

# Feature Health

## Ominous Clouds of Disease and Death Looms Large on Nepal

by Inam Ahmed, back from Nepal

THE lady looks happy and all smiling, just like any other young girl who has just crossed her teens. Black wavy hair falls upon her typical Nepali face in the monsoon breeze. She cocks her ears to the tune of a strange mountain bird singing from a pine tree. The leaves shine brightly in the morning sun. It is hard to imagine in this setting that behind all her lustre, grandeur and smiles, lurks death in guise of AIDS.

"I do not know how long I will live", said the lady who refuses to disclose her name. But the NGO, Women Acting Together for Change (WATCH), where she works for has code-named her as W1. "But as long as I will live, I will work towards saving innocent girls from becoming victims like me", says she.

W1 was not infected with AIDS by mistake or by fault of her own. The deadly disease was traded off for some few thousands of rupees by a women trafficker who sold her to a brothel in Bombay.

There I served in Kamathipura brothel in Bombay for two years," said the lady. "I lived with my family in Kathmandu city. One day, a man took me to the tarai with the pretension of providing me job in a tailoring shop. But instead I was smuggled over to India. She stopped for a while, probably reminiscing her tormenting days in the Asia's biggest and the oldest red light area otherwise known as Falkland road of Bombay. Then she went on. "I got sick and doctors said I have got AIDS. I was simply thrown out of the brothel where I had served against my will", thus she earned her freedom, but at a very high cost indeed.

When W1 returned to Kathmandu, she was rejected by her family. Unable to find any shelter, she surrendered to the police and stayed in police custody.

"I met W1 while in police custody during my prison days," says Meena Poudel, executive director of WATCH who was sent behind the bars during the pro-democracy movement in Nepal, after coming out of prison, I set up the organisation and offered the AIDS victim a job here."

The story of W1 is not an isolated one in Nepal. Thousands of Nepali women, mostly

from poor hill communities, are being smuggled into India as sex workers every year. In 1987, some Nepali and Indian NGOs jointly launched a survey and estimated that 153,000 Nepali women who had been smuggled into India are now working in different brothels. However, some ngo workers put the figure at five lakhs with over five thousand new victims being added to the queue of sex workers every year.

"These women pose as a great threat to the country as

8000. Most of these victims hail from Shindhupalchok and Nuwakot, two bordering districts of Kathmandu, about a hundred kilometers away from the city.

The roads are in pretty bad shape and takes a long time to reach Siharbest, a remote village in Nuwakot district. The first thing that draws attention is the stark poverty of the village. Most thatched houses on the slopes of the mountains are in shabby condition, the tor-

wrist watch, earnings, that looked like real gold and a nice saree. Sahili looked contented. "I will stay in India for another four to five years and then come back," said she, then I will start a restaurant in Kathmandu."

Sahili earns about 1600 Indian rupees a month in Bombay and visits her village every year.

She has two younger brothers, two elder sisters and a young sister in the village. The villagers said she will take her



Tamang women, the usual victims of trafficking, at Sikehenbist village

many of them get AIDS virus from the brothels," says Rosa Chitrakar who is now preparing a report on AIDS and women trafficking for the Unicef. "Once the killer disease starts taking its toll, Nepal will be the worst victim as literacy rate is very low here and the people are not conscious of health care."

The risk of catching AIDS in Indian brothels is high, especially as Indian Health Organisation has confirmed that 30 per cent of the prostitutes working in Bombay brothels are infected with AIDS virus.

The Nepali government put the number of AIDS virus affected people at 128. However, NGOs differ with the figure and say the HIV positive carriers would stand at not less than

rental monsoon rains have left dark rotting patches on the houses. After the rainy season, these would need some mendings to fight off the bitter cold winter. The village gives the look of a god forsaken place where some 140 families live.

The scanty farmlands that surround the houses are barely enough to meet three months food for the village. Porting goods on back, grazing cattle and handicrafts support them for the rest of the year.

