee, and the department of social welfare is preparing to award the work of construction to the public works department. However, the homes are unlikely to be ready till late next year, sources said.

(Names of the women have been changed)



**BACK AT HOME:** The 35-year-old woman, rescued on June 27, has been reunited with her family based in Yamuna Vihar

The Times of India, July 08, 2012, P.2



# SOCIAL WELFARE AND DEVELOPMENT

## Census

### शिक्षा बढ़ने से थमेगी जनसंख्या

[स्टेबलाइजेशन एंड वुमंस हेल्थ सम्मेलन में बोले चिकित्सा मंत्री]

जयपुर. प्रदेश में जनसंख्या स्थिरीकरण एवं महिला स्वास्थ्य कार्यक्रमों के प्रभावी क्रियान्वयन के लिए चार सौ अतिरिक्त प्रसव वाहन उपलब्ध कराए गए हैं। यह बात चिकित्सा मंत्री ए.ए.खान ने शनिवार को जवाहर सर्किल स्थित एक होटल में वर्ल्ड कोग्रेस ऑन पोपुलेशन स्टेबलाइजेशन एंड वुमंस हेल्थ के दो दिवसीय सम्मेलन के उद्घाटन सत्र को मुख्य अतिथि के रूप में संबोधित करते हुए कहा।

उन्होंने बताया कि प्रदेश में जनसंख्या वृद्धि की वार्षिक दर इस समय 1.96 प्रतिशत है, जबकि राष्ट्रीय स्तर पर 1.46 प्रतिशत है। इसे घटाने में रहते हुए प्रदेश में राजीव गांधी जनसंख्या मिशन गठित किया गया है। जिससे विभिन्न राजकीय विभागों एवं नागरिक समितियों के बीच प्रभावी समन्वय स्थापित कर जनसंख्या स्थिरीकरण गतिविधियां संचालित की जा रही हैं। चिकित्सा मंत्री ने केरल मॉडल का उदाहरण देते हुए कहा कि शिक्षा दर बढ़ने से जनसंख्या वृद्धि दर में उल्लेखनीय कमी आ सकती है। सम्मेलन में आए डॉक्टरों ने कहा कि यदि



सम्मेलन का उद्घाटन करते चिकित्सा मंत्री

महिलाएं प्रसव के बाद 6 महीने तक नवजात शिशुओं को स्तनपान कराती हैं तो वह प्रकृतिक गर्भ निरोधक की तरह काम करता है। डॉक्टरों ने सलाह दी कि अनचाहे गर्भ को समाप्त करने के लिए डॉक्टर की लिखी दवाइयों का ही उपयोग करना चाहिए। सम्मेलन में देश-विदेश के करीब पांच सौ प्रतिनिधि हिस्सा ले रहे हैं। इस अवसर पर आयोजन अध्यक्ष डॉ.पी.के.शाह, डॉ.राशि गुप्ता सहित आदि लोगों ने विचार व्यक्त किए।

Rajasthan Patrika, July 08, 2012, P.8

### 2011 Census reveals decline in Nagaland population

CORRESPONDENT

Census for 2011.

DIMAPUR, July 8 – The population matrix of Nagaland has come down from its earlier projected inhabitants numbering 19,90,036 as in 2001 to 19,80,502 as per the 2011 census.

This means there has been a decrease in absolute number by 9,434 person and a decadal change of 0.47%.

Urban population of Nagaland has, however, increased from 3,42,787 to 5,73,741. Percentage wise, it figures that the growth stands at 67.38 per cent. This is much higher than the growth at the national level of 31.80 per cent.

These data figure in the Provisional Population Totals Paper 2, Volume II of Nagaland

The books were formally released today by Chief Information Commissioner Lalthuma, Chief Secretary Lalthara, and Additional Chief Secretary & Development Commissioner Alemtemshii Jamir at Hotel Vivor in Kohima.

Nagaland Rural Population is on a downhill with a decline from the 2001 figures of 16,47,249 to 14,06,861 in the 2011 census. This means, as per percentage, the drop off stands at 14.59 per cent which is in contrast to the national rural population growth rate of 12.18 per cent. The total population has decreased in six districts, while there has been an increase in five districts.

Chief Secretary of Nagaland, Lalthara released the book of Housing Tables Census 2011.

Assam Tribune, July 09, 2012, P.7

# Employment/ Unemployment

## Higher the degree, less is the chance of getting a job, Labour Bureau Report Reveals India's Peculiarity

Rukmini Shrinivasan  
TIMES INSIGHT GROUP

New Delhi: India's official unemployment rate last year was 3.8%, data released recently by the Labour Bureau shows, but, as always, averages hide many stories. A closer look at the numbers shows that unemployment rises with education level to 10% among graduates, and higher still for backward castes.

The Chandigarh-based Labour Bureau under the Union ministry of labour and employment released

REVERSE SWING			
Educational unemployment rate			
Level	Urban	Rural	All
Illiterate	1.3	1.1	1.2
Primary	2.1	1.6	1.7
Secondary	4.4	5.8	5.4
HSc	7.3	7.8	7.3
Graduate	8.2	11.0	9.4
PG	7.7	13.9	10.0
All	5.1	3.5	3.8

Source: Labour Bureau; all figures in %

### ► Backward groups, P 14

the 'Employment and Unemployment Survey 2012' last week. The pan-India survey had a representative sample of 1.2 lakh households. According to the survey, India's official unemployment rate is 3.8%, with urban unemployment at 5.1% and rural at 3.5%. Unemployment is higher among women than among men; 6.7% for women as against 2.8% for men.

Calculations by TIG using the Labour Bureau numbers show that unemployment rises steadily with education level. While unemployment

among the illiterate is 1.2%, unemployment among graduates is 9.4% and among post-graduates it is 10%. In the United States and the United Kingdom, where recession has led to poor job growth, the unemployment rate for graduates is at a record high, but this is still under 5%, in comparison.

For urban India, graduate unemployment is 8.2% while unemployment among post-graduates is slightly lower, at 7.7%.

These findings are consistent with those of the National Sample Survey 2009-10

which show that the higher the level of education, the higher the open unemployment, says Santosh Mehrotra, economist and director-general of the Institute of Applied Manpower Research, an autonomous institution functioning under the Planning Commission.

"The illiterate are the poorest, and the poorest simply cannot afford to be unemployed, so they do some work, even if they are under-employed," says Mehrotra. "As a result, in poor economies like ours, you see very little open unemployment," he says.

## Backward groups have lower unemployment

► Continued from P1

### UNEMPLOYMENT, EDUCATION & CASTE

Educational Unemployment rate					
Level	SC	ST	OBC	General	All
Illiterate	1.1	1.2	1.2	1.2	1.2
Primary	1.4	1.3	1.8	2.0	1.7
Secondary	4.9	4.6	3.9	7.7	5.4
Higher secondary	8.4	7.5	7.1	7.5	7.3
Graduate	11.3	9.3	9.5	9.0	9.4
PG	12.7	2.5*	10.5	9.7	10.0
All	3.2	2.7	3.2	5.4	3.8

\*The number of ST post-graduates is very low so this number could be explained by sampling error

The correlation between low education and low unemployment also explains another finding of the Labour Bureau, that socially disadvantaged groups like SCs, STs and OBCs have lower unemployment than "others". At the aggregate level, unemployment among SCs is 3.2%, for STs it is 2.7% and for OBCs it is 3.2% compared to 5.4% for "others".

However this appears to be a result of lower education levels among backward groups, because at the higher end of the education spectrum there is higher unemployment among backward castes than for "others".

Among SCs, graduate unemployment is 11.3% and post-graduate unemployment 12.7%, while for "others" the corresponding figures are 9% and 9.7%. Unemployment among graduate and post-graduate STs and OBCs is also higher than for "others". Across social groups, graduate unemployment among women is above 25%.

