

Health Experts Fear AIDS Epidemic in India

The city's 100,000-plus prostitutes, who are causing '350,000 infected intercourse every day,' have set a time-bomb ticking away.

BOMBAY: This city of 12 million may become in three years the major entrepot for a wave of AIDS infection in India.

Thus predicts Dr AS Paintal, who has just retired as the Director-General of the highly respected Indian Council of Medical Research.

Dr Paintal is not to be taken for granted. In 1989 he said that among high risk groups in Bombay — prostitutes, their clients, drug users and professional blood donors — those found blood-positive for the AIDS virus were fast approaching 35 per cent.

Dr SP. Tripathi, the new ICMR Director-General, now confirms that a recent survey puts the figure "in excess of 30 per cent". At Kamatipura, the city's red light district, as many 70 per cent of prostitutes in a survey were found blood-positive with the virus that causes AIDS, or Acquired Immunodeficiency Syndrome.

Dr Tripathi says a new blood survey in Madras puts the figure for the city also at around 30 per cent. But the spread, he says, is more pronounced in Bombay (where in 1986, only 2 per cent of those surveyed were found positive for the AIDS virus).

Some years ago, Dr Paintal sponsored a campaign to isolate AIDS patients and ban sex with foreigners. He even drafted a bill giving legal teeth to his campaign. But the government ignored him amid strong opposition from medical circles as well.

Dr Paintal is now saying that every third housewife in Bombay would be positive for the AIDS virus by 1996. Many of his colleagues decry Dr Paintal's grim warnings. But

they agree that something indeed must be done about the spread of AIDS in India.

According to the World Health Organisation, there are between 100,000 and 250,000 Indians positive for the AIDS virus. The government puts the figure at 150,000.

Doctors also worry that many AIDS-related deaths are not reported as such because of the social stigma. Experts suspect that a fairly large number of apparently diarrheal deaths were brought about by AIDS, a fatal disease which breaks down the body's immune system.

Health ministry officials put at 57 the number of patients with full blown AIDS. These are different from those whose blood are found positive with the AIDS virus. A full blown AIDS, when the immune system breaks down, may develop anywhere from a few months to a few years.

Dr Paintal points out that in city like Bombay, the spread of the disease may baffle all conservative estimates. He argues that the city's high migrant labour population and "the army of itinerant merchants" make it a conducive entrepot of the spread of AIDS.

He says the city's 100,000-plus prostitutes, who are causing "350,000 infected intercourse every day," have set a time-bomb ticking away. He thinks there is a 1 per cent chance of being infected with AIDS virus during intercourse with an infected prostitute.

"That is an addition of 3,500 people positive with the AIDS virus," he says.

Dr Tripathi thinks Dr Paintal is creating a "too scary a scenario" and that the so-called "infected intercourses"

are generally confined to the promiscuous fringes of society.

The government's AIDS surveillance machinery is on full swing. About 1 million Indians have had their blood checked, and 5,632 were found positive for the AIDS virus.

Manarashtra state tops the list, with 33 per cent of those found positive with the AIDS virus. It is followed by Manipur and Nagaland (24 per cent each), Tamil Nadu and Pondicherry (together, with 26 per cent) and New Delhi (8 per cent).

The World Health Organisation (WHO) in October released the first of its quarterly updates of reported AIDS cases. As of October 1, a cumulative total of 418,403 cases of AIDS have been reported from 163 countries. This represents an increase of 46,600 reported cases since July 1, 1991.

Because of under-diagnosis, under-reporting and delays in reporting, WHO estimates that about 1.5 million people, including half a million children, have developed AIDS.

AIDS is the late stage of infection with the virus that causes AIDS. While most if not all people infected with the virus are expected ultimately to develop AIDS, this takes an average of 10 years. Thus, the current number of AIDS cases reflects infections with the AIDS virus a decade ago.

