——FOCUS——

Turning the Disadvantaged Women into a Working Force

lessons learn from the development efforts in the Third World during the 70s and 80s was that without proactive involvement of the women in the development process, no meaningful and sustainable improvement in the socio-economic condition of the people can be expected. Participation of women in nation-building activities not only has the direct benefit of value-added goods and services but also has a built-in indirect contribution to their self empowerment process in the context of their immediate families and the society they live in. Being exposed to out-ofhome activities and coming in contact with the outside world. their expectation for better life and living increases. This coupled with the enhanced selfesteem for being able to contribute usefully to the well being of their families and the society increase their status in

decision-making process. This realisation on the part of the social scientists and the policy planners found expression in increased flow of both government and donor's fund towards women development. 'Empowerment of Women' became the catch-word of the day. Bangladesh is no exception to it. Beginning from the second half of the 70s, the country saw a number of development programmes aimed at involving the women in the nation-building activities. Apart from the government programmes, the Grameen Bank, the Bangladesh Rural Advancement Committee (BRAC) and some other nongovernmental organisations have been contributing usefully towards socio-cultural and economic uplift of the rural Bangladesh women. However, these praiseworthy efforts have been inadequate in meeting the challenge. The female participation rate in economic activities in Bangladesh has not yet crossed 15 per cent. The situation in rural areas is still

the eyes of their family mem-

bers as well as the community.

They are increasingly being al-

lowed to take part in the family

may be run by women prime ministers since 1991, but the vast majority of its female population are kept out of the orbit of participation in the na tion-building activities. This is particularly true about the rural women. Disadvantaged as they are by illiteracy and ignorance as well as the shackles of poverty, their only role happens to be getting married at an early age, bearing children and running the household affairs for sake of sheer survival. Even in the population programme where women are expected to play a central role, their participation is minimal: they are viewed merely as passive recipients of services, and not as the ones who have a right to take decisions about their own reproductive behaviour

Bangladesh's state affairs

The Local Initiatives Programme (LIP) of the Management Sciences for Health/USA being implemented with USAID assistance represents one effort to forge partnership between the Bangladesh government (BDG) and the community to achieve a decentralised and locally managed FP-MCH service delivery system at the grassroots level. The operational strategies of LIP envisage among others, deployment of community female volunteers to assist the BDG-FP service providers (especially the Family Welfare Assistants or FWAs) in respect of motivation and referral of clients, and delivery of follow-up doses of oral pills and condom. On average, an

Thursday 26th December

the programmes)

(All programmes are in local

time. There may be changes in

BTV

FWA is assisted by 10-15 such volunteers for dispensing ser vices to about 700-800 eligible couples. These volunteers mostly illiterate housewives are recruited by their own community elders and provided with both basic and refreshers training on basics of family planning and adverse effect of over-population. health and nutrition education, sanitation, tree plantation, and the

Domicile in nature, a total of over 33,000 female volunteers have so far been deployed by LIP in around 100 thanas of the country for increasing the accessibility of FPMCH services and follow-up of clients for ensuring quality. Improbable though it may appear in the context of their povertystricken background, these volunteers have been rendering services without any remuneration. Their role as the 'conduit' of information flow in the service delivery network at the people's level has increased the contact rate to 87 per cent compared to the national average of 36 per cent (DHS'93-94). The

by Ahmed Ghani

7 Thana Family Planning Officers, and 18 Union Parishad Chairmen and other official/staff from thana and union levels. The participants were divided into eight groups. each representing a thana team. On the other hand, the participants for the other FDG included 116 female volunteers from 10 unions, selected randomly from 86 LIP unions with more than three years of opera-

tional experience. The BDG-FP programme managers were unanimous in acknowledging the relevance and usefulness of services being rendered by the LIP female volunteers in strengthening the FP-MCH programme activities. Their role in motivating people. ensuring regular service delivery, increasing contact with eligible couples and reducing the drop-out rates has been recognised by a majority of participants. The participants were also of the opinion that as someone from within the community itself, a volunteer is more acceptable to the people.