Ram Mohan Kumar completed his BCom from a pri-

vate college in Noida in 2008. The son of a carpenter, he is the first in his family with a degree. "It was not possible for me to study after that because PG courses are too expensive. I looked for a job doing accounts or insurance work after graduating but I could not get anything. Now I do odd jobs for a living. I feel my degree is just wasted," he says.

Indu Rai, who like Kumar is dalit, completed her MA in Sociology from Damoh in Madhya Pradesh. "I thought I could get a teaching job but everyone asks for a BEd. I have five siblings to educate. How

can I do another degree now?" she asks over the phone.

Mehrotra says the higher levels of unemployment among graduate SCs points to discrimination in the labour market, an issue that economist and Indian Council of Social Science Research chairman Sukhdeo Thorat has written about. In a landmark study, Thorat and fellow researcher Paul Attewell answered job ads with fictional resumes. They found that applicants with a dalit surname were systematically less likely to be called for an interview than upper caste applicants.

The Times of India, July 18, 2012, P.1, Contd. on P.14



# Funds/Expenditures/Investments/Budget

## Trifurcation effect: No sports funds for municipal schools



■ To encourage sports, each of the three new corporations will have to come up with its own proposal. HT FILE PHOTO

Hamari Jamatia

hamari.jamatia@hindustantimes.com

**NEW DELHI** Municipal school students who were dreaming of getting new sporting equipment this academic season are in for a disappointment.

In 2011, the united Municipal Corporation of Delhi (MCD) had announced a fund of ₹1 crore for promoting sports in schools by giving stipends to promising students. Officials on Monday, however, said the money had lapsed.

"A lot of projects have been discontinued after the trifurcation of MCD. This is one of them," said Mahender Nagpal, Leader of the House, North Corporation, who is also the former chairman of education committee, MCD.

Under the proposal, 10 students from each school who showed promise in a particular sport, were to be awarded with ₹1,000 per month so that she/he could purchase sports equip-

ment and other gear.

The MCD was also to give a stipend of ₹20,000, ₹15,000 and ₹10,000 to students who achieved first, second and third positions at national sub-junior competitions. The fund also included purchase of food supplements for students.

Nagpal said that fresh proposals would have to be brought in order to promote sports. "Right now, the priority is giving students uniforms," he said.

The 1,700 schools under the erstwhile MCD have been distributed between the three new corporations. To encourage sports, each corporation will now have to come up with a separate proposal.

According to councillors, considering the monetary constraints of the corporations, sports policies will encourage games that require minimum facilities. The list includes judo, karate, taekwondo, boxing, swimming, gymnastics and chess.

Hindustan Times, July 03, 2012, P.5

केरल, महाराष्ट्र, गुजरात जैसे विकसित राज्यों को पीछे छोड़ा

# पढ़ाई पर तीन गुना ज्यादा खर्च कर रहे उत्तराखंड और हिमाचल प्रदेश

■ रविंद्र बड़वाल, देहरादून

उत्तराखंड और हिमाचल प्रदेश प्रति बच्चे की पढ़ाई पर राष्ट्रीय औसत से तीन गुना से ज्यादा खर्च कर रहे हैं। उत्तराखंड में एक बच्चे की शिक्षा पर औसतन 16681 रुपये खर्च किया जा रहा है। शिक्षा का अधिकार कानून में पब्लिक स्कूलों में 25 फीसद सीटों पर वंचित वर्गों के बच्चों के दाखिले से सरकारी खजाने पर तकरीबन 41 करोड़ का खर्च बढ़ गया है। इसकी भरपाई के लिए राज्य ने केंद्र का दरवाजा खटखटाया है। यह मामला अब केंद्रीय मानव संसाधन विकास मंत्रालय के पाले में है।

देश में एक छात्र पर औसतन 5207 रुपये सालाना खर्च हो रहे हैं, जबकि उत्तराखंड में यह राशि 16681 रुपये है। यह खर्च अन्य राज्यों में सबसे ज्यादा है। हिमाचल में भी यह राशि 16 हजार से ज्यादा है, लेकिन उत्तराखंड की तुलना में कुछ कम है। उत्तराखंड के 80 फीसद से ज्यादा पर्वतीय क्षेत्र में जनसंख्या घनत्व कम है। ऐसे में स्कूल खोलने और प्राइमरी स्तर पर न्यूनतम दो और अपर प्राइमरी में न्यूनतम तीन

- दोनों राज्यों में प्रति छात्र सालाना 16 हजार से ज्यादा खर्च
- केंद्र से लगाई शिक्षा के मद में ज्यादा फंड देने की गुहार

शिक्षकों की तैनाती के मानक के मुताबिक सरकारी शिक्षा पर खर्च का बोझ बढ़ा है। अपर प्राइमरी स्तर पर व्यायाम, संगीत और कला के लिए पार्टटाइम शिक्षक रखे जाने हैं। इससे खर्च कम होने के बजाए बढ़ना तय है।

खर्च की रफ्तार तेज होने से पहले से चिंतित राज्य अब पब्लिक स्कूलों में वंचित वर्गों के बच्चों के दाखिले के बोझ से हलकान हैं। शिक्षा का अधिकार कानून के तहत निजी पब्लिक स्कूलों में 25 फीसद सीटों पर वंचित वर्गों के बच्चों को दाखिला दिलाने से सूबे के सरकारी खजाने पर बोझ बढ़ गया है। उत्तराखंड ने इस मद में तकरीबन 41 करोड़ की धनराशि केंद्र से मांगी है। अन्य राज्यों ने भी इस कानून के तहत आने

वाले खर्च को वहन करने की मांग केंद्र से की है। केंद्रीय योजना आयोग ने राज्यों के तर्क पर गौर तो फरमाया, लेकिन सभी राज्यों से जुड़े होने के कारण यह मामला अब केंद्रीय मानव संसाधन विकास मंत्रालय के पाले में है।

## 1.60 लाख तक पहुंच जाएगी छात्रों की संख्या

उत्तराखंड में मौजूदा निजी पब्लिक स्कूलों में 25 फीसद सीटों के मुताबिक तकरीबन 22 हजार सीट वंचित वर्ग के बच्चों के लिए हैं। बीते वर्ष तकरीबन 15 हजार बच्चों के दाखिले इसके तहत हुए। इस वर्ष यह प्रक्रिया अब भी जारी है। 30 सितंबर तक बच्चे दाखिला ले सकते हैं। 2011-12 और 2012-13 के लिए इस मद में राज्य ने 40.74 करोड़ खर्च का आकलन किया है। केंद्र से यह खर्चा वहन करने का प्रस्ताव भेजा गया है। आगामी वर्षों में आर्टईई के तय मानकों के मुताबिक दाखिले हुए तो कक्षा एक से आठवीं तक के छात्रों की संख्या बढ़कर तकरीबन 1.60 लाख तक पहुंचना तय है।

Dainik Jagran, July 08, 2012, P.5

## POLICY



**THE TWOSOME:** Financial and health security go together.

Bindu Shajan Perappadan

Indian microfinance institutions (MFI) currently serve 71 million rural poor. Pairing financial services with access to life saving health interventions such as health financing, telemedicine and other innovations has tremendous potential. But it requires further commitment and resources to reach scale. An international development organisation, Freedom from Hunger notes in a report on Integrated Health and Microfinance in India:

Harnessing the strengths of two sectors to improve health and alleviate poverty'. The report was recently released along with the Microcredit Summit Campaign and the Indian Institute of Public Health, Gandhinagar.

The report demonstrates how microfinance can be further leveraged to provide a powerful tool to address one of India's persistent barriers to the economic advancement of the poor: ill health caused by lack of access to health services.

Surveys of the sector in India conducted in 2009

## A two-pronged approach

Microfinance can be leveraged to address health care expenditure for the poor

show that of 134 MFI in India, approximately 25 per cent provides some type of health services to clients. The report also presents the findings from a more recent study of the same MFIs, outlining the range and frequency of different health needs being addressed and the type of interventions being made. The new data shows that, together, these MFIs are reaching some 3.8 million clients with health protection services, with the potential to reach many more.