It is here, in this village, that Sahili (22) once lived, seven years ago when she was only 15, her father contacted a dalal (agent), the dalal took her to India where she now works in a Bombay brothel.

Wearing a new Indian titan

little sister who has just reached her puberty to Bombay this year.

Sahili's parents, brothers, sisters and even her villagers know about her profession in India, but as long as she earns money, they are the least bothered.

"Prostitution has become a way of livelihood for the villagers in Shindhupalchok and Nuwakot districts," Meena Poudel said, they take it as a profession and find nothing wrong in it."

So the villagers voluntarily offer their daughters, sisters or wives to the dalals for taking them to India. "Women have become precious commodities in such societies," Rosa Chit-

rakar said, "so whenever a girl is born to a family, the parents are most happy."

The interlinking of poverty and prostitution are not the problems of Nuwakot or Shindhupalchok alone, it has become a common trend in other poverty stricken hilly districts as well.

But sometimes, the dalals even resort to chickenry to smuggle the women into India. "The garment and carpet industries of Nepal are becoming a ground to bait young girls," says Durga Ghimire, a NGO worker of Nepal. The dalals approach the girls working in the industries and tell them imaginary stories of a good life in India.

The girls, too poor to resist such temptations, walk into the trap and get sold in brothels. They work there until the killer disease AIDS get them turning them into outcasts.

These dalals are very active because of the good prospect of profiteering, in a book titled "trafficking and selling of young women and children in India", Rita Rozario, a social worker interviewed many dalals. One of them said, "I am involved in this business since it pays more than any other service. I earn between RS 3000 and RS 4000 per month. So far I have sold 12 girls."

Despite every possibilities for AIDS to sweep through Nepal creating human disaster and agony, neither the government nor the NGOs have any effective initiatives to check the killer disease. In 1988, the government took up an AIDS prevention project at the cost of two million dollars, but it made virtually no headways. The second phase of the programme has started recently. But the outlay has been slashed to only 1.67 lakh US dollar.

The irony is that much of this amount will be spent for consultancy fees and detection of AIDS.

"Statistics of AIDS patients would not help us in any way," says Meena Poudel, "we need some action programmes to improve the economic condition of the villagers."

Or else, the women trafficking would continue unabated resulting in the rise of AIDS patients like W1, the young lady working at WATCH.

The writer prepared the feature under a Potos Fellowship in Nepal.

## Goodbye to Himalayan Herbs

None of the best known incidents in the Hindu epic Ramayana, the flying monkey god, Hanuman, is sent to find a rare Himalayan herb that can save a general wounded in battle.

Unable to identify the plant, Hanuman wrenches out a whole chunk of mountain and carries it back. The general, younger brother of lord Rama, is saved.

No one knows which mountain the mythical Hanuman lifted, but it could very well be along the Himalayan foothills near this north Indian town. These mountains are still a rich source of the medicinal plants described in ancient Hindu lore. Nearly 200 medicinally important species, well known to the local people, are found just in this stretch of the Himalayan near the Nepal border, say experts at the Wildlife Institute of India (WII) in Dehra Dun.

But the Himalayas' wealth of flora may soon disappear as the forested foothills of the 2,800 km-long mountain range is nibbled away by a growing population, and valuable plants commercially plundered to feed the modern pharmaceutical industry.

The taxus baccata plant, which grows 5,000 feet above sea level has disappeared from large parts of India and Nepal. In Dehra Dun, hill peasants are selling the herb at 100 rupees (US\$3.50) a kilo to middlemen for city-based exporting firms.

The thin spiked leaves of the plant yield taxol, which is being tested by Western drug companies as a cancer cure. A gram of taxol is worth nearly US\$10,000 in the international market.

Wholesale markets in big Indian cities are major transit points for the clandestine export of rare Himalayan herbs.

It is one of the most well-

organised yet least known illegal trades in the region. Moreover, countries still do not have a full list of what species still exist or have disappeared.

The lack of information is a major obstacle to efforts to check the smuggling of Himalayan medicinal flora. In April, India banned export of all wild medicinal plants. But untrained customs officials cannot identify the herbs.