cost) in the training for LIP volunteers seemed to have had a large benefit in terms of broadening their knowledge and understanding. This increased understanding was summed up by one volunteer who said: "Previously we were just leading a 'jungle' (ignorant) life, without any ideas about the importance of less children and a small family for a better life." Many volunteers indicated changes in personal health and family planning behaviour indicating their own acceptance and internalisation of lessons learned as well as the important fact that they were modelling appropriate health and family planning behaviour in their communities. The programmatic contribution most often mentioned by the volunteers was their role in reducing the workload of the FWAs. Many of the participants also noted the important contribution that they make to greater knwoledge and understanding as well as use of contraception. Their role in contributing to enhanced health status of the community

was also mentioned by all

family members are in favour of our involvement. My husband is also helping me, although he was completely against my participation in the initial days. Now he says. Yes, you may go to work for the society. Since the Prime Minister is a lady. I think you can do it, too". Another volunteer told of her father's initial objection to her participation in LIP saying "why should girls go out of the house to do these kinds of things?" Now, however, he has changed his attitude as a result of the daughter going to a meeting (probably a political rally) at the district headquarters where she met with the sister of the then Prime Minister and where she was presented with flowers as an honoured guest. The father now says to any detractors: "No! no! it is good (that my daughter participates in LIP). Now my daughter can go to places much higher than those to which I can go!"

The increased freedom to leave the house and move about the community is also a predominant theme in this regard. For example, one participant stated:" If we had not become part of LIP, we would have been passing time as housewives confined within our houses. We used to feel constrained from mixing with others." Others pointed out that the increased knowledge about health and family planing discussed above would not have been possible if the volunteers were still, confined to their houses. One asked bluntly: "Do you think I could come here (for the FGD or to work for LIP) if my mother-inlaw did not allow me to come? Another volunteer told of her mother-in-law's supportive statement:" Bow (daughter-inlaw), because of you I have

learned many good things." The discussion related to changed status in the community are reflective of traditional cultural expectations of women in the Bangladesh society and significant changes occurring among them women. For example, one volunteer reported that "all my neighbours, elderly persons in the community. UP chairman and members - everybody now appreciates us. Even the (Islamic) religious leaders appreciate us." Changes in culture and social status are both noted in the statement by one volunteer who said: "Do you think we could ever meet you (before)? Do you think the daughters and housewives in the countryside could ever sit on a chair in front of gentlemen who come from the city? Now we can talk to the people who come from different parts of the country or come from abroad. We have reached a higher level

Islatus; beyond where we ever An entranced sense of status. and empowerment among the iEIP voluniteers + so long abused. ignored and by-passed — was all the while visible through out the discussion. LIP appears to have created a powerful force in these volunteers who are making a major contribution to the national FP/MCH programme. while at the same time revitalising the lives of these individual women. In view of the useful are rendering to the society, it would be worthwhile if concerted efforts are initiated to sustain this involvement by way of providing them with income generating opportunities along with skill development training, so that they can become economically a bit more viable and self-sufficient.

The writer is Programme Manager, Local Initiatives Programme (LIP) Family Planning Management Development (FPMD), Dhaka

HIV/AIDS and Children Myths and Reality

by Muhammod Abdus Sabur

HERE are myths about AIDS. This is a disease which is primarily thought to be associated with sexual transmission. This means that when most people think of someone who has HIV/AIDS. they think of adults at the first instance, the perception being that it is adults, and not children, who engage in sexual activity. Not only is HIV infection associated with adults, but often it is with certain groups of adults - those who engage in socially undesirable sexual behaviours. Or. HIV is associated with those groups who are engaged with other types of socially undesirable behaviours such as injecting drug use. These behaviours are often perceived as belonging to marginal groups in society those engaged in social evils but certainly not representative of the society's values as a whole. Sex within the more socially acceptable context of heterosexual marriage is not often associated with HIV infection. There is also usually a denial of the links between more undesirable forms of sexual activity and the more socially acceptable forms. So, sex with a prostitute may be considered a risk but sex with one's husband in a culture which tolerates men visiting sex workers will not be given as much thought in terms

of risk to the women. But in reality children or youth do engage in sexual activity. Young people are starting sex at younger ages as a part of global trend. No country is free from the existence of child prostitution. An NGO, Dhaka Urban Integrated Child Survival Project, claims that as many as one lakh street girls are roaming in the Dhaka city streets being exposed to rampant sexual acts. It is said two out of every 10 such girls are aged from 6 to 14 years. There are reports that teen aged street boys are also victims to such sexual harassment by unscrupulous youths. Underaged girls working as house maids in the city's dwelling houses are also facing the same fate either by the house lords or their sons. The Dhaka newspapers often publish reports of virgin moth ers who roam from door to door for justice.