"This is welcome news against the background of the last two years of political turmoil surrounding microfinance in India. The image of microfinance has suffered considerable damage and the sector has seen a profound political backlash, the result of over-indebtedness resulting from high-growth microfinance run amok," noted the report.

The report is part of an on-going health and microfinance alliance effort to promote dialogue and encourage further exploration of and support for multi-sectoral approaches that integrate microfinance and health. Research indicates that this low-cost, sustainable strategy shows tremendous potential for improving both the health and financial status of India's poor and marginalised population.

India's poor suffer a disproportion burden of health care expenditures. An estimated 35 million Indian's are growing more deeply impoverished each year because of out-of-pocket medical expenses. They are often just one illness away from losing everything and for microfinance clients' sickness is often the main reason underlying failure to repay loans and the collapse of promising micro-businesses.

The Hindu, July 19, 2012, P.4



# Investment Proposals of ₹30K Crore Put TN on Growth Trajectory

Express News Service

Chennai: The Tamil Nadu government has currently attracted 27 new major investment proposals with a cumulative investment of ₹30,000 crore, according to State Industries Minister B Thangamani.

Delivering a special address at the FICCI National Executive Meeting here on Monday, Thangamani said that the investment is in addition to the ones attracted recently where the State government signed Memoranda of Understanding (MoU) with five auto majors to bring in new investments to the tune of at least ₹5,700 crore.

He also said the State government will be soon announcing sectoral policies for thrust sectors which includes automobiles and auto components, biotechnology, and the aerospace industry. "These policies will make the State an ideal platform for manufacturing," Thanga-

mani said.

State Finance Minister O Panneerselvam, who was also present on the occasion, highlighted the need to improve the standing of the state on the investment climate sweepstakes. "The total investment to enable un-



**THIS IS IN ADDITION TO THE MOUs SIGNED WITH 5 AUTO MAJORS TO THE TUNE OF ₹5,700 CRORE**  
— **B Thangamani**, Minister of Industry

sal access to infrastructure services over the 11 year period is estimated at ₹15 lakh crore (approximately \$30 billion). More than two-thirds of financing has to come from private sector," he said. He said the State government will play the role

of a procurer of infrastructure services on behalf of people of the state and will facilitate private investment and service delivery in infrastructure sector.

He also urged FICCI to be a partner in realising Vision 2023 and help make Tamil Nadu a number one among Indian states.

FICCI president R V Kanna and vice-president Naina Lal Kohli viewed to partner with the State in helping realise its dream. Secretary General of FICCI, Biju Kumar, also delivered a presentation Empowering India - Redesigning G28 Relations Tamil Nadu.

The FICCI study stressed on the need for the state to focus on easing the process of doing business by adopting computerisation of its processes and making these available online. "Infrastructure facilities such as power, physical access and skilled manpower at reasonable prices will have to be improved," the study said.



## ENTERTAINMENT BUSINESS

■ (From left) Actor and FICCI Chairman (Media and Entertainment Industry) Kamal Hassan with State Finance Minister O Panneerselvam, FICCI President R V Kanna and Minister for Industries B Thangamani

■ Kamal, who is also the chairman of FICCI's Media Entertainment Business Council, acted as guest to the National Executive Committee Meeting held here on Monday by making an unexpected appearance at the event

■ At the meeting, Kamal Hassan made a fervent plea to Chief Minister Jayalitha to inaugurate the 'FICCI Frames 2012' that is to be held on September 27 and 28 this year to mark 100 years of Indian cinema

## ₹1,000 Cr from Japan for Urban Infra

by C Shivakumar

Chennai: In what could come as a shot in the arm in developing urban infrastructure in the state, the government of Japan has agreed to pump in ₹1,000 crore for implementation of development as well as medium term policy programmes of the Tamil Nadu government.

A top State finance ministry official told Express the investments would include road widening, small bridges, distribution lines, water supply and industrial parks, and will be concentrated in the Greater Chennai Metropolitan Area which includes surrounding peripheral areas, the sources added.

He said that Japan International Cooperation Agency, an independent government agency, has agreed to

provide ₹500 crore under Policy Implementation Component and another ₹500 crore under the Urban Infrastructure Investment Component.

"The terms have been agreed upon and the State is awaiting clearance from the Union government," the official said on the sidelines of FICCI's national executive committee meeting here on Monday.

Sources said Finance and Industries departments will implement this component. Progress of the policy actions carried out and the key outcome indicators identified for this component will be monitored and evaluated jointly by the finance department and JICA. The total amount under this component will be disbursed in two tranches.

The New Indian Express, July 10, 2012, P.2

# 3-fold hike in budget for children health plan

**12TH PLAN** Govt okays ₹1.2 lakh crore for the scheme, proposal to be sent to Cabinet

**Moushumi Das Gupta**

moushumi.gupta@hindustantimes.com

**NEW DELHI:** Facing flak for failing to check the prevalence of malnourishment among children in India, the Centre finally approved a nearly three-fold increase in budget to revamp the Integrated Child Development Scheme (ICDS).

The move comes after dilly dallying for about a year, for the crucial centrally sponsored program, which monitors health and nutrition of children in the 0-6 age group.

"The Centre's Expenditure Finance Committee cleared the scheme restructuring proposal. It has approved ₹1.2 lakh crore for the scheme during the 12th Plan (2012-17) period. It will now go to the Cabinet for clearance," said a source.

"In the 11th plan period, ₹44,400 crore was allocated for the scheme," said a source.

The move comes at a time when India's abysmal child health track record has come under severe criticism from all quarters. India continues to have one of the highest — 42% — of malnourished children in the 0-6 age group, in the world. Even Prime Minister Manmohan Singh, in January, described it as a "national shame."

Despite being launched in 1975, the scheme has not been affective. Poor infrastructure, lack of resources, overburdened staff, lax monitoring leading to pilferage and poor enforcement

## STATE OF A SCHEME

- Integrated Child Development Scheme badly managed ever since its inception in 1975
- Poor infrastructure, overburdened staff, lax monitoring leading to pilferage reduced its efficacy
- At present 74% of the 11 lakh functional centres run from buildings, either of its own or rented
- Of these only 57% have drinking water facilities, 46% have toilets and 25% have separate kitchen.

has reduced the efficacy of this child intervention program targeted at the 0-6 age group.

After deliberating for over a year, the women and child development ministry last year finalised the restructuring plan and sought ₹1.83 lakh crore for the scheme in the 12th plan.

As part of the revamping plan, the ministry has been directed to focus on 200 high burden districts — which have the highest prevalence of malnourished children — each year till 2017. Besides, the staff strength at child care centres (anganwadi's) will be increased.

The working time of these centres is also being increased from four to six hours. Special centres would be set up periodically to monitor growth of severely malnourished children.

Hindustan Times, July 25, 2012, P.15



# Goals of vision- 2023

The first edition of Vision 2023 was unveiled in May 2012 by Chief Minister J Jayalalithaa, with ₹15 lakh crore being allocated to take the State to 'numero uno' position.

## Some goals of Vision 2023

- ▶ Focus on sectors of energy, security, agriculture, infrastructure, inclusive growth, eradication of poverty and training
- ▶ Growth rate of 11 per cent per annum
- ▶ Increase per capita income in the State to ₹4.5 lakh
- ▶ Equip 20 million youth with skills in next 11 years
- ▶ Create 10 world class cities
- ▶ Provide 25 lakh affordable homes for poor
- ▶ Establish 10 or more top of the league institutions as 'Centres of Excellence' in various fields
- ▶ Provide piped and pressurised water to all citizens
- ▶ Ensure 100 per cent access to safe sanitation
- ▶ Build 20,000 MW of additional power generation capacity

New Indian Express, July 10, 2012, P.2

# Millennium Development Report

## Poor fear eviction without notice 23% poverty target unrealistic for '15

Koumeya Sinha | THE

**New Delhi:** Around two in five households in Kolkata don't have ownership or tenancy documents, while one in four live in the fear of being evicted without legal notice.