The WII and the Indian branch of Traffic International are now putting together a list of endangered medicinal plants

### Medicinal plants in the Himalaya are fast disappearing, Mahesh Uniyal of IPS reports

to help customs officials identify contraband herbs. A first list of about 20 critically endangered plants will be ready soon.

"The threat is very real. We're in favour of species being used but are opposed to unchecked and uncontrolled exploitation," says Ashok Kumar of Traffic India.

Himalayan medicinal plants not only yield ingredients for traditional Indian and Chinese medicines used by hundreds of millions of poor Asian peasants,

An international meet organised by the World Health Organisation (WHO), the IUCN and the World Wide Fund for Nature (WWF) in Chiangmai in Thailand in 1988, called for global cooperation to save medicinal plants for future generations.

Indian and Nepal have the region's richest collection of rare medicinal herbs. Used for

centuries by village doctors to treat a variety of ailments these are now being over-exploited by the flourishing indigenous pharmaceutical industry.

Medicines based on India's ancient Ayurvedic school need about 1,400 plants, most of them Himalayan. The Chinese indigenous medical system uses more than 5,000 herbs. India has about 7,000 licensed indigenous medicine factories and more than 400,000 registered traditional medical practitioners. Herbal medicine worth an estimated US\$250 million are produced annually in the country.

But the new threat to South Asian herbs is from the growing Western pharmaceutical market for plant-based drugs. One fourth of all drugs prescribed in the United States use active ingredients extracted from plants.

Medicinal herbs are regularly smuggled out of Nepal and Bhutan to India from where they are shipped to overseas buyers. The plants are collected by local peasants exploited by middlemen supplying city-based exporters.

In the Indian Himalaya, aconitum heterophyllum, used for stomach disorders and orchis latifolia, good for diabetes, are threatened by commercial exploitation, say WII experts. Aconitum sells for about US\$20 a kilo in the markets here.

Another endangered species is the coptis tita, which was traditionally used to treat fevers but is being ripped off from the north-eastern Himalaya for export to Japan and Switzerland.

Experts say commercial plantations of medicinal plants run by village cooperatives are the best way to save the species from extinction but it is also necessary to check the illegal trade.

## Sex Education Plays an Effective Role in Population Control

IT is an admitted fact that Bangladesh is a country where over population is not only a problem but a threat to its very existence as a self supportive nation. This ever increasing population is fast eroding the country's life system: the economy, land, ecology, water resources, food, etc, everything is being threatened by the burden of over population.

The Population Day was observed in the country on February 2, this year. On that day, efforts were made to make the people aware of the population problems that are facing this country. The President, in his message, said that if the present trend of

population growth continued then the present population would double in 30 years. How frightening this idea is — 220 million people in a country like Bangladesh!

Population control programmes have been going on in this country for the last 27 years. The population which was 4.2 million in 1947 stands at 110 million in 1993. That means in 46 years the annual increase was 2.30 million. Out of these 46 years, 27 years were spent fighting population increase, but the results show only a dismal failure of the whole programme. Analysis of the reasons for failure show that illiteracy, conservatism,

by Haspia Bashirullah

prejudice, etc are the main causes.

Family Planning campaigns are slowly becoming popular and more dynamic. In a recent survey, it has been found that contraceptive use has increased from 31.4% to 40% in the last couple of years (The Daily Star, Aug 25, 1992). This is a heartening news.

In Family Planning strategies, emphasis is now being given on IEC (Information, education, communication). To make IEC a success, we have to change one very important aspect of the whole population

control programme: That is the Target Population.

So far, the Target Population have been married men and women, with special emphasis on women. Nowhere in the population control programme is there any place for the huge number of young and unmarried girls and men who are potential parents. Participation of married people in population control programmes is unthinkable and considered improper in our country.

The age structure in Bangladesh is such that most rural girls get married between 15 and 18 years of age and most rural men between 18 and 24. They enter into

married life with little knowledge about the issues involved such as sex, pregnancy and birth control. Before they are aware, most couples have 3 to 4 children in the first 10 years of their marriage.