There is also evidence that the children involved in sex work are getting younger and younger. AIDS has been known to influence the increasingly younger ages of children currently found in prostitution: the belief held by some is that the younger the youth or the children are, the more likely it is that they are free of HIV infection. So, adults who have become worry of the dangers of HIV infection, but who do not wish to change their behaviour. involve instead younger and younger children in the flesh trade to satisfy their desires The sad truth for such children is that they are even more vulnerable to HIV infection than their more adult counterparts because of their immature bodies. A young girl of the age of 13 years or even 15 years, for ex ample, will be more likely to have injuries resulting from sex with an adult male, which in turn will make it more likely that she could become infected with HIV. Experience of Bangladeshi prostitution shows that such children are forced to entertain more clients than their adult counterparts.

It is also not only those groups, which are perceived as

being marginal because of their less socially acceptable behaviours, who are at risk of HIV infection. In some society, it is acceptable or at least tolerable for men to have multiple partners and visit sex workers. This means that there is a proportion of the population which engages in risk behaviour that is actually acceptable/tolerable for that society. A further reality becomes clear. Women, who may not engage in risk behaviour themselves (that is, they have not had sex outside of their marriage), may be at risk of HIV infection from their husbands because of norms/acceptance allowing men multiple sexual partners. These women, who represent women in the general population, in turn may pass the virus on to their children. In Bangladesh, out of adult female identified so far as AIDS/HIV+. more are housewives than of commercial sex workers.

Social sexual norms and gender inequalities are not the only reasons why children are at risk of HIV infection. Poverty and economic inequality, the lack of work and/or education opportunities, materialism and opportunism/exploitation by adults, social upheaval and family disruption are some of the factors which can contribute to children's risk of inbection. Children at risk of HIV



Motivating people about scourage of AIDS: Street drama in Dhaka

Social sexual norms and gender inequalities are not the only reasons why children are at risk of HIV infection. Poverty and economic inequality, the lack of work and/or education opportunities, materialism and opportunism/exploitation by adults, social upheaval and family disruption are some of the factors which can contribute to

children's risk of

infection.

infection include child prostitute and street children. HIV vulnerability increases in child prostitute due to low education and poor HIV knowledge, lack of bargaining power, physical immaturity. perception of lower HIV risk, lack of access to services and support. The important problems faced by the street children are physical sexual and drug abuse, police harassment, inaccessibility to medical care and child prostitution. HIV vulnerability increases in street children because of lack of information about HIV and its protection, drug use by itself and also making younger one more likely to have sexual relationship to earn money for drug, lack of (parental) guidance and lack of medical care.

The chain of child infection

follow the simple route.

Through extramarital and/or

premarital sex, husband gets infected. The infection passes to the wife through marital sex. Child gets infected from the mother through perinatal and/or breastfeeding. In order to break the chain of infection. the first step in targeting is to prevent husband's infection through changing norms on extramarital and premarital sex for men by mass awareness. As back-up of it, there should be activities to make sex safer through condom promotion. sexually transmitted diseases (STDs) treatment and reducing visits. The next step in targeting is to prevent husband to wife transmission. Activities in this step include promotion of voluntary premarital counselling/testing, encouragement of discussion between husband and wife, development of husband's sense of family responsibility, strengthening and promoting programmes to offer voluntary testing and counselling services. Preventing mother to child transmission is next in targeting. Activities for this, before or during preg nancy, include, offering HIV testing and counselling in integrated reproductive health services, providing counselling to HIV positive couples on future childbearing decisions. Activities, after pregnancy or birth include, offering AZT to reduce perinatal infection, offering appropriate advice on breast feeding. Study with AZT (ACTG 076) reveal, without AZT chances of infection is 26 per cent and with AZT (for 5 months) changes of infection is 8 per cent (dropped by two-(hird). The treatment costs US & 120 to 1440 per mother.