In Mumbai, 30% households don't have ownership or tenancy documents and one in five feel insecure against eviction, says the UN's Millennium Development Goals Report, 2012.

Released on Monday, the report says the most visible violation of housing rights faced by the urban poor today is the practice of eviction without due legal process.

Despite existence of ownership or tenancy documents among clear majorities in all the cities surveyed, insecurity regarding possible eviction was found to be high—ranging from 45% of inhabitants in Lagos to 20% in Sao Paulo.



In Mumbai, 30% home don't have ownership or tenancy documents and one in five feel insecure against eviction, says UN's Millennium Development Goals report.

In April, 2011, the UN-Habitat Governing Council adopted a resolution to put in place strategies and frameworks mainly around improved security of tenure. At the outset of MDG monitoring, security of tenure was selected as one of five indicators for assessing progress on the slum target.

The latest National Sample

Survey results for the period between July 2008 and June 2009 reveal about 49,000 slums existed in the urban areas of the country — both notified and non-notified. The corresponding numbers as per earlier surveys for 2002 and 1993 were about 52,000 and 56,000, respectively.

The ministry of statistics and programme implementation claims there has been a decline in the number of urban slums by about 13% in a period of about 15 years since 1993. The percentage share of notified and non-notified urban slums in India remains the same in 2008-09 as in 2002 at 50.6% and 49.4%, respectively.

According to the United Nations, slums are an urban phenomenon and by 2020, the target is to bring about significant improvement in the lives of at least 100 million slum-dwellers.

"Slums are an urban phe-

nomenon and they represent an imbalance between migration into cities and economic growth within the city itself. In India, slum data have been collected for the first time in Census 2001 for towns/cities having urban population of 50,000 or more. Around 640 towns spread over 26 states reported existence of slums," the report says. Around 42.6 million people consisting of 8.2 million households resided in slums of these towns in 2001. The estimated slum population for 1991 is 46.26 million whereas the estimated slum population for 2001 is 61.82 million showing a growth of 15.5%.

Armed conflict and violence also uprooted more than 4 million people in 2011, either inside or outside the borders of their nations. This is the highest number in many years.

Koumeya Sinha | THE

**New Delhi:** India's poverty rates fell from 51% to 37% between 1990 and 2008. But it will still not reach the required Poverty Headcount Ratio (percentage of population below the national poverty line) of 23.9% by 2015 to achieve the Millennium Development Goal (MDG).

### MILLENNIUM DEVELOPMENT REPORT

Now, the national HCR stands at 47.8%, and India will achieve poverty HCR level of 26.72% by 2015.

The Millennium Development Goals, 2012, report, released by the United Nations on Monday, says by 2015, 1 billion people will live across the globe on less than \$1.25 a day—a global extreme poverty rate of 15%.

Four out of every five persons living in extreme poverty will be found in sub-Saharan Africa and Southern Asia (of which India is the major country).



The UN report says 1 billion people will live across the globe on less than \$1.25 a day by 2015. Four out of every five persons living in extreme poverty will be found in sub-Saharan Africa and Southern Asia.

India will also fall to halve — between 1990 and 2015 — the proportion of people who suffer from hunger. Malnourishment of children is a significant indicator of food insecurity.

From estimated 52% in 1990, the proportion of underweight children below three years is required to be reduced to 28% by 2015, according to the MDG.

But the proportion of underweight children has declined from 43% to about 40% during 1998-99 to 2005-06. At this rate of decline, the propor-

tion of underweight children below three years is expected to come down to only about 33% by 2015.

Some of the large states have a prevalence of underweight children above the national level estimate like Madhya Pradesh (57.8%), Bihar (54.9%), Jharkhand (54.6%), Chhattisgarh (47.8%), Meghalaya (42.9%), Uttar Pradesh (41.6%) and Gujarat (41.1%).

Only six states — Maharashtra, Andhra Pradesh, Tamil Nadu, Delhi, Jammu & Kashmir and Punjab — are likely to

achieve their own MDG by 2015. Frederika Mejer, UN Resident Coordinator, said, "Hunger remains a global challenge. Around 650 million people live in hunger, 237 million in India—the disparity is greatest in southern Asia."

Jayati Ghosh, professor of economics at Jawaharlal Nehru University, said, "India has the largest hungry population and it's a cause of serious alarm. We have the largest population of children born underweight. We haven't made significant improvement in reducing hunger and provide food security to people. We are actually doing worse than before."

In the developing regions, the proportion of people living on less than \$1.25 a day fell from 47% in 1990 to 24% in 2008. In 2006, about 110 million fewer people than in 2005 lived in extreme poverty. The number fell from 2 billion in 1990 to less than 1.4 billion in 2008.

The Times of India, July 03, 2012, P.9

## Govt confident on MDG targets

TEENA THACKER  
NEW DELHI, JULY 9

Taking strong objections to the recent statement made by a senior representative of World Health Organisation (WHO) on the Millennium Development Goals (MDG) in India, the Government on Monday said that they are confident to reach the targets. Disturbed by the claim made by WHO official that India would not

be able to achieve the targets, the Union health ministry has also written to the WHO asking to issue a clarification in this regard. Dr Nats Menabde, WHO representative to India, had earlier said that India will miss 2015 MDG. Citing that India will miss the target of under five mortality rate and Maternal Mortality Rate (MMR), Dr Menabde had said that India will be able to achieve its unfinished

targets only after 2015. However, based on the trends, the health ministry on Monday said that they should be able to achieve the MDG target. Claiming that the remarks made by the senior WHO official "hypothetical," the health ministry in their strongly worded letter has asked Dr Menabde to issue a clarification in this regard. According to senior official in the health ministry,

in respect of under five mortality among children, the MDG target is to reduce it by two thirds between 1990 and 2015. "In case of India, it translates into a goal of reducing it from 115 per 1,000 live births in 1990 to 38 in 2015. The rate of decline should continue to improve further," said the letter. Further, as per the MDG targets, the MMR is to be reduced by three quarters between 1990 to 2015.

The Asian Age, July 10, 2012, P.4



# India may miss key targets in MDGs: report

**While the country has made progress in reducing poverty, it has lagged behind in improving sanitation**

BY MALIA POLITZER & KIRTHI V. RAO

NEW DELHI

India has made headway in reducing poverty and giving access to drinking water for much of its population, but has lagged behind in improving sanitation, food security, maternal mortality and gender equity standards, putting it at risk of missing key targets, said the *Millennium Development Goals Report 2012* released on Monday.

According to the report, which measures the world's progress towards the 2015 deadline for meeting the Millennium Development Goals (MDGs), three global targets have already been met.

For the first time since the World Bank began monitoring poverty, both the number of people living in extreme poverty and the poverty rate fell in every developing region, the report said. As of 2012, the proportion of urban residents liv-

ing in slums in the developing world has dropped to 33% from 39% in 2000, and the proportion of people without access to improved sources of drinking water fell between 1990 and 2010 to 11% from 24%.

India has made gains in poverty reduction, reduced the incidence of HIV, malaria and tuberculosis infections, and improved access to drinking water. Between 1990 and 2008, India's poverty rates fell from 51% to 37%, as measured against the \$1.25-per-day international poverty line. And, the proportion of households with access to improved water sources increased to 91.4% in 2008-2009 from 68.2% in 1992-93.

But gender equality and maternal mortality emerged as two millennium development goals (MDGs) that India is likely to miss. While the country has shown some improvement on the maternal mortality ratio, it is still far from slashing the rate by three quarters.

"In India, 153 women are still dying every day—that's one woman every 10 minutes," said Frederika Meijer, the United Nations Population Fund country representative, at the launch of the report in Delhi, adding that India could

improve its performance by increasing women's access to contraception and skilled birthing attendants.

While South Asia has nearly reached gender parity for the enrolment of children in primary school, with 98 girls enrolled for every 100 boys, the dropout rates among girls are among the highest in the world.