Changing the Focus

The recent population programmes emphasize IEC as a basic requirement to bring immediate success and in order to do this we have to include this group of men and women, the future parents, into all population control programmes. This can be done in two ways. First, introduce sex education in schools for girls between 14 and 18 for boys between 16 and 18. Second, hold sex education discussions for the same age groups who do not attend regular schools.

What is Sex Education

Most people in this country would be horrified the idea of sex education. But if we have a clear idea of what sex education is then perhaps we will be able to judge how necessary it is.

Sex education includes all the issues involved with sex. These are: puberty, man-women relationship, sex and related problems such as sexual diseases, birth control, safe sex etc.

Conclusion

So far, in population control, we had been following a policy which can be called cure policy. But we have seen that it had not worked. It is high time to change our old ideas and look for new workable methods that can bring a swift and revolutionary change in our population control policies. Educating the people about population problems and ways to curb it is the need of the time. For this, we have to shun harmful conservatism and change the Target Population. By changing the Target Population, that is, by focusing on the teeming illiterate young potential parents, we would be creating a socially responsible and socially aware young generation. This generation will know the consequences of improper planning in their married life and take proper measures before it is too late. The necessity now is to address the issue from a bottom up method. That means introduce sex education as the ultimate answer to achieve success in population control programmes.

The writer is an Assistant Professor of the Teachers' Training College, Chittagong.

## Making people aware of the link between diet and eyesight is a crucial first step to preventing youngsters from going needlessly blind.

receive immediate treatment, around two-thirds of them will die of nutritional deficiency.

There is no need for this suffering to continue. Foods to prevent vitamin A deficiency can be grown on farms, in urban backyards or tiny garden plots, and even on window ledges. Vitamin A is also present in fish, liver, milk and eggs; but many other foods contain carotene, which can be converted to vitamin A in the body.

These include dark-green leafy vegetables — spinach and cabbage, for example; orange and yellow vegetables such as carrots and pumpkin; yellow (non-citrus) fruits and red palm oil. In recent times, the poverty of many of the world's subsistence farmers has led them to pay little or no attention to growing foodstuffs with vitamin A and carotene.

The UN Food and Agriculture Organization (FAO) is cooperating with WHO, UNICEF, UNESCO and other UN agencies in a ten-year action programme to control and prevent vitamin-A deficiency. FAO's contribution to the programme is "to increase the production of vitamin A and carotene rich foods and ensure their increased consumption".

In September 1991, FAO started a one-year technical co-

## Chronic eye defects

A survey carried out in 1988 in one of the valley's three districts found that 64.7% of children suffered from chronic malnutrition; vitamin-A def-

ciency showed up "dramatically in eye defects", according to FAO. Local people have a name for night blindness — a common indicator of vitamin-A deficiency when a child has difficulty seeing in poor light; they call it "Kalfiri". The existence of a special name suggests local awareness of the problem.

The programme engaged specialists in nutrition, horticulture and oil palm as consultants. After field visits, they pointed to the need to increase production of certain crops, especially vegetables and fruits that are rich in vitamin A, as well as groundnuts and palm oil. They also proposed an information programme to educate the public on the link between nutrition and eye disease.

Before long, nutrition was incorporated into the training of primary-school teachers, agricultural assistants, crop husbandry officers and community development workers. Training materials emphasized that vitamin-A deficiency usually exists as part of a multiple deficiency problem, and that nutrition education has to aim at improving the intake of all nutrients. Smallholders were encouraged to grow different varieties of indigenous vegetables that are rich in carotene, while 16 demonstration plots at village and household level, and

also in primary schools, showed them how.

The programme is trying to ensure that 95% of families in Luapula valley have carotene-rich foods in sufficient quantities for at least six months of the year. It puts particular emphasis on improving the consumption of these foods by pregnant and lactating women and pre-school children.

Women's organizations for horticultural development, schools and the mass media channels play their part in disseminating information and demonstrating methods of getting the best re-

sults.

