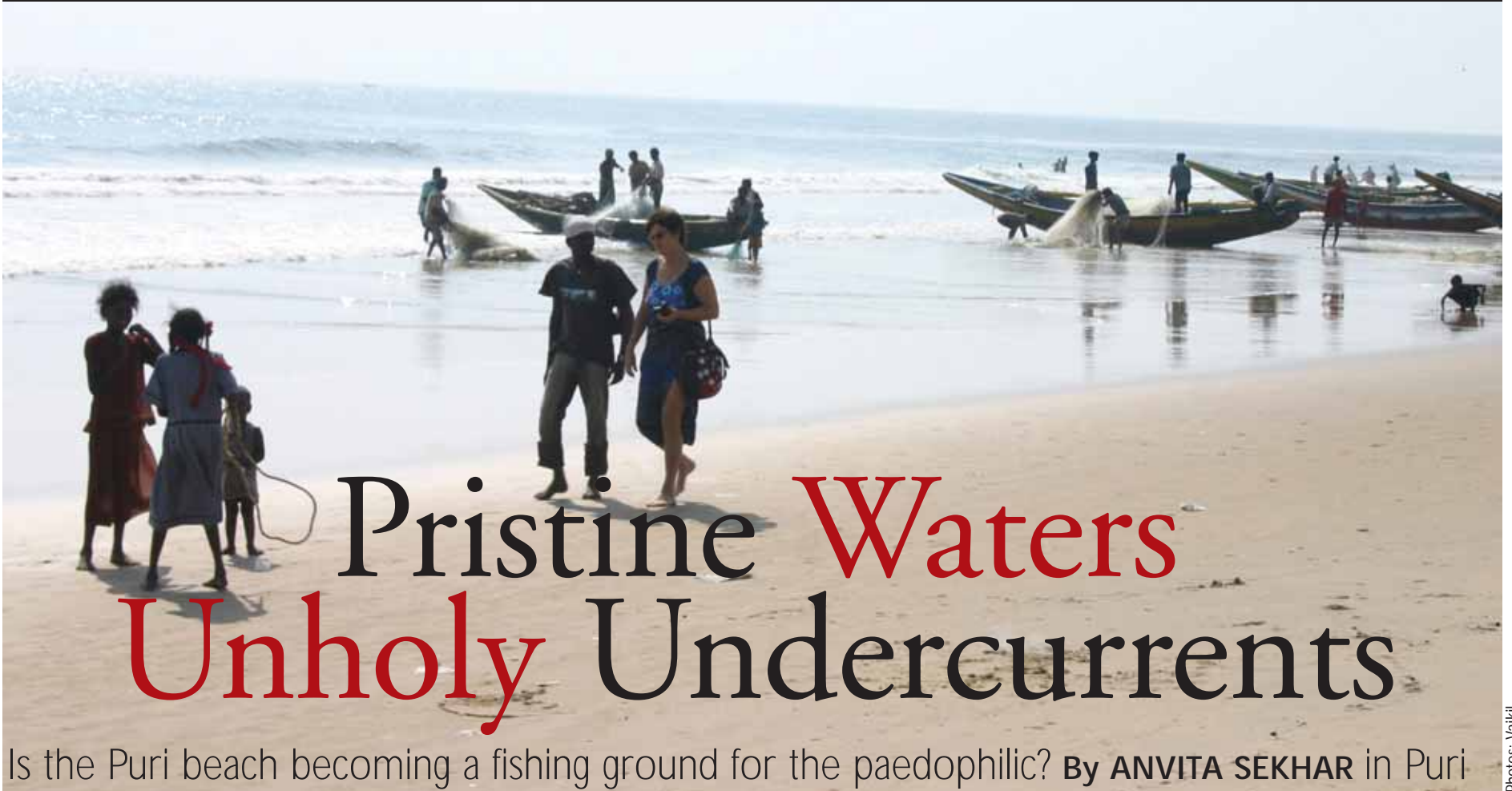


AIDS BUZZ

New Delhi March 2006



Pristine Waters Unholy Undercurrents

Is the Puri beach becoming a fishing ground for the paedophilic? **By ANVITA SEKHAR** in Puri

Photos: Vaikil

It was a relaxing afternoon on the white-sand beach of Puri. Social worker Satira lay enjoying the calm with her seven-year-old daughter beside.

Her eyes fell on a dishevelled seven-year-old whispering something into the ears of an NGO's outreach worker. A bit of questioning and the little girl showed up badly bruised, bleeding private parts. She said a white man who had taken her to his room saying he had some empty bottles for her had abused her. The girl was yet another victim of child sex tourism on the rise in Puri, known for its magnificent ancient temples and golden beaches.

A recent study sponsored by National Human Rights Commission marks Puri, along with beaches in Goa and Kerala, as a haunt of the paedophilic. The fact that India was fast becoming a child sex tourism site came to light in 1991 with the arrest and subsequent conviction of a European by the name of Freddy Peats, a 76-year-old man who ran an orphanage in Goa.

It is the modestly priced hotels and the privacy offered by the beaches and casuarinas forests in Puri that attract a certain type of tourist from the West. The men, usually in the 40 to 60 year age group, travel alone and stay on for weeks at the hotels.

The beach provides a good hunting ground as the little children of the fisher community Nolia play there from noon until evening. There are no adults around as the men leave early for the sea to catch fish while the women and older siblings are engaged in drying fish, doing household chores or working as maids in the hotels around. The foreigners often join the children in their games and lure them into their rooms with chocolates, games and empty mineral water bottles.

Satira has also come across young boys who have been abused. She cites the case of a 17-year-old local boy who spoke fluent German. He told he'd been having an affair with a German tourist for the past 10 years. The foreigner had been coming in for a few months every year and would stay in a lodge on the beach. He had promised to take the boy back with him to Germany.

An outreach worker of a local NGO reveals that he knows of more than 50 girls and 15 boys in Penthakata, inhabited by Nolias,



Awaiting playmates: A girl sits at the door of her hut

who are selling sex to tourists. However, the NGO is not willing to come on record fearing reprisal from the community. Even the little girl's mother had feigned ignorance about her daughter's injuries when Satira and the outreach worker spoke to her. When the community itself is not ready to acknowledge it, it seems far-fetched that the authorities would address the issue.

This reporter met an adult sex worker who revealed that she entered the profession as a child. Nineteen-year-old Sukanya (name changed) says without any hesitation that she attended her first call at the age of 13 to get money for a pair of high heel shoes. Sukanya, who helps her family with the fish trade, is into sex work on a part time basis inspired by another girl of her slum, who has been recently detected with HIV.