Decisions on breast feeding depends on level of infectious diseases mortality, availability of clean water and nutritious formula and ability of mothers to provide safe and adequate nutrition. Caution in this respect to remember are - must not reduce breast feeding in non-HIV mothers and must consider special populations.

Everyday in the world, 8,500 new people are infected with HIV, out of which 1000 are children below the age of 15 years. Since the beginning of the AIDS epidemic, about 80 lakh people have developed AIDS, of which children below the age of 15 years comprise 15 lakh. More than 9 lakh children below the age of 15 years have lost their mothers because of the AIDS epidemic.

The writer is Health Adviser of Save the Children Fund (UK)

LIP volunteers: A high official from FPMD/Boston, USA is seen among the working force

drop-out rate has decreased and the contraceptive prevalence rate in the LIP areas has been found to be much higher (62 per cent) than the national average (45 per cent) as of December.

The LIP experience with the community female volunteers aroused a lot of interest among both the donor and government circle and a necessity was felt to assess the perception of the programme managers as well as of the volunteers themselves as to how they view the programme activities and their role in implementing the activities. This presentation documents the findings of the two Focus Group Discussion (FGD) studies carried out to assess the perception and views of the BDG-FP programme managers (1994) as well as the community female volunteers (1995) on the effectiveness of LIP approach in gen eral, and of the volunteers' involvement in FP-MCH activities in particular and to examine the impact of such involvement on the volunteers' per sonal/family situation and their social status

The number of participants in the FGD for the BDG-FF programme managers was 72 drawn from 8 purposively se lected district/thanas. These included 6 Deputy Directors of Family Planning, 7 Thana Nirbahi Officers (Administrators)

Some participants were called "extension workers", while others identified them as the "communication builders". The volunteers are contributing "towards making the rural society more open and less conservative", opined almost half of the participants.

Sustaining the interest and involvement of the volunteers was also discussed by the par ticipants! While acknowledging the useful services that these volunteers are providing for the greater interest of the community, the discussion confirmed concerns expressed about all voluntary efforts that some additional contribution may be necessary to ensure continued participation by these individuals. There was nearly universal agreement with the sentiment that involving the volunteers in some form of income generating activity would sat isfy this concern. Some sort of financial support, including the retention of proceeds from the sale of contraceptives, was mentioned in most of the groups. However, provision of non-monetary inducements such as social honour, awarding prizes, and the establishment of an incentive system were also mentioned by many of the participants.

The FDG study with the vol unteers revealed that the lim-

ited investment (in time and

groups; special note was made of assisting pregnant women to get appropriate care, as well as improved immunisation coverage, breastfeeding and nutrition practices in the community. One summarised this contribution by stating "we believe, in our areas the rates of birth and death have significantly de-

ernment's family planning programme. A general comment by one respondent summarises the contribution as follows: "Activities of the government (FP/MCH) programme are expedited, progress is better, the programme is more advanced. 'An enhanced social con sciousness was an important theme of the discussions of volunteers' contribution. One par ticipant noted", "Now the social consciousness level is much better; people understand why they are poor and what they need to do to get rid of poverty The volunteers displayed a

heightened sense that they are contributing to enhanced social service at the community level and that they were getting a great deal of satisfaction as well as enhanced status out of their participation in LIP. About the attitude of her husband, one volunteer had this to say : "Our

The Daily Star Entertainment Guide

CHANNEL V

3:00 Opening Announcement Air Quran. Programme Summary 3:10 News in Bangla 3:15 Patriotic song 3:20 Recitation from the Geeta 3:25 Re-telecast of selected programme from TV Archive 4:10 Sports programme 4:45 Tom And Jery 5:00 News in Bangla 5:25 National Television School Debate 6:30 Roder Alo Meghar Chhaya 6:50 Religion and Life 7:00 The News 7:25 Sandha Malatee 8:00 News in Bangla 8:25 Arabian Nights 9:00 Ai Prethibee 9:05 Chhaya Chhanda 10:00 The News 10:25 Switch 11:30 News in Bangla 11:35 Friday's programme summary 11:40 Close down BBC