WHO estimates that at least 9 to 11 million people have been infected with the AIDS virus. Of this, some 1.5 million people have already gone on to develop AIDS. WHO estimates that by the year 2000 some 30-40 million people will have been infected with the AIDS virus.

— Depthnews Asia



The health of our Bangladeshi women will not be impaired despite continuous work

It's the Great Toothpaste War Over Fluoride

To use or not to use fluoride.

This is the great debate in India today which has divided the country's medical scientists on the virtues — or harmful effects — of fluoride in

harm than good to the human body, particularly tissue and bone.

According to Dr. A. K. Susheela, head of the Fluorosis Control Cell of the government's drinking water mission, a number of medical sci-

entists and many dentists have investigated the effect of fluoride in toothpastes, mouth rinses and in dentistry and came up with convincing evidence that it enters the blood stream within minutes of use.

The same finding was reported by Dr. B. P. Rajan, former principal of Madras Dental College and the previous president of the Dental Council of India. In a research

The government appears to be leaning over backwards to accommodate pro-fluoride lobbyists. Scientists accuse the toothpaste people of scuttling scientific information on fluorides. by Prakash Chandra.

toothpaste, mouthwashes and drinking water.

Fluoride is an additive to consumer goods — for example, toothpastes and drinking water — as protection against tooth decay or, in the case of liquids, to enhance natural barriers against harmful bacteria.

While it was once hailed as God-send, recent research findings showed it does more

effect on muscle, bone and cartilage. It forthwith recommended a total ban on fluoride-containing mouthwashes.

Still another harmful consequence of fluoride use is that calcium in the teeth is gradually lost as they are daily exposed to the chemical, resulting in perforation and chipping.

But the industry, which has been aggressively pushing sales

paper he presented to the Drug Controller of India, he noted the quick absorption of fluoride in blood circulation.

The result, as one scientific working group reported to the Indian Council of Medical Research last April, is a toxic

of toothpastes and mouthwashes through widespread advertising, has invested hundreds of millions of rupees in marketing. A wide network of dealers is selling popular brands to the tune of 500 million rupees (US \$17.5 million) annually.

The manufacturers hit back and continue to do so. In fact, they consider such findings as scientifically untenable. And they are being supported by the Indian Council of Medical Research (ICMR), which has dismissed scientific reports on fluoride use.

Dr Usha Luthra, one of the top medical scientists on the ICMR staff, insists that fluoride in toothpaste "is a non-issue." She explained that while fluorides in water consumed in vast quantities every day cause "great damage," the fluoride iron in toothpaste strengthens teeth and helps in the formation of enamel.

Besides, Dr Luthra said, topical use of fluorides in toothpastes does not produce toxicity.

On the contrary, she said, reports from developed and developing countries showed that topical use of fluorides is useful for dental caries, or tooth decay.

However, the ICMR stand comes ironically enough at a time when the technology mission on water is meeting difficulty in defluorinating water in India.

In the early 1930s when fluorosis was first detected as a result of fluorinated water, the problem was noted in only four states — Andhra Pradesh, Tamil Nadu, Uttar Pradesh and Punjab.

In 1986, when drinking water became a priority mission of the government, fluorosis was found in 13 more states. This year, two more states were added to the list of fluorosis afflicted areas — Jammu, Kashmir and Kerala.

Dr Susheela maintains that 30 years of research work on fluoride support; the demand to limit, if not totally ban, the use of the additive in toothpastes and mouth rinses.

Instead of blindly following Western countries, which do not have the problem of fluoridated water and have better diets, "we should promote oral hygiene and more calcium and vitamin C in our own diets," she said.

The permissible upper limit of fluoride in water is 1 part

per million (one milligram in a litre of water). A tube of toothpaste may contain anywhere from 50 ppm to 1,500 ppm of fluoride. One brand of mouth wash has 900 ppm of fluoride. A fluoridated toothpaste is more expensive than other toothpastes.

The World Health Organisation (WHO) says any fluoride supplement given to children below the age of six should be under professional guidance and warns on the use of fluoride-containing toothpastes.