"I attended an American tourist in a hotel room who paid me Rs 200 for three hours. Over the last six years I have visited more than 400 clients," she discloses.

Nagamani (name changed), 29, a sex worker, says child sex workers are in high demand from a section of foreigners who visit Puri on a regular basis. She, like many others in the sex trade, speaks 'manageable English', having picked up the language dealing with foreign clients.

While NGOs are unable to quantify the extent of child sex tourism, they claim to have a pretty good idea about the fisher community adults involved in commercial sex. People's



Will you step into my parlour? A sex worker invites passers-by

A community's tenacious existence exposes it to HIV risk. Poverty and lack of education make the children and women of the fisher community particularly vulnerable to sexual exploitation and related illnesses

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Pristine Waters, Unholy Undercurrents

The fisher community resents the intervention of health workers and NGOs. AIDS counsellors seeking to demonstrate the use of condoms have been abused and threatened with murder



(Above Right) **Tying a red ribbon on ignorance:** A girl gets her hair tied neatly before venturing out to play

(Top) **O, the tangled webs we weave:** Fishermen repair their nets, unaware of their children falling prey to paedophiles

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Empowerment and Need Based Community Development (Pencode), an NGO working for HIV prevention in three Puri slums inhabited by the fisher community — Penthakata, Chakrathirtha Nuasahi and Station Area — found in a recent survey that 98 fisherwomen were into full time commercial sex while another 1,824 practised it on a part-time basis.

Thirty-two fishermen were found to be having sex with men and more than 1,600 men of this community were found to practise high-risk behaviour in terms of visiting sex workers and using drugs.

Part-time commercial sex workers take out time from their daily work to visit clients. A number of middle-aged women bunk their work from dry-fish yards and building construction sites to attend calls. Full time sex workers operate from homes. Some men, as per the survey, work as pimps for their wives and young daughters.

According to the survey, fishermen visit their native places in Andhra Pradesh, a high HIV prevalence state, during the lean period. Lucrative deals like the sale of mother prawns (each fetches between Rs 10,000-50,000) are celebrated by visiting brothels.

Interestingly, Pencode's figures are in sharp contrast to those provided by an ORG Centre for Social Research mapping in 2005, according to which a little over 2,100 sex workers (1,907 of them non brothel-based) operate in the whole of Orissa.

Poverty and lack of education make the children and women of the fisher community particularly vulnerable to sex-

ual exploitation and related illnesses. A declining fish catch because of competition from trawlers and mechanised boats operating from Vishakapatnam and Paradeep over the years compounds the problem.

During the best of times, most households earn between Rs 1500 - 2500 a month and their earnings fall to less than Rs 300 during the lean season from March to August. The people then look for other sources of employment. The men take to plying rickshaws, selling country liquor or guiding tourists who converge to this town. The women, most of them illiterate, appear to be increasingly drawn to sex work, says Pencode President K Samson. The lean fishing season coincides with the influx of tourists for the Rath Yatra, which, apart from Indians, draws a large number of foreigners.

There is a saying in Oriya that there are 12 months but 13 festivals in Puri. With festivals round the year, the place gets 40,000 visitors daily, with their numbers peaking to 2,00,000 during Rath Yatra and the winter months of Christmas and New Year.

There are about 600 hotels and rest houses in Puri and about 30 of them are in the beach area called Puri 2, adjacent to the Penthakata slum. Hotel managers and sex workers admit to paying a monthly sum to the police to avoid raids, a charge refuted by the police.

"Nearly 70 per cent of our customers ask for sex workers and our business will be ruined if we refuse them. Besides, the number of such customers is gradually on the rise giving us a chance to do more business," a manager says requesting anonymity.

The fisher community resents the intervention of health workers and NGOs. AIDS counsellors seeking to demonstrate the use of condoms have been abused and threatened with murder. "Of late, a section of sex workers has become responsive to our targeted intervention. But despite their HIV awareness, due to objections from the customers they often fail to use condoms and therefore remain exposed to the disease," HIV counsellor Babula Kumar Prasad states.

Puri's vulnerability to HIV is an issue the administration is hedgy about. The holy land of Jagannath's reputation is at stake. "We are well-aware that HIV vulnerability is increasing in Puri, yet we want to handle the issue carefully. The government is seriously concerned about the unsafe sexual behaviour of the fisher community and plans to take up necessary measures to curb the risk," health minister Bijoysree Routray says. ●



Mother's Milk to the Fore in S Africa's AIDS Battle

Durban: Six-month-old Matthew Coetzer bounces on his mother's knee. The bubbly blond and blue-eyed child is ready for his next meal of breast milk. But Matthew's mother is not just feeding her own son.

In the family refrigerator are bottles of frozen milk, donations for a "bank" designed to bring the benefits of mothers' milk to orphans and sick children caught up in South Africa's devastating

HIV/AIDS epidemic.

"It's a really important contribution that I can make, with minimal effort," 31-year-old Karen Coetzer said in her upscale living room in the port city of Durban, where the Ithemba Lethu milk bank has enrolled around 100 new mothers as donors.

Donors to the milk bank are mostly white. The recipients, infants who have lost mothers to AIDS or who have been infected with HIV sometimes during nursing, are primarily black.

Ithemba Lethu's milk bank, founded five years ago, has won widespread

praise as an effective, grassroots response to the AIDS crisis in South Africa where an estimated five million people, or one in nine of the population, are HIV-positive.

Reuters

Scientists Culture Foetal Nervous Cells for AIDS Study

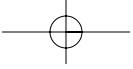
New Delhi: With a view to accomplishing better handling of AIDS-related neurological and psychiatric prob-

lems that occur in over 40 per cent of such patients, Indian scientists have cultured primitive human nervous system cells from foetuses to use them as tools to understand the disease.

"We have been successful in isolating and maintaining purified cell populations of human foetal brain-derived central nervous system progenitor cells," Dr Pankaj Seth of National Brain Research Centre said in the institution's annual report.