"The huge literacy and gender gap is most noticeable in southern Asia, where there are only 86 literate women per 100 men, and girls represent 55%

of out-of-school children," Meijer said. She also raised concern over the high incidence of rape, and other violence targeting Indian women.

In addition to poverty reduction, the United Nations had set specific targets under the first MDG framework to reduce hunger and income poverty, and to improve employment conditions.

With regard to the latter three, "South Asia is not only failing to meet targets, but we are doing worse," said Jawaha-

rial Nehru University economist Jayati Ghosh at the report's launch.

Of 850 million people without adequate nutrition, 237 million live in India—slightly more than one in four.

"This is a cause of serious concern—and the reason South Asia is doing worse is largely because India is doing worse," she said.

**Gender equality and maternal mortality emerged as two goals that India is likely to miss**

According to Ghosh, India has among the lowest per capita education and health spending in the world, "worse

than sub-saharan Africa".

Ghosh also criticized the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) for falling short. The programme "peaked in 2007-2008, but then spending is falling", she said. "It has significant potential, but hasn't been adequately exploited."

India also performed worst in the world in terms of improving access to basic sanitation. According to India's MDG country report released

last week, 49.2% of Indian households lack toilets of any kind. There is a sharp rural-urban divide with this amounting to 65.2% in villages and 11.3% in towns and cities in 2008-09. Schedule castes (SCs) and scheduled tribes (STs) appear to be worst off, with 76.3% SC and 75% ST households lacking toilets, according to the same report (2008-09 figures).

"Sanitation remains one of our worst and most important concerns due to the relationship it has to health, nutrition and many other issues," Ghosh said. "Without proper access to sanitation, the ability to get nutrition from the food you eat is also limited."

Whether countries improve in areas in which they fall short depends largely on the commitment of their governments in times of economic crisis, UN secretary-general Ban Ki-moon warned in a statement.

"The current economic crises besetting much of the developed world must not be allowed to decelerate or reverse the progress that has been made," he said. "Let us build on the successes we have achieved so far, and let us not relent until all the MDGs have been attained."

malia.p@livemint.com

H.T. Mint, July 03, 2012, P.5

# Population

## भारत की आबादी 1.20 अरब से अधिक : उपायुक्त

### विश्व जनसंख्या दिवस समारोह

भिवानी, 11 जुलाई (हप्र)। उपायुक्त अशोक कुमार मीणा ने कहा है कि जनसंख्या को आधार मानकर ही राष्ट्र की भावी योजनाओं एवं कार्यक्रमों को निर्धारित किया जाता है। उन्होंने कहा कि किसी भी राष्ट्र की प्रगति, समृद्धि एवं खुशहाली के लिए जनसंख्या को नियंत्रित होना जरूरी है।

उपायुक्त मीणा आज यहां चौ. बंसीलाल सामान्य अस्पताल में विश्व जनसंख्या दिवस के अवसर पर आयोजित समारोह को बतौर मुख्यातिथि संबोधित कर रहे थे। उन्होंने कहा कि हमारे देश की जनसंख्या विश्व की जनसंख्या का 17 प्रतिशत है। वर्ष 2001 की जनगणना में देश की आबादी एक अरब दो करोड़ 87 लाख थी जो 2011 की जनगणना में बढ़कर एक अरब 20 करोड़ से अधिक हो गई है। उन्होंने कहा कि राज्य सरकार द्वारा प्रदेश में जनसंख्या को नियंत्रित करने के लिए विभिन्न कार्यक्रमों को क्रियान्वित किया जा रहा है।



भिवानी के चौ. बंसीलाल सामान्य अस्पताल में विश्व जनसंख्या दिवस के अवसर पर आयोजित समारोह को संबोधित करते हुए उपायुक्त। - हप्र

उन्होंने कहा कि स्वास्थ्य विभाग द्वारा जनसंख्या को नियंत्रित करने के लिए परिवार कल्याण कार्यक्रम चलाया जा रहा है और इस कार्यक्रम के तहत नसबंदी करवाने वाले व्यक्तियों को 1100 रुपये की प्रोत्साहन राशि प्रदान की जाती है।

उन्होंने कहा कि स्वास्थ्य विभाग के कर्मचारियों को परिवार नियोजन के उपायों के बारे में लोगों को जागरूक करना चाहिए ताकि जनसंख्या को नियंत्रित किया जा सके। सिविल सर्जन डॉ. नरेन्द्र कुमार गोयल ने उपायुक्त का स्वागत करते हुए विभाग द्वारा क्रियान्वित योजनाओं एवं कार्यक्रमों के बारे में विस्तार से जानकारी दी। उन्होंने कहा कि जिला भर में स्थित सामान्य अस्पतालों, सामुदायिक स्वास्थ्य केंद्रों तथा प्राथमिक चिकित्सा केंद्रों में रोगियों को बेहतर चिकित्सा सुविधाएं मुहैया करवाने तथा परिवार कल्याण कार्यक्रम से जनमानस को जोड़ने के लिए हर संभव प्रयास किए जा रहे हैं।

Dainik Tribune, July 12, 2012, P.5

## 'Time for action on population stabilisation'

**NEW DELHI:** With India accounting for 1.21 billion people, a fervent call for taking concerted action to stabilise the country's population was made here on Wednesday on the occasion of World Population Day.

A conference on "Population Action: Towards a Better Tomorrow" was organised at Vigyan Bhavan where speakers mooted a variety of proposals to reposition family planning, especially in the

country's high-priority States, increasing participation in family planning programmes by politicians as well as Union and State Ministries, increasing visibility around population stabilisation and also generating greater public awareness about family planning.

According to U.N. projections, India is poised to overtake China as the most populous country on earth by the year 2030.

Planning Commission Member Syeda Hameed, who inaugurated the conference, emphasised the urgency to build up consensus around the need for population stabilisation to achieve the country's development goals.

The conference participants included policy-makers and senior government officials from various ministries, donors, media and representatives of organisations working in the area of making

family planning choices more available and accessible to the people. Issues related to global priorities and commitment to family planning, government policies for family welfare, inter-relationship between population and sustainable growth, improved and informed choices in family planning and the role of public-private partnership in population stabilisation was discussed at various sessions of the conference. - PTI

The Hindu, July 12, 2012, P.9



# TN Tops in Birth Control: Vijay

Express News Service

**Vellore:** Tamil Nadu has become the numero uno state in the country in terms of taking steps to control population, Health Minister, Dr V S Vijay, said here on Saturday. "It is evident from the fact that the Total Fertility Rate of the state stood at 1.7 per cent while the national average was 2.7 per cent," he said addressing a seminar to mark the World Population Day at Anna Kalaiarangam.

While the infant mortality rate in the country stood at 42 deaths per 1,000 births, it is 24 in Tamil Nadu. "We are working very hard to reduce the IMR to 15 in the next two to three years," he added. In addition, the maternal mortality ratio has come down in the state. Dr Vijay reasoned that family welfare measures initiated by the AIADMK government had helped in achieving this feat.

While the landmass of China was more in comparison to India, 16 percent of the world population

## 'STATE HAS LOWEST HOSPITALISATION COST'

Chennai: The direct cost per out-patient visit and hospitalisation is lower in Tamil Nadu than any other State, Girija Vaidyanthan, Principal Health Secretary, said here on Saturday addressing the TN Health Summit 2012, organised by the CII. However, treatment at private hospitals continue to be expensive, she said. Public-private partnership model and providing insurance cover and research support are areas that needed focus.

lived in India. The population density was more in India than anywhere else. In terms of population, Tamil Nadu stood seventh but in terms of controlling population the state stands first, the minister added.

He said that population was not just a family issue, but it also posed problems for governments. In order to build a healthy state, the Chief Minister Jayalalithaa has allocated ₹5,500 crore to the

health department, he pointed out. The Chief Minister had also extended marriage assistance for girls, especially the educated girls, and is motivating them to have smaller families. He appealed to people to adopt temporary or permanent birth control measures that are made available by the Health Department.