India amended the Drugs and Cosmetics Act of 1945 to include quality control on products with fluoride.

In 1990, a notification was issued stating that fluoride in toothpaste should not be more than 100 ppm and fluoride content should be clearly mentioned on the tube. It also specified that children below seven should not be allowed to use the toothpaste.

However, another notification last April deleted the warning "Children below seven should not be allowed to use fluoridated toothpaste."

The Rural Development Bureau sought a review two months ago on the controversial gazette notification. If fell on deaf ears.

In fact, Dr Susheela found herself isolated in a meeting of the pro-fluoride toothpaste lobby. She alone bore the brunt of explaining the dangers of fluoride use.

Dr S. P. S. Tetola, head of the Post-Graduate Department of Human Metabolism and Endocrinology, LLRM Medical College, Meerut, had conducted extensive research and offered evidence that in places of high fluoride use, there is greater incidence of dental caries. He was not even invited to the meeting.

At any rate, in the fluoride war, given the fact that the government appears to be leaning over backwards to accommodate pro-fluoride lobbyists, scientists meeting at the Institute of Social Sciences angrily admitted: "The toothpaste people are not only going overboard with the hard sell but they are scuttling scientific information on fluoride." — Depthnews Asia



Women labouring to earn a living in Bangladesh — inspite of their age.

Should Disaster Strike Be Prepared!

OVER the ages, man has ceaselessly endeavoured to create for himself a better world. In the process, remarkable progress has been achieved in science and technology, medicine, agriculture, commerce and industry in fact, in all spheres of human activity. After his conquest of space, man is now focussing attention on ways to successfully banish hunger and disease from the planet earth.

All these achievements, developed painstakingly over generations, however, can be wiped out in a flash. All it takes is a violent storm, a severe earthquake, a volcanic eruption, tidal waves or a man-made disaster. Unfortunately, countries in WHO's South-East Asia Region frequently witness such disasters which wreak

havoc on already strained economies, taking a heavy toll of life and property.

Though it may not be possible to prevent natural disasters, adequate preparedness to effectively tackle such situations can certainly help in mitigating the loss both in economic and human terms. And

droughts and 162 major accidents the world over, not to mention storms, landslides and hurricanes, in the South-East Asia Region, just for example, Bangladesh and coastal Andhra Pradesh in India were devastated by severe cyclones in 1988 and 1989 respectively, while Nepal witnessed a

cooperation are essential to reducing the adverse effects of disasters."

Recognizing the vulnerability of countries in the South-East Asia Region to disasters with its resulting adverse effects on health, social and economic development, the WHO Regional Committee for

preparedness. The Regional Committee at its forty-fourth session in September 1991, will study the subject, "disaster preparedness," as the topic for Technical Discussions.

Despite the undoubted importance of relief in emergencies, preventive measures and preparedness are of fundamental importance. To underscore this aspect, the United Nations decided to designate the 1990s as the International Decade for Natural Disaster Reduction. The objectives of the Decade would be to reduce, through concerted international actions, loss of life, property damage and social and economic disruption caused by natural disasters, particularly in developing countries.

Message from Dr U Ko Ko Regional Director, WHO South-East Asia Region on the occasion of World Health Day 1991

this is what the slogan of this year's World Health Day, "Should Disaster Strike - Be Prepared!" seeks to convey.

Available date reveals that in 1988 alone there were, for example, 74 major floods, 5 cyclones, 17 earthquakes, 18

major earthquake in 1988.

This only reinforces the need for global cooperation to effectively meet the situation. As the Director-General of the World Health Organization, Dr Hiroshi Nakajima, has said, "International solidarity and

South-East Asia, at its forty-second session in 1989, had urged Member States to develop and integrate the health component of disaster preparedness programmes within the framework of their national programme for disaster

Saying it with Love

by N.A. Chowdhuri

Do you have a difficult child? Doesn't he abide by your "do's and don'ts"? You are horrified that your little boy has turned out to be a bad and disobedient child!