Progenitor cells produce cells





A Village Waits for Messiah



Photos: Markand Mishra

A Village Waits for Messiah

The tenuous link between migration and HIV gains credence as Ganjam steps into the red zone of HIV prevalence. **By ARABINDA MISHRA** in Ganjam

The people of Makarjhola, a nondescript village in Hinjilikatu block of Orissa's Ganjam district, assemble at the local crematorium at least once every three months. The reason: to participate in the funeral of an AIDS casualty. This has been the practice since the last three years and there is no sign of respite. Makarjhola has recorded the highest number of HIV-positive people (33) in any village of Orissa, forcing people here to even resist undergoing any test. "It is better not to know one's HIV status because it kills a person much before he really dies," says Jagannath Sahu, a local schoolteacher.

According to villagers, common cold, fever or, for that matter, any ailment weakens the people. But it is only AIDS that kills. The disease has also destabilised the socio-economic and cultural life of these people. While 19 of the 33 HIV-infected people of Makarjhola village have already died, others are awaiting their end. "People who've died or those infected had earlier migrated to Mumbai in search of jobs," points out Lokanath Misra, a social activist working among people with HIV. Misra is Director, Association for Rural Upliftment and National Allegiance (ARUNA), an NGO working in the district since the past 10 years.

Makarjhola, with a population of 5,550 in 619 households, has sent at least one person from each family to either Mumbai or Surat in Gujarat to eke out a living, informs Brundaban Panda, Secretary, Gobinda Pradhan Smruti Sansad (GPSS), an NGO. This, in fact, he adds, is the scenario all over Ganjam, from where one-third of the population has migrated for work. "People who migrate are young and in the reproductive age group. They migrate without family and get infected by visiting brothels," says Panda, adding that nearly all of the over 6,000 HIV-positive people in Ganjam (figure corresponds to sentinel surveillance 2005 estimates) have been infected through the sexual route.

Migration from Ganjam is not new. The phenomenon started as early as 1866 during the infamous Naank famine, in which

more than 300,000 people died. People had then left for Bengal, Nepal, Myanmar and Bangladesh to escape starvation. "Migration in Ganjam has its basis. Youth is drawn to cities because agriculture is no more viable. They get jobs in spinning mills, diamond cutting enterprises and ship-breaking yards or work as daily wagers," says Dayanidhi Sahoo, a retired engineer.

Interestingly, while migration is rampant in the district, government records say only 456 people went to other states through labour contractors. "Since there is no official data regarding migration, there is no specific policy to tackle the concerns it raises and control the spread of AIDS in Orissa," says Misra. However, NGOs, state AIDS control authorities and officials of the labour department jointly estimate that there are 4,00,000 Ganjam migrants in Surat.

An unofficial survey conducted in August 2005 by ARUNA, GPSS and Nigamananda Education Centre (NEC) to ascertain the magnitude of the HIV problem and understand what was fuelling it claimed that of the 33,04,135 people in Ganjam, more than half — 17,87,737 (all those in the sexually active age group) — are vulnerable to AIDS. While people with HIV are found across the district, 12 of its 22 blocks are the worst affected. The survey covered 2,500 people in these blocks. "Causes of high prevalence in Ganjam are rampant migration and low literacy," says Project Director of Orissa State AIDS Control Society (OSACS) Mayadhar Panigrahi.

Latest government data from the state affirms the district's precarious position. In all, 2.25 per cent of its general population is estimated to have HIV per sentinel surveillance 2005. Also, 5.2 per cent of its high-risk population is believed to have the virus, making the district a stand-alone, alarming 'high-prevalence pocket' in a low prevalence state. The district, in fact, entered



"A third of Ganjam's population has migrated for work." Makarjhola has sent at least one person from each family to either Mumbai or Surat

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of the nervous system. This culture system can be maintained in an undifferentiated state or it can be differentiated into highly purified populations of nervous system cells - neurons or astrocytes - for their use in studying the development of neurologi-

Low-Cost Test Kit Generates Hope

An AIDS test kit has been devised that promises to reduce the cost to as little as Rs 150 per test. The kit, devised by Remetrix, a San Carlos, California-based company founded by serial technopreneur Bala Maniam, will make

cal and psychiatric symptoms, he said.

Worldover such efforts are taking place to investigate the molecular mechanisms impacting nervous system-associated problems in AIDS patients.

PTI

it possible for people in the developing world to monitor their CD4 count, a key metric in AIDS tests.

The new kits have to be kept in dry ice packs, but Reamatrix scientists are working on a version that can be carried without this protection.

Business Today, New Delhi



Illustration: Sheena

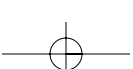
20-Minute AIDS Test

New Delhi: A simple swab-based test will tell you in 20 minutes if you are healthy or suffering from AIDS.

The test that is known as OraQuick Advance test has been manufactured using OraSure Technology of Bethlehem, Pennsylvania.

It's already being used in US clinics, but the American Food and Drug Administration (FDA) is still divided over the decision of making these kits available for people to use at home.

The Asian Age, New Delhi





A Village Waits for Messiah

Photo: Sunil Patnaik



Pushing and shoving, Journeying into the land of opportunities from Berhampur

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Less than 10 per cent of the migrants knew about condoms. Condoms were not available in every slum

the red zone in 2004 when 1.50 per cent of its general population was estimated to have HIV as per sentinel surveillance.

Interestingly, more than 50 per cent of the people surveyed by ARUNA, GPSS and NEC reported their first sexual encounter between 14-20 years of age while only 38.84 per cent of the men said they began their sex life after marriage. "Extra-marital relationships also contribute to the spread of the disease in the district. As the husbands stay away for months together, wives many times go for outside sex. Most of the couples indulge in sexual activities separately," the survey reveals.

This reporter detected a sense of helplessness among those fighting the virus in the district, who anxiously scan TV and newspapers in search of an AIDS cure. "My days are numbered," was a sentiment echoed by the one-and-a-half dozen positive people that one met.

Some reported problems accessing medical help. "My husband Tukuna died without getting medicine. The local Primary Health Centre (PHC) in Hinjilikatu refused to treat him after knowing Tukuna's HIV status," says 26-year-old Banita Bisoi, a vegetable vendor-cum-activist in Berhampur, who has also tested HIV-positive. Her seven-year-old daughter is negative but Banita is too scared to have her two-year-old son tested, fearing the

worst. The Chief District Medical Officer (CDMO), Ganjam, Dr PK Das, however, denied the allegations, claiming the doctors are well sensitised to treat AIDS patients.

OSACS' scheme to 'reimburse' HIV medicines worth Rs 2,000 has run into rough weather because it requires doctors to pay for the medicines and then claim reimbursement. Doctors have not been willing to pay out. Some international NGOs, such as LEPR, are providing medicines to those who need them.