6:00am BBC World News 6:10 World Review 1996 7:00 BBC Newsroom inc World Business Report/Asia Today/24 Hours 10:00 BBC World Headlines 10:05 World Focus: Pole to Pole 11:00 BBC Newsday 2:00 BBC World Headlines 2:05 World Focus: The State Of The World Forum Debate 3:00 BBC World News 3:30 Time Out: Holiday 4:00 BBC Newsdesk 6:00pm BBC World Headlines 6:05 World Focus: Horizon 7:00 BBC World News 7:15 World Business Report 7:30 BBC Newshour Asia and Pacific 8:30 Time Out: Top Gear 9:00 BBC World Headlines 9:05 World Focus: Pole to Pole 10:00 BBC World News 10:30 Time Out: Film '96 11:00 BBC World News 11:36 Time Out: The Clothes Show 12:00mn The World Today 2:00 BBC World Headlines 2:05 World Focus Assignment 2:50 Earth Report 3:00 BBC World News 3:30 Time Out: Tomorrow's World 4:00 BBC World Report inc. World Business Report/24 Hours 5:00 BBC Newsroom inc. Today 24 Hours

World Business Report/Asia

6:00am Frame By Frame 7:00

Rewind VJ Sophiya 8:00 Frame by Frame 9:00 Jump Start VJ Alessandra 10:30 Frame By Frame 11:30 The Vibe VJ Luke 12:00 Rewind VJ Sophiya 1:00 Frame by Frame 2:00 Classic Rock 2:30 First Day First Show 3:00 BPL Ove 4:00 Planet Ruby 4:30 Big Bang VJ Alessandra 5:30 Music update Tokiyo 6:00pm Rewind VJ Sophiya 7:00 The Greatest Music Party 8:00 Planet Ruby 8:30 The Vibe 9:00 Videocon Flashback 9:30 Top of the Pops 10:00 First Day First Show 10:30 Soul Curry 11:00 Classic Rock 12:00mn Big Bang VJ Alessandra 1:00 Haysah 2:00 The Ride 3:00 Big Bang VJ Alessandra 4:30 BPL Oye 5:30 Jump Start VJ Alessandra

STAR PLUS

6:00am Home and Away 6:30 The Sullivans 7:00 Aerobics Oz Style 7:30 Star News 8:00 Sky News 8:30 Star News 9:00 Sky News 9:30 Aerobics Oz Style 10:00 Today's Gourmet 10:30 Sleepers 11:00 Kate & Allie 11:30 The Oprah Winfrey Show 12:30non 21 Jump Street 1:30 Santa Barbara 2:00 The Bold & The Beautiful 3:00 Tehkikat 3:30 Khandaan 4:00 Home and Away 4:30 Lost in Space 5:30 Adventures of Black Beauty 6:00pm Kate & Allie 6:30 Today's Gourmet 7:00 Destinations "Kenya" 7:30 Star News (Hindi) 8:00 Small Wonder 8:30 The Bold & the Beautiful 9:00 Ghutan 9:30 Star News 10:00 Fawity Towers 10:30 The X Files 11:30 The Bold & The Beautiful 12:00mn Santa Barbara 1:00 Baywatch Nights 2:00 21 Jump Street 3:00 Quincy 4:00 The Oprah Winfrey

Show 5:00 Bamaby Jones



The Piano on Star Movies, Tonight at 9:30 Traveller PG (Hindi Subtitles)

1:30 Film Club The Aftermath:

A Test Of Love 15 (Hindi

Subtitles) 3:30 Adventure:

Treasure Island 15 (Hindi

Subtitles) 5:30 Comedy

Cadillac man 15 (Arabic

Subtitles 7:30 Classic Cyrano

De Bergerac 12 (Hindi Subtitles)

9:00 US Top Ten 9:30 Romance:

The Piano 18 (Hindi Subtitles)