Fruit tree nurseries are being established to produce high-quality fruit trees and oil palm seedlings to supply farmers, and there are plans for a seed bank for traditional vegetables.

Agricultural extension staff in the valley are being trained to determine the extent of vitamin-A deficiency in their area, and to promote the production and consumption of carotene-rich foods.

One year after this pilot project started, much more food with vitamin A and carotene was being grown in Luapula valley and many more families were aware of the connection between diet and blindness. In this underdeveloped area of Zambia, a start has been made on reversing the factors that cause babies and young people to go needlessly blind.

— World Health



... ensures a healthy diet for children.

## Early Sex Education Help Avert AIDS

by Nazmul Ashraf, back from Berlin

had some success, she claimed.

However, she added, they had absolutely no impact in terms of changing the behaviour of teenagers who were already sexually active. Dr Ehrhardt made three recommendations. First, sex education must be specific to age and gender. At ages between 12 to 14, for instance, the importance of delaying the first intercourse should be stressed.

Second, sex education must treat the topic of women's rights. Boys and girls must learn to share responsibilities. Women have the right to protection from violence by men. Only if there is greater equality between men and women can horrors such as the mass rapes of women in the former Yugoslavia become a relic of history.

Third, sex education must be tolerant of different lifestyles, including homosexuality.

Dr Michael Merson, Head of the WHO's Global Programme on AIDS, speaking on the issue viewed that well-designed school education about safer sex led to more responsible sex, a delay in first intercourse, and fewer teenage pregnancies. Stressing the need for AIDS education for youth, Dr Merson pointed out that young people were particularly vulnerable to HIV infection, despite their personal feelings of invulnerability.

"Yet some societies have been reluctant to educate the young about AIDS, for they fear that providing information may

lead young people to become more sexually active", noting this he said, "The evidence is quite the opposite."

Citing example, the GPA chief said, AIDS education in school had helped Scandinavia to stabilise the epidemic. He suggested this to be included in school education in every country in the world. "How it is done will vary according to the cultures, but it must be done."

Dr Merson also felt the need for out-of-school AIDS education programmes for young people, especially in the developing countries where children may leave school early.

Prof. Gary Dowsett of MacQuarrie University in Sydney said, "Every culture and society constrains the talking about sex". Constraints on talk often reinforce an even greater problem: lack of social definitions of what were acceptable sex roles, he opined.

Since HIV-infection was a sexually transmitted disease, a major component of prevention efforts was the promotion of safer sexual behaviours, he said adding, unfortunately this work was severely hampered by strong taboos around sex that exist in every culture.

Prof. Dowsett, who works in Sydney among a little-studied gay sub-culture — working-class gay men — said many gay steelworkers rejected erotic images in safe-sex information as "disgusting", greatly minimising the value of such literature.

Limitations on talking about sex also exist in Nigeria, where

Eka. Esu-Williams of the University of Calabar, said this he said, "Becoming explicit about sex can imply value judgements and evoke fears in parents" she said, "Attempts to talk about condoms raise even greater problems, especially between spouses."

Esu-Williams, who also heads the Society for Women and AIDS in Africa, told the conference that talking to adolescent about sex "is still taboo in many countries". "And in developing countries, stigma and even the threat of death have ensured that gay and bisexual men and women have remained invisible", Meurig Horton of the Hghrisk Behaviour Unit in the WHO's Global Programme on AIDS, described his research on groups of men who engage in sex with men in developing countries such as Indonesia and Brazil.

"These countries have much wider notions of men who have sex with men than simply standard Western categories of gay", Horton told the conference.

One group in Indonesia represented a class of transvestites that had existed for a thousand years, with members in every village. Another recently-formed group in that country represented men who were more like the Western image of gay, Horton said, encountering a similar divergence among homosexual men in Brazil.

"These social roles have implications on prevention", he commented.

The writer is an Assistant Professor of the Teachers' Training College, Chittagong.



Educating mothers about nutrition ...