Attempts to understand the living conditions and behaviours of migrants in the places to which they have migrated have been made in the recent past. ARUNA, GPSS and NEC jointly surveyed Oriya migrants in 24 slums in Surat in 2005. OSACS, Catholic Relief Services and LEPR supported the study.

It estimated that 10-20 per cent of the migrant labourers visit commercial sex workers regularly, even daily while 30 per cent visit them occasionally.

Migrants also reported having sex with men as more than 15 people live in one room. Condoms were not available in every slum and less than 10 per cent of the migrants knew about them; fewer used them.

Less than a third of 38 migrants administered a questionnaire had heard of sexually transmitted infections. Although 35 of those who responded to the questionnaire had heard of HIV and AIDS, they harboured many misconceptions about routes of transmission and prevention.

The need to expand prevention programmes is clear. Only four targetted interventions (TIs) are taking place in five blocks though 12 blocks are considered highly vulnerable to AIDS. TIs for sex workers and truckers are missing from the programme.

In terms of reaching out to the AIDS-affected, Panigrahi says widows are being given pensions worth Rs 100 a month through the Women and Child Welfare Department and homes through Indira Avas Yojna of the Panchayati Raj Department. The exact number of beneficiaries is not available.

OSACS request to the Women and Child Development Department to organise migrants' wives as women's self-help groups (SHGs) has led to the formation of 15 SHGs. These women have been trained to make *papads* and other provisions to earn income. There are plans to have a condom outlet for each SHG. By selling condoms to rural women, SHG members will earn a commission of 25 paise on each condom, they'll hopefully also give condoms to their husbands for their own protection, Panigrahi suggests.

Commendably, people from Sanakhemundi block have of their own initiative generated a fund of Rs 10,000 to help feed widows and children. So far, seven women have received help. ●

HIV by Inheritance

Seven-year-old Nivedita of Sikharpur village in Hinjilikatu block, Ganjam district, is yet to see the world around her. But she has stopped playing and remains confined to her 70-year-old paternal grandmother Sadhavani's lap. "No

one in the village is playing with me nor is anyone talking to me," says Nivedita.

Nivedita knows she is suffering from AIDS, the disease that claimed her father and mother, aged 28 and 25, respectively, within a gap of six months in 2005. Nivedita's 11-year-old sister Damayanti is the sole bread earner for the family. Damayanti earns Rs 11 a day by working in a cashew-processing unit near the village. "It is difficult to feed three people with Rs 11. Where will I get money for buying medicine for my sister?" Damayanti asks, tears rolling down her cheeks.

This is not the case of Nivedita alone. At least 35 children in Ganjam district and nearly 55 across Orissa have been identified as HIV positive and 15 of them are close to dying, as per a survey done jointly by ARUNA, GPSS and NEC to ascertain the magnitude of the HIV problem.

"What is our fault? Why are we penalised?" asked nine-year-old S Bideseni of Marthapalli village, Digapahandi block, Ganjam. Her seven-year-old sister S Gunjan has also tested HIV-positive and their parents died last year.

The sisters are being raised by their maternal grandparents after being thrown out of their house by relatives. Their grandmother Bhavana says: "My daughter was married to Babu of a nearby village 10 years ago. Babu had migrated

to Mumbai 15 years ago. We were unaware that he was carrying HIV. My daughter got infected and these two daughters were born to them." Adds she, "the elder one is active while the little one complains of pains in her body. We know they will die. But how can we abandon them?"

There are other children in Orissa who're paying a very high price for their entry into the world. Eight-year-old Gopal of Sanakhemundi block in Gajapati district died of AIDS. His father had died earlier while his mother is still battling for survival against HIV.

Expressing deep concern, Lokanath Misra of ARUNA, an NGO, said, "Many HIV-positive parents go in for children despite knowing fully well that a child born with the virus may not survive for more than 10 years."

Rajaram Rout, a resident of Berhampur, however, pleaded innocence: "I was unaware that sex with an HIV-positive wife would lead to an HIV-positive child." Rout's two children have also tested positive, rendering all four members of the family HIV-positive.

The state government has so far not conducted any survey to find the number of children affected by AIDS. "We have only male, female categories. There is no list to identify the number of children carrying the disease," says Orissa State AIDS Control Society (OSACS) Project Director Mayadhar Panigrahi.

Incidentally, though there are 20 Voluntary Counselling and Testing Centres in the state, Prevention from Parent to Child Transmission (PPTCT) facilities exist only in the three medical colleges. "NACO has sanctioned 27 PPTCT centres during 2005-06. The PPTCTs will be available in all the district headquarters hospitals soon," says Panigrahi.

(Names of positive persons have been changed)

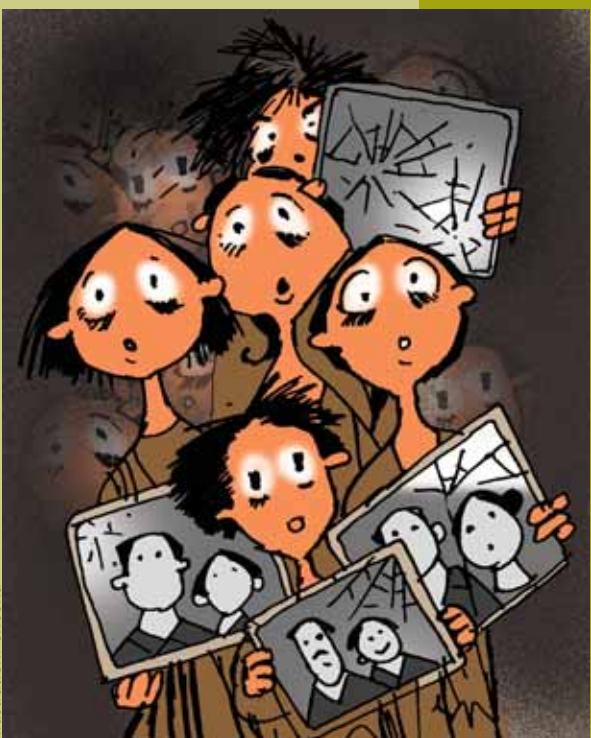


Illustration: Sheena



Her wrinkled face wore a bemused look figuring out how a plane ride would be. "Does the plane move from side to side – rocking you, do you feel uneasy during travel, what do you see down below?" The 50-something woman talking to me sells coconuts and flowers outside the Jagannath temple in Koraput district headquarters. Her daughter sells peanuts, local sweets and paan masala alongside, raking in a daily profit of Rs 10, which helps pay for the family's daily intake of vegetables. Her husband works in Rajasthan's marble mines, his migration bringing in a somewhat erratic income of Rs 5,000 a month.