Describing the fear among men to undergo the No-Scalpel Vasectomy (NSV) as a myth, he urged them to go for the 10-minute painless procedure. The minister also read out a pledge that every citizen would help the country in reducing the population burden.

Backward Classes and Minorities Welfare Minister, Mohammed John, urged health officials to dispel fear among men about the NSV procedure.

Mayor P Karthiyayini and Vellore Government Medical College dean Dr Ravishankar also spoke on the occasion. Earlier, a rally was taken out from Voorhees College to Anna Kalaiarangam to create awareness.

The New Indian Express, July 15, 2012, P.4

# Population Growth Rate Jumps in TN

Express News Service

**Chennai:** Tamil Nadu's population growth rate had shown an unprecedented rise of 15.6 per cent in the 2011 census though the national growth rate continued to drop, the States's Directorate of Census Operations head S Gopalakrishnan said here on Friday.

Though the State's population growth rate had been on the decline from 1971, the last census (2011) revealed an unprecedented hike of 15.6 per cent, Gopalakrishnan noted, during a talk at the Madras Institute of Development Studies. "The increase in TN's population growth rate in the last decade could be due to an rise in

life expectancy and migration," he noted.

Population growth rates of both India and Tamil Nadu peaked in 1971. Since then, the national population growth rate has seen a continuous drop. Census

## INCREASE IN TN'S POPULATION GROWTH RATE COULD BE DUE TO A HIKE IN LIFE EXPECTANCY

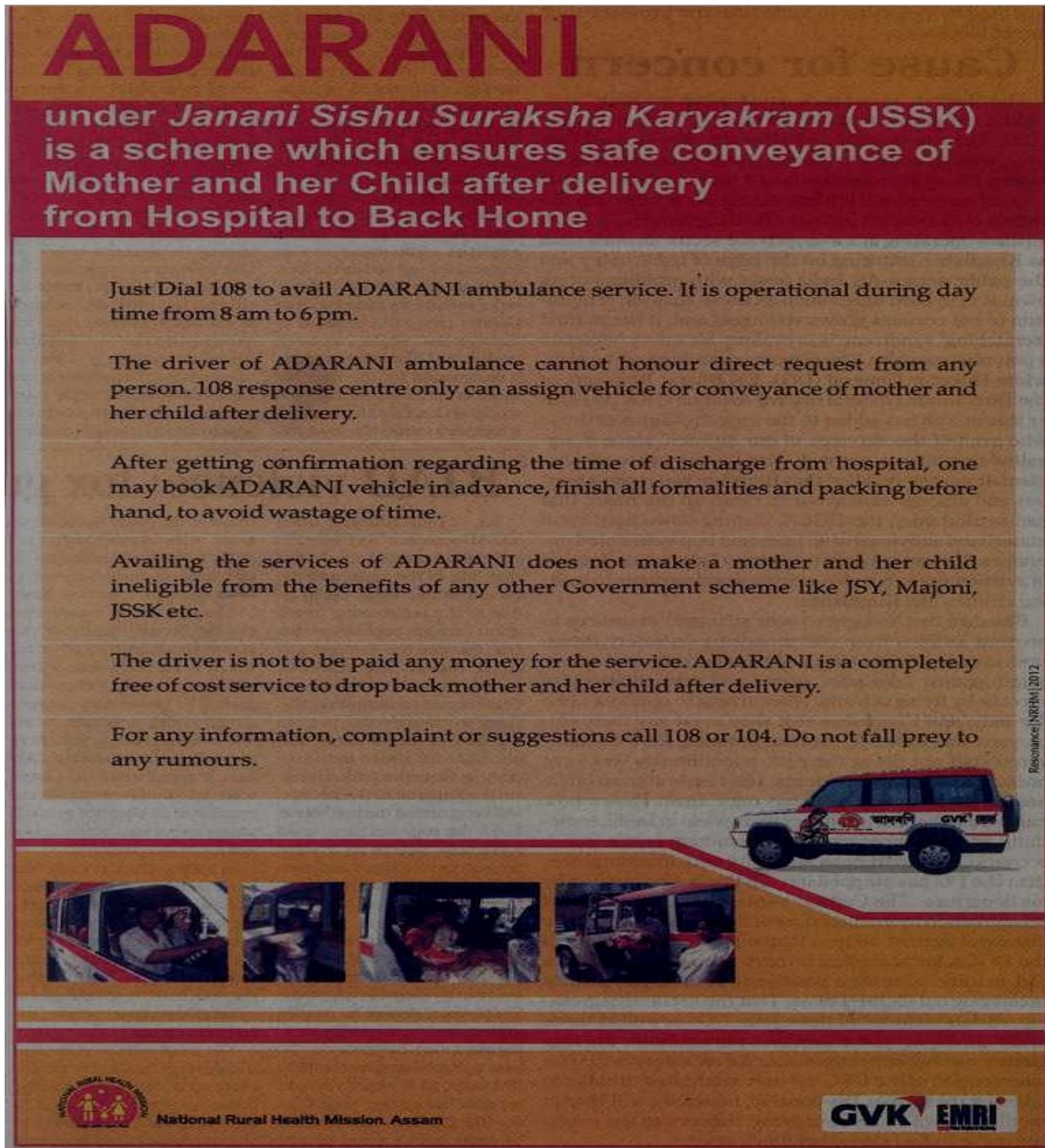
reports indicate a sharp fall in the country's population growth rate from 21.4 per cent in 2001 to 17.6 per cent in 2011.

In TN, the growth rate had been continuously decreasing till 2001. It has shown a reversing trend only in 2011.

The New Indian Express, July 21, 2012, P.2

# SCHEMES AND PROGRAMMES OF WOMEN AND CHILDREN

## Adarani Scheme



**ADARANI**

under *Janani Shishu Suraksha Karyakram (JSSK)* is a scheme which ensures safe conveyance of Mother and her Child after delivery from Hospital to Back Home

Just Dial 108 to avail ADARANI ambulance service. It is operational during day time from 8 am to 6 pm.



The driver of ADARANI ambulance cannot honour direct request from any person. 108 response centre only can assign vehicle for conveyance of mother and her child after delivery.


After getting confirmation regarding the time of discharge from hospital, one may book ADARANI vehicle in advance, finish all formalities and packing before hand, to avoid wastage of time.


Availing the services of ADARANI does not make a mother and her child ineligible from the benefits of any other Government scheme like JSY, Majoni, JSSK etc.

The driver is not to be paid any money for the service. ADARANI is a completely free of cost service to drop back mother and her child after delivery.

For any information, complaint or suggestions call 108 or 104. Do not fall prey to any rumours.



 National Rural Health Mission, Assam



Resource: NRHM, 2012

Assam Tribune, July 31, 2012, P.5



# Housing Scheme

## CM'S SCHEME MAKE THEM FEEL AT HOME

### Nod to multi-storey tenements, satellite township, interest waiver plans

Putting a roof over the head of every citizen in the State has been the Chief Minister's dream, and true to this, she has rolled out many housing schemes through the Housing Department as well as through other allied departments. On November 13 and 14, 2011, while addressing the first conference of the District Collectors, Chief Minister J Jayalalithaa had said, "My aim is to ensure that all needy families in the State are provided with houses. The aim may be of gigantic proportions and daring. Nevertheless, I am determined to see it through."

The Solar Power Green House Scheme is a milestone in the history of development initiatives to address shelter requirements of rural areas and the free housing scheme is the first of its kind to house the rural poor. The project will ensure that houses with an area of 900 sq ft with solar powered lighting will be constructed at a cost of ₹1.80 lakh each. Under the scheme, three lakh solar powered houses would be constructed during the period 2011-12 and 2015-16.

On September 8, 2011 the Chief Minister announced many housing projects to help the residents of Chennai to buy their own tenements at affordable prices. A Satellite Township at a cost of ₹2,160 crore near the city, construction of multi-storey tenements near Ashok Pillar, and Koyambedu and a 17-storey mega office complex at Nandanam at an estimated cost of ₹349 crore are some of the initiatives.