11:30 After Dark, Stripped To

Kill 18 (Arabic Subtitles) 1:30

Action Live Wire 18 (Hindi

Subtitles) 3:30 Action Platoon

18 (Arabic Subtitles) 5:30

ZEE TV

5:30 Suno Bhai Sadho 6:00

News 6:30 Jagran 7:00 ZED 8:30

All Out 9:00 Ghumta Aaina 9:30

Hindi Feature Film Show 12:00

Gaane Anjaane 12:30 Beeji Ke

PG 1:00 ZED 1:30 Asian Sky

Shop 2:30 Tara 3:00 Raahat

3:30 Captain Cook Shahi

Dawat 4:00 Helpline 4:30 Mere

Ghar Ana Zindagi 5:00 ZED 5:30

Teer Kaman 6:00 Hum Honge

Kamyaab 6:30 Low Calory

Show 7:00 Gaane Anjaane 7:30

News 7:45 Rashaat (Setial)

8:15 Jhaiak 8:30 Hai Zindagi

Bye Zindagi 9:00 Yeh Kahan Aa

Gaye Hum 9:30 Dastaan 10:00

Classic Nosferatu PG

STAR SPORTS

7:30am Indian Football Philips

League Salgoacar Vs Air India Fm Fatorda Goa 9:30 Indian Football Philips League Dempo v Mahindras Fm Fatorda Goa 11:30 Supercross Tokyo, Japan 12:30noon Sports India 1:00 Live ndia Tour Of South Africa India Vs South Africa Day 1 From Durban, South Africa 1st Test Match 6:00pm World Wrestling Federation Raw 9:00 NBA Game Of Week Phoenix @ San Antonio 11:00 Futbol Mundial 11:30 Supercross Tokyo: Japan 12:30 World Windsurfing H/L 1:00 India Tour Of South Africa India vs Africa Day 1 H/L 2:30 World Windsurfing Federation Raw 3:00 NBA game Of The Week LA Lakers @ Phoneix 5:00 Futbol Mundial 5:30 Greatest Grand Slam Matches Of 1996 Graf vs Date & Krajicek v

STAR MOVIES

Washington

7:30am Musical Star! PG (Arabic Subtitles) 9:30 Documentary The Directors Herbert Ros 11:30 Family Tommy Tricker and The Stamp

Gravera Ki Umeed 10 30 News 11:00 Pakeezar: Ex Nazar 11:30 Hum Paanch 12:00 Tara 12:30 Parampara 1 00 Chahat Aur Natrat 1 30 Rashaat 2 00 Celeste 2:30 TMM 4:00 Zee Horror Show 4:30 Banegi April Baat 5:00 Jagran

EL TV 7:30 Pyar H. Pyar 8:30

Jeevan Ki Rang 9:30 Dance Dance 10:30 The Music Show-Real Countdown 11:00 Nukkad 11:30 Shatrani 12:00 Top of the Tops 12:30 Brigadier Balwant Bhawan 1:00 Suhana Satar 1:30 Nazrane 2:00 Special 3:00 Vipul Ka Amar Prem 3:30 Chehre 4:00 Akanksha 4:30 Song Yatra 5:00 Dear EL 05:30 Special 6:30 Sorry Men Lorry 7:00 Hit Thi Hit Hai 7:30 Hakke Bakke 8:00 Fauji 8:30 Liberty Public Demand 9:30 Gambler 10:00 Peoples Club 10:30 Humrahi 11:00 Casper Number-1 11:30 Filmi Chaat 12:00 Newsline 12:30 Special 1:30 Tarane Aur Fasane 2:30 Party

PTV8:00am Tilawat Aur Tarjuma/

Hamd/Naat 8:20 Cartoon 8:30 Khabrain 8:45 Cut Piece 9:20 Aahang & Roshni 9:45 Phool Chandi 10:05 Sona Chandi (Drama Senal) 10:30 Buttons & Rustys (Eng. Film) 10:55 Milli Naghma 11:00 Khabrain 11:10 Aabshaar (Music Programme) 11:55 Tele Play (Drama Serial) 12:45pm Qawaali 12:55 Quran-e Hakeem & Bismillah 1:15 Mugaddar (Drama Serial) 2:00 Putihar (Drama Serial) 2:45 Perspective & Health Forum 3:40 Taleemi Maloomat 4:35 Aurat Aur Qanoon 5:05 Home Economics 5:25 Humaray Saath 5:55 Vama (Drama Serial) 6:25 Aiou Courses 7:05 Mugabil Hai Aaina 7:20 Ainaik Wala Jinn 7:45 English News 8:05 Jawaan Sangeet 8:45 Eendhan (Drama Serial) 9:00 Break for Headline