Life moves on a different keel in this remote tribal district in Orissa, the state with the highest poverty headcount (48 per cent of its people live below the poverty line), severe health problems and literacy below the national average.

There is no air connection to Koraput. By train, it takes over 15 hours to reach the district headquarters, 900 km from the state capital Bhubaneswar. Numerous villages are hard to reach, several hours' journey from the national highway.

To find 'AIDS' a concept that villagers here are tuning in to is an amazing experience. We bring you this experience and more about AIDS in Orissa through this issue.

AIDS BUZZ brings you a flavour of what's new and happening in the AIDS field. Trends in the making, practices to be watched and learned from and strategies that merit a second look – all the 'vitals' an AIDS programme should reckon with are presented in this newsletter that hopes to provide a space linking key stakeholders fighting the AIDS epidemic in India.

It is our endeavour to bring you news from the field that you can use. The key stakeholders we are reaching out to initially are state AIDS control societies (SACS) and their NGO partners, government institutions, academic institutions and individuals active in the AIDS arena.

AIDS BUZZ hopes to provoke you to think anew and take stock of relevant information. It exposes you to interesting on-the-ground initiatives all over the country and the world. At present, Indian states, as large as entire European countries, aren't really in the know of what works or does not work in their adjacent states. Unique approaches or processes that have yielded good results in a state are not known about in another.

We are focusing on documenting state-level work, as well as initiatives at NACO. In a sense, the newsletter seeks to be the interface between NACO, SACS, NGOs, and various stakeholders so that all are better informed about one another. It strives to be the channel that links information to key players, bringing stories of action from one place to another.

We've begun by focusing on DFID-supported states.

We invite you to write in about developments you'd like us to take notice of. Feel free to contribute to **AIDS BUZZ**, a melting pot of thought aiming to stimulate an informed response to AIDS.

Sadhra Motan
Editor-in-Chief



FOOTLOOSE



Illustration: Dhir

LETTERS

I would like to compliment you on the high quality newsletter that the Resource Centre for Sexual Health and HIV/AIDS is bringing out. We would greatly appreciate if you could send us 5-6 copies of **AIDS BUZZ** to enable us circulate it in the IEC division and also keep a few copies in our library.

V Palanichamy, Deputy Director (IEC)
National AIDS Control Organisation
Ministry of Health & Family Welfare, Government of India
9th Floor, Chandralok Building, 36 Janpath, New Delhi – 110001

As a programme manager working in AIDS, I am interested in the latest happenings in the field of HIV/AIDS. I am very much interested in contributing write-ups, ideas and inputs for your newsletter and will be doing so in future.

Pradeep Sarkar, National AIDS Control Organisation, 9th Floor, Chandralok Building, 36, Janpath, New Delhi – 110001

AIDS BUZZ is an interesting newsletter which we in our organisation have been reading since its inception. However, the periodicity and size need to be improved. Of all the issues received so far, the February 2005 issue 'Sexcuse Me, I Fear AIDS', was the most interesting. We would like to request articles on the psychological and biological factors provoking promiscuity, ethics and AIDS, and care and support issues for people living with HIV/AIDS.

K L Satyanarayana, Kothapet Mahila Mandali, Venkatadripet Nehru Nagar, Guntur, A P 520001

I would like to laud **AIDS BUZZ** for its excellent style and format. In fact, the March 2005 issue on 'men-no-pause@sex worker' was thought provoking. We would like to have the newsletter focus on the pain and problems of being a low-prevalence state.

Nitish Kumar Sinha, CRS Bihar/Jharkhand, Hindipiri First Street, Opposite Hindi Middle School, Hindipiri Ranchi, Jharkhand – 834001

I have read several issues of **AIDS BUZZ** and all the articles have been interesting. The newsletter only needs to be improved in its periodicity.

I would like to read about data on AIDS research, resources and funding. As someone working in HIV prevention, we would be happy to share our five-year experience of working among prisoners in 15 prisons of West Bengal.

Dr A K Nag,
Vivekananda International Health Centre, 54A,
B K Paul Avenue, Kolkata – 700 005

Your newsletter is relevant and informative as it gives information that programme managers and implementers are looking for.

AIDS BUZZ should try to raise awareness among people, not to create havoc. I would, however, like to see articles for slum-dwellers, truck drivers and diamond workers besides more information for school-going girls and boys.

Yaminiben M Desai,
Bhagini Samaj Patan, Kanasada Darwaja Patan (North Gujarat) -384265

As an eager reader of your esteemed newsletter, please give us the real story of HIV/AIDS in **AIDS BUZZ**. We need positive stories on those who are HIV-positive and their families or others who try to make a good environment for them as also information on medicine and nutrition to improve their immunity levels.

Chetan Sukhadiya,
The Young Citizen of India Charitable Trust, Mehsana16,
Vitthul Park Society, Vibhug – 02, opposite Arjun bank
Malgo down Road, Mehsana, Gujarat





AIDS Remained a Foreign Term...



Illustrations: Sheena

AIDS Remained a Foreign Term Until a Decade Ago

AIDS was practically unheard of in Orissa till 1996. Ten years down the line, the Government may have to take quick measures to check it. **By ARABINDA MISHRA** in Bhubaneswar



Kalinga Crying For Medicines, Services

Kalinga Network for People Living with HIV/AIDS (KNP+), the only association of HIV-positive people in Orissa, has been crying for free and friendly medical services. "We are facing a lot of problems as doctors in government hospitals are not sensitised enough to handle HIV-positive people," said KNP+ leader K A Rao (not real name).

Rao revealed this at a state-level workshop for drafting National AIDS Control Programme (NACP) III in Bhubaneswar recently. Over 20 HIV-positive people attended.

Most of them blamed the government for their plight. "We are neither given free medicines nor are avenues opened to enable us to earn money. It's like floating in mid sea," said Soudamini (name changed), a mother, who tested HIV-positive soon after her husband's demise. KNP+ members, referring to insufficient medical facilities, demanded at least three CD4 testing machines in the three medical colleges of the state. Project Director of OSACS Mayadhar Panigrahi, however, said the central government had sanctioned one CD4 testing machine for Orissa.