The Satellite Township will come up near Thirumazhisai on Chennai-Bangalore Highway by combining the villages of Chembarambakkam, Kathambakkam, Parvatharajapuram, Narsingapuram and Vellavedu and the 311.05 acres of land, which belongs to the Tamil Nadu Housing Board.

Making a suo motu statement in the State Assembly, the CM said the cost of multi-storey tenements in the metropolitan city have seen such a hike that it has become difficult for people belonging to poor and middle class section to buy a house of their own. Adding to the city's fast expansion and growth, the government will be implementing many schemes to ensure that all sections of society can put a roof above their heads.

The CM also issued a G.O. to announce the interest waiver scheme. The interest waiver was increased from 50 per cent to 75 per cent for Low Income Group (LIG), 25 per cent to 50 per cent for the Middle Income Group (MIG) and 10 per cent to 25 per cent for the High Income Group (HIG).

The CM also ensured that the penal interest will be waived completely, which will cost ₹390 crore to the Government as interest loss compensation and ₹545 crore to co-operatives due to the waiver of penal interest. It will be in force up to September 30, 2012. This will provide relief to 1.14 lakh beneficiaries and enable the collection of ₹665 crore

### TOWARDS A SLUM-FREE STATE

IN AN BID TO ENSURE THAT SLUM DWELLERS ARE HOUSED AND REHABILITATED WITH PROPER SANITATION, THE CHIEF MINISTER SANCTIONED ₹300 CRORE FOR THE CONSTRUCTION AND REPAIR OF 6,435 TENEMENTS. HERE'S A LOOK AT THE OTHER INITIATIVES OF THE TN SLUM CLEARANCE BOARD

■ Construction of 628 tenements at a cost of ₹36 crore for tsunami victims at Chennai North Nagar is nearing completion. Construction of 2,048 tenements at a cost of ₹1,08.11 crore at Okkiam Thuraiyarkam is under progress

■ Out of the ₹300 crore sanctioned for construction and repairing of 6,435 tenements, construction work of 1,821 tenements at a cost of ₹71.43 crore has commenced. A sum of ₹108.85 crore has been sanctioned for construction of 2,416 tenements

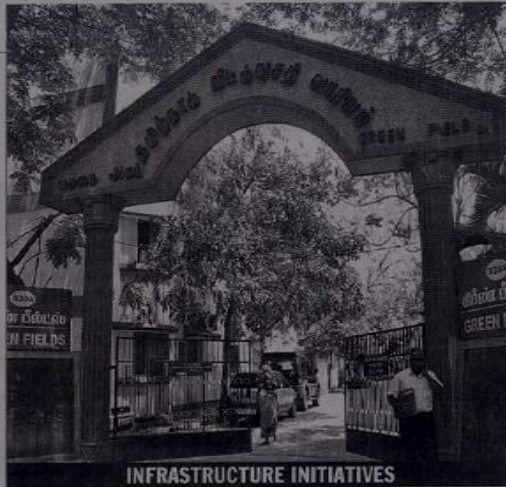
■ Construction of 12,000 tenements at South Chennai at a cost of ₹475.23 crore is nearing completion

■ 108 tenements have been built at a cost of ₹3.16 crore at Sullur (Coimbatore) and 400 tenements have been built at a cost of ₹10.50 crore at Verumalpalayam (Salem)

■ 2,567 tenements have been allotted for families living in Urban Slum areas. Sale deeds have been given for 2,201 housing units

■ 250 tenements under dilapidated condition were reconstructed at a cost of ₹9.02 crore

■ Administrative sanction has been issued for the construction of 917 storeyed office building at Nandanam



INFRASTRUCTURE INITIATIVES

■ ₹11.4 crore granted for six heritage towns viz., Velankanni, Villimalai, Thiruvavani, Tiruvannamalai, Thiruvankarai and Tharangampadi under Heritage Town Development Programme

■ ₹94.01 lakh granted to Gudiyatham, Kovilcottai, Rajapalayam, Pattukottai, Masurintagan, Poomangapuram, Arani and Namakkal municipalities under traffic improvement programme

■ A grant of ₹3.40 lakh for improvement of the existing parks in Sattur and Thiruvannur under park improvement programme

■ Promotion committee constituted for infrastructure projects approved six major infrastructure projects worth ₹507.35

■ Laying of water pipeline from Chembarambakkam to Poonamalle by-pass road at a cost of ₹40 crore

■ ₹33.62 crore have been allotted for the upgradation of Koyambedu wholesale market complex

■ Notification for the expansion of Kancheepuram Local Planning Authority area has been issued for preparation of Master Plan for the entire expanded area

■ Government issued orders for the conversion of single local planning area, into composite local planning areas in Kovilpatti, Rajapalayam, Gobichettipalayam and Dhanampuri

■ Preparation/ review of micro level plan has been taken up and 40 Detailed Development Plans have been completed

■ To facilitate better planning, orders have been issued for the extension of single local planning authority at Rajapalayam, Gobichettipalayam, Kovilpatti and

### SHELTER SOLUTION

THE CHIEF MINISTER HAS INTRODUCED SEVERAL HOUSING SCHEMES THROUGH THE TAMIL NADU HOUSING BOARD TO ENSURE THAT PEOPLE CAN BUY HOUSES AT AFFORDABLE RATES

■ Works are on to establish a satellite township at Tirumazhisai with 12,000 residential units at a cost of ₹2,160 crore

■ 654 multi-storey tenements would be constructed at a cost of ₹100 crore in an area of 3.73 acre near Ashok Pillar in Chennai to fulfil the housing needs of city residents

■ 120 tenements would be constructed in ASAD village at Koyambedu, in Chennai at a cost of ₹33 crore. Besides, a multi-storey commercial complex would be built at a cost of ₹1.18 crore in an area of 4.66 lakh sq ft

■ Administrative sanction issued for construction of 50 flats at Manchalpakkam at a cost of ₹11.80 crore

■ Administrative sanction issued for 16 schemes covering 1,843 units with an estimate of ₹336.45 crore

■ Reconstruction of 474 flats ordered after demolishing 119 tenements in 10 places at CIT Nagar, Nandanam at cost of ₹77.70 crore, under self financing scheme

■ Cost finalised for 4,519 residential units at Erode, Salem and Hosur; upset price has been fixed for 1,589 commercial sites

■ 69 commercial plots at a cost of ₹25.71 crore and 4,168 residential units at a cost of ₹528.29 crore have been sold out all over Tamil Nadu

■ 15,970 sale deeds have been issued to the eligible persons

■ 9.74 acres of the TNHB land costing ₹427.74 crore in 11 prime locations have been recovered from encroachers

■ Three per cent reservation for different disabled persons in TNHB allotments



The New Indian Express, July 10, 2012, P.6

# National Policy for children

## Ministry invites comments on draft policy for children

Bindu Shajan Perappadan

**NEW DELHI:** Nearly four decades after the government put in place the National Policy for Children - making the state responsible to provide basic services to children, both before and after birth and also during their growing years and different stages of the development - the Union Ministry for Women and Child Development (WCD) is now all set to "modernise and tailor - make it to match the changing requirements of the children of today."

The Ministry has put up the revised draft national policy for children on its website inviting comments from the general public.

"The Ministry understands new challenges have emerged which impact children's lives, health, security and development. Recognising the child as a person with inherent and inalienable rights which are interrelated and interdependent, made it necessary to update and expand the 1974 policy with the focus of child rights," said a senior official at the WCD Ministry.

"The revised policy aims to release the full range of child rights for all children in the country and reaffirm the Government's commitment

to keeping children as a supremely important asset," the official added.

The draft notes that the key priority areas include - survival, health, nutrition, development, education, protection and participation - as undeniable rights of every child.

### Review

"We have also proposed that a comprehensive review of this policy be taken up once in five years in consultation with all stakeholders, including children with the Ministry leading the review process. In an effort to bring in varied opinions, we have had five regional and one national consultation in the last two years and now the draft policy has been placed on the website for comments of the general public," said a WCD official.