News 10:00 Khabarnama &

Commercial News 10:35 Mast Mast Sanvo 11:15 Urdu Feature Film & Khas Khas Khabrin/ Close down

SONY ET 8:30am Yaadon Ki Baarat 9:00

The Three Stooges 9:30 Dennis The Menace 10:00 | Dream Of Jeannie 10:30 Surf-Wheel Of Fortune (Game Show) 11:00 Ghaav (Serial) 11:30 Faasle

WALTHER PPK ---

1:00 Zamin Asman (Serial) 1:30 Mere Message Meri Geet 2:30 Cine Matinee-Hindi Feature Film 5:00 O'Mana (Senal) 5:30 The Three Stooges 6:00 Mere Message Meri Geet 6:30 Dennis The Menace 7:00 Premier 7:30 Dream of Jeannie 8:00 Surf-Wheel Of Fourtune (Game Show: 8:30 Senai 9:30 Hospital (Serial 10:00 Cover Story Hostel Thriller Senal) 10:30

(Sena 12:30pm Kismat (Senal)

(Senal) 11:00 The Young And The Restless 11:30 Yeh Sadi Nahi Ho Sakti (Serial) 12:00 Pehli Mulakat 12:30 Sunday Ki Sunday 1:00 Nirlop Rasoi Show 1:30 Surt-Wheel Of Fourtune (Game Show) 2:00 Premier 2:30 Closed

Janee Kaha Mera Jigar Gaya J

DD 7

10:30 Janmadin 10:35 Classical

Music 11:00 Dance 12:00 ETV Programme 12:30 Monorama Cabin 1:00 Janani (Serial) 2:30 Darpan (Serial) 3:00 Eto Tuku Basha (Senal) 3:30 Shreoshi 4:30 Thursday Bengali Film 5:30 News 7:00 Pallisama (Serial) 7:30 Bangla Sambad 8:00 Bhanga Aaina 8:30 Devi Chudhurini (Serial) 9:00 Janani (Serial) 9:30 Monorama Cabin (Serial) 10:00 Bengali Movie

Club Film Show 1:00 Closed

Sheesha 9:00 Box Office 9:30 Anokhi Ada 12:15 Bollywood 12:30 Heera Moti 3:15 Songs 3:45 Aakhri Nischay 6:30 Garuda Dwaja 9:15 Songs 10:00 Jani Dushman 12:45 Swantham Evide Bandham Evide 3:30 Na Jane Kyon 4:00 Chor Ho To Alsa

ZEE CINEMA

6:30 Hit Hai Fit Hai 7:00

Tom and Jerry

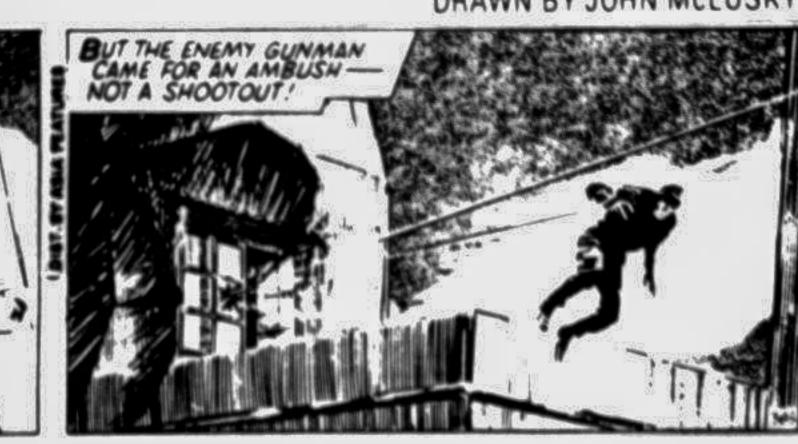


James Bond IAN FLEMING'S



...HE SHOULD

DRAWN BY JOHN MCLUSKY





THE THROWN CHAIR BUYS BOND ENOUGH TIME TO DRAW HIS