It wasn't until 1996 that many knew about this four-lettered word in Orissa. When Purusottam Dalai (identity withheld) of Ganjam district died, doctors said it was AIDS - a disease many hitherto thought as "foreign" with least local ramifications - that claimed him. Media headlines followed and Orissa was jolted.

Ten years down the line, AIDS is no stranger to the state. "The disease has spread very rapidly. By the end of 2005, at least 2,506 people have tested positive for HIV," admits Orissa health and family welfare minister Bijoysree Routray. From just one person in 1996, the death toll due to AIDS has touched 460. Besides, there are 461 AIDS cases in the state, says the minister.

That the figure of 2,506, sourced from voluntary counselling and testing centres, reflects part reality becomes clear when one applies simple arithmetic. For example, Ganjam, a single district, alone has an estimated over 6,000 HIV-positive people per sentinel surveillance 2005 (see 'A Village Waits for Messiah'). "AIDS has apparently changed the socio-economic and cultural profile of conservative Orissa. We need to do something quickly to arrest its growth," the minister says. While AIDS is a common condition in Ganjam now, it has made its presence felt in all the 30 districts of the state, according to Orissa State AIDS Control Society (OSACS) Project Director Mayadhar Panigrahi.

Though the AIDS awareness programme was launched in Orissa through the state health department in the early 90s, the responsibility was subsequently handed over to OSACS that effectively started functioning in 1999. "Looking at the rapid growth of the disease, it seems that none of the government plans has been successful against AIDS," says former health minister Devi Prasad Mishra. To beef up government response to the issue, he suggests setting up a separate directorate for AIDS control instead of having a state AIDS control society headed by a part-time project director.

OSACS had last year identified 10 districts as highly vulnerable to AIDS. They are Khurda, Puri, Keonjhar, Nawarangpur, Ganjam, Balangir, Bhadrak, Kalahandi, Nuapada and Deogarh. Vulnerability was determined on the basis of several factors, key among them being voluntary counselling and testing centre (VCTC) data, increase in the number of STI patients reported by chief district medical officers and the number of telephone calls received from young girls by the OSACS telephone helpline.

Very recent data thrown up by sentinel surveillance 2005 has upset this classification as Balasore, hitherto placed in the category of medium vulnerable districts, revealed considerably high HIV prevalence among people with sexually transmitted infections (STIs). In all, 17 out of 250 people (6.80 per cent) tested at the Balasore district hospital turned out to be positive for HIV. Balasore is barely 150 km from Kolkata. Many people (including women) visit brothels in Kolkata and return to their homes in 12 hours. Migration and trafficking of girls to West Bengal and North Uttar Pradesh are the factors responsible for the high HIV figures in the district, explains OSACS.

With 0.60 per cent of its general population and 3.60 per cent

of those with STIs estimated to have HIV, Orissa is a low prevalence state. However, Khurda, Ganjam and Balasore reveal HIV prevalence rates above the danger mark of five per cent in STI surveillance sites. "The situation in Khurda and Balasore is gradually getting worse," points out OSACS Joint Director RK Panda.

A tour of Ganjam, the only district exhibiting high prevalence in the general population reveals an interesting aspect of the epidemic. In contrast to the plight of people with HIV across the state, stigma appears to be on the wane in villages here. Large numbers of people with HIV have led to people accepting AIDS as a common condition. Massive campaigning and sensitisation on the issue by local NGOs have helped them along.



A sand sculpture attracts viewers in Bhubaneswar

Photo: Sanjiv Das

This doesn't mean all is hunky dory. Basanti Biswal of Belaguntha village in Ganjam narrates what seems like a rare story in the area. She was driven out of home by her in-laws one-and-a-half-years ago after her husband's death. She has tested positive. "Now I occasionally suffer from fever. But I don't have money to buy medicine," she says, adding that she can't bring herself to beg.

In Jagatsinghpur district, the situation is worse. "Villagers do not walk on the road if they see us pass by, leave alone touching or talking to people with HIV," says Dharanidhar Bhoi of Raghunathpur village in Jagatsinghpur district. Nearly 10 people with AIDS are living in misery in this district, he adds.

The state plans to undertake more targeted interventions (TIs) with high-risk groups and bridge populations in the near future. At present, it runs 10 TIs. "We will run more TIs to cover all of the over 3,000 people belonging to 'core high-risk groups' identified by ORG Centre for Social Research mapping study in 2005," says Panigrahi.

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Learn From Lizard: Orissa Tribals Find It Entertaining

A mobile theatre brings home HIV prevention messages in remote tribal districts
By **SADHNA MOHAN** and **ANVITA SEKHAR** in Koraput



Vicky Khosla (centre) and Beena (left)

The lizard is taller than most men in parts of this remote tribal district. He swaggers, twirls, winks and grins, all the time chewing betel powder. And the people love him.

It's a chilly winter evening in the hills of Koraput when we see the 'Tendeka' (lizard in Oriya). The sound of *dhampa* and *changu* (local musical instruments) forces people out of their thatched homes and soon a big crowd gathers in the open at the panchayat grounds of Chhapar village.

As two battery-connected halogen lights clear the night's darkness, faces of all ages start appearing from within mufflers and cotton shawls. After more than a year's gap, the local AIDS drama group has come to perform in the village and people are excited about it.

Soon, a group of six young artists, led by 'Tendeka', that's what the lead character is called, enacts a play that is fun all the way even as it talks about HIV and AIDS. The plot is interesting and the characters and their mannerisms familiar to the audience. Rendered in the local dialect, through folk songs and comic presentations, it strikes a chord among the illiterate villagers.

Tendeka Muduli, the hero, from a remote tribal village, leaves his wife and a minor son behind to go to the state capital and earn a living. In the town, he has sex with three commercial sex workers. Totally ignorant about AIDS or the use of condoms, Tendeka brings home HIV. His pharmacist friend in the village advises him to go for a blood test to a nearby voluntary counselling and testing centre (VCTC), where he is detected with HIV. The news fills the world of Tendeka with darkness and the fear of being ostracised.

However, the play comes to a happy ending with his family members and fellow villagers fully supporting his resolve to lead a normal life and get treatment.

Keeping in mind the sentiments of rural people, at the beginning and end of the play, the artistes, accompanied by a local musical band, sing folk songs and perform tribal dances to ease the atmosphere. Throughout the play, they keep the audience completely engrossed and thus succeed in communicating a serious message like AIDS in a simple manner.