"There is confusion about the age of who should be de-

scribed as 'children'. There is variation from 14-18 years about persons described as children and taking this as refugee many of those who commit crime against children escape punishment. We want the Government to give clear cut direction on the age of who will be described as children so that there is no confusion. Also we want the policy to touch upon the aspect of punishment in case the state is unable to deliver its duty," said Sanjay Gupta from non-government organisation Childhood Enhancement through Training and Action.

Also asking for more specific description about rights of children, social activist Bharti Ali said: "We need the draft policy to talk about well defined rights of children because it is this policy that will help form laws and finally protect the interest of the children."

The Hindu, July 25, 2012, P.3



# National Rural Health Mission (NRHM)

## राष्ट्रीय स्वास्थ्य बीमा योजना



श्री. शंकर शंकर दूत  
मुख्य मंत्री, हरियाणा





श्री. शिव राम लाल शर्मा  
उपमुख्यमंत्री, श्रम व रोजगार विभाग

➤ गरीबी रेखा से नीचे जीवन यापन करने वाले परिवार राष्ट्रीय बीमा योजना का लाभ उठाएँ।

➤ इस योजना का उद्देश्य बीपीएल परिवारों को स्वास्थ्य लाभ प्रदान करना है।

➤ इस योजना का लाभ उठाने के लिए 30 रुपये देकर स्मार्ट कार्ड बनवाना होगा।

### योजना के लाभ :

❖ इस योजना में प्रतिवर्ष परिवार के 5 सदस्यों को संयुक्त रूप से 30,000 रुपये तक का निःशुल्क इलाज मिलेगा।

❖ अस्पताल में इस योजना में कोई नकद भुगतान नहीं करना होगा। अस्पताल से छुट्टी के बाद 100 रुपये परिवहन खर्च दिया जाएगा। (वार्षिक 1000 रुपये तक)

❖ यह लाभ दारिद्र्य मरीजों को प्राप्त होगा। अधिकतम मामलों में पहले से मौजूदा शारीरिक बीमारियों में भी सुरक्षा लाभ मिलेगा।

❖ इस योजना का लाभ उठाने के लिए बीमा कंपनी द्वारा मान्यता प्राप्त अस्पतालों में कार्ड लेकर जाना होगा।

❖ लाभार्थी प्रतिवर्ष 30 रुपये देकर कार्ड का नवीनीकरण करवा कर 30,000 रुपये सालाना तक की स्वास्थ्य सेवाओं का लाभ उठा सकता है।

❖ सुरक्षित प्रसव को प्रोत्साहन देने के लिए मातृत्व लाभ को इस योजना में शामिल किया है। वीमित माता से जन्में नवजात शिशु को जन्म से बीमा पॉलिसी की अवधि तक स्वतः बीमा सुरक्षा उपलब्ध है, चाहे कुल सदस्यों की संख्या 5 से अधिक हो जाए।

❖ नोट : यदि कार्ड में किसी सदस्य का नाम जोड़ना या हटाना हो या दो स्थानों पर इस योजना का लाभ लेना है तो जिला केंद्र जाकर कार्ड में परिवर्तन कराया जा सकता है।




## सभी RSBY से मान्यता प्राप्त अस्पताल व लाभार्थी ध्यान दें !

नोट : करनाल, कुठक्षेत्र, सोनीपत, जींद, झज्जर, महेन्द्रगढ़, रेवाड़ी, सिरसा, गुड़गांव, फतेहाबाद, पंचकूला जिलों में योजना दो माह (01.07.2012 से 31.08.2012) तक बढ़ा दी गई है।

## आपका पुराना कार्ड 31.08.2012 तक मान्य होगा।

## योजना का लाभ उठाएं

## बीएसएनएल टोल फ्री नं.- 1800 180 2035

स्मार्ट कार्ड- आपके परिवार की स्वास्थ्य सुरक्षा

निदेशालय, ई.एस.आई. हेल्थकेयर  
श्रम विभाग हरियाणा



# Rajiv Gandhi Jeevandaye Arogya Yojana

## Pvt hosps say no to scheme

Set condition of either accepting low rates for procedures under state's health plan or reserving 10% beds for poor

Surendra Gangan

Private hospitals run by charitable trusts, which enjoy government sops in terms of tax waivers and concession on electricity and water bills, have refused to participate in the state's health scheme.

The Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), launched on Monday by the Public health department, will benefit 20 lakh poor patients in the city and 2.04 crore in the state. The beneficiaries are families whose annual income is below Rs1 lakh. The scheme will cover eight districts in the first phase.

City's private hospitals have refused to come under the scheme citing lower rates offered to the procedures. They also have put a condition of waiving the mandatory rule of reserving 10% of beds for the poor patients as per the provisions under section 41 (a)(a) of the Bombay Public Trust Act. "As per the provisions of the Act, the hospitals are the organisations run on a no-profit basis and enjoy incentives from the government. If this is the case, why are they saying that the rates are lower. The rates offered are reasonable and according to the market rate," said K Venkatesh, chief executive officer of RGJAY.

Venkatesh said the action would be taken against hospitals which have refused to be a part of the scheme. He said many private hospitals such as SevenHills in Andheri, Surana in Chembur, Godrej in



### HEALTH CARE FOR POOR

The Rajiv Gandhi Jeevandayee Arogya Yojana, launched on Monday by the Public health department, will benefit 20 lakh poor patients in the city and 2.04 crore in the state

The beneficiaries are families whose annual income is below Rs1 lakh. The scheme will cover eight districts in the first phase

Till now, around 5 lakh in Mumbai and its suburbs and 20 lakh people in eight districts have enrolled themselves under the scheme

Implementing the scheme and also reserving 10% of beds for the poor is unfair. We are negotiating with the government for a solution —A member of Association of Hospitals

in eastern suburbs are part of the scheme.

Chief secretary Jayant Banthia, who officially launched the scheme, said that despite appeals to the private hospitals, they are hesitant to participate in the scheme.

"It is an open secret that very few poor patients are treated under the quota scheme," said an officer from the public health department.





Dr PM Bhujang, secretary of Association of Hospitals, refused to comment. Another member of the Association said on condition of anonymity: "Implementing the scheme and also reserving 10% of the beds for the poor is unfair and unfeasible. We are negotiating with the government for a solution."

The scheme, which covers 972 procedures, costs the state Rs367 per family a year. "The annual cost of the scheme is Rs200 crore. It will touch Rs800 crore after all the districts are brought under the scheme," said Bhushan Gagarani, secretary, public health department.

DNA, July 03, 2012, P.5



# Scholarship Scheme for Scheduled Caste

Shri Mukul Wasnik  
Hon'ble Union Minister of  
Social Justice & Empowerment

Smt. Sonia Gandhi  
Hon'ble Chairperson, UPA

Dr. Manmohan Singh  
Hon'ble Prime Minister

Shri D. Napoleon  
Hon'ble Union Minister of  
State for Social Justice & Empowerment

**The Government of India introduces  
a new Scholarship Scheme for Scheduled Caste  
students studying in Classes IX & X from 1st July, 2012.**

Central Government will provide financial assistance to States/ UTs to  
implement this Scholarship Scheme.


- Scheme likely to benefit about 42 lakhs students in 2012 - 13.
- Estimated expenditure during the XII Plan (2012-17) : ₹ 6,500 Crore.

**Eligibility :**

1. Student should be studying in a recognized School.
2. Annual income of the student's parent/guardian should not exceed ₹ 2 Lakh.

**Entitlement under the Scheme :**

Monthly Scholarship (for 10 months)	₹ 150 pm (Day Scholars)	₹ 350 pm (Hostellers)
Annual Books and Ad hoc Grant	₹ 750 (Day Scholars)	₹ 1000 (Hostellers)



MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT  
GOVERNMENT OF INDIA

The Hindu, July 22, 2012, P.9