Misbehavior is a symptom that the child's needs are not adequately met. While one looks for the cause and tries to rectify it, the child must be assured of love and firm support. A child must have love. To a child, being loved means acceptance of himself as he is, the bad parts of him as well as the good. It means encouragement to his real-self. Shower the child with material goods as part of love but no amount of things can replace the feeling of love.

It is important to realize that a child's emotional development, along with his physical and intellectual growth does not march smoothly in a step. There are times when a child acts in ways that seem puzzling or inconsistent or just plain obstinate.

While he is eating and sleeping right may be due to some other deprivations. His misbehaviour may be due to something other than simple lack of food or sleep.

The youngster who chronically misbehaves drives the mother to the verge of despair. He may whine, he may run away and deliberately do things he knows are forbidden. The

annoyed mother applies age-old methods of discipline such as spanking and deprivations. These actions provide the adults with means of releasing their own anger but the desired results remain far from ideal. The child feels unloved and does not stop misbehaving any more than he would given bribes or rewards.

Parents can't be "fair weather" parents who love children only when things are going well. Difficulties are a part of growth, and that they should be regarded as challenge in ways of helping and supporting the child as he weathers the squalls. Once the parent has a inkling of how the child feels, it helps the child to be accepted as he is without condemnation. To bring the best out of a child requires love and patience.

It is neither impossible nor difficult to help a child march onto successful adulthood. Remembering always that love works wonders, even the firm "no" or "Yes" to the child could be told with love. Communicating with the child and assuring him of unflinching love gives the child protection. He needs love and protection for all his feelings, good and bad new. He then does not have to cover up and deny his feelings in order to 'have love. Communicating with

the child could be made cashier by creating the right conditions.

1. The "bad" child is in some way a deprived child. It is up to the parents to make a correct diagnosis as to why the child feels deprived or unloved.

2. It helps allot to try to see life through the child's eyes and to find out how he feels.

3. It is best to avoid angry words. Of course our emotions are so closely linked to our children's well-being that we can't remain calm all the time. But remembering that foolish and impulsive behaviour is a part of growing helps to restrain our actions.

4. Value your child's opinion. Allowing the child a voice in family matters makes them feel a valued part of the family. They listen to the practical problems of life and learn to tackle them as they follow the adults.

5. Listen to all that a child has to say. If a child is given a chance, he will often tell us what is worrying him. The motives behind the child's actions are disclosed. He learns that he need not hide anything from his parents as advice and discipline is applied tactfully

without shaming or embarrassing him.

6. No matter how busy the parents are, a little time must be saved for the child. The child will cherish these moments of sharing his life. It helps to communicate to each other.

Shared meals, shared chores or at bed times the child may relate the best and the worst part of the past hours. Let the child relate the best and worst part of the day at bed time.

7. It is very wrong to start giving lectures to a child on how you acted when you were his age. Kids reflexively shut down in the face of a lecture. Phrases like "I'm disappointed", "I never expected..." takes the child far beyond the understanding he is supposed to have with the parents. It is true that adults talk of their good times but omit the bad ones.

8. Quite often parents feel bad because the "boy next door" may be achieving outstanding feats while their child does not. Children are not born with equal intelligence. Accept the child as he is, while continuously trying to make him improve. Wise parents keep their demands on their children within reason. So that they can progress

consistently and in kindly ways and still let them grow at their own pace and their limits.

9. If parents differ in opinion regarding the child's up bringing the issue should be discussed between them and decision should be on what is best for the child. One common difference of opinion arises as to how strict the discipline should be. Lack of discipline or rigid attitudes are harmful.

Letting a child "do anything" is not good neither should his spirit be curbed or his natural energies and curiosity quenched.

10. Love conquers all. Affection, the softest, yet the strongest approach to communication is prevalent in strong families.

woman's workday