The district's extremely poor literacy rate — 10 per cent for tribal men and below 5 per cent for tribal women — makes the cultural route the best strategy of communicating on AIDS, says Sanjit Patnayak, Secretary, South Orissa Voluntary Action (SOVA), the Koraput NGO that's put together this brilliant theatre group. Migration from the district is said to be common and sentinel surveillance 2004 estimated HIV to be prevalent among 5.20 per cent of its high-risk population, which is quite high.

The mobile group visits 137 villages in four of the district's 14 blocks — Boriguma, Semiliguda, Jeyapore and Koraput — by rotation, covering over 100 villages in a year's time. This means a village is revisited after 18 months or so. It also means staging a play once

every three days. Only in the rains does a long lull prevail.

"The impact of the street plays on the tribal villagers is clear from the fact that more than 70 per cent of the people coming to our Family Health Counselling Centres for Sexually Transmitted Infections (STI) services and the VCTC carry referral cards they get after the plays," adds Patnayak.

This impact, he points out, is also the result of the work done by over 600 adolescent peer educators who reinforce knowledge about various aspects of HIV among people on an ongoing basis.

Some of these peer educators operate out of youth clubs supported by SOVA. For example, more than 60 adolescent boys and girls of Bada Chindri village have organised themselves under the banner of Bhai Youth Club. At least once every week all the members meet to decide the future course of action.

The club has identified 15 persons in the village who have unsafe sexual behaviour. Both by counselling and providing them free condoms, the club attempts to protect them against AIDS and other STIs.

Khirod Muduli, Secretary of the club says, "In small groups, the club members often reach out to the villagers and narrate various stories on AIDS. They also show them pictures to increase their awareness about the condition."

The youth club attempts to carry the AIDS message outside the village too. When out for village- and district-level sports tournaments, its members interact with their rival teams and try to motivate them for spreading the awareness message in their respective villages.

This strategy of spreading AIDS awareness through cultural troupes and youth resource centres is common to nine NGOs, part of the Committee for Reproductive Health Care (CRHC), a network of NGOs aiming to use a common strategy to combat the epidemic and also to share information and advocate for common issues. The nine NGOs, funded by Oxfam (India) Trust and Community Fund, UK, work in four districts, three of them — Kalahandi, Nuapada and Koraput — tribal. The fourth district is Angul. Six cultural troupes working in these districts bring villagers close to HIV issues through scripts that deliver common messages through varied content that is typical to the place of performance. ●



Bada Chindri village.

"This is the best strategy of communicating on AIDS"

The Cast

Vicky Khosla (28), better known as 'Tendeka', is a graduate. He is comfortable with people, as are all the other troupe members. Naturally then they radiate a charisma that is hard to beat.

Most of these artistes are educated. Dumbaroo (a compounder in the play), Sanju (Vicky's wife in the play) and Beena (Sanju's friend in the play) are all Class-X pass while Beena is a higher secondary student.

They all belong to Koraput and while Beena and Kulu are tribals, the rest are members of scheduled castes and other backward classes.

In 1998 when SOVA decided to generate AIDS awareness through folk media, it began looking for artistes who knew the local dialect. That's when Vicky, Dumbaroo and Sanju joined. All of them were then members of Koraput Cultural Society in Koraput district headquarters.

SOVA 'educated' them about AIDS and the artistes came up with the script. A dummy run validated that the content did not conflict with the local culture. Sheer instinct, instead of hi-fi market research, inspired the use of names such as Tendeka. The show took off in 1999.

These senior artistes, and others, are SOVA staff and earn over Rs 3,000 a month; some artistes are also paid Rs 50 per play. Each show costs over Rs 2,000.

SWAPPING PARTNERS IN GIRLS' HOUSE, AN INVITATION TO HIV

Dhangri Basa (an adolescent girls' house) — a common institution in parts of Koraput — has the potential to trigger a rise in HIV.

The house, constructed in the village outskirts, is the place where adolescent and young women of the community spend nights on end and adolescent boys visit them in the late night hours. Most often, they interchange their partners or go for new partners after



Bhima Narangi at the door of *Dhangri Basa*

sharing a few days of intimacy.

Bhima Narangi, a young tribal of Podeguda village in Koraput, reveals that about 15 adolescent girls of his village regularly spend the night in a small *Dhangri* House. While some elderly members of his community are unaware of the practice, many others approve of it as it is an age-old social custom.

He further reveals that to avoid pregnancy, girls in the *Dhangri* House use ayurvedic contraceptives and pills such as Mala D, prescribed by local doctors.



Clinton's Initiative to Cut Prices of AIDS Drugs

New York: Former US President Bill Clinton's foundation has reached an agreement with eight pharmaceutical companies worldwide, including India's Cipla and Ranbaxy, to drastically lower the prices of second-line AIDS drugs and tests.

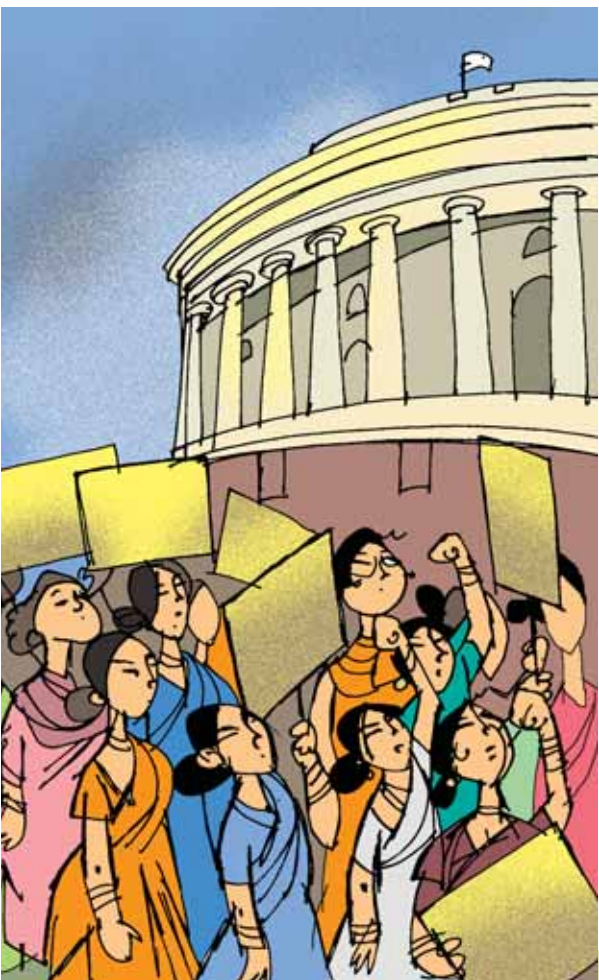
Qualpro Diagnostic and Strides Arcolab from India are also involved in the deal. Second-line AIDS drugs are needed to keep people alive once resistance to first-line drugs develops.

"With more than one million people on treatment in developing countries, we face a growing challenge to keep costs affordable as we reach out to millions more in need," Clinton said.

Lauding the companies, Clinton said it would help hundreds of thousands poor people in 50 developing countries across the world. "The action of these companies is another step in the fight against HIV/AIDS," he said.

As a result of their agreements with the Clinton Foundation, India and other countries will be able to reduce the cost of HIV diagnosis through rapid tests by 50 per cent.

Cipla, Ranbaxy, Strides Arcolab and Aspen Pharmacare (South Africa), which rely on supply of active pharmaceutical ingredients from Matrix Laboratories (India), will offer the anti-retroviral (ARV) efavirenz for \$240 per patient a year, and Cipla will offer the ARV anacavir for \$447. **PTI**



Illustrations: Sheena

Sex Workers Rally for Clients

New Delhi: National AIDS Control Organisation (NACO) will petition the Prime Minister to drop a proposed law to punish sex workers' clients, arguing it would increase the threat of HIV/AIDS.

The cabinet has approved an amendment to the Immoral Traffic (Prevention) Act that empowers law-enforcing agencies to punish sex workers' customers but prevents prosecution of the women for "soliciting and loitering".

But critics argue that besides hitting sex workers'



'Mosquito Bite Rash May Point to HIV'

Mumbai: Do you have a nagging mosquito rash that just refuses to fade away? Then you must consult an HIV specialist. This is what Dr DG Saple, Director, Human Healthcare and Research Foundation (HHRF), said during a recent workshop for doctors on the use of anti-HIV drugs.

The same was the case with a sexually transmitted infection that failed to respond to standard therapy, he added.

He said that many general physicians in India missed these early signs of HIV infection. Hence, by the time the patient came to the attention of an HIV specialist, the disease would have advanced into another stage.

Dr Robert Bollinger, of the Johns Hopkins School of Medicine, said India had a major role to play in HIV research. A global investigation currently underway in several countries, including India, was about the welfare of married couples in which one partner was HIV positive and the other negative. The trial was intended to find out whether the healthy partner could be protected against infection by administration of anti-HIV drugs to the infected partner, Dr Bollinger said. HHRF and Center for Global Health Education, Johns Hopkins School of Medicine, US, organised the workshop. **DNA, Mumbai**

For and By HIV-Infected

Pune: The Rs 550-crore Emcure Pharmaceuticals Limited has launched an initiative for opening pharmacies to exclusively dispense anti-retroviral medicines (ARV drugs) to people living with HIV. The pharmacy stores, called Taal, will be run by people living with HIV.

ARVs will be available at subsidised costs and in a humane environment. Taal will also have doctors for consultancy and counselling services for infected people and their families.

Beginning with Pune, the pharmacy will go to Surat and Namakkal in the next couple of months and then to the rest of the country. In the second phase, the concept will go to Nepal and Cambodia.

AK Khanna, Director (Operations), Emcure, said, each pharmacy will call for an investment of Rs 5-6 lakh. "Initially we will stock our ARV drugs but hope other companies too will join in," he added.

Emcure has a range of ARVs and is among the first to offer ARV for paediatric use.

While Emcure will provide the drugs, Indian Network of Positive People Living with HIV/AIDS (INP+) and Network of Maharashtra by People Living with HIV/AIDS (IMP+) will manage the programme. **The Financial Express, Mumbai**

livelihood, this would drive the trade underground, thus harming the current campaign for the use of condoms by clients.

Sex workers are most vulnerable to HIV/AIDS. After a sustained campaign by women's groups, sex workers in Kolkata's Sonagachi are now insisting clients use condoms. If the trade becomes more furtive, moving to murkier, more clandestine spots, the campaign would be hard to sustain.

Agitated sex workers took out a march to Parliament during the budget session, when the amendment will be up for passage.

Sweden has a similar law for punishing clients. "The results have shown how much it can hurt the sex workers who have been driven underground and are compelled to work in dangerous situations," said Tripti of Lawyers Collective, a voluntary organisation. **The Telegraph, Kolkata**

AIDS Remained a Foreign Term Until a Decade Ago

continued from page 6

Admitting that actual figures of these people could be several times over those estimated by the report (there are only 200 brothel-based sex workers in Orissa and 16 eunuchs and MSM in Puri as per the report), Panigrahi points out that an NGO has identified 90 MSM in Puri itself. "In all, 41 more TIs have been sanctioned by NACO and will be started under NACP II," he says.

Under NACP III that starts from April 2006, 150 new TIs will begin and VCTC facilities will extend to the village level. Nearly 408 VCTCs will be available at all the Primary Health Centres (PHCs) in the state and six ART centres will also be set up. "When treatment is offered, those shying from testing will come out and seek help," says Panigrahi.

Claiming that OSACS' 'total awareness' campaign that saw film actors and senior cultural artistes at the helm of street plays and cultural shows in villages and blocks in 10 districts in 2004 was a success, Panigrahi says, "This is evident from the number of condoms used in Orissa. While only 3.26 lakh condoms were used in 2001 and 161.86 lakh were used in 2004, 187.82 lakh were used in the first 10 months of 2005."

Total awareness has, however, left out a critical mass of population in jails. OSACS officials admit that there is rampant male-to-male sex in 73 jails in Orissa but no awareness programme for the inmates. "We have detected only five inmates with HIV. They are kept at Choudwar jail and doctors look after them," says Inspector General (Prisons) Anup Patnaik, adding that an NGO was recently asked to launch an awareness campaign in some jails. ●

(Names of positive people have been changed)

Correction

The report titled 'Fishy Business' in AIDS BUZZ February 2005 issue wrongly identified Pushpa Nadar, an outreach worker with Shri Sarvoday Mahila Udyog Mandal in Okha Port, Gujarat, as HIV-positive. There was a mix up of identity, a statement issued by the Mandal says.

We regret the error - Ed.

Announcement

RCSHA's e-mail newsletter, a fortnightly news bulletin, is back! It provides various resources, manuals and toolkits useful for implementing the AIDS programme at the field level. It also links you to well documented international experience and forthcoming programmes and events.

To subscribe, please write to rcsha@rcsha.